

**ARIZONA SUPREME COURT
ADMINISTRATIVE OFFICE OF THE COURTS
JUVENILE JUSTICE SERVICES DIVISION
Contract Year 2014 - 2016
SERVICE SPECIFICATION
GENERAL MENTAL HEALTH COUNSELING
Service Codes 135, 137, 138, 140, and 146**

SERVICE DEFINITION:

This service provides appropriate interventions to address the youth's cognitive, social or behavioral issues, including a wide range of personal, interpersonal, situational and functional problems. Services may be provided to an individual, a group of persons, a family or multi-family group and be delivered in the office or in the client's home with the exception of group services.

Group counseling may not be used to deliver a curriculum based program. All group counseling services must be process oriented and open entry and exit.

The service may be provided in an individual and/or group setting. The Contractor shall ensure low risk youth are not combined with medium and high risk youth in a group setting. The delinquency risk level is determined by the JOLTS/iCIS risk tool which is administered by the probation officer. Delinquency risk populations must be segregated as follows: Youth scoring low risk (0 to 0.50) and youth scoring medium/high risk (0.51 to 1.0). Additionally, consideration must be given to "group" youth according to their development stage (early, middle, late adolescence), gender and/or cognitive ability. Appropriate placement in a group setting must be documented in the youth's file.

STANDARDS/LICENSURE REQUIREMENTS:

- At a minimum, services will be provided by a person who holds a Masters degree and is licensed at the independent practice level by the Arizona Board of Behavioral Health Examiners or is exempt from licensure pursuant A.R.S. Title 32, Chapter 33.
- Licensure is not required for those persons with a Masters degree in Human Services who are employed by a licensed behavioral health agency.

UNITS OF SERVICE:

One unit equals one hour (50 minutes for therapy and 10 minutes for records documentation).

SERVICE GOAL:

To identify and treat behavioral and emotional needs within the cultural context of the youth. To provide individualized treatment services in the least restrictive environment which addresses therapeutic goals indicated on the individual service plan/treatment plan.

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SERVICE TASKS:

1. Review existing social history and other relevant information.
2. With all involved parties, conduct an assessment and develop an individualized service/treatment plan which must address the needs of the individual.
3. In accordance with the Individual Service/treatment Plan, provide authorized treatment service to the youth or family, if recommended.
4. Legibly document in client's file all services provided, summary of progress, including date, duration, type of service and therapist name, signature, degree and title.
5. Contractor must have original youth signature on a dated attendance form for each day of service provided. The attendance documentation must be maintained for the entire length of the contract" and made available for review if requested.
6. Prepare and provide written monthly progress reports to the probation officer.
7. Prepare and provide all required reports in accordance with AOC Standard Terms & Conditions.

Professional Consultation

Provide consultation services to the court which may include, but not be limited to, staffings, training, expert testimony or other assistance as may be required. Client case consultation shall be documented in accordance with Item 4 under Service Tasks. Consultation services will be paid at the individual service rate unless otherwise agreed to in writing on this form.

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I have read and fully understand the requirements to provide general mental health counseling and agree to all requirements and restrictions and propose the following rates:

Proposed Service Rate:

<u>Office Based:</u>	<u>Check</u>	
Individual (service code 135).	Masters <input type="checkbox"/> / Ph.D. <input type="checkbox"/>	\$ _____ / hour
Family (service code 137)	Masters <input type="checkbox"/> / Ph.D. <input type="checkbox"/>	\$ _____ / hour
Group (service code 138)	Masters <input type="checkbox"/> / Ph.D. <input type="checkbox"/>	\$ _____ / hour / client
<u>Home Based:</u> (service code 140)		\$ _____ / hour
<u>Multi-Family Group:</u> (service code 146)		\$ _____ / hour / family
<u>Professional Consultation:</u> (service code 180)		\$ _____ / 15 minutes

Other proposed agreement: _____

Contractor Signature / Date

AOC USE ONLY: DO NOT FILL IN BEYOND THIS LINE

Final Contract Rate:

<u>Office Based:</u>	<u>Check</u>	
Individual (service code 135).	Masters <input type="checkbox"/> / Ph.D. <input type="checkbox"/>	\$ _____ / hour
Family (service code 137	Masters <input type="checkbox"/> / Ph.D. <input type="checkbox"/>	\$ _____ / hour
Group (service code 138)	Masters <input type="checkbox"/> / Ph.D. <input type="checkbox"/>	\$ _____ / hour / client
<u>Home Based:</u> (service code 140)		\$ _____ / hour
<u>Multi-Family Group:</u> (service code 146)		\$ _____ / hour / family
<u>Professional Consultation:</u> (service code 180)		\$ _____ / 15 minutes

Other final agreement: _____

Contractor Signature / Date

AOC Signature / Date