

**ARIZONA SUPREME COURT
ADMINISTRATIVE OFFICE OF THE COURTS
JUVENILE JUSTICE SERVICES DIVISION
Contract Year 2014 - 2016
SERVICE SPECIFICATION
SUBSTANCE ABUSE COUNSELING
Service Codes 225, 226, 228, 229, and 232**

SERVICE DEFINITION:

This service provides appropriate treatment interventions to address the youth's substance abuse, dependence or addiction. 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 youth's home with the exception of multi-family group services.

Substance Abuse Group Counseling:

Sessions must be comprised predominately of process based counseling and may contain limited psycho-educational instruction. The Contractor may use a written program but group processing must be clearly distinguished from psycho-educational instruction and the program must indicate when group processing occurs. Written program descriptions must be submitted to the AOC with the service proposal for approval. All group counseling services must be 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 gender, development stage (early, middle, late adolescence) and/or cognitive ability. Appropriate placement in a group setting must be documented in the youth's file.

STANDARDS/LICENSURE REQUIREMENTS:

- At a minimum, the service will be provided by a person who holds a Master's degree in a Human Service related field and is licensed to practice independently by the Arizona Board of Behavioral Health Examiners or is exempt from licensure pursuant A.R.S. Title 32, Chapter 33. Documentation of professional credentials and experience with the identified client population must be maintained in the personnel file.
- Licensure is not required for those persons with a Masters degree in a Human Service related field 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).

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SERVICE GOAL:

Identify and treat substance abuse issues and reduce the risk of recidivism within the cultural context of the youth. Provide individualized treatment services in the least restrictive environment which addresses therapeutic goals indicated on the treatment plan.

SERVICE TASKS:

1. Review existing social history and other relevant information.
2. With all involved parties, conduct a substance abuse assessment and develop an individualized treatment plan which addresses the criminogenic risk and needs of the youth.
3. In accordance with the individualized treatment plan, provide authorized services to the youth and/or family.
4. Legibly document in youth'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. Document the delinquency risk level in the youth's file.
7. Prepare and submit monthly progress reports to probation officer.
8. Collaborate with the probation officer, youth and family to prepare an individualized discharge plan for relapse prevention and sustainability following treatment. Provide a copy of the plan to the probation officer.
9. 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 must be authorized through a Service Authorization Form and be billed in fifteen (15) minute increments under the appropriate service code.

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I have read and fully understand the requirements to provide Substance Abuse Counseling, agree to all requirements and restrictions and propose the following rates:

Does Contractor propose to utilize a written program? Yes No
 If yes, Contractor must attach a program outline to specification.

Proposed Service Rate:

<u>Office Based:</u>	<u>Check</u>	
Individual (service code 225)	Masters <input type="checkbox"/> / Ph.D. <input type="checkbox"/>	\$ _____ / hour
Family (service code 228)	Masters <input type="checkbox"/> / Ph.D. <input type="checkbox"/>	\$ _____ / hour
Group (service code 226)	Masters <input type="checkbox"/> / Ph.D. <input type="checkbox"/>	\$ _____ / hour /client
<u>Home Based</u> (service code 229)		\$ _____ / hour
<u>Multi-Family Group</u> (service code 232)		\$ _____ / 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 225)	Masters <input type="checkbox"/> / Ph.D. <input type="checkbox"/>	\$ _____ / hour
Family (service code 228)	Masters <input type="checkbox"/> / Ph.D. <input type="checkbox"/>	\$ _____ / hour
Group (service code 226)	Masters <input type="checkbox"/> / Ph.D. <input type="checkbox"/>	\$ _____ / hour /client
<u>Home Based:</u> (service code 229)		\$ _____ / hour
<u>Multi-Family Group:</u> (service code 232)		\$ _____ / hour / family
<u>Professional Consultation:</u> (service code 180)		\$ _____ / 15 minutes

Other final agreement: _____

 Contractor Signature / Date

 AOC Signature / Date