



Administrative Office of the Courts
 Juvenile Justice Services Division
 Contract Years 2019-2024
 Adjunctive Therapy Service Specification
 Service Code 142

ADJUNCTIVE THERAPY, Service Code 142	
Category	Outpatient Mental Health Services (Form F4)
Setting	<ul style="list-style-type: none"> Community-Based
Targeted Population	<ul style="list-style-type: none"> Low-, Moderate-, or High-risk juveniles, as indicated on Service Authorization Form (SAF) and determined by probation department using Arizona Youth Assessment System (AZYAS) or other Arizona standardized assessment for transferred juveniles; Low-risk juveniles shall not be combined with Moderate- or High-risk juveniles during any component of service delivery Non-adjudicated diversion juveniles shall not be combined with adjudicated juveniles during any component of service delivery Risk level and probation status of juveniles served must match risk levels identified in Contractor’s application
Facility License	<ul style="list-style-type: none"> Full Procurement Contractors must hold a current, applicable Arizona Department of Health Services (ADHS) license for each facility from which this service will be provided.
Service Description	<ul style="list-style-type: none"> This service provides alternative and/or supplemental interventions to a primary therapeutic service to address a juvenile’s cognitive, social, or behavioral problems, including a wide range of personal, interpersonal, situational and functional problems. Examples of adjunctive therapy are equine therapy, art therapy, and music therapy. Adjunctive therapy may be delivered in individual, family, and/or group settings. Family services, when appropriate for the individual juvenile, should seek to strengthen family relationships by improving communication and improving family members’ ability to support the juvenile throughout the course of treatment or other services.
Service Tasks	<p>Contract requirements set forth in the AOC <u>Standard Terms & Conditions</u> are applicable. Additionally:</p> <ol style="list-style-type: none"> Document the delinquency risk level in the juvenile’s file as reflected on the Service Authorization Form (SAF) and determined by the probation department using the Arizona Youth Assessment System (AZYAS) or other Arizona standardized assessment when applicable for transferred juveniles. Additionally, document how low-risk juveniles are not placed in groups with moderate- and high-risk juveniles and how the placement was determined. Consideration shall be given to placement of the juvenile according to self-identified gender and developmental stage (early, middle, late adolescence).



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	<ol style="list-style-type: none"> 2. Criminogenic risks and needs of the juvenile must be identified at the initiation of treatment from the probation risk assessment summary, be addressed throughout the course of treatment, and recorded in the juvenile’s file. Ongoing discussion with the probation officer about criminogenic needs is preferred. 3. Provide structured sessions aligning with the primary therapeutic service described in Contractor application that occur for a specific, authorized period of time and which work toward the attainment of mutually defined goals as specified in the treatment plan. 4. If animals are present or used in delivery of this service then the animals must be: Controlled to prevent endangering juveniles and to maintain sanitation A.R.S. §11-1024; licensed consistent with local ordinances; and for a dog or cat, vaccinated against rabies A.R.S. §11-1001.
Professional Consultation	<ul style="list-style-type: none"> • Provide consultation service to the probation department and/or the court which has been authorized through a Service Authorization Form. Services are billed in fifteen (15) minute increments under the appropriate service code and may only be billed in conjunction with a contracted service. Consultation services may include court testimony or specific activities requested by the referring probation department. • The juvenile file shall include a copy of a court’s order or written directive for testimony or the probation department’s written request for specific consultation. • Professional consultation shall be documented in the appropriate juvenile file and shall include a summary of consultation provided; location at which consultation occurred; persons participating in the consultation; date of consultation; duration of consultation; and name, dated signature, credential, and title of person providing consultation. Professional consultation is not case management.
Service Frequency	<ul style="list-style-type: none"> • As approved in the SAF and as prescribed in individualized treatment plan, or as court ordered.
Service Duration	<ul style="list-style-type: none"> • Treatment is individualized and based on Contractor's established criteria for admission and continued treatment, as well as the juvenile’s ability to benefit from individual treatment goals.
Staffing	<ul style="list-style-type: none"> • At a minimum, direct therapeutic 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 to A.R.S. Title 32, Chapter 33.



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	<ul style="list-style-type: none"> • Licensure is not required for those persons with a Master’s degree in a Human Service related field who are employed by a licensed behavioral health agency although supervision must be provided by a person meeting the qualifications set forth in Paragraph 36 of the AOC <u>Standard Terms & Conditions</u> for Full Procurement. • Appropriate population experience must have occurred within the preceding five years. • Individuals providing Equine-Facilitated (or Assisted) Therapy must maintain current certification in equine assisted therapy from a recognized organization, such as EAGALA, PATH International, or Certification Board for Equine Interaction Professionals in accordance with the requirements of the certifying organization. • Individuals providing other types of adjunctive therapy must maintain current certification from a recognized organization or otherwise submit at time of application documentation of training and skills necessary to deliver the specific adjunctive therapy services, which will be subject to the approval of the AOC. • Documented certification in trauma therapy is required to deliver trauma services. Certification must be provided to and approved by AOC prior to delivery of trauma treatment services.
Staff to Client Ratio	<ul style="list-style-type: none"> • Individual Counseling = 1 therapist for 1 juvenile • Family Counseling = 1 therapist for 1 family • Juvenile Group Counseling = 1 therapist for up to 8 juveniles (minimum 1:3)
Hours of Operation	<ul style="list-style-type: none"> • Day, evening hours and may include weekends • Ideally, the hours should not conflict with the juvenile's academic day
Desired Service Outcomes	<ul style="list-style-type: none"> • Juvenile will have exhibited progress on treatment goals as outlined in treatment plan; • Juvenile will have improved daily functioning and diminished behavioral health needs; • Juvenile will demonstrate a reduction in the criminogenic risks identified by the probation officer, as evidenced by the re-assessment of the AZYAS, or as observed progress on the service goals that were targeted to those factors.
Unit of Service	<ul style="list-style-type: none"> • One unit equals one hour • Professional Consultation = Per 15-minute increment and only as authorized on SAF • Case management and additional records documentation time cannot be billed as therapy.



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The following documentation and information must be submitted with the service specification:

1. Identify the type(s) of adjunctive therapy to be provided and submit the table of contents from each evidence-based curriculum utilized in delivery of this service. If no curriculum is available, submit an outline of all planned, structured activities:

2. Identify the name(s) of all programs to be utilized in delivery of services included in this service specification, each of which must be proposed on separate F Forms at the time of application:

3. If applicable, identify facility name, address and ADHS license number from which services will be provided. If more than one facility, *each* facility must be proposed independently in the completed service specification.

Facility Name	Facility Address	ADHS License Number
1.		
2.		
3.		
4.		



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Proposed Services & Rates:

Adjunctive Therapy:	<u>Rate:</u>
AOC does not wish to pay more than the stated rate(s) below:	
Individual (sc 142)	\$ <u>100</u> / hour
Other Proposed Service Rate: Individual (sc 142)	\$ _____ / hour
Family (sc 142)	\$ <u>100</u> / hour
Other Proposed Service Rate: Family (sc 142)	\$ _____ / hour
Group (sc 142)	\$ <u>35.00</u> / hour / juvenile
Other Proposed Service Rate: Group (sc 142)	\$ _____ / hour / juvenile

Other agreement:

All contracts and services must be in compliance with the AOC Standard Terms & Conditions, applicable service specifications & special contract conditions.

By signing below, I confirm that I have read and fully understand the requirements necessary to provide the Adjunctive Therapy service, and I agree to all requirements, service tasks, and contract rate(s):

Contractor Signature / Date



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AOC USE ONLY: DO NOT FILL IN BEYOND THIS LINE

Contracted Services & Rates:

Adjunctive Therapy:	<u>Rate:</u>
Individual (sc 142)	\$____/ hour
Family (sc 142)	\$____/ hour
Group (sc 142)	\$____/ hour / juvenile

Other agreement:

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By signing below, I confirm that I have read and fully understand the requirements necessary to provide the Adjunctive Therapy service, and I agree to all requirements, service tasks, and contract rate(s):

Contractor Signature / Date

AOC Signature / Date