



Administrative Office of the Courts  
 Juvenile Justice Services Division  
 Contract Years 2019-2024  
 Functional Family Therapy Service Specification  
 Service Codes 280, 281, 282

<b>FUNCTIONAL FAMILY THERAPY, Service Codes 280, 281, 282</b>	
<b>Category</b>	Standard Programs (Form F-4)
<b>Setting</b>	<ul style="list-style-type: none"> <li>Community/Home-based</li> </ul>
<b>Targeted Population</b>	<ul style="list-style-type: none"> <li>Low, Moderate and 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</li> <li>Diversion juveniles are eligible for this service</li> </ul>
<b>Facility License</b>	<ul style="list-style-type: none"> <li>Full Procurement agency must hold a current, applicable Arizona Department of Health Services (ADHS) license for each facility from which this service will be provided</li> <li>Contractor shall maintain current Functional Family Therapy (FFT) Site Certification</li> <li>Special terms and conditions to this model program apply</li> </ul>
<b>Service Description</b>	<ul style="list-style-type: none"> <li>Functional Family Therapy (FFT) is an evidence-based family therapy and intervention program for at-risk juveniles that addresses multidimensional problems through clinical practice that is flexibly structured and culturally sensitive. FFT concentrates on decreasing risk factors and on increasing protective factors that directly affect adolescents, with a particular emphasis on familial factors. Targeted juveniles generally are at risk for delinquency, violence, substance use, or other behavioral problems.</li> <li>FFT is a short-term intervention that generally occurs over 8-12 sessions, lasting three to five months. Sessions generally occur in the family home and at a time that is convenient to the family. FFT is designed to improve family communication and supportiveness while decreasing intense negativity and dysfunctional patterns of behavior. Parenting skills, juvenile compliance, and the complete range of behaviors (cognitive, emotional, and behavioral) domains are targeted for change based on the specific risk and protective factor profile of each family.</li> </ul>
<b>Service Tasks</b>	<p><b>Contract requirements set forth in the AOC <u>Standard Terms &amp; Conditions</u> are applicable. Additionally:</b></p> <ol style="list-style-type: none"> <li>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</li> </ol>



Administrative Office of the Courts  
Juvenile Justice Services Division  
Contract Years 2019-2024  
Functional Family Therapy Service Specification  
Service Codes 280, 281, 282

	<p>not placed in groups with medium-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).</p> <ol style="list-style-type: none"><li>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.</li><li>3. Provide FFT services and interventions in accordance with the most current clinical model from the Contractor's FFT certifying body.</li><li>4. FFT service delivery must include participation by the juvenile's family. There must be, at minimum, one parent figure in the home who will participate in the FFT program. Parent and family are broadly defined to include the adult who serves as the juvenile's primary parent figure or guardian and the adult who the juvenile is residing with or is expected to be residing with during the period that FFT services are being delivered.</li><li>5. An individualized treatment plan, developed collaboratively with the juvenile, family, and probation officer shall be created within five (5) business days after completion of the assessment. The family must be provided concrete goals that are within the scope of achievement by each participating family member. The treatment plan must be in accordance with AOC <u>Standard Terms &amp; Conditions</u>, Paragraphs 48 &amp; 49.</li><li>6. The treatment plan must also address the juvenile's current level of functioning, including any history of trauma related to the juvenile and their family.</li><li>7. Home-based family counseling shall be provided a minimum of one-time weekly in structured sessions of not less than one hour (as defined in Unit of Service section below), shall align with services described in Contractor's application, and shall occur for a specific, authorized period that works toward the attainment of mutually defined goals specified in the treatment plan. As appropriate and indicated on the treatment plan, weekly contact hours may diminish as the juvenile progresses and nears conclusion of program services.</li><li>8. Conduct weekly collaboration with the referring probation officer using telephonic, secure electronic updates and/or in-person meetings and document content of collaboration in the juvenile file.</li><li>9. Contractor shall participate in quality assurance evaluation activities including, but not limited to juvenile satisfaction evaluation, group meetings, site visitations, videotaped reviews of sessions (only used internally and for agency training), and peer review of policies and procedures as prescribed by the most current model from the Contractor's</li></ol>
--	---



Administrative Office of the Courts  
 Juvenile Justice Services Division  
 Contract Years 2019-2024  
 Functional Family Therapy Service Specification  
 Service Codes 280, 281, 282

	FFT certifying body. Upon request of the Contract Officer, the Contractor shall provide documentation of quality assurance activities, including feedback from the certifying body.
<b>Service Frequency</b>	<ul style="list-style-type: none"> <li>A minimum of one, 1-hour home-based session per week. Families may see their therapist less frequently as they get closer to being discharged from treatment</li> </ul>
<b>Service Duration</b>	<ul style="list-style-type: none"> <li>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.</li> <li>Generally, 8-12 sessions with the juvenile/family and lasting 3 to 5 months</li> </ul>
<b>Staffing</b>	<ul style="list-style-type: none"> <li>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.</li> <li>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 &amp; Conditions</u> for Full Procurement, in addition to FFT National supervision requirements.</li> <li>Persons delivering FFT services must receive initial and on-going FFT training, consultation, and supervision in accordance with the Contractor’s FFT licensing body, with documentation of such provided to the Contractor Officer upon request.</li> </ul>
<b>Staff to Client Ratio</b>	<ul style="list-style-type: none"> <li>One therapist for one juvenile/family</li> </ul>
<b>Hours of Operation</b>	<ul style="list-style-type: none"> <li>Day, evening hours and may include weekends</li> <li>Ideally, the hours should not conflict with the juvenile’s academic day</li> <li>Hours shall be convenient to the juvenile/family</li> <li>After hours assistance shall be available</li> </ul>
<b>Desired Service Outcomes</b>	<ul style="list-style-type: none"> <li>Juvenile and family will exhibit progress on treatment goals as outlined in the treatment plan</li> <li>Community support systems are identified, a discharge plan is completed, and is in place to help maintain stability in the community</li> <li>Contractor has coordinated with other community providers for on-going treatment, as needed</li> </ul>



Administrative Office of the Courts  
 Juvenile Justice Services Division  
 Contract Years 2019-2024  
 Functional Family Therapy Service Specification  
 Service Codes 280, 281, 282

	<ul style="list-style-type: none"> <li>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</li> </ul>
<b>Unit of Service</b>	<ul style="list-style-type: none"> <li>One unit equals one hour.</li> </ul>

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

- Identify the name(s) of all written programs to be utilized in delivery of services included in this service specification:

---



---



---

- 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.		



Administrative Office of the Courts  
 Juvenile Justice Services Division  
 Contract Years 2019-2024  
 Functional Family Therapy Service Specification  
 Service Codes 280, 281, 282

**Proposed Service & Rates:**

<b>Functional Family Therapy:</b>	<b>Rate:</b>
AOC does not wish to pay more than the stated rate(s) below:	
Office-Based Counseling (sc 280)	\$ <b><u>152.00</u></b> / hour
Other Proposed Service Rate: Office-Based Counseling (sc 280)	\$ _____ / hour
In-County Home-Based Counseling (sc 281)	\$ <b><u>182.00</u></b> / hour
Other Proposed Service Rate: In-County Home-Based Counseling (sc 281)	\$ _____ / hour
Out of County Home-Based Counseling (sc 282)	\$ <b><u>200.00</u></b> /hour
Other Proposed Service Rate: Out of County Home-Based Counseling (sc 282)	\$ _____ / hour

**Other Agreement:**

---



---



---

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



Administrative Office of the Courts  
 Juvenile Justice Services Division  
 Contract Years 2019-2024  
 Functional Family Therapy Service Specification  
 Service Codes 280, 281, 282

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

\_\_\_\_\_

**Contractor Signature / Date**

**AOC USE ONLY: DO NOT FILL IN BEYOND THIS LINE**

**Contracted Service & Rates:**

<b>Functional Family Therapy:</b>	<b><u>Rate:</u></b>
Office-Based Counseling (sc 280)	\$_____ / hour
In-County Home-Based Counseling (sc 281)	\$_____ / hour
Out of County Home-Based Counseling (sc 282)	\$_____ /hour

**Other Agreement:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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



Administrative Office of the Courts  
Juvenile Justice Services Division  
Contract Years 2019-2024  
Functional Family Therapy Service Specification  
Service Codes 280, 281, 282

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

---

**Contractor Signature / Date**

---

**AOC Signature / Date**