



Administrative Office of the Courts
 Juvenile Justice Services Division
 Contract Years 2019-2024
 General Mental Health Counseling Service Specification
 Service Codes 135, 137, 138, 140, 146, 149, 180

GENERAL MENTAL HEALTH COUNSELING, Service Codes 135, 137, 138, 140, 146, 149 & 180	
Category	Outpatient Mental Health Services (Form F4)
Setting	<ul style="list-style-type: none"> Professional office environment in a mental health center, in-home, or private practice appropriate to the provision of evaluation, assessment, and treatment services
Targeted Population	<ul style="list-style-type: none"> Low, Moderate-, or High-risk juvenile, as indicated on Service Authorization Form (SAF) and determined by probation department using the Arizona Youth Assessment System (AZYAS) or other Arizona standardized assessment for transferred juveniles
Facility License	<ul style="list-style-type: none"> 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
Service Description	<ul style="list-style-type: none"> Mental health services are interventions to improve or alleviate symptoms of mental illness, trauma and/or emotional disturbance that may significantly interfere with functions in at least one life domain (e.g., family, social, work, educational) For general mental health, group counseling may not be used to deliver a curriculum-based program. All group counseling services must be process oriented Services are delivered through scheduled therapeutic visits with the therapist and can be delivered in individual, family, or group sessions, and may include multi-family group sessions. Treatment services should involve a family component when possible and should seek to strengthen family relationships by improving communication and improving family members' ability to support the juvenile's treatment progress
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 Community support systems are identified and have a discharge plan and when applicable a relapse prevention plan in place to help maintain stability in the community 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
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



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	<p>determined by the probation department using the Arizona Youth Assessment System (AZYAS) or other Arizona standardized assessment when applicable for transferred juveniles. Additionally, document justification for group counseling placement that demonstrates that low risk juveniles are not placed in groups with medium and high-risk juveniles and that consideration was given to place the juvenile according to self-identified gender and developmental stage (early, middle, late adolescence).</p> <ol style="list-style-type: none"> 2. Criminogenic risks and needs of the juvenile must be identified at the initiation of treatment, 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. The treatment plan must address the juvenile's current level of functioning, including any history of trauma related to the juvenile and their family. 4. Provide structured sessions occurring for a specific, authorized period that work toward the attainment of mutually defined goals as specified in the treatment plan. 5. Provide written recommendation for referral to the juvenile/family and the probation officer for general medical, psychiatric, psychological, and psychopharmacology needs when necessary. 6. Assist in identification and utilization of community resources and natural supports, which must be identified in the discharge plan in accordance with AOC <u>Standard Terms & Conditions</u>, Paragraph 49 (f), (FP) and Paragraph 44 (IP). 7. Signatures for each adult family member, and juvenile when applicable, attending multi-family group counseling must be recorded on a dated attendance form for each day multi-family group service is provided. The attendance documentation must be maintained for the entire length of the contract and made available for review if requested
<p>Professional Consultation</p>	<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 (SAF); 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. Professional Consultation is not case management. • 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



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	consultation; duration of consultation; and name, dated signature, degree and title of person providing consultation. Consultation shall not be provided in lieu of a contracted or non-contracted service.
Service Frequency	<ul style="list-style-type: none"> As approved in the Service Authorization Form (SAF) and as prescribed in the individualized treatment plan, or as court ordered.
Service Duration	<ul style="list-style-type: none"> Treatment is individualized and based on clinical criteria for admission and continued treatment, as well as the juvenile’s ability to benefit from individual treatment goals.
Staffing	<p>Contract requirements set forth in the AOC Standard Terms & Conditions are applicable.</p> <ul style="list-style-type: none"> Refer to AOC <u>Standard Terms & Conditions</u> Paragraph 35-37(FP) and Paragraph 31 (IP)
Staff to Client Ratio	<ul style="list-style-type: none"> Individual Counseling = 1 therapist for 1 juvenile Family Counseling = 1 therapist for 1 family Juveniles Group Counseling = 1 therapist for up to 8 juveniles (minimum 1:3) Multi-Family Group Counseling = 1 therapist for up to 4 juveniles/families (minimum 1:2)
Hours of Operation	<ul style="list-style-type: none"> Day, evening hours and may include weekends Ideally, hours of service should not conflict with the juvenile’s academic day
Unit of Service	<ul style="list-style-type: none"> One therapeutic unit equals one hour: Individual Counseling = Per hour Group Counseling = Per juvenile/ hour Family Counseling = Per hour Multi-Family Group Counseling = Per family/hour Case management and additional records documentation cannot be billed as therapy or direct paraprofessional services. Professional Consultation = Per 15-minute increment and only as authorized on SAF

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



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1. 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.		

Proposed Services & Rates:

<u>Trauma Specialization:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<u>General Mental Health Counseling:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<u>Office Based:</u>	<u>Rate:</u>
AOC does not wish to pay more than the stated rate(s) below:	
Individual (sc 135)	\$ <u>85.00</u> / hour
Other Proposed Service Rate: Individual (sc 135)	\$ _____ / hour
Family (sc 137)	\$ <u>85.00</u> / hour
Other Proposed Service Rate: Family (sc 137)	\$ _____ / hour
Group (sc 138)	\$ <u>35.00</u> / hour / juvenile
Other Proposed Service Rate: Group (sc 138)	\$ _____ / hour / juvenile



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Multi-Family Group (sc 146)	\$ <u>35.00</u> / hour/ family
Other Proposed Service Rate: Multi-Family Group (sc 146)	\$ _____ / hour/ family
In-County Home Based (sc 140)	\$ <u>110.00</u> / hour
Other Proposed Service Rate: In-County Home Based (sc 140)	\$ _____ / hour
Out of County Home Based (sc 149)	\$ <u>180.00</u> / hour
Other Proposed Service Rate: Out of County Home Based (sc 149)	\$ _____ / hour
Professional Consultation (sc 180)	\$ <u>25.00</u> / 15 minutes/ Master’s
Other Proposed Service Rate: Professional Consultation (sc 180)	\$ _____ / 15 minutes / Master’s
Professional Consultation (sc 180)	\$ <u>35.00</u> / 15 minutes / PhD
Other Proposed Service Rate: Professional Consultation (sc 180)	\$ _____ / 15 minutes / PhD

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 General Mental Health Counseling (GMH services, 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:

Trauma Specialization: <input type="checkbox"/> Yes <input type="checkbox"/> No	
General Mental Health Counseling: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<u>Office Based:</u>	<u>Rate:</u>
Individual (sc 135)	\$ ____ / hour
Family (sc 137)	\$ ____ / hour
Group (sc 138)	\$ ____ / hour / juvenile
Multi-Family Group (sc 146)	\$ ____ / hour/ family
In-County Home Based (sc 140)	\$ ____ / hour
Out of County Home Based (sc 149)	\$ ____ / hour
Professional Consultation (sc 180)	\$ ____ / 15 minutes

Other agreement:

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AOC Signature / Date