



Administrative Office of the Courts
 Juvenile Justice Services Division
 Contract Years 2019-2024
 Multisystemic Therapy Service Specification
 Service Codes 294, 295, 299, 180

MULTISYSTEMIC THERAPY, Service Codes 294, 295, 299 & 180	
Category	Model Programs (Form F4)
Setting	Community/Home-based
Targeted Population	<ul style="list-style-type: none"> • 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- and Moderate juveniles should not be considered for MST* (see Service Description below)
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 • Contractor shall have and maintain current MST® Licensure
Service Description	<p>Multisystemic Therapy (MST) is an intensive evidence-based treatment process that focuses on the effects of the diagnosed behavioral health disorder within the environmental systems (family, school, peer groups, culture, neighborhood and community) which contributes to, or influences the juvenile’s involvement, or potential involvement in the juvenile justice system. The therapeutic modality uses family strengths to promote positive coping activities, works with the caregivers to reinforce positive behaviors, and reduce negative behavior, and helps the family increase accountability and problem solving.</p> <p>Multisystemic Therapy (MST) is an intensive evidence-based treatment process which addresses the mental health disorder in the context of the juvenile’s family and environmental systems. Service elements must conform to the model as prescribed by the national licensing entity.</p> <p>MST home/community-based treatment services are provided at times convenient to the family which focus on changing how the juvenile who is at risk of out-of-home placement or who is returning home from an out of home placement, function in their natural settings to promote positive social behavior while decreasing anti-social behavior. It is a short-term treatment strategy lasting three (3) to five (5) months averaging a total of 60-hours of therapist contact, with multiple therapist-family contacts occurring weekly and on-call emergency access available 24 hours a day, 7 days a week.</p>



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	<p>*Low- and moderate- risk juveniles should not be considered for MST however, if a low- or moderate -risk juvenile is admitted to the program because of a direct request from the referring probation department documentation of the exception shall be recorded in the juvenile’s file.</p>
<p>Service Tasks</p>	<p>Contract requirements set forth in the AOC <u>Standard Terms & Conditions</u> are applicable. Additionally:</p> <ol style="list-style-type: none"> 1. 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). Additionally, if a low- or medium-risk juvenile is referred for MST then the juvenile file shall document the direct request, including reason, from the referring probation department. 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 file. Ongoing discussion with the probation officer about criminogenic needs is preferred. 3. MST service delivery must include participation by the juvenile’s family. There must be, at least, one parent figure in the home that will participate in the MST 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 MST services are being delivered. 4. Provide structured sessions aligning with services described in Contractor’s application that occur for a specific, authorized period and that work toward the attainment of mutually defined goals specified in the treatment plan as developed collaboratively with the juvenile, family, and probation officer. The family must be provided concrete goals that are within the scope of achievement by each participating family member. Home-based family and/or community-based counseling shall be provided a minimum of one-time weekly in sessions of not less than one hour (as defined in Unit & Rate section below). As appropriate and indicated on the treatment plan, weekly contact hours may diminish as the juvenile progresses and nears conclusion of program services.



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	<ol style="list-style-type: none"> 5. Progress notes must clearly be designated as direct, indirect service as defined in the Special Terms and Conditions on the AOC Contract for this service. 6. 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. 7. Contractor shall participate in quality assurance evaluation activities including, but not limited to client satisfaction evaluation, group meetings, site visitations, videotaped reviews of sessions, and peer review of policies and procedures as prescribed by the Contractor’s MST licensing entity. Upon request of the Contract Officer, the Contractor shall provide documentation of quality assurance activities, including feedback from the licensing entity.
<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. The individual 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, degree and title of person providing consultation.
<p>Service Frequency</p>	<p>Multiple one-hour, home-based sessions per week however, families usually see their therapist less frequently as they get closer to being discharged from treatment</p>
<p>Service Duration</p>	<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. • Generally, 60 therapist contact hours with the juvenile/family and generally lasting 3 to 5 months



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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. 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 AOC <u>Standard Terms & Conditions</u> for Full Procurement, Paragraph 36. Persons delivering MST services must receive initial and on-going MST training, consultation, and supervision in accordance with the Contractor’s MST licensing body, with documentation of such provided to the Contractor Officer upon request.
Staff to Juvenile Ratio	<ul style="list-style-type: none"> One qualified therapist for one juvenile/family
Hours of Operation	<ul style="list-style-type: none"> Day, evening hours and may include weekends Hours shall not conflict with the juvenile’s academic day Hours shall be convenient to the juvenile/family MST crisis services shall be available 24-hours a day, 7 days a week
Service Desired Outcomes	<ul style="list-style-type: none"> Juvenile will increase association with pro-social peers and decrease association with deviant peers; Juvenile have will have improved school or vocational performance; 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. Caregivers will demonstrate improved discipline practices and demonstrate ability to intervene earlier when the juvenile exhibits negative inappropriate behavior; and Family members will demonstrate healthier familial relationships, as measured by progress on the treatment goals
Unit of Service	<ul style="list-style-type: none"> One unit of service equals one 15-minute increment of Direct or Indirect service, as defined in the contract Every billable unit must be documented and have the designation of direct, indirect or professional consultation Professional Consultation: One unit = One 15-minute increment and only as authorized on SAF



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

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.		



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Proposed Service & Rate:

Multisystemic Therapy:	<u>Rate:</u>
AOC does not wish to pay more than the stated rate(s) below:	
Direct Contact/Service: (sc 295)	\$ <u>43.00</u> / 15 minutes
Other Proposed Service Rate: Direct Contact/Service: (sc 295)	\$ _____ / 15 minutes
Indirect Contact/Service: (sc 299)	\$ <u>43.00</u> / 15 minutes
Other Proposed Service Rate: Indirect Contact/Service: (sc 299)	\$ _____ / 15 minutes
Out of County – Homebased (sc 294)	\$ <u>48.00</u> / 15 minutes
Other Proposed Service Rate: Out of County – Homebased (sc 294)	\$ _____ / 15 minutes
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



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Other final agreement: Special Terms & Conditions Apply

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 Multisystemic Therapy services and I agree to all requirements, restrictions, service tasks, and contract rate(s):

Contractor Signature / Date



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AOC USE ONLY: DO NOT FILL IN BEYOND THIS LINE

Contracted Service & Rate:

Multisystemic Therapy:	Rate:
Direct Contact/Service: (sc 295)	\$_____ / 15 minutes
Indirect Contact/Service: (sc 299)	\$_____ / 15 minutes
Out of County – Homebased (sc 294)	\$_____ / 15 minutes
Professional Consultation (sc 180)	\$_____ / 15 minutes / Master’s
Professional Consultation (sc 180)	\$ _____ / 15 minutes / PhD

Other final agreement: Special Terms & Conditions Apply

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 Multisystemic Therapy services and I agree to all requirements, restrictions, service tasks, and contract rate(s):

Contractor Signature / Date

AOC Signature / Date