



Administrative Office of the Courts
 Juvenile Justice Services Division
 Contract Years 2019-2024

Multisystemic Therapy-Problem Sexual Behaviors Service Specification
 Service Codes 297, 298, 305, 180

MULTISYSTEMIC THERAPY-PROBLEM SEXUAL BEHAVIORS, Service Codes 297, 298, 305 & 180	
Category	Model Programs (Form F-4)
Setting	Community/Home-based
Targeted Population	<ul style="list-style-type: none"> Moderate- or High-risk juveniles, as indicated on Service Authorization Form (SAF) and determined by probation department using Arizona Youth Assessment System (AZYAS); juvenile must have been adjudicated for an offense involving sexually maladaptive behaviors
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 for Problem Sexual Behavior (MST-PSB) is an intensive family and community-based treatment for youth with problem sexual behavior and includes reduction of parent and youth denial about the sexual offenses and their consequences; promotion of the development of friendships and age-appropriate sexual experiences; and modification of the juvenile’s social perspective-taking skills, belief system, and attitudes that contributed to sexual offending. Service elements must conform to the model as prescribed by the national licensing entity.</p> <p>MST-PSB provides individualized, comprehensive, and family centered therapy, with multiple contacts each week, totaling approximately three hours weekly and delivered over a five (5) to seven (7) month period, as an alternative to out-of-home placement for youth with sexual behavioral problems. Service may take place in homes, neighborhoods, schools, and communities with crises services available 24 hours a day, 7 days a week.</p>
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). Additionally, if a low-risk juvenile is referred for MST-PSB then the juvenile’s file shall document the direct request, including reason, from the referring probation department.



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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, 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. MST-PSB 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-PSB 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-PSB services are being delivered.4. An individualized treatment plan, developed collaboratively with the juvenile, family, and probation officer shall be created within five 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 address the juvenile's current level of functioning, including any history of trauma or sexual victimization related to the juvenile and their family.5. Home-based and/or community-based family counseling shall be provided multiple times weekly for a combined minimum weekly contact of three hours (as defined in Unit & Rate 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.6. 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.7. 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's file.8. Contractor shall participate in quality assurance evaluation activities including, but not limited to the juvenile's
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	satisfaction evaluation, group meetings, site visitations, videotaped reviews of sessions, and peer review of policies and procedures as prescribed by the Contractor’s MST-PSB licensing entity. Upon request of the Contract Officer, the Contractor shall provide documentation of quality assurance activities, including feedback from the licensing entity.
Professional Consultation	<p>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 client 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.</p> <p>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	One or more, one-hour home-based or community-based sessions per week however, families generally see their therapist less frequently as they get closer to being discharged from treatment
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. • Generally, multiple weekly MST-PSB sessions are provided for five to seven months
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 Paragraph 36 of the AOC <u>Standard Terms & Conditions</u> for Full Procurement. • Persons delivering MST-PSB services must receive initial and on-going MST-PSB training, consultation, and supervision in accordance with the Contractor’s MST-PSB certifying body, with documentation of such provided to the Contractor Officer upon request.
Staff to Client Ratio	<ul style="list-style-type: none"> • One qualified therapist for one juvenile/family



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Hours of Operation	<ul style="list-style-type: none"> • Day, evening hours and may include weekends • Ideally, hours should not conflict with the juvenile’s academic day • Hours shall be convenient to the juvenile/family • MST-PSB crisis services shall be available 24-hours a day, 7 days a week
Service Desired Outcomes	<ul style="list-style-type: none"> • The family will learn new behaviors and skills; this could include inter-personal communication, bargaining and negotiation, problem solving, and contracting; • Contractor will assist the family in identifying ongoing services and supports needed to help the family be independent; • The family will experience less frequent incidents of disruptive behavior in the family home; • The family will experience increased frequency of prosocial family interactions. • The juvenile and family will exhibit reduction of denial about the sexually abusive behaviors and their consequences; promotion of the development of friendships and age-appropriate experiences; and modification of the juvenile’s social perspective-taking skills, belief system, and attitudes that contributed to sexual offending.
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

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 Rates:

Multisystemic-Problem Sexual Behavior Therapy:	<u>Rate:</u>
AOC does not wish to pay more than the stated rate(s) below:	
Direct Contact/Service: (sc 297) In-County	\$ <u>49.00</u> / 15 minutes
Other Proposed Service Rate: Direct Contact/Service: (sc 297)	\$ ____ / 15 minutes
Indirect Contact/Service: (sc 298) In-County & Out-of-County	\$ <u>49.00</u> / 15 minutes
Other Proposed Service Rate: Indirect Contact/Service: (sc 298)	\$ ____ / 15 minutes
Out of County Homebased (sc 305)	\$ <u>54.00</u> / 15 minutes
Other Proposed Service Rate: Out of County Homebased (sc 305)	\$ ____ / 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

Other final agreement: Special Terms & Conditions Apply



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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 – Problem Sexual Behaviors services and I agree to all requirements, restrictions, service tasks, and contract rate(s):

Contractor Signature / Date

AOC USE ONLY: DO NOT FILL IN BEYOND THIS LINE

Contracted Service Rates:

Multisystemic-Problem Sexual Behavior Therapy:	<u>Rate:</u>
Direct Contact/Service: (sc 297)	\$_____ / 15 minutes
Indirect Contact/Service: (sc 298)	\$_____ / 15 minutes
Out of County Homebased (sc 305)	\$_____ / 15 minutes
Professional Consultation (sc 180)	\$_____ / 15 minutes / Master’s
Professional Consultation (sc 180)	\$_____/ 15 minutes / PhD

Other final agreement: Special Terms & Conditions Apply



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AOC Signature / Date