



Administrative Office of the Courts  
 Juvenile Justice Services Division  
 Contract Years 2019-2024  
 Substance Use Disorder Counseling Service Specification  
 Service Codes 225, 226, 228, 229, 232, 234

<b>SUBSTANCE USE DISORDER COUNSELING, Service Codes 225, 226, 228, 229, 232 &amp; 234</b>	
<b>Category</b>	Standard Services (Form F-4)
<b>Setting</b>	<ul style="list-style-type: none"> <li>Professional office environment in an outpatient counseling center, in-home, or private practice appropriate to the provision of treatment services</li> </ul>
<b>Targeted Population</b>	<ul style="list-style-type: none"> <li>Juveniles participating in this service shall have a diagnosis congruent with a DSM-5 Substance Use Disorder</li> <li>Low-, Moderate-, or High-risk juveniles, as indicated on Service Authorization Form (SAF) and determined by the probation department using the Arizona Youth Assessment System (AZYAS) or other Arizona standardized assessment for transferred juvenile</li> <li>The Contractor shall ensure low-risk juveniles are not combined with medium- and high-risk juveniles in a group setting</li> <li>The developmental stage (early, middle, late adolescence) and cognitive ability of the juvenile must be considered when provided in a group setting</li> </ul>
<b>Facility License</b>	<ul style="list-style-type: none"> <li>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</li> </ul>
<b>Service Description</b>	<ul style="list-style-type: none"> <li>This service provides appropriate treatment interventions to address the juvenile’s substance use resulting from recurrent use of alcohol and/or drugs causing significant impairment, including health problems, disability, and failure to meet major responsibilities at work, school, or home. Services may be provided to an individual, a group of juveniles, a family or multi-family group. Services should educate the juvenile about the negative outcomes from substance use; help the juvenile to learn their triggers and motivating reasons to use substances; build motivation for change; and shape family involvement in resolving the problem. 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 abstinence from alcohol and/or drugs.</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>



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	<p>not placed in groups with medium- 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).</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. With all involved parties, conduct a substance use assessment and develop an individualized treatment plan.</li> <li>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 as specified in the treatment plan.</li> <li>5. Create a final individualized discharge plan in collaboration with the juvenile, parent/guardian and probation officer for relapse prevention and sustainability following treatment; must include identification and utilization of community resources and natural supports. Provide a copy of the completed plan to the juvenile, juvenile’s parent/guardian, and the probation officer prior to or at the time of service termination with documentation of the dissemination recorded in the juvenile’s file.</li> <li>6. Utilize a therapeutic best practice or promising practice model that has been normed for juveniles, preferably a cognitive behavioral therapy model that is validated for use with adolescents with substance use disorder.</li> </ol>
<p><b>Professional Consultation</b></p>	<ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> <li>• 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. Consultation shall not be provided in lieu of a contracted or non-contracted service.</li> </ul>
<p><b>Service Frequency</b></p>	<ul style="list-style-type: none"> <li>• As approved in the Service Authorization Form (SAF) and as prescribed in the individualized treatment plan, or as court ordered.</li> </ul>



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<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> </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 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.</li> <li>Appropriate population experience, pursuant to the AOC <u>Standard Terms &amp; Conditions</u>, Section Paragraph 36, must have occurred within the preceding five years.</li> </ul>
<b>Staff to Client Ratio</b>	<ul style="list-style-type: none"> <li>Individual Counseling = 1 therapist for 1 juvenile</li> <li>Family Counseling = 1 therapist for 1 family</li> <li>Juvenile Group Counseling = 1 therapist for up to 8 juveniles</li> <li>Multi-Family Group Counseling = 1 therapist for up to 4 juveniles/families</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> </ul>
<b>Desired Service Outcomes</b>	<ul style="list-style-type: none"> <li>Juvenile will have exhibited progress on treatment goals as outlined in the treatment plan;</li> <li>Juvenile will have improved daily functioning, diminished substance use symptoms;</li> <li>Community support systems will be identified, a discharge plan completed, and a relapse prevention plan will be in place to help maintain stability in the community;</li> <li>Contractor has coordinated with other community providers for on-going treatment, as needed; and</li> <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> <li>Professional Consultation is per 15-minute increment and only as authorized on SAF</li> <li>Case management and additional records documentation cannot be billed as therapy</li> </ul>



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

1. Identify the name(s) of all evidence-based, or promising practice programs to be utilized in delivery of services included in this service specification:

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2. For Full Procurement 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 & Rate:**

<b>Substance Use Disorder Counseling</b>	<b><u>Rate:</u></b>
AOC does not wish to pay more than the stated rate(s) below:	
Individual (sc 225)	<b><u>\$85.00</u></b> / hour
Other Proposed Service Rate: Individual (sc 225)	\$ ____ / hour
Family (sc 228)	<b><u>\$ 85.00</u></b> / hour
Other Proposed Service Rate: Family (sc 228)	\$ ____ / hour
Group (sc 226)	<b><u>\$35.00</u></b> / hour / juvenile
Other Proposed Service Rate: Group (sc 226)	\$ ____ / hour / juvenile
Multi-Family Group (sc 232)	<b><u>\$35.00</u></b> / hour / family
Other Proposed Service Rate: Multi-Family Group (sc 232)	\$ ____ / hour / family
In- County Home Based (sc 229)	<b><u>\$110.00</u></b> / hour
Other Proposed Service Rate: In- County Home Based (sc 229)	\$ ____ / hour
Out of County Home Based (sc 234)	<b><u>\$180.00</u></b> / hour
Other Proposed Service Rate: Out of County Home Based (sc 234)	\$ ____ / hour
Professional Consultation (sc 180)	<b><u>\$25.00</u></b> / 15 minutes (Master's)
Other Proposed Service Rate: Professional Consultation (sc 180)	\$ ____ / 15 minutes (Master's)
Professional Consultation (sc 180)	<b><u>\$35.00</u></b> / 15 minutes (PhD)
Other Proposed Service Rate: Professional Consultation (sc 180)	\$ ____ / 15 minutes (PHD)



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**Other agreement:**

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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 Substance Use Disorder Counseling services, and I agree to all requirements, service tasks, and contract rate(s):**

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**Contractor Signature / Date**



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

**Contracted Services & Rate:**

<b>Substance Use Disorder Counseling</b>	<b><u>Rate:</u></b>
Individual (sc 225)	\$____ / hour
Family (sc 228)	\$____ / hour
Group (sc 226)	\$____ / hour / juvenile
Multi-Family Group (sc 232)	\$____ / hour / family
In- County Home Based (sc 229)	\$____ / hour
Out of County Home Based (sc 234)	\$____ / hour
Professional Consultation (sc 180)	\$____ / 15 minutes

**Other agreement:**

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

\_\_\_\_\_  
**Contractor Signature / Date**

\_\_\_\_\_  
**AOC Signature / Date**