

**ARIZONA SUPREME COURT
ADMINISTRATIVE OFFICE OF THE COURTS
JUVENILE JUSTICE SERVICES DIVISION
Contract Year 2014 -2019
SERVICE SPECIFICATIONS
COMPREHENSIVE ASSESSMENT
Service Code 123 and 180**

SERVICE DEFINITION:

This service provides a Comprehensive Assessment of the youth and family. The assessment shall include a written statement of conclusions reached through interview, observation, testing, and review of records.

STANDARDS/LICENSURE REQUIREMENTS:

- At a minimum, services will be provided by a person who holds a Master's degree and is licensed at the independent practice level by the Arizona Board of Behavioral Health Examiners or is exempt from licensure pursuant A.R.S. Title 32, Chapter 33.
- Licensure is not required for those persons with a Master's degree in Human Services who are employed by a licensed behavioral health agency.

UNITS OF SERVICE:

One unit equals one assessment. Assessments may not exceed four (4) hours, including report writing.

SERVICE GOAL:

To provide a comprehensive assessment of the youth's personal, social, cultural, and educational environment based on conclusions reached through interview, observation, testing and review of records.

SERVICE TASKS:

1. Complete the assessment and provide a written report to the juvenile probation department within seven (7) calendar days of client's referral.
2. Develop conclusions based on detailed knowledge of the youth and utilization of the following resources as available:
 - a. Physical exam, mental health history, medical reports, current psychological tests, developmental checklists, academic achievement tests, school visits and observations, home visits and observations, observation of peer relationships and interactions.

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- b. Evaluations of speech, hearing, language, motor and sensory functioning, learning disabilities and deficits, learning strengths, and optimal learning modes.
 - c. The youth's family circumstances, including the constellation of the family group; the current living situation, the social, ethnic, religious, and cultural norms of the family; the socioeconomic status; social agency involvement with the youth and the family; emotional and health factors including drug and/or alcohol use that affects the youth and the family.
 - d. Family interviews and observations, home environment, previous mental health history, family system functioning, parenting skills, goals, and expectations for the youth, and other relevant information.
 - e. Assessment of the youth's recreational interest, hobbies, preferred activities, and aptitudes.
 - f. Assessment of vocational and occupational interests, aptitudes and experience.
3. A written report with the assessment findings and treatment recommendations shall be forwarded to the probation department.

The report shall include:

- a. Assess and describe the youth's presenting problems their duration, pervasiveness and related behaviors.
- b. Assess and describe the youth's intellectual capacities.
- c. Assess and describe the youth's academic history.
- d. Assess and describe the social and functional history of the family.
- e. Assess and describe the legal status of the youth, present and past.
- f. Assess and describe the youth's pertinent medical history and present medication usage.

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- g. Develop conclusions describing both strengths and deficits of the youth and family.
 - h. Treatment recommendations must include the recommended treatment service/level of care, i.e. delinquency prevention services, outpatient care services, intensive outpatient services, foster care, inpatient, residential treatment, or residential services, hospitalization without recommending specific treatment provider or location.
 - i. Treatment recommendations must also include the intensity and duration of the recommended treatment services.
4. Prepare and provide all required reports in accordance with AOC Standard Terms & Conditions.

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I have read and fully understand the requirements to provide a Comprehensive Assessment services, agree to all requirements and restrictions and propose the following rate:

Proposed Contract Rate:

Comprehensive Assessment (service code 123) \$ _____ / assessment
Professional Consultation (service code 180) \$ _____ / 15 minutes

Other Agreement: _____

Contractor Signature / Date

AOC USE ONLY: DO NOT FILL IN BEYOND THIS LINE

Final Contract Rate:

Comprehensive Assessment (service code 123) \$ _____ / assessment
Professional Consultation (service code 180) \$ _____ / 15 minutes

Other Agreement: _____

Contractor Signature / Date

AOC Signature / Date