

**ARIZONA SUPREME COURT  
ADMINISTRATIVE OFFICE OF THE COURTS  
JUVENILE JUSTICE SERVICES DIVISION  
Contract Year 2014 - 2019  
SERVICE SPECIFICATION  
SUBSTANCE ABUSE ASSESSMENT  
Service Code 128 and 180**

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**SERVICE DEFINITION:**

This service provides a comprehensive evaluation of the youth's substance use and recommendations for the least restrictive level of care.

**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 Masters degree in Human Services who are employed by a licensed behavioral health agency.

**UNITS OF SERVICE:**

One unit equals one assessment. The total assessment may not exceed 2.5 hours, including reports.

**SERVICE GOAL:**

To provide a comprehensive evaluation of the youth's substance abuse through the assessment of the youth's personal, educational, cultural, and social environments. The evaluation and the subsequent recommendations for the least restrictive level of care can be obtained through the use of, or a combination of the following: assessment tools, interviews, testing and review of previous records.

**SERVICE TASKS:**

1. Provide a comprehensive substance abuse assessment to court referred youth.
2. The assessment may be performed anywhere it is appropriate to do so, but the clinician performing the service must be flexible to meet the needs of the client and the family. It is permissible to perform assessments at a location other than the provider agency. Such alternative sites to be considered: schools, community/city buildings, or the juvenile court center. However, it is strongly recommended that clinicians perform the assessment in the youth's home, in order to obtain a more complete assessment of the youth's support systems and strengths, and assess weaknesses that may detract from the youth successfully completing a treatment program.

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3. The assessment process is to be completed with the youth and his/her family to assess the youth's:
  - a. Onset, frequency, duration and type of substance abuse
  - b. Current problem(s) and stressors
  - c. Social functioning
  - d. Family history
  - e. Educational history
  - f. Medical history
  - g. Behavioral health problems
  - h. Mental status if applicable
4. Identify and record any factors that may hinder the treatment process and positive outcome of the case.
5. Assess the family's willingness to cooperate and participate in the treatment process.
6. Participant and parents are to sign a release of information form granting the court, its representatives, and the clinician, access to the participant's educational, medical, psychological, and other records that are deemed appropriate for assessment purposes.
7. A written report with the assessment findings and recommendations for the least restrictive level of care, without recommending specific treatment provider or location, shall be provided to the court within seven (7) calendar days of the referral.
8. The recommendations to the Court shall not include any recommendation from the professional completing the assessment to make use of any of the contracted services of the professional completing the assessment or to enroll the youth in any service provided by the professional.
9. 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 the Substance Abuse Assessment, agree to all requirements and restrictions and propose the following rate:

Proposed Contract Rate:

Substance Abuse Assessment (service code 128)      \$ \_\_\_\_\_ / assessment

Professional Consultation      (service code 180)      \$ \_\_\_\_\_ / 15 minutes

Other proposed agreement: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**\*A copy of the assessment tools and report format must accompany the proposal.**

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

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

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Final Contract Rate:

Substance Abuse Assessment (service code 128)      \$ \_\_\_\_\_ / assessment

Professional Consultation      (service code 180)      \$ \_\_\_\_\_ / 15 minutes

Other agreement: \_\_\_\_\_

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

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