

**ARIZONA SUPREME COURT  
ADMINISTRATIVE OFFICE OF THE COURTS  
JUVENILE JUSTICE SERVICES DIVISION  
Contract Year 2009-2010  
SERVICE SPECIFICATIONS  
FAMILY SUPPORT  
Service Code 160**

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**SERVICE DEFINITION:**

This service involves face-to-face interaction with family member(s) and is directed toward restoration, enhancement or maintenance of the family function to improve the family's ability to effectively interact and to care for the youth in the home and community. The service may involve support activities such as assisting the family in developing skills to effectively interact and manage the youth, understand the causes and treatment of behavioral health issues, understand and utilize the system, and plan long term for the youth and the family.

**STANDARDS/LICENSURE REQUIREMENTS:**

The Contractor must meet one of the following requirements:

- Licensed behavioral health agency
- Certified Title XIX/XXI community service agency
- Other individuals who can adequately demonstrate that they are qualified through education, training and experience which is relevant to the service.

**UNITS OF SERVICE:**

One unit equals one hour.

**SERVICE GOAL:**

To promote or maintain the family's ability to effectively interact and care for youth in their home and in the community.

**SERVICE TASKS:**

1. Review existing social history and other relevant information.
2. With all involved parties, participate in developing an individual service plan and/or treatment plan which addresses the needs of the youth and family.
3. In accordance with the individual service plan, provide authorized services to the youth and/or family. Legibly document in the individual's file all services provided, including date, duration, type and provider name, signature, degree and title.

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4. Each month provide, in a timely fashion, information to the youth's primary therapist/caseworker who shall provide a youth and family progress report to the youth's probation officer. The information provided to the report writer shall include the youth's and family's progress made toward the achievement of the goals of the individual service plan, including documentation of appointment dates, attendance records (with reason for non-attendance if known), identification of the family's development of skills and level of competency in family function.
5. As required, participate in peer quality assurance reviews and case staffings.
6. Ensure that the family support services delivered to the youth and family are included in the youth's discharge report. This information must be provided, in a timely fashion, to the youth's primary therapist/caseworker after treatment termination. Provide other reports as required by contract.

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I have read and fully understand the requirements to provide the Family Support service, I agree to all requirements and restrictions and I propose the following rates:

Proposed service rate:

Family Support (Service Code 160)            \$\_\_\_\_\_ / hour

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

\_\_\_\_\_  
Provider Signature / Date

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

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Final contract rate:

Family Support (Service Code 160)            \$\_\_\_\_\_ / hour

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

\_\_\_\_\_  
Provider Signature / Date

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