

**ARIZONA SUPREME COURT
ADMINISTRATIVE OFFICE OF THE COURTS
JUVENILE JUSTICE SERVICES DIVISION
Contract Year 2009-2010
SERVICE SPECIFICATION
Multisystemic Therapy (MST)
Service Code 295 & 299**

SERVICE DEFINITION:

This service is a family ecological system designed to address serious, violent, or substance abusing juvenile offenders and their families.

STANDARDS/LICENSURE REQUIREMENTS:

There are no specific agency licensure requirements. At a minimum, services will be provided by a person who holds a Masters 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 **and** be approved by the MST supervising body.

UNIT OF SERVICE:

Service shall be billed in fifteen (15) minute increments. Direct service and indirect service must be billed separately.

SERVICE GOALS:

To prevent youth, who have demonstrated serious, chronic, violent, or substance abusing behaviors, being removed from the home to out of home placements.

SERVICE TASKS:

1. The contractor will implement the MST service in strict adherence to the Blueprints Project MST model.
2. The provider will accept referrals from a cross section of youth, male or female, between the ages of 11 and 17.
3. MST service will include participation by the youth's family. There must be, at least, one parent figure in the home that will participate in the MST program. Parent and family are broadly defined to include the adult who serves as the youth's primary parent figure or guardian and the adult who the youth is residing with or is expected to be residing with during the time frame that MST services are being delivered. The family must be provided concrete goals and within the scope of achievement by each participating family member.
4. Youth referred must have scored 71 or higher on the risk assessment in the Arizona JOLTS Risk/Needs Instrument and Assessment Tool or be clearly identified on the Needs Assessment Tool as High Needs or both to be eligible for MST services. Youth who have demonstrated, suicidal, homicidal, psychotic or threatening behaviors are not eligible for

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MST services. The provider must deny a youth who is receiving behavioral health services from another agency with the exception of medication monitoring services.

5. The provider must document, in the youth's file, that each referred youth meets the criteria in 2, 3, and 4. If a youth is accepted by the provider and it is determined that the youth does not meet all of the criteria outlined in items 2 through 4, the provider will be required to reimburse the AOC for any payments made for MST services delivered to the youth.
6. The provider must complete the intake assessment within 10 calendar days of receiving the referral.

ANNUAL REPORTING:

1. The Contractor will collect, maintain, and report data annually to the AOC for each fiscal year (July 1 through June 30). The report is due no later than 30 days after the end of the fiscal year. The report must contain the following elements:
 - Number of referrals;
 - Number of cases accepted and not accepted;
 - Number of cases opened;
 - Number of cases not opened and reason;
 - Number of active cases;
 - Number of cases successfully discharged; and
 - Number of cases unsuccessfully discharged, including cases closed prior to completion of treatment, and reason.
2. The Contractor shall conduct a follow-up of discharged (successful and unsuccessful, respectively) cases at 3, 6, and 12 months and include the findings in the report identified in task #7. Follow-up shall include but is not limited to:
 - Percent of youth arrested;
 - Percent of youth in out-of-home placement; and
 - Percent of youth with positive educational/vocational involvement.

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I have read and fully understand the requirements to provide Multisystemic Therapy and agree to all requirements and restrictions and propose the following rates:

Proposed Service Rate:

Direct Contact/Service (service code 295): \$_____ / youth / 15 minutes

Indirect Contact/Service (service code 299): \$_____ / youth / 15 minutes

Other agreement: _____

Provider Signature / Date

AOC USE ONLY: DO NOT FILL IN BEYOND THIS LINE

Final Contract Rate:

Direct Contact/Service (service code 295): \$_____ / youth / 15 minutes

Indirect Contact/Service (service code 299): \$_____ / youth / 15 minutes

Other agreement: _____

Provider Signature / Date

AOC Signature / Date