



Administrative Office of the Courts  
 Juvenile Justice Services Division  
 Contract Years 2019-2024  
 CLINICAL POLYGRAPH FOR POST-CONVICTION SEX OFFENDER TESTING SERVICE SPECIFICATION  
 Service Code 177, 180

<b>CLINICAL POLYGRAPH FOR POST-CONVICTION SEX OFFENDER TESTING Service Code 177 &amp; 180</b>	
<b>Category</b>	Evaluation, Polygraph and Laboratory Services (Form F-2)
<b>Setting</b>	<ul style="list-style-type: none"> <li>Professional office environment in a mental health center or private practice appropriate to the provision of polygraph services</li> </ul>
<b>Targeted Population</b>	<ul style="list-style-type: none"> <li>Polygraph may only be utilized with juveniles who are post- adjudication</li> </ul>
<b>Facility License</b>	<ul style="list-style-type: none"> <li>N/A</li> </ul>
<b>Service Description</b>	<ul style="list-style-type: none"> <li>Clinical Polygraph examination means the employment of any instrumentation used to measure and record physiological responses (blood pressure, pulse, respiration, and skin conductivity) while a person is asked and answers a series of questions. Clinical polygraph examination is specifically intended to assist in the treatment and probation supervision of juveniles who have been adjudicated delinquent of or convicted of an ARS Title 13, Chapter 14 or 35.1, a sexual offense.</li> <li>Pursuant to ARS§ 8-350.01(C), “sex offender’ means a person who is twenty-one years of age or younger who is an adjudicated delinquent for or convicted of an offense that involves a violation of title 13, chapter 14 or 35.1 and that does not involve the discharge, use or threatening exhibition of a deadly weapon or dangerous instrument.” Treatment for a person with sexually maladaptive behavior is provided only to those who meet the statutory definition of a “sex offender.” Such a juvenile shall be placed in a program with juveniles of a similar age and developmental maturity level, if group treatment is prescribed by the treatment provider.</li> <li>The use of a polygraph with juveniles is governed by the American Polygraph Association (APA) Model Policy for Post-Conviction Sex Offender Testing (PCSOT), and by the most current Association for the Treatment of Sexual Abusers (ATSA) Practice Guidelines.</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.</li> </ol>



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2. Obtain in writing from the treatment provider the reason for the examination and specific issues related to treatment to be addressed prior to completing the polygraph.
3. Conduct the polygraph in accordance with the most current protocols and requirements for Testing Technique Procedures as outlined in the APA PCSOT.
4. Report the result of the examination either verbally (phone call) or in writing (encrypted email, fax or letter) to the referring probation department, within 24 hours of the examination.
  - a. The report must address the following:
    - i. juvenile's current level of functioning,
    - ii. medications and any mental health diagnosis
    - iii. how those may relate to the polygraph results.
5. A written report containing a factual and objective account of all pertinent information developed during the examination shall be submitted within thirty (30) business days of the referral to the probation department.
  - a. Written reports are intended for **treatment and supervision** purposes only. Record the dissemination of the report in the juvenile's file.
  - b. Each report shall include the following information:
    - i. The date of the examination, including the beginning and ending time
    - ii. Name of person requesting examination
    - iii. Reason for referral / issues to be addressed
    - iv. Name and birthdate of juvenile
    - v. Type of court supervision
    - vi. Date of last clinical polygraph examination
    - vii. The juvenile's current mental health diagnosis, if applicable and the following:
      - A. level of functioning
      - B. any reported trauma history
      - C. current prescribed and non-prescribed medications
      - D. the report must address how these factors may affect the polygraph outcome
    - viii. Case background information
    - ix. Examination questions and answers
    - x. Statements made by the examinee during the pre-test and post-test interviews



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	<ul style="list-style-type: none"> <li>xi. Any additional information deemed pertinent by the examiner</li> <li>xii. Reasons for inability to complete the examination (if applicable)</li> <li>xiii. Post-test phases of the examination</li> <li>xiv. Test results</li> <li>xv. Date the report was disseminated to the court</li> </ul> <p>6. If the juvenile makes any statements that give the examiner reason to believe that the juvenile has been a victim of abuse or neglect, the examiner shall immediately make a report to the appropriate law enforcement or state agency in accordance with ARS§ 13-3620.</p>
<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 on the Service Authorization Form (SAF) or as court ordered.</li> <li>• Limitations on the number and frequency of polygraphs per juvenile are governed by the most current APA Model Policy and ATSA guidelines and Standards.</li> </ul>
<p><b>Service Duration</b></p>	<ul style="list-style-type: none"> <li>• Each authorization is for one (1) Clinical Polygraph only.</li> <li>• Limitations on the number of Polygraphs per juvenile are governed by the most current APA Model Policy and ATSA Practice Guidelines.</li> </ul>
<p><b>Staffing</b></p>	<ul style="list-style-type: none"> <li>• Polygraph examiners must hold, at a minimum, a Baccalaureate Degree from an accredited college or university</li> <li>• Polygraph examiners must hold a full membership in good standing with the APA or another polygraph practitioner association/licensure approved by the AOC</li> </ul>



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	<ul style="list-style-type: none"><li>• Polygraph examiner must complete initial and ongoing training as specifically prescribed by the APA or other association through which the polygraph examiner is certified</li></ul>
<b>Staff to Client Ratio</b>	<ul style="list-style-type: none"><li>• One to one</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's Probation Officer and Therapist will receive a Clinical Polygraph Report to be utilized for the sole purpose of supporting their progress on treatment goals as outlined in a therapeutic treatment plan.</li></ul>
<b>Unit of Service</b>	<ul style="list-style-type: none"><li>• One unit equals one (1) completed Clinical Polygraph (Rate includes Examination &amp; Report)</li><li>• Professional Consultation: One unit equals a 15-minute increment and only as authorized on SAF</li></ul>



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**Proposed Services & Rates:**

<b>Clinical Polygraph for PCSOT:</b>	<b><u>Rate:</u></b>
AOC does not wish to pay more than the stated rate(s) below:	
Clinical Polygraph Examination	<b><u>\$275.00</u></b> / Exam
Other Proposed Service Rate: Clinical Polygraph Examination	\$_____ / Exam
Professional Consultation	<b><u>\$25.00/</u></b> 15 minutes (Master’s)
Other Proposed Service Rate: Professional Consultation	\$_____ / 15 minutes (Master’s)
Professional Consultation	<b><u>\$35.00/</u></b> 15 minutes (PhD)
Other Proposed Service Rate: Professional Consultation	\$_____ / 15 minutes (PhD)

**Other proposed 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 the service of Clinical Polygraph for Post-Conviction Sex Offender Testing, and I agree to all requirements, service tasks, and contract rate(s):**

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



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

**Contracted Services & Rates:**

<b>Clinical Polygraph for PCSOT:</b>	<b>Rate:</b>
Clinical Polygraph Examination	\$_____ / Exam
Professional Consultation	\$_____ / 15 minutes

**Other proposed agreement:**

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

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