



Administrative Office of the Courts  
 Juvenile Justice Services Division  
 Contract Years 2019-2024  
 Sexually Abusive Behavior Assessment Service Specification  
 Service Codes 127, 180

<b>SEXUALLY ABUSIVE BEHAVIOR ASSESSMENT – Service Codes 127 &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 or private practice appropriate for the provision of the service.</li> </ul>
<b>Targeted Population</b>	<ul style="list-style-type: none"> <li>Low, Moderate-, or High-risk juvenile, as indicated on Service Authorization Form (SAF) and determined by probation department using the Arizona Youth Assessment System (AZYAS) or other Arizona standardized assessment for transferred juveniles</li> <li>Generally, this assessment is appropriate for juveniles adjudicated by the Superior Court for a sexually abusive offense*            *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.”</li> </ul>
<b>Facility License</b>	<ul style="list-style-type: none"> <li>No facility licensed is required</li> </ul>
<b>Service Description</b>	<ul style="list-style-type: none"> <li>This service provides an assessment to determine sexualized behavior issues, address the frequency and pervasiveness of risk-related and protective factors; identifies dynamic risk factors as treatment targets; and provides risk- and needs-relevant recommendations for effective interventions and treatment intensity to reduce the juveniles risk for re-offending both sexually and non-sexually.</li> <li>The assessment must detail the juvenile's current level of functioning, including cognitive development, and include a full social history, developmental history, familial environment and history, school/employment history, as well as any history of trauma or victimization related to the juvenile and their family.</li> <li>The assessment shall include a written statement of conclusions reached through interview, observation, and review of records and provide recommendations to address the needs of juvenile and family.</li> <li>Given that adolescents who have engaged in sexually abusive behaviors are more likely to re-offend non-sexually than sexually, the treatment recommendations must not be limited to the juvenile’s sexually abusive behaviors, but must be multi-dimensional and must address any victimization and/or trauma as reported by the juvenile, and must address other treatment and support needs identified by the juvenile and/or family.</li> </ul>



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<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>1. Review the Arizona Youth Assessment System (AZYAS) summary provided by the referring probation department for integration as part of the evaluation. 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 AZYAS or other Arizona standardized assessment when applicable for transferred juveniles.</li><li>2. Complete the assessment and provide a written report to the referring juvenile court within thirty (30) working days from receipt of the referral. Record the dissemination of the assessment in the juvenile’s file. In addition to content required in Paragraph 46 (FP), or Paragraph 41 (IP) the assessment must include:<ol style="list-style-type: none"><li>a. A criminal offense(s) inquiry, including the juvenile’s:<ol style="list-style-type: none"><li>i. History of violent behavior</li><li>ii. History of delinquency</li><li>iii. History of trauma including any sexual victimization of the juvenile</li><li>iv. Juvenile characteristics regarding:<ol style="list-style-type: none"><li>A. Personality profile</li><li>B. Cognitive patterns</li><li>C. Patterns of sexual arousal</li><li>D. Accountability</li><li>E. Attitudes toward sexuality</li><li>F. Impulse control</li><li>G. Aggression, anger and violence</li><li>H. Substance use, abuse and/or dependence</li><li>I. Intellectual functioning</li><li>J. Critical development events or experiences</li><li>K. Mental health</li></ol></li><li>v. Prior treatment for sexually abusive behavior</li><li>vi. Juvenile’s motivation towards stability in his/her natural environment</li><li>vii. Description of adjudicated offense(s):</li></ol></li><li>b. The assessment shall also include:</li></ol></li></ol>
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	<ul style="list-style-type: none"><li>i. Abusive sexual behaviors (current or previous)<ul style="list-style-type: none"><li>A. Types of abusive sexual behavior (e.g. hands on, hands off)</li><li>B. Gender and age of person victimized</li><li>C. Relationship to the person victimized</li><li>D. Level of coercion or violence used</li><li>E. Degree of invasiveness</li><li>F. Juvenile’s version of the abuse; victim(s)’ version by official or victim advocate report(s), and adolescent caregiver’s version(s)</li></ul></li><li>ii. Patterns of offending<ul style="list-style-type: none"><li>A. Antecedents</li><li>B. Frequency</li><li>C. Duration/desistance</li><li>D. Escalation in frequency or severity; and</li></ul></li><li>iii. Other problematic sexual behaviors including:<ul style="list-style-type: none"><li>A. Preoccupation with sexual fantasies and behaviors</li><li>B. Excessive sexual activities such as compulsive masturbation</li><li>C. Frequently highly sexualized language</li><li>D. Sexualized gestures and behaviors, and</li><li>E. Persistent sexual interests involving significantly younger children, or coercion or force</li></ul></li></ul>
3.	Evaluate the sexual history, i.e. sexually abusive behaviors, along with normative sexual behaviors including: <ul style="list-style-type: none"><li>a. Behaviors that are considered age- and developmentally appropriate for adolescents (considering age, and cognitive development)</li><li>b. History of Family history of sexual abuse and/or exposure to inappropriate sexual material or activity<ul style="list-style-type: none"><li>i. History of trauma including any sexual victimization of the juvenile</li></ul></li></ul>
4.	Diagnostic conclusions describing both strengths and barriers of the juvenile and family and the family’s willingness to participate in treatment. <ul style="list-style-type: none"><li>a. Make treatment recommendations and/or types of treatment interventions which link to and correspond with the findings without recommending a specific treatment provider or location. Treatment recommendations</li></ul>



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	<p>should be based on the juvenile’s risk, identified needs, and responsivity factors, including interventions to address any history of prior victimization and overall child well-being. Treatment recommendations shall not be limited to addressing the juvenile’s sexually abusive behaviors but shall also address other identified issues and responsivity needs of the juvenile. The recommendations to the court shall not include any referrals to the provider’s own services;</p> <ul style="list-style-type: none"> <li>b. Describe the type(s) of care or services needed (i.e. substance abuse, mental health, sexually abusive behavior services, trauma treatment, psychiatric services, specific educational support or interventions, interventions specific to criminogenic needs);</li> <li>c. Designate the <b>least restrictive level</b> of care (community-based or out-of-home)</li> <li>d. Identify the intensity/dosage of care commensurate with assessed level of risk and need</li> <li>e. If recommending placement into out-of-home care, the Assessment Report must justify why the examiner does not feel that the juvenile can be adequately treated in an outpatient or intensive outpatient setting.</li> <li>f. The recommended treatment should involve family and/or other caregivers, unless contra-indicated;</li> <li>g. Identify any need for other diagnostic tests.</li> </ul>
<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. The individual juvenile record shall include a copy of a court’s order or written directive for testimony or the probation department’s written request for specific consultation. Professional Consultation is not case management.</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.</li> </ul>
<p><b>Service Frequency</b></p>	<ul style="list-style-type: none"> <li>• Single service, as approved in the Service Authorization Form (SAF) or as court ordered.</li> </ul>
<p><b>Service Duration</b></p>	<ul style="list-style-type: none"> <li>• N/A</li> </ul>



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<b>Staffing</b>	<ul style="list-style-type: none"> <li>At a minimum, service will be provided by a person who holds a master’s degree in a Human Service related field and is licensed to practice independently by the Arizona Board of Behavioral Health Examiners or is exempt from licensure pursuant to A.R.S. Title 32, Chapter 33.</li> <li>Licensure is not required for those persons with a master’s degree in a Human Service related field who are employed by a licensed behavioral health agency, although supervision must be provided by a person meeting the qualifications set forth in Paragraph 36 of the AOC <u>Standard Terms &amp; Conditions</u> for Full Procurement.</li> </ul> <p><b>Sexually Abusive Behavior additional staffing requirements:</b></p> <ul style="list-style-type: none"> <li>Pursuant to §8-350.01(B)(1), “a mental health treatment program that a sex offender is required to participate in by a court, an adult or juvenile probation department, the state department of corrections or the department of juvenile corrections shall comply with the professional code of ethics from the association for the treatment of sexual abusers.”</li> <li>To provide Sexually Abusive Behavior (SAB) services, a person must possess a master’s Degree or above in the behavioral or social sciences, or in a healthcare/medical field, from a fully accredited college. The Contractor is responsible for documenting in the staff’s personnel file, verification of professional credentials and written records reflecting 2 two years’ full-time prior experience in providing therapeutic mental health services to the juvenile justice population. At a minimum one-year therapeutic services must have been provided to juveniles with sexually abusive behaviors after the person was awarded a master’s degree as prescribed above. Appropriate population experience, pursuant to AOC <u>Standard Terms &amp; Conditions</u>, must have occurred within the preceding five (5) years of providing services under this contract.</li> <li>A person providing sexually abusive behavior services must participate in a minimum of 40 hours of training focusing on sexually abusive behavior topics during their first year of providing SAB treatment services under the AOC contract and 20 hours of on-going SAB training each year after the first year providing SAB services under the AOC contract. The hours required herein may be applied toward the training hours required in the AOC <u>Standard Terms &amp; Conditions</u>, Section VII.</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>



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<b>Desired Service Outcomes</b>	<ul style="list-style-type: none"><li>• To provide a thorough assessment of the juvenile’s sexualized behavioral issues as well as cognitive, developmental, personal, and social issues, in the context of the family and cultural environment based on conclusions reached through interview, observation, and review of records.</li><li>• The report will make holistic treatment recommendations to address the juvenile’s needs and well-being, at the least restrictive level of care</li></ul>
<b>Unit of Service</b>	<ul style="list-style-type: none"><li>• One unit equals one assessment and written report</li><li>• Professional Consultation = Per 15-minute increment and only as authorized on SAF</li></ul>



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**Proposed Service Rates:**

<b>Sexually Abusive Behavior Assessment:</b>	<b><u>Rate:</u></b>
AOC does not wish to pay more than the stated rate(s) below:	
Sexually Abusive Behavior Assessment (sc 127)	<b>\$320.00/</b> assessment
Other Proposed Service Rate: Sexually Abusive Behavior Assessment (sc 127)	\$_____ / assessment
Professional Consultation (sc 180)	<b>\$25.00/</b> 15 minutes (Master's)
Other Proposed Service Rate: Professional Consultation (sc 180)	\$_____ / 15 minutes (Master's)
Professional Consultation (sc 180)	<b>\$35.00/</b> 15 minutes (PhD)
Other Proposed Service Rate: Professional Consultation (sc 180)	\$_____ / 15 minutes (PhD)

**Other 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 Sexually Abusive Behavior Assessment service and I agree to all requirements, restrictions, service tasks, and contract rate(s):**

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



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

**Contracted Service Rates:**

<b>Sexually Abusive Behavior Assessment:</b>	<b><u>Rate:</u></b>
Sexually Abusive Behavior Assessment (sc 127)	\$_____ / assessment
Professional Consultation (sc 180)	\$_____ / 15 minutes

**Other agreement:**

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**By signing below, I confirm that I have read and fully understand the requirements necessary to provide the Sexually Abusive Behavior Assessment service and I agree to all requirements, restrictions, service tasks, and contract rate(s):**

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**Contractor Signature / Date**

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**AOC Signature / Date**