



Administrative Office of the Courts

Juvenile Justice Services Division

Contract Years 2019-2024

Sexually Abusive Behaviors Counseling Service Specification

Service Codes 207, 208, 209, 210, 212, 216, 180

<b>SEXUALLY ABUSIVE BEHAVIORS COUNSELING, Service Codes 207, 208, 209, 210, 212, 216 &amp; 180</b>	
<b>Category</b>	Sexually Abusive Behaviors Service (Form F4)
<b>Setting</b>	<ul style="list-style-type: none"> <li>Professional office environment in a mental health center, in-home, or private practice appropriate to the provision of evaluation, assessment, and treatment services</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>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 Abusive 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> </ul>
<b>Facility License</b>	<ul style="list-style-type: none"> <li>Full Procurement agency must hold a current, applicable Arizona Department of Health Services (ADHS) license for each facility from which this service will be provided</li> </ul>
<b>Service Description</b>	<ul style="list-style-type: none"> <li>Sexually abusive behavior(s) treatment addresses problem sexual behavior(s) and shall be inclusive of mental health treatment for <i>identified</i> mental health issues</li> <li>For SAB services, group counseling may include curricula, but this may not be the only modality of service</li> <li>Services are delivered through scheduled therapeutic visits with the therapist and can be delivered in individual, family, or group sessions, and may include multi-family group sessions. Treatment services should involve a family component when possible and should seek to strengthen family relationships by improving communication and improving family members’ ability to support the juvenile’s treatment progress</li> <li>Juveniles with identified symptoms of mental illness, trauma, victimization and/or emotional disturbance that may significantly interfere with functions in at least one life domain (e.g., family, social, work, educational) shall receive mental health interventions as part of this service</li> </ul>
<b>Desired Service Outcomes</b>	<ul style="list-style-type: none"> <li>Juvenile will have exhibited progress on treatment goals as outlined in treatment plan</li> <li>Juvenile will have improved daily functioning and diminished behavioral health needs</li> </ul>



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	<ul style="list-style-type: none"> <li>Community support systems are identified and have a discharge plan and a relapse prevention plan in place to help maintain stability in the community</li> <li>Juvenile will demonstrate a reduction in the criminogenic risks identified by the probation officer, as evidenced by the re-assessment of the AZYAS, or as observed progress on the service goals that were targeted to those factors</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. Additionally, document justification for group counseling placement that demonstrates that low risk juveniles are not placed in groups with medium and high-risk juveniles and that consideration was given to place the juvenile according to self-identified gender and developmental stage (early, middle, late adolescence).</li> <li>Criminogenic risks and needs of the juvenile must be identified at the initiation of treatment, addressed throughout the course of treatment, and recorded in the juvenile’s file. Ongoing discussion with the probation officer about criminogenic needs is preferred.</li> <li>Services must address victim empathy and development of necessary skills and techniques to prevent the juvenile from engaging in problem sexual behaviors and other harmful behaviors in the future.</li> <li>The treatment plan must address the juvenile’s current level of functioning, including any history of trauma or sexual victimization related to the juvenile and their family.</li> <li>Provide structured sessions occurring for a specific, authorized period that work toward the attainment of mutually defined goals as specified in the treatment plan.</li> <li>Develop a discharge plan in accordance with AOC <u>Standard Terms &amp; Conditions</u>, Paragraph 49 (f), (FP) and Paragraph 44 (IP) and relapse prevention plan that identifies the risk factors or triggers associated with the juvenile’s problem sexual behaviors and subsequent development of healthy coping skills to address those risk factors. The written relapse prevention plan must be provided to the juvenile with documentation of dissemination retained in the juvenile’s file.</li> <li>Utilize a validated Sexually Abusive Behavior risk assessment tool to assess and report findings to probation in the first monthly progress report.</li> <li>Polygraph services may not be integrated as a component of the proposed service(s); polygraph must be authorized and referred separately by the probation department.</li> </ol>



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	<p>9. File a written monthly progress report with the probation officer in compliance with AOC <u>Standard Terms &amp; Conditions</u>, Paragraph 49 (IP) and Paragraph 61 (FP). Each monthly progress report must also include:</p> <ol style="list-style-type: none"> <li>a. Re-offense risks;</li> <li>b. Alternative treatment service options, if applicable; and</li> <li>c. Relapse prevention recommendations.</li> </ol> <p>10. If the juvenile is transitioning home where a prior victim resides, there must be documented efforts to address the safety and wellbeing of the victim and the juvenile. This may include communication between the treatment providers, family members, guardians and/or Department of Child Safety Case Manger as applicable.</p> <p>11. Pursuant to §8-350.01(B)(2), “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 not include the use of images that are in violation of title 13, chapters 35 and 25.1.”</p> <p>12. Provide written recommendation for referral to the juvenile/family and the probation officer for general medical, psychiatric, psychological, and psychopharmacology needs when necessary.</p> <p>13. Signatures for each adult family member, and juvenile when applicable, attending multi-family group counseling must be recorded on a dated attendance form for each day multi-family group service is provided. The attendance documentation must be maintained for the entire length of the contract and made available for review if requested.</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 in the Service Authorization Form (SAF) and as prescribed in the individualized treatment plan, or as court ordered.</li> </ul>



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<b>Service Duration</b>	<ul style="list-style-type: none"> <li>Treatment is individualized and based on professional criteria for admission and continued treatment, as well as the juvenile’s ability to benefit from individual treatment goals.</li> </ul>
<b>Staffing</b>	<p><b>Contract requirements set forth in the AOC Standard Terms &amp; Conditions are applicable.</b></p> <ul style="list-style-type: none"> <li>Refer to AOC <u>Standard Terms &amp; Conditions</u> Paragraph 35-37(FP) and Paragraph 31 (IP).</li> <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) counseling 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 maladaptive 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 years of providing services under this contract.</li> <li>A person providing Sexually Abusive Behavior counseling 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>, Paragraph 42 (FP) and Paragraph 37 (IP).</li> </ul>
<b>Staff to Client Ratio</b>	<ul style="list-style-type: none"> <li>Individual Counseling = 1 therapist for 1 juvenile</li> <li>Family Counseling = 1 therapist for 1 family</li> <li>Juveniles Group Counseling = 1 therapist for up to 8 juveniles (minimum 1:3)</li> <li>Multi-Family Group Counseling = 1 therapist for up to 4 juveniles/families (minimum 1:2)</li> </ul>
<b>Hours of Operation</b>	<ul style="list-style-type: none"> <li>Day, evening hours and may include weekends</li> <li>Ideally, hours of service should not conflict with the juvenile’s academic day</li> </ul>
<b>Unit of Service</b>	<ul style="list-style-type: none"> <li>One therapeutic unit equals one hour:</li> </ul>



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	<ul style="list-style-type: none"> <li>• Individual Counseling = Per hour</li> <li>• Group Counseling = Per juvenile/ hour</li> <li>• Family Counseling = Per hour</li> <li>• Multi-Family Group Counseling = Per family/hour</li> <li>• Case management and additional records documentation cannot be billed as therapy or direct paraprofessional services.</li> <li>• Professional Consultation = Per 15-minute increment and only as authorized on SAF</li> </ul>
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**The following documentation and information must be submitted with the service specification:**

1. Identify the name(s) of all written programs to be utilized in delivery of services included in this service specification:

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2. The table of contents from each evidence-based curriculum utilized in delivery this service.

3. If applicable, identify facility name, address and ADHS license number from which services will be provided. If more than one facility, *each* facility must be proposed independently in the completed service specification.

Facility Name	Facility Address	ADHS License Number
1.		
2.		
3.		
4.		



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**Proposed Services & Rates:**

<b>Trauma Specialization:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Sexually Abusive Behavior Counseling:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Office Based:</b>	<b>Rate:</b>
AOC does not wish to pay more than the stated rate(s) below:	
Individual (sc 207)	<b>\$85.00/</b> hour
Other Proposed Service Rate: Individual (sc 207)	\$____ / hour
Family (sc 210)	<b>\$85.00/</b> hour
Other Proposed Service Rate: Family (sc 210)	\$____ / hour
Group (sc 208)	<b>\$35.00/</b> hour / juvenile
Other Proposed Service Rate: Group (sc 208)	\$____ / hour / juvenile
Multi-Family Group (sc 212)	<b>\$35.00/</b> hour /family
Other Proposed Service Rate: Multi-Family Group (sc 212)	\$____ / hour /family
In-County Home Based (sc 209)	<b>\$110.00 /</b> hour
Other Proposed Service Rate: In-County Home Based (sc 209)	\$____ / hour
Out of County Home Based (sc 216)	<b>\$180.00/</b> hour
Other Proposed Service Rate: Out of County Home Based (sc 216)	\$____ / hour
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)



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**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 Counseling (SAB) services, and I agree to all requirements, service tasks, and contract rate(s):**

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

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

**Contracted Services & Rates:**

<b><u>Trauma Specialization:</u></b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b><u>Sexually Abusive Behavior Counseling:</u></b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b><u>Office Based:</u></b>	<b><u>Rate:</u></b>
Individual (sc 207)	\$_____ / hour
Family (sc 210)	\$_____ / hour
Group (sc 208)	\$_____ / hour / juvenile



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Multi-Family Group (sc 212)	\$_____ / hour /family
In-County Home Based (sc 209)	\$_____ / hour
Out of County Home Based (sc 216)	\$_____ / hour
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 Counseling (SAB) services, and I agree to all requirements, service tasks, and contract rate(s):**

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

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