



Administrative Office of the Courts
 Juvenile Justice Services Division
 Contract Years 2019-2024

Therapeutic Day Program for Sexually Abusive Behavior Service Specification
 Service Codes 205, 180

THERAPEUTIC DAY PROGRAM FOR SEXUALLY ABUSIVE BEHAVIOR, Service Codes 205, 180	
Category	Standard Services (Form F-4)
Setting	Professional office environment in outpatient counseling or treatment center, in-home, or private practice appropriate to the provision of evaluation, assessment, and treatment services
Targeted Population	<ul style="list-style-type: none"> • Low-, Moderate-, or High-risk juveniles, as indicated on Service Authorization Form (SAF) and determined by the probation department using the Arizona Youth Assessment System (AZYAS) or other Arizona standardized assessment for transferred juvenile • 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.” Treatment for a person with sexually abusive behavior (SAB) 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
Facility License	Full Procurement Contractors must hold a current, applicable Arizona Department of Health Services (ADHS) license for each facility from which this service will be provided
Service Description	<ul style="list-style-type: none"> • Therapeutic Day Program service is provided as a day program (3 hours) inclusive meals and exclusive of transportation and will not replace a juvenile’s education requirements. The program may be delivered during the week and/or weekend and program times may change during school breaks, but services shall not exceed three (3) days per week • Therapeutic Day Program is a regularly scheduled program of active treatment modalities which may include services such as individual, group and/or family behavioral health counseling and therapy. Other services may include cognitive skill development, life skills development, and appropriate social and/or recreational activities



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	<ul style="list-style-type: none"> • SAB services are interventions to improve or alleviate symptoms of SAB, trauma and/or emotional disturbance that may significantly interfere with functioning in at least one life domain (e.g., family, social, work, educational) • This service is delivered, in part, through scheduled 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 • Services shall take place on site at an approved provider location. This service is provided during high-risk time periods and designed to address criminogenic needs by supporting healthy attitudes, promoting positive peer associations, addressing risky behavior and thinking errors. Services also address vocational/educational needs to enhance a juvenile's pro-social behavior, and interpersonal skills
<p>Service Tasks</p>	<p>Contract requirements set forth in the AOC <u>Standard Terms & Conditions</u> are applicable. Additionally:</p> <ol style="list-style-type: none"> 1. 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). 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 juveniles according to self-identified gender and developmental stage (early, middle, late adolescence). 2. 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. 3. With all involved parties, conduct an assessment and develop an individualized treatment plan. 4. 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. 5. 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.



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6. 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.
7. Develop a 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.
8. Utilize a validated sexually abusive behavior risk assessment tool to assess and report findings to probation in the first monthly progress report.
9. File a written monthly progress report with the probation officer in compliance with AOC Standard Terms & Conditions, Paragraph 49 (IP) and Paragraph 61 (FP). Each monthly progress report must also include:
 - a. Re-offense risks;
 - b. Alternative treatment service options, if applicable; and
 - c. Relapse prevention recommendations.
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.
11. Provide transportation for referred juveniles to and from program; transportation may include the use of public transportation when appropriate and only when approved in writing by the juvenile's parent/guardian and probation officer prior to use of public transportation. Public transportation vouchers/passes may be used.
12. 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.

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."



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<p>Professional Consultation</p>	<ul style="list-style-type: none"> • 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. • 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. • 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.
<p>Service Frequency</p>	<ul style="list-style-type: none"> • Therapeutic Day Program service is provided as a half day program (3 hours) excluding mealtimes and transportation and must include the following: <ul style="list-style-type: none"> ○ Weekly (1) hour individual session ○ Daily therapeutic group ○ Weekly (1) hour family session, when appropriate for the individual juvenile and family ○ Shall include delivery of skills development to address criminogenic needs ○ Flexibility shall be offered to provide services outside of school/work for juveniles and outside of work hours for families (see Hours of Operation section of this specification for further detail)
<p>Service Duration</p>	<ul style="list-style-type: none"> • 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
<p>Staffing</p>	<ul style="list-style-type: none"> • At a minimum, direct therapeutic 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 A.R.S. Title 32, Chapter 33. • 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 & Conditions</u> for Full Procurement.



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	<ul style="list-style-type: none"> • Psycho-education services may be delivered by appropriately trained and supervised paraprofessional and/or direct care personnel, as prescribed in the AOC <u>Standard Terms & Conditions</u>, who has at least two years documented full-time experience working with the juvenile justice population. • Appropriate population experience, pursuant to the AOC <u>Standard Terms & Conditions</u>, Paragraph 35-36, must have occurred within the preceding five years. <p>Sexually Maladaptive Behavior Counseling additional staffing requirements:</p> <ul style="list-style-type: none"> • 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.” • 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 abusive behaviors after the person was awarded a master’s degree as prescribed above. Appropriate population experience, pursuant to AOC <u>Standard Terms & Conditions</u>, Section V, must have occurred within the preceding five years of providing services under this contract. 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 & Conditions</u>, Section VII.
<p>Staff to Client Ratio</p>	<p>Professional Therapeutic Services:</p> <ul style="list-style-type: none"> • Individual Counseling = 1 therapist for 1 juvenile • Family Counseling = 1 therapist for 1 family • Juveniles Group Counseling = 1 therapist for up to 8 juveniles (minimum 1:3) • Multi-Family Group Counseling = 1 therapist for up to 4 juveniles/families (minimum 1:2)



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	<p>Psycho-Education Services:</p> <ul style="list-style-type: none"> • Direct care staff to juveniles: 1 to 8
Hours of Operation	<ul style="list-style-type: none"> • Day/Evening hours may include weekends • Evenings and weekends to allow time outside of school/work hours for juveniles and outside of work hours for family sessions • Required three hours daily structured programming (must include meal), excluding transportation time
Desired Service Outcomes	<ul style="list-style-type: none"> • Juvenile will have exhibited progress on treatment goals as outlined in treatment plan • Juvenile will have improved daily functioning and diminished sexually abusive behaviors • Contractor has coordinated with other community providers for on-going treatment, as needed • Juvenile is aware of and demonstrates skills related to crisis plan and/or safety plan • Community support systems are identified and have a discharge plan and when applicable a crisis plan and safety plan in place to help maintain stability in the community • 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
Unit of Service	<ul style="list-style-type: none"> • One unit equals three consecutive hours during high-risk times for delinquent behavior inclusive of meal but exclusive of transportation time • Professional Consultation = Per 15-minute increment and only as authorized on the SAF • Case management and additional records documentation cannot be billed as therapy or direct paraprofessional services.

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. 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:

Therapeutic Day Program for Sexually Abusive Behavior	
<input type="checkbox"/> Sexually Abusive Behavior	
Days of Service: <input type="checkbox"/> Monday; <input type="checkbox"/> Tuesday; <input type="checkbox"/> Wednesday; <input type="checkbox"/> Thursday; <input type="checkbox"/> Friday; <input type="checkbox"/> Saturday; <input type="checkbox"/> Sunday	
Daily Number of Program Hours: _____ hours/day	
Program Hours: from _____ a.m./p.m. to _____ a.m./p.m.	
Geographic radius in which the transportation will be provided: _____	
	Rate
AOC does not wish to pay more than the stated rate(s) below:	
Day Program (3 hours, rate inclusive of meal and inclusive of transportation cost) (sc 205)	\$25.00 / hour / client (group only)
Other Proposed Service Rate: Day Program (3 hours, rate inclusive of meal and inclusive of transportation cost) (sc 205)	\$_____ / client / day
Professional Consultation (sc 180)	\$25.00 / 15 minutes (Master’s)
Other Proposed Service Rate: Professional Consultation (sc 180)	\$_____ / 15 minutes (Master’s)
Professional Consultation (sc 180)	\$35.00 / 15 minutes (PhD)
Other Proposed Service Rate: Professional Consultation (sc 180)	\$_____ / 15 minutes (PhD)



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Other agreement:

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 Therapeutic Day Program for Sexually Abusive Behavior service, 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:

Therapeutic Day Program for Sexually Abusive Behavior		
<input type="checkbox"/> Sexually Abusive Behavior		
Days of Service: <input type="checkbox"/> Monday; <input type="checkbox"/> Tuesday; <input type="checkbox"/> Wednesday; <input type="checkbox"/> Thursday; <input type="checkbox"/> Friday; <input type="checkbox"/> Saturday; <input type="checkbox"/> Sunday		
Daily Number of Program Hours: _____ hours/day		
Program Hours: from _____ a.m./p.m. to _____ a.m./p.m.		
Geographic radius in which the transportation will be provided: _____		
		Rate
Day Program (3 hours, rate inclusive of meal and inclusive of transportation cost) (sc 205)		\$_____ / hour / client (group only)
Professional Consultation (sc 180)		\$_____ / 15 minutes

Other agreement:

All contracts and services must be in compliance with the AOC Standard Terms & Conditions, applicable service specifications & special contract conditions.



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AOC Signature / Date