



Administrative Office of the Courts  
 Juvenile Justice Services Division

Contract Year 2019-2024

Sexually Abusive Behavior Inpatient Facility Service Specification

Service Codes 200, 201

(Locked or Unlocked)

<b>SEXUALLY ABUSIVE BEHAVIORS INPATIENT FACILITY, Service Codes 200, 201</b>	
<b>Category</b>	Out-of-Home Care Services (Form F3)
<b>Setting</b>	<ul style="list-style-type: none"> <li>Residential</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”</li> <li>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</li> <li>Treatment for a person with SAB does not require a DSM-5 diagnosis</li> <li>Juveniles with a Mental Health diagnosis congruent with DSM-5 need to receive mental health services concurrently with SAB treatment</li> </ul>
<b>Facility License</b>	<ul style="list-style-type: none"> <li>The provider agency must be licensed by the Arizona Department of Health Services Division of Licensing (ADHS) as a Behavioral Health Inpatient Facility meeting the specific requirements of AAC R9-10 and must be nationally accredited by the appropriate agency or prequalified by the Administrative Office of the Courts</li> </ul>
<b>Service Description</b>	<ul style="list-style-type: none"> <li>This service provides twenty-four (24) hour residential psychiatric and behavioral health services within a structured environment for the adolescent general mental health population. Services are designed to provide treatment to youth who have a limited or reduced ability to meet their basic physical age-appropriate needs; and/or who suffer severe mental/emotional disturbances that impair judgment and the ability to function in the community</li> <li>Services primarily address Sexually Abusive Behaviors</li> <li>Services are designed for a juvenile who is experiencing a Sexually Abusive Behavioral health issue that limits his/her independence at the community level</li> </ul>



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	<ul style="list-style-type: none"> <li>• Services must also target identified trauma history, including past victimization and the juvenile’s criminogenic need(s)</li> <li>• Treatment delivery must utilize evidence based or promising practice models that are designed for juveniles</li> <li>• 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>• The program shall integrate Evidence-Based Practice (EBP) components to improve the juvenile’s long-term behavioral stability in the community and reduce the juvenile’s risk for recidivism. Programming and services shall be individualized and coordinated to assist the juvenile in transition to a lower level of care and/or reintegration back to the community</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> <li>• Services are delivered through individual, family, and group therapy, and may include multi-family group sessions</li> </ul>
<p><b>Desired Service Outcomes</b></p>	<ul style="list-style-type: none"> <li>• Juvenile and family will have a documented relapse prevention and safety plan prior to discharge</li> <li>• Juvenile will have exhibited progress on treatment goals as outlined in treatment plan</li> <li>• Juvenile will have improved daily functioning, sexual abusive behaviors and if applicable diminished mental health symptoms</li> <li>• Community support systems are identified, and a discharge plan is completed to help maintain stability in the community</li> <li>• Contractor has coordinated with other community providers for on-going treatment after discharge including reintegration into the home or 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>
<p><b>Service Tasks</b></p>	<p><b>Contract requirements set forth in the AOC Standard Terms &amp; Conditions are applicable. Additionally:</b></p> <ol style="list-style-type: none"> <li>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) or other Arizona standardized assessment when applicable for transferred juveniles. Additionally, document how low-risk juveniles are not placed in groups with moderate- and high-risk juveniles and how the placement was determined. Consideration shall be given to placement of the juvenile according to developmental stage (early, middle, late adolescence).</li> <li>2. Criminogenic risks and needs of the juvenile must be identified at the initiation of treatment from the probation risk assessment summary, be addressed throughout the course of treatment, and recorded in the juvenile’s file. Ongoing</li> </ol>



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	<p>discussion with the probation officer about criminogenic needs is preferred.</p> <ol style="list-style-type: none"><li>3. Provide an inpatient treatment setting appropriate to the needs of the juvenile, including 24-hour supervision. This includes assessment, treatment, reassessment, and discharge planning with all involved parties.</li><li>4. An initial treatment plan must be completed in accordance with AOC <u>Standard Terms &amp; Conditions</u> and pursuant to ADHS regulations.</li><li>5. The treatment plan must address the juvenile's current level of functioning, based on the current psychological/psychosexual evaluation, and including any history of trauma, past victimization related to the juvenile and their family in accordance with AOC <u>Standard Terms &amp; Conditions</u>, Paragraphs 48 &amp; 49.</li><li>6. Provide for the juvenile's participation in educational services as required by the Arizona Department of Education (ADE) standards and participate in Individual Education Planning (IEP) as appropriate.</li><li>7. Transportation must be provided, as necessary, to and from medical and dental examinations, and court. The AOC reserves the right to amend this specification to reflect recommendations of the AOC Advisory Committee on Juveniles Who Commit Sexually Abusive Behaviors, the Juvenile Justice System Improvement Project, and evolving best practices for this service.</li><li>8. Services must address victim empathy and development of necessary skills and techniques to prevent the juvenile from engaging in sexually abusive behaviors and other harmful behaviors in the future.</li><li>9. Develop a relapse prevention plan and a safety plan including reintegrating into the home or community 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 and safety plan must be provided to the juvenile with documentation of dissemination retained in the juvenile's file.</li><li>10. Utilize a sexually abusive behavior risk assessment tool validated for juveniles to assess and report findings to probation in the first monthly progress report.</li><li>11. File a written monthly progress report with the probation officer in compliance with AOC <u>Standard Terms &amp; Conditions</u>, Paragraph 61. Each monthly progress report must also include:<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></li><li>12. At the beginning of treatment and as part of discharge planning, document how reunification will take place when the</li></ol>
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	<p>juvenile is transitioning to a home where a prior victim resides. There must also 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 Manager as applicable.</p> <p>13. 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.</p> <p>14. Pursuant to ARS §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>15. For agencies licensed by the Arizona Department of Health Services Division of Licensing (ADHS) as a Behavioral Health Inpatient Facility meeting the specific requirements of AAC R9-10, a progress report is due to the court five (5) days prior to the Court hearing and must meet the requirements of ARS § 8-341.01 (C).</p>
<p><b>Service Frequency</b></p>	<ul style="list-style-type: none"> <li>• 24 hours / 7 days per week for the duration of the juvenile’s placement</li> </ul>
<p><b>Service Duration</b></p>	<ul style="list-style-type: none"> <li>• Service duration is individualized and based on need of the juvenile and as authorized by the Service Authorization Form (SAF).</li> <li>• Placement is designed for a period of not more than ninety (90) days; In accordance ADHS licensing, ARS § 8-341.01 (C) the court requires a review hearing for placements in excess of sixty (60) days and requires written documentation identifying the reason(s) for continued service. An extension of the SAF may be required for additional lengths of stay.</li> <li>• Documentation of need for continued services must be disseminated in a written progress report to the referring probation department at least seven (7) days prior to expiration of service authorization, in accordance with Paragraph 61 (b) of the AOC <u>Standard Terms &amp; Conditions</u>. Extensions may be granted in sixty (60)-day allotments on separate SAFs.</li> </ul>
<p><b>Staffing</b></p>	<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.</li> <li>• Pursuant to ARS §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> </ul>



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	<ul style="list-style-type: none"> <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 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>, Section V, 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.</li> </ul>
<b>Staff to Client Ratio</b>	<ul style="list-style-type: none"> <li>Direct care staff to juveniles: 1 to 8</li> </ul>
<b>Hours of Operation</b>	<ul style="list-style-type: none"> <li>24 hours / 7 days a week, awake overnight staff</li> </ul>
<b>Unit of Service</b>	<ul style="list-style-type: none"> <li>One unit equals any part of one residential day. After the first day, the juvenile must be in residence at 11:59 p.m. for each day reported for the residence to qualify for payment.</li> </ul>

**The following documentation and information must be submitted with the service specification:**

- For Full Procurement identify facility name, address and ADHS license number from which services will be provided. If more than one facility, each facility must be identified separately in the table below.



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



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**Proposed Services & Rates:**

<b>Sexually Abusive Behavior Health Inpatient Facility</b>		
<b>Males only:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Females only:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b><u>Education:</u></b> <i>(check one in each category)</i>	<i>On-site school</i>	<i>Off-site school</i>
Public School		<input type="checkbox"/>
Online School	<input type="checkbox"/>	
Private Residential School	<input type="checkbox"/>	<input type="checkbox"/>
Charter school		<input type="checkbox"/>
<b>Detailed daily schedule attached:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b><u>Rate:</u></b>		
Unlocked (sc 200) <input type="checkbox"/> Yes <input type="checkbox"/> No	Locked (sc 201) <input type="checkbox"/> Yes <input type="checkbox"/> No	
AOC does not wish to pay more than the stated rate(s) below:		
Sexually Abusive Behavior Health Inpatient Facility - Unlocked (sc 200)	<b><u>\$345.00/</u></b> day	
Other Proposed Service Rate: Sexually Abusive Behavior Health Inpatient Facility - Unlocked (sc 200)	\$_____/ day	
Sexually Abusive Behavior Health Inpatient Facility- Locked (sc 201)	<b><u>\$345.00/</u></b> day	
Other Proposed Service Rate: Sexually Abusive Behavior Health Inpatient Facility- Locked (sc 201)	\$_____/ day	



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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 Health Inpatient Facility service and I agree to all requirements, restrictions, service tasks, and contract rate(s):**

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

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



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

**Contracted Services & Rates:**

Sexually Abusive Behavior Health Inpatient Facility		
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<b>Education:</b> <i>(check one in each category)</i>	<i>On-site school</i>	<i>Off-site school</i>
Public School		<input type="checkbox"/>
Online School	<input type="checkbox"/>	
Private Residential School	<input type="checkbox"/>	<input type="checkbox"/>
Charter school		<input type="checkbox"/>
<b>Detailed daily schedule attached:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Rate:</b>		
Unlocked (sc 200) <input type="checkbox"/> Yes <input type="checkbox"/> No	Locked (sc 201) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Sexually Abusive Behavior Health Inpatient Facility - Unlocked (sc 200)	\$ _____ /day	
Sexually Abusive Behavior Health Inpatient Facility- Locked (sc 201)	\$ _____ /day	



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**Other Agreement:**

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

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