



Administrative Office of the Courts
 Juvenile Justice Services Division
 Contract Years 2019-2024
 Specialty Track
 Trauma Specialization, Service Code 306

| SPECIALTY TRACK - TRAUMA SPECIALIZATION, Service Code 306 | |
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| Category | <ul style="list-style-type: none"> • Specialty Track: The specialty track is a supplemental service available to support a limited number of AOC <i>Service Specifications</i> and shall be utilized only when procured and authorized as an addendum to a Primary Service. Specialty Tracks are not considered to be a stand-alone service; rather they must be contracted adjunctive to an approved Primary Service **. <p><i>**Identified on the Rate Table at the end of this document</i></p> |
| Setting | <ul style="list-style-type: none"> • Office, residential, or home-based |
| Targeted Population | <ul style="list-style-type: none"> • Low-, Moderate-, or High-risk juveniles, as previously determined on the Service Authorization Form (SAF) and by the probation department using the Arizona Youth Assessment System (AZYAS) or other Arizona standardized assessment for transferred juveniles. • Risk level and probation status of juveniles served must match risk levels identified in Contractor’s application |
| Facility License | <ul style="list-style-type: none"> • 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"> • This specialty track provides trauma-specific mental health interventions to a juvenile based on a trauma need identified by the probation department / court or recommendation for trauma-specific treatment documented on an assessment or evaluation identifying trauma needs. • The trauma service shall be provided as an integrated part of the primary AOC <i>Service Specification(s)</i> authorizing the Trauma Specialization Specialty Track. Services must address the juvenile's cognitive, social and / or behavioral issues, including a wide range of personal, interpersonal, situational and functional problems. Services may be provided to an individual or group and may include the family, if deemed appropriate and safe. • Trauma services must integrate cultural competency and evidence-based components into the service delivery to reduce juvenile risk and improve cognitive and behavioral ability. Programming and services shall be individualized and align with a stages-of-change model. The agency or individual provider must demonstrate and document efforts to engage the juvenile in service participation throughout the episode of care. |
| Service Tasks | <p>Contract requirements set forth in the AOC <u>Standard Terms & Conditions</u> and Primary Service Specification are applicable. Additionally:</p> |



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| | <ol style="list-style-type: none"> 1. Use a Trauma-focused Cognitive Behavioral Intervention (TF-CBT) or other alternative trauma-focused intervention designed for use with adolescents. 2. Agency or individual provider assessment must address a juvenile's individual history of abuse and / or neglect, victimization episodes, trauma(s) experienced over time, and any trauma bonds which may have developed. This assessment shall also include: <ol style="list-style-type: none"> a. Any self-report of child abuse, neglect or sexual abuse; b. Any substance use as relative to the juvenile's circumstances of trauma, past and present; and c. Any history of sex trafficking (if applicable) and circumstances contributing to victimization including the juvenile's age at initial exposure and length of victimization. 3. Create a safety plan with the juvenile when applicable and in coordination with the probation officer. 4. Engage the juvenile in treatment planning which shall be individualized and focus on self-awareness, self-empowerment, readiness for continued treatment (stage of change). Identify potential support services and community integration. 5. Documentation of trauma services must be included within the juvenile's therapeutic progress notes (does not have to be a separate therapeutic note). 6. Documentation of parent / family involvement OR reasons that such involvement is not appropriate shall be recorded in the juvenile file and progress reports. 7. Discharge planning shall include recommendations for discharge/aftercare which may include supportive, wrap-around services for the juvenile which facilitate long-term positive outcomes and reduces further victimization. |
| Service Frequency | <ul style="list-style-type: none"> • As approved in the Service Authorization Form (SAF) and as prescribed in the individualized treatment plan, or as court ordered. |
| Service Duration | <ul style="list-style-type: none"> • Treatment is individualized and based on the Contractor's established criteria for continued treatment. Treatment is also based upon the juvenile's ability to benefit from individual treatment goals. • Typical duration of services is up to 90 days with decreasing attendance hours as the juvenile progresses through services; delivery of the Trauma Certified Specialty Track component exceeding 90-days requires written documentation identifying reasons to continue providing the specialty service to meet the individual juvenile's treatment needs. Written documentation must also address how the juvenile will benefit from continued service in alignment with the |



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| | individualized service plan. Documentation of need must be disseminated in a written progress report to the referring probation department at least seven (7) days prior to expiration of the SAF. |
| Staffing | <ul style="list-style-type: none"> • An independent practitioner must be licensed by the Arizona Board of Behavioral Health Examiners or the Arizona Board of Psychologist Examiners. • At a minimum, direct therapeutic service must 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. • A therapist must be a Trauma Certified professional or provide documentation of completing a minimum of 200 hours of trauma training before providing trauma intervention and treatment. All trauma certificate or documentation of trauma training must be received and approved by the AOC prior to delivery of trauma services. • Appropriate population experience must have occurred within the preceding five years. |
| Staff to Client Ratio | <ul style="list-style-type: none"> • Individual Counseling = 1 therapist for 1 juvenile • Family Counseling = 1 therapist for 1 family • Multi-Family Group Counseling = 1 therapist for up to 4 juveniles/families • Juvenile Group Counseling = 1 therapist for up to 8 juveniles |
| Hours of Operation | <ul style="list-style-type: none"> • Day, evening hours and may include weekends • Ideally, the hours should not conflict with the juvenile’s academic day |
| Desired Service Outcomes | <ul style="list-style-type: none"> • Juvenile will demonstrate measurable progress toward completion of treatment goals as outlined in the treatment plan. • Juvenile will demonstrate improvement in cognitive, social and / or behavioral issues as measured by a stages of change model. • 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 | <p>One unit equals additional rate per unit of primary service, as follows:</p> <ul style="list-style-type: none"> • Individual Counseling Services = additional rate / hour |



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| | <ul style="list-style-type: none"> • Group Counseling Services = additional rate / hour / client • Family Counseling Services = additional rate / hour • Multi-Family Group Counseling Services = additional rate / hour / family • Home-Based Counseling Services = additional rate / hour • Adjunctive Therapy Services = additional rate / hour • Therapeutic Day Services = additional rate / hour/ client • Residential Treatment Services = additional rate / day • Prof Consult Case management and additional records documentation cannot be billed as therapy |
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The following documentation and information must be submitted with the service specification:

1. Identify the name(s) of all Trauma-specific Certifications held by staff delivering services included in this service specification and attach copies:

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 Service & Rate:

| Specialty Track | Rate: |
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| AOC does not wish to pay more than the stated rate for the service below: | |
| Trauma Specialization additional rate to Approved Primary Service (sc 306) <i>See Unit of service description above and approved services for which the additional Trauma rate may be applied</i> | \$ <u>5.00</u> / hourly (applies only to services with hourly rates) |
| Trauma Specialization: Other Proposed Service Rate: | \$ _____ / hourly |
| Trauma Specialization additional rate to Approved Primary Service (sc 306) <i>See Unit of service description above and approved services for which the additional Trauma rate may be applied</i> | \$ <u>5.00</u> / daily (applies only to services with daily rates) |
| Trauma Specialization: Other Proposed Service Rate: | \$ _____ / daily |

| <p>Please check the box next to the Service Code designating the service proposed for Trauma Specialty*</p> <p>A separate application must be submitted for all primary services</p> <p>Attach a signed Trauma Specialization rate sheet to each proposed primary service</p> | | | | | |
|--|---------------|--------------------------|--|---------------|--------------------------|
| Approved Primary Service Specifications**: | Service Codes | Check Box Below | Approved Primary Service Specifications**: | Service Codes | Check Box Below |
| Behavioral Health Residential Treatment Facility | 103 | <input type="checkbox"/> | General Mental Health Inpatient Facility (Locked / Unlocked) | 102 / 116 | <input type="checkbox"/> |



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| Domestic Violence Residential Treatment Facility | 114 | | Sexually Abusive Behavior Inpatient Facility (Locked / Unlocked) | 200-201 | |
| Sexually Abusive Behavior Residential Treatment Facility | 202 | | Sexually Abusive Behavior Counseling | 207-210, 216 | |
| General Mental Health Counseling | 135-140 & 149 | | Therapeutic Day (Half Day) General Mental Health | 131 | |
| Adjunctive Therapy | 142 | | Therapeutic Day (Half Day) Sexually Abusive Behaviors | 205 | |

**** The Specialty Track - Trauma Specialization is ONLY available with the above listed services.**

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 Specialty Track - Trauma Specialization 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 Service & Rate:

| Specialty Track | Rate: |
|--|---|
| Trauma Specialization additional rate to Approved Primary Service (sc 306) <i>See Unit of service description above and approved services for which the additional Trauma rate may be applied</i> | \$_____ / hourly (applies only to services with hourly rates) |
| Trauma Specialization additional rate to Approved Primary Service (sc 306) <i>See Unit of service description above and approved services for which the additional Trauma rate may be applied</i> | \$_____ / daily (applies only to services with daily rates) |

| <p>Please check the box next to the Service Code designating the service proposed for Trauma Specialty*</p> <p>A separate application must be submitted for all primary services</p> <p>Attach a signed Trauma Specialization Service Specification and rate sheet to each proposed primary service</p> | | | | | |
|--|---------------|--------------------------|--|---------------|--------------------------|
| Approved Primary Service Specifications**: | Service Codes | Check Box Below | Approved Primary Service Specifications**: | Service Codes | Check Box Below |
| Behavioral Health Residential Treatment Facility | 103 | <input type="checkbox"/> | General Mental Health Inpatient Facility (Locked / Unlocked) | 102 / 116 | <input type="checkbox"/> |
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Contractor Signature / Date

AOC Signature / Date