

**ARIZONA SUPREME COURT
ADMINISTRATIVE OFFICE OF THE COURTS
JUVENILE JUSTICE SERVICES DIVISION
Contract Year 2014 – 2016
SERVICE SPECIFICATIONS
SEX OFFENDER BEHAVIORAL HEALTH RESIDENTIAL FACILITY SERVICES*
Service Code 203
(On-site/Off-site School)**

SERVICE DEFINITION:

This service provides 24-hour out-of-home care within a supportive, structured, protective living environment. Services are designed to provide continuous protective oversight and sexually maladaptive behavioral treatment to a youth who is able to participate in all aspects of treatment and to meet his/her basic physical and age-appropriate needs but who needs treatment to maintain or enhance independence. Services must stabilize sexually maladaptive behavior(s) determined unmanageable at the community level upon admission. Services must also target the youth's criminogenic need(s).

The program shall integrate Evidence-Based Practice (EBP) components to reduce offender risk. Programming and services shall be skill based, individualized and coordinated to assist the youth in transition to a lower level of care and/or reintegration back to the community. Upon completion of the program, youth are expected to demonstrate behavioral stability in the community. This service supports off-site school attendance.

Adjunct programming shall include skill building components such as life skills, interpersonal skills, independent living, problem solving and/or recreational activities. Services may occur in an individual, group and/or family format. The Contractor shall ensure low risk youth are not combined with medium and high risk youth in a group setting nor with youth from other programs/sites that the vendor may also have under AOC contract. Additionally, consideration must be given to "group" youth according to their development stage (early, middle, late adolescence) and/or cognitive ability. Sex offender program youth may not engage in programming or recreational activities with non-sex offender program youth during service delivery. Appropriate placement in a group setting must be documented in the youth's file.

The program service description must be submitted with the application.

STANDARDS/LICENSURE REQUIREMENTS:

Agency

The provider agency must be licensed by the Arizona Department of Health Services Division of Licensing (ADHSL) as a residential facility meeting the appropriate specific requirements of A.A.C. R9-10.

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Professional Personnel

Direct therapeutic services at a minimum, must be provided by a person who holds a Master's degree and with one of the following:

- Receives clinical supervision and is pursuing independent licensure in a behavioral health field as set forth in the AOC Standard Terms & Conditions and has demonstrated professional experience to work with the adolescent substance abusing population.
- Receives clinical supervision with an independently licensed professional as set forth in the AOC Standard Terms & Conditions and has demonstrated professional experience to work with the adolescent substance abusing population.

The Contractor is responsible for documenting in the personnel file, verification of professional credentials and experience for each professional personnel.

Experience and Competency

Prior to allowing the subcontracted behavioral health professional personnel to provide services under this contract the Contractor shall certify that the professional personnel meet the following:

- 800** hours of supervised experience in the treatment/management/evaluation of sex offenders in the past 3 years in areas such as, but not limited to, treatment strategies, assessment methods and evaluation tools. At least 200 hours shall be directly related to juvenile sex offenders and up to 100 hours may be in direct training related to juvenile sex offenders/sex offender treatment /evaluation.
- 200** hours of documented supervision in the past 3 years from a licensed professional at the Master's level or above; and
- The Contractor shall certify the readiness/competency of the staff prior to the staff providing services under this contract and keep documentation of such in staff personnel files.

***The total hours of direct client treatment, supervision and direct training shall be completed and verified by the Contractor within a thirty-six (36) month period prior to services being provided under this contract.*

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Non-clinical and Direct Care Services Personnel

Personnel providing direct care service shall meet the criteria set forth in the AOC Standard Terms and Conditions. Individuals providing service provision shall have the ability to provide adequate client supervision, behavior management and appropriate behavioral interventions to address the cognitive, social or behavioral problems of sexual offending youth, which may include a wide range of personal, interpersonal, situational and functional issues.

Annual Training

Completion of twenty (20) hours annually may include but is not limited to; sex offender behavior, supervision strategies, offender risk, living skills, interpersonal skill development and problem solving techniques. Certificates of attendance reflecting training hours earned and date of attendance and/or documentation of professional consultation received, reflecting duration and date(s) of consultation shall be maintained in personnel files.

SPECIAL REQUIREMENTS:

The use of Plethysmography is strictly prohibited on youth who are 14 years of age or younger. Aversion therapy using faradic shock or ammonia ampules or other olfactory stimuli is prohibited on all youth. Vicarious sensitization is permitted on youth 14 years or older if court ordered.

- Utilization of the clinical polygraph examination to monitor client progress with treatment must be in accordance with the AOC Clinical Polygraph Examination for Juvenile Sex Offenders Service Specification.

UNIT OF SERVICE:

One unit equals any part of one residential day. After the first day, the youth must be in residence at 11:59 p.m. for each day reported for the residence to qualify for payment.

SERVICE GOAL:

Identify, stabilize and assist youth in the development of skills to address problem sexual behaviors in an effort to reduce the risk of recidivism and/or prevent placement of youth into a more restrictive level of care.

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SERVICE TASKS:

1. Provide care in a supervisory residential setting appropriate to the needs of the youth, including 24 hour supervision. This includes assessment, intervention, reassessment, and discharge planning with all involved parties.
2. Review any comprehensive medical examination and/or behavioral health history provided by the referral source or from previous service providers.
3. Conduct staffings inviting all involved parties (i.e. client, family, victim (if clinically appropriate), probation officer) for the coordination of care (i.e. therapeutic, discharge and transition planning). Additional requirements may also include the formation and participation in Child and Family Teams for Title XIX and Title XXI enrolled youth.
4. Conduct and implement treatment/service planning, plan review and update and discharge planning in accordance with AOC Standard Terms and Conditions. Planning shall be individualized for the youth's transition to a lower level of care and/or reintegration back to the community and completed within the following timeframes:
 - An initial treatment/service plan must be completed within 48 hours after the youth first receives treatment pursuant to R9-10-308;
 - A comprehensive service plan shall be developed within thirty (30) business days after completion of the assessment or upon admission to the program;
 - A service plan review and update shall be conducted when additional client deficits which need intervention are identified, or at least every ninety (90) days from the initial date of the treatment plan; and
 - Discharge planning shall commence upon admission and occur continuously as part of the case planning process and may be documented as part of the treatment plan review process.
5. Obtain parental/family involvement in the service design, delivery and discharge planning through participation in the **service** planning process, ongoing review of services provided and input into the youth's discharge plan. Documentation of parental/family involvement shall be noted in client file and/or reports as required.

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6. Provide and support purposeful activities and behavioral interventions appropriate for adolescent sexual offending populations intended to reduce recidivism, support family reunification and facilitate community reintegration. Activities and services must be documented on a daily schedule and shall target the youth's behavioral health, physical, developmental, emotional, educational, cultural and social needs.
7. Arrange and support, as necessary, psychiatric services which include, but are not limited to, medication and medication management and review.
8. Arrange and support off-site educational services and participate in Individual Educational Planning (IEP) as necessary.
9. Transportation must be provided, as necessary, to and from medical and dental examinations, school, court, therapy, home visits and routine day to day activities.
10. Title IV-E: The probation officer may identify a youth as a Title IV-E eligible case, including cases pending eligibility. The Contractor shall conduct and document the following tasks and notification in the client file.
 - a. Individual service plan: Within five (5) business days of receiving written notification of the Title IV-E status from the Probation Department, the Contractor shall review and modify the youth's individual **service** plan to ensure the plan contains the following:
 - Referrals to services to support family reunification;
 - Family involvement, including but not limited to, family visits, parenting classes, home visits, telephone contact between family and the Contractor and/or youth;
 - Youth's behavioral health needs;
 - Youth's medical needs;
 - Youth's educational needs; and
 - Identification of youth and family risk or protective factors that may impact a safe and timely family reunification.

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- b. CHILDS case plan: In conjunction with task #11a, obtain the youth's CHILDS case plan from the Probation Department and integrate the objectives and goals into the youth's individual service plan.
- c. Monthly progress and discharge reports: Contractor shall submit reports which include the requirements outlined in the AOC Standard Terms and Conditions and clearly describe the youth's progress/lack of progress towards goals identified in the individualized service plan. Documentation in the client file shall support the findings in the reports.
- d. Home visits: Within five (5) days after the youth returns from a home visit the Contractor shall assess the following and communicate findings to the probation officer; all findings and records of communication shall be maintained in the client file:
- The impact of the home visit relative to the youth's individual service plan and goals;
 - Examples of the youth and family's use of effective communication and conflict resolution skills;
 - Risk and protective factors in the home that may impact family reunification; and
 - If progress was not made during home visit, determine the youth and family needs, provide intervention and monitor progression.
11. For Residential Treatment services (ADHSL licensed Behavioral Health Residential Facility or facilities with National Accreditation by The Joint Commission (TJC) as a residential facility) a progress report is due to the court five (5) days prior to the Court hearing and must meet the requirements of ARS § 8 - 273 (G) or ARS § 8-341.01 (C) which include:
- The nature of the treatment provided, including any medications and the child's current diagnosis;
 - The child's need for continued residential treatment services, including the estimated length of the services;
 - A projected discharge date;
 - The level of care required by the child and the potential placement options that are available to the child on discharge; and

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- A statement from the medical director of the residential treatment services facility or the medical director’s designee as to whether residential treatment services are necessary to meet the child’s mental health needs and whether the facility that is providing the residential treatment services to the child is the least restrictive available alternative.
12. Prepare and provide all required reports in accordance with AOC Standard Terms & Conditions.

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Provider proposes: (check one)

Gender *Males* _____ **or** *Females* _____

Facility name, address and behavioral health license number: If the agency has more than one facility, each facility must be proposed independently in a completed service specification.

The provider must include with the application an annual itemized service budget and clearly document all relevant budget assumptions and program description.

Detailed program description attached (check) _____

Detailed daily schedule attached (checked) _____

Detailed budget attached (check) _____

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I have read and fully understand the requirements to provide a Sex Offender Behavioral Health Residential Treatment Facility Services, I agree with all requirements and I propose the following rate:

Proposed Service Rate: (service code 203) \$ _____ / day

Other agreement: _____

Facility name, address and behavioral health license number where the service will be provided. If the agency has more than one facility, each facility must be proposed independently in a completed service specification.

Contractor Signature / Date

AOC USE ONLY: DO NOT FILL IN BEYOND THIS LINE

Final Contract Rate: (service code 203) \$ _____ / day

Other agreement: _____

Contractor Signature / Date

AOC Signature / Date