

ARIZONA SUPREME COURT
ADMINISTRATIVE OFFICE OF THE COURTS
JUVENILE JUSTICE SERVICES DIVISION
Contract Year 2014 - 2016
SERVICE SPECIFICATIONS
SEX OFFENDER COUNSELING
Service Codes 207, 208, 209, 210, and 212

SERVICE DEFINITION:

This service provides appropriate treatment interventions for juvenile sex offenders.

STANDARDS/LICENSURE REQUIREMENTS:

At a minimum, services will be provided by a person who holds at least a Masters degree and is licensed at the independent practice level by the Arizona Board of Behavioral Health Examiners or is exempt from licensure pursuant A.R.S. Title 32, Chapter 33. 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 providing services under this contract, the Contractor shall document the experience and training of professional personnel as follows:

- 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 juvenile 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.*

Annual Training

Completion of twenty (20) CEU's annually on sex juvenile treatment/management/evaluation issues. In each calendar year the professional may count up to 10 hours of time spent in the preparation and presentation of community training provided outside of the Contractor's office towards the 20-hour CEU requirement. Certificates of attendance reflecting training hours earned and date of attendance and/or documentation of professional presentations delivered, reflecting duration and date(s) of presentation shall be maintained in personnel files.

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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.

UNITS OF SERVICE:

One unit equals 60 minutes of staff time (50 minutes for counseling services and 10 minutes for records documentation).

SERVICE GOALS:

1. The cessation of victimization of others.
2. Normative sexual behavior as judged by legal and community standards.
3. Facilitation of support and treatment services beyond program/service completion.

SERVICE TASKS:

1. Assess a youth's need/readiness for counseling and develop an appropriate individual service plan with all involved parties. The individual service plan must include a victim empathy component.
2. Monitor progress – utilization of polygraph may only be used in accordance with the AOC contract standards.
3. Prepare and provide written monthly progress report to probation officer including:
 - a. Progress with treatment
 - b. Re-offense risks
 - c. Placement options, if applicable
 - d. Relapse prevention and follow-up recommendations

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4. Legibly document in client file all services provided, including date, duration, type of service and provider name, signature, degree and title.
5. Contractor must have original youth signature on a dated attendance form for each day of service provided. The attendance documentation must be maintained for the entire length of the contract” and made available for review if requested.
6. Prepare and provide all required reports in accordance with AOC Standard Terms & Conditions.

Professional Consultation

Provide consultation services to the court which may include, but is not limited to staffings, training, expert testimony or other assistance as may be required. Client case consultation shall be documented in the client file and shall include summary notes, dates, therapist’s name, signature, degree and title. Professional consultation services will be paid according to the individual compensation rate noted under contract, unless otherwise specified.

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I have read and fully understand the requirements to provide sex juvenile counseling, agree to all requirements and restrictions and propose the following rates:

A detailed program description must be submitted with this specification.

Proposed Service Rate:

<u>Office Based:</u>	<u>Check:</u>	
Individual (service code 207)	Masters <input type="checkbox"/> / Ph.D. <input type="checkbox"/>	\$ _____ / hour
Family (service code 210)	Masters <input type="checkbox"/> / Ph.D. <input type="checkbox"/>	\$ _____ / hour
Group (service code 208)	Masters <input type="checkbox"/> / Ph.D. <input type="checkbox"/>	\$ _____ / hour / client
Home-Based (service code 209)	Masters <input type="checkbox"/> / Ph.D. <input type="checkbox"/>	\$ _____ / hour
<u>Multi-Family Group:</u> (service code 212)		\$ _____ / hour / family
<u>Professional Consultation:</u> (service code 180)		\$ _____ / 15 minutes

Other proposed agreement: _____

Contractor Signature / Date

AOC USE ONLY: DO NOT FILL IN BEYOND THIS LINE

Final Contract Rate:

<u>Office Based:</u>	<u>Check:</u>	
Individual (service code 207)	Masters <input type="checkbox"/> / Ph.D. <input type="checkbox"/>	\$ _____ / hour
Family (service code 210)	Masters <input type="checkbox"/> / Ph.D. <input type="checkbox"/>	\$ _____ / hour
Group (service code 208)	Masters <input type="checkbox"/> / Ph.D. <input type="checkbox"/>	\$ _____ / hour / client
Home-Based (service code 209)	Masters <input type="checkbox"/> / Ph.D. <input type="checkbox"/>	\$ _____ / hour
<u>Multi-Family Group</u> (service code 212)		\$ _____ / hour / family
<u>Professional Consultation</u> (service code 180)		\$ _____ / 15 minutes

Other final agreement: _____

Contractor Signature / Date

AOC Signature / Date