

**ARIZONA SUPREME COURT
ADMINISTRATIVE OFFICE OF THE COURTS
JUVENILE JUSTICE SERVICES DIVISION
Contract Year 2009-2010
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.

Licensure is not required for those persons with a Masters degree in Human Services who are employed by a licensed behavioral health agency.

The individual must also be able to demonstrate experience which is equivalent to:

- a. 800 hours of direct client treatment (preferably juvenile) and have been supervised 200 hours in one hour of supervision to every four hours of treatment.
- b. The 1,000 hour total (client contact and supervision) must have been completed within a thirty-six (36) month period.
- c. Complete 20 CEU's every two years on sex offender treatment issues.

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.

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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
4. Legibly document in client file all services provided, including date, duration, type of service and provider name, signature, degree and title.
5. Provide other reports as required by contract.

Professional Consultation

Provide consultation services to the court which may include, but not be limited to staffings, training, expert testimony or other assistance as may be required. Client case consultation shall be documented in client file, including summary notes, dates, therapist's name, signature, degree and title. **(Consultation services shall be paid at the "Individual" service rate unless otherwise agreed to in writing on this form).**

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I have read and fully understand the requirements to provide sex offender 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>Circle</u>	
Individual (service code 207)	Masters / Ph.D	\$ _____ / hour
Family (service code 210)	Masters / Ph.D	\$ _____ / hour
Group (service code 208)	Masters / Ph.D	\$ _____ / hour / client
Home-Based (service code 209)	Masters / Ph.D	\$ _____ / hour

Multi-Family Group: (service code 212) \$ _____ / hour / family

Professional Consultation: (service code 180) \$ _____ / 15 minutes

Other proposed agreement: _____

Provider Signature / Date

AOC USE ONLY: DO NOT FILL IN BEYOND THIS LINE

Final contract rate:

<u>Office Based:</u>	<u>Circle</u>	
Individual (service code 207)	Masters /Ph.D	\$ _____ / hour
Family (service code 210).....	Masters /Ph.D	\$ _____ / hour
Group (service code 208).....	Masters /Ph.D	\$ _____ / hour / client
Home-Based (service code 209)	Masters / Ph.D	\$ _____ / hour

Multi-Family Group (service code 212) \$ _____ / hour / family

Professional Consultation (service code 180) \$ _____ / 15 minutes

Other final agreement: _____

Provider Signature / Date

AOC Signature / Date