

ARIZONA SUPREME COURT
ADMINISTRATIVE OFFICE OF THE COURTS
JUVENILE JUSTICE SERVICES DIVISION
Contract Year 2009-2010
SERVICE SPECIFICATIONS
SHORT-TERM RESIDENTIAL SEX OFFENDER TREATMENT PROGRAM
Service Codes 213, 214, 215

SERVICE DEFINITION:

This service is a short-term residential treatment program not to exceed 120 days and is designed to provide high intensity residential assessment and therapeutic sex offender services. Services occur in an unlocked residential psychiatric treatment facility. Assessment and treatment services are designed to specifically target problem sexual behaviors and address the youth's medical, behavioral health and criminogenic needs. This service must include an on-site school. The provider must clearly identify youth appropriate for this service in the program description submitted with the application. Service components include three (3) levels: Initial Assessment, Residential Treatment and a Stabilization Period, as determined appropriate.

Initial Assessment

Upon admission to the program clients and families (which may include the victim if he/she resides in the same residence as the youth) will participate in the Initial Assessment to determine therapeutic need, level of treatment engagement/willingness, and appropriate program placement for the youth. Duration of the Initial Assessment is up to thirty (30) days, however final determination for transition may occur at any time after two (2) weeks as collectively determined appropriate by the treatment team. Documentation of the final determination shall be prepared and submitted to the probation officer within the next business day following the date of final determination and must include the recommendation for therapeutic level of care and projected date of discharge from the Initial Assessment.

During this level of service the **youth** participate in:

- A core group of assessments designed to evaluate sexual behavior, trauma and cognitive functioning;
- Adjunct assessments administered as needed for co-occurring issues;
- Therapeutic programming and clinical elements comprised of group, individual and family therapy; and
- Case staffing/treatment team meetings.

During this level of service the youth's **family** participates in:

- A family interview;
- Family counseling sessions delivered in the home or office with a family therapist to assess general planning for reunification, safety of the home, and the family's willingness to participate in treatment; and
- Case staffing/treatment team meetings.

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During this level of service the youth's **victim** may participate in:

- A victim assessment conducted in the home or office by a victim's therapist;
- "The 10 Major Impact Issues" in regard to the victim's response to abuse;
- Additional evaluation and assessment including, but not limited to, diagnostic art therapy, school performance, trauma and psychological testing.

Upon completion of the Initial Assessment the following factors are determined and shall be documented in the youth's discharge (assessment) summary: treatment readiness as determined by willingness/engagement, viability of expedited family/victim and youth reunification, recommended level of therapeutic need, and sexual risk to the community. The discharge summary shall be prepared and submitted to the probation officer within forty-eight (48) hours of termination/discharge of the youth from the Initial Assessment.

Residential Treatment

Admission: Youth accepted for the short-term Residential Treatment are admitted upon completion of the Initial Assessment level of service. The projected duration for youth, families and victims participating in the short-term Residential Treatment program is not to exceed 120 days.

Service Provision: Discharge planning is a necessary component of all service provision and is imperative throughout this level of service. Youth in Residential Treatment participate in service activities that are designed to impact sexual, behavioral, and family functioning, motivation and victim empathy. Service activities include but are not limited to, milieu, therapeutic counseling (individual, family, group), cognitive behavioral intervention, skill development, mindfulness training, empathy and affect development, victim therapy, relapse prevention, polygraph, educational programming, community based activities, and psychological/psychiatric/health services. The families and victim (if appropriate) of the youth participate in family and victim therapy during this level of service.

Transition: Thirty (30) days prior to completion of the Residential Treatment program and transition to sex offender intensive outpatient services, "Problem Behaviors" that would necessitate the youth return to Residential Treatment for a Stabilization Period must be identified by members of the treatment team. "Problem Behaviors" must be documented in the youth's discharge summary. The discharge summary shall be prepared and submitted to the probation officer within forty-eight (48) hours of termination/discharge of the youth from Residential Treatment.

Stabilization Period

This level of service is optional for youth participating in sex offender intensive outpatient

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program. The need for engagement in a period of stabilization is based on the youth's problem behavior in the community and is facilitated by the recommendation of the treatment team and probation officer. Recommendation for a Stabilization Period requires collective agreement by the treatment team members and may occur if/when a youth engages in "Problem Behaviors" despite community efforts towards stabilization. "Problem Behaviors" necessitating a Stabilization Period are defined prior to discharge from Residential Treatment and are documented on the youth's treatment plan. The treatment team, upon discovery of "Problem Behaviors," must convene within two (2) calendar days to establish the following:

- Community efforts towards stabilization that have been applied;
- The appropriate course of action;
- Document the collective recommendation for stabilization; and
- The date appropriate for re-admission (if deemed necessary).

Initial: Youth in this level of service will return to Residential Treatment for a maximum period of fourteen (14) calendar days. During the Stabilization Period youth re-engage in residential treatment services in addition to receiving daily face-to-face check in with clinical staff, a minimum of one (1) individual session per week and required participation in one (1) evening breakout session or small group occurring daily. During the Stabilization Period the youth's family/victim are provided intensified services (in-home and in-office) within forty-eight (48) hours of the youth's placement. Discharge planning is a necessary component of all service provision and is imperative throughout this level of treatment. Treatment team meetings will occur a minimum of two (2) times per week during the Stabilization Period. The discharge summary shall be prepared and submitted to the probation officer within forty-eight (48) hours of termination of the youth from a Stabilization Period.

Second: If following discharge from one (1) period of stabilization the youth remains unsuccessful in the sex offender intensive outpatient program and "Problem Behaviors" remain a heightened concern, a second and final period of stabilization may be recommended. The treatment team, upon discovery of "Problem Behaviors," must convene within two (2) calendar days to establish the following: community efforts towards stabilization that have been applied, the appropriateness of a second period of stabilization, the necessity for an alternative level of care. Documentation of the recommendation shall be prepared and submitted to the probation officer within the next business day following the date of the treatment team meeting and if a second period of stabilization is recommended a projected date of admission to Residential Treatment must be determined.

Youth in this level of service will return to Residential Treatment for a maximum period

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of fourteen (14) calendar days. During a second and final period of stabilization the treatment team is required to collectively conduct a complete case review and re-determine the following:

- Appropriate level of care and placement for the youth upon **successful** discharge from a second period of stabilization;
- Appropriate level of care and placement for the youth upon **unsuccessful** discharge from a second period of stabilization;
- Recommendation for service(s) and/or level of care post discharge if the youth remains unsuccessful in a sex offender intensive outpatient program.

Re-determination must occur immediately upon the youth's admission into the second period of stabilization. Documentation of the re-determination criteria above shall be prepared and submitted to the probation officer within forty-eight (48) hours of the youth's re-entry to the Stabilization Period.

STANDARDS/LICENSURE REQUIREMENTS:

The provider agency must be licensed by the Office of Behavioral Health Licensure (OBHL) as a Level I Residential Treatment Center meeting the specific requirements of A.A.C. R9-20 and be accredited by The Joint Commission. Additionally, the facility must meet the requirements for seclusion and restraint set forth in A.A.C. R9-20 and in accordance with 42 CFR 441 and 483.

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:

To assess and stabilize problem sexual behaviors for youth and their families in order to transition services to the least restrictive and/or most appropriate level of care.

SERVICE TASKS:

1. Provide an intensive assessment and therapeutic residential treatment setting appropriate to the needs of the youth, family and victim. This service includes 24 hour supervision and encompasses the initial assessment, therapeutic intervention, reassessment, and discharge planning with all involved parties.
2. Ensure treatment programs and activities are documented on a daily schedule and designed to directly relate to the youth's needs, reduce the risk to recidivate and support family

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reunification and community reintegration.

3. Provide a comprehensive medical examination and behavioral health history.
4. Conduct treatment team meetings inviting all involved parties (i.e. family, victim, probation officer, public defender) 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 enrolled youth. Team meetings shall occur at the following frequency for each level of service:
 - Initial Assessment – a minimum of one (1) meeting per week
 - Residential Treatment – a minimum of two (2) meetings per month
 - Stabilization Period – a minimum of two (2) meetings per week
5. With all involved parties, develop a treatment plan and implement treatment, medical and psychiatric services identified in the plan which enables the youth to move to the least restrictive environment as soon as treatment goals are met. A treatment plan must be developed and submitted to the referring probation officer within five (5) business days after admission to the Initial Assessment and/or Stabilization Period. Treatment plan reviews/updates are required for completion and submission to the referring probation officer every thirty (30) days thereafter.
6. A treatment plan must be developed and submitted to the referring probation officer within forty-eight (48) hours for a youth returning to the Stabilization Period. The treatment plan must be reviewed/updated weekly while the youth is engaged in this level of service.
7. Offer an educational program approved by the Arizona Department of Education (ADE) or accredited by the North Central Association for Elementary and Secondary Schools. The provider must provide a continuum of educational services which addresses the needs of the youth. The provider must participate in Individual Educational Planning as appropriate.
8. Provide transportation, as necessary, to and from medical and dental examinations, school, court, therapy, home visits and routine day-to-day activities.
9. Provide documentation and reports as required by contract.
10. For Residential Treatment services (OBHL licensed Level 1 or facilities accredited by The Joint Commission) a progress report is due to the court five (5) days prior to any Court Review 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 youth's current diagnosis.

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- The youth'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 youth and the potential placement options that are available to the youth upon discharge.
 - 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 youth's mental health needs and whether the facility that is providing the residential treatment services to the youth is the least restrictive available alternative.
11. The Contractor will submit an annual report for each fiscal year (July 1 through June 30). Report is due thirty (30) days after the end of the fiscal year. The report will contain the following outcome data:

Intakes

- Number of youth screened for potential referral to the Short-Term Residential Sex Offender Treatment Program for Initial Assessment
- Number of intakes to the Initial Assessment level of service
- Average length of stay (in days) in Initial Assessment level of service
- Number of cases referred to Short-Term Residential Sex Offender Treatment Program
- Number of cases referred to Level I Sex Offender Residential Treatment (non-120 Day)
- Number of cases referred directly to intensive outpatient sex offender services
- Number of cases referred back to court for other service intervention

Discharge Data

- Average length of stay (in days) in Short-Term Residential Sex Offender Treatment Program
- Number of cases successfully discharged from Short-Term Residential Sex Offender Treatment Program
- Number of cases unsuccessfully discharged from Short-Term Residential Sex Offender Treatment Program
 - Reasons for unsuccessful discharge
- Number of cases utilizing one (1) period of stabilization
 - Average length of stay for youth engaged in one (1) period Stabilization Period

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- Number of cases utilizing two (2) periods of stabilization
 - Average length of stay for youth engaged in second Stabilization Period
- Number of cases unsuccessfully discharged back to sex offender intensive outpatient from a Stabilization Period
 - Reasons for unsuccessful discharge
- Number of cases closed prior to completing treatment
- Reasons for non-completion of treatment

Active Cases

- Number of cases currently engaged in Initial Assessment
- Number of cases currently engaged in Residential Treatment
- Number of cases currently engaged in a Stabilization Period

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Contractor proposes: (check one for each category)

On-site school _____ **or** *Off-site school* _____
Private residential school _____
Charter school _____

Males _____ **or** *Females* _____

Facility name, address and behavioral health license number:

Specific housing unit(s) where the service will be provided:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

The provider must include with the application an annual itemized service budget and clearly document all relevant budget assumptions. School expenses may not be included in the itemized budget or proposed in the daily rate.

Detailed program description attached (check) _____ Detailed budget attached (check) _____

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I have read and fully understand the requirements to provide the Short-Term Residential Sex Offender Treatment Program, I agree to all requirements and I propose the following rate:

Proposed service rate:

Initial Assessment	(service code 213)	\$ _____ / day
Residential Treatment	(service code 214)	\$ _____ / day
Stabilization Period	(service code 215)	\$ _____ / day

Other agreement: _____

The budget documentation submitted to the AOC is true and accurate.

Provider Signature / Date

AOC USE ONLY: DO NOT FILL IN BEYOND THIS LINE

Final contract rate:

Initial Assessment	(service code 213)	\$ _____ / day
Residential Treatment	(service code 214)	\$ _____ / day
Stabilization Period	(service code 215)	\$ _____ / day

Other agreement: _____

Provider Signature / Date

AOC Signature / Date