

**ARIZONA SUPREME COURT
ADMINISTRATIVE OFFICE OF THE COURTS
JUVENILE JUSTICE SERVICES DIVISION
Contract Year 2009-2010
SERVICE SPECIFICATIONS
TRADITIONAL HEALING SERVICES
Service Code 143**

SERVICE DEFINITION:

These services are designed to address emotional and/or behavioral issues which impact a youth's functional ability. Services are provided by qualified and tribe recognized traditional healers.

STANDARDS/LICENSURE REQUIREMENTS:

These services do not require the Contractor to hold a specific license. The applicant must be a qualified traditional healer recognized by the applicable Tribe.

UNITS OF SERVICE:

The service will be negotiated with the Contractor.

SERVICE GOAL:

To identify and treat behavioral and emotional needs within the cultural context of the youth using the appropriate traditional healing activities and/or tasks. To provide individualized treatment services in the least restrictive environment which addresses therapeutic goals indicated on the individual service plan and/or treatment plan.

SERVICE TASKS:

1. Review existing social history and other relevant information.
2. With all involved parties, develop a treatment plan and/or individual service plan which address the needs of the youth. The plan must include goals and objectives specific to traditional healing techniques used.
3. In accordance with the individual service plan, provide authorized treatment service to the individual or family, if recommended, using the traditional healing techniques.
4. Legibly document in client file all services provided, a summary of progress, including date, duration, type of service and healer name, signature and title.
5. Prepare and provide monthly progress reports to probation officer. Provide reports as required by the contract and *Standard Terms and Conditions*.

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I have read and fully understand the requirements to provide Traditional Healing Services, I agree to all requirements and restrictions and I propose the following rates:

Proposed type of traditional healing service(s): _____

Proposed service rate: \$_____ / per _____

Other agreement: _____

Provider Signature / Date

AOC USE ONLY: DO NOT FILL IN BEYOND THIS LINE

Final contract rate: \$_____ / per _____

Other agreement: _____

Provider Signature / Date

AOC Signature / Date