I. POLICY:

The Department of Juvenile Justice will ensure that all youth who require treatment for sexually harmful behaviors will be provided individualized services directed towards their assessed risks and needs.

II. DEFINITIONS:

Certified Community Sex Offender Supervision Specialist (CCSOSS): A departmental community services staff who has completed the DJJ sponsored Sex Offender Supervision certification program and all its requirements and provides services and supervision described in the attached CCSOSS Scope of Services (see DJJ 20.36, Supervision of Sexually Harmful Youth in the Community).

Clinical Consultant: A licensed mental health professional designated to provide clinical input and support to the Sex Offender Treatment Team.

Emergency Pass: For the purposes of this policy, an approved leave of absence for a youth from a RYDC, YDC, or Residential Program due to an emergency (e.g. critically or terminally ill family members, medical emergencies, death of an immediate family member, etc.).

Juvenile Sex Offender Assessment Protocol-II (JSOAP-II): An evidence-based risk assessment designed to be used with youth who require treatment for a sexual offense.

Sex Offender Treatment Services Administrator: The licensed clinician responsible for providing clinical oversight of the Sexually Harmful Behavior Program and to ensure the quality of the program in regards to best practice.

Sexually Harmful Youth: Post-disposition youth (adjudicated delinquent or convicted) who have exhibited sexually harmful behaviors or have been assessed by a licensed professional and found to be in need of treatment.
Sexually Harmful Behavior Intervention Treatment Team: A monthly to bi-monthly meeting to discuss youth progress in the SHBIP program and facility, service planning, PBIS, reentry/transitional planning, and family/community staff updates and involvement. The team will consist of, but not be limited to: all staff specifically designated as Sex Offender Treatment Specialist, Institutional Program Directors (IPD), Sex Offender Coordinators, Juvenile Detention Counselors, Psychologist/Clinical Consultant, Social Service Workers, recreation staff, administration representative, security representative, education representative, and medical representative. Community Case Managers, youth and family, DFCS caseworkers, and other community support persons may be included.

Sexually Harmful Behaviors: Rape, sodomy, aggravated sodomy, child molestation, aggravated child molestation, enticing a child for indecent purposes, bestiality, necrophilia, sexual battery, aggravated sexual battery, public indecency, electronically furnishing sexually explicit material to a minor, distributing obscene materials, sexual exploitation of children, intent to rape or rob, and statutory rape.

Treatment Needs and Progress Scale (TNPS): A checklist for the assessment of dynamic risk factors that have been identified among youth who require treatment of sexually harmful behaviors. It is designed to establish an initial baseline to measure progress.

Sexually Harmful Behavior Review Panel: A panel of multi-disciplinary members who meet monthly to bi-monthly to review cases of our sexually harmful youth in order to make recommendations regarding treatment, reentry and placement options.

III. PROCEDURES:

A. The Director of the Office of Behavioral Health Services and the Sex Offender Treatment Services administrator will identify the appropriate treatment programs and approaches to be used for the treatment of sexually harmful youth in secure facilities.

B. A youth who meets any of the following criteria will be considered a sexually harmful youth:

1. The youth has a current adjudication and/or conviction for a sexually harmful behavior;

2. The youth has a prior adjudication for a sexually harmful behavior in which the order has not been closed and the youth has not completed sex offender treatment;

3. The youth has received a psychosexual evaluation that indicates treatment for sexually harmful behaviors is appropriate and treatment has not been successfully completed;

4. The youth is assessed as a sexually harmful youth by the Sexually Harmful Behavior Treatment Team;
5. The youth is exhibiting sexually harmful behaviors and is referred for a Psychosexual Evaluation. Youth will be considered a sexually harmful youth and placed in treatment if recommended by the evaluation; or

6. The youth does not exhibit significant disturbances of mood or thought that would prevent him/her from participating in the program.

C. A youth is not considered a sexually harmful youth and a Safety Plan will not be needed if the youth’s prior adjudication for a sexually harmful behavior has been successfully closed with all required treatment.

D. Youth adjudicated and/or convicted of a sexually harmful behavior or who meet the criteria for sexually harmful behavior treatment and are screened for YDC will have a Juvenile Tracking System (JTS) Sexual Offense alert set by the Office of Classification Services. A Sexually Harmful Behavior Treatment Plan will be initiated within the first 30 days of entry into the facility.

E. Within three days of admission to a YDC, the youth will be assigned to a Sex Offender Treatment Specialist. The Juvenile Detention Counselor will be responsible for all case management services not related to the Sexually Harmful Behavior Intervention Program.

F. The Sex Offender Treatment Team will provide all management and oversight of treatment, programming, and case management for youth in sex offender treatment and are not on the mental health caseload.

1. Youth who are on the mental health caseload will have their mental health services managed by the Behavioral Health Treatment Team.

2. All other programs and case management will be managed by the Sex Offender Treatment Team.

3. The Sex Offender Treatment Team will provide information to the Youth Centered Reentry Team in accordance with DJJ 25.1, Youth Centered Reentry Team.

G. Each sexually harmful youth will be staffed by the Sex Offender Treatment Team to assign appropriate services and will be placed in the Sexually Harmful Behavior Intervention Program within 30 days of admission to a YDC. The Parent Letter (Attachment A) will be given to the youth and mailed to the parent or guardian at the time the youth is placed in the program.

1. Admission to the program may be temporarily deferred by the Sex Offender Treatment Team due to clinical necessity.
2. Youth who are deferred will be reviewed by the treatment team monthly to determine whether the issues have been resolved sufficiently to allow participation in the intervention program.

3. The assigned Sex Offender Treatment Specialist will enter a Sex Offender Treatment Team note documenting the review and determination made by the team.

4. The Sex Offender Treatment Team will review the screening packet which must contain:
   a) JSOAP II;
   b) Psychosexual and/or psychological evaluation, if completed;
   c) Offense history;
   d) CRN Assessment;
   e) Disposition;
   f) Complaint;
   g) Social Summary; and
   h) Other JTS Assessments (e.g., Mental Health Assessment, Education Assessment, Medical Assessments).

5. The Sex Offender Treatment Specialist will deliver and document the delivery of services in accordance with the Sexually Harmful Behavior Intervention Program Treatment Manual located on the Office of Behavioral Health Services (OBHS) Intranet.

H. The Sex Offender Treatment Specialist must review and approve the youth’s visitation list generated from JTS Demographics Module prior to the youth receiving visitors (see DJJ 15.5, Youth Visitation). The approval will be based on the youth’s social summary, police report, JSOAP II, clinical interview, and TNPS in consultation with the Certified Community Sex Offender Supervision Specialist or assigned Community Case Manager.

I. The Sex Offender Treatment Specialist will review the visitation list quarterly and will update it as necessary.

J. All youth placed in the program are expected to complete all requirements of the four stages of the Sexually Harmful Behavior Intervention Program. Upon completion of program, the Sex Offender Treatment Specialist will provide the youth with a
certificate of participation and have a copy scanned into the correspondence section in JTS.

K. The youth’s assigned SHIBP Treatment Specialist will present information developed by the managing team at the youth’s YCRT.

L. At least 120 days prior to the minimum release date of a sexually harmful youth the Sexually Harmful Behavior Treatment Team will make a referral to the Sexually Harmful Behavior Review Panel for recommendations and reentry planning. Youth may also be referred to the Sexually Harmful Behavior Review Panel at any time if they have a complicated clinical presentation that requires additional consultation.

1. The Sexually Harmful Review Panel will be chaired by the Sex Offender Treatment Services Administrator, along with representatives from the Office of Behavioral Health, Division of Community Services, Reentry, and Facility staff. The Office of Legal Services may participate as needed.

2. Youth may be identified and referred to the Panel for review by any secure facility, community, reentry, or OCATS staff.

3. A referral will be made if youth meet the criteria outlined in Attachment D.

4. To make a referral, staff will complete a Sexually Harmful Behavior Review Panel Referral Form (Attachment C).

5. All Panel recommendations will be documented in JTS.

M. If a youth is not anticipated to progress to at least sex offender treatment stage four within 45 days of their expected release date:

1. The Sex Offender Treatment Team will complete a Youth Status Report (YSR) (Attachment B) for the purposes of requesting additional time in a secure facility in order for the youth to complete sex offender treatment. A comprehensive narrative, the JSOAP II, and the TNPS must be included in the YSR. Extensions may be requested in increments of one to 90 days.

2. The completed YSR will be forwarded to the facility Director for review and signature.

3. The SHBIP Treatment staff will forward the signed YSR to the Sex Offender Treatment Services Administrator or Regional Sex Offender Administrator, copying the secure facilities Regional Administrator.

4. The Sex Offender Treatment Services Administrator or Regional Sex Offender Administrator, will present the YSR at the next scheduled Sexually Harmful Behavior Review Panel. If a review is required prior to the next scheduled meeting, the Panel members will review the YSR and will forward their
5. If the Sexually Harmful Behavior Review Panel recommends that the youth’s time in a secure facility be extended for treatment purposes, the Sex Offender Treatment Services Administrator or Regional Sex Offender Administrator will forward the YSR to the Deputy Commissioner of Support Services for review and approval.

6. The Deputy Commissioner of Support Services will forward the YSR to the Deputy Commissioner of Secure Campuses for review and approval.

7. In the event that either Deputy Commissioner denies the request, a stakeholders’ meeting will convene, consisting of both Deputy Commissioners, the Assistant Commissioner, Director of the OBHS, and the SHBP Administrator, to review the request and reason for denial. The Assistant Commissioner will then make the final decision.

8. The Sex Offender Treatment Services Administrator, or designee, will provide written notice of any extension of a youth’s period of stay beyond the minimum/maximum release date to the Office of Classification and Transportation Services (OCATS), the office of Reentry Services, the Community Case Manager and the parent/guardian within three (3) business days of the decision. Notice must include the length of extension and the reason for the extension. The OCATS will enter the new projected release date in JTS.

9. If the Sexually Harmful Behavior Review Panel recommends an extension for Designated Felons, the recommendation will be forwarded to the Office of Legal Services at least 90 days prior the end of the restrictive custody period.

10. If the Sexually Harmful Behavior Review Panel recommends a Commitment Order Extension, the recommendation will be made to the Office of Legal Services and will comply with DJJ 20.25, Termination and Extension of Commitments.

N. Prior to the youth’s release from secure confinement, the Sex Offender Treatment Specialist will upload the following documents in JTS Correspondence module:

1. A copy of the certification of participation of the Sexually Harmful Behavior Program;

2. A copy of the youth’s Relapse Prevention Plan; and

3. Updated recommendations for treatment/supervision.

O. Each sexually harmful youth released from a YDC will have a Relapse Prevention Plan for the Certified Community Sex Offender Supervision Specialist or assigned
Community Case Manager to use in completing the Safety/Supervision Plan. The JSOAP II and the TNPS will be used in completing the Safety/Supervision Plan. The Safety/Supervision Plan must be approved by the Certified Community Sex Offender Supervision Specialist or Assigned Community Case Manager and Regional Administrator through the chain of command. The Relapse Prevention Plan will be signed by the youth, parent/legal guardian, and Certified Community Sex Offender Supervision Specialist or assigned Community Case Manager.

P. Passes for YDC youth who are receiving treatment for sexually harmful behaviors will be managed in accordance with DJJ 17.20, Facility Passes and Appointments. The Sex Offender Treatment Specialist will provide input into the decision to grant the youth a pass.

III. LOCAL OPERATING PROCEDURES: NO