

YOUTH SERVICES POLICY

Title: Secure Care Intake and Assessment of Youth Who Demonstrate Sexual Behavior Problems Next Annual Review Date: 08/12/2017	Type: B. Classification, Sentencing and Service Functions Sub Type: 2. Classification Number: B.2.16
Page 1 of 5	
References: LA. R.S. 15:541; DOJ PREA Standard 115.341 (a); 4-JCF-4D-02, 4-JCF-4D-03, 4-JCF-5A-01, 4-JCF-5B-01, 4-JCF-5B-02, 4-JCF-5B-03, 4-JCF-5C-02, 4-JCF-5C-03, 4-JCF-5C-05, 4-JCF-5C-0, and 4-JCF-5C-07; YS Policy Nos. B.2.2 "Youth Classification System and Treatment Procedures", B.2.3 "Secure Care Intake", B.2.12 "Fast Track Program", B.2.13 "Secure Care Early Release", B.2.14 "Secure Care SAVRY", B.7.2 "Programs for Post-Secondary Education and Skills Building Incentives – Secure Care", C.2.11 "Prison Rape Elimination Act (PREA)", C.4.1 "Furlough Process", and D.10.32 "SAVRY-Community Based Services"	
STATUS: Approved	
Approved By: <i>Mary L. Livers, Deputy Secretary</i>	Date of Approval: 08/12/2015

I. AUTHORITY:

Deputy Secretary of Youth Services (YS) as contained in La. R.S. 36:405. Deviation from this policy must be approved by the Deputy Secretary.

II. PURPOSE:

To set forth uniform policy and broad procedures governing direct admission and assessment or evaluation of youth entering a YS Secure Care Center for Youth, who have been adjudicated for a sexual behavioral problem, and to guide the type of "Sexual Behavior Problem Treatment Program" (SBPTP) they shall engage in.

III. APPLICABILITY:

Deputy Secretary, Assistant Secretary, Chief of Operations, Deputy Assistant Secretary, Director of Treatment and Rehabilitative Services, Central Office Sexual Behavior Problem Treatment Program (SBPTP) Clinical Supervisor, Health Services Director (HSD), Regional Directors, Facility Directors, Regional Managers, and the Contracted Health Care Provider (CHP).

IV. DEFINITIONS:

Contracted Health Care Provider (CHP) – Contracted licensed practitioners responsible for the physical and mental well-being of the secure care youth population. Services include medical, dental, and mental health services, nursing, pharmacy, personal hygiene, dietary services, health education, and environmental conditions.

JUMP (Juvenile Understanding and Managing Problems) - Best practice model of treatment for youth who have demonstrated sexual behavior problems; the treatment model includes the following treatment components: Clinic-Based and Dorm-Based Treatment Programs for youth in secure care.

Psychosexual Assessment - An evaluation that focuses on a youth's sexual development, sexual history, paraphilic interests, sexual adjustment, risk level, and victimology. It also includes a complete social; school, family and other relevant history; case formulation; and specific recommendations for treatment.

V. POLICY:

It is the Deputy Secretary's policy that individual program planning for youth adjudicated for a sexual behavior problem and placed in a YS secure care facility shall include as its primary objectives, the provision of protection for the public, staff and youth; a reduction of the risk to demonstrate future sexual behavior problems and other delinquent behavior; and the enhancement of youth growth and development.

This may be accomplished through the coordinated efforts of Community Based Services (CBS); contracted mental health providers completing assessments and providing mental health services; efforts to foster the continuum of services and supervision that identifies youth for treatment; Juvenile Justice staff who carefully consider and select youth Case Managers and contracted treatment providers; fostering the engagement of youth in pro-social activities, and implementing a continuum of services and supervision within the YS secure care facilities that provides for youth involvement.

VI. PROCEDURES:

- A. All male youth between the ages of 12 and 20, who have been adjudicated for a sexual behavior problem under La. R.S.15:541 [see Attachment B.2.16 (a)], which includes "hands on" sexual offenses against children, peers, and adults, and exhibitionism, shall be referred for a psychosexual assessment to be completed by the CHP psychologist. If psychosocial and psychosexual assessments have been conducted within six (6) months of the youths' admittance to BCCY or SCY, there is no need to repeat these assessments unless the youths' presenting behavior and/or new information warrants a current evaluation.
- B. While the majority of youth evaluated are those who have been adjudicated for a sexual behavior problem, other secure care youth with demonstrated sexual behavior problems shall be considered for a psychosexual assessment when there is clear evidence of a history of sexually abusive behavior.
- C. If the court order does not specifically state that a psychosexual assessment is to be conducted, the Case Manager or CHP psychologist shall notify the CO SBPTP Clinical Supervisor that the youth has an adjudicated sexual behavior problem with no recommendations for assessment or treatment.

The CO SBPTP Clinical Supervisor shall contact the youth's Probation and Parole Officer/Juvenile (PPO/J) within 24 hours to determine if a psychosexual assessment is required.

Within 24 hours of the PPO/J's response to the query, the CHP psychologist shall be notified by the CO SBPTP Clinical Supervisor whether or not a psychosexual assessment needs to be completed.

- D. Direct Intake procedures (refer to YS Policy No. B.2.3) shall be followed and shall also include a psychosexual assessment, which shall be completed by the CHP psychologist within 30 days of request, utilizing the following YS approved assessment instruments indicated:
1. Hostility Toward Women (HTW);
 2. Adolescent Cognition Scale (ACS);
 3. Adolescent Sexual Interest Cardsort (ASIC);
 4. Inventory of Callous Unemotional Traits (ICU); and
 5. Juvenile Sex Offender Assessment Protocol - 11 (J-SOAP-II).

If it is felt that due to the youth's cognitive impairments an instrument not listed above should be used, the CHP psychologist shall consult with the CO SBPTP Clinical Supervisor to identify the appropriate course of action needed to satisfy completion of the evaluation.

- E. Upon completion of the psychosexual assessment, the CHP psychologist shall forward the assessment to the CO SBPTP Clinical Supervisor (JUMP), SBPTP Program Manager, treatment providers, Case Managers and Mentors.

The CO SBPTP Clinical Supervisor shall direct the SBPTP Program Manager, treatment provider and/or Case Manager to schedule a multidisciplinary team staffing within 48 hours (excluding weekends and holidays), if there are no extenuating circumstances, to review the assessment report's treatment and placement recommendations.

If current psychosexual and psychological assessments are not warranted, a multidisciplinary staffing shall be scheduled within 48 hours (if there are no extenuating circumstances), of receipt of the youth's most current psychosexual and psychological assessments to review placement and treatment recommendations.

If the extenuating circumstance(s) impacts the team's ability to convene within 48 hours, the team shall convene within 24 hours after the crisis has been resolved.

If the team members fail to convene within the 24 hour period, the CO SBPTP Clinical Supervisor shall be provided an explanation by the facility Treatment Director and the BCCY or SCY Health Services Administrator (HSA).

Staff required to attend the multidisciplinary team staffing shall include the following:

1. CO SBPTP Clinical Supervisor;
2. CHP psychologist or designee completing the assessment or evaluation (via phone or in person);
3. Facility SBPTP team; and the
4. Facility SBPTP team from the sending facility, if applicable.

The multidisciplinary team staffing shall be documented on a "Summary of Staffing" form in JETS within seven (7) working days, and a hard copy with signatures placed in the youth's Master Record under Clip II.

- F. The level of appropriate treatment to address the youth's sexual behavior problem is decided at the multidisciplinary team staffing, and may include a recommendation for either the JUMP low-need clinic-based or the high-need clinic-based treatment program at Swanson Center for Youth (SCY) or the intense dorm-based or clinic-based treatment program located at Bridge City Center for Youth (BCCY).

If a youth from SCY is recommended for the dorm-based treatment program at BCCY, a "Transfer Request Form" (TRF) (refer to YS Policy No. B.2.2), shall be completed by the sending facility and forwarded to the Director of Treatment and Rehabilitative Services/designee for approval. The youth shall be transferred to the dorm-based JUMP Program at BCCY within 24 hours of the TRF approval.

If the youth is staffed at BCCY, and recommended for dorm-based treatment, the youth shall be placed in the JUMP Program within 24 hours.

If no sexual behavior treatment dorm-based bed is available, the youth shall be placed on a waiting list and transitioned to the dorm-based treatment program as soon as a bed is accessible. In the interim, the youth shall receive the dorm-based treatment while he is awaiting placement in the dorm that treats youth who have demonstrated sexual behavior problems.

If the youth is recommended for clinic-based or high-need clinic based, he shall remain at or transfer to the secure care facility closest to the location of his family for treatment.

- G. If there are delays in receiving completed CHP psychosexual evaluations within the stated timeframe, the CO SBPTP Clinical Supervisor shall contact the BCCY or SCY HSA, who shall implement corrective actions immediately.

The CO SBPTP Clinical Supervisor and the CO HSD shall receive notice of the corrective actions from the BCCY or SCY HSA.

If the matter has not been resolved in a timely manner, a formal monitoring plan with timelines shall be instituted by the CO HSD, with input from the CO SBPTP Clinical Supervisor, to correct the deficiencies.

- H. The BCCY or SCY HSA and the CHP psychologist shall be notified of all scheduled staffings to ensure that either the psychologist or a designee attends the staffing. The CO SBPTP Clinical Supervisor shall inform the BCCY or SCY HSA if the psychologist/designee is not present for the staffing,

The BCCY or SCY HSA shall immediately put corrective measures into place, forwarding a copy to the CO SBPTP Clinical Supervisor and the CO HSD. If attendance is not resolved, a formal monitoring plan shall be instituted by the CO HSD, with input from the CO SBPTP Clinical Supervisor to correct the deficiencies.

VII. QUALITY ASSURANCE:

- 1. The CO SBPTP Clinical Supervisor shall notify the BCCY or SCY HSA, the HSD, the Director of Treatment and Rehabilitative Services, and Continuous Quality Improvement Services (CQIS) of any requests for corrective action and/or unresolved deficiencies from either the facility or the CHP psychologist for quality assurance purposes.
- 2. Documentation shall be provided in conjunction with the secure care quarterly treatment reviews for reporting purposes.

Previous Regulation/Policy Number: B.2.16

Previous Effective Date: 03/12/2015



Attachments/References:
13.docx

B.2.16 (a) List of Sex Offenses 2-18-