YOUTH SERVICES
POLICY

Title: Assessment and Treatment of Youth Who Demonstrate Sexual Behavior Problems	**Type:** B. Classification, Sentencing and Service Functions **Sub Type:** 2. Classification **Number:** B.2.16
	Page 1 **of** 11
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-06, and 4-JCF-5C-07; YS Policy Nos. B.2.2 “Youth Classification System and Treatment Procedures”, B.2.3 "Secure Care Intake", B.2.14 "Secure Care SAVRY", B.2.17 “Sex Offender Notification and Registration Requirements”, B.2.19 “Programs and Evidence-Based Practices”, C.2.11 "Prison Rape Elimination Act (PREA)”, C.4.1 "Furlough Process", D.9.1 “Placement of Youth in Residential Facilities”, D.10.32 "SAVRY-Community Based Services" and D.15.3 “Delivery of Treatment and Auxiliary Services”	
STATUS: Approved	
Approved By: *James Bueche, Ph.D., Deputy Secretary*	**Date of Approval:** 02/03/2020

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, who have been adjudicated for a sexual offense, 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, Executive Management Advisor, Director of Treatment and Rehabilitative Services, Central Office (JUMP) 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.

Hands-On Sex Offense – Sexual activity which involves the touching of another person (children, peer or adult) or animal on certain parts of the body. The sexual contact may be anal, oral or vaginal and include human contact or the use of a foreign object.

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, antisocial history, acceptance of responsibility for the offense, desire to change, empathy for the victim, remorse for the offense, and victimology. It also includes a complete social; school, family and other relevant history; case formulation; and specific recommendations for treatment.

Secure Care Facility – "A living environment characterized by a range of moderate to high security level facilities that include construction, fixtures and staff supervision designed to restrict the movements and activities of the residents, and to control, on a 24-hour basis, the ability of the residents to enter and leave the premises, and which are intended for the treatment and rehabilitation of children who have been adjudicated delinquent." [La. Ch. Code Article 116(24.2)]

The secure care facilities operated by YS are as follows:

- Acadiana Center for Youth (ACY)
- Bridge City Center for Youth (BCCY)
- Swanson Center for Youth (SCY)
- Swanson Center for Youth at Columbia (SCYC)

V. POLICY:

It is the Deputy Secretary's policy that individual program planning for youth adjudicated for a sexual offense 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, careful consideration and selection of treatment providers, fostering the engagement of youth in prosocial activities and implementing a continuum of services and supervision.

VI. PROCEDURES:

A. All youth between the ages of 12 and 20, who are assigned to YS custody or supervision and have been adjudicated delinquent or Family in Need of Services (FINS) for a sexual offense under La. R.S.15:541 [see Attachment B.2.16 (a)], which includes "hands on" sexual offenses against children, peers, adults and animals, and “non-hands-on” sex offenses such as exhibitionism and sexting, shall be referred for a psychosexual assessment to be completed by the CHP psychologist, CBS Social Services, or contracted community treatment provider. OJJ does not have the authority to provide assessment or treatment to youth prior to adjudication and disposition.

If psychosocial and psychosexual assessments have been conducted within six (6) months of the youths' admittance to a YS Secure Care facility, there is no need to repeat these assessments unless the youths' presenting behavior and/or new information warrants a current evaluation.

While the majority of youth evaluated are those who have been adjudicated for a sexual offense, youth assigned to a secure or non-secure facility with demonstrated sexual behavior problems shall be considered for a psychosexual assessment when there is clear evidence of a history of sexually abusive behavior and the youth agrees to undergo a psychosexual assessment.

B. The SAVRY is NOT intended to predict reoffending risk for youth below the age of twelve or sex offenders based on past behavior and experiences. The SAVRY shall not be used as a means to estimate risk of sexual reoffending. The SAVRY estimates risk for general violence and general delinquent reoffending only. Many youths who display sexual behavior problems are low risk for general violence and general delinquent reoffending. This does NOT mean they are low risk of reoffending sexually. (Refer to YS Policies D.10.32 and B.2.14)

C. When youth placed in YS custody or supervision require a psychosexual assessment, the PPO/J shall complete the referral within five (5) working days of receiving notification of the disposition from the court.

The PPO/J shall complete the "Psychosexual Referral Form" [Attachment (b)] and forward it to the CO SBPTP Clinical Supervisor, CO CBS Clinical Supervisor and Regional Manager along with the PDI/Social History, educational reports, psychological, psychiatric or previous psychosexual evaluations' police report and court order (if applicable). The Social History or Supplemental Social shall be completed by the PPO/J and provided to the CO CBS Clinical Supervisor, CO SBPTP Clinical Supervisor and treatment provider in order to complete the assessment within the 30 working days timeframe.

D. If the youth is not adjudicated for a "hands on" or "non-hands-on sexual offense and the court orders a psychosexual assessment or the youth to participate in the SBPTP,
the CBS Regional Manager or designee shall contact the CO SBPTP Clinical Supervisor to determine how to proceed.

E. The psychosexual assessment, shall be completed by the CHP psychologist, CBS social services or contracted community treatment provider within 30 working 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);
5. Juvenile Sex Offender Assessment Protocol - 11 (J-SOAP-II); and
6. Child and Adolescent Needs and Strengths – Sexual Development.

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

F. Upon completion of the psychosexual assessment, the clinician shall forward the report to the CO SBPTP Clinical Supervisor for review. The assessment shall also be sent to the CO CBS Clinical Supervisor when completed by a CBS Social Services Staff member. Upon approval, the clinician shall forward the signed psychosexual report to the PPO/J, Regional Manager, and Secure care SBPTP Program, Case Manager (if applicable) and COSBPTP Clinical Supervisor.

G. If there are delays in receiving completed psychosexual evaluations within the stated timeframe, the CO SBPTP Clinical Supervisor shall contact the YS Secure Care HSA, or CO CBS Clinical Supervisor who shall implement corrective actions immediately. Notice of the corrective actions taken shall be provided to the CO SBPTP Clinical Supervisor.

If the matter has not been resolved in a timely manner, a formal monitoring plan with timelines shall be instituted by the CO CBS Clinical Supervisor and Regional Manager or CO HSD (when applicable) with input from the CO SBPTP Clinical Supervisor to correct the deficiencies.

VII. PROVISION OF SERVICES

A. SBPTP - Community-Based and Non-Secure Care

1. Upon completion of the psychosexual assessment, if it is recommended a youth participate in the SBPTP and the youth will remain in the community or be assigned to a non-secure facility, notification will be sent by the CO SBPTP Clinical Supervisor to the CO CBS Clinical Supervisor and Social Service staff member or the Community Contracted Treatment Provider to initiate services.

2. The treatment provider shall complete the SBPTP Treatment Plan which will include the frequency of individual, family and group sessions (when applicable). The plan shall be completed within 7 days of case assignment and the parent/guardian shall be allowed to participate in the development. The plan shall be signed and dated by the youth and parent/guardian and updated when goals and objectives are met, new goals are added and upon completion of a module.

3. Youth participating in the community based SBPTP shall attend individual sessions at least twice a month and participate in a family session at least once monthly with a licensed therapist. Additional individual sessions may be clinically indicated as determined by the CO SBPTP Clinical Supervisor.

   Youth assigned to a non-secure facility who are participating in the SBPTP shall attend individual weekly sessions and participate in a family session at least once monthly with a licensed therapist.

   When possible, group sessions shall be conducted weekly. Constraints such as distance, transportation, school or not having enough youth at the same level of treatment may prevent group sessions from being feasible. Each individual, family and group session shall be 45 to 60 minutes in duration.

   Each treatment module is typically six to eight weeks long but may vary depending on the youths' ability to internalize treatment concepts and their ability to use learned skills effectively. Treatment focuses on the following modules:

a. Healthy Sexuality;
b. Social Skills;
c. Healthy Masculinity;
d. Impulse Control;
e. Anger Management;
f. Empathy Enhancement; and
g. Relapse prevention.

Youth assigned to a non-secure program shall complete treatment modules a) through e) prior to being recommended for release from YS custody to their parent/guardian. Refer to YS Policy B.2.1 “Assignment, Reassignment, and Release of Youth” for additional release criteria.

4. Youths participating in the SBPTP while remaining in the community or assigned to a non-secure facility, will be reappraised by the treatment provider every six (6) months subsequent to the initiation of treatment. The treatment provider shall forward the reappraisal to the Regional Manager, PPO/J, CO SBPTP Clinical Supervisor and CO CBS Clinical Supervisor. Refer to YS Policy 15.3 “Delivery of Treatment and Auxiliary Services” for other specific documentation requirements.

   If there is a change in the youth’s physical location and the youth is not able to continue services with the current treatment provider, the assigned PPO/J shall notify the CO SBPTP Clinical Supervisor, CO CBS Clinical Supervisor, and CBS Social Worker or Contracted Community Treatment Provider, whichever is applicable, within five (5) working days of the location change.

5. The treatment provider shall forward the completed “Monthly Summary Report” (Attachment c) to the CO SBPTP Clinical Supervisor, CO CBS Clinical Supervisor, Regional Manager and PPO/J on a monthly basis.

B. JUMP SBPTP – Secure Care Staffing

1. If a youth is assigned to a YS Secure Care facility, upon completion of the psychosexual assessment, the CO JUMP SBPTP Clinical Supervisor shall direct the JUMP 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.

2. 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.

3. 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 YS Secure Care Health Services Administrator (HSA).

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

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

4. 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 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).

5. 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, the youth shall remain at or transfer to the secure care facility closest to the location of the youths' family for treatment.

6. The 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 HSA if the psychologist/designee is not present for the staffing.

   The 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.

C. JUMP SBPTP Clinic-based

1. Youths in Clinic-based treatment are housed in general population dorms. These youths participate in one individual and group counseling session weekly and at least one family counseling session monthly with a licensed therapist. The sessions are 45 to 60 minutes in duration. Each treatment module is typically six to eight weeks long but may vary depending on the youths' ability to internalize treatment concepts and their ability to use learned skills effectively. The clinic-based treatment modules include the following:

   a. Healthy Sexuality;
   b. Social Skills;
   c. Healthy Masculinity;
   d. Impulse Control;
   e. Anger Management;
   f. Empathy Enhancement; and
   g. Relapse prevention.

2. Youths in clinic-based treatment are reappraised after they complete Phase II treatment modules if they are demonstrating they have internalized treatment at an emotional level and are using learned skills effectively. Upon completion of the reappraisal, the treatment provider shall forward a copy to the youth's case manager, PPO/J, Regional Manager and the CO SBPTP Clinical Supervisor.

3. Youth participating in clinic-based treatment shall complete Phase II treatment modules prior to being recommended for reassignment to a non-secure facility or release from YS custody to his/her parent/guardian. Refer to YS Policy B.2.1 "Assignment, Reassignment, and Release of Youth" for additional release criteria.

D. JUMP SBPTP Dorm-based

1. Treatment includes individual and group counseling weekly and family counseling with a licensed therapist. In dorm-based treatment youths participate in three weekly groups, one weekly individual therapy session, and family therapy once monthly. Individual, group and family sessions are 45 to 60 minutes in duration.

   There are four phases of treatment that are presented sequentially. Concepts presented in each phase are building blocks for subsequent phases. Each treatment phase, except phase IV, is 12 weeks long. Phase I, II and III include the following treatment modules:

   a. Phase I: Social Skills, Impulse Control and Healthy Masculinity I
   b. Phase II: Anger Management, Healthy Sexuality and Healthy Masculinity II
   c. Phase III: Empathy Enhancement, Relapse Prevention and Healthy Masculinity III
   d. Phase IV: Aftercare – Youths begin this phase of treatment after they have completed the aforementioned core treatment modules. In this phase of treatment youths continue to focus on skills they have learned, relapse prevention, independent living training and may serve as mentors for their peers. Youths remain in Aftercare until they leave a YS Secure facility unless they opt out of this treatment service.

2. After completing phase II, youths who are demonstrating they have internalized treatment concepts and who are not mandated to remain in secure care until age 21 will be reappraised to determine their current level of risk, treatment needs and placement recommendations. The reappraisal is conducted by an Office of Juvenile Justice master-level treatment provider. Youths who must remain in secure care are reappraised prior to their exit from the secure care facility.

   Upon completion of the reappraisal, the treatment provider shall forward a copy to the CO SBPTP Clinical Supervisor, Secure Care Case manager, Regional Manager and PPO/J.

3. Youth participating in JUMP SBPTP Dorm-based treatment shall complete Phase I and II modules prior to being recommended for reassignment to a non-secure facility or release from YS custody to his/her parent/guardian. Refer to YS Policy B.2.1 “Assignment, Reassignment, and Release of Youth” for additional release criteria.

4. When a youth is reassigned to a non-secure program or granted an early release and requires continued treatment, the PPO/J shall complete the "Psychosexual Referral Form" [Attachment (b)] and forward to the CO SBPTP Clinical Supervisor, CO CBS Clinical Supervisor and Regional Manager with the required documentation within five (5) working days of release.

VIII. SAFETY PLAN CONTRACT AND REGISTRATION REQUIREMENTS:

A. Youth who are participating in community-based treatment and have been adjudicated for a hands-on sex offense or hands-on sex offense that has been pled down to a non-sex offense or a non-hands-on-sex offense must have a signed "Safety Plan" [Attachment (d)] in place when the following occurs:

1. The youth's disposition is probation with YS/OJJ supervision.
2. The youth is under a Deferred Disposition Agreement and YS/OJJ is supervising the youth.

B. Youth who are assigned to a secure or non-secure facility and have been adjudicated for a hands-on sex offense, or a hands-on sex offense that has been pled down to a non-sex offense must have a signed "Safety Plan" [Attachment (d)] in place prior to the occurrence of any the following:

1. Release from a secure care facility;
2. Placement in or release from a non-secure facility; and
3. Furlough or home pass.

C. The safety plan shall be created by the treatment provider with input from probation and/or other relevant staff such as mental health, when applicable, and must be signed by the youth, parent(s)/guardian(s) and the PPO/J. The "Safety Plan" [Attachment (d)] must be updated as needed or when changes in the youth's status have the potential to negatively impact the public and/or the youth's safety.

D. Refer to YS Policy B.2.17 "Sex Offender Notification and Registration Requirements" to ensure all necessary steps are taken prior to a youth's furlough, home pass, reassignment or release from YS custody.

IX. QUALITY ASSURANCE:

1. The CO JUMP SBPTP Clinical Supervisor shall notify the ACY, 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.

3. The Correctional Program Checklist (CPC) is an evidence-based tool developed to assess correctional intervention programs. The CPC is used to ascertain how closely correctional programs meet the known "Principles of Effective Intervention". In an effort to assure program integrity and facilitate opportunities for ongoing quality improvement, YS shall conduct CPC evaluations as outlined in the timelines in YS Policy B.2.19 "Programs and Evidence-Based Practices".

4. The CO CBS Clinical Supervisor shall be responsible for conducting quality assurance reviews of cases that are assigned to the CBS social service staff on a bi-annual basis (January/July). Quality Assurance reviews shall be conducted on-site and via JETS. (Refer to YS Policy D.15.3)

   The quality assurance tool authorized by CO shall be utilized to document review findings. The tools may be accessed through OJJ Share Point by logging on to http://oydcosps/default.aspx, and choosing the Continuous Quality Improvement Services (CQIS) tab.

Previous Regulation/Policy Number: B.2.16
Previous Effective Date: 01/04/2019
Attachments/References: B.2.16 (a) List of Sex Offenses February 2020
B.2.16 (b) Psychosexual Assessment and SBPTP Referral Form Dec 2018
B.2.16 (c) Community-Based Treatment Program Monthly Summary Dec 2018
B.2.16 (d) Safety Plan Example February 2020

List of Sex Offenses
La. R.S. 15:541

Statute	Description
14:40.2	Stalking of a victim under 18 years of age and the defendant is not the parent of the victim
14:42	First Degree Rape *occurring on or after August 1, 2015*
14:42	Aggravated Rape *occurring prior to August 1, 2015(Includes former 14:43.4 Aggravated Oral Sexual Battery prior to August 15, 2001)*
14:42.1	Second Degree Rape *occurring on or after August 1, 2019*
14:42.1	Forcible Rape *occurring prior to August 1 , 2015*
14:43	Third Degree Rape *occurring on or after August 1, 2015*
14:43	Simple Rape *occurring prior to August 1, 2015*
14:43.1	Sexual battery
14:43.1	Sexual battery of minor under 18 years of age
14:43.1(C)(2)	Sexual battery of a child under 13 years of age
14:43.2	Second degree sexual battery
14:43.3	Oral sexual battery
14:43.5	Intentional exposure to aids
14:44	Aggravated kidnapping of a minor
14:44.1	Second degree kidnapping of a minor under 18 years of age
14:44.2	Aggravated kidnapping of a child
14:45	Simple kidnapping of a minor under 18 years of age
14:45.1	Interference with child custody of a victim under 18 years of age and the defendant is not the parent of the victim

14:46	False imprisonment of a victim under 18 years of age and the defendant is not the parent of the victim
14:46.1	False imprisonment with a weapon of a victim under 18 years of age
14:46.2(B)(2)	Human trafficking
14:46.3	Trafficking of children for sexual purposes
14:78	Incest *[repealed by Acts 2014, No. 77 and 607]*
14:78.1	Aggravated incest *[repealed by Acts 2014, NOS.77 and 607]*
14:80	Felony carnal knowledge
14:81	Indecent behavior with juveniles
14:81.1	Pornography involving juveniles
14:81.2	Molestation of a juvenile or a person with a physical or mental disability
14:81.3	Computer aided solicitation of a minor
14:81.4	Prohibited sexual conduct between educator and student
14:81.2(D)(1)	Molestation of a juvenile or a person with a physical or mental disability prosecuted under the provisions of R.S. 14:81.2(C)(1), (D)(1), or (D)(2)
14:82.1	Prostitution: persons under 18 years of age
14:82.2 (C)(4)	Purchase of commercial sexual activity from persons known to be under 18 years of age or Human Trafficking of Children for Sexual Purposes when the victim is under 21 years of age.
14:82.2 (C)(5)	Purchase of Commercial Sexual Activity from a person known to be under the age of 14
14:83	Soliciting for prostitutes when the persons being solicited for prostitution are under 18 years of age
14:83.1	Inciting prostitution when the prostitution involves persons under 18 years of age.

14:83.2	Promoting prostitution when the prostitution being promoted involves persons under 18 years of age
14:84(A)(1), (3), (5), and (6)	Pandering when victim is under 18 years of age
14:86	Enticing of minor into prostitution
14:89	Crimes against nature
14:89	Crimes against nature when the victim is under 18 *excluding circumstances(B)(2) or (3)*
14:89(B)(2) or (3)	Crime Against Nature except when victim is a minor as provided (B)(2) and (3)
14:89.1(A)(1) or (2)	Aggravated Crime Against Nature involving prohibited relative as victim and *involving sexual intercourse, 2nd degree sexual battery, or oral sexual battery OR when bill of information or indictment specifically alleges victim under age 13 (14:89(C)(2)).*
14:89.1(A)(2)	Aggravated crime against nature *under circumstances not defined as an aggravated offense*
14:89.3	Sexual abuse of an animal *(2nd or subsequent conviction only)*
14:92(A)(7)	Contributing to the delinquency of juveniles
14:93.5	Sexual battery of the infirmed
14:106(A)(5)	Obscenity through solicitation of a minor
14:282	Operation of places of prostitution when the prostitution involves persons under 18 years of age
14:283	Video voyeurism
14:283.1	Voyeurism
23:251	Minors under 16 years of age: prohibited employments or occupations

Note: Deferred adjudication, adjudication withheld or an adjudication for the perpetration, attempted perpetration or conspiracy to commit one of the offenses listed above shall be considered a sex offense.

Psychosexual Assessment and SBPTP Referral Form

Youth's Name: _____

Client ID: # _____

Date of Birth: _____ Gender: _____

Current Location/Facility and Region: _____

Parent/Guardian: _____

Contact Information: _____

Referred for:
___ Psychosexual Assessment
___ Sexual Behavior Problem Treatment Program (SBPTP)

Attachments: (check all that apply)
___ Court order
___ Police Report
___ Previous Psychosexual Assessment
___ Reappraisal
___ Psychological/Psychiatric Evaluation
___ PDI/Social History/Supplemental Social
___ Safety Plan (if applicable)
___ Other: _____

Referred by: _____ Date: ___/_____/_____

Please forward the referral and all attachments to the CO SBPTP Clinical Supervisor, CO CBS Clinical Supervisor and Regional Manager.

COMMUNITY-BASED SERVICES
Monthly Summary

Youth's Name:	JETS #	Reporting Month:

CURRENT PHASE: CURRENT MODULE(S):		COMPLETED MODULE(S):	
□ Social Skills	□ Healthy Masculinity	□ Social Skills	□ Healthy Masculinity
□ Orientation	□ Healthy Sexuality	□ Orientation	□ Healthy Sexuality
□ Impulse Control	□ Anger Management	□ Impulse Control	□ Anger Management
□ Relapse Prevention	□ Empathy Enhancement	□ Relapse Prevention	□ Empathy Enhancement

NUMBER OF SESSIONS HELD:			NUMBER OF MISSED SESSIONS:		
__ Individual	__ Group	__ Family	__ Individual	__ Group	__ Family
__ Parenting			__ Parenting		
Date/Location for each:					

COMMENTS:

<u>Note: Include dates for all other activities including psychosexual assessment\reappraisal, case staffing, court appearances, case consultation, collateral contacts</u>

PROGRESS TOWARDS TREATMENT GOAL/OBJECTIVES:

□ SATISFACTORY □ FAIR □ POOR

COMMENTS:

_____ _____

THERAPIST'S SIGNATURE **DATE**

SAFETY PLAN EXAMPLE

The "Safety Plan" shall be specific to the youth, their risk, include any restrictions that are mandated by the court or law and be signed by the youth and parent/guardian. The "Safety Plan" must be updated as needed or when changes in the youth's status have the potential to negatively impact the public and/or the youth's safety.

Reason for the Safety Plan:

Non-Secure or Secure Home Pass/Furlough:
(Youth's Name) is being released from **(Facility name)** to the care of the youths parent/guardian, **(Parent/Guardian's Name)**. Therefore, for the youth's safety and the safety of others a written plan is warranted to support the youth in successful reintegration into the home and community.

Community Based:
(Youth's Name) is currently residing with their parent/guardian, **(Parent/Guardian's Name)**. Therefore, for the safety of the youth and others a written plan is warranted to provide support while the youth remains in the home and community.

Rules and Expectations – We agree to the following:

1. **(Youth's Name)** will be supervised by an adult when the youth is around younger children under the age of 13 and/or any vulnerable individuals in the home, school and community such as someone who is mentally compromised.

   - **(Parent/Guardian's Name)** will ensure the youth has an adult supervising the youth at all times when the youth is in the company of younger peers or someone who is vulnerable, i.e., mentally compromised in the home, school and community.
   - If youth is found alone with a younger child or someone who is vulnerable, i.e., mentally compromised in the home, school and community, the youth's Probation Officer (P.O.) will be notified immediately.

2. **(Youth's Name)** will avoid settings in the community where younger children frequent i.e. parks, amusement parks, swimming pools, youth ball games, unless supervised by an adult.

   - **(Parent/Guardians Name)** will **not** grant requests by the youth to go to these types of places unless an adult has been designated to attend who will supervise the youth at all times.

- If the youth has gone to such settings without permission/supervision by an adult, his P.O. will be notified immediately.

3. **(Youth's Name)** will refrain from engaging in any activity which may adversely affect his and others' safety i.e. viewing pornography, highly sexualized movies/videos and inappropriate sexual dialogue in the home, school and community.

   - **(Parent/Guardians Name)** will provide adequate supervision, enable passwords/content blocks, and keep potentially risk-provoking materials away from the youth to insure compliance.
   - If the youth engages in this type of activity, his Probation Officer will be notified immediately.

4. **(Youth's Name)** shall not have any contact with his victim(s).

   - If the youth engages in this type of activity, his Probation Officer will be notified immediately.

5. **(Parent/Guardians Name)** will place alarms on **(Youth's Name)** bedroom door, window, etc.

Support System:

Support	Role	When to Contact	Contact Information
Parent/Guardian		Family Reintegration or Support	
Probation/Parole Officer		Immediately if one of these contract rules are violated	
Sex Offender Treatment Provider (SOTP)		Questions or concerns about his Sex Offender Treatment (SOTP)	
Sex Offender Treatment Provider		Questions about his current sex offender treatment	

(SOTP)			

This safety plan contract has been reviewed and agreed to by:

_____ _____
Youth Date

_____ _____
Parent/Guardian/Caregiver Date

_____ _____
PPO/J Date

_____ _____
Treatment Provider Date