

California Department of
Corrections and Rehabilitation -
Division of Juvenile Justice



Sexual Behavior Treatment
Program Remedial Plan

April 2010

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I. Introduction

A. Background

On November 19, 2004, a Consent Decree was entered into in the case of *Farrell v. Allen* by the plaintiff, Margaret Farrell, a taxpayer in the State of California, and the defendant Walter Allen III, director of the California Youth Authority, now the Division of Juvenile Justice ("DJJ") of the California Department of Corrections and Rehabilitation ("CDCR"). The Consent Decree required the defendant to file remedial plans that addressed all areas of deficiency identified by experts for the court by January 31, 2005. In January 2005, based on a new direction to reform California's juvenile system to evidence based rehabilitative model, the parties stipulated to extend the dates for the filing of remedial plans.

Pursuant to the agreed upon time extension, DJJ filed its proposed Sexual Behavior Treatment Program (SBTP) Remedial Plan on May 16, 2005.

By agreement of the parties and the court-appointed sexual behavior treatment expert, Dr. Barbara Schwartz, this revised Plan is being filed.

B. Plan Organization

This modified Remedial Plan is organized to address the deficiencies identified by the sex offender treatment report in the following areas and is guided by Dr. Schwartz's recommendations:

1. Adequacy of DJJ Sex Offender Programs (including number of treatment beds)
2. Organization and Staffing
3. Training
4. Appropriateness of Policies and Procedures
5. Sex Offender Assessment

Each section of this plan addresses one of these major elements. In all cases, each section begins with a brief description of the issue. This is followed by a discussion section wherein details concerning deficiencies and required changes are presented. Each section concludes with an Action Plan and plan for monitoring for compliance, including standards and criteria and identification of actions necessary to achieve compliance.

C. Relationship to Previously Filed Plans

DJJ will work with the *Farrell* Court Experts in the areas of safety and welfare, mental health, education, health care and wards with disabilities in order to reconcile the previously filed plans in those areas with this revised Sexual Behavior Treatment Program Remedial Plan. In the interim, as inconsistencies between these plans are identified, DJJ will notify the Office of the Special Master (OSM), Plaintiff's counsel, and the appropriate court experts to convene a discussion to resolve the discrepancy. If discrepancies are not resolved by agreement, either party may invoke the dispute resolution procedure under paragraphs 48 and 49 of the Consent Decree.

DJJ will inform Plaintiff's counsel, the SBTP court expert and the OSM of any planned changes to the SBTP Program Guide. Plaintiff's counsel, the OSM, and the SBTP court expert can request a meeting to discuss the changes proposed before any modifications are made to the SBTP Program Guide.

D. Resources Needed for Plan Implementation

Reference throughout this plan to numbers and classification of staff reflect DJJ's and the experts' judgment at the time the plan was filed as to the numbers and classification of staff necessary for successful implementation. References to positions are working titles rather than specific job classifications. DJJ will adjust staffing levels when such changes are necessary to achieve program compliance, defined as adherence to the SBTP Program Guide.

The staffing resources for SBTP are as follows:

Headquarters

- Senior Psychologist Supervisor/Sexual Behavior Treatment Coordinator
- Research Program Specialist exclusive to SBTP
- Office Technician exclusive to SBTP
- SBTP Administrative Task Force

Sexual Behavior Treatment Program Team Positions

- Program Administrator
- Senior Psychologist Supervisor
- Clinical Psychologist
- Treatment Team Supervisor
- Senior Youth Correctional Counselor
- Casework Specialist
- Re-Entry Parole Agent
- Youth Correctional Counselor
- Youth Correctional Officer
- Office Technician
- Compliance Team

The Sexual Behavior Treatment Program will have the following staff assigned with a maximum of 36 youth per living unit:

- Two Clinical Psychologists
- One Treatment Team Supervisor or equivalent
- One Casework Specialist
- One Senior Youth Correctional Counselor
- Two Youth Correctional Counselors on the second watch
- Three Youth Correctional Counselors on the third watch
- One Youth Correctional Officer on the first watch
- Re-Entry Parole Agent (assigned to each facility at a 1:100 staff to youth ratio)

Before DJJ makes modifications to the staffing model as defined above and in the Safety and Welfare Remedial Plan, DJJ shall consult with the court appointed SBTP expert and provide at least sixty days notice to plaintiff's counsel and the Office of the Special Master.

This notice will demonstrate that the proposed reduction will not hamper DJJ's progress towards programmatic compliance in any area

covered by this Plan. Changes in types or classes of staff that result in reducing qualifications of significant numbers of staff is deemed a "reduction" in staff for the purposes of this paragraph. Any dispute between the parties over reductions, whether reductions are substantial, or whether reductions are likely to hamper DJJ's progress towards programmatic compliance, will be resolved pursuant to paragraphs 48 and 49 of the Consent Decree.

II. Program Statement

A. The Sexual Behavior Treatment Program Description

The DJJ's Sexual Behavior Treatment Program is designed to treat youth who have been adjudicated or convicted of a sexual offense, have a history of sexual offending behavior or have displayed high risk, inappropriate sexual behavior(s) within DJJ facilities. The SBTP is a comprehensive program focused on a continuum of care which standardizes the process for assessment and treatment planning through reentry.

The SBTP utilizes a collaborative treatment approach between youth and staff to develop objective Individual Treatment Plans targeting dynamic risk factors that contribute to sexual offending behavior and re-offense. Dynamic risk factors include: sexual deviance, contributory attitudes, interpersonal/socio-affective functioning, self-management, and influential others (Prescott, 2007). Standardized treatment programming agreed upon by mental health professionals will then be tailored to the needs of the individual assigned to the SBTP. The program will adopt an interdisciplinary approach which consists of psychosexual education, individual therapy, group therapy, family integration, psycho-educational groups, educational/vocational services, substance abuse treatment, mental health/health care services, and recreational/leisure activities.

B. Mission

The Sexual Behavior Treatment Program is dedicated to rehabilitating youth exhibiting sexually abusive behavior, which is in direct support of the DJJ's mission to protect the public.

Youth in the SBTP will learn to:

1. Reduce and eliminate occurrence of all forms of sexually inappropriate behaviors as identified in the youth's treatment plan.
2. Acquire skills and knowledge to assist them in becoming responsible, healthy individuals capable of forming positive relationships.
3. Develop the ability to understand the impact of their crimes on victims, families, and the community.
4. Develop the thinking and behavioral skills to establish a pro-social, rewarding lifestyle through participation in strength-based individualized treatment.

C. Program Description

The Sexual Behavior Treatment Program uses a continuum of care where treatment occurs from intake to discharge. It is a holistic approach to treatment which incorporates the involvement of the family and community, understanding victims' rights, and simultaneously recognizing the individualized needs of every youth. The SBTP establishes a therapeutic community with an attachment-informed environment to provide youth with skills and tools to learn how to develop healthy social relationships and lead successful lives. (Understanding that early attachment experiences have an enduring and stable quality through the lifespan, and affect the way individuals interact with their world. Rich, 2009) The program utilizes a case management approach, which promotes interdisciplinary treatment, team cooperation, and collaboration and provides for continuous service between facilities. Respect and dignity for each individual is fundamental in this team-focused, youth-centered therapeutic milieu.

III. Organizational Structure

A. The Issue

DJJ has not established a sufficiently integrated organizational structure at the facility or at the central office level. In addition, DJJ has not established a sufficient Dispute Resolution procedure to address conflicts between treatment team members with different chains of command. The Sexual Behavior Treatment Program is under the auspices of Mental Health Services. It is noted that a majority of the staff assigned to the SBTP do not fall under the direct supervision

of mental health administration, but mental health staff will provide clinical direction.

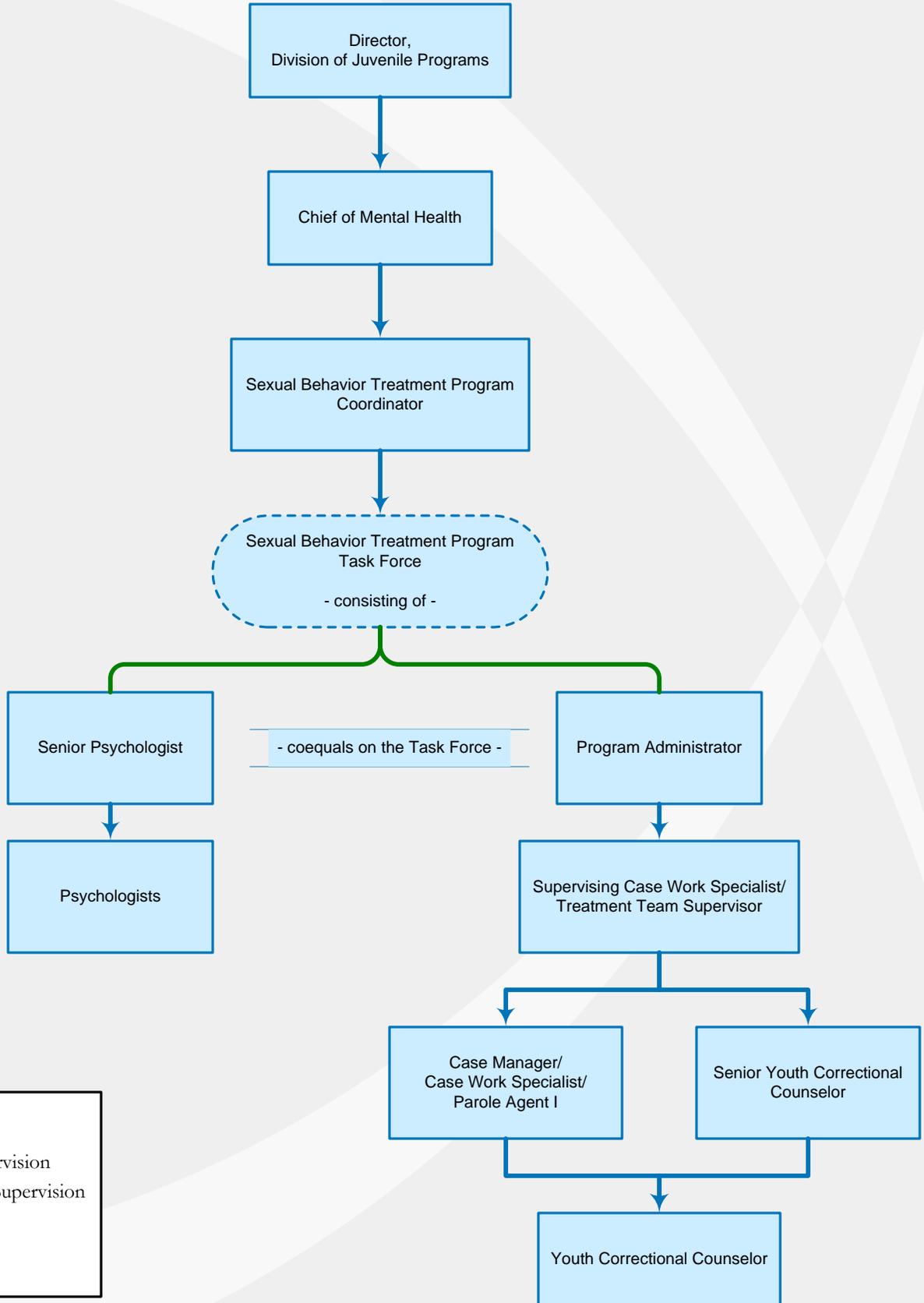
B. Expectation

DJJ will develop or modify central office and facility organizational charts consistent with the principles and concepts discussed above and summarized below. See Facility Organizational Chart on Page 7. The intent of this section is to provide a guide for central office, facility and treatment team organization that will allow for the implementation of the SBTP, not to prescribe a specific and immutable organizational model. DJJ will develop an organizational model that depicts the reporting relationships among all SBTP personnel and that defines the extent and role of clinical direction. It will set an expectation that staff will collaborate and cooperate to ensure maximum treatment and constructive activity in a safe environment. All SBTP unit staff and supervisors are responsible for achievement of the treatment goals of the SBTP in a safe and secure setting, which will require collaboration among clinical and non-clinical staff. SBTP will also be required to operate within DJJ's Integrated Behavior Treatment Model (IBTM).

The SBTP offers a specialized treatment approach for youth with a history of problematic sexual behavior and operates within the theoretical principles and philosophical orientation of DJJ's IBTM. The youth participating in the SBTP receive a variety of therapeutic experiences and interventions based on the assessment of their individual needs. These experiences and interventions may be part of the overall IBTM as well as groups, experiential exercises, and psycho-educational activities directed specifically towards the remediation of sexually inappropriate conduct. Assessment(s) may identify specific treatment needs and treatment modalities that will be offered within the framework of the individual treatment needs of each SBTP participant. These complimentary treatments may be offered within a group setting or as part of individual therapy but will be compatible with the IBTM's overall principle(s). Whenever possible, treatment experiences and modalities will utilize the same vocabulary and basic principles of the IBTM. The SBTP will develop protocols for offering these specialized treatment experiences and interventions so that all SBTP units are consistent with each other and with the IBTM. Individual therapy shall be oriented towards needs identified in the treatment plan and will supplement but remain complementary with the overall philosophy of the IBTM and the SBTP.

Organizational Chart

March 16, 2010



Key

- Direct Supervision
- Functional Supervision

1. Central Office

A permanent **Sexual Behavior Treatment Program Coordinator** (SBTP Coordinator) position will be established and housed in Central Office in the Health Care Division, Mental Health Unit. The SBTP Coordinator will manage the work of the DJJ Research Program Specialist and Office Technician. The duties of this position will include overseeing the implementation and standardization of the Division's Sexual Behavior Treatment Program. The coordinator will monitor and be responsible for all aspects of the SBTP in regards to program integrity and, therefore, the coordinator's clinical and programmatic decisions will be binding within the SBTP.

The SBTP Coordinator will monitor the integrity of the SBTP in the DJJ, oversee implementation of standardized programming components, and coordinate the training of Sexual Behavior Treatment Program staff. The SBTP Coordinator will oversee movement into, within, and out of the sexual behavior programs, as well as monitor the populations of SBTPs to ensure that identified youth are appropriately distributed among the programs available. The SBTP Coordinator will attempt to keep youth in programs geographically closest to their families and/or county of commitment.

The SBTP Coordinator will remain knowledgeable of upcoming sex offender training opportunities, trends and treatment techniques for juveniles with inappropriate sexual behaviors. The SBTP Coordinator will work closely with program management to ensure that appropriate training is provided to staff in each program, including attendance at national conferences. The SBTP training budget will be centralized at DJJ Headquarters as a part of the Health Care Services Budget. The SBTP Coordinator will administer the SBTP training budget. The SBTP Coordinator will monitor the treatment staff training records as they relate to SBTP training ensuring that the staff receives the mandated annual training. Training requirements will also be reviewed during the performance standards auditing process. The SBTP Coordinator will also maintain a resource library for use by DJJ treatment staff.

The SBTP Coordinator will supervise the **Sexual Behavior Administrative Task Force (Task Force)**. The Task Force will consist of the Program Administrators and Senior Psychologists who supervise the SBTP unit at each facility as well as representatives from Education Services (who may be from central office); the Policy, Procedures, Programs, & Regulations Unit; and north and south field parole. The SBTP Coordinator will convene task force meetings and

make assignments to task force members as necessary for the timely implementation of this Remedial Plan and continuing compliance with this Plan and the Program Guide. Task Force members will be responsible to the coordinator for their task force work. The Task Force will meet, at a minimum, on a quarterly basis.

A DJJ **Research Program Specialist** will collect and evaluate data pertaining to program effectiveness, compare national trends in sex offender treatment, etc. The initial placement of participants in treatment programs will be evaluated through the assessment process; individual participants will be reviewed periodically to determine if their placement is appropriate given their level of need. It is understood that DJJ will have research and evaluation requirements for its entire treatment program, and SBTP research and evaluation will be accomplished in a way that is consistent with those requirements and avoids redundancy.

An **Office Technician** will provide clerical support for the Sexual Behavior Treatment Program Coordinator and the Research Program Specialist.

2. Facility Organization

The Superintendent is responsible for the operation of his/her facility. His/her responsibility is to carry out division policy to ensure the safe and orderly operation of the facility, and ensure programs and services are provided to youth. The Superintendent will ensure all staff complies with the Program Service Day (PSD) schedule, unless there are safety/security reasons that preclude specific programming. SBTP related clinical decisions will be made by the top level mental health clinician at the facility or his/her designee, with consultation of the SBTP coordinator.

The Senior Psychologist (or highest-ranking mental health clinician), and school principal are members of the Superintendent's executive team and participate in regular briefings, facility committees and other administrative meetings as appropriate. These meetings will address, among other issues, any disputes between clinical and non-clinical staff that affect the delivery of the program that cannot be resolved at the case-planning level.

The Superintendent or his/her designee may, at the Superintendent's discretion, provide input to persons completing performance evaluations of all health care services/mental health and educational

services staff. If the Superintendent believes that the top level administrators are not performing appropriately and/or in accordance with agency policy, he or she will take the concern up his/her direct chain of authority.

3. Treatment Team Organization

Treatment Teams will be organized around the concept that the treatment team as a whole is responsible for addressing the behaviors and needs of the youth assigned to the SBTP. All DJJ staff will work together to make the best decisions for the collective youth in DJJ's care, while attending to the best interests of the individual youth. Teams should be inter-disciplinary and at a minimum consist of the youth's case manager, Youth Correctional Counselor, education representative, health care professional and re-entry specialist.

A Program Administrator and Senior Mental Health Clinician have overall responsibility for unit operations and outcomes for the SBTP Program Guide and will consult the SBTP coordinator on treatment related issues.

A Program Administrator will oversee the management and operations of the Sexual Behavior Treatment Programs. The Program Administrator will work closely with the Treatment Team Supervisor/Supervising Casework Specialist to ensure consistency and standardization in the operation and service delivery of the SBTPs. The Program Administrator will supervise the Treatment Team Supervisor/Supervising Casework Specialist and will consult with the Senior Psychologist.

The Treatment Team Supervisor and/or Supervising Casework Specialist will be responsible for compliance of the SBTP unit with the Program Guide. This person provides oversight of the daily operations of the living unit, including staff supervision, scheduling, discipline, grievances, casework, etc. This person is the primary liaison between the living units and upper-level facility management. The Treatment Team Supervisor and/or Supervising Casework Specialist will supervise the Casework Specialists (CWS) and the Senior Youth Correctional Counselors. The Treatment Team Supervisor will be the second-line supervisor to the YCCs.

Clinical Psychologists provide sexual behavior treatment services for youth in the SBTP unit. The psychologist provides training, coaching and consultation in treatment and interventions to direct care and

other staff in these units. Additionally, psychologists will provide direct services to youth including assessment, individual and group therapy. Psychologists are part of Mental Health Services and report to the facility's Senior Psychologist. The psychologist will provide the clinical expertise which will guide the treatment resources that will be implemented in each youth's Individual Treatment Plan.

The Casework Specialist (CWS) is responsible for facilitation of case conferences of the multi-disciplinary team, conducting the majority of the risk/needs assessment, developing an Individual Change Plan (ICP) tailored to the risks and needs of each youth, coordinating and prioritizing interventions, documenting progress in the ICP, communication with parents, guardians, parole officers, and others and providing weekly individual and/or group counseling.

The Senior Youth Correctional Counselor (SYCC) will manage the living unit's daily operations. The SYCC will have direct supervision of the Youth Correctional Counselors. The SYCC is accountable for the cleanliness, security, and order of the living unit. The SYCC is responsible for scheduling/conducting community groups and activities.

The Youth Correctional Counselors will be required to co-facilitate the Sexual Behavior Treatment Core group. The YCCs are responsible for report writing, filing, and individual youth casework. YCCs are to be trained to conduct resource groups to support the Sexual Behavior Treatment Program. Youth Correctional Counselors provide direct supervision, documentation, behavior management, skills training and maintain a normative culture on the unit. YCC staffing will be sufficient to ensure that all scheduled treatment services and activities, as well as operations, can be provided during the day or evening as needed and directed by the Program Service Day schedule.

C. Action Plan

1. DJJ will produce an organizational chart for central office consistent with the principles outlined in this section by June 1, 2010.
2. DJJ will produce an organizational chart for each DJJ facility with a Sexual Behavior Treatment Program consistent with the principles outlined in this section by June 1, 2010.

3. DJJ will produce a dispute resolution protocol for the Sexual Behavior Treatment Program consistent with the principles outlined in this section by June 1, 2010.

4. DJJ will ensure the appropriate number of qualified staff is in place for program implementation and compliance by June 1, 2010.

IV. Staff Training

A. Issue

Because the Sexual Behavior Treatment Program will not succeed in the absence of qualified staff, DJJ must be able to attract and retain competent professionals for existing staff and new hires. Initial and ongoing training is needed to develop and maintain the skills required for implementation and maintenance of an effective Sexual Behavior Treatment Program.

B. Expectation

Treatment Team staff working on the Sexual Behavior Treatment Program shall attend mandated training in working with sexually abusive youth. Training opportunities shall include attendance at national conferences addressing sex offender treatment for selected staff, who in turn will develop curriculum for in-service training and complete information sharing sessions for SBTP staff. All SBTP training materials will be approved by the SBTP Coordinator prior to their use.

The content and required hours of SBTP orientation and refresher training will be based on the content of DJJ's SBTP curriculum, in consultation with the *Farrell* court expert. The orientation process for newly assigned SBTP staff will not exceed one month.

Ancillary staff members working with youth assigned to the SBTP shall be provided training related to youth with sexual behavior issues within the parameters of their employment assignment. This is accomplished through written policy, on-site training, contract trainings, and departmental expert training.

C. Training

DJJ will either internally or through contract, write curriculum, develop training, provide training for trainers, and implement training for sexual behavior treatment staff. DJJ will develop a training plan and schedule for consistency across all SBTP units in the Sexual Behavior Treatment Program.

Psychologists who provide consulting and coaching to direct care staff on the Sexual Behavior Treatment Program will receive in-depth training in the program either through contract, or as developed by the DJJ.

As described in the Safety and Welfare Remedial Plan, direct care staff receives training in all aspects of the Integrated Behavior Treatment Model. Staff assigned to the Sexual Behavior Treatment Program will also receive training in all aspects of the SBTP, including in-depth instruction in the specific interventions and skill sets used. Staff working on Sexual Behavior Treatment Programs shall receive initial orientation training on the SBTP and yearly in-service training using both the training for trainers' model and program-wide presentations.

1. Orientation Training

Upon assignment to an SBTP unit, staff will receive the New Staff SBTP Orientation Packet as a part of orientation training. New YCCs will shadow an experienced SBTP YCC during core/resource groups, individual session and case conferences. Clinical staff will shadow an experienced SBTP psychologist during core/resource group, individual and family sessions and case conferences.

2. SBTP Staff Training

Staff members involved with the SBTP shall be trained regarding all pertinent aspects of the SBTP for their employment assignment. This is accomplished through written policy, on-site, electronic, contract and departmental expert training.

The Sexual Behavior Treatment Teams will conduct yearly team meetings.

Supplemental training will occur during individual unit weekly clinical meetings. Such training may include a review of risk assessments, overview of new research, case management or group facilitation.

SBTP staff assigned to the SBTP units shall be trained in the implementation and expectations of the SBTP curriculum.

In the occurrence of a facility re-bid where a number of new staff will be assigned to the SBTP, the SBTP Coordinator shall provide guidance and coordinate SBTP-specific training to occur to ensure newly assigned staff have the resources to provide appropriate SBTP treatment.

3. Staff Competency

The SBTP is under the auspices of Mental Health Services, and therefore psychiatrists and psychologists will meet the standards set forth by the Mental Health Remedial Plan. The SBTP Coordinator shall provide guidance and consultation regarding the placement of psychologists on the SBTP units.

Psychologists assigned to the SBTP will follow the Peer Review Policy as described in the Mental Health Remedial Plan. However, the items reviewed will be specific to SBTP documentation requirements as described in the SBTP Guide.

Case Work Specialists assigned to the SBTP will be required to meet the minimum qualifications for their specific classification.

Non-Clinical staff will be assigned to the SBTP through the Shift and Bid process. Non-Clinical staff assigned to the SBTP will be required to meet the minimum qualifications for their specific classification and be appropriately trained for their assignment.

D. Action Plan

1. DJJ will ensure that all staff employed on the Sexual Behavior Treatment Programs is qualified generally as mental health professionals, where applicable, and specifically to work with youth with SBTP needs.

2. DJJ will implement pertinent and appropriate training for all staff assigned or associated with the Sexual Behavior Treatment Program, including:

- Orientation Training Program will be on-going.
- Ancillary staff training will occur annually, beginning in January 2011.
- Curriculum Training including: basic curriculum; clinical interpretation of curriculum; Training for Trainers on all curriculum components (for internal sustainability); and internal in-service training. Training shall occur within 240 days of the development of the curriculum.

3. At least two representatives from the SBTP Administrative Task Force will attend SBTP-specific national/outside training opportunities annually starting in 2011.

4. DJJ will provide staff of the SBTP residential units with SBTP-specific training 20 hours or more each year.

V. Program Adequacy

A. Issue

The DJJ does not have a standardized Sexual Behavior Treatment Program. The department does not have a Program Manual that describes in detail the implementation of the Sexual Behavior Treatment Program and its components.

B. Expectation

The Sexual Behavior Treatment Program will be designed as a comprehensive, department-wide model, which follows a standardized process for assessment, classification, treatment planning, and service delivery from intake through parole supervision. The SBTP will utilize a curriculum which is based in current research and will be individualized to the needs of the youth. Services shall be developed for participants with developmental disabilities, females, Spanish speakers, and other special needs as determined by the Individualized Treatment Plan.

Youth will be provided with and involved in individualized treatment planning. For example, certain participants (i.e. youth with mental health conditions, dual diagnoses, developmental or learning disabilities, behavior treatment needs, cases on appeal, etc.) will be provided individualized treatment planning based on their needs. Standardized treatment programming will be tailored to meet the

needs of the individual, in a manner that is supported by the current research. Treatment will be rendered through a continuum of services and treatment programs for youth with inappropriate sexual behaviors.

The Sexual Behavior Treatment Program will provide integrated services including psychosexual education, individual and group psychotherapy, family therapy and integration (when appropriate), and psycho-education resource groups. An interdisciplinary approach will be utilized, including the involvement of education/vocational and health care services personnel.

The Sexual Behavior Treatment Program curriculum will be standardized and include experiential exercises; youth will demonstrate progress by a progression through individualized goals, and their treatment programs, interventions and services will be monitored and evaluated on a regular basis.

Standardized treatment stages, concepts and hours of treatment will be identified and provided to youth within the Sexual Behavior Treatment Programs.

The Sexual Behavior Treatment Program Guide will define and detail all components of the model. All staff and youth will be trained on and made aware of the scope and requirements of the model as it relates to their specific involvement in the treatment of the youth.

C. Action Plan

1. DJJ will produce a written description and guide for its Sexual Behavior Treatment Program. The guide will include:

a.) Assessment:

(1) DJJ will administer appropriate screening and assessment tools which follow all state and federal laws governing youth with sexually abusive behaviors. DJJ will ensure that it utilizes assessments with demonstrated reliability and validity.

(2) On arrival to a SBTP unit, a specific SBTP evaluation will be conducted. The youth will participate in a series of assessments to identify the high/low risk level of the youth and other information such as past trauma, previous intervention efforts,

family involvement, education and vocational history, peer associations, mental and medical issues, and substance abuse history. Based on the assessments and information provided, a clinical summary will be completed.

b.) Types of units, programs and interventions:

(1) DJJ will establish a protocol for those youth whose treatment needs hierarchy supersedes sex offender treatment, such as mental health, developmental disabilities and aggressive behavioral treatment needs. The youth in non-residential sex offender living units will be provided sex offender treatment through an individualized treatment plan if determined to benefit from sexual behavior treatment.

(2) DJJ will establish a system for the Sexual Behavior Treatment Program to include the following:

- SBTP Orientation/Transition
- Healthy Living Treatment
- Residential Sexual Behavior Treatment
- Individualized Sexual Behavior Treatment
- Female Sexual Behavior Treatment

(3) DJJ will develop a transition component providing the youth with a change in their assigned environment. This will enable them to be challenged to look at what has previously been learned in the Residential Program from another perspective and/or environment, while also providing support and structure to maintain their progress.

(4) DJJ will provide a minimum treatment hour expectation for all components of the SBTP.

- Two ninety minute groups (3 hours total) of sexual behavior group
- 1 hour resource group
- 1 hour of individual counseling (one-half hour clinical, one-half hour casework)

- 1 hour homework on stage, individual or journal assignments that support therapy.
- 2 hours Residential large group

When a youth does not require the minimum hours of treatment this will be clearly defined in the Individual Treatment Plan.

(5) DJJ will develop and implement a family counseling and reunification intervention. The Sexual Behavior Treatment Program will provide the opportunity to involve the youth's family/guardian, when appropriate, as prescribed in the treatment process.

a. DJJ will develop and implement a system to document and track attempts to engage families in the youth's treatment program and participation in the youth's treatment.

c.) Exit criteria:

DJJ will establish exit criteria to include cases on appeal and youth who have successfully completed the Sexual Behavioral Treatment Program as set forth in the Program Guide. Exit criteria will be competency based, determined by measurable objectives reflecting goal attainment. Youth will be assessed based on their accomplishment of specific changes in outcome measures and behavior and their ability to apply their knowledge to their daily functioning. This will be done via youths' individual treatment plans and will be monitored at each case conference.

d.) Suspension/Refusal Criteria:

DJJ will establish temporary suspension/refusal criteria which includes monitoring for replacement/placement into the SBTP and includes interventions used prior to suspension. The process will be under the guidance and direction of the SBTP Coordinator.

e.) Case Planning:

(1) A comprehensive and continuous assessment process is an integral part of the SBTP. Success in the ability to provide individualized treatment comes from assessing, evaluating and monitoring a youth's progress. Assessments at the front-end of treatment help to determine risk levels, treatment and programming needs for the youth. Interventions, delivered throughout the youth's stay in the treatment program, help to prepare each youth for reintegration into the community. The Case Planning and Review Process provides administrative oversight for each youth's movement through DJJ and ensure that staff involved in parole supervision and aftercare planning has the information they need to effectively identify the youth's risk level and meet their needs as they are being released into the community.

(2) Case Conferences are to be held at least every 60 days and should include the Interdisciplinary Treatment Team. The Case Conference team will identify and discuss progress on treatment, parole community reentry planning, goal setting and developing a case management plan for the next Case Conference.

(3) DJJ will provide case planning which will include transition planning, pre-release/parole placements, and re-entry services as described in the Program Guide to provide a continuum of care for SBTP youth transitioning from DJJ. Specialized attention needs to be given to SBTP cases due to legal restrictions related to residence and job opportunities.

f.) SBTP Program Components:

(1) Resource Groups will be offered to supplement the SBTP Core Curriculum. More than four Resource Groups will be offered to youth based on treatment needs and treatment objectives as identified in the Individualized Treatment Plan. DJJ

will establish additional Resource Groups as youth needs arise.

(2) DJJ will develop or purchase and implement curriculum and programs based on national standards and best practices.

(3) Treatment services in the SBTP are based primarily on currently accepted treatment approaches for a juvenile population, focused on skill development, state of the art approaches and supplemented with positive reinforcement for improvements in behavior. Curriculum components will be culturally sensitive and emphasize cognitive and behavioral skill acquisition.

(4) On a yearly basis, the SBTP Coordinator, in consultation with the Sexual Behavior Administrative Task Force, will review and consider implementing any related and appropriate interventions.

(5) DJJ will ensure that treatment is offered in a way that respects the ethical principles of the involved professions as well as ensuring confidentiality, informed consent and due process. All participants will be adequately informed and sign documents reflecting an understanding of the limits of confidentiality, informed consent to treatment and their due process rights.

(6) DJJ will ensure that adequate and suitable physical facilities and resources, including files, computers, printers, materials for experiential therapy, etc., are available for treatment programs/services and interventions.

g.) Re-entry:

(1) DJJ recognizes that re-entry is an essential part of the SBTP. In consultation with the SBTP expert, DJJ will ensure that re-entry services are provided to youth in the SBTP that are consistent with the SBTP Remedial Plan, SBTP Program Guide, and the IBTM.

VI. Quality Management

A. Issue

DJJ shall develop a quality management protocol. DJJ has not had a standard internal audit tool in place for measuring the effectiveness of the Sexual Behavior Treatment Programs or staff assigned to work these programs.

B. Expectation

The SBTP will adhere to current best practices of Program Evaluation and Quality Management. The overall objective of the program monitoring and performance measurement is to track and monitor the target population from identification through parole performance and measure the outcome of sex offender programming. The evaluation process shall include a review of program elements, a description of the implementation process, and a description of data points used to assess program success and failure. Basic principles include but are not limited to:

- Clear procedures and expectations for the program
- Entrance and exit criteria
- Appropriately trained staff
- Appropriate supervision and monitoring of staff.

C. Action Plan

1. The Sexual Behavior Administrative Task Force will monitor and ensure adherence to the program guide. This will include internal program checks, including monitoring and assessment of treatment implementation, review of youth files, and risk/needs-oriented records that monitor treatment progress and correspond directly to youth risk and need assessment results utilizing a standardized audit tool consistent with the current audit tool developed for this remedial plan. Non-conformance to the Program Guide may result in the development of a corrective action plan. This monitoring process will begin on July 15, 2010.

2. DJJ will conduct regular program assessment through an outcome evaluation to determine whether the program is effective in meeting its goals. This will begin in April 2011.

3. DJJ, under the direction of the SBTP Coordinator, will make appropriate alterations to its program based on evaluations of the program's effectiveness. This will occur on an on-going basis.

4. DJJ will conduct routine satisfaction surveys of youth and their families (if appropriate) while in the program regarding their satisfaction with the services being provided. The survey results will be summarized and shared with staff from all sections of the facility, and will be used to make facility modifications/improvements when appropriate. This will begin on July 15, 2010, and will occur on an on-going basis and at least every six months.

5. Routine documented observation and monitoring of all SBTP staff regarding delivery of treatment services and programming in the facility, with written feedback provided to staff, will be conducted by the Senior Psychologist assigned to provide clinical supervision to the SBTP. This will occur on an on-going basis and at least every six months.

6. Results of all monitoring conducted on a local level will be sent to the SBTP Coordinator for tracking and review. The audit tool will include documentation of, but will not be limited to: file reviews, review of Proof of Practice Binders and interviews with staff and youth. This will occur on an on-going basis and at least every six months.