

**Standard Operating Procedures Manual for  
the Treatment of Declared Juvenile Sexual  
Offenders**

**11/01/2019**

**Kentucky Department of Juvenile Justice**

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## **Applicability Statement**

This Standard Operating Procedures (SOP) Manual shall only apply to those youth who are declared Juvenile Sexual Offenders (JSOs) per KRS 635.510 except as provided in Section II regarding post adjudication assessments.

## **Section I - Confidentiality**

- A. Communications with JSOs shall be confidential as set forth in KRS 635.527 (Communications made in the application for or in the course of a child sexual offender's diagnosis and treatment in the program, between a sexual offender or member of the sexual offender's family and any employee of the department who is assigned to work in the program, or any approved provider as defined in KRS 17.500, shall be privileged from disclosure in any civil or criminal proceeding, other than proceedings to determine the sentence, unless the sexual offender consents in writing to the disclosure or the communication is related to an ongoing criminal investigation. The privilege created by this section shall not extend to disclosures made for the purpose of determining whether the sexual offender should continue to participate in the program. The provisions of KRS 620.030 shall not apply to a communication made, received, or overheard if the communication is made pursuant to this section.).
- B. The Juvenile Service Worker (JSW) or treatment provider shall notify the youth in writing of their rights regarding confidentiality pursuant to KRS 635.527 (The child sexual offender shall be informed in writing of the limits of the privilege created by this section.). The Department of Juvenile Justice (DJJ) shall afford the youth the opportunity to speak with their attorney prior to signing any waiver of confidentiality as provided by KRS 635.527. A waiver shall not be accepted unless the waiver is signed by both the youth and their attorney.

## Section II – Sex Offender Specific Assessment

- A. All youth eligible to be declared a JSO under KRS 635.505(2)(a)–(g) shall be referred for a juvenile sexual offender assessment by the JSW to the Regional Psychologist.
- B. At the time of adjudication on an offense under KRS 635.505(2), the JSW shall request a separate disposition. The JSW shall request that the separate disposition date be set at least six (6) weeks after the date of the adjudication. The JSW shall additionally request a court order for the completion of a juvenile sexual offender assessment. The JSW shall make the referral for assessment to the Regional Psychologist within three (3) business days following adjudication.
- C. The JSW shall, at the time of referral, provide or request through means of release of information, the following information, as available, to the mental health assessor:
  1. Police interview transcripts or auditory and video recordings;
  2. Victim impact statement;
  3. Legal history including other charges and dispositions;
  4. Current petition and all other related court calendars and docket sheets, and any audio or video of an adjudication hearing or trial;
  5. Educational information including attendance, special education identification, and copy of last psychological or psycho-educational evaluation, as applicable;
  6. Previous outpatient counseling and evaluations, as applicable;
  7. Previous psychiatric hospitalizations and evaluations, as applicable; and
  8. Child protective services history, as applicable.
- D. The sex offender specific assessment shall be completed by the Mental Health Branch with the participation of the youth and the parent or caregiver.
- E. The sex offender specific assessment shall identify the source of all outside information. The assessment shall take into account all available information and not rely solely on one (1) source. The assessment shall contain all the components outlined in KRS 635.505(3) with required content to include:
  1. Identifying information:
    - a. Name;
    - b. Age; and
    - c. Date of Birth;
  2. Dates of evaluation;
  3. Date of report;
  4. Assessor's name and credentials;
  5. Reason for referral;
  6. Data sources from Section II. C., which were relied upon;
  7. Social Development and History;
  8. Substance Use History;
  9. Medical History, including any medical diagnosis of a disability;

10. Educational History, including an estimate of intellectual functioning, if available. If the Educational History indicates that the youth has an Intelligence Quotient (IQ) of seventy (70) or below this shall be noted in the assessment (KRS 635.505 and 635.510);
  11. Legal History:
    - a. Current and past offenses; and
    - b. Number of victims, ages, and relationships to offender;
  12. Family History, including ecological factors;
  13. Sexual History, including the following information, if applicable:
    - a. Sexual knowledge;
    - b. Sexual abuse victimization;
    - c. History of sexually abusive behavior or sexually inappropriate behaviors;
    - d. Dating and sexual relationships abuse issues;
    - e. History of masturbation;
    - f. History of deviant sexual interest, fantasy, arousal, or pornography; and
    - g. History of sexual interest, fantasy, arousal, or sexual activity with animals;
  14. The current functioning and behavior of the youth for the past six (6) months including the observations of the parent or caregiver and the self-report of the youth;
  15. Other mental health assessments or treatment information, which may have been provided to the assessor;
  16. Strengths, motivation, and prosocial living;
  17. Protective factors;
  18. Information regarding the risk for reoffending utilizing available risk assessment tools as well as clinical judgment by the mental health assessor, including a specific statement for each assessment tool used related to validity, reliability, and limitations of the instrument;
  19. Summary section, which shall summarize all information included in the report (Section II. E. 1-18), including information regarding the youth's risk of reoffending; and
  20. Recommendations section, which shall:
    - a. Focus on:
      - i. The individual treatment needs of the youth to address the identified sexual behavior problems, if any;
      - ii. A recommendation of whether or not the youth should be declared a juvenile sex offender;
      - iii. A recommendation for the most appropriate treatment modality; and
      - iv. The least restrictive environment in which that treatment can be provided to the youth; and
    - b. Not address the risk of reoffending.
- F. The youth and parent or caregiver shall be given written information regarding the Health Information Portability and Accountability Act of 1996 (HIPAA), by the

JSW and the Mental Health Branch assessor which shall be acknowledged in writing by the youth and parent or caregiver. If the youth, parent or caregiver refuses to sign the acknowledgment this shall be documented in the youth's individual client record (ICR). The HIPAA and acknowledgement shall be mailed to the parent or caregiver in situations when the parent or caregiver is not available, with a request that the acknowledgement be signed and returned.

- G. The youth shall not be required to describe or discuss his committing offense and the assessor shall not use the youth's refusal as an indicator of risk.
- H. The completed sex offender specific assessment shall be forwarded by the mental health assessor to the Regional Psychologist for review and approval within seven (7) business days prior to the disposition date. If the Regional Psychologist completes the assessment it shall be reviewed and approved by the next line supervisor.
- I. The sex offender specific assessment shall be completed, reviewed, and approved by the Regional Psychologist five (5) business days prior to the disposition date. The sex offender specific assessment shall be provided to the JSW four (4) business days prior to the disposition date. The JSW shall submit this report along with the Predisposition Investigation (PDI) to the youth's attorney, the prosecutor, and the court three (3) business days prior to disposition per KRS 610.100.
- J. For youth who are in Circuit Court and a Presentence Investigation (PSI) report is ordered, the sex offender specific assessment shall be completed, reviewed, and approved by the Regional Psychologist ten (10) business days prior to the sentencing date. The sex offender specific assessment shall be provided to the JSW seven (7) business days prior to the sentencing date. The JSW shall submit this report along with the PSI to the youth's attorney, the prosecutor, and the court five (5) business days prior to sentencing.
- K. If requested by the parent or caregiver, a meeting shall be held by the mental health assessor to discuss a summary of the results and the recommendations, based on the evaluation. A copy of the summary and the recommendations may be provided to the youth and parent or caregiver if requested. Reference DJJPP Chapter 1 (Records Request).
- L. If at disposition the court does not declare the youth a JSO no further action shall be taken in this manual.

### **Section III - Juvenile Sexual Offender Specific Treatment Components**

- A. The Sexual Offender Treatment Program (SOTP) is a continuum of treatment, which may include services provided in the community, in a residential setting, or in a combination thereof.
- B. Unless otherwise ordered by the court, sex offender treatment shall be continuously provided while a case is on appeal with the exception of describing or admitting to the committing offense. If a youth's case is on appeal, the youth may complete their treatment plan and be discharged from residential placement.
- C. The Juvenile Sexual Offender Treatment Components shall:
  - 1. Incorporate social learning, cognitive-behavioral, and behavioral skills-based approaches;
  - 2. Be the holistic treatment of the youth, taking into consideration the diverse and socio-ecological, dynamic nature of adolescent development;
  - 3. Be assessment-driven, including determination of criminogenic needs, protective factors and normative or atypical sexual behaviors with identification of contributing factors and intervention needs;
  - 4. Encompass efforts by the treatment provider to include caregivers and other positive supports to foster youth and family engagement and to enhance treatment motivation;
  - 5. Incorporate guiding principles of healthy social, psychological and cognitive development to enhance prosocial, healthy relationships and healthy lives;
  - 6. Focus on research supported dynamic factors related to sexual recidivism;
  - 7. Focus on research supported dynamic factors related to nonsexual recidivism criminogenic needs, if indicated;
  - 8. Facilitate the development of positive therapeutic relationships to enhance treatment response and personal responsibility; and
  - 9. Focus on treatment targets commonly associated with sexual recidivism, as deemed relevant for an individual youth or his or her family.
- D. Relevant treatment targets specific to sexual recidivism to be evaluated for inclusion on a youth's treatment plan shall include:
  - 1. Social Isolation, Low Social Competence;
  - 2. Attitudes Supportive of Abusive Behavior;
  - 3. Parent-Adolescent Relationships, including healthy family living plan and enhancing relationships and caregiver capacity to supervise, monitor, and intervene;
  - 4. General Self-Regulation deficits;
  - 5. Healthy Sexuality including sex education, atypical sexual interests, sexual drive and preoccupation, if present, and sexual self-regulation;
  - 6. Social-ecological factors, including family, social and community supports;
  - 7. Nonsexual delinquency, including antisocial orientation, beliefs, attitudes and peer associations, if relevant; and
  - 8. Accountability and responsibility for sexual offending, including but not limited to healthy self-regulation planning and victim recognition and awareness.
  - 9. For youth not admitting to the sexual offending behavior the treatment provider shall consult with the treatment team, including the regional psychologist if applicable, for possible adjustments to the treatment plan to allow for progression in treatment.
- E. Additional areas of consideration for adjunct treatment targets may include:

1. Community Law Education;
  2. School Behavior Issues;
  3. Personal Victimization and Other Trauma History;
  4. General Mental Health Issues;
  5. Substance Abuse Treatment; or
  6. Situational, Environmental, Family, or System Issues.
- F. A youth declared a JSO shall be committed to the custody of DJJ pursuant to KRS 635.515 and shall receive sexual offender treatment for up to three (3) years. The time period of sexual offender treatment may be extended for one (1) additional year by the sentencing court upon motion of DJJ. The JSO shall not remain in the care of DJJ after the age of twenty-one (21) years.
- G. Declared Juvenile Sexual Offender Tracking
1. DJJ shall maintain a Juvenile Sexual Offender Tracking System (JSOTS).
  2. For a youth to be entered on JSOTS, the JSW shall complete a Part I Initial Tracking form and submit the form to the JSOTS Administrator, located in the DJJ Central Office, within thirty (30) days of disposition.
  3. The JSOTS Administrator shall:
    - a. Enter the data from the Part I form into the tracking database;
    - b. Generate the Part II tracking form; and
    - c. Send the Part II tracking form to the JSW.
  4. The JSW shall complete the Part II form and return it to the JSOTS Administrator within ten (10) business days.
  5. Per KRS 635.515(5), DJJ is required to send the committing judge a written report every sixty (60) days from the date of disposition. The JSW shall complete the sixty (60) day report to the court as described in Sections III G and H.
  6. The JSW shall provide the JSOTS Administrator with a copy of each sixty (60) day report that is sent to the court.
  7. The JSOTS Administrator shall send a monthly report showing DJJ's compliance with KRS 635.515 to each Community Regional Manager, Juvenile Services District Supervisor (JSDS), Facilities Regional Administrator (FRA), and Superintendent on the tenth (10<sup>th</sup>) of each month.
  8. A youth shall be removed from JSOTS under one (1) of the following conditions for which the JSW shall provide supporting documentation to the JSOTS Administrator:
    - a. The youth has received the maximum years of treatment per KRS 635.515(1);
    - b. The youth was sentenced as a Youthful Offender (YO) and has been transferred to the Department of Corrections (DOC);
    - c. The youth has reached age twenty-one (21);
    - d. The youth has completed the treatment program prior to the statutory maximum and was released from commitment upon recommendation by DJJ; or



e. The youth's commitment has been terminated or suspended by the court.

#### H. Treatment of Declared Juvenile Sexual Offenders with Community Placement

1. If a youth is in a community placement, the JSW assigned the case management responsibilities shall request treatment from the Regional Psychologist or designee within two (2) business days of disposition or upon return from an out-of-home placement. This request is not required when the youth is seeing a private provider prior to disposition and the parent or caregiver wants the youth to continue seeing the private provider. The provider shall be approved by DJJ. Reference DJJPP Chapter 8 (Private Provider Application, Approval, and Renewal Process for Juvenile Sexual Offender Treatment or Assessor Status).
2. For youth whose treatment is provided by a DJJ approved professional, the JSW shall provide the private professional with the DJJ juvenile sexual offender treatment components, ensure the private professional agrees to address the mandatory components within the youth's treatment, and inform the private professional of their responsibility to provide a treatment agreement to the youth per KRS 635.515 (3). Reference DJJPP Chapter 8 (Private Provider Application, Approval, and Renewal Process for Juvenile Sexual Offender Treatment or Assessor Status).
3. The Regional Psychologist, or designee, shall assign the treatment provider within two (2) business days of receipt of the request. The Mental Health Branch staff shall contact the youth and parent or caregiver to schedule an initial appointment within five (5) business days of receipt of referral from the Regional Psychologist.
4. The parent or caregiver shall be provided orientation to treatment by the Mental Health Branch staff at the first meeting. The Mental Health Branch staff shall explain treatment expectations for the youth and parent or caregiver.
5. The provider of the sexual offender specific treatment shall develop an individual treatment plan (ITP) with the youth, parent or caregiver, and JSW to outline the expectations and provision of the sexual offender treatment. Reference DJJPP Chapter 3 (Individual Treatment Planning and Aftercare Planning).
6. The Mental Health Branch staff shall complete a treatment agreement on all youth who are on conditions of supervised placement that details the responsibilities of the declared juvenile sexual offender, the parent or caregiver, and the program. These responsibilities shall include attendance, participation in education, participation in planning and completion of treatment goals, curfew, home visits, participation in parenting groups and family counseling, continued contact with the program, schools, and court, insurance of legal rights, and discharge criteria as required in KRS 635.515(3).
7. The Mental Health Branch staff shall review the acknowledgement of HIPAA privacy practices and obtain all necessary signatures.
8. The Mental Health Branch staff shall inform the youth and parent or caregiver in writing of the confidentiality rights as established in KRS 635.527 and shall inform the youth and parent or caregiver of the role of the treatment team.

9. Releases of information shall be obtained, as needed, from the youth and parent or caregiver to share appropriate information with collateral agencies, to include school systems and other individuals or agencies providing services.
  10. Treatment shall be provided to address the needs and risks of the juvenile. Reference DJJPP Chapter 6 (Case Planning and Participation in Treatment Planning) and (Community Mental Health Operations).
  11. The mental health clinician shall address the sexual offending behavior in the ITP. All treatment plans shall be completed in accordance with DJJ Policy.
  12. The youth and parent or caregiver shall be required to cooperate with the sexual offender treatment provider pursuant to KRS 610.160.
  13. Reviews of the youth's progress shall be conducted every sixty (60) days regardless of the youth's placement as required by KRS 635.515 and a court report generated. This sixty (60) day court report shall include information about treatment received by the juvenile sex offender and parent or caregiver, assessment of the offender's current condition, and recommendations of the staff. The JSW shall prepare the report for the court incorporating the evaluation of how the youth and parent or caregiver are responding to treatment.
  14. The treatment provider shall provide a verbal or written summary of treatment and progress every sixty (60) days from the date of initiation of treatment to the JSW. Coordination shall occur between the treatment provider and the JSW to ensure that the summary of treatment and progress is received by the JSW prior to submission of the sixty (60) day court report.
  15. The JSW and DJJ shall document the youth and parent or caregiver's treatment progress in the youth's ICR.
- I. Treatment of Declared Juvenile Sexual Offenders in Out-of-Home Placement
1. If a youth is in an out-of-home placement, the treatment team shall address the sexual offending behavior in the ITP. All treatment plans shall be completed in accordance with DJJ Policy.
  2. Youth placed in foster care shall be provided juvenile sexual offender treatment by DJJ Mental Health Branch staff or by a DJJ approved private provider, as available. The JSW assigned the case management responsibilities shall initiate the referral for treatment to the Regional Psychologist or DJJ approved private provider, as available.
  3. The youth and parent or caregiver shall cooperate with the sexual offender treatment provider pursuant to KRS 610.160.
  4. Releases of information shall be obtained, as needed, from the youth and parent or caregiver to share appropriate information with collateral agencies, to include school systems and other individuals or agencies providing services.
  5. The treatment provider shall review the acknowledgement of HIPAA privacy practices and obtain all necessary signatures.
  6. The treatment provider shall inform the youth and parent or caregiver in writing of the confidentiality rights as established in KRS 635.527 and shall inform the youth and parent or caregiver of the role of the treatment team.

7. Treatment shall be provided to address the needs and risks of the juvenile. Reference DJJPP Chapter 3 (Individual Treatment Plan and Aftercare Plan).
  8. Reviews of the youth's progress shall be conducted every sixty (60) days regardless of the youth's placement as required by KRS 635.515 and a court report generated. This sixty (60) day court report shall include information about treatment received by the juvenile sex offender and parent or caregiver, assessment of the offender's current condition, and recommendations of the staff. The JSW shall prepare the report for the court incorporating the evaluation of how the youth and parent or caregiver are responding to treatment.
  9. The treatment provider shall provide a verbal or written summary of treatment and progress every sixty (60) days from the date of initiation of treatment to the JSW. Coordination shall occur between the treatment provider and the JSW to ensure that the summary of treatment and progress is received by the JSW prior to submission of the sixty (60) day court report.
  10. The JSW and DJJ treatment provider shall document the youth and parent or caregiver's treatment progress in the youth's ICR.
  11. For youth in out-of-home placement receiving treatment from a private treatment provider, the JSW shall schedule and document the review as outlined in policy.
- J. Auditing of cases shall be completed in compliance DJJPP Chapter 3 (Counseling Services) and DJJ Chapter 6 (Community Mental Health Operations).

## **Section IV – Victim Reunification and Family Reintegration**

*Applicability Statement: This Section IV shall be applicable to circumstances in which the victim is a member of the JSO's family. This Section IV additionally shall apply when the victim plans to live in the same home as the JSO or the same home that the JSO is expected to live in upon release from a residential placement.*

- A. Victim safety shall be the primary consideration in any plan for contact or reunification. All contact shall be victim centered and based on victim need. Reunification with the victim or family reintegration shall not indicate completion of treatment.
- B. Victim reunification shall only be considered if the JSO, parent or caregiver, and victim are ready for the process. An assessment of readiness by both the victim and JSO's treatment providers' shall guide this process. For youth in residential placement, efforts shall be made to begin this process prior to discharge. However, victim's lack of readiness shall not impede the offender's return to the community setting.
- C. The clarification process begins with the JSO in treatment for abusive behaviors, progresses to an apology letter, and if appropriate, may move towards a highly structured and facilitated clarification session.
- D. A comprehensive healthy family living plan is one that identifies the strengths of the family as well as the risk factors, patterns, and warning signs of abuse and offers concrete boundaries for the family to maintain for everyone's safety.
- E. Even after family reintegration has begun, situations may arise in which there is a decision to terminate the process.
- F. Victim reunification may be addressed in aftercare planning and may be revised as appropriate through the course of treatment.
- G. The treatment team shall:
  - 1. Collaborate with the victim's therapist or advocate, guardian, custodial parent, foster parent, or guardian ad litem, in making decisions regarding communication, visits, and reunification counseling sessions;
  - 2. Support the victim's wishes regarding contact with the youth to the extent that it is consistent with the victim's safety and well-being; and
  - 3. Complete the healthy family living plan and youth self-regulation plan prior to the youth's reintegration into the home.
- H. If the treatment team recommends that the youth should have contact with the victim and there is an existing court order to have no contact with the victim, the JSW, after collaborating with the treatment team, shall schedule a court review to present a progress update on youth's treatment to request that the court order be modified or rescinded to allow contact.
- I. DJJPP Chapter 3 (Authorized Leave: Day Releases and Furloughs; Supervised Off-grounds Activities) shall be followed with regard to furloughs for a JSO, including the requirement that a JSO shall only be approved for release to the JSO's parent or caregiver for a day release, furlough, or emergency leave by the Treatment Team with notification to the Regional Director. Furlough time for a

declared JSO, prior to program completion, shall be considered on a case by case basis and shall not exceed ten (10) days.

## **Section V –Procedures for Reassessment and Criteria for Termination of Sex Offender Treatment**

- A. Release from sex offender treatment shall not equate to release from commitment. All youth shall be subject to department policy and procedure regarding release from commitment.
- B. The criterion for termination of sex offender treatment shall be directly related to the completion of all of the sex offender specific treatment goals on the youth's ITP.
- C. In circumstances where the youth is receiving sex offender treatment in a residential facility, completion of the residential component may not equate to completion of the sex offender treatment program.
- D. Procedures for Reassessment:
  - 1. The treatment team shall meet and recommend termination of treatment for youth who have successfully completed the sex offender treatment goals on their ITP. In making this determination, the treatment team shall:
    - a. Consider all sources of collateral information; and
    - b. Assess and document evidence that the goals on the treatment plan have been met.
  - 2. For youth who are receiving sex offender treatment in the community and are nearing completion of sex offender treatment, a juvenile sexual offender reassessment shall be completed. If the sex offender treatment is being provided by a DJJ mental health staff the reassessment shall be completed by the mental health staff and approved by the Regional Psychologist. If the reassessment is completed by the Regional Psychologist it shall be reviewed and approved by the next line supervisor. If sex offender treatment is provided by an approved private provider, the private provider shall complete a juvenile sexual offender reassessment or an equivalent treatment summary noting the youth's progress in treatment, reasons for completing treatment, and current risk level to reoffend.
  - 3. Reassessment of Youth in a Youth Development Center
    - a. A reassessment shall be required for youth who are receiving sex offender treatment in a youth development center (YDC) under one of the following circumstances:
      - i. The youth is nearing discharge from the facility to return to the community on conditions of supervised placement for continued sex offender treatment;
      - ii. The youth has completed sex offender treatment and will not be receiving further treatment in the community; or
      - iii. The youth is being placed on furlough. A reassessment shall not be required prior to furloughs where the youth is expected to return to the facility after the furlough. Reference DJJPP Chapter 3 (Authorized Leave: Day Release and Furloughs; Supervised Off-grounds Activities) and DJJPP Chapter 6 (Authorized Leave for Public Offenders, Juvenile Sexual Offenders, and Youthful Offenders in Placement).

- b. The juvenile sexual offender reassessment shall be completed by the treatment director or counselor. If the reassessment is completed by the counselor, the treatment director shall review and approve. If the reassessment is completed by the Treatment Director it shall be reviewed by the Regional Psychologist or a board approved clinical supervisor.
  - 4. Reassessment of Youth in a Group Home
    - a. A reassessment shall be required for youth who are receiving sex offender treatment in a group home under one the following circumstances:
      - i. The youth is nearing discharge from the facility to return to the community on conditions of supervised placement for continued sex offender treatment;
      - ii. The youth has completed sex offender treatment and will not be receiving further treatment in the community; or
      - iii. The youth is being placed on furlough. A reassessment shall not be required prior to furloughs where the youth is expected to return to the facility after the furlough. Reference DJJPP Chapter 3 (Authorized Leave: Day Release and Furloughs; Supervised Off-grounds Activities) and DJJPP Chapter 6 (Authorized Leave for Public Offenders, Juvenile Sexual Offenders, and Youthful Offenders in Placement).
    - b. The juvenile sexual offender reassessment shall be completed by the counselor or mental health staff and shall be reviewed and approved by the Regional Psychologist.
  - 5. The JSW shall request a reassessment or discharge summary for youth who are receiving sex offender treatment in a private childcare, therapeutic foster care, or a hospital setting under one the following circumstances:
    - a. The youth is nearing discharge from the facility to return to the community on conditions of supervised placement for continued sex offender treatment; or
    - b. The youth has completed sex offender treatment and will not be receiving further treatment in the community.
  - 6. Reassessments for YOs who are declared sex offenders shall not be required prior to the youth's final sentencing hearing unless requested by the court.
- E. The reassessment shall contain updates from the initial risk assessment of the following required content:
  - 1. Identifying Information;
  - 2. Assessor;
  - 3. Reason for Referral;
  - 4. Data Sources;
  - 5. Assessment Interview and Behavior Observation;
  - 6. Legal History;
  - 7. Family History;
  - 8. Social History and Peer Relations;
  - 9. Recent Behaviors;
  - 10. Education and Vocation;
  - 11. Substance Use and Treatment History;
  - 12. Medical and Mental Health History;

13. Treatment Progress;
14. Risk Assessment Results; and
15. Summary and Recommendations.

F. All juvenile sexual offender reassessments shall be sent to the youth's JSW.

G. Process for Termination of Juvenile Sexual Offender Treatment

1. The JSW shall complete the Request to Release from Sex Offender Treatment on all declared JSO's, regardless of placement, and submit through the chain of command. A copy of the juvenile sexual offender reassessment or private provider treatment summary shall be attached.
2. The Division Director of Community and Mental Health Services shall give final approval to release a declared JSO from sex offender treatment, regardless of placement.
3. Upon receiving final approval, the JSW shall request the committing court to re-docket the youth's case for review per KRS 635.515(7). The court review shall be requested sixty (60) days prior to the recommended date of release from treatment.
4. Release from sex offender treatment shall not equate to release from commitment. All youth shall be subject to department policy and procedure regarding release from commitment.
5. Termination without completion of the sex offender treatment shall not be determined by the treatment team. When the treatment team has determined that a youth is not making progress and will not benefit from continued sex offender treatment, a report shall be forwarded through the appropriate chain of command, to include the Division Director of Community and Mental Health Services, regarding the circumstances. In these situations, the Division Director of Community and Mental Health Services, in consultation with the Chief of Mental Health Services, shall direct an appropriate course of action for each request.



## Section VI - Criteria for Requesting Fourth Year of Treatment

- A. Prior to a request for a fourth year of sex offender treatment a comprehensive psychosexual risk assessment shall be completed by the treatment provider and reviewed by the treatment team.
- B. For youth in out-of-home placement, the treatment team, including the JSW, shall determine if the youth is in need of a fourth year of sex offender treatment.
- C. For youth residing in the community, the JSW shall initiate the request for a fourth year of sex offender treatment after consultation with appropriate treatment providers.
- D. A written request for a fourth year of treatment shall not be made unless one or more of the following factors are present:
  - 1. Persistent and recent refusal to comply with treatment requirements;
  - 2. Recent commission of a new sex offense or recent verbalization of intent to reoffend;
  - 3. Recent absent without leave (AWOL) from out-of-home placement; or
  - 4. Youth recently exhibiting high risk sexually acting out behavior while in treatment.
- E. The following process shall be utilized when requesting a fourth year of sex offender treatment for youth in out-of-home placement:
  - 1. The youth's assigned residential counselor shall complete a written request and forward it through the chain of command to the Deputy Commissioner of Program Operations, or designee, for consideration. The request shall specify the basis for the need for a fourth year of sex offender treatment consistent with the requirements set forth in DJJPP Chapter 8 (Treatment Program for Declared Juvenile Sexual Offenders) and the youth's treatment needs.
  - 2. If the request is approved at the Deputy Commissioner level in consultation with the Chief of Mental Health Services, the residential counselor shall notify the DJJ Office of Legal Counsel and request a motion to be filed in the committing or sentencing court requesting the fourth year of sex offender treatment. The JSW shall assist in presenting the request to the committing judge for consideration. The youth's attorney, including the attorney from the Juvenile Post Disposition Branch if represented by the Department of Public Advocacy (DPA), shall also be provided notice of the motion in accordance with court rules.
- F. The following process shall be utilized when requesting a fourth year of sex offender treatment for youth residing in the community:
  - 1. The JSW, after consultation with the JSDS, shall determine if the youth is in need of a fourth year of sex offender treatment.
  - 2. The JSW shall complete a written request for a fourth year of sex offender treatment and forward it through the chain of command to the Deputy Commissioner of Community and Mental Health Services or designee for consideration. The request shall specify the basis for the need for a fourth year of sex offender treatment consistent with the requirements set forth in DJJPP Chapter 8 (Treatment Program for Declared Juvenile Sexual Offenders) and the youth's treatment needs.

3. If the request is approved at the Deputy Commissioner level in consultation with the Chief of Mental Health Services, the JSW shall notify the DJJ Office of Legal Counsel requesting a motion to be filed in the committing or sentencing court requesting the fourth year of sex offender treatment. The youth's attorney shall also be provided notice of the motion in accordance with court rules.

## **Section VII - Utilization of Polygraph Examinations**

Polygraph examinations, if used, shall be performed in accordance with DJJPP Chapter 8 (Polygraph Examinations).

## **Section VIII – Youthful Offender Sexual Offender Registry**

- A. The JSW shall complete the Sex Offender Duty to Register Notification Form P227 as required by 502 KAR 31:020 on any YO who pleads guilty or is convicted of a “Sex Crime” as defined in KRS 17.500(8); a “criminal offense against a victim who is a minor” as defined in KRS 17.500(3)(a), or is required to register pursuant to KRS 17.510. The JSW shall ensure that the offender signs the form.
- B. The Sex Offender Duty to Register Notification Form shall be forwarded to the Kentucky State Police (KSP) Sex Offender Registry (SOR) Unit, 1266 Louisville Road Frankfort, KY 40601 and to the sentencing court with the Presentence Investigation Report. See KRS 17.510(3).
- C. Information on the Sex Offender Duty to Register Notification Form shall be verified by the Presentence Investigation Report, if available.
- D. The Superintendent or designee of the DJJ program in which the youth is housed shall inform any YO convicted of offenses outlined in KRS 17.500(3)(a) or KRS 17.500(8) or required to register pursuant to KRS 17.510 of the duty to register and shall require the youth to read and sign the Sex Offender Duty to Register Notification Form P227 provided for that purpose, prior to his release, pursuant to KRS 17.510(3). A copy of the form shall be maintained in the youth’s file and the original shall be sent, along with a copy of the original at the time of sentencing, to the Department of Juvenile Justice Administrator of the Sex Offender Tracking System for forwarding to the Kentucky State Police (KSP) Sex Offender Registry (SOR) Unit, 1266 Louisville Road Frankfort, KY 40601.
- E. On or before the date of the offender’s release by the court, the parole board, the cabinet, or any detention or residential facility, the registrant shall register with the appropriate local probation and parole office in the county in which he or she intends to reside as required by KRS 17.510 (2).
- F. If the JSW determines that the offender did not comply with the registration requirements, the worker shall notify the Kentucky State Police (KSP) Sex Offender Registry (SOR) Unit, 1266 Louisville Road, Frankfort, KY 40601. Documentation of the notification shall be maintained in the youth’s file and shall be sent to the DJJ Sex Offender Tracking System Administrator.