

**Children's Service Center
Juvenile Sexual Offenders Program
Luzerne/Wyoming Counties**

Introduction:

The **Juvenile Sexual Offenders Program** is designed to assess and treat this high risk population in Luzerne and Wyoming counties. In FY 2015-2016 we served 32 youth through this program. From January 2017 to June 30, 2017 we project serving approximately 15 youth through this program. From July 1 2017- June 30, 2018, we are projected to service 34.

CSC's Plan for development of a resiliency oriented system:

System Indicators:

1. **Affirmative Action hiring policy that supports accommodations:**
Children's Service Center's hiring policy is one of affirmative action; in addition, our HR department has an established track record of providing accommodations for staff that request them, both for physical as well as mental health needs.
2. **Resiliency oriented mission statement:**
Children's Service Center continues to review our mission statement to ensure a resiliency oriented mission statement drives our services.
3. **Board Representation:**
Children's Service Center is proud that consumers have representation on our Board. A significant officer on our Board of Directors is a consumer of services here at CSC. We are planning to increase consumer participation on our Board.

1. Soundness of Approach:

A. Project Description:

The JSO program is developed out of the need for a community based service that will provide therapy, group therapy, safety plan and relapse prevention planning for the client and the family. The JSO program will service clients who are identified by the family/ community and or the courts to have sexually inappropriate behaviors in which are placing them at high risk for out of home placement.

Specific design of the service:

Underlying all services offered through CSC are core values that commit the company and its staff to the provision of services that value and respect all people. CSC is a community organization that provides and promotes quality services with care and compassion to enhance the emotional well-being and mental health of children, adolescents and their families.

CSC personnel adhere to CASSP principles, and the design and delivery of the JSO program is based on resiliency principles. The purpose of JSO is to assist children/adolescents and their families to enhance and develop protective factors that include:

- Elimination of inappropriate sexual behaviors.
- Improved understanding of the client's triggers.
- Improved coping skills that may include feelings management, communication skills, social skills, problem solving skills, and assertion skills.
- Improved self-esteem.
- Greater connectedness to the community.
- Appropriate sexuality with age and behaviors.

Activities include Individual therapy sessions and a group component, as indicated. Individual therapy will be held in the community, the client's home, at the office of Children's Service Center, or where service is needed. The client will receive a minimum of 1 hour and up to 2 hours of individual therapy per week, in the home or community. An additional 1 hour per week should be spent collaborating with the service team from CSC as well as any other outside agencies that are involved with the client (JPO, CYS, Court system, and Collateral Contacts with the family).

Group therapy will be conducted weekly for those clients in the JSO program, as indicated. The clients will be divided into groups that are age appropriate and according to risk level. All groups will meet weekly for a minimum of 1 hour and a maximum of 6 clients will be instructed in the group format.

Relapse prevention will be a follow up service post discharge from the JSO program to help transition the client out of services and/or into a less restrictive program. This section of the program will also provide mobile service for a minimum of 1 hour and up to 2 hours a week of mobile therapy with emphasis on discharge treatment goals and safety plans. This service will be up to 6 months post discharge from the JSO program to ensure proper transitioning to a less restrictive program.

Intervention Techniques include the use of cognitive behavioral therapy and specific sexual offender treatment;

- Identifying triggers of the sexual offense,
- Grooming behaviors or behaviors that lead up to an offense.
- Thinking errors with regard to what the client is thinking versus what is reality.
- Interventions to help the client assume responsibility for their actions and behaviors.
- Redirection and interventions will be used to help keep the client and the community safe.
- Relapse prevention plans and escape plans will be developed along with an extensive safety plan for each client.
- Relapse prevention planning (MHP and JFSC).
- Discharge planning (MHP and JFSC).

B. Description of Target Population:

Generally, JSO will be targeted toward individuals who are currently receiving mental health treatment, but continue to be engaging in inappropriate actions or sexually deviant behaviors which place them at risk within the home and or community.

- The JSO program will address sexual health issues with clients from age 12 to age 21.
- JSO is targeted toward individuals who have engaged in inappropriate sexual behaviors; are in need of intensive sexual psycho-education; have been adjudicated of a sexual crime; or have used the internet or other form of communication inappropriately during past six months, child porn; inappropriate sexual contact via communication device; and remains at a clinically high-risk for reoffending. Clients who do not meet the listed criteria will not be accepted into the JSO program. Clients who pose a significant risk to the safety of the community and the safety of the JSO staff, and/or at risk of out of home placement due to current sexual offense(s) will not be accepted into the JSO program. For those extreme cases a CASSP meeting will occur to discuss treatment options.
- A psychological or psychiatric evaluation that documents medical necessity for JSO and a DSM-V Axis 1 diagnosis will be required. A psychological evaluation will be repeated every six (6) months (unless otherwise requested by the treatment team or at the direction of the state) to determine continuing need for JSO services.
- A JSO referral will be handled either by the Program Director if the client is already open with Children's Service Center or an initial

intake will be scheduled with the Intake Dept. The child will be given an initial psychological or psychiatric evaluation. There will be an ISPT meeting shortly after the evaluation is completed. The client, family, JSO staff, and any other staff from other agencies or departments involved with the child, will be invited to attend.

- Recommended for JSO by an Interagency Service Planning Team (ISPT).
- Primary caregiver(s) agree to participate in JSO.
- To be eligible for JSO a child must meet all of the criteria listed above.

C. Statement of Need:

For a child or an adolescent to be admitted into JSO that individual would need to have a history or currently engaging in inappropriate sexual behaviors. For an individual who has been or will be discharged from a out of home placement due to inappropriate sexual behaviors , this client would be considered for a step down due to a history of risk factors with both the child/adolescent and family.

D. Project Outcomes:

Developing measurable program goals, utilizing CSC's Quality Assurance/ Performance Improvement system for tracking purpose, we will monitor program outcomes. Program data will include, but is not limited to, the following areas:

Expected goals and outcomes:

- a. Length of time between referral and initial appointment.
- b. Length of stay in JSO.
- c. Reasons for discharge from program.
- d. Recidivism rates sexual behaviors 30, 60, 90 days and 1 year post discharge
- e. Results from consumer satisfaction survey.

E. Potential for Success:

Children's Service Center (CSC), through the Juvenile Sex Offender Program (JSO) and all services, is committed to the development and participation of strong teams to assist children, adolescents, and their families to manage and ultimately eliminate sexually inappropriate behaviors. The treatment team for the JSO program will include professionals that are specifically trained in this area of treatment.

CSC personnel adhere to CASSP principles, and the design and delivery of the JSO program is based on resiliency principles. The purpose of JSO is to assist children/adolescents and their families to enhance and develop protective factors that include:

By learning and strengthening these fundamental protective factors, outcomes include a decrease in the need for more intensive mental health services; diversion of out of home placement through the juvenile justice system and/or children and youth agency, improved overall functioning, and improved individual, family and community safety.

2. Overall Qualifications of the Agency:

Children's Service Center is accredited by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) and is Sanctuary Certified. Children's Service Center has an extensive history of providing quality behavioral health care to the youth in our community and is committed to the highest standard of availability and continuity of care. We have been committed to the needs of children, adolescents and families for 154 years and currently serve close to 5,500 individuals.

A. Experience with this service:

Children's Service Center has been providing the Juvenile Sex Offenders program to the community for the past year. All therapists have extensive training with regard to this treatment modality. Ongoing training and supervision is provided to JSO therapists. Our therapists are experienced and demonstrate adherence and competence in delivering this specialized JSO therapy.

B. Experience working with the proposed population:

Children's Service Center is a Community Behavioral Health Organization that has an extensive history addressing the needs of children and adolescents with mental health and behavioral issues.

The Juvenile Sex Offender program has worked with adolescents for the past year, providing services to the adolescents and their families in a community setting.

C. Experience coordinating community resources:

Children's service Center is a community based organization and continues to work with local, county, and state resources, since its inception. The Juvenile Fire Setters program was initiated as a collaborative effort with juvenile probation, local and state law enforcement, Children and Youth, Schools, and other mental health services.

D. Current, valid license or certifications:

This program is an MA approved descriptor.

Underlying all services offered through CSC are core values that commit the company and its staff to the provision of services that value and respect all people. CSC is a community organization that provides and promotes quality services with care and compassion to enhance the emotional well-being and mental health of children, adolescents and their families.

3. Qualifications of Individuals Performing the Service:

Staff Qualification & Responsibilities

- ISO Regional Coordinator (RC)
 - Qualifications: A master's degree in human services or related field from an accredited college or university; and at least three years of experience working directly with individuals with mental health issues.
 - Responsibilities: Maintain responsibility for the clinical integrity, financial stability, and program oversight of all child/adolescent programs. Provides as needed supervision to the ISO Program Director.

- ISO, Program Director
 - Qualifications: A graduate mental health degree that includes a clinical practicum, and experience providing clinical and administrative supervision. This person will participate in the juvenile sex offender treatment specific training described below. He/she will have extensive experience with and knowledge of the treatment of juvenile sexual offenders.
 - This staff member will have extensive training on treatment of juvenile sexual offenders provided by a nationally certified trainer.

- Responsibilities: Provides clinical and administrative oversight of the program; provides clinical supervision to the MHP(s) and administrative supervision over the day-to-day activities of the program. The Program Director may also provide direct care to a small number of clients (see responsibilities under MHP).
- JSO Mental Health Professional (MHP)
 - Qualifications: Must meet the minimum qualifications for a Mobile Therapist (i.e., Master's degree in a mental health related field and at least one year of experience in a CASSP system). The JSO Mental Health Professional will complete all trainings described below prior to meeting with a child/adolescent and their family for the first time.
 - Responsibilities: Individual therapy on sex offending issues; with the client, family, and any other person involved with the client. The MHP will develop a comprehensive treatment plan with the client and family, monitor safety, reinforce skill building activities, provide feedback regarding observations of the youth/family and their response to interventions, deliver individualized sexual education, collect data, and engage in relapse prevention and discharge planning.
 - The MHP will provide group therapy sessions for the clients, as indicated. Each group will be staff by two MHP's and the group will be held weekly. It is the role of the MHP to provide group education, group planning and overall facilitation of the group on a weekly basis.
 - All staff will have necessary child abuse and criminal clearances as required in Pennsylvania. Clearances will be required for hire. No staff will be permitted to work alone with youth until clearances have been obtained.
 - Prior to meeting with juveniles and their families independently, new staff will also complete approximately 20 hours of specialized training related to juvenile sex offenders. On-site assistance will be available as needed (based on determination of the JSO Program Director) or as requested. In addition to in-house or purchased training, JSO staff will attend workshops/conferences that focus on the juvenile sex offender population or related issues as they become available.
 - General training that is received prior to beginning service delivery, and reviewed annually, includes the following:
 - a. CASSP Principles
 - b. Treatment/Goal Planning
 - c. Principles of Behavior Management
 - d. Resiliency and Recovery

- e. Crisis Intervention/SCM Training
- f. CPR/First Aid
- g. Consumer and Family Rights
- h. Cultural Competency
- i. Professional Conduct and Boundaries
- j. HIPPA/Confidentiality
- k. Child Protection Services Law
- l. Education Law/Individual Education Plans
- m. Clinical Documentation standards
- n. Sexual offense laws

All staff will have necessary child abuse and criminal clearances as required in Pennsylvania. Clearances will be required for hire. No staff will be permitted to work alone with youth until clearances have been obtained.

4. Budget:

A. Overall analysis of budget:

Please see attached