

Education and Placement Guide for Schools

Introduction:

In treating youth who have engaged in sexually abusive behavior or misconduct, finding a balance between risk management, community safety, educational and normative developmental needs is a difficult task. When a young person is known to have engaged in sexually abusive behavior this poses a unique situation for school district personnel, as they are charged with providing every student with an education, as well as for providing for the safety of every student; however, current research and literature supports that these youth can succeed and even excel in mainstream public school and often greatly benefit from these normative experiences.

While considering this, it is critical to also be cognizant of factors of importance to the school personnel when placing youth in a public school setting. These include:

1. What was the age of the identified victim(s)?
2. Is the victim from/at the school the youth is to attend/attending?
3. Based on what is needed, what is the plan for assessed needed supervision that should be included in the safety plan (adult supervision, line of site, normative supervision within the school setting, etc.)?
4. Does the student who engaged in sexual misconduct have his/her own victimization history?
5. Does the student have any special education needs?
6. Where did the offense(s) occur (community, home, school, etc.)?
7. What is the prescribed treatment, as well as what is the NOJOS placement level?

Purpose:

The purpose of the Education and Placement Guide for Schools is to provide information to assist school personnel, sex-offense specific treatment providers, and other informed supervisors of the responsibilities of providing a safe community and an inclusive environment while accounting for the risk to and educational needs of all students (Reference Guide for School Personnel Concerning Juveniles Who Have Committed Sexually Abusive and Offending Behavior, 2003).

This guide highlights the need for a multidisciplinary team to work with each youth on an individual basis that is geared toward finding the balance between risk management and appropriate educational placement, based on accurate juvenile risk assessment, supervision and treatment. It will be important for a school system receiving a student to have a plan in place regarding which personnel needs to know information related to the youth's sexual misconduct, and that this information is shared **only** on a need-to-know basis.

In all situations, the legal guardian for the youth in question should sign a release of information prior to any information being shared between parties.

Following these guidelines promotes community safety, the individual educational needs of the youth, and awareness of a youth's developmental needs in making school placement decisions.

Guiding Philosophy:

The primary focus in treating juveniles who have engaged in sexually abusive behavior has been to promote "no more victims. Current literature and best practice standards support the notion that understanding and treating a youth's individual holistic treatment needs will more effectively promote change and healing (Prescott, David S. and Longo, Robert E., *Current Perspectives: Working with Sexually Aggressive Youth and Youth with Sexual Behavior Problems*, NEARI Press, 2006) and, accordingly, enhance community safety. Therefore, it is imperative that a working multidisciplinary team be developed to effectively manage, treat, and supervise these youth while still providing for their educational needs. This team should be comprised of, but not be limited to, a school district representative, school administrator, teacher, sex-offense specific clinician, adult supervisor(s) and case manager and/or probation officer.

An appropriate school setting in which educational and developmental needs are met is an important part of providing effective treatment as well as appropriate education to juveniles who have engaged in sexually abusive behavior. In order to provide a balance between the appropriate treatment and educational settings, a thorough assessment of a youth's current level of risk for sexual re-offense is necessary. An appropriate assessment of risk can be obtained by completing a sexual behavior risk assessment, psychosexual. The assessment should include recommendations about educational settings.

Additionally, a juvenile's educational and treatment needs will likely change over the course of his/her education and treatment. These changes should be communicated within the treatment team, having all the appropriate releases of information in place to do so.

Goals:

One of the priorities in the treatment of youth who have engaged in sexually abusive behavior is providing for community safety. Balancing the needs of the youth and community can be difficult, but it is an imperative task that requires a collaborative approach. In order to balance the needs of victims, community safety, and the individual juvenile there must be an educated, coordinated, and collaborative multidisciplinary team effort. In order to aide in this process, the following goals have been identified in the Reference Guide for School Personnel Concerning Juveniles Who Have Committed Sexually Abusive and Offending Behavior, 2003;

1. Enhancing victim protection and reducing potential for further victimization of other students through increased supervision and awareness of offenders' risk factors;
2. Promoting a safer educational environment, inclusive of juveniles who engaged in sexually abusive behavior through participation in a multidisciplinary team;
3. Improving the exchange of information between systems of care so that seamless interaction occurs among all relevant private and public agencies and the school district;
4. Enhancing the monitoring and supervision of juveniles to whom the NOJOS Protocols and Standards Manual apply;

5. Providing safer school environments by monitoring the student's stability within the school (Increased monitoring assists in the assessment of risk factors, the student's compliance with treatment goals, and evaluation of appropriate placement options);
6. Providing educational opportunities for school personnel to understand the continuum and dynamics of sexually abusive behavior and victim safety; and
7. Providing for normal educational experiences through a school setting, including extra-curricular activities, when safety of other students can be assured.

Procedure:

Placement decisions are the most important decisions in balancing the juvenile's risk to re-offend (community protection/abuse prevention) and the need to help the juvenile develop in a manner that increases the likelihood of a positive adult lifestyle. Youth should be placed in the *least-restrictive environment* necessary to reduce/minimize risk and provide adequate treatment to facilitate positive growth. Risk-management practices must match the risk level of the juvenile. According to national standards, treatment is most effective when the intensity of services match the youth's risk of recidivism.

The associated risk assessment should specify the specific needed services that will allow the student to be successful at school while still promoting community safety. This should be included for all levels of care across the continuum.

Level One: Outpatient Psycho-sexual Education

If the behavior has occurred in a school setting, continued placement in a public school setting is appropriate ensuring any concerns for the identified victim are addressed. If the identified sexual misconduct occurred at school, a school administrator should be involved in developing an appropriate safety plan to monitor the youth's behavior. The juvenile and his/her parent(s) should also be involved in the development of this plan. Additionally, a copy of a "certificate of completion" from the Level One treatment provider may also be submitted to the school administrator (if required) by the youth or his/her parent(s) for verification that they youth has complied with and completed the Level One treatment course.

Level Two: In-Home/ Outpatient Sex-Offense Specific Psychotherapy

If the behavior occurred in the school setting the youth is currently attending, a school administrator should be involved in developing an appropriate safety plan to monitor the youth's behavior and treatment progress. The parent(s) and the youth should be involved in the development of this safety plan. In these circumstances, the school administrator should be updated periodically as to the progress the youth is making in his treatment and his overall compliance with the developed safety plan. Additionally, safety should also be taken into consideration in regards to preventing the potential for retaliation by peers attending the school.

If the behavior did not occur in a school setting school personnel should be notified if clinically necessary and the appropriate releases signed.

It is the responsibility of the parent or legal guardian to comply with any safety plan issues identified by the risk assessment and/or treatment provider, although the school may help facilitate the implementation of this.

If the identified victim(s) also attends the same school, specific care should be taken to assess the appropriateness of having the juvenile and identified victim(s) in the same school together. Specific attention to the perceived safety by the victim(s) should be given. Additionally, there may often be a “no contact” order in place. In these situations, it may be necessary, as feasible, for a change in school placement to occur within the community and in accordance with the educational needs of those involved. If a change is deemed necessary and resources are available, it is preferable the identified youth who engaged in the sexual misconduct change schools.

Continued placement in a public school setting is appropriate.

Level Three: (A) Sex-Offense Specific Day Treatment or (B) Intensive in-home/Outpatient Services

Definition:

A “day-treatment” setting may provide for a student’s education needs in a non-traditional school placement that is licensed by the State of Utah as a day treatment facility. In this type of facility, the education needs of the students are met in a setting that **is not** the student’s home school or the local neighborhood school.

Type A: For youth placed in a day treatment setting, developing a public school safety plan is not immediately necessary, but strongly recommended upon transition back into the public school setting. The day treatment provider should strongly consider developing a safety plan for placement in this setting. This process will require close communication between the NOJOS Level Three treatment provider, the parent(s) and school district representative and/or school administrator as to when placement back into the public school setting is warranted, based on addressing the issues requiring placement in a day treatment setting.

A Level Three placement may also be made for Level Four or Level Five youth who are appropriate for attending school in a public school setting, but present with social, behavioral, or learning difficulties/disabilities that cannot be adequately managed in a traditional school setting.

When a day treatment placement is being requested, the Level Four or Five treating clinician should submit in writing to the school district representative (i.e., Youth in Custody Coordinator) an abbreviated summary of the completed risk assessment including a description of the charges, an overview of the offense(s), the associated risk, and recommended level of treatment. An example of the “school placement risk assessment” can be found at the end of this document.

The intention of the treatment provider to have a youth enrolled in a public school setting should be made known by requesting a “school intake” meeting. At this meeting, the case should be staffed with the school district representative, treatment provider, and case manager. A school administrator and the assigned clinician may also be invited to attend as needed. A plan to transition the youth back into a mainstream public school setting should be made and be contingent upon the successful completion of the assigned Sex-Specific Day Treatment program. A copy of a “certificate of completion” should be provided to the school district representative prior to placement back into a mainstream public school setting.

Type B: NOJOS Level Three treatment may also include youth who are participating in outpatient sex-specific treatment along with intensive in-home services. For youth participating in this treatment option, placement in a public school setting is appropriate, and the protocol for NOJOS Level Two youth should be followed.

Level Four: Community-Based Structured Foster Care

These youth usually present as a **moderate risk** for sexual re-offense as assessed by nationally recognized risk assessment tools. Placement in the public school or day treatment setting is appropriate for this level of care and should be considered on a case-by-case basis based on the youth’s presenting problems and risk assessment.

When a youth is placed in a Level Four placement the treating clinician should submit in writing to the school district representative (i.e. Youth in Custody Coordinator or the like) an abbreviated summary of the completed risk assessment including a description of the charges, an overview of the offense(s), the associated risk level assessed in the given risk assessment, and recommended level of treatment. An example of the “school placement risk assessment summary” can be found at the end of this document. The intention of the treatment provider to have the youth enrolled in a public school should be noted. A “school intake” meeting should be scheduled. At this meeting the case should be staffed with the school district representative, treatment provider, and case manager. A school administrator and the assigned clinician may also be invited to attend as needed. The school letter should note that the juvenile “is appropriate for standard Youth in Custody supervision” or the determined appropriate amount of supervision needed. Additionally, a statement affirming any additional supervision needs required will be provided by the treatment provider should be included. An example of these statements can be found in the sample school letter at the end of this document.

It can be expected that upon placement in a public school setting a youth may have all or nearly all of his/her classes in a contained classroom or Youth in Custody classroom setting, based on the prescribed NOJOS treatment needs and district personnel discretion. **A student’s special education needs, however, will need to be considered in all placement decisions, including when placing a student into a self-contained classroom setting.**

Upon assessment by the teacher(s), school administrator as necessary, school district representative, treatment provider, and treating clinician a youth may be allowed to have one or

more mainstream classes. This will be assessed by the multidisciplinary team on a case-by-case basis.

Level Five: Community-Based Group Home/ Independent Living

Level Five youth fall into two categories; 1) Sex-Specific Group Home and, 2) Independent. These youth usually present as a **moderate risk** for sexual re-offense as assessed by nationally recognized risk assessment tools. Placement in a public school or day treatment setting is appropriate for this level of care and should be considered on a case-by-case basis based on the youth's presenting problems and risk assessment.

When a youth is placed in a Level Five placement the treating clinician should submit in writing to the school district representative (i.e. Youth in Custody Coordinator or the like) an abbreviated summary of the completed risk assessment including a description of the charges, an overview of the offense(s), the associated risk level assessed in the given risk assessment, and recommended level of treatment. An example of the "school placement risk assessment" can be found at the end of this section. The intention of the treatment provider to have the youth enrolled in a public school should be noted. A "school intake" meeting should be scheduled. At this meeting the case should be staffed with the school district representative, treatment provider, and case manager. A school administrator and the assigned clinician may also be invited to attend as needed. The school letter should note that the juvenile "is appropriate for standard Youth in Custody supervision" or the determined appropriate amount of supervision needed. Additionally, a statement affirming any additional supervision needs required will be provided by the treatment provider should be included.

It can be expected that upon placement in a public school setting that a youth may have all or nearly all of his/her classes in a contained classroom or Youth in Custody classroom setting based on the prescribed NOJOS treatment needs and district personnel discretion. **A student's special education needs, however, will need to be considered in all placement decisions, including when placing a student into a self-contained classroom setting.**

Upon assessment by the teacher(s), school administrator as necessary, school district representative, treatment provider, and treating clinician, a youth may be allowed to have one or more mainstream classes. This will be assessed by the multidisciplinary team on a case-by-case basis.

Level Six: Sex-Offense Specific Residential Group Home

Level six youth present with a much higher risk to engage in sexual misconduct and are often sexually preoccupied. These youth have serious and significant sexual acting-out issues. Due to their increased risk these youth require intervention in a structured and restrictive residential treatment setting. These youth's risk score in the **moderate-to-high and high risk** for sexual re-offense and therefore cannot remain in the community. Accordingly, a Level Six placement will provide its own self-contained school setting where these youths' educational needs can be met while providing the supervision and intensity of treatment they require.

In some instances, however, a treatment provider may determine a youth to be appropriate to be transitioned into a public school setting after having made significant strides in his/her sex-offense specific treatment as well as having reduced his/her assessed risk. Prior to making such a recommendation for transition into a public school setting a thorough sexual behavior risk assessment using nationally recognized risk assessment tools should be completed by a NOJOS Certified Clinician, and the case should be staffed with the appropriate school district personnel.

If the results of given risk assessment verify that the youth's risk level has reduced and the student is appropriate for a public school setting, the Level Six treating clinician should submit in writing to the school district representative (i.e. Youth in Custody Coordinator or the like) an abbreviated summary of the completed risk assessment including a description of the charges, an overview of the offense(s), the associated risk level assessed in the risk assessment, and recommended level of treatment. The intention of the treatment provider to have the youth enrolled in a public school should be noted. A "school intake" meeting should be scheduled. At this meeting the case should be staffed with the school district representative, treatment provider, and case manager. A school administrator and the assigned clinician may also be invited to attend as needed. The school letter should note that the juvenile "is appropriate for standard Youth in Custody supervision" or the determined appropriate amount of supervision needed. Additionally, a statement affirming any additional supervision needs required will be provided by the treatment provider should be included. .

It can be expected that upon placement in a public school setting that a youth may have all or nearly all of his/her classes in a contained classroom or Youth in Custody classroom setting. Upon assessment by the teacher(s), school administrator as necessary, school district representative, treatment provider, and treating clinician, a youth may be allowed to have one or more mainstream classes. This will be assessed by the multidisciplinary team on a case-by-case basis.

Level Seven: Inpatient Psychiatric/ Sex-Specific Treatment

Youth appropriate for Level Seven present with an acute or chronic psychiatric disturbance, are sexually impulsive, display unpredictable/uncharacteristic or pattern of bizarre/ritualistic offenses, unpredictable social behaviors and present a **high risk** to the community and/or safety of other youth in lower level programming. Due to these youth's risk level, placement in a public school setting is inappropriate and the treatment provider will provide its' own self-contained educational setting so as to meet the individual education needs of each youth.

These youth, when appropriate, will be stepped down to a lower level of care once the acute nature of their behaviors and/or psychiatric disturbance, as well as associated risk level, has been reduced. At the time of discharge, care should be taken by all team members to specifically discuss the youth's education needs and in what type a setting these can be most effectively met. Typically, this placement will be to a NOJOS Level Five or Four community-based treatment setting with placement in a public school setting. However, the addition of having the youth enroll in a NOJOS Level Three program in conjunction with the community-based group home/foster home placement should also be considered.

Any placement into the public school system will necessitate a similar communication and enrollment process outlined in Levels Four, Five, and Six.

Level Eight: Secure Care/ Correctional Treatment Enhanced

Level Eight youth have displayed repetitious, predatory, fixated and /or violent patterns of offending. Level Eight youth may also display other criminality or non-sexual aggression that makes them too risky to be allowed to reside in a community placement. These youth present an **extreme risk** to the community. Due to the risk level of these youth, Level Eight programs provide their own contained educational settings to meet the educational needs of their clients.

When a youth who has completed his/her sentencing guidelines and are being considered for release to a less restrictive treatment setting (Level Six, Five, Four, or Two), a treatment team meeting should occur to discuss at what level the youth's current treatment needs and associated risk can best be managed.

Any placement into the public school system will necessitate a similar communication and enrollment process outlined in Levels Four, Five, and Six

Placement Letter

School Placement Risk Assessment Summary

*****Please use discretion in the release of the juvenile's private/sensitive information and restrict to only those persons named in the release by the guardian so as to avoid inclusion into the school record. This information is released by school personnel on a need-to-know basis. (School District Administrator, School Administrator Personnel, School Psychologist).

Date

[Youth In Custody Coordinator]
YESS Program Coordinator
2500 S. State St.
SLC, UT

Somewhere Junior High School staff
Someplace City, UT

[YIC Coordinator]

[Juvenile] has been referred to our NOJOS Level Five community-based group home by his DCFS caseworker, [Case manager]. [Youth] was placed in the [facility name] group home on (date) and is expected to attend Somewhere Junior High School. Prior to this referral [youth] was residing with his/her biological parents. [Youth] was referred to this placement following several incidents of sexually touching younger neighborhood children and his younger sister. [Youth] was placed in a structured community group home setting due to his sibling victim and ongoing behavioral problems. Following his/her initial placement into the custody of [DHS, DCFS, DJJS], [youth] participated in a Sex Behavior and Risk Assessment which made the recommendation for a "NOJOS Level Five community based group home setting."

The results of [youth's] risk assessment identified several risk factors and rated his overall sexual re-offense risk level as "moderate" and as "high" risk for further non-sexual delinquent behavior. Specific risk factors identified included his minimizing his offenses, poor acceptance of responsibility, use of cognitive distortions, increased interpersonal aggression, and conflicts with authority. [Youth] is being taught how to have healthy sexual attitudes, take responsibility for his behaviors, engage in appropriate interpersonal boundaries, respond to social cues, be sensitive to others, develop victim empathy, intervene regarding risk factors, and develop healthy coping skills. As part of his risk assessment [youth] was administered the Juvenile Sex Offender

Assessment Protocol (J-SOAP II), Juvenile Sexual Offense Recidivism Risk Assessment Tool (JSORRAT-II) and the Estimate of Risk of Adolescent Sexual Offense Recidivism (ERASOR).

Again, based on the results of his risk assessment it was recommended that [youth] be referred to a NOJOS Level Five community based group home setting due to his ongoing behavioral problems and having a victim present in his home. This type of placement setting is commensurate with being placed in a community setting and attending public school.

Based on [youth's] identified risk and treatment needs, the [agency] will provide [youth] with behavioral modification and individual and group sex offense-specific treatment. Accordingly, [youth's] current educational needs can be met with the standard YESS Program supervision which he has been receiving. The communication of any behavioral observations as well as academic needs would benefit [youth's] current treatment and would be greatly appreciated.

Additionally, the [agency] is able to provide any additional supervision needs in one of three ways; 1) attend school with the youth during a specific period of the academic day or all day, 2) have the youth remain home from school, or 3) remove the child permanently from the YESS Program and place him in an alternative school setting.

Furthermore, [youth's] individual therapist and/or Group Home Supervisor will be in contact with his identified school therapist and/or teacher to update any other identified risk factors and how the [agency] is managing these.

Thank you for your time and effort on behalf on [youth's] educational needs. Please feel free to contact me directly at [phone number] with any questions or concerns.

Sincerely,

[NOJOS Certified Clinician/ Affiliate Provider]