

## **Treatment / Placement Philosophy**

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 who sexually offended. According to national standards, treatment is most effective when the intensity of services match the youth's risk and need (see RNR section). Providing an inappropriate level of service may negatively affect a youth's risk, rehabilitation and community protection. Thus, accurate risk assessment is a prerequisite to determine appropriate parameters needed for risk management and rehabilitation.

Community protection and healthy lifestyle is achieved through a continuum of eight levels of sex-specific treatment and supervision from least restrictive in-home intervention to secure care confinement. The continuum of services should allow movement up or down the continuum based on progress or regression in treatment. All agencies within the NOJOS continuum should have a common treatment philosophy and sex-specific best practices, which facilitates a continuity of care and seamless transition(s) as the juvenile moves up or down the continuum. Clinicians, probation officers and case managers should always recommend the optimal level of care needed, even if it is not available, for a specific client and then offer realistic alternatives documenting when the alternatives are less adequate.

It is imperative mental-health and juvenile-justice professionals work in a closely-coordinated manner to develop a comprehensive and individualized case-management plan. The integrated plan of services should be aimed at both maximizing community safety and ensuring that the youth and his/her family/care takers are given the intervention services they need. Additionally, and perhaps most importantly, sex-specific treatment along the continuum should be based on a *holistic approach* that addresses an integration of the entire functioning, context/family system and long-term development of each youth and person victimized.