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NOJOS Level Five: Sex-Specific Group Home/ Independent Living / Sex-Specific Treatment

Client Profile

Youth appropriate for NOJOS Level Five out-of-home placement can present as similar in risk to Level Four youth in that their risk cannot be controlled in their current living environment; and/or the youth's parents and caregivers cannot, or will not, provide adequate supervision. However, in addition, these youth present with the need for more intensive therapy through interactions and interventions throughout their day in their social environment and/or may need increased supervision than what is typically provided in a traditional foster/proctor home or family home setting from primary caregivers. Additionally, some youth may present with significant impulsivity and deficits in executive functioning and other comorbid issues resulting in their inability to self-regulate and higher probability that they will engage in sexual and/or nonsexual acting out behaviors, and/or need behavioral modification or skill enhancement interventions that cannot be provided in their home environment AND/OR would be more effectively provided in a group daily-intervention setting (i.e. milieu-group-based - clinical intervention)

Because this Level of care contemplates a congregate setting where there are more than two or three youth placed together, careful attention should be given to the potential contagion and greater opportunities to sexually act out that these youth will experience. For youth with a lower level of risk, continued participation in school in the community may be determined as appropriate at this Level, whereas higher risk youth may require a group home setting where school is provided internally.[4] Decisions regarding the amount of community access should always be based on the youth's individual risk, needs and responsivity detailed in their sex-specific assessment and ongoing assessment of their treatment progress.

Overall, NOJOS Level Five youth present from *moderate and moderate-to-high risk* as assessed by nationally recognized risk-assessment tools. Because of the potential range of risk at this level of

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4 Currently the Utah State Department of Health has created a contract for a hybrid program called Residential Support Services for l*ow-to-moderate risk* youth to receive intensive short term treatment intervention, supports, and 24-hour supervision focused on assisting a youth to transition back to their home and function as a healthy involved and contributing member of the community. This setting provides structure for up to 8 youth in a home with intensive family coaching, additional supervision staff, and aftercare. Generally, youth in a residential support setting present with *low-to-moderate and moderate risk* and do <u>not</u> require being stepped down to a Level 4 family-based care setting before returning home. Further, this setting should <u>not</u> include step-down youth from higher Level treatment settings. For youth with a lower level of risk in this setting, continued participation in school in the community may be determined as appropriate, whereas higher risk youth may require a group home setting where school is provided internally. The primary differences between a NOJOS Level Four out-of-home placement (including family-based care) or Level 5 intensive residential support, and a NOJOS Level Five Sex-Specific Group Home is the congregate setting, intensity of therapy, increased opportunity for milieu (social environment) intervention and increased supervision.

care these youths' risk, needs and responsivity must be considered carefully to determine if this level is appropriate. Importantly, it is critical for sex-specific assessment evaluators to specifically document the reason(s) for the recommended removal to ensure that lower risk youth are not perceived at a higher risk due to the recommended removal to accommodate the competing needs of their sibling victim. Furthermore, the youth's vulnerability for contagion should also be documented to ensure this level of care is warranted.)

1. **Sex-Specific Group Home**

NOJOS Level Five Sex-Specific Group Home intervention provides targeted sex-specific treatment in a therapeutic group-home setting. The primary differences between a NOJOS Level Four out-of-home placement (including family-based care) or and a NOJOS Level Five Sex-Specific Group Home is the intensity of therapy, increased opportunity for milieu (social environment) interventions, and increased supervision. NOJOS Level Five programs provide a greater intensity and frequency of clinical services (including in the moment milieu interventions), and twenty-four hour (awake) supervision. Because the range of risk seen at this level can be elevated, higher risk youth may require in-house or "in-custody" academic services rather than attending school in the community, whereas more moderate risk youth may be able to safely participate in school in the community. Safety to the community takes precedent; however, ideally the more a youth can have less disruption and *safe* opportunities in the community to practice skills, the greater the likelihood of seamless transition home.

2. Independent Living

Some youth who have successfully completed a higher level of care, (such as a High risk Level Six or High risk Level Eight secure care, may need *a structured transition* either into Independent Living (for older adolescents without a family or kinship option), or home with family or kinship placement where they continue to be monitored and supported in a structured setting and receive targeted sex-specific treatment and wrap around services.[5]

3. Step-Up and Step Down Transitions

Some youth in lower level programs who are not progressing or demonstrate increased risk (or ongoing sexual acting out, greater aggression) may need to be moved up the NOJOS continuum to a higher level of care (as determined appropriate by an updated assessment of the youth's risk need and responsivity). Youth who are stepping down from a higher level of care should be carefully screened when blending with lower level youth to protect against potential contagion by the youth stepping down to less experienced, lower level risk youth. Overall, a group home setting is sometimes necessary to provide the youth more structured opportunities to practice,

[5] Wraparound services are a multifaceted, system-level intervention designed to keep youths with serious emotional and behavior disorders (SEBDs) at home and out of institutions whenever possible (Suter and Bruns 2006; Bruns et al. 2010; Winters and Metz 2009). As the name suggests, this process involves "wrapping" a comprehensive array of individualized services and support networks "around" young people in the community rather than forcing them to enroll in predetermined, inflexible treatment programs (National Wraparound Initiative Advisory Group 2003).

improve and generalize new competency skills. As noted earlier, Practitioners are encouraged to take steps to achieve an appropriate resolution in these cases where a conflict between these standards and legal and professional obligations occur.

Overall, the focus of a Level Five Sex-Specific Group Home treatment program is to provide primary sex-specific treatment similar to lower level treatment frequency and modality; but enhanced through therapeutic milieu and skills development components. Additionally, it provides adjunct mental-health treatment and social skills services to address pre-existing mental health issues and psychosocial problems, and to provide prosocial skills training to increase social competence. Level Five Group Homes programs also provide a structured and therapeutic milieu that address the youth's individual issues and need for pro-socialization through guided peer interaction and milieu intervention. Level Five Sex-Specific Group Home settings specifically help these youth learn to regulate their behaviors and emotions, control impulses, make healthy choices, learn consequences for unhealthy choices, increase personal accountability and become more socially competent.

Differentiating Considerations For Out-of-Home Placements
Clinicians must observe special precautions when they select youth for a higher level of care as outlined below:

The client profile for youth placed in a Level Five Sex-Specific Group Home is similar to that of a NOJOS Level Four Out-of-Home Sex-Specific Treatment youth with some important distinctions. **Factors Level Four youth and higher level youth have in common often include deficits or issues in family functioning, home environment, and/or caregiver willingness and/or ability to provide proper supervision and/or the youth's regular participation in treatment** as follows:

1. Family and/or home environment is marked by extreme stress or instability, and it is determined that this stress and instability will not provide the support or supervision needed to address the youth's risk and/or treatment and/or supervision needs;
2. The adult caregivers are incapable of, or choose not to, provide the level of structure and supervision required to prevent sexual misconduct or assist the youth to deal with his/her treatment needs;
3. The family, through their own behaviors, values, and issues, do not provide a healthy environment for youth to heal and rehabilitate;
4. The family presents as enabling and/or denial-based mindset undermining the youth's responsivity to interventions or safety and well-being of victims in the home;
5. The family does not possess the skills or resources necessary to address the youth's clinical needs (i.e., skills enhancement, behavioral modification, regulation of co-morbid mental health issues, regulation of impulsivity, emotions, and behaviors).

Factors that DIFFERENTIATE a Level Four, Level Five and Level Six youth include the following:

1. Level Six youth not only needs removal from their home environment due to

environmental and family risk factors, but also often present with greater frequency, duration of sexual problems, and/or sexual aggression as well as deficits in executive functioning, behavior management and/or antisocial characteristics;

2. Level Five and Level Six youth also often have social-competency issues and social relatedness issues and have difficulty in developing the skills necessary to be successful in the community, academic and/or home environments. These deficits require an out-of-home sex-specific group home setting and peer milieu to learn pro-socialization, proper boundaries, and healthy social skills. The group home setting is also necessary to provide the youth more structured opportunities to practice, improve and generalize new competency skills;
3. Similarly, Level Five and Level Six youth have difficulties with executive functioning that require a peer milieu/ social environmental interventions to develop self-insight, learn self- control and self-regulation.
4. Level Five youth are less-developmentally mature and under socialized than a higher risk Level Six youth requiring a sex-specific residential treatment center, (meaning a Level Five youth's developmental maturity level may place them at-risk for contagion and harm if placed in a Level Six program.);
5. Level Five youth present as more amenable or receptive to treatment than a Level Six youth;
6. Level Six youth present with greater problematic personality and temperament traits as indicated in the following:

    a. Unmanaged or uncontrolled activity such as restlessness or impulsivity;
    b. Unpredictable emotional response/inconsistent emotional lability;
    c. Difficulty in dealing with change;
    d. May not respond appropriately to stimulus;
    e. Hyper-focus (perseveration);
    f. Distractibility;
    g. Inability to limit on-going behavior;
    h. Inability to adjust to change;
    i. Negative Mood (typical affective-state-positive, negative, or neutral);

7. History of, and/or current self-regulation and behavior-management issues in their home and/or school environment—unmanageability cannot be controlled in a less-structured environment. Higher supervision and/or a behavioral-management program is required;
8. Self-harm behaviors.

Factors Associated with the Onset, Continuation, and Cessation of Abusive Sexual Behavior and Nonsexual Offending Among Male and Female Adolescent Populations

The client descriptions referenced below were developed following a literature review of factors associated with the onset, continuation, and cessation of abusive sexual behavior and nonsexual offending among male and female adolescent populations. The descriptions are designed to assist clinicians, caseworkers, probation officers, forensic evaluators, the courts and other service providers and decision makers in: (1) identifying risk-relevant intervention needs; (2) prioritizing appropriate intervention strategies; (3) monitoring progress toward resolving identified needs; (4) facilitating case and/or treatment plan revisions according to current needs; and (5) evaluating the completion of interventions and readiness for discharge. Consistent with the Risk-Need-Responsivity (RNR) model, clients who have many intervention needs may require more intensive interventions that provide good support and supervision. Clients who have fewer intervention needs, may need more limited intervention or, perhaps even no interventions beyond what they have already experienced

Moderate and Moderate-to-High Risk	Moderate-to-High Risk and High Risk
Clients' understanding of appropriate sexual behavior is occasionally poor.	Client's understanding of appropriate sexual behavior is often poor.
Clients' understanding of the consequences of abusive sexual behavior is occasionally poor.	Client's understanding of the consequences of abusive sexual behavior is often poor.
The frequency of the client's sexual thoughts is occasionally unsuitable, and the thoughts preoccupy the client.	The frequency of the client's sexual thoughts is often unsuitable, and the thoughts preoccupy the client.
Client's sexual interests occasionally involve abusive sexual activities.	Client's sexual interests often involve abusive sexual activities.
Clients' attitudes and beliefs occasionally support abusive sexual behavior.	Client's attitudes and beliefs often support abusive sexual behavior.
Client occasionally manages sexual behavior inappropriately.	Clients often manage sexual behavior inappropriately.
Clients occasionally evidence a lack of compassion for others.	Client often evidences a lack of compassion for others.
Client's peer relationships are occasionally poor and/or involve social isolation.	Client's peer relationships are often poor and/or client is socially isolated.
Clients occasionally manage emotions appropriately.	Clients often manage emotions inappropriately.
Clients' social skills are occasionally poor.	Client's social skills are often poor.
Clients occasionally evidence poor self-confidence.	Clients often evidences poor self-confidence.
Client's lack of commitment to school and/or work is occasionally apparent.	Client's lack of commitment to school and/or work is often apparent.
Clients occasionally use unstructured time poorly.	Client often uses unstructured time poorly.

Client's attitudes and beliefs occasionally support socially inappropriate, rule-violating, and/or illegal nonsexual behavior.	Client's attitudes and beliefs often support socially inappropriate, rule-violating, and/or illegal nonsexual behavior.
Client occasionally manages nonsexual behavior inappropriately.	Client often manages nonsexual behavior inappropriately.
Client indicates occasionally having a negative relationship with a Primary Caregiver.	Client indicates often having a negative relationship with a Primary Caregiver.
Client indicates occasionally lacking a positive relationship with any supportive adult.	Client indicates often lacking a positive relationship with any supportive adults.
Family functioning is occasionally poor.	Family functioning is often poor.
Unsafe and/or unstable living conditions are occasionally experienced.	Unsafe and/or unstable living conditions are often experienced.
Client occasionally lacks involvement with community resources.	Client often lacks involvement with community resources.
Client's mental health concerns are occasionally managed poorly.	Client's mental health concerns are often managed poorly.
Client participation in interventions is occasionally poor.	Client participation in interventions is often poor.

[Youth Needs and Progress Scale Development Literature Review, 2020, page 5.]

Treatment Modalities

1. Sex-Specific Group Home

Overall, treatment objectives should be holistic and include specific goals, tasks, and methods to address the youth's sex-specific criminogenic factors, co-occurring mental health issues, and skills-development services. Treatment and programming at this Level should include targeted sex-specific treatment (individual, family, and group therapy at least weekly), competency and skills development services and traditional mental health counseling. Interventions at this Level should also include medication management services as deemed should also be appropriate.

Family therapy should include focus on family dynamics associated with the youth's misconduct and/or problematic functioning, supervision, safety and assisting the youth to manage his/her risk, as well as strengths and healthy living plans. Family therapy should also include education of the parents/caregivers regarding the youth's current risk factors, treatment goals and supervision needs. Special attention should be focused on the "strengths" inherent in the youth and his family as well. It is important to view the parent/guardian as part of the treatment team and empower them to be an active participant in the youth's treatment. If there is a greater degree of conflict or problems in the youth's home environment, more frequent and/or intensive family therapy should occur focused specifically on these family dynamics.

As noted above, academic programming should be based on the youth's risk to the community and his/her educational needs as determined appropriate (i.e., may include Sex-Specific Day Treatment, Youth-In-Custody (YIC) classroom, Behavior Disorder (BD), private school, public school, etc.).

2. **Sex-Specific Independent Living**

Level Five youth who qualify for a sex-specific independent living program present with sexual behavioral issues and are typically older adolescents in need of a transitional placement to assist them in transitioning directly into adult living rather than returning home or to a kinship placement. Sex-specific independent living programming should specifically assist these youth to integrate and generalize their newly acquired competency skills, and self-regulation skills, as they develop life skills, to live independently in the community. These are youth who are either transitioning from a higher, more structured NOJOS level of treatment, or are youth without familial support from a lower level program who need to learn to live independently. **Prior to placement, risk should be reassessed to determine that independent living in the community is appropriate, and the intensity of structure and therapy needed.** Overall, these programs are required to provide sex-specific treatment following the Good Lives Model and R-N-R treatment objectives with the modalities, goals and frequency outlined for *moderate risk* youth.

Monitoring

The sex-specific trained clinician and out-of-home caregivers and residential staff providing supervision, work together to monitor the youth's compliance in their living environment, school and in their sex-specific therapy. Youth who are Court ordered into State's custody will also be supervised by an assigned Department of Health and Human Services case manager who will coordinate with the treatment team and provide oversight of the youth's treatment progress and placement. Level Five youth will also need monitoring and support making forays into the community prior to being returned home. If/when the youth's family is actively involved in the youth's care, and especially when the youth is to be eventually reunified with their family of origin, the parent(s)/guardian(s) must be involved in the treatment process and structured home visits.

The parent(s)/guardian(s)/supervisor(s)/tracker(s) may also provide supervision for the youth as deemed appropriate and approved by the NOJOS/ATSA sex-specific licensed clinician and Division case manager after being educated on the youth's individual risk and supervision needs and a family safety and supervision plan has been established. It is strongly recommended that information regarding appropriate supervision techniques (to be utilized with sexually traumatized youth, hyper-sexualized youth and youth who present a risk to engage in sexual misconduct) is included as part of the parent/guardian/ supervisor/tracker training. Further, The parent(s)/guardian(s) should be educated on the youth's risk and supervision needs and a family safety and supervision guideline plan prior to transition home.

Criteria for Discharge (See Treatment Process For Discharge Section above)

The length of treatment in a Level Five setting is based on the youth progress or lack of progress. Criteria for treatment progress include the accomplishment of all treatment goals and objections and demonstrating the implementation of desired skills and behavioral changes in observable behavior to reduce risk both individually and in family functioning and home environment. a Parent(s)/guardian(s) must also demonstrate they are able and willing to provide adequate supervision before the youth can be returned to their care.

Given the presumption of family reunification and treatment in least restrictive setting is paramount, networking and case coordination are essential to track the Level Five youth's treatment progress in a group home and prepare return home or discharge to a step-down placement. There should be consensus between the placing case manager and treatment team that the factors related to the need for out-of-home placement/treatment has been met and resolved to the point the youth and his home environment are stable enough and appropriate for the youth to step down to a lower level of supervision and intensity of treatment. If determined appropriate, a youth may complete treatment in with an outpatient Level Two sex-specific treatment provider. Lack of treatment progress may result in referral for more intensive treatment and/or supervision, which may also result in increased length of treatment. However, as stated above, all changes in placement or clinical level should be based on increased or decreased risk as measured by nationally accepted risk assessment tools and approved by the Court rather than solely based on client resistance and/or non-compliance.

These step-down and step-up alternatives are consistent with the Risk, Need and Responsivity NOJOS Continuum philosophy. Overall, treatment and placement decisions should always be made in accordance with the currently accepted Standard of Care and NOJOS protocols. Further, as detailed in the NOJOS Assessment Protocol, an updated sex-specific assessment is recommended prior to any discharge or step-up or step-down in the NOJOS continuum to determine progress, increase in protective factors and reduction of risk.

Additional Discharge Considerations

Treatment professionals should be careful to coordinate the transfer of treatment services and keep parents adequately informed and involved. Further, as detailed in the NOJOS Assessment Protocol, an updated sex-specific assessment is recommended prior to any discharge or step-up or step-down in the NOJOS continuum.

As in any NOJOS treatment level, lack of treatment progress may result in a referral to a more-intensive treatment intervention; however, as stated above, all changes in placement or clinical level should be based on increased or decreased risk as measured by nationally accepted risk assessment tools rather than *solely* on resistance and/or noncompliance.

It is recommended that out-of-home youth undergo a discharge assessment to determine if:

1. Family issues and environmental risk factors have been stabilized and reduced (including assessment of the well-being and safety/readiness of a victim still residing in the home);
2. A stable support system has been developed;
3. Co-morbid issues have been addressed/stabilized/managed effectively;
4. Risk has been lowered;
5. Level of functioning/competency skills have improved;
6. Etiological and maintenance factors, as well as treatment issues identified in the intake assessment, have been addressed;
7. Protective factors, resiliency, internal and external assets have been increased; and
8. Progress has occurred on sex-specific treatment goals.