Oregon’s JUVENILE SEX OFFENDER MANAGEMENT GRANT

A FEDERAL GRANT PROJECT

A collaboration of the Oregon juvenile justice system including the Oregon Youth Authority, county juvenile departments, district attorneys, the defense bar, victim advocates, child welfare, education, law enforcement, academia, and treatment providers.

The Juvenile Sex Offender Management grant allowed the juvenile justice stakeholder community to assess current practices and develop and implement a more comprehensive approach to the management and treatment of juvenile sex offenders.

REPORT TO STAKEHOLDERS

DECEMBER 2003 — JUNE 2006
Oregon’s Juvenile Sex Offender Management Grant

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Executive Summary

The Juvenile Sex Offender Management Grant Report to Stakeholders summarizes the project results of a 30-month federal discretionary grant awarded to the Oregon Youth Authority and the Juvenile Department Directors Association in October of 2003. The grant was funded by the (Federal) Bureau of Justice Assistance and Center for Sex Offender Management with technical assistance from the Center for Effective Public Policy. To direct this grant, the Juvenile Sex Offender Management Steering Committee (JSOMSC) was convened, whose 25 members represented constituent groups across the juvenile sex offender management system.

The purpose of the grant was to 1) analyze the management of juvenile sex offenders across the continuum of system contact in the Oregon juvenile justice system using a victim-centered approach, 2) identify gaps and strengths in the management system, 3) develop strategies to address the gaps, and 4) implement the strategies to gain a more comprehensive and consistent approach to the management of juvenile sex offenders in Oregon.

The continuum of system contact in the Oregon juvenile justice system includes:
- Investigation, Prosecution, Defense and Disposition
- Assessment and Treatment
- Supervision and Reentry
- Registration and Notification
- Victim Community

A victim-centered approach was used to analyze these system contact points by questioning how decisions made along the continuum affected or impacted victims and protected the community from future victimization.

The continuum of system contact was surveyed through a comprehensive assessment protocol (CAP) provided by the (Federal) Bureau of Justice Assistance. The Oregon management of juvenile sex offenders reflects strengths in utilizing best and promising practices as defined by the Center for Sex Offender Management. Also revealed, however, were gaps in the system that needed to be addressed to create a more comprehensive and consistent response.

Key areas that were identified as strengths included:
- Law enforcement provides a victim-centered response;
- The courts in general tend to adjudicate juvenile sex offenders rather than use diversion or discretionary dispositions. Special terms and conditions are routinely ordered including requirement to participate in sex offender treatment;
- Outpatient and residential treatment providers are providing comprehensive assessment and evaluation. Specialized training is regularly available and is widely attended;
• County probation staff and Oregon Youth Authority (OYA) parole & probation staff generally carry specialized caseloads and/or receive specialized training to supervise juvenile sex offenders. Case planning is being implemented by county juvenile department and OYA staff;
• Juvenile sex offenders are regularly registered and compliant with sex offender registration laws. Community education is available to prevent sexual assault.

Key areas that were identified as gaps included:
• Training need for judges, prosecutors and defense attorneys about the juvenile sex offender population;
• Need for a common juvenile sex offender risk assessment tool;
• Need for a certification or licensing process for sex offender treatment providers;
• Need for a model of treatment components along a continuum of care;
• Supervision standards and training for supervisors, as well as for county probation and OYA parole/probation officers;
• Collaboration and communication with victims and victim groups.

To address these gaps the following strategies were implemented:
• Training for judges, prosecutors and defense attorneys about the juvenile sex offender population, how to assess and treat these youth, and how to use information from assessment, treatment, and polygraph in the legal process;
• Adoption of the ERASOR (Estimate of Risk of Adolescent Sexual Offense Recidivism) as a part of a juvenile sex offender evaluation process;
• Development of a certification process to be recommended for legislative consideration;
• Development of a treatment continuum of response by sex offender treatment providers;
• Victim-centered approach workshops throughout the state to provide opportunity for common knowledge between offender providers and victim providers and to enhance communication and collaboration.

As with any comprehensive process of assessing a system, other gaps and concerns were identified and are being addressed. These include but are not limited to:
• Use of polygraph in treatment and supervision;
• School attendance and safety concerns;
• Comprehensive supervision standards - training development and delivery – for county juvenile probation staff and OYA parole/probation staff.
• Family involvement in treatment.

One of the goals of the collaborating agencies is to provide communities an opportunity to use the process implemented during the grant process to maintain partnerships and a means of continuing to address gaps in the comprehensive system of juvenile sex offender management, while building on strengths inherent in the system and the efforts that have been made so far. The Juvenile Sex Offender Management Steering Committee has provided the guidance for this process and regular communication among constituent
members to ensure that this can continue past the grant funding period. It is the vision of the committee to carry this momentum forward.

The following report details the information gathered through the grant project, the analysis of the information, identification of goals, strategies to address the goals, and implementation plans to carry out the process of change.
Project Overview

In October 2003, the Oregon Youth Authority (OYA), in partnership with the Oregon Juvenile Department Directors Association (OJDDA), was awarded a federal discretionary grant by the U.S. Office of Justice Programs (OJP) to develop and implement a comprehensive statewide plan for the management of juvenile sex offenders.

The Juvenile Sex Offender Management Steering Committee (JSOMSC), a statewide multi-disciplinary collaborative team, represented constituent groups throughout Oregon who have a part in this continuum. The JSOMSC was convened to serve as the oversight body in achieving the grant goals and represented stakeholders from juvenile justice constituent groups and agencies throughout the State of Oregon (see Appendix A). This committee included the OYA, county juvenile department directors and staff, a juvenile court judge, defense attorneys, prosecuting attorneys, law enforcement, victim advocates, educators, sex offender evaluators and treatment providers.

The target population for this project was youth who have sexually offended between the ages of 12 and 17 and are under supervision of a county juvenile department or committed to the Oregon Youth Authority for out-of-home placement.

The JSOMSC supported a victim-centered approach to assessing current practices and developing and implementing a comprehensive approach to the management and treatment of juvenile sex offenders across the continuum of investigation, prosecution, assessment, treatment, supervision, registration, and notification.

The victim-centered approach to the management of juvenile sex offenders provides a framework in which the juvenile justice system can work with the offender population while keeping in mind the needs of the victim as well as providing for community safety.

This approach supports the practice of decision-making with the thought of how this will affect or impact the victim, future victims, and the community at large. Working in collaboration with the victim services community, juvenile justice staff can be informed about specific victim concerns, especially when the victims are in the offender’s immediate family, and the concerns of the community where the offender will reside. By taking into consideration these concerns, treatment and supervision planning will become more offender specific and provide opportunity for a more successful outcome.

The (Oregon) Attorney General’s Sexual Assault Task Force, represented on the JSOMSC, provided the opportunity for training and partnering between the victim and juvenile justice communities. As we continue to bridge gaps between these two communities, communication and public safety will continue to improve.
Vision Statement

The Oregon Juvenile Sex Offender Management Steering Committee, a multidisciplinary collaborative team, represents constituent groups of professionals providing a continuum of services to juvenile sex offenders and victims. This committee envisions a statewide, comprehensive, standardized approach for the management of juvenile sex offenders which is victim-centered and emphasizes public safety, accountability, and reformation.

Mission Statement

The Mission of the Oregon Juvenile Sex Offender Management Steering Committee is to assess the strengths and weaknesses in our approach to juvenile sex offender management, reduce the gaps between current and best practice, identify and prioritize strategies to strengthen and standardize our current practices, and continually monitor our effectiveness in managing this population to reduce the risk to reoffend, reduce victimization, and enhance protective factors.
Oregon’s Juvenile Population Overview

The population of Oregon, approximately 3.6 million in size, is spread among concentrated urban areas that span the Willamette Valley region running from Portland at the north to Medford at the south, coastal cities that run the length of the Pacific coast, and 19 sparsely-settled rural counties that make up the central and eastern section of the state. In 2003, the population of youth aged 10 through 17 numbered 403,901 and represented 11.3% of the total population. Of this group, approximately 30,300 were referred to the juvenile justice system for criminal, status, and municipal or driving code violations. Approximately 16,000 of these youth, or 4.5% of the total juvenile population, were supervised at some point during that year by the county juvenile departments and 2,200 were supervised by the Oregon Youth Authority. Juvenile sex offenders in the juvenile justice system - approximately 1,600 in 2003 - represent less than 1% of the total juvenile population but generate the greatest concern for public safety.

The management of juvenile sex offenders is provided along a continuum of treatment, placement, and supervision responses. Youth under county juvenile department supervision may remain at home and engage in community-based treatment services. Youth who need a higher level of supervision and treatment are committed to the custody of the Oregon Youth Authority for placement in foster care, residential treatment or committed to youth correctional settings. Treatment and placement resources for juvenile sex offenders are concentrated primarily in the Willamette Valley, especially the Portland area. Rural areas lack a continuum of treatment and placement resources, often resulting in youth being placed outside of their local communities and away from family support. The urban communities have more resources to draw from and youth have some anonymity, while the rural communities are hampered by the lack of local resources and challenges presented by community scrutiny.

The JSOMSC identified the focus of its work as the juvenile sex offender population having committed a sex offense from ages 12 through 17 with open referrals in the juvenile justice system. Juveniles who were convicted in the adult system (i.e., Measure 11 and waived youth) were excluded from the project. The JSOMSC looked at specific points in time, March 1, 2004 and March 1, 2006, to collect the population data. Information was extracted from the data to determine various demographic details, crime types, and placement locations.
Oregon’s Juvenile Sex Offender Population

In obtaining information about the population of juvenile sex offenders in Oregon, the Juvenile Justice Information System (JJIS) was utilized. This system is a partnership between the county juvenile departments and the Oregon Youth Authority that collects and maintains data on each youth who has contact with the juvenile justice system to allow long-term tracking. This system is unique because it is a centralized information gathering system that is utilized throughout the state. It is envisioned that the system will become widely available to the juvenile court, residential treatment providers, and partner agencies that require public information.

The following juvenile sex offender data contained in this section was obtained through JJIS:

- Crime Classification (page 10)
- Crime Type (page 11)
- Age (page 12)
- Race and Gender (page 12)
- Jurisdictional Status (page 13)
- County Juvenile Sex Offender Location (page 13)
- Oregon Youth Authority (OYA) Placement (page 14)
- OYA Offender Facility Locations (page 14)
- OYA Youth Correctional/Camp Facility Juvenile Locations (page 15)

The scope of the population:

All juvenile sex offenders with open juvenile justice referrals on:

March 1, 2004 (N=1,593)

and

March 1, 2006 (N=1,501)
Crime Classification

March 1, 2004 (N=1,593)            March 1, 2006 (N=1,501)

March 1, 2004

- C Felony, 152, 10%
- B Felony, 523, 33%
- Misdemeanor, 305, 19%

March 1, 2006

- A Felony, 600, 38%
- C Felony, 155, 10%
- B Felony, 504, 34%
- Misdemeanor, 575, 38%

The following page identifies the number of youth with open juvenile justice referrals by crime type:
<table>
<thead>
<tr>
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<tbody>
<tr>
<td>Sodomy-1</td>
<td>FEL A</td>
<td>399</td>
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<tr>
<td>Rape-1</td>
<td>FEL A</td>
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<tr>
<td>Conspiracy Rape-1</td>
<td>FEL A</td>
<td>3</td>
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<tr>
<td>Sexual Abuse 1</td>
<td>FEL B</td>
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<tr>
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<td>FEL B</td>
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<td>FEL B</td>
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<td>FEL B</td>
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<td>Attempt Kidnapping-1</td>
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<td>Sexual Penetration in the Second Degree</td>
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<td>FEL B</td>
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<td>Attempt Use Child Display</td>
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</tr>
<tr>
<td>Compel Prostitution</td>
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<tr>
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<td>FEL C</td>
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<td>17</td>
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<td>Solicit Sexual Abuse 1</td>
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<tr>
<td>Attempt Kidnapping-2</td>
<td>FEL C</td>
<td>5</td>
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<tr>
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<td>FEL C</td>
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<td>Sexual Abuse 3</td>
<td>MIS A</td>
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<tr>
<td>Harassment Touch Intimate Part</td>
<td>MIS A</td>
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<td>Public Indecency</td>
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<tr>
<td>Attempt Sexual Abuse 2</td>
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<td>Encouraging Child Sex Abuse 3</td>
<td>MIS A</td>
<td>1</td>
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<tr>
<td>Attempt Rape-3</td>
<td>MIS A</td>
<td>1</td>
</tr>
<tr>
<td>Attempt Sexual Abuse 3</td>
<td>MIS B</td>
<td>3</td>
</tr>
<tr>
<td>Attempt Harassment Touch Intimate Parts</td>
<td>MIS B</td>
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</tr>
<tr>
<td>Sexual Misconduct</td>
<td>MIS C</td>
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</table>

**Total**                                  |          | **1593** | 100.00%  | **1501** | 100.00%  |
**Age**

*2004 Mean = 16.3*

*2006 Mean = 16.3*

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**Race & Gender**

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<thead>
<tr>
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<th></th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percent</td>
<td>Number</td>
<td>Percent</td>
<td>Number</td>
<td>Percent</td>
</tr>
<tr>
<td>African American</td>
<td>1</td>
<td>1.5%</td>
<td>73</td>
<td>4.8%</td>
<td>74</td>
<td>4.6%</td>
</tr>
<tr>
<td>Asian</td>
<td>1</td>
<td>1.5%</td>
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<td>0.9%</td>
<td>15</td>
<td>0.9%</td>
</tr>
<tr>
<td>Hispanic</td>
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<td>7.5%</td>
<td>182</td>
<td>11.9%</td>
<td>187</td>
<td>11.7%</td>
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<tr>
<td>Native American</td>
<td>2</td>
<td>3.0%</td>
<td>40</td>
<td>2.6%</td>
<td>42</td>
<td>2.6%</td>
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<tr>
<td>Other/Unknown</td>
<td>3</td>
<td>4.5%</td>
<td>66</td>
<td>4.3%</td>
<td>69</td>
<td>4.3%</td>
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<tr>
<td>White</td>
<td>55</td>
<td>82.1%</td>
<td>1151</td>
<td>75.4%</td>
<td>1206</td>
<td>75.7%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>67</td>
<td>100.0%</td>
<td>1526</td>
<td>100.0%</td>
<td>1593</td>
<td>100.0%</td>
</tr>
</tbody>
</table>
Jurisdictional Status

March 1, 2004

Oregon Youth Authority (n=690) 43%
Juvenile Departments (n=903) 57%

March 1, 2006

Oregon Youth Authority (n=635) 42%
Juvenile Departments (n=866) 58%

County Juvenile Sex Offender Location
March 1, 2004
N = 464
(Although the total number of county youth was 903, county location information was provided for 464 youth)
OYA Placement

**March 1, 2004 (n=690)**

- Community
  - Probation: 190, 27%
  - Parole: 178, 26%

- Close Custody
  - Revoked In Facility: 55, 8%
  - Commitment In Facility: 267, 39%

**March 1, 2006 (n=635)**

- Community
  - Probation: 178, 28%
  - Parole: 172, 27%

- Close Custody
  - Revoked In Facility: 60, 9%
  - Commitment In Facility: 225, 36%

OYA Offender Facility Locations

**March 1, 2004 (n=690)**

- Home or Living Independently: 125, 18.12%
- Residential: 109, 15.80%
- Foster Care: 93, 13.48%
- Detention/Jail: 17, 2.46%
- Other: 22, 3.04%
- Youth Correctional Facility: 280, 40.58%

**March 1, 2006 (n=635)**

- Home or Living Independently: 103, 16%
- Residential: 161, 25%
- Foster Care: 52, 8%
- Detention or Jail: 10, 2%
- Work - Study Camp: 50, 8%
- Youth Correctional Facility: 236, 37%
- Other: 23, 4%
- Other, Work - Study Camp: 50, 8%
OYA Youth Correctional/Camp Facility Juvenile Locations

March 1, 2004 (n=322)

- Camps or Corvallis (n=3), 17, 5%
- MacLaren YCF, 137, 43%
- Hillcrest YCF, 69, 21%
- Rogue Valley YCF, 42, 15%
- Eastern Oregon YCF, 21, 7%
- Tillamook YAC (now YCF), 22, 7%

March 1, 2006 (n=285)

- North Coast YCF, 1, 0%
- River Bend YCF, 16, 6%
- Rogue Valley YCF, 38, 13%
- Tillamook YCF, 27, 9%
- Camps or Corvallis (n=1), 34, 12%
- Hillcrest YCF, 69, 21%
- Eastern Oregon YCF, 18, 6%
- MacLaren YCF, 109, 39%
- Tillamook YAC (now YCF), 22, 7%

Location of OYA facilities:
- MacLaren, Woodburn
- Hillcrest, Salem
- Rogue Valley, Grants Pass
- Tillamook facilities are in Tillamook
- North Coast, Warrenton
- RiverBend, LaGrande
- Eastern Oregon, Burns
- Corvallis House, Corvallis

Facility Type:
- YAC: Youth Accountability Camp
- YCF: Youth Correctional Facility
- Camp: Work/study Camp
Mapping the Current Management System

Each point of contact in Oregon juvenile justice management has its own system of response. The following pages contain various system maps of the juvenile sex offender management system. The law enforcement process was included within different systems.

- Prosecution (page 18)
- Defense Process (page 19)
- Judicial Process (page 20)
- Juvenile Department – Metropolitan Example (page 21)
- Juvenile Department – Rural Example (page 23)
- Mentally Retarded/Developmentally Delayed Assessment and Treatment (page 24)
- Residential Treatment (page 25)
- Outpatient Treatment (page 26)
- Oregon Youth Authority (page 27)
- Sexual Assault Victim Response System
  
  Access Points:
  - Non-Profit Advocate (page 28)
  - Counselor (page 29)
  - Law Enforcement (page 30)
  - District Attorney-Based Advocate (page 31)
Oregon’s Juvenile Sex Offender Management Grant Report to Stakeholders

**Prosecution**

- Submission of reports & cases from Juvenile Dept.
- District Attorney (DA) Review of case reports & information
- Charging decision
- Petition filed in juvenile court if youth under 15 or for Non-Measure 11 offense
- Further review of case, settlement discussions with defense attorney
- Pre-trial setting and appearances
- Negotiated settlement of case involving agreement for waiver into adult court and plea of guilty

Case declined, no charges filed

Adult charges filed under Measure 11 if youth is 15-17 yrs (unless exceptions apply)

Possible filing of Measure 11 adult charges if exceptions apply

Possible return of case to Juvenile Court

Petition for waiver on Non-Measure 11 offenses to adult court

Adjudication in Juvenile Court

Sentencing in Adult Court

Negotiated settlement of case involving admission

Disposition of case in juvenile court

Sex offender registration obligation addressed
NOTE: Although this information is presented in linear format, this format is quite deceiving, as many of these items occur throughout the process and the individual facts of the case and the client’s position have significant impact on what order these events occur.
Juvenile Department – Metropolitan Example

Police Report Filed
Sent to Juvenile Dept

Received by Juvenile Department

Report sent to Deputy District Attorney (DDA) for Legal Sufficiency Review

DDA no charge; Case closed

Determined Measure 11 (M11)

Not Measure 11

Sent to Adult System
Retained in Juvenile System

Petition Filed

Order Appointing Attorney and Call/Trial Ready date set

No PL Hearing
Released at intake.

Preliminary (PL) Hearing - detainable charge(s) only

Detained in custody at intake
Released at intake

Held in custody - 10 Day Reviews

Summoned to PL Given attorney information

Released to Dept Human Services (DHS) Formal Conditions of Release.

Youth/caregiver meet with juvenile court counselor (JCC)

No PL: Petition and Summons to Call served by JCC. Youth given Order Appointing Attorney and contact information.

All Clients: Information shared regarding client vitals, court process, etc. Client questions answered.

Safety Assessment re: Living Situation (temporary custody to DHS/change of residence needed?) Relation & risk to victim(s)/public, supervision options. PL Hearing indicated (detainable charges only)? YES = Conditions of Release. NO = Safety Plan.

(Continued on next page.)
**PRE ADJUDICATION CONTACT WITH YOUTH AND CAREGIVER**

JCC and/or Tracker monitor compliance with Safety Plan and/or Conditions of Release. JCC responds to concerns/issues raised by the youth, caregiver, victim, and/or the public. JCC keeps all parties advised of case action and Court proceedings. Reports at Call.

**FORMAL HEARING(S) HELD**

Jurisdiction & disposition may be bifurcated.

**JURISDICTION ESTABLISHED**

Prior to Disposition, the JCC/OYA (depending on the county) completes the interview process with youth and caregiver. Conditions of Release are signed and collateral information, e.g. school, mental health, prior interventions, etc. is assessed. Recommendation is developed and Reformation Plan/Court Report is prepared for disposition, e.g. type/duration of supervision, temporary custody to OYA/DHS if indicated for placement, Standard Conditions, Special Conditions (sex offender treatment, registration/DNA as applicable, no babysitting or pornography, etc.) and sanctions (detention, restitution, fines, etc.)

**PROBATION**

OYA may/may not be involved

**LAW VIOLATION**

Temporary custody to Oregon Youth Authority (OYA) for facility placement. JCC may/may not continue with case

**DEPENDENCY**

Unable to aid & assist? Temporary custody to DHS? Alternative Disposition

Protective Supervision

Conditions of Release

* All juvenile sex offender conditions ordered, except DNA & Registration

VIOLATIONS MAY RESULT IN FORMAL PROBATION.

---

**Supervision**

The Juvenile Department and/or OYA have responsibility for arranging, monitoring, and/or reporting to the Court:

- Establishing Level of Risk per Juvenile Department practices.
- Establishing and maintaining Contact Standards.
- DNA/Sex Offender Registration with Oregon State Police (OSP) as applicable.
- Notification of Jurisdiction to local police and sheriff.
- Relief from Registration Notification if applicable.
- Victim support/referrals and notification of future proceedings.
- Collaboration and planning with partner programs and the community.
- Placement/residency.
- Safety and supervision plans.
- Oregon Juvenile Crime Prevention (OJCP) assessments.
- Probation Case Plan/JJIS Case Management Plan – development and compliance monitoring.
- Mental health/psychosexual evaluations and treatment as indicated.
- Sex offender education/treatment per juvenile department practices and court order.
- Full disclosure and maintenance polygraphs – client preparation and scheduling.
- Skill building and “wraparound” services, as able.
- Family/caregiver support and treatment, as able.
- Education and/or employment.
- Sanctions (Court ordered and informal).
- Maintaining current JJIS information.
- Coordination of Court proceedings.
Mentally Retarded/Developmentally Delayed Assessment and Treatment

Referral to Department of Human Services/Developmentally Delayed Services

Accept Referral? Yes

Intake Planning Session

Intake Placement (Individual service plan created)

Assessment

Individual Service Plan (ISP) with Behavioral Support Plan (BSP)

Annual ISP-BSP Reviews

Discharge Planning Meeting

Discharge

Law Enforcement

Child Abuse Hotline

Reoffense

Return to Referral Source

Functional Analysis Psychosexual Eval (45 days)

Treatment plan developed, daily structure & interventions, treatment frequency and type, etc.
Residential Treatment

- Referral Made
  - Screening by program for placement suitability
  - Placement on waiting list (for most programs)
  - Placement in Treatment Program
    - Intake, signed by legal guardian
    - Treatment generally consists of: Milieu, group, family, individual, medical management, case coordination, recreation, school, vocational
  - Participation in Treatment (in coordination with case mgr, PO)
  - Written documentation per contract requirements
  - Transition Plan (devised by program, case mgr, PO, family)
    - Transition (often to step-down program)
    - Safety Plan Devised and Implemented

- Law Enforcement
- Child Abuse Hotline
- Reoffense
Outpatient Treatment

1. Receive Referral
   - Review of referral related to risk & compatibility with program

2. Initial intake meeting
   - Review of community living situation
   - Sign treatment agreement

3. Review of community support system
   - Sign releases
   - Formulate treatment portion of plan
   - Formulate community support activities
   - Formulate support in living situation

4. Review of previous treatment experiences
   - Use of detention or other sanctions (if needed) to deal with program or treatment plan violations
   - Polygraph examinations, full disclosure (if needed) and maintenance

5. Treatment plan formulation in conjunction with client, PO, counselor, family
   - Safety plan developed (if needed), signed by client and community & living support

6. Sign treatment plan
   - Placement in treatment program (group, individual & family)

7. Implementation of termination plan
   - Termination planning with community & living support persons
   - Use of detention or other sanctions (if needed) to deal with program or treatment plan violations

8. Termination
   - Team meetings with PO, client, community support & living persons
   - Monthly progress summaries to PO

9. Case management activities related to community living and support
   - Case documentation of all contacts and activities

10. Receive Referral
    - Reoffense

11. Law Enforcement
    - Child Abuse Hotline

12. Reoffense
    - Implementation of termination plan

13. Termination
    - Use of detention or other sanctions (if needed) to deal with program or treatment plan violations

14. Polygraph examinations, full disclosure (if needed) and maintenance
    - Safety plan developed (if needed), signed by client and community & living support

15. Sign treatment plan
    - Placement in treatment program (group, individual & family)
Sexual Assault Victim Response System: Access Point – Non-Profit Advocate

Initial Victim Contact
Non-profit

Report to law enforcement (go to law enforcement chart)

Do not report

Appropriate medical referral

*Appropriate support & advocacy

Crisis intervention

Referral to counselors

Victim Assistance Program (VAP) advocate

Support groups

Work with family

Long-term follow-up, as necessary

* Victim receives information on crime victims’ compensation.
Sexual Assault Victim Response System: Access Point – Counselor

Initial Victim Contact: Counselor

- Report to Law Enforcement (go to law enforcement chart)
- Do not report

- Refer to non-profit
- Continued support
Initial Victim contact Law enforce.

After 84 hours
Within 84 hours

No Action

* Referral to non-profit and/or VAP

Investigation by a detective

No Action

No further investigation

Arrest of suspect

Not True Bill (no indictment)

Refer to DA for review

Grand Jury

True Bill (indictment)

Arraignment

Plea

Trial

Adjudication

Guilty

Not guilty (release)

Negotiated settlement

Arrêt of suspect if not arrested yet

* Victim receives information on crime victims’ compensation.
**Initial Victim Contact:**
Medical provider

- Report to Law Enforcement (go to law enforcement chart)
- Do not report
  - * Appropriate medical care

Less than 84 hours:
*SAFE kit

Greater than 84 hours:
* medical care

Advocate called (non-profit and/or VAP)

Appropriate referrals

- Counselor
- Private physician
- Health Department
- Non-profit advocate

* Victim receives information on crime victims’ compensation.
Assessment and Prioritization of System Gaps

The Center for Sex Offender Management (CSOM) compiled a literature review of best practices in adult and juvenile sex offender management and developed an assessment protocol. The JSOMSC received the Comprehensive Assessment Protocol (CAP) of Sex Offender Management Practices from CSOM in March 2004. An electronic version was also obtained in order to extract information related specifically to juvenile sex offenders. An updated “Juvenile CAP” was then distributed to all Steering Committee members. Later in the grant process, the JSOMSC was asked to provide feedback to CSOM regarding the CAP. Attached is a report which was sent to CSOM to provide feedback (see Appendix B).

Distribution of CAP surveys: In May 2004, steering committee members separated into four stakeholder groups according to areas of expertise and reviewed the CAP questions. The intent of this exercise was to answer any CAP questions which were either “always” or “never” simply by absence or presence of state laws/rules/guidelines, and to determine which remaining questions needed to be distributed to broader, statewide stakeholder groups for response. The four steering committee groups represented the following areas of juvenile sex offender management:

- investigation, prosecution, disposition;
- assessment, treatment;
- reentry of sex offenders, supervision;
- community notification, registration.

The groups were able to answer 300 questions by consensus. These questions were not included in surveys mailed to stakeholders. An additional 677 questions were clustered by area of expertise and distributed to various stakeholders throughout the state beginning in July 2004. Approximately 521 stakeholders were sent one or more surveys, depending on their role in the system (see Appendix C). In addition, 451 defense attorneys were sent a short survey in December 2004.

Analysis of data: Once the JSOMSC received the completed surveys, an Excel notebook was created for each survey, wherein the responses to each item (question) were entered. Next, each survey was imported into Excel and an item frequency distribution analysis was completed. A mean score was also calculated for each question answered (see Appendix D).

Identification of gaps: In October 2004, the steering committee convened through stakeholder groups to review the analysis and focus on items with high mean scores, possibly reflecting a gap in the system. The surveys were sorted by descending mean score to assist in this process.
Workgroups: Workgroups were convened outside the JSOMSC to further identify possible gaps in the system reflected in the CAP survey results and to offer additional input. These workgroups continue to be involved in providing recommendations and ideas to bridge identified gaps throughout the system. Workgroups include the following:

- Education Workgroup (Department of Education staff, juvenile justice staff and treatment providers);
- Licensing/Credentialing of Treatment Providers Workgroup (juvenile justice staff, treatment providers);
- Outpatient Juvenile Sex Offender Treatment Providers;
- Oregon Youth Authority Parole/Probation;
- Oregon Youth Authority Community Resource Unit;
- Oregon Youth Authority Facility Treatment Managers and Camp Counselors;
- Victim-Centered Workgroups (victim advocates, treatment providers and juvenile justice staff);
- Polygraph Workgroup (polygraphers, juvenile justice staff, treatment providers, defense attorneys);
- a combined workgroup of juvenile department directors and county probation staff/OYA parole and probation supervisors and their field staff.

Attached are recommendations from the Outpatient Workgroup (Appendix F), Education Workgroup (Appendix H), and OYA Treatment Manager and Camp Counselor Workgroup (Appendix J).
A Summary of Oregon’s Strengths

The Comprehensive Assessment Protocol (CAP) document was developed to reflect promising and best practices in the juvenile sex offender management field. Many of the survey questions were designed to determine if policies, practices and procedures met these guidelines. Additionally, on September 9, 2004, staff from the Center of Effective Public Policy (CEPP) presented the JSOMSC with a workshop on the most current information regarding emerging best practices. Using this information and the data obtained from the CAP surveys, the JSOMSC identified strengths in the Oregon juvenile sex offender management system that reflected these emerging best practices. The practices listed below may not apply to all juvenile sex offender management agencies or providers throughout the state; rather, they are a summary of areas identified as strengths by the JSOMSC.

Assessment:
- Residential and community-based treatment providers are providing good prior history information and use psychiatric/psychological evaluations and informed consent appropriately.
- Specialized training is provided to most treatment providers.

Treatment:
- Gender-specific programs are available.
- Treatment plans are documented by residential and outpatient treatment providers.
- Programs have policies and procedures which follow emerging best practices.
- Youth are routinely referred for psychosexual/psychosocial evaluations by OYA.

Community Notification:
- There are policies and procedures in place related to community notification.
- Communities are informed about the availability of registration information through local law enforcement.
- Communities are provided information materials to help prevent sexual assault.
- Active steps are taken to ensure that the identities of victims are protected.

Sex Offender Registration:
- Families are routinely informed of registration requirements.

Supervision:
- Sex offender-specific caseloads are present.
- Special terms and conditions are ordered by the court and monitored for compliance by parole and probation officers.
- Youth are consistently participating in sex offender-specific treatment.
- Polygraphs are being used in treatment.
- Case plans are used by county juvenile departments and being implemented by OYA.
Reentry:
- Discharge reports are being completed.
- Required offender registration and notification is happening.
- Comprehensive treatment planning/release planning is occurring and includes youth in the planning.
- Healthcare, education and rehabilitative services are routinely provided.
- Treatment planning for release occurs at least three to six months prior to release from placement.

Investigation, Prosecution and Disposition:
- Department of Human Services standards exist and they tend to leave investigation of crime to law enforcement.
- Judges do not routinely use diversion or discretionary dispositions for juvenile sex offenders.
- Law enforcement attempts to separate the victim from the offenders when allegations or victim reports are made.
- Law enforcement protects the victim and ensures a victim-sensitive environment during investigations.
Addressing Identified Gaps

A list of possible implementation topics was developed using input from the various outside expert workgroups which identified gaps throughout the juvenile sex offender management system. The list of implementation topics was distributed to all JSOMSC members during May 2005. Committee members decided by consensus which topics to address in an implementation plan. Implementation strategies were designed to reflect suggestions from the smaller steering committee workgroups and the outside expert workgroups. The following describes the goals and strategies developed to address the identified gaps and the status of each goal. Explanations are given for each goal that was not completed.

- Investigation, Prosecution, Disposition (page 37)
- Assessment (page 38)
- Treatment (page 38)
- Notification/Victim Issues (page 39)
- Reentry (page 40)
- Registration (page 40)
- Supervision (page 40)
- Schools (page 41)
- Training (page 41, 42)

Investigation, Prosecution, Disposition

The investigation, prosecution, and disposition of juvenile sex offenses involve law enforcement, county district attorneys, defense attorneys and juvenile court judges. These groups were surveyed throughout the state to determine gaps and strengths in the current system of response.

<table>
<thead>
<tr>
<th>Problem</th>
<th>Goal</th>
<th>Status</th>
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</thead>
</table>
| Use of and mandate for evaluations prior to disposition by judges is inconsistent. | - Obtain written support of the Family and Juvenile Law subcommittee of the Judicial Conference to promote a uniform policy across districts or within districts.  
- Obtain endorsement of the Judicial Conference for a uniform policy regarding mandate for pre-disposition evaluations. | Not completed.  
Training regarding evaluations was provided to judges; however, a mandate was not obtained. |
Assessment

Assessment of juvenile sex offenders is of key importance to determine the risks and needs of the offender while ensuring protection of the victim(s) and the community. Assessment guides dispositional conditions, as well as treatment and placement needs.

<table>
<thead>
<tr>
<th>Problem</th>
<th>Goal</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Promising empirically guided or actuarial measures developed specifically for juvenile sex offenders are generally not utilized.</td>
<td>Adopt the use of the Estimate of Risk of Adolescent Sexual Offense Recidivism (ERASOR) tool by close custody, residential and community treatment providers.</td>
<td>Completed September 2005</td>
</tr>
<tr>
<td>There is an absence of clear requirements for physiological assessments (exceptions) in OYA.</td>
<td>Develop written referral procedure for physiological assessments.</td>
<td>Completed December 2005</td>
</tr>
<tr>
<td>There is an absence of guidelines for use of polygraphs for assessment of juvenile sex offenders.</td>
<td>Adopt a statewide guideline for who receives a polygraph examination, who performs the polygraph, and protocols for consistent use of the polygraph.</td>
<td>In progress</td>
</tr>
<tr>
<td>Policies, standards or guidelines do not always require that a risk assessment is conducted for each juvenile sex offender.</td>
<td>Develop policies, standards or guidelines for juvenile sex offender risk assessment.</td>
<td>Completed May 2006 (see Appendix F)</td>
</tr>
</tbody>
</table>

Treatment

Juvenile sex offender treatment is a specialized field and addresses the risks and needs identified through assessment. Treatment may be provided at the community level in outpatient or residential treatment, or may take place in a secure setting such as a youth correctional facility. The ultimate goal of treatment is to hold the offender accountable and reduce risk to the community for re-offending.

<table>
<thead>
<tr>
<th>Problem</th>
<th>Goal</th>
<th>Status</th>
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</thead>
<tbody>
<tr>
<td>There is no formal system by which juvenile sex offender outpatient programs are monitored.</td>
<td>Develop a formal protocol by which state contracted juvenile outpatient sex offender programs are monitored.</td>
<td>In progress</td>
</tr>
<tr>
<td>The OYA will continue to develop a protocol.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clinical supervision is not always routinely provided for outpatient staff conducting juvenile sex offender treatment.</td>
<td>Develop written framework for clinical supervision for outpatient staff conducting juvenile sex offender treatment.</td>
<td>Completed May 2006 (see Appendix F)</td>
</tr>
<tr>
<td>Limited programs addressing developmentally disabled juvenile sex offenders.</td>
<td>Provide evidence-based training to providers to enhance competence in working with lower-functioning juveniles.</td>
<td>Completed June 2006</td>
</tr>
</tbody>
</table>
The role of close custody institutions is not well defined in the continuum of care.

Define written recommendations regarding the role of close custody institutions in the continuum of care.

Not Completed

The committee convened twice and will continue to develop a recommendation.

<table>
<thead>
<tr>
<th>Problem</th>
<th>Goal</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Treatment documentation is generally not consistent or readily available to providers when a youth moves within the treatment continuum.</td>
<td>Develop written guidelines for standard elements documenting treatment progress.</td>
<td>Completed March 2006</td>
</tr>
<tr>
<td>Statewide policies or standards do not establish specialized educational and/or experience criteria that providers must meet in order to provide sex offender treatment to juveniles.</td>
<td>Establish a formal workgroup to develop licensing/certification guideline for sex offender treatment providers and evaluators.</td>
<td>Completed May 2005</td>
</tr>
</tbody>
</table>

### Notification/Victim Issues

Notification refers to information available to victims and the general public about a particular juvenile sex offender.

<table>
<thead>
<tr>
<th>Problem</th>
<th>Goal</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inconsistent knowledge and practice of a victim-centered approach in the juvenile justice system.</td>
<td>Convene a workgroup to increase communication and information between victim advocates and juvenile justice staff.</td>
<td>Completed</td>
</tr>
<tr>
<td></td>
<td>* A workgroup convened during February 2006.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>* Workshops convened during May and June 2006.</td>
<td></td>
</tr>
<tr>
<td>Lack of policy, practice or guidelines regarding victim notification.</td>
<td>Develop an OYA policy, practice or guidelines regarding victim notification.</td>
<td>Completed April 2006</td>
</tr>
</tbody>
</table>
| OYA supervising officers are unable to follow up on victim disclosure during treatment or supervision. | • Propose a central tracking system for victim disclosures to ensure all parties have their needs met.  
  • Propose a victim advocate position to address victim issues, including tracking victim disclosures. | Completed March 2006        |
Reentry

Successful return of a youth to the community from residential treatment programs or secure custody requires services that assist with the reentry process. These services may include independent living skills, employment, education and housing, but may include other responses that are unique to the particular youth.

<table>
<thead>
<tr>
<th>Problem</th>
<th>Goal</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lack of connection between residential resource and community placement.</td>
<td>Create a protocol for a reintegration process to support youth’s transition.</td>
<td>Not completed</td>
</tr>
</tbody>
</table>

Registration

Sex offender registration is required for youth as well as adults who have committed sex offenses. It is important that youth and their families understand the registration requirements and long-term consequences of committing a sex offense as well as the best possible circumstances for being considered for relief from registration.

<table>
<thead>
<tr>
<th>Problem</th>
<th>Goal</th>
<th>Status</th>
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</thead>
<tbody>
<tr>
<td>Juveniles’ families are typically informed of registration requirements and the relief from registration process; however, confusion remains.</td>
<td>Develop general informational brochure for families and youth about sex offender registration and relief from registration.</td>
<td>Completed May 2006 (see Appendix G)</td>
</tr>
</tbody>
</table>

Supervision

Probation and parole supervision of juvenile sex offenders requires specialized conditions from the court or paroling authority and specialized training of the supervising staff. Providing community safety while holding youth accountable and supporting their efforts to be successful is the key role of a probation or parole officer.

<table>
<thead>
<tr>
<th>Problem</th>
<th>Goal</th>
<th>Status</th>
</tr>
</thead>
</table>
| Appears to be no standards or guidelines for supervision of youth who sexually offend in the community. | • Convene workgroup to address the problem.  
• Develop minimum standards and guidelines for supervision of youth to include number, type and location of contacts. | • Completed April 2005  
• Minimum standards were not developed; however, a workgroup continues to meet to achieve this goal. |
Lack of networking opportunities among juvenile sex-offender-specific-caseload parole/probation officers. | Convene a workgroup to develop a model to enable networking opportunities. | Completed February 2006

**Schools**

Access to education is important to all juvenile offenders. Juvenile sex offenders face the greatest obstacles in attending public school because of the concerns for safety in the school environment. Communication between the supervising agency and school, education of the school staff, and response to the school’s concerns can greatly assist the success of a juvenile sex offender in continuing with education.

<table>
<thead>
<tr>
<th>Problem</th>
<th>Goal</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Education staff does not always follow juvenile sex offender safety plans or allow victim and offender to be in the same school. This is a problem in small communities.</td>
<td>Convene a workgroup to define education issues.</td>
<td>Completed September 2005 (see Appendix H)</td>
</tr>
<tr>
<td>• Prior notification, as required by 420A.122 – Notice of Release or Discharge, is not always followed according to statute requirements.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Relationships between juvenile sex offender management stakeholders and schools are not consistently strong across the state.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Training**

Among all the groups who were surveyed, training was identified as one of the greatest needs. On-going training is a key component of having a well-prepared and supported staff who have contact with juvenile sex offenders along the continuum of response in the juvenile system.

<table>
<thead>
<tr>
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<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Supervision officers do not routinely receive specialized training pertaining to juvenile sex offender management or specific training to prevent or mitigate secondary trauma or burnout.</td>
<td>• Request technical assistance from BJA to develop training curriculum for parole/probation officers on supervision of juvenile sex offenders.</td>
<td>Completed November 2005</td>
</tr>
<tr>
<td>• Lack of support by administrative staff for supervising officers regarding burnout, caseload management and secondary trauma.</td>
<td>• Request technical assistance from BJA to obtain training curriculum for juvenile departments and OYA parole/probation supervisors.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• If provided technical assistance from BJA,</td>
<td>Not Completed</td>
</tr>
<tr>
<td>Topic</td>
<td>Actions</td>
<td>Status</td>
</tr>
<tr>
<td>----------------------------------------------------------------------</td>
<td>-------------------------------------------------------------------------</td>
<td>-------------------</td>
</tr>
<tr>
<td><strong>Develop and offer specialized training pertaining to sex offender management and prevention of secondary trauma or burnout.</strong></td>
<td>If provided technical assistance from BJA, develop and offer training for administrative staff regarding type of support needed by staff who work with juvenile sex offenders to decrease risk of burnout and secondary trauma.</td>
<td>Technical assistance was not obtained from BJA; therefore, training was not provided.</td>
</tr>
<tr>
<td><strong>Judicial and prosecutorial education programs are not generally offered for juvenile/family court judges and district attorneys that specifically target juvenile sex offender management.</strong></td>
<td>Request technical assistance from NCJFCJ for specialized training. Also, provide travel reimbursement for attendees.</td>
<td>Completed June 2006</td>
</tr>
<tr>
<td><strong>Law enforcement staff lack training in victim-impact issues, modus operandi, investigating juvenile sex offender allegations, how to interrogate juvenile offenders in general.</strong></td>
<td>Establish a process to notify law enforcement of upcoming investigative courses specifically relating to juvenile sex offender issues through LEDS training announcements.</td>
<td>Completed May 2006 (see Appendix I)</td>
</tr>
<tr>
<td><strong>Medical staff is not informed about identification of possible juvenile sex offenders.</strong></td>
<td>Provide an article(s) to the medical community on juvenile sex offenders.</td>
<td>Not Completed</td>
</tr>
<tr>
<td><strong>Promising empirically guided or actuarial measures developed specifically for juvenile sex offenders are generally not utilized.</strong></td>
<td>Provide training on the Estimate of Risk of Adolescent Sexual Offense Recidivism (ERASOR) for statewide implementation.</td>
<td>Completed September 2005</td>
</tr>
</tbody>
</table>

### Additional Training Initiatives

As part of the victim-centered approach to juvenile sex offender management, training was facilitated by the JSOMSC and Sexual Assault Task Force in six locations throughout Oregon. The training included a workshop wherein juvenile justice staff, treatment providers and victim advocates developed community action plans.

The Oregon Adolescent Sex Offender Treatment Network (OASOTN) and Oregon Youth Authority (OYA) sponsored four training sessions on the use of the ERASOR, which were attended by 170 people to include OYA treatment staff, parole/probation staff and treatment providers.
Additional Points to Consider

The JSOMSC drafted the following advisory points to consider when managing juvenile sex offenders.

I. **Formal versus informal managing of juvenile sex offenses:**

Informal dispositions and alternative dispositions for youth 12 and over raise questions as to whether or not such dispositions adequately protect the community and provide appropriate accountability. Issues of concern include the lack of any record evidencing establishment of jurisdiction regarding sexually offending behavior, and the potential for the youth to minimize responsibility for the offense committed. The use of such dispositions by those responsible for charging, prosecuting and ordering dispositions should be subjected to careful consideration in balancing the benefits of such dispositions for the youth, with the concerns for public safety and accountability in the context of the community setting in which the youth resides, goes to school, works, and socializes.

II. **Enforcement powers of those supervising juvenile probationers:**

The Committee believes that most juvenile sex offenders can be safely supervised in the community. Counties, however, should identify for their communities the authority of the juvenile counselors/juvenile probation officers that enable them to safely manage juvenile sex offenders within that community. If counties believe their juvenile counselors/juvenile probation officers lack the authority to take immediate enforcement action such as arrest and detention, they should recommend the necessary legislative changes.

III. **Victim’s right to victim-specific information from an offender in treatment:**

Since one of the most important purposes of sex offender treatment is to help the offender develop empathy toward the victim, an expectation of treatment is that offenders are forthcoming about victim-specific information when requested by the victim or victim’s family. Such information should include, but not be limited to, the frequency of abuse, the manner and details of the abuse, the techniques used to gain the trust and compliance of the victim and the locations of the abuse. Such information should generally be released from the offender’s therapist to the victim’s therapist.

IV. **A sealed record system for some juvenile sex offenders in return for a legislative prohibition against alternative dispositions:**

The lack of availability of expunction for juvenile sex offenders appears to be a significant issue affecting how some cases are charged and ultimately resolved. Because felony sex offenses are barred from expunction, there is an incentive for the legal system to charge lesser offenses or use other dispositions that fail to make the offender
accountable for his or her actions, or that can adequately protect the community. Those who believe the community is not being protected under existing application of the law are resolute against expunction, and those against automatic lifetime records for juvenile sex offenders continue to look for ways around current law. The Committee believes that a workgroup should address the concerns presented around the issues of expunction and alternative dispositions. There is a need to explore whether or not legislative changes should be considered, which could reduce the number of instances where alternative charging or dispositions are pursued primarily to avoid collateral consequences of an adjudication for a sex offense, including permanency of a record.
Moving Forward

The Bureau of Justice Assistance discretionary grant awarded to Oregon in 2003 has allowed the juvenile justice system to move towards a more comprehensive and consistent system of response to the management of juvenile sex offenders. This grant served as a starting point for stakeholders to assess gaps and strengths, create strategies to address the gaps, develop and implement responses to those gaps, and build on the existing strengths within the juvenile sex offender continuum of response in the juvenile justice system.

As a result of the grant, a number of gaps have been addressed through training for all the constituent groups, and implementing standards of assessment has created a more consistent means of evaluating risks and needs of youth. The grant has assisted Oregon in identifying areas that will continue to need to be developed through a framework of established workgroups. Areas that will continue to be addressed after the grant has concluded include:

- Polygraph guidelines for treatment and supervision;
- Components of sex offender treatment along a continuum of care;
- Training through conferences and workshops offering the current research and best practices in juvenile sex offender assessment, treatment, and supervision;
- Development of supervision guidelines;
- Continuation of the relationships established in the offender and victim communities;
- Tracking the juvenile sex offender population characteristics and trends over time.

The juvenile sex offender management field will continue to evolve as new research guides the assessment, treatment and supervision of these youth. Oregon has an opportunity through the structure developed under the grant to continue sharing information and collaborating among stakeholders to best implement new information as it develops. Oregon remains a state that is in the forefront of sex offender management and has the vision to continue to seek those practices that will best ensure community safety.
Appendix A: Oregon’s Juvenile Sex Offender Management Steering Committee Member List

Phil Cox, Grant Director, Oregon Youth Authority
Shirley Didier, Grant Coordinator, JSOMSC Chairperson, Oregon Youth Authority
Charles Logan-Belford, JSOMSC Chairperson, Central and Eastern Oregon Juvenile Justice Consortium, Liaison for the Oregon Juvenile Department Directors Association
Lance Schnacker, Research Coordinator, Oregon Youth Authority
Phyllis Barkhurst, Attorney General’s Sexual Assault Task Force
Vi Beaty, Oregon State Police, Sex Offender Registration Unit
Katherine Berger, Attorney, representing Oregon Criminal Defense Lawyers Association
Cindy Booth, Oregon Youth Authority, Research and Development
Kathy Brennan, Multnomah County Juvenile Department, Supervisor Sex Offender Unit
Ken Chapman, Jackson County Community Justice, Supervisor Sex Offender Unit
Jenny Chocole Birnie, Deschutes County Community Justice, Director
The Honorable Deanne Darling, Clackamas County Circuit Court Judge
Peter Deuel, Oregon District Attorneys Association, Jefferson County District Attorney
Steve Doell, Crime Victims United
Amy Hehn, Deputy District Attorney, Multnomah County District Attorney’s Office
Jeremy Howell, Oregon Adolescent Sex Offender Treatment Network, Out-Patient Treatment Provider
Jim Leppard, Lane County Department of Youth Services
John Linn, Oregon Department of Human Services, Gateway Children’s Center
Lynn Matthews, Oregon Department of Human Services, Children, Adults and Families Division
Jeff Milligan, Central and Eastern Oregon Juvenile Justice Consortium
Rick O’Dell, J Bar J Youth Services, Residential Treatment Provider
Debbie Patterson, Crook County Juvenile Department, Director
Pete Patton, President - Oregon Adolescent Sex Offender Treatment Network, Clinical Supervisor, Multnomah Secure Residential Treatment Program
Kristin Paustenbach, Juvenile Rights Project
Lieutenant Sam Salazar, Oregon State Police
Robin Springer, Multnomah County District Attorney’s Office, Deputy District Attorney
Dixie Stevens, Morrison Child & Family Services, Clinical Supervisor, Residential and Out-Patient Treatment Programs
Jesse Watson, Professional Therapeutic Community Network – Mentally Retarded/Developmentally Delayed Treatment Services
Steve Woodcock, Oregon Department of Education, Youth Corrections Education Programs
Appendix B: Comprehensive Assessment Protocol (CAP) Critique

Benefits of using the CAP as an assessment tool: The CAP provided valuable information regarding the various topic areas and is a useful guide to publications and resources.

Although the assessment tool may not be valid/reliable, it did provide structure for identifying issues which needed to be addressed. Discussion among group members seemed to be more valuable than the information captured by the questions.

Concerns mentioned:

- **Length:** The survey was too long. It was difficult to focus on each question knowing the quantity which needed to be answered. As a result, some questions were deleted prior to distribution or answered on a consensus basis.

  It appeared the protocol was not ready to be used, due to its enormity and lack of structure/flow.

- **Design:** It appeared the CAP was not designed as an assessment but more of a literature review. It also appeared to have been written by people who do not currently deal with youth.

  Many of the questions did not have a good fit for how Oregon’s system works. A number of questions could not be answered, or at least could not be answered without some significant degree of editorial overlay.

  A better approach to this process might have been to do an inventory of what we are doing to find out what we need to be doing, rather than asking the standardized questions.

- **Omitted:** Community safety did not appear to be a focus of the CAP. Supervision standards were not mentioned. It should have focused more on what services we should provide to youth to protect the community.

  The defense team role was completely left out of the assessment.

- **Item reliability:** The actual questions were sometimes ambiguous, vague and compound, resulting in questionable reliability of responses.

  Scored results did not necessarily pinpoint a relevant issue of concern. Rather, the various workgroups used these scores as a catalyst to focus on issues that appeared to be of significance in Oregon.

- **Suggestion:** Possibly a more valuable application of the CAP would have been to select and tailor topics and questions to better fit the systems being assessed within a specific jurisdiction, rather than to attempt a standard assessment.
### Appendix C: Comprehensive Assessment Protocol (CAP) Survey Distribution

<table>
<thead>
<tr>
<th>Answering Entity</th>
<th>No. of questions (No. of pages)</th>
<th>No. of questions (No. of pages)</th>
<th>CAP Section</th>
<th>No. of documents Sent</th>
<th>Date mailed</th>
<th>Received</th>
</tr>
</thead>
<tbody>
<tr>
<td>Judges: 19 (4)</td>
<td>18 (3)</td>
<td>1 (1)</td>
<td>Investigation, prosecution, disposition Treatment</td>
<td>27</td>
<td>7/6/04</td>
<td>12 – 44%</td>
</tr>
<tr>
<td>District Attorneys: 27 (7)</td>
<td>26 (4)</td>
<td>1 (3)</td>
<td>Investigation, prosecution, disposition Treatment</td>
<td>36</td>
<td>7/1/04</td>
<td>23 – 64%</td>
</tr>
<tr>
<td>Defense Attorneys: 13 (3)</td>
<td>13 (3)</td>
<td></td>
<td>Investigation, prosecution, disposition Treatment</td>
<td>451</td>
<td>12/6/04</td>
<td>72 (29 completed) (1/6/05)</td>
</tr>
<tr>
<td>Juvenile Departments: 134 (21)</td>
<td>11 (3)</td>
<td>3 (1) 10 (2) 75 (10) 35 (5)</td>
<td>Investigation, prosecution, disposition Registration Treatment Assessment Supervision</td>
<td>36</td>
<td>7/6/04 Via e-mail by Chuck Belford 12/04, again.</td>
<td>31 – 86%</td>
</tr>
<tr>
<td>Victim Advocates: 24 (4)</td>
<td>21 (3)</td>
<td>3 (1)</td>
<td>Investigation, prosecution, disposition Treatment</td>
<td>93</td>
<td>7/1/04</td>
<td>40 – 42%</td>
</tr>
<tr>
<td>DHS: 6 (2)</td>
<td>6 (2)</td>
<td></td>
<td>Investigation, prosecution, disposition Treatment</td>
<td>40</td>
<td>7/15/04</td>
<td>16 – 40%</td>
</tr>
<tr>
<td>Law Enforcement: 34 (6)</td>
<td>34 (6)</td>
<td></td>
<td>Investigation, prosecution, disposition Treatment</td>
<td>175</td>
<td>7/1/04</td>
<td>79 – 45%</td>
</tr>
<tr>
<td>OYA: 193 (1)</td>
<td>Shirley Didier 3 (1)</td>
<td></td>
<td>Registration</td>
<td>1</td>
<td>7/1/04</td>
<td>1 – 100%</td>
</tr>
<tr>
<td>(20)</td>
<td>Parole &amp; Probation 8 (3) 77 (11) 35 (5) 3 (1)</td>
<td></td>
<td>Reentry Assessment Supervision Registration</td>
<td>12</td>
<td>7/14/04</td>
<td>12 – 100%</td>
</tr>
<tr>
<td>(2)</td>
<td>CRU 15 (2)</td>
<td></td>
<td>Reentry</td>
<td>6</td>
<td>7/12/04</td>
<td>6 – 100%</td>
</tr>
<tr>
<td>(8)</td>
<td>YCF Treatment Mgr. 4 (1) 48 (7)</td>
<td></td>
<td>Treatment Assessment</td>
<td>13</td>
<td>7/14/04</td>
<td>7 – 54%</td>
</tr>
<tr>
<td>Community-Based Treatment Providers 73 (9)</td>
<td>32 (3)</td>
<td>41 (6)</td>
<td>Treatment Assessment</td>
<td>60</td>
<td>7/7/04</td>
<td>19 – 33%</td>
</tr>
<tr>
<td>County Mental Health: 6 (1)</td>
<td>6 (1)</td>
<td></td>
<td>Treatment</td>
<td>3</td>
<td>7/6/04</td>
<td>3 – 100%</td>
</tr>
<tr>
<td>Residential Treatment Providers: 149 (19)</td>
<td>99 (11) 50 (8)</td>
<td></td>
<td>Treatment Assessment</td>
<td>19 – 3 = 16 2 not residential 2 answered 1</td>
<td>7/6/04</td>
<td>11 – 69%</td>
</tr>
</tbody>
</table>

Total Questions: 677
Total Pages: 105
Total Questionnaires Received as of 01/2005: 260 (50%)
Total Packages Mailed as of 08/2004: 521

Packages Mailed to Defense Attorneys 12/6/2004: 451
Total Questionnaires Received from Defense Attorneys: 72

June 2006
### Appendix D: Example of Survey Results Spreadsheet

Note: The scale for scaled items is 1=Always, 2=Typically, 3=Generally Not, 4=Never.

<table>
<thead>
<tr>
<th>Caseload Management</th>
<th>Item</th>
<th>Always</th>
<th>Typically</th>
<th>Generally Not</th>
<th>Never</th>
<th>Blank</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Have specialized juvenile sex offender caseloads been established?</td>
<td>19</td>
<td>6</td>
<td>2</td>
<td>4</td>
<td>0</td>
<td>31</td>
</tr>
<tr>
<td>2</td>
<td>For supervision officers responsible for managing juvenile sex offenders, are caseload sizes limited?</td>
<td>2</td>
<td>12</td>
<td>11</td>
<td>6</td>
<td>0</td>
<td>31</td>
</tr>
<tr>
<td>3</td>
<td>Is specialized training pertaining to juvenile sex offender management routinely offered to supervision officers?</td>
<td>14</td>
<td>12</td>
<td>4</td>
<td>1</td>
<td>0</td>
<td>31</td>
</tr>
<tr>
<td>4</td>
<td>Are juvenile justice agency administrators aware of the increased potential for secondary trauma and burnout among supervision officers responsible for juvenile sex offender management?</td>
<td>9</td>
<td>15</td>
<td>5</td>
<td>2</td>
<td>0</td>
<td>31</td>
</tr>
<tr>
<td>5</td>
<td>Do supervision officers receive specific training to prevent or mitigate symptoms of secondary trauma or burnout?</td>
<td>3</td>
<td>10</td>
<td>14</td>
<td>3</td>
<td>1</td>
<td>31</td>
</tr>
<tr>
<td>6</td>
<td>Does your agency administration offer services/support to address the increased potential for secondary trauma and burnout among supervision officers responsible for juvenile sex offender management?</td>
<td>2</td>
<td>6</td>
<td>13</td>
<td>3</td>
<td>7</td>
<td>31</td>
</tr>
</tbody>
</table>
### Appendix E: Oregon Juvenile Sex Offender Statewide Resource List

**Information as of 6/2006**

*Note: Availability of foster homes varies over time.*

<table>
<thead>
<tr>
<th>County</th>
<th>Resource/Number of Providers</th>
<th>Type of Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benton</td>
<td>Clackamas Parrott Creek</td>
<td>Residential</td>
</tr>
<tr>
<td></td>
<td>Youth Guidance/Son Village</td>
<td>Residential</td>
</tr>
<tr>
<td></td>
<td>Youth Guidance/Charis Ridge</td>
<td>Residential</td>
</tr>
<tr>
<td></td>
<td>Outpatient Providers /2</td>
<td>Outpatient</td>
</tr>
<tr>
<td>Clatsop</td>
<td>North Coast YCF</td>
<td>Close Custody</td>
</tr>
<tr>
<td>Coos</td>
<td>Belloni Ranch Youth Care Center</td>
<td>Residential</td>
</tr>
<tr>
<td></td>
<td>Outpatient Providers/2</td>
<td>Outpatient</td>
</tr>
<tr>
<td>Curry</td>
<td>Foster Home</td>
<td>Foster Home</td>
</tr>
<tr>
<td>Deschutes</td>
<td>J Bar J Youth Services</td>
<td>Residential</td>
</tr>
<tr>
<td>Douglas</td>
<td>Outpatient Providers/2</td>
<td>Outpatient</td>
</tr>
<tr>
<td>Harney</td>
<td>Eastern Oregon YCF</td>
<td>Close Custody</td>
</tr>
<tr>
<td>Hood River</td>
<td>Kirkland Institute</td>
<td>Residential</td>
</tr>
<tr>
<td>Jackson</td>
<td>Outpatient Providers/6</td>
<td>Outpatient</td>
</tr>
<tr>
<td>Jefferson</td>
<td>Foster Home</td>
<td>Foster Home</td>
</tr>
<tr>
<td>Josephine</td>
<td>SOASTC</td>
<td>Residential</td>
</tr>
<tr>
<td>Klamath</td>
<td>Rogue Valley YCF</td>
<td>Close Custody</td>
</tr>
<tr>
<td>Lane</td>
<td>Outpatient Providers/1</td>
<td>Outpatient</td>
</tr>
<tr>
<td></td>
<td>Foster Home</td>
<td>Foster Home</td>
</tr>
<tr>
<td></td>
<td>Outpatient Providers/3</td>
<td>Outpatient</td>
</tr>
<tr>
<td></td>
<td>Stepping Stone</td>
<td>Residential</td>
</tr>
<tr>
<td>Linn</td>
<td>Outpatient Providers/2</td>
<td>Outpatient</td>
</tr>
<tr>
<td>Malheur</td>
<td>Outpatient Providers/1</td>
<td>Outpatient</td>
</tr>
<tr>
<td>County</td>
<td>Resource/Number of Providers</td>
<td>Type of Program</td>
</tr>
<tr>
<td>------------</td>
<td>------------------------------------------------------</td>
<td>-------------------</td>
</tr>
<tr>
<td>Marion</td>
<td>Catholic Community Service of the Mid-Willamette Valley</td>
<td>Residential</td>
</tr>
<tr>
<td></td>
<td>Foster Home</td>
<td>Foster Home</td>
</tr>
<tr>
<td></td>
<td>Hillcrest YCF</td>
<td>Close Custody</td>
</tr>
<tr>
<td></td>
<td>MacLaren YCF</td>
<td>Close Custody</td>
</tr>
<tr>
<td></td>
<td>Outpatient Providers/10</td>
<td>Outpatient</td>
</tr>
<tr>
<td>Multnomah</td>
<td>Morrison Counterpoint</td>
<td>Residential</td>
</tr>
<tr>
<td></td>
<td>Janus Youth Buckman House</td>
<td>Independent Living Program</td>
</tr>
<tr>
<td></td>
<td>Foster Home</td>
<td>Foster Home</td>
</tr>
<tr>
<td></td>
<td>Outpatient Providers/16</td>
<td>Outpatient</td>
</tr>
<tr>
<td></td>
<td>Youth Progress</td>
<td>Residential</td>
</tr>
<tr>
<td></td>
<td>SRTP</td>
<td>Residential</td>
</tr>
<tr>
<td>Polk</td>
<td>Foster Home</td>
<td>Foster Home</td>
</tr>
<tr>
<td></td>
<td>Outpatient Providers/1</td>
<td>Outpatient</td>
</tr>
<tr>
<td>Tillamook</td>
<td>Tillamook Youth Accountability Camp</td>
<td>Close Custody</td>
</tr>
<tr>
<td></td>
<td>Camp Tillamook</td>
<td>Close Custody</td>
</tr>
<tr>
<td></td>
<td>Outpatient Providers/1</td>
<td>Outpatient</td>
</tr>
<tr>
<td>Umatilla</td>
<td>Outpatient Providers/2</td>
<td>Outpatient</td>
</tr>
<tr>
<td></td>
<td>Foster Home</td>
<td>Foster Home</td>
</tr>
<tr>
<td>Union</td>
<td>River Bend</td>
<td>Close Custody</td>
</tr>
<tr>
<td></td>
<td>Outpatient Providers/1</td>
<td>Outpatient</td>
</tr>
<tr>
<td>Wasco</td>
<td>Outpatient Providers/1</td>
<td>Outpatient</td>
</tr>
<tr>
<td></td>
<td>Foster Home</td>
<td>Foster Home</td>
</tr>
<tr>
<td>Washington</td>
<td>Janus Cordero</td>
<td>Residential</td>
</tr>
<tr>
<td></td>
<td>St. Mary’s Home for Boys</td>
<td>Residential</td>
</tr>
<tr>
<td></td>
<td>Foster Home</td>
<td>Foster Home</td>
</tr>
<tr>
<td></td>
<td>Outpatient Providers/7</td>
<td>Outpatient</td>
</tr>
<tr>
<td>Yamhill</td>
<td>Outpatient Providers/2</td>
<td>Outpatient</td>
</tr>
<tr>
<td></td>
<td>Foster Home</td>
<td>Foster Home</td>
</tr>
</tbody>
</table>
Appendix F: Outpatient Workgroup Recommendations

Juvenile Sex Offender Treatment Services

Issue 1: There is no formal system by which juvenile sex offender treatment programs are monitored.

Recommendation: Attempts to evaluate and monitor juvenile sex offender treatment programs should be designed in a manner which does not inadvertently restrict or interfere with utilization and further innovation of effective but unresearched interventions.

Issue 2: Program procedures/design throughout the state is not universal.

Recommendation: Sex offending youth should, at a minimum, complete the following components of treatment as part of his/her treatment plan:

A. Social skill development
B. Attitudes/beliefs about sex/sexuality
C. Healthy sexuality
D. Sexual history disclosure
E. Behavioral, cognitive and emotional modulation skills
F. Patterns of offending behavior
G. Victim awareness/understanding (effects of)
H. Ownership/taking responsibility for sexual offending behavior
I. Family therapy
J. Emotional awareness
K. Personal trauma
L. Anger management, conflict resolution, problem solving, stress management, frustration tolerance, delayed gratification, cooperation, negotiation and compromise
M. Community reintegration
N. Safety and success plan
O. Victim clarification will be pursued when determined to benefit victim and family
P. Polygraph may be considered as a treatment tool

Issue 3: Clinical supervision is not always routinely provided for staff conducting treatment.

Recommendation: It is recommended that treatment providers working with adolescent sex offenders receive regular clinical supervision and continue to update their training annually in working with this population. Clinical supervision may be difficult to engage due to limited resources. Therefore, it is suggested that the following list of options be considered:
A. Agency practice of providing clinical supervision
(Appendix F: Outpatient Workgroup Recommendations, continued)

B. Contracted clinical supervision  
C. Peer review/consultation and networking  
D. Videoconference with other providers  
E. Telephone conference with other providers

**Issue 4:** Developmentally delayed sex offenders are not always separated from higher functioning offenders.

**Recommendation:** Developmentally delayed sex offenders need to be adequately assessed. Individual abilities should be used to determine treatment and placement. Providers of such assessment and treatment should have specialized training.

**Issue 5:** Family therapy is often not provided/recommended.

**Recommendation:** Family involvement in treatment is recognized as best practice in sex offender treatment. Family involvement is critically important and should be encouraged unless there is some documented substantial reason not to pursue it. In the case of lack of family involvement, a support network should be identified to provide similar replacement support services. Family involvement can be achieved through:

A. Family sessions  
B. Multi-family treatment groups  
C. Use of a local provider for families who are separated by distance from the youth’s placement, working with the youth’s provider for continuity of treatment and care.  
D. Family education groups  
E. Chaperone training for extended family members or extended support systems when the youth does not return home.

**Issue 6:** Female offenders are not always separated from male offenders.

**Recommendation:** Female sex offenders should be provided offense-specific treatment separately from male offenders. In situations where there are few female clients, sex offender treatment should be provided individually rather than in a group situation with males. It is recognized that some common areas of skills training may be provided in a mixed male/female group when participants have treatment experience and are prepared for a mixed group. Female groups where participants have mixed offense backgrounds but have common issues that are gender-specific may be considered for sex offending females who would benefit from group experience that is not offense-specific.
(Appendix F: Outpatient Workgroup Recommendations, continued)

Assessment of Juvenile Sex Offenders

**Issue 1:** Policies, standards or guidelines do not typically direct the conduct of psychosexual or sex-offender-specific evaluations, require that a risk assessment is conducted for each juvenile sex offender, or prioritize who receives services based on level of risk.

**Recommendation:** A risk assessment as determined by the current best-practices standard should be used on every juvenile sex offender as part of a comprehensive psychosexual evaluation, and updated as recommended by the chosen instrument. The purpose of the evaluation is to provide input to inform dispositional decisions and influence youth treatment, placement and conditions of supervision.

**Issue 2:** There is not a consistent, formal practice for treatment providers to collaborate with school and community resources regarding juvenile sex offenders.

**Recommendation:** To ensure community safety and juvenile sex offender client success, it is incumbent on both treatment providers and school personnel to create and maintain a relationship that supports clear and timely communication. It is recommended that schools and treatment providers provide educational opportunities for school personnel annually, with additional consultation as needed.

**Issue 3:** Assessments of sex offending youth are not consistent among treatment providers.

**Recommendation:** At a minimum, assessments on sex offending youth should include the following (the content of this section borrowed heavily from the Illinois Standards and Guidelines for the Evaluation, Treatment, and Monitoring of Adult and Juvenile Sex Offenders, and the Colorado Standards and Guidelines for Evaluation, Assessment, Treatment and Supervision of Juveniles who have Committed Sexual Offenses):

At the time of the intake interview, the purpose of the psychosexual evaluation should be explained to the offender and parent/guardian by the evaluator. All required release of information forms, including a copy of the required disclosure/advisement form, should be signed and dated.

**Juvenile Sex Offender Psychosexual Evaluation Format**
A. Offense
B. History of delinquency
C. Family composition
D. Family dynamics
E. Juvenile information
(Appendix F: Outpatient Workgroup Recommendations, continued)

F. Education
G. Employment
H. Physical health
I. Mental health
J. Alcohol and drug use
K. Religion
L. Interests
M. Community Attitude
N. Community risks and protective factors
O. Amenability to treatment
P. Sexual attitudes and cognitions of the youth
Q. Available information on victim impact
R. Summary and sentencing recommendations if requested
   1. Briefly summarize the most pertinent elements of the previous headings relative to the disposition of the case. Strengths and weaknesses may be discussed.
   2. Present and analysis of the subject’s problems and the factors related to the pattern of delinquent and/or sex-offending behavior.
   3. Present recommendations for additional evaluation, treatment and placement.
   4. If the offender is placed on probation, the report should include all special conditions or events that are a violation of community supervision or probation and that affect the safety of the victim and the community.
   5. The report should include recommendations restricting access to children as appropriate (specifically based on the comprehensive sex offense-specific evaluation).
   6. Level of supervision
   7. Family treatment
   8. What type of sex offender treatment is needed (group and/or individual and family)
S. Sources of information/attachments
T. Collateral information

**Issue 4:** Polygraph examinations for assessment purposes with juvenile sex offenders are not restricted by policies, standards or guidelines.

**Recommendation:** We support the use of polygraphs in the assessment process and are aware of guidelines being developed.

**Issue 5:** There is a lack of standards or guidelines to access physiological assessments.

**Recommendation:** Guidelines for use of physiological assessments should be referred to the Oregon Adolescent Sex Offender Treatment Network to develop.
(Appendix F: Outpatient Workgroup Recommendations, continued)

**Issue 6:** There are potentially different responses in assessments done pre and post-adjudication.

**Recommendation:** Ideally, psychosexual evaluations should be administered prior to disposition (sentencing) and after adjudication.

**Issue 7:** There is a lack of process, protocol and resource regarding pharmacological and psychiatric assessments. There is no requirement to conduct a routine medication management or psychiatric assessment to assess compliance, side effects and therapeutic dosage.

**Recommendation:** Access to psychiatric and pharmacological assessments are often driven by available resources. Regular psychiatric re-assessments and medication management should be provided to assess compliance, side effects, and therapeutic dosage. Guidelines for referral for psychiatric and pharmacological assessments and medication management to be referred to the Oregon Adolescent Sex Offender Treatment Network to develop.

**Issue 8:** Not all psychiatric or other medical professionals who conduct such evaluations are specially trained in adolescent psychiatry and/or juvenile forensic mental health.

**Recommendation:** Psychiatric and other medical professionals who contribute to psychosexual assessments should receive specialized training in adolescent psychiatry and/or juvenile forensic mental health.
Definition of “sex crime” for purposes of sex offender registration requirements
(a) rape or any degree
(b) sodomy in any degree
(c) Unlawful sexual penetration in any degree
(d) Sexual abuse in any degree
(e) Irritant sexual behavior
(f) Using a child in a display of sexually explicit conduct
(g) Encouraging child sexual abuse in any degree
(h) Prurient child pornography to the state
(i) Forcibly viewing a child's sexually explicit conduct (ORS 137.155, etc.)
(j) Non-restrictions on the use of the juvenile court
(k) Sexual misconduct if the offender is at least 18 years of age
(l) Possession or transportation of a minor for sexual purposes
(m) child

**NOTE:** If a person is adjudicated in juvenile court, (a), (b), (c), and (d) do not apply.

For additional information about Sex Offender Registration or relief from registration, please contact:

OREGON STATE POLICE
Sex Offender Registration Unit
255 Capitol Street NE, 4th Floor
Salem, Oregon 97310

TELEPHONE: 503-373-5370
FAX: 503-360-5795

OREGON YOUTH AUTHORITY
530 Center Street NE, Suite 200
Salem, Oregon 97301-3765

TELEPHONE: 503-737-2025
FAX: 503-737-6782

www.oysa.state.or.us
email: eya@state.or.us

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**Who is required to register/report as a sex offender?**

- Oregon residents: A youth adjudicated in an Oregon juvenile court on or after July 1, 2005, and who is considered a sex offender for registration purposes.
- Non-residents and people moving into Oregon:
  - Adults and minors who have been convicted of a sex offense in another state or who have committed a sex offense in Oregon (resident or non-resident)
  - Anyone who has applied to register as a sex offender in another state, and whose application would be considered in Oregon if the person were a resident of Oregon.

**NOTE:** Registration is in Oregon only, unless granted relief by the court.

**When is a youth offender required to register/report as a sex offender?**

- **Oregon residents**:
  - Within 10 days after the adjudication
  - Within 10 days after leaving the facility

- **Non-residents** or those who are required to register/report as a sex offender in another state or who have committed a sex offense in Oregon:
  - Within 10 days after leaving the facility

**Efficient procedures and in-person consultation with an Oregonian of higher education must report:**

- Within 10 days after being hired by an Oregon or a person who attends an institution of higher education and
- Within 14 days after hiring by Oregon or a person who attends an institution of higher education.

**Youth residing in an outside Oregon who work or volunteer at an Oregon institution of higher education or for more than 14 days in a sex offender report:**

- Within 10 days after the employment or
- Within 10 days after being hired for the sex offender

**Youth who live in another state but work in Oregon are required:**

- Within 14 days of employment in Oregon, or
- A change in employment.

**Sex Offender Registration & Relief From Registration Brochure**

**A brief overview for juveniles adjudicated in Juvenile Court**

**For further information see ORS 181.392 – 181.408**

**How is the Oregon State Police when a relief from registration/reporting is granted by the court?**

- Juvenile sexual offender orders a juvenile offender to register/report as a sex offender in another state, and
- A youth is found to be eligible for relief from registration/reporting in Oregon.

**What is the appeals process if the position of relief from registration/reporting is denied?**

- There is no appeals process on the relief from registration/reporting decisions.

**Considered when determining whether a juvenile is still a threat to public safety and does not need to continue registering/reporting as a sex offender:**

- The juvenile court may consider many things, including:
  - The degree of physical and emotional injury to the victim;
  - Whether the offense was willful or incidental;
  - Whether the report was necessary;
  - The age of the offender and the victim when the offense happened, and the number of offenses;
  - Whether the youth was placed under supervision or in a facility;
  - Whether the youth was placed under supervision.

**NOTE:** This list is not an interpretation of the actual list of considerations provided in ORS 181.397.
Appendix H: Education Workgroup Recommendations

Topic 1:
School district personnel would benefit from a formal training regarding working with students who are sex offenders and what “sex offender” status is.

Recommendation:
OYA and County Parole and Probation professionals provide trainings to their appropriate Local School Districts to enhance District Personnel’s knowledge on what sex offender status is. Districts tend to respond to all youth who are labeled sex offenders as very high risk. OYA and County Parole and Probation professionals believe that if educational professionals were educated on the various “status” identifiers, districts would feel more comfortable working with this population of youth.

Another benefit of this activity would be the encouragement of local agencies to collaborate when making programmatic decisions for youth(s).

Fiscal Impact:
1. Limited-- Some County Juvenile Departments are already engaged in this activity.

Legislative Impact: None

Topic 2:
Upon youth’s release from Youth Correctional Facilities, community based model for managing information and coordinating services lacks effective formal processes.

Recommendation:
OJJDP suggests that most effective strategies for helping juvenile offenders transition into schools and communities include some formalized system of communication among the corrections staff and the community social institutions (schools, mental health agencies, alcohol and drug treatment centers, juvenile departments, etc.). Although the educational breakout group recommends the development of formalized systems of communication, we suggest that the specific framework be developed at the local level to meet the exclusive needs of the community.

The information below is a basic framework that local teams might use to stimulate some thought in how core information might be shared among appropriate agencies to support the needs of delinquent offenders returning to public schools.
When a Delinquent Offender Returns to School

<table>
<thead>
<tr>
<th>Pre-enrollment Strategies</th>
<th>Staff Preparation</th>
<th>Support Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Contact Probation or Parole Department</td>
<td>• Develop and implement a crisis plan.</td>
<td>• Make appropriate referrals to outside agencies.</td>
</tr>
<tr>
<td>• Review juvenile records.</td>
<td>• Train staff in nonviolent conflict resolution.</td>
<td></td>
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<tr>
<td>• Clearly communicate expectations.</td>
<td>• Share relevant information with teachers and staff members.</td>
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Welcoming Procedures

• Review student/parent handbook.
• Develop and discuss Individual Behavior Plan.
• Create behavior contract that is signed by the student and parents.

Placement

• Use vertical counseling, i.e., assign one counselor to the student throughout the student’s tenure at school.
• Carefully select classroom teachers.
• Recruit a trained adult mentor.
• Prepare classroom (e.g., ensure communication capability in the event of an emergency; remove objects that are potential weapons).

Fiscal Impact: Fiscal impact should be minimal.

Topic 3:
Prior Notification, as required by 420A.122- Notice of Release Discharge, is not always followed according to Statute requirements.

Recommendation:
Representatives from Oregon Youth Authority, Oregon Department of Education, County Juvenile Departments, and other appropriate agencies gather to discuss possible solutions. Activities may include:

• Discuss the County Allocated Beds system that encourages a rapid return to the community from the Youth Correctional Facilities;
• To develop recommendations for OYA regarding potential systematic changes to allow youth to remain in the correctional facility for 30 days who are ready to
transition back to a community-based program without having implications on the County Allocated Beds system. The intent of this discussion would be to develop a system that would allow agencies the time necessary to work together in developing an appropriate transition plan that would include a safety plan for our youth with a history of sex offenses.

**Fiscal Impact:**
1. To develop a 30-day “transitional” program that would not impact the County Allocated Beds system would require additional funding for OYA as well as additional funding for the YCEP program to continue educational services for school-age youth.

**Legislative Impact:**
Unknown: Depending on Recommendations, OYA may need to request additional funding; legislative action may be required.

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**Topic 4:**
OYA and County Parole and Probation professionals are uncertain what their role is as members of the Individual Education Program (IEP) team.

**Recommendation:**
Parent training organizations have backgrounds in addressing IEP team members’ roles and responsibilities and informing non-school-district employees on what their role is in the IEP process. The Educational Breakout group recommends that some of the grant dollars that support this work be directed to contract with a parent training organization to provide statewide IEP trainings to OYA and County Parole and Probation officers to enhance their knowledge on the IEP process. This will boost their ability to better advocate for the youth that they serve.

**Fiscal Impact:**
Allocate necessary Grant dollars that support this work to contract with a parent training organization to develop an appropriate statewide training for OYA and County Parole and Probation Officers to address issues stated above.

**Legislative Impact:** None
Appendix I: A Process for Notification of Training through LEDS Announcement

It was noted through the CAP questionnaires sent to law enforcement staff throughout Oregon that there is a need for training in victim-impact issues, modus operandi of juvenile sex offenders, investigating juvenile sex offender allegations, and how to interrogate juvenile offenders in general. The following is a process which allows juvenile justice agencies to notify law enforcement of upcoming training specifically relating to these issues.

I. For juvenile justice agencies with LEDS terminal access:
   i. Per LEDS policy, training information can be sent as an AM Message.
   ii. AM messages regarding training can be sent between the hours of 12:00 noon and 1:00 p.m., or 5:00 p.m. and 8:00 a.m.
   iii. The announcement should be directed “APB,” and would be distributed to all law enforcement throughout Oregon (police departments, sheriff’s offices, State Police offices and jails).

II. For juvenile justice agencies without LEDS terminal access:
   i. Training information can be emailed to helpdesk.leds@state.or.us.
   ii. Indicate the distribution as “APB,” which will be distributed to all law enforcement throughout Oregon.
   iii. Be sure to include a distribution date deadline. LEDS staff will send an AM Message, per LEDS policy.
Appendix J: OYA Treatment Manager and Camp Counselor
Workgroup Recommendations

**Topic 1: Transfer of documentation along the treatment continuum of care.**

**Workgroup discussion:** The workgroup discussed what documents are needed to verify completion of different components of treatment, social/family history, offense behavior and adjudication. The workgroup categorized needed documentation to include residential referrals and intake information.

**Recommendation:** Checklists should be developed to ensure particular documents are transferred between youth correctional facilities, parole/probation offices, community treatment programs, work study camps and transition facilities. A lead time of at least three days should be established for staff to prepare exit documents because of the information required.

- **Residential Referral Documents:**
  1. Documentation of appropriate placements based on needs and responsivity
  2. Documentation of crime of conviction/adjudication
  3. Evaluations/assessments; Risk Needs Assessment (RNA)/Estimate of Risk of Adolescent Sexual Offense Recidivism (ERASOR)
  4. Psychological/psychiatric/psycho-sexual evaluations
  5. Polygraphs
  6. Progress reports/termination summary
  7. Youth treatment work
  8. Safety plan/relapse prevention
  9. Treatment notebook for youth to carry with them to other facilities

- **Facility Intake Documents:**
  1. Assessments/RNA/ERASOR
  2. Psychological assessments
  3. Polygraph (if applicable)
  4. Police reports/victim statements
  5. Psychosexual assessments
  6. Treatment summary (residential and outpatient)
  7. Family history/background
  8. Sexual history
  9. Youth treatment work

**Topic 2: Lack of family involvement in treatment.**

**Workgroup discussion:** The workgroup discussed current practices at each youth correctional facility, work study camp and transition facility. Oftentimes family therapy cannot necessarily be provided where the youth is located due to distance and/or transportation issues. As a result, families can become disconnected from youth while youth are in the facilities.
Recommendation: Start the family therapy in the community separately. Propose an invitation to the family for a meeting with a community-based therapist who is working in close collaboration with the facility at the onset of the youth’s entry into the facility to plan for release. Address what the family needs for youth’s re-entry as a part of this treatment. Approach this as family “work” rather than “treatment.” Have therapists from the community attend MDT meetings. Provide training to staff on engaging difficult families.

Topic 3: Consistent components of treatment for sex offending youth.

Recommendation: Sex offending youth should, at a minimum, complete the following components of treatment as part of his/her treatment plan. There should be some indication of completion or not in the record. The competencies listed in the case plan should be reviewed to match these components of sex offender treatment.

1. Social skill development
2. Attitudes/beliefs about sex/sexuality
3. Healthy sexuality
4. Sexual history disclosure
5. Behavioral, cognitive and emotional modulation skills
6. Patterns of offending behavior
7. Victim awareness/understanding (effects of)
8. Ownership/taking responsibility for sexual offending behavior
9. Facility-based family work (may include clarification with family)
10. Emotional awareness
11. Community reintegration
   ○ Safety Plan
   ○ Family therapy
12. Victim clarification may be considered on an individual basis
13. Polygraph may be considered as a treatment tool

Transition programs such as work study camps are tasked with preparing youth for community placement. As such, they will want to use core treatment progress to focus on preparing for the tasks involved in successful community transition. Therefore, while some youth may be completing some of the components of core treatment, transition placements are generally not intended to provide core sex offender treatment. Thus, if possible, youth should have completed sexual history disclosure and patterns of offending behavior prior to transition to camp/transitional facility. However, transition to different facilities or programs should be based on risk, not solely what treatment the youth has completed.