

**Wayne County, Michigan  
Grant # 2006-WP-BX-0013**

**Comprehensive Juvenile Sex Offender Management  
Project**

**Implementation Plan**

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**Table of Contents**

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|  |    |
|--|----|
| <b>Project Overview</b>                              | 3  |
| <b>Project Mission and Vision</b>                    | 5  |
| <b>Collaborative Team</b>                            | 6  |
| <b>Participating Individuals &amp; Organizations</b> | 7  |
| <b>Assessment - Phase I</b>                          | 8  |
| Assessment Process                                   | 8  |
| Assessment Findings                                  | 9  |
| <b>Implementation Plan– Phase II</b>                 | 20 |
| Strategies to Address Primary Needs                  | 21 |
| Evaluation of Implementation Plan                    | 26 |
| Monitoring of Implementation Plan                    | 28 |

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## **Project Overview**

In late September, 2006, Children and Family Services of Wayne County, Michigan, was awarded a Center for Sex Offender Management Grant. The proposal for the grant was developed to provide for a comprehensive assessment of Wayne County's juvenile sex offender system in order to identify and resolve primary system needs to ensure a comprehensive and effective system of juvenile sex offender management.

Following the announcement of the grant award, initial work began on the project with the identification of Nancy Calley as the Project and Research Coordinator. Participation from various stakeholders was confirmed and the initial Collaborative Team membership was finalized. Initial discussions were held with various stakeholders in order to prepare the system for the assessment process and the subsequent implementation plan.

As the full Collaborative Team began meeting, several activities were completed to focus the work of the Team and as part of the preliminary assessment phase. To promote a comprehensive understanding of the current juvenile sex offender population, several data sets were analyzed and reviewed by the Team. These data sets included:

- Number of Michigan juveniles charged with a juvenile sex crime: 2001 & 2004
- Case outcomes of juveniles initially charged with sex crimes: 2001-2004
- Number of Wayne County juveniles arrested for a juvenile sex crime: 2006
- Number of Wayne County juveniles found guilty of a juvenile sex crime, 2001 – 2006
- Number of Wayne County juveniles in residential placement as a result of a sex crime charge
- Comprehensive profile of juvenile sex offenders in residential placement

In addition, an analysis was conducted of all cases originally arrested for juvenile sex offenses in 2006 and the following areas were analyzed: demographic information of victims and offenders, Initial Charge, Case Resolution, Dispositional Charge, and Case Outcome. This comprehensive data analysis provided an examination of the manner in which juvenile sex offense cases proceed through the Court system, and produced several significant findings. Some of these findings include the number of youth originally charged with Criminal Sexual Conduct I that received a dispositional charge of Gross Indecency (79%), number of youth offered Plea Under Advisement (37%), and the finding that 64% of youth charged with a juvenile sex offense are not referred to the County's system that contains a continuum of juvenile sex offender treatment. Please refer to the *2006 Juvenile Sex Offender Data Analysis Report: Victims, Offenders, Prosecutorial and Jurist Decision-Making, and Case Processes* for the complete report.

The data regarding juvenile sex offenders provided a thorough illustration of the current state of our juvenile sex offender management system, particularly in regard to the juvenile sex offender population. Additionally, this data provided thorough information as to the manner in which juvenile sex offender cases proceed through the Court system and the results of prosecutorial and jurist decision-making.

To provide another layer of examination, the Team engaged in the development of a System Map, identifying each of the steps in the process as a youth proceeds through the juvenile justice system as a result of a sex crime. The System Map provided a tremendous amount of detail and clarification as to this process and illustrated two concurrent juvenile justice systems that the region currently has operating. In conjunction with the data analyses, the System Map provided the Team with a solid picture of the region's current system, ensuring that all members had the same knowledge base by which to move forward in the project.

In addition to the activities designed to promote a comprehensive understanding of the region's juvenile sex offender population and system, a review of the scholarly research was conducted. To accomplish this, a bibliography was compiled of research related to juvenile sex offenders spanning the past twenty-five years: 1982-2007. All of the available journal articles were then located and reviewed to provide the Team with increased and up-to-date knowledge related to juvenile sex offenders. The *Bibliography of 25 Years of Scholarly Research on Juvenile Sex Offenders: 1982-2007* will continue to provide the Team with essential information in the implementation phase as it provides the necessary evidence-based guidance to implementing effective strategies to ensure comprehensive juvenile sex offender management practices.

### **Project Mission and Vision**

As a means by which to further direct and cement the work of the Collaborative Team, the group developed Mission and Vision statements. They are as follows:

#### **Mission**

To examine the current county-wide system of juvenile sex offender management including an identification of specific strengths and needs, to compare the assessment results against best practice research, and to formulate strategies for system improvement.

The primary objective of the CJSOM Project is to develop a collaborative team of stakeholders to assist in the assessment, prioritization, and implementation of the identified strategies.

#### **Vision**

Wayne County will be viewed as the model system for comprehensive and effective juvenile sex offender management throughout the state and the nation.

The Collaborative Team served as the guiding force in the assessment process. Throughout the Assessment Phase of the project, the Collaborative Team met on a monthly basis as a full team to review data, discuss issues of specific concern and to examine the various components of the current juvenile sex offender management system. The Collaborative Team is comprised of the following dedicated members:

### **Collaborative Team**

| <b>Member:</b>            | <b>Organization:</b>                 |
|---------------------------|--------------------------------------|
| Nancy Calley, Ph.D., LPC  | Spectrum Human Services, Inc.        |
| Ralph Elizondo, J.D.      | WC Prosecutor's Office               |
| Jeri Fisher, MA           | Central Care Management Organization |
| Lisa Gabler-Fisher, BA    | Starr Vista CMO                      |
| Sherri Gerber, LMSW       | Spectrum Juvenile Justice Services   |
| Nelson Griffis, Ph.D.     | Spectrum Juvenile Justice Services   |
| Xenas Jaxon, BA           | Black Family Development CMO         |
| Linda Kenderski, J.D.     | Bridgeway CMO                        |
| Frank Kozlowski, MA, LLPC | Starr Vista CMO                      |
| Eric Reed, MA             | WC- Children & Family Services       |
| Michelle Rodriguez        | Michigan State Police                |
| Betty Ruud                | Guidance Center                      |
| Cyndi Smith, MSW          | Juvenile Assessment Center           |
| Shelly Vrsek, LLMSW       | Western Wayne CMO                    |
| Gary Wend, MA             | Ennis Center for Children            |

In addition to the ongoing participation of Collaborative Team members, several other stakeholders and/or organizations participated throughout the assessment process and were instrumental in providing input to the assessment process as well as providing input into the implementation plan through recommended strategies. Several of the individuals and organizations participating in the assessment process include the following:

### **Participating Individuals and Organizations**

| <b>Individual and/or Unit:</b> | <b>Organization:</b>                        |
|--------------------------------|---|
| Jim Belknap                    | Wayne County Children & Family Services     |
| Clinic for Child Study         | Wayne County 3 <sup>rd</sup> Judicial Court |
| Lynn DeLeeuw                   | Victim Rights – Wayne Co. Pros. Office      |
| Lisa Fikany                    | Ennis Center for Children                   |
| General & Sex Crimes Unit      | Detroit Police Department                   |
| Judge Judy Hartsfield          | Wayne County 3 <sup>rd</sup> Judicial Court |
| Juvenile Division & Sex Crimes | Canton Police Department                    |
| Mel Kaufman                    | Wayne Co. Dept. of Human Services – CPS     |
| Vince Palusci, MD              | Children’s Hospital – Child Abuse Unit      |
| Residential JSO Program        | Holy Cross                                  |
| Matt Rosenberg                 | Community-Based JSO Treatment               |
| Residential Treatment Program  | Bethany Children’s Services                 |
| Residential Treatment Center   | Calumet Residential Treatment Center        |
| Residential Treatment Center   | Holy Cross                                  |
| Residential Treatment Center   | Starr Commonwealth – Albion                 |
| Safenet Program                | Ennis Center for Children                   |
| SAIT Program                   | 3 <sup>rd</sup> Judicial Court              |

## Assessment Process

### **Method:**

### ***Tools:***

The Comprehensive Assessment Protocol (CAP) developed by the Center for Sex Offender Management was the primary tool used to complete the assessment process. The CAP provides guidance to data collection through a series of exploratory questions that cover six major areas of juvenile sex offender management: Investigation, Prosecution, and Disposition, Assessment, Treatment, Supervision, Re-Entry, and Sex Offender Registration.

In addition to completion of the CAP, the Practice, Policy and Resource Inventory, the Juvenile Sex Offender Continuum of Care form, and Guiding Questions for Internal and External Data Collection forms were developed and used by the Collaborative Team for additional data collection.

### ***Process & Data Sources:***

To complete the data collection process, members of the Collaborative Team formed sub-committees around each of the major assessment areas (i.e., Re-Entry). Each sub-committee was charged with leading the data collection process for their respective area and completed this process through individual and/or group interviews with relevant stakeholders (i.e., law enforcement, victim advocacy org.), the development and use of surveys, statistical data, and review of existing documentation (i.e., policy, law). Efforts were made to engage all relevant stakeholders throughout every aspect of the assessment process, and as a result, findings reflect multiple sources of input.

***Timeframe:***

The assessment process was conducted over six months, from January – June, 2007. The data collection tools developed by the Collaborative Team were used during the initial assessment period followed by the use of the CAP.

**Understanding the Assessment Findings:**

Because variations existed across many of the findings, particularly related to areas in which multiple organizations or entities were responsible for carrying out specific duties (i.e., police departments), identified needs indicate a need/gap in any part of the system but does not necessarily indicate that the need exists in every part of the system. For instance, one police department may not have been specifically trained in understanding the dynamics involved in juvenile sex offending while another may have been.

**Assessment Findings**

*The following is a summary report of the assessment findings in each major area including Investigation, Prosecution, & Disposition, Assessment, Treatment, Re-Entry, Supervision, Sex Offender Management, and Other (recommendation not included in other areas).*

**Major Area of Assessment: Investigation, Prosecution, & Disposition****Strengths of Current System:**

- Informal (not policy-driven) communication between Prosecutor's Office, hospitals and law enforcement
- Some police departments have been specifically trained to work with juvenile sex offenders
- Police training in understanding victims of child sexual abuse
- Specific prosecutor assigned to handle all juvenile sex offense cases

- Prosecutor data collection and data maintenance pertaining to juvenile sex offenders and victims
- Capability of caregivers & potential for harm to others is considered in detainment decisions
- No contact prohibitions are consistently imposed on alleged offenders prior to adjudication hearing
- Plea bargains are highly common
- Pleas are often not reduced to non-sex offense crimes (CSC I reduced to Gross Indecency)
- Comprehensive policies in place to ensure victim awareness & victim voice throughout proceedings
- Availability of victim advocates & designation of victim advocacy unit in Court to provide support throughout proceedings
- Sentencing statutes allow judicial discretion in sentencing based on crime, victim impact, and other relevant factors
- Jurists offer diversionary dispositions withholding formal sentencing but do not allow for expunging of the adjudication record

**Needs of Current System:**

***Local Law Enforcement:***

- Comprehensive police data collection practices (in scope) & data maintenance practices
- Collection of DNA at apprehension
- Regular and systematic review of JSO data

- Comprehensive training related to juvenile sex offenders and investigative work with alleged offenders (modus operandi, victim issues, dynamics involved in JSO's, physical evidence)
- Comprehensive data sharing and communication between police, prosecutor & CPS
- Ability to immediately engage community-based victim advocates

***Prosecutorial & Judicial Decision-Making:***

- Comprehensive training and education related to juvenile sex offenders (e.g., assessment, dynamics, best practices, treatment needs)
- Regular and systematic data collection and review of data related to juvenile sex offenders to increase understanding of population and trends
- Comprehensive understanding of available continuum of care for juvenile sex offenders
- Comprehensive understanding of broad-based impact and review of outcomes related to prosecutorial and judicial decision-making

***Victim-Centered Services:***

- Designated victim services (victim advocacy and treatment) in multiple law enforcement sites throughout county
- Identified sexual assault nurse examiners and/or physicians
- Broad-based special accommodations for victim testimony (i.e., depositions, video-tape)
- Ensure early communication w/victims re: process & assessment of victim needs by Court personnel
- Formalized sexual assault team

- Prosecutorial and judicial sensitivity to victims through reducing unnecessary delays and/or continuances

***Communication & Collaboration:***

- Established county-wide guidelines for information-sharing between all relevant stakeholders (i.e., CPS, law enforcement, prosecutors, medical facilities, victim advocacy, victim treatment, offender treatment)
- Multi-disciplinary teams for offender and victim during investigation and prosecution
- Training related to significance of open communication and collaboration among all stakeholders
- Regular consultation between Prosecutor & JSO experts

***Other Training & Education Needs:***

- Comprehensive juvenile sex offender training for all stakeholders (i.e. CPS, law enforcement, prosecutor’s office, jurists, detention providers, treatment providers, victim advocates, victim treatment providers) to increase collective understanding of juvenile sex offending behaviors, patterns, treatment needs, current research, etc.

**Major Area of Assessment: Assessment Practices**

*Because assessment occurs throughout the juvenile sex offender management, it is also addressed in several other areas in this report. As a result, only other major findings related to assessment are included in this section.*

**Strengths of Current System:**

- Some degree of assessment occurs for each JSO by treatment providers
- The region has an entity specifically designed for initial assessment

### **Needs of Current System:**

- Consistent and comprehensive assessment for use in prosecutorial and jurist decision-making
- Consistent and comprehensive JSO-specific assessment for use in placement decision-making
- Increased understanding and knowledge related to JSO treatment needs by all stakeholders
- Policies guiding the use of JSO-specific assessment
- Consistent use of JSO-specific assessments in all decision-making that includes both static and dynamic factors
- Increased knowledge among all assessment and treatment providers regarding JSO-specific assessment needs and assessment instruments
- Knowledge of legalities and ethical issues related to assessment
- Consistent information sharing between primary stakeholders (i.e., jurist, prosecutor, assessment facilities, treatment providers) related to assessment practices and assessment findings
- Consistent use of comprehensive assessment at all major decision points (i.e., intake, placement decisions, release/discharge, re-entry)
- Increased knowledge of JSO-specific outcomes and use of assessment instruments in measuring short- and long-term treatment outcomes

### **Major Area of Assessment: Treatment**

*There are currently two community-based JSO treatment providers: a private practitioner primarily facilitating individual therapy: Matt Rosenberg, and an agency program*

*facilitating group therapy as the primary modality: Ennis Center for Children. Additionally, the Court operates a sexual education program for youth that often times juvenile sex offenders are referred to for treatment: SAIT program.*

*There are five primary residential programs for juvenile sex offenders (JSO), including Holy Cross, Starr Commonwealth (Albion), Maxey, Wolverine (recently opened 2007), and Calumet. Calumet is the only residential treatment center located in Wayne County while the other programs operate in various counties across the state.*

**Strengths of Current System:**

- Provider policies establish educational and/or experiential requirements for treatment staff working with JSO's
- Some degree of monitoring of SOT programs exists
- Caregivers & JSO's typically receive handbooks regarding programming
- Release forms are always used to share confidential information
- Relapse prevention & multi-systemic interventions are often used
- Group treatment is typically used as the primary modality and therapists typically monitor and promote the use of pro-social behaviors for JSO's
- Residential tx. providers typically target the major needs of JSO's: denial, cognitive distortions, empathy, healthy sexuality peer relations, social skills, self-esteem, emotional regulation, behavioral self-management
- Treatment needs are most often individualized and goals are behavioral and measurable
- Client records always contain treatment contracts, treatment plan and termination/release summaries
- Most SOT staff receive JSO-specific training

- Specialized residential sex offender treatment is available
- Needs and risks are always assessed by the JAAC
- In residential placement, JSO's are housed separate from non-JSO's
- Caregivers are typically involved in treatment planning

**Needs of Current System – Broad-Based Treatment Needs:**

- Legislation mandating treatment of juvenile sex offenders
- Increased knowledge among key stakeholders of continuum of JSO treatment for use in decision-making
- While a continuum of JSO treatment exists, standards/policies do not mandate participation in a continuum that includes community-based (C-B) treatment following residential treatment
- Comprehensive guidance to prosecutors, jurists, assessment personnel, CMO's in decision-making regarding juvenile sex offender treatment needs
- Ability of JSO's and families/caregivers to efficiently access JSO treatment
- Separation of youth in clinical groups and in residential living based upon developmental capabilities (i.e., age and cognitive functioning)
- Co-facilitation of treatment groups
- Treatment for specialized JSO populations (i.e., younger than 13 years, developmentally disabled, older than 18 years, mentally ill)
- Policy/standard mandating adherence to current empirically-based best practices in JSO treatment
- Specialized educational and experiential requirements for JSO treatment staff
- Policies regarding cultural competence and evidence of culturally-competent practice

### **Needs of Current System: Community-Based Providers**

- Comprehensive assessment prior to C-B treatment
- Treatment plan development to include a multidisciplinary team
- Adjunctive services to minimally include family therapy, parent education, mental health treatment, educational and vocational services, and substance abuse services, as needed
- Clear policies/practices on termination and termination planning
- Complete information contained in client files including extensive background, past assessments and scores, registration documentation, sex offender specific evaluation, previous agency and Court reports and documentation
- Routine review of records
- Aftercare or post-discharge monitoring and evaluation

### **Needs of Current System: Residential Treatment Providers**

- Orientation and informational handbooks for all JSO's and caregivers
- Separate groups & living situations for varying JSO populations
- Parent education, parent support groups, substance abuse treatment and mental health services for JSO's, when needed
- Involvement of parents/caregivers in treatment planning
- Comprehensive policies and guidelines regarding program termination/release
- Confidentiality waivers for use in all programs
- Comprehensive information sharing among all stakeholders

## **Major Area of Assessment: Supervision & Re-Entry**

*It should be noted that needs and strengths among residential providers were not found to greatly differ in terms of release planning protocols.*

### **Strengths of Current System:**

- Written policies guiding re-entry process that include participation by JSO and caregiver in planning
- Community notification requirements are typically reviewed with JSO and caregiver prior to release
- Residential treatment providers typically utilize a multidisciplinary team for release planning
- Availability of alternative educational institutions
- Transfer of credit hours to community school
- Supervision officers assigned prior to release, policies require such supervision and supervision officers are typically involved in release planning and have contact with JSO's

### **Needs of Current System:**

- Discussion and release planning based on static and dynamic risk factors
- Involvement of multiple stakeholders in comprehensive release planning including: victim advocate, educational personnel,
- Comprehensive release planning that takes into account the various needs related to community re-entry
- Residential treatment providers preparing JSO's for re-entry by offering activities and opportunities that parallel community life

- Required transition planning that includes community-based treatment and case management monitoring
- Referrals to community-based providers of adjunctive services (i.e., mental health, substance abuse, family therapy, education, employment, vocation) prior to release
- Case management, community-based, and residential providers access to comprehensive resources and knowledge regarding available resources
- Collaboration between schools and JSO stakeholders to promote positive re-entry, ensure that rights of JSO's are not violated through discriminatory practices, and promote community safety
- Presence and use of community support networks to support re-entry and guidance to the development and utilization of community support networks
- Identification of assets and resources to support the re-entry process

**Major Area of Assessment: Sex Offender Registration**

**Strengths of Current System:**

- Overall, law provides concrete guidance
- Law does include both adults and juveniles
- Law clearly articulates registration requirements for juveniles (Sec. 28.724)
- One central registry is maintained by the Michigan State Police
- Sanctions exist for failure to register and/or falsifying info.
- Law requires JSO's register prior to sentencing, entering order of disposition or assignment to youthful trainee status w/responsibility for explaining process identified (family court or probation officer)

- Wayne County Child and Family Services policy stipulates CMO responsibility in registering JSO's (700.5 – JJ Handbook)
- Current practice that prosecutor's office leads registration process for JSO's in residential treatment
- Current practice that treatment centers notify JSO's and families of SOR requirements
- Sanctions for registration non-compliance include probation and/or other charges
- Law clearly outlines process for judicial review of registration requirements (Sec. 28.728c)
- Wayne County Child and Family Services policy stipulates CMO responsibility in verifying compliance with registry
- Law does provide for relief from registry requirements for JSO's
- JSO's must petition for relief from registration
- Law clearly outlines process for judicial review of registration (Sec. 28.728c)
- Only information on public state registry is forwarded to federal registry and information is forwarded routinely
- JSO information on registry is only made public after 18<sup>th</sup> birthday, taking into account confidentiality and privacy issues related to minors
- Recent MSP move from record maintenance to enforcement to result in lead role in training and guidance related to law and requirements
- Juvenile justice system holds JSO's accountable for failure to register or providing false information
- Law provides guidance as to petitioning for relief from registration
- Expunction of JSO registry records is possible

**Needs of Current System:**

- Differentiation throughout law to take into account JSO's vs. adults
- Collection of data related to compliance status for JSO's and sharing of information with stakeholders
- Parents held partially accountable for JSO non-compliance

**Implementation Plan****Method:**

Following the completion of the comprehensive assessment process, members of the Collaborative Team continued to work in sub-committees to prioritize needs and develop specific broad-based strategies to address such needs for each specific aspect of assessment (e.g., Re-Entry). Each sub-committee presented recommendations to the Collaborative Team for discussion and modifications from April - July. A consolidated report of the Implementation Plan was developed and distributed to Collaborative Team members for further review. The Collaborative Team authorized the final Implementation Plan in August, 2007.

One of the primary findings throughout the assessment process was the lack of comprehensive knowledge and understanding among stakeholders regarding the juvenile sex offender management system and all of its various aspects. As a result of this issue, most of the Implementation Plan strategies focus on increasing the region's collective knowledge regarding juvenile sex offender management through education, training and the implementation of a variety of evidence-based protocols.

Below is the Implementation Plan that consists of thirty-six strategies. Each of the strategies is designed to directly address the most significant needs of our juvenile sex offender management system.

## **Strategies to Address Primary Needs**

### **Major Area: Investigation**

1. Develop or use existing protocol (*i.e.*, *Child Abuse & Neglect Protocol*) to train law enforcement, schools, child welfare providers, residential providers, and DHS for use in response to complaints of juvenile sex offenses and communication and collaboration with other stakeholders
2. Develop multiple methods for distribution of protocol (e.g., training, self-training modules, facilitated discussions, flyers)
3. Develop a protocol to guide comprehensive law enforcement data collection for delivery through multiple methods (e.g., training, self-training modules, facilitated discussions, flyers)

### **Major Area: Prosecution & Disposition**

4. Develop a *Comprehensive Pre-Disposition Investigation Protocol (CPDIP)* (e.g., modus operandi, victim impact, offense history, sexual history, family functioning) for use by the Prosecutor and jurists and a plan for completion of the CPDIP
5. Develop a plan for instituting the CPDIP that includes live training and a self-instruction module
6. Develop a *Prosecutorial Decision-Making Guide* to provide additional (in addition to the CPDIP) information and guidance in juvenile sex offense cases
7. Develop a *Jurist Decision-Making Guide* to provide additional information and guidance in juvenile sex offense cases
8. Explore the possibility of adding a part-time investigator or additional prosecutor to handle assessment and data collection for juvenile sex offense cases

9. Develop data collection plan for comprehensive data collection (i.e., data elements, entities involved, data extraction plan) across relevant entities (Court, JAC)
10. Conduct annual systematic reviews of juvenile sex offender (JSO) data for examination and discussion among all stakeholders
11. Coordinate a bi-annual (twice per year) breakfast meeting for prosecutor's office, jurists, CMO's, providers, Court probation and Clinic, County officials, and other stakeholders to discuss issues related to juvenile sex offenders (including annual review of JSO data)

**Major Area: Assessment**

12. Develop a *Comprehensive Assessment Practices with Juvenile Sex Offenders Protocol* that minimally includes the significance of comprehensive assessment, use and types of a variety of assessment tools, use and type of assessment to promote community safety, use and types of assessment tools across the continuum of care to guide treatment planning (initial assessment, residential assessment, re-entry and supervision assessment), ethical and legal use of assessment tools, types of JSO-specific assessment tools, strengths and limitations of assessment instruments, and use of assessment tools as outcome measures
13. Develop a plan for instituting the *Comprehensive Assessment Practices with Juvenile Sex Offenders Protocol* that includes live training and a self-instruction module
14. Develop informational sheets regarding JSO assessment practices and specific tools for quick references
15. Develop a Task Force to explore the pros and cons of the use of the polygraph for juvenile sex offenders, including legal issues, appropriate use, purpose, etc. and incorporate findings into the *Comprehensive Assessment Practices with Juvenile Sex Offenders Protocol*

16. Institute a Task Force to develop an *Information-Sharing Protocol to Guide Work with Juvenile Sex Offenders* to address the types of information to be shared, with whom and when, legal and ethical issues related to information-sharing

**Major Area: Treatment**

17. Revise and expand the existing CAFS policy to identify minimal program standards for all sex offender treatment programs (i.e., residential, community-based)
18. Develop a *Sex Offender Treatment (SOT) Committee* as a regular forum for SOT treatment providers to discuss issues pertinent to treatment to (e.g., group composition, caregiver support and family involvement in treatment, staff training, substance abuse treatment)
19. Develop a Sub-Committee to make recommendations regarding an expanded continuum of care for the treatment of juvenile sex offenders to address current gaps in the system including various options in community-based treatment and treatment for JSO youth with special needs (i.e., developmental disabilities, 18-20 year olds).
20. Develop a comprehensive *Best Practices Guide for Residential Treatment of Juvenile Sex Offenders* minimally identifying such issues as informed consent, evidence-based practices, resource coordination and other adjunctive service coordination (e.g., mental health, vocation), assessment, family treatment, caregiver capacity for supervision, community safety and monitoring, staff credentialing, intake and termination practices, participation in community-based treatment following residential discharge and transition planning for re-entry
21. Develop training to educate stakeholders about *Best Practices in Residential Treatment*

22. Develop a comprehensive *Best Practices Guide for Community-Based Treatment of Juvenile Sex Offenders* minimally identifying such issues as working collaboratively with other professionals, informed consent, evidence-based practices, resource coordination and other adjunctive service coordination (e.g., education, employment, mental health), assessment, family treatment, caregiver capacity for supervision, community safety and monitoring, staff credentialing, intake and termination practices
23. Develop training to educate stakeholders about *Best Practices in Community-Based Treatment*

### **Major Area: Re-Entry & Supervision**

24. Develop a *Best Practices Guide for the Supervision of Juvenile Sex Offenders* minimally identifying such issues as treatment plan development, assessment, information sharing, use of a multidisciplinary team in case planning and oversight, community safety, specialized training, caseload size, staff credentialing, utilization of victim impact statements in case planning, assessment of caregiver capacity and community safety
25. Develop training to educate stakeholders about *Best Practices in Supervision of Juvenile Sex Offenders*
26. Develop a *Strategies & Resource Guide for Addressing & Reducing Secondary Trauma and Burn-Out* among professionals working with juvenile offenders to be made available to all stakeholders
27. Develop a *Guide to the Formation and Use of Community Support Networks in the Supervision of Juvenile Sex Offenders*
28. Institute a Task Force to explore legal issues related to re-entry of juvenile sex offenders such as school re-entry, information sharing among community members,

29. Develop a *Brief Resource Directory for Supporting Work with Juvenile Sex Offenders* for distribution to all stakeholders

**Major Area: Sex Offender Registration**

30. Form an Exploratory Committee to examine the process and feasibility for pursuing legislative changes to the Michigan Sex Offender Registration law that allow for greater differentiation between juvenile sex offenders and adult sex offenders

**Major Area: Other**

31. Develop a specialized training curriculum for all stakeholders (i.e., juvenile justice workers and administrators, policy makers, Court officials) to increase knowledge of issues related to working with juvenile sex offenders, minimally including the following topics: decision-making, evidence-based practice, clinical assessment, community safety, information-sharing, legal and ethical issues, and supporting professionals working with juvenile sex offenders (*topics are in addition to specific trainings identified previously*)
32. Discuss the formation of an Exploratory Committee with the Department of Human Services for possible exploration of the development of a multi-disciplinary team for JSO victims
33. Form an Exploratory Committee to explore funding for victim services and victim treatment options
34. Develop a comprehensive website to promote continuous access to project resources (i.e., protocols, self-training modules, informational sheets) and other information that is part of the CJSOM Implementation Plan as well to continue to keep juvenile sex offender management a key topic in the County and State

35. Develop a broad-based public awareness campaign to raise awareness about juvenile sex offenses and legal implications, specifically targeting young persons, parents, teachers, and other community members
36. Develop and deliver briefings to multiple groups of stakeholders regarding the work of the Collaborative Team, summarizing the assessment findings and implementation plan to garner support and promote momentum for the implementation plan

### **Evaluation of Implementation Plan**

The Strategy refers to the strategy that will be implemented while the Outputs refer to measures of the implemented strategies. The End Date represents the end of the grant period, however, it is anticipated that the Collaborative Team will continue to work toward solidification of the goals beyond the end of the funding period.

Because of the process-related nature of some of the strategies (i.e., form an exploratory committee), only concrete strategies are reflected below in the Evaluation and Monitoring Plans.

### **Evaluation Plan**

| <b>Strategy</b>  | <b>Outputs</b>   | <b>Start Date</b> | <b>End Date</b> |
|--|--|-------------------|-----------------|
| Develop and implement the <i>Comprehensive Pre-Disposition Investigation Protocol (CPDIP)</i> to guide prosecutorial decision-making | % of juveniles charged with sex offenses that are assessed using the CPDIP           | 3-1-08            | 5-31-08         |
| Develop and implement the <i>Prosecutorial Decision-Making Guide</i> to provide additional support in prosecutorial decision-making  | % of juveniles charged with sex offenses that are assessed using the CPDIP           | 3-1-08            | 5-31-08         |
| Develop and implement the <i>Jurist Decision-Making Guide</i> to provide additional support in jurist decision-making                | % of juveniles charged with sex offenses that are assessed using the CPDIP           | 3-1-08            | 5-31-08         |
| Develop and implement a comprehensive data collection plan to guide data collection related to JSO's across entities                 | % of identified organizations will implement the comprehensive data collection model | 3-1-08            | 5-31-08         |
| Institute annual review of comprehensive JSO data  | % of identified entities participate in the annual comprehensive review of JSO       | 3-1-08            | 5-31-08         |

|  |   |        |         |
|--|---|--------|---------|
|  | data  |        |         |
| Develop and implement broad-based training curriculum  | Number of participants and favorable evaluations of training          | 2-1-08 | 5-31-08 |
| Develop & implement the <i>Comprehensive Assessment Practices with Juvenile Sex Offenders Protocol</i>                                   | Number of providers adopting <i>Protocol</i>                          | 3-1-08 | 5-31-08 |
| Develop & implement the <i>Information-Sharing Protocol to Guide Work with Juvenile Sex Offenders</i>                                    | % of providers adopting the <i>Protocol</i>                           | 3-1-08 | 5-31-08 |
| Institute minimum program standards for JSO treatment programs   | % of providers complying with standards                               | 3-1-08 | 5-31-08 |
| Develop & implement <i>Best Practices Guide for Residential &amp; Community-Based Treatment of Juvenile Sex Offenders</i>                | % of providers adopting the Protocol                                  | 3-1-08 | 5-31-08 |
| Develop & implement <i>Best Practices Guide for the Supervision of Juvenile Sex Offenders</i>  | % of providers adopting the <i>Protocol</i>                           | 3-1-08 | 5-31-08 |
| Develop & implement <i>Strategies &amp; Resource Guide for Addressing &amp; Reducing Secondary Trauma and Burn-Out</i>                   | Number of participants trained & % of providers adopting the Protocol | 3-1-08 | 5-31-08 |
| Develop & implement the <i>Guide to the Formation and Use of Community Support Networks in the Supervision of Juvenile Sex Offenders</i> | % of providers adopting the <i>Protocol</i>                           | 3-1-08 | 5-31-08 |
| Develop & implement the <i>Brief Resource Directory for Supporting Work with Juvenile Sex Offenders</i>                                  | % of providers adopting the <i>Protocol</i>                           | 3-1-08 | 5-31-08 |
| Develop a comprehensive website to promote continuous access to project resources  | % of stakeholders utilizing site                                      | 3-1-08 | 5-31-08 |
| Develop & implement a broad-based public awareness campaign  | Number of participants  | 4-1-08 | 5-31-08 |

## Monitoring Plan

| Strategy   | Outcome   | Source & Data  | Responsible Person  |
|--|---|--|---|
| Develop and implement the <i>Comprehensive Pre-Disposition Investigation Protocol (CPDIP)</i> to guide prosecutorial decision-making       | Increase in reported competence related to prosecutorial decision-making by Prosecutors & Jurists   | Best practice literature & CPDIP evaluation data       | Research Coordinator & Investigation Task Force             |
| Develop and implement the <i>Prosecutorial Decision-Making Guide (PDMG)</i> to provide additional support in prosecutorial decision-making | Increase in reported competence related to prosecutorial decision-making                            | Best practice literature & PDMG evaluation data        | Research Coordinator & Prosecution & Disposition Task Force |
| Develop and implement the <i>Jurist Decision-Making Guide (JDMG)</i> to provide additional support in jurist decision-making               | Increase in reported competence related to jurist decision-making                                   | Best practice literature & JDMG evaluation data        | Research Coordinator Prosecution & Disposition Task Force   |
| Develop and implement a comprehensive data collection plan to guide data collection related to JSO's across entities                       | Increase in standard data available for comprehensive review of region's JSO population             | Best practice literature & data fields                 | Research Coordinator  |
| Institute annual review of comprehensive JSO data  | Increased awareness and knowledge related to JSO population   | Annual Review Report                                   | Research Coordinator  |
| Develop and implement broad-based training curriculum  | Increased collective awareness and knowledge among multiple stakeholders                            | Training evaluations, including pre-post evaluations   | Research Coordinator & Training Team                        |
| Develop & implement the <i>Comprehensive Assessment Practices with Juvenile Sex Offenders Protocol</i>                                     | Increase in number of juvenile sex offenders (JSO's) participating in comprehensive assessment      | Best practice literature & Report of Protocol Outcomes | Research Coordinator & Assessment Task Force                |
| Develop & implement the <i>Information-Sharing Protocol to Guide Work with Juvenile Sex Offenders</i>                                      | Increase in number of stakeholders sharing information to support comprehensive management of JSO's | Best practice literature & Report of Protocol Outcomes | Information-Sharing Task Force                              |
| Institute minimum program standards for JSO treatment  | Increase in number of providers providing evidence-   | Best practice literature &                             | Research Coordinator  |

|  |   |   |  |
|--|---|---|--|
| programs   | based treatment   | Report of Protocol Outcomes   | & JSO Treatment Task Force                                     |
| Develop & implement <i>Best Practices Guide for Residential &amp; Community-Based Treatment of Juvenile Sex Offenders</i>                | Increase in number of providers providing evidence-based treatment  | Best practice literature & Report of Guide Outcomes                                     | Research Coordinator & JSO Treatment Task Force                |
| Develop & implement <i>Best Practices Guide for the Supervision of Juvenile Sex Offenders</i>  | Increase in number of providers providing evidence-based supervision  | Best practice literature & Report of Guide Outcomes                                     | Research Coordinator & JSO Supervision & Monitoring Task Force |
| Develop & implement <i>Strategies &amp; Resource Guide for Addressing &amp; Reducing Secondary Trauma and Burn-Out</i>                   | Increase in related awareness & knowledge among participants  | Best practice literature & Report of Protocol Guide Outcomes                            | Research Coordinator   |
| Develop & implement the <i>Guide to the Formation and Use of Community Support Networks in the Supervision of Juvenile Sex Offenders</i> | Development of community support networks   | Best practice literature & Community Support Network Progress Report                    | Research Coordinator & Training Team                           |
| Develop & implement the <i>Brief Resource Directory for Supporting Work with Juvenile Sex Offenders</i>                                  | Increase in related awareness & knowledge among participants  | National & local resources & Report of Directory Outcomes                               | Research Coordinator & Resource Task Force                     |
| Develop a comprehensive website to promote continuous access to project resources & for use in PA campaign                               | Increased use of documents by multiple stakeholders, adoption of documents beyond specific region, increased knowledge and awareness among stakeholders | Software & best practice-based documents and Report of Website Outcomes                 | Research Coordinator & Web Designer                            |
| Develop & implement a broad-based public awareness (PA) campaign   | Increased awareness and knowledge among all participants  | Best practice literature, local & national resources and Report of PA Campaign Outcomes | Research Coordinator & PA Task Force                           |

