

Keeping Kids Safe: Enhancing Care for Problematic Sexual Behavior through Collaborative Community Change

The National Symposium on Sexual Behavior of Youth

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Introductions

1. Who are you?
2. Where do you work
3. Your role
4. Experience with supporting programming to serve youth with PSBs
5. What do you hope to learn?

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Activity 1: Small Group Discussion

1. Where do you see gaps or areas for growth in your state/community multidisciplinary collaboration in serving youth with PSB and their families?
2. What consistency do you see across the state/community in definitions?



Alabama



Transforming a State's Approach to Addressing Problematic or Illegal Sexual Behavior to a Child's Rights Based System

Mandi R. Fowler, PhD, LICSW-S

Jill R. Beck, JD

Monica Roland, LICSW

5

A bit about us...



6

YOUTH SERVICES INSTITUTE

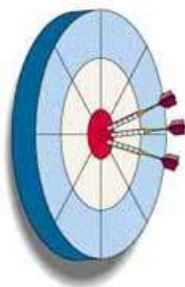
- THE MISSION OF YOUTH SERVICES INSTITUTE IS TO SERVE OUR COMMUNITY BY DEVELOPING, IMPLEMENTING AND SUPPORTING EVIDENCE-INFORMED, HOLISTIC INTERVENTIONS FOR VULNERABLE CHILDREN, YOUTH, AND FAMILIES THAT EMPOWER THEM AND ENHANCE THE QUALITY OF THEIR LIVES.
- YSI.UA.EDU



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Some things you need to know...



8

Terminology

Problematic sexual behavior (PSB) – Developmentally inappropriate and potentially harmful behaviors involving sexual body parts

Illegal sexual behavior (ISB) – Sexual behavior in older youth (13+) that is illegal under state law

9

PSB/ISB is **SERIOUS**.
There is **HOPE**.

10

Prognosis and Recidivism

Consistently **VERY LOW** rates of recurrence of PSB/ISB (2.25% (Caldwell, 2016) to 7-9% (Lussier, et. al, 2023))

(Caldwell, M.F (2016). Quantifying the Decline in Juvenile Sexual Recidivism Rates. *Psychology, Public Policy, and Law*./ Calleja, 2015. Juvenile Sex and Non-sex offenders: a comparison of recidivism and risk. *Journal of addictions & offender counseling*./Lussier, P., McCuish, E., Chouinard Thivierge, S., & Frechette, J. (2023). A meta-analysis of trends in general, sexual, and violent recidivism among youth with histories of sex offending. *Trauma, Violence, & Abuse*, 15248380221137653.)

11

Prognosis and Recidivism

- 10-year follow-up study of Evidence-Based Model, Problematic Sexual Behavior-Cognitive Behavioral Therapy (PSB-CBT) indicated <3% recurrence
- Continuum of Care Program, community-based services for youth with PSB/ISB-consistently <3% recurrence
- Less than the rate of PSB for the comparison group who were not initially treated for PSB. (Carpentier, Silovsky, & Chaffin, 2006)
- 1.5% new person offenses
- 1.5% violations of SORNA

12

A quick history
lesson...



13

Juvenile Justice



14

Section 12-15-101 Purpose of the Alabama Juvenile Justice Act

(1) To preserve and strengthen the family of the child whenever possible, including improvement of the home environment of the child.

(5) To promote a continuum of services for children and their families from prevention to aftercare, considering wherever possible, prevention, diversion, and early intervention.

(8) To achieve the foregoing goals in the least restrictive setting necessary, with a preference at all times for the preservation of the family and the integration of parental accountability and participating in treatment and counseling programs.

15

Implications

- In Alabama, juveniles adjudicated for a sex offense are required to have treatment from an approved provider.
- If no approved provider locally who is accessible to the family, the only other option is long term, intensive residential treatment.
- We do not have enough approved providers in the State.
- Funding limits access.
- Few options across the continuum, particularly for prevention and early intervention

16

Things had to change!!

Research shows that community-based treatment works best in most situations.

Residential/corrections treatment is wildly expensive

We needed evidence-based/research supported treatment for new and experienced providers.

Parental/custodial engagement is key.

Patchy service means disparate treatment.

19

... and, if not us, then who?

YSI has 25 years of experience in this field. We are the experts in the state.

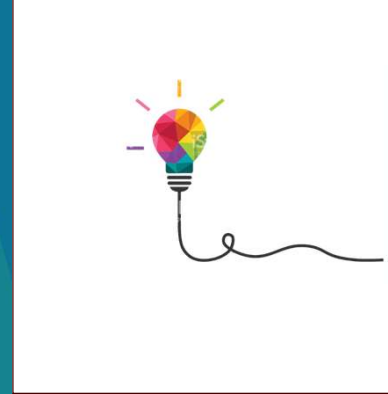
After years of service, we have an excellent reputation.

We had a statewide network of relationships.

We had (and have) a powerful ally in the Alabama Department of Youth Services.

20

What We Learned...



21



22

ITS NOT ABOUT US



Discard egos.



Territory is not a factor.



We don't know everything.

23

BE OPEN TO POSSIBILITIES



OJJDP and OUHSC/NCSBY

- OJJDP grants
- Build capacity
- Teletherapy pilot

Membership on MDTs

- Relationships
- Community resources

Training and certification program

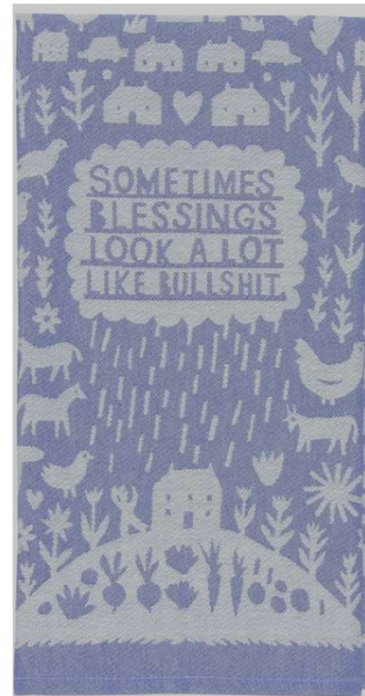
- Continuing education
- State specific training
- Expand network of providers

Network for providers (AL)

- Reduce isolation & burnout
- Improve job satisfaction
- Connection with others

24

What opportunities look like...



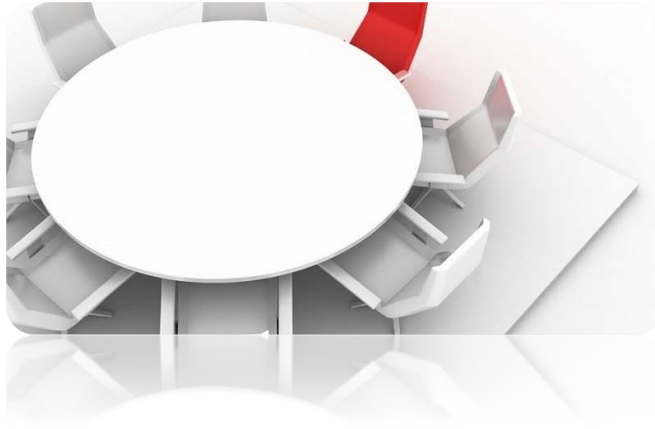
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Our approach to prevention and intervention had to shift.

In Alabama, PSB has been treated as a juvenile justice issue when it is actually a public health issue.

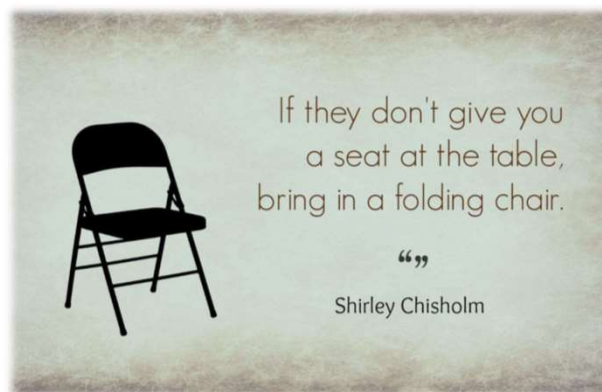
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We thought we needed to bring partners to the table...




27

Our partners were already at a table, just not ours.



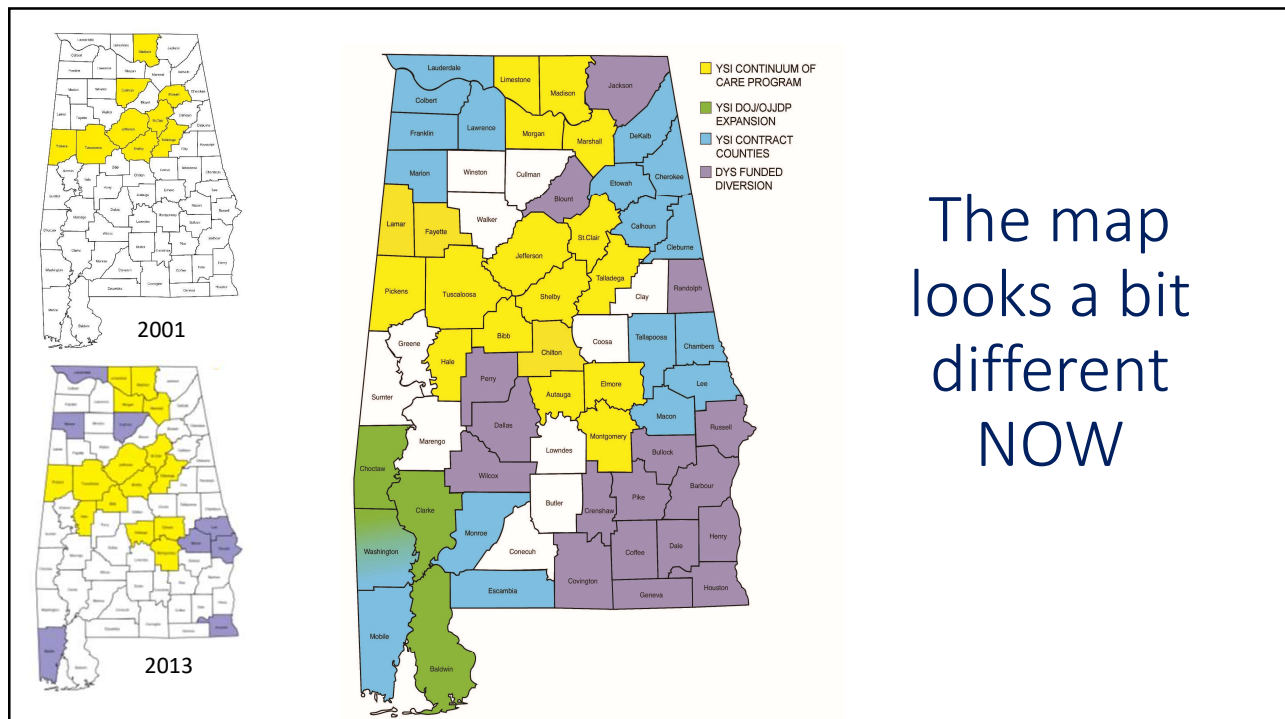
28



What you need to create system change

- Shared vision
- Credibility
- Administrative support
- Clinical expertise
- Someone who is good at promotion and networking

29



30

We aren't done...

Continually recruiting new providers for justice-involved youth and children in the child welfare system.

Increased focus on the research

Training

Ready to take advantage of opportunities, especially when least expected and inconvenient

31

Questions & Contact



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32

New Jersey



33



NEW JERSEY'S PSB PROGRAM: IMPROVING ACCESS TO SPECIALIZED SERVICES

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34

WHY THE PSB RESPONSE WORK GROUP CONVENED

- Recognition that a statewide, coordinated, or standardized response to Child-on-Child Sexual Assault cases not screened in by the State Central Registry (SCR) did not exist
 - Nationally, 25% - 35% of cases seen at Child Advocacy Centers (CACs) involve an initiator/actor who is a minor
 - In NJ, our Child Advocacy Centers (CACs) and Regional Diagnostic and Treatment Centers (RDTCs) reported that between 15% and 30% of cases they were seeing involved an initiator/actor who is a minor
- Goal was to ensure that all child victims and child initiators of sexual abuse and their families have access to specialized medical and mental health services.

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35

PSB WORK GROUP MEMBERS

- | | |
|--|---|
| <ul style="list-style-type: none"> • Department of Children and Families, including representation from: <ul style="list-style-type: none"> ○ DCF Commissioner ○ Division of Child Protection & Permanency ○ Children's System of Care ○ State Central Registry • New Jersey Children's Alliance • County Prosecutor's Association of NJ • Chiefs of County Detectives Association • Division of Criminal Justice • Care Management Organizations | <ul style="list-style-type: none"> • Child Advocacy Center/Multidisciplinary Team: <ul style="list-style-type: none"> ○ Law enforcement ○ Prosecution ○ Victim Advocacy ○ MDT Coordinator ○ CAC Director • Regional Diagnostic and Treatment Centers <ul style="list-style-type: none"> ○ Medical Director ○ Clinical Director • NJ Task Force on Child Abuse and Neglect |
|--|---|

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36

SOURCES OF DATA

- Surveys of NJ's Child Advocacy Center (CAC) and multidisciplinary team partners
- Surveys of caregivers affected by PSB
- Information from other states about how they respond to and fund services for PSB cases
- Data about the availability of providers trained in evidence-based treatments
- Information obtained from stakeholders at Work Group meetings

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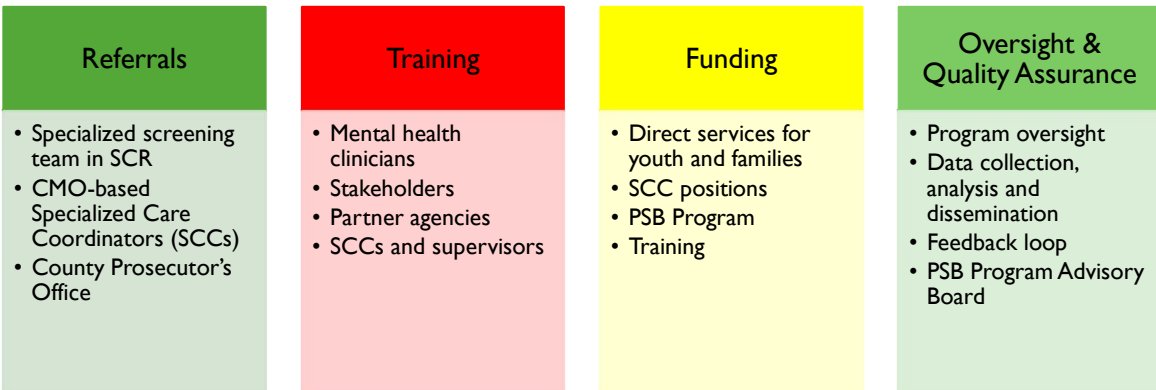
DEVELOPING A
STATEWIDE STRATEGY
TO RESPOND TO CASES
INVOLVING **PROBLEMATIC
SEXUAL BEHAVIOR**

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38

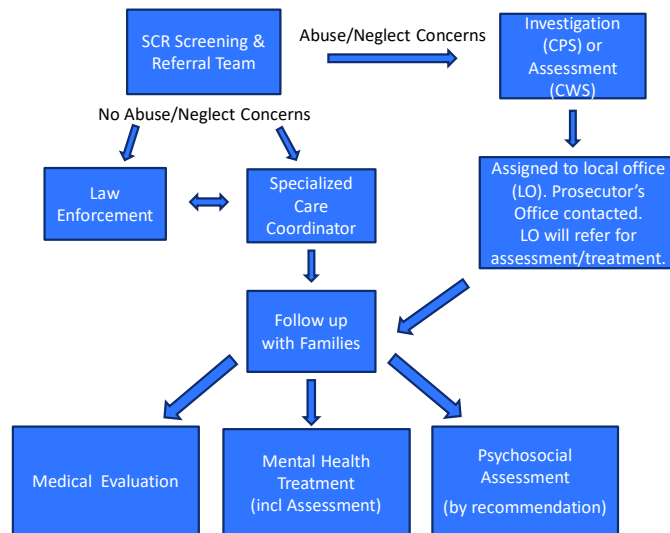
NEW JERSEY'S COORDINATED RESPONSE TO PSB



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39



PSB Program Referral Flow Chart



40

TRAINING

- Mental health providers
 - Over 60 clinicians across the state trained/training in evidence-based treatment models for youth who engage in PSB
 - Another 20+ clinicians will begin training in April 2025
 - Over 40 clinicians trained in evidence-based treatment for youth who are impacted by PSB
- Specialized Care Coordinators (SCCs) from Care Management Organizations
 - 21 SCCs and 15 SCC supervisors participate in training throughout the year
- Stakeholders
 - Over 11,000 professionals and community members have received information about PSB and related resources

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41

FUNDING

- The Department of Children and Families provides funding for all components of the PSB Program:
 - Specialized Care Coordinator (SCC) positions
 - Child Treatment Assistance Fund
 - PSB Program Staff and related program expenses
 - Training

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42

OVERSIGHT AND QUALITY ASSURANCE

- Program oversight
- Data collection, analysis and dissemination
- Feedback loops to
- PSB Advisory Board

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43

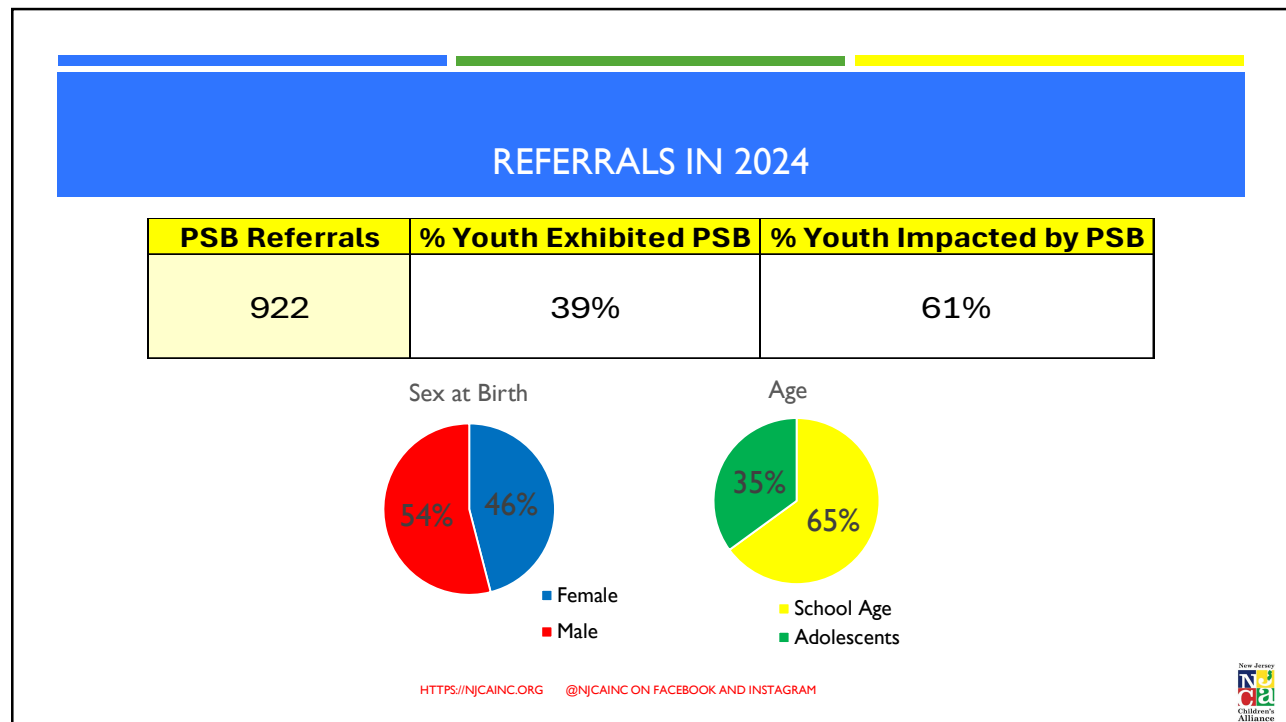
ADVISORY BOARD RESPONSIBILITIES

- Review trends of the program
- Problem solve issues/barriers that arise in the program
- Evaluate the effectiveness of the program processes and procedures
- Ensure the funds are being managed appropriately
- Address program sustainability

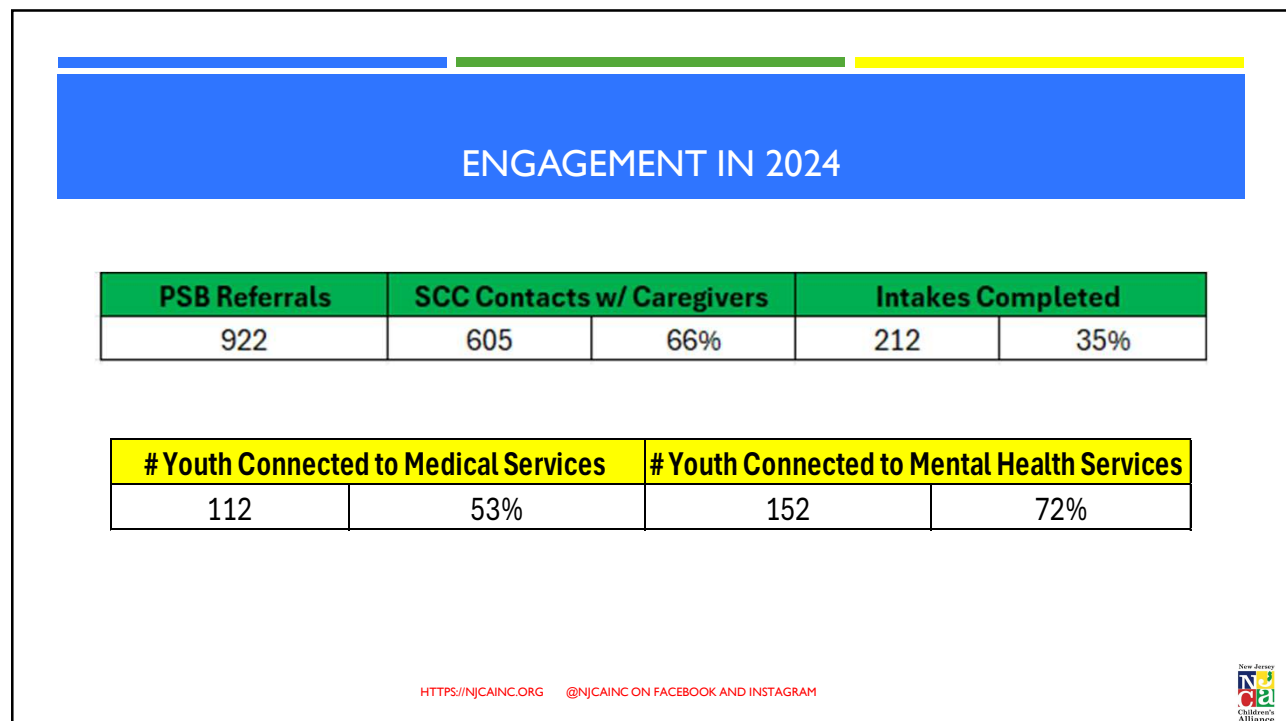
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44



45



46

PRESENTATIONS IN 2024

| # SCC Presentations | # Trained |
|---------------------|-----------|
| 326 | 11,200+ |

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47

LESSONS LEARNED

- Don't rush the process. Buy-in from key stakeholders is critical.
- Provide opportunities for regular check-ins with partner agencies.
- Develop a plan with all involved around how information will be disseminated and shared to program partners and the community.
- Define data points clearly.
- Be flexible and open-minded.

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48

NEXT STEPS

- ✓ Maintain and enhance PlanStreet data management system
- ✓ Continue to track program outcomes
- ✓ Use data to inform program improvements
- ✓ Provide ongoing training and technical assistance to SCCs
- ✓ Provide ongoing training for providers, stakeholders and community organizations
- ✓ Create legislation to support the PSB Program

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49

QUESTIONS?

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50

North Dakota



51

Statewide Multidisciplinary Team Collaboration for Youth with Problematic and Illegal Sexual Behavior in North Dakota

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Cass County State's Attorney's
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52

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53

Agenda

- How it started
- ND specific considerations
- Developing policies and procedures
- Triage Team in Action
- Challenges and successes
- What's Next



54

How it all started

- NSSBY 2023 on a paper napkin
- Why?
 - Increase team communication about cases
 - Expedite the process of youth with illegal sexual behavior into evidence-based treatment
 - Facilitate discussion around the best approach for each case



55

How ND handles illegal sexual behavior

- Under 10: handled by social services/human service zones
- Over 10: Juvenile court reviews case and determines appropriate level of action
 - Diversion – does not require admission to the offense but requires accepting a course of action, results in referral to programming
 - Informal – requires an admission, can be placed on probation with referrals to programming
 - Formal Charges – sent to State's Attorney's Office for formal prosecution and adjudication



56

ND Legal Framework

- Power of juvenile court director to make intake decisions and refer
- Admissions and assessments cannot be later used against the participating child
- Allows communication between CACs, juvenile court, and prosecution
- Distinctions between mandatory and permissive sexual offender registration



57

Developing Policies and Procedures

- Initial meeting to determine:
 - Mission/Purpose: The mission of the PSB Statewide Triage Team is to facilitate the most appropriate evidence-based response to children and youth with problematic and/or illegal sexual behavior.
 - Who: Children ages 7+ with problematic and/or illegal sexual behavior
 - Team Composition:
 - The team is made up of professionals from agencies involved in the response to PSB. The core members of the team include:
 - Dakota Children's Advocacy Center
 - Red River Children's Advocacy Center
 - Cass County State's Attorney's Office
 - Burleigh County State's Attorney's Office
 - Juvenile Court



58

Triage Team in Action!

- Monthly meetings via Zoom
- CAC or juvenile court would submit cases for discussion
- Team members discuss the best course for each youth
 - Diversion, Informal, Formal
 - When to refer to services, what services are appropriate
 - Special considerations – order prohibiting contact, competency, safety planning, etc.
 - Course of action is recommended (not binding)



59

Challenges

- Conflicts between treatment and court
- Differing opinions
- Continued education of team members
- Lack of treatment options for some youth
- Limitations of clinicians at a CAC for assessment
- Increased referrals, staff capacity, funding



60

Successes

- Better communication about cases
- Support/brainstorming with professionals from your same discipline
- Enhanced understanding of partners' roles and duties
- Strengthened partnerships
- Faster process



61

What's Next

- Expansion of triage team to other jurisdictions
- Expanding triage team members
 - CPS/human service zone
- State law changes (hopefully)
 - Sexual offender registration
 - Clarifying communication between partners



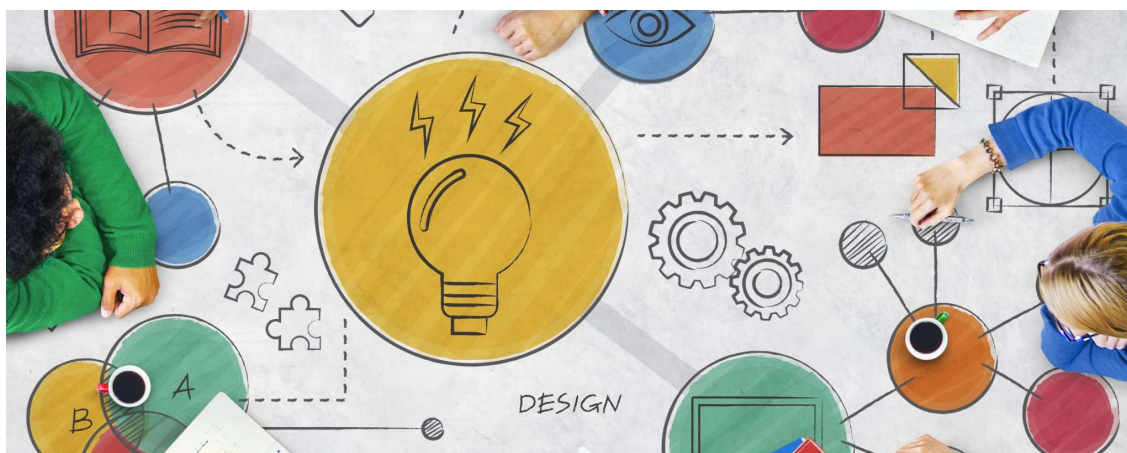
62

Factors to consider for developing a triage team

- Understanding state laws and requirements
- Understanding case process from investigation to services to determine at what point in the process the triage team should operate
- Determining team members involved in decision making

63

Vision Community/State Change Action Plan



64

Create a vision

First ask these questions

Why is it important for you to accomplish this goal?

How would achieving this goal impact your life and the lives of others?

What do you want to see around you?

What do you really want for youth with problematic sexual behaviors?

What values are most important in this work?

How do you want your program to feel?

What does success look like?

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Training and Technical Assistance



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NCTSN The National Child Traumatic Stress Network

MILITARY
ONE SOURCE

ATSA



Children with SEXUAL
BEHAVIOR PROBLEMS
2nd EDITION

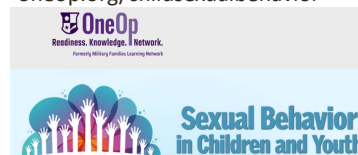


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Thank you!

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