

CHAPTER 38
SEX OFFENDER MANAGEMENT AND TREATMENT

201—38.1(692A,903B) Application of rules. The following rules apply to sex offender electronic monitoring and hormonal intervention therapy.

[ARC 8496B, IAB 1/27/10, effective 3/3/10]

201—38.2(692A,903B) Electronic monitoring. It is the intent of the Iowa department of corrections that the electronic monitoring system (EMS) shall be used to enhance public safety. Appropriate levels of EMS should be used to verify the location and restrict the movement of sex offenders based upon a validated risk assessment, the sex offender's criminal history, progress in treatment and supervision, and other relevant factors. EMS is additionally governed by the provisions of department of corrections policy OP-SOP-06.

38.2(1) Definitions.

"*Electronic monitoring system*" or "*EMS*" is a term used collectively for technology that determines the location of offenders who have restricted movement while being supervised in their respective community. EMS may also incorporate the ability to conduct random substance abuse testing.

"*Offender*" means a person who is required to register with the Iowa sex offender registry.

38.2(2) Selection of offenders for EMS. All offenders on supervision for a current sex offense who are required to be registered as a sex offender under Iowa Code chapter 692A shall be placed on EMS immediately after assignment to supervision. This level may be changed based on risk assessment.

38.2(3) Risk assessment instrument. All required risk assessments shall be conducted utilizing the risk assessment instruments outlined below as approved by the department of corrections. The risk assessment should be completed within 30 days prior to the offender's release from custody or upon the offender's placement on probation, parole, or work release.

a. Static 99—revised. Designed for adult male sex offenders aged 18 and over and juvenile male offenders waived to adult court who have a specific identified victim.

b. ISORA. Designed for adult male and female sex offenders aged 18 and over who may or may not have a specific identified victim.

c. Stable 2007. Designed to assess dynamic risk factors for sex offense recidivism for the purpose of treatment, supervision, and monitoring of sex offenders primarily on community correctional supervision.

d. Level of service inventory—revised. A quantitative risk assessment instrument to determine the offender's criminogenic risk, programming needs and the required level of service.

38.2(4) Notification of victims. A judicial district department of correctional services shall notify a registered victim regarding a sex offender convicted of a sex offense against a minor who is under the supervision of a judicial district department of correctional services of the following:

a. The beginning date for use of an electronic tracking and monitoring system to supervise the sex offender and the type of electronic tracking and monitoring system used.

b. The date of any modification to the use of an electronic tracking and monitoring system and the nature of the change.

NOTE: Notification includes the initial notification to victims of the date that an offender has been placed on an electronic monitoring device, notification as to the date an electronic monitoring device was changed with greater or less monitoring capabilities (GPS to radio frequency or radio frequency to GPS), and notification as to the date the offender was removed from an EMS.

38.2(5) Additional rules. The department of public safety's rules regarding the Iowa sex offender registry are published in 661—Chapter 83.

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201—38.3(692A) Sex offender risk assessment. Rescinded IAB 1/27/10, effective 3/3/10.

201—38.4(903B) Hormonal intervention therapy.

38.4(1) *Affected offenders.* All offenders convicted of a “serious sex offense” in which the victim was a child who, at the time the offense was committed, was 12 years of age or younger; or offenders convicted of a second or subsequent offense may be required to undergo hormonal intervention therapy as ordered by the court or board of parole in accordance with the provisions of 1998 Iowa Acts, Senate File 2398, section 21.

38.4(2) *Agency responsibility.* The department of corrections, judicial districts’ departments of correctional services, and the board of parole responsibilities are defined in 1998 Iowa Acts, Senate File 2398, section 21.

38.4(3) *Assessment of affected offenders.*

a. Psychosexual assessment. A psychosexual assessment shall be conducted on all “affected” offenders, as a part of the presentence investigation (PSI) prior to sentencing or upon entry into judicial district department of correctional services supervision or institutional placement.

(1) The psychosexual assessment shall be conducted by or under the direction of:

- A licensed psychologist; or
- A person specifically trained and experienced in the professional administration, scoring and interpretation of psychological tests (graduate level coursework in testing and assessment); or
- A staff member that meets the experience and educational requirements of the Iowa department of personnel or Iowa community-based corrections psychologist classification.

(2) The psychosexual assessment shall include:

- Tests of emotional and mental stability.
- I.Q. to measure capability.
- Measure of denial of deviant sexual characteristics.
- Plethysmography (optional).

(3) The assessment shall follow the department of corrections standardized format and shall include a determination as to the need and effectiveness of hormonal intervention therapy as well as treatment recommendations.

b. Medical assessment. If hormonal intervention therapy is recommended as an appropriate treatment component, the offender shall receive a medical assessment to determine biological factors as related to hormonal intervention therapy.

38.4(4) *Pharmaceuticals and distribution.* The director of corrections may contract the purchase and distribution process to reduce pharmaceutical costs and ensure effective distribution and management of all pharmaceuticals related to the hormonal therapy program.

38.4(5) *Educational/treatment programming.*

a. Hormonal intervention therapy is to be utilized in conjunction with a sex offender educational/treatment program (SOTP). The offender should be involved in concurrent cognitive-behavioral treatment. In all cases where the treatment plan includes hormonal therapy, the plan shall also include monitoring and counseling.

b. All institutional or community-based corrections SOTP programs shall meet the Iowa board for the treatment of sexual abusers (IBTSA) standards dated March 2006.

38.4(6) *Application of hormonal therapy.**a. Utilization of hormonal therapy.*

(1) Therapy shall utilize medroxyprogesterone acetate (MPA) or other approved pharmaceutical agents.

(2) Therapy shall be initiated as soon as reasonably possible after the offender is sentenced.

1. If the offender is incarcerated within a local jurisdiction (jail, residential facility), the judicial district department of correctional services shall coordinate initiation of treatment prior to the release of the offender from custody.

2. If the offender is incarcerated within the department of corrections, initiation of treatment shall be determined by department of corrections medical staff.

(3) Requests for hormonal therapy by the offender when the aforementioned criteria are not met shall be reviewed for consideration by the agency of jurisdiction.

(4) At any time during the course of supervision, the agency of jurisdiction may conduct a reassessment to determine if hormonal therapy should be considered or reconsidered as part of the treatment plan.

b. Monitoring/termination of hormonal therapy.

(1) Monitoring. The agency of jurisdiction shall continue to monitor the offender's therapy throughout the offender's confinement or supervision. The agency of jurisdiction may adjust medication, initiate other medication, or continue prescribed therapy with medical approval.

(2) Termination. Hormonal therapy may be discontinued only by the medical authority, with consent of the supervising officer. Termination requires a reassessment conclusion that the therapy has been determined ineffective or is no longer necessary.

38.4(7) Offender fees. Offenders are required to pay a reasonable fee for the costs related to hormonal therapy. Offender fees shall be based on the offender's ability to pay as determined by the supervising office.

38.4(8) Maintenance/transfer of records. Offender file information shall be available and shared upon request between responsible agencies including court of jurisdiction.

These rules are intended to implement Iowa Code chapter 692A as amended by 2009 Iowa Acts, Senate File 340, and Iowa Code chapter 903B.

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