

201—38.4(903B) Hormonal intervention therapy.

38.4(1) *Affected clients.* All clients 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 clients 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 Iowa Code section 903B.10.

38.4(2) *Agency responsibility.* The department of corrections, judicial districts’ departments of correctional services, and the board of parole responsibilities are defined in accordance with the provisions of Iowa Code section 903B.10.

38.4(3) *Assessment of affected clients.*

a. Psychosexual assessment. A psychosexual assessment shall be conducted on all “affected” clients, 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 if a referral for hormonal intervention therapy is being made.

(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 who meets the experience and educational requirements of the Iowa department of administrative services 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 statewide 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 client 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 treatment program (SOTP). The client 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 SOTPs shall meet the current Iowa board for the treatment of sexual abusers (IBTSA) standards .

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 client is sentenced.

1. If the client 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 client from custody.

2. If the client 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 client 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 client's therapy throughout the client'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) Client fees. Clients are required to pay a reasonable fee for the costs related to hormonal therapy. Client fees shall be based on the client's ability to pay as determined by the statewide client fee policy.

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

[ARC 3929C, IAB 8/1/18, effective 9/5/18]