

State of Iowa Department of Corrections

Policy and Procedures

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Chapter 5: OFFENDER PROGRAMS

Sub Chapter: SEX OFFENDER MANAGEMENT & PROGRAMS

Related DOC Policies: N/A

Administrative Code Reference: 201-38.4

Subject: SEX OFFENDER HORMONAL TREATMENT

ACA Standards: N/A

Responsibility: Dot Faust

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Authority:

1. PURPOSE

To describe the procedures and standards that the Iowa Department of Corrections (IDOC) will follow if the Court or the Board of Parole orders hormonal intervention therapy for sex offenders as a condition of release.

2. Policy

It is the policy of the IDOC to provide clinical treatment including hormonal intervention therapy for designated sex offenders whose offense occurred after June 30, 1998 as prescribed by **Iowa Code Section 903B** and Iowa Administrative Code 201.38.4. Hormonal intervention therapy with controlled levels of medroxyprogesterone acetate (MPA) or other approved pharmaceutical agent treatment may be required as a condition of release by the Court or the Board of Parole. The following procedures establish standards for the initiation, supervision, and monitoring of the treatment by the agency of jurisdiction.

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3. DEFINITIONS – As used in this document:

A. Serious Sex Offense - A serious sex offense means any of the following offenses in which the victim was a child who, at the time the offense was committed, was 12 years of age or younger:

1. Sexual abuse in the first degree, in violation of section **709.2**.
2. Sexual abuse in the second degree, in violation of section **709.3**.
3. Sexual abuse in the third degree, in violation of section **709.4**.
4. Lascivious acts with a child, in violation of section **709.8**.
5. Assault with intent, in violation of section **709.11**.
6. Indecent contact with a minor, in violation of section **709.12**.
7. Lascivious conduct with a minor, in violation of section **709.14**.
8. Sexual exploitation by a counselor in violation of section **709.15**.
9. Sexual exploitation of a minor, in violation of section **728.12, subsections 1 and 2**.

B. Hormonal Intervention Therapy means administration of controlled levels of medroxyprogesterone acetate (MPA) or other approved pharmaceutical agents for the management of paraphilia/sexual deviance in designated sex offenders.

C. Affected offenders

All offenders convicted of a serious sex offense and ordered by the Court or Board of Parole to participate in Hormonal Intervention Therapy as a condition of release.

1. The court "may" require hormone intervention for the first conviction.

2. The court is required to mandate treatment intervention for a second or subsequent conviction, unless a determination is made that the treatment would not be effective.
3. Under Section 21.3 of Senate File 2398, the Court may include a special sentence for felony sex offenders that require custody/supervision for the rest of the offender's life. The special sentence shall also include hormonal intervention therapy.

D. See IDOC Policy **AD-GA-16** for additional Definitions.

4. PROCEDURES

A. Assessment of Offenders

Prior to the initiation of hormonal intervention therapy for affected offenders, both a psycho-sexual assessment and a medical assessment must be completed. (See IDOC Policy **OP-SOP-02**, *Treatment Assessment*) Offenders who voluntarily request hormonal intervention therapy, and who are not ordered by the Court or the Board of Parole shall at least receive a medical assessment.

B. Prescription and Distribution of Hormonal Drugs

1. All pharmaceuticals necessary for Hormonal Intervention Therapy shall be authorized by a licensed medical practitioner. The IDOC physician staff shall authorize Hormonal Intervention Therapy when the offender is incarcerated. Judicial District Department of Correctional Services' contracted medical services or other employed practitioners shall authorize Hormonal Intervention Therapy for community based offenders.
2. Pharmaceutical services may be provided by the IDOC pharmacy identified below:

Department of Corrections Pharmacy
Iowa Medical and Classification Center
2700 Coral Ridge Ave.
Coralville, IA 52241
Phone 319-626-4423
Fax 319-626-4498

3. IDOC health professionals shall administer and provide clinical supervision of hormonal therapy for all designated inmates. Each Judicial District

Department of Correctional Services shall contract for or assign qualified staff to administer and provide clinical supervision for hormonal therapy.

C. Maintenance of Hormone Medication

The following criteria shall govern the security and control of hormonal medication within an IDOC or Judicial District Department of Correctional Services facility:

1. Maintenance
 - a. Hormonal medication shall be maintained in the facility only under the authorization of medical staff.
 - b. All such medications shall be packaged and labeled in accordance with Section 657-8.14(155A) of the Iowa Administrative Code.
2. Security
 - a. Prescribed medications at the facility shall be kept in a secure manner at all times.
 - b. Only authorized personnel shall have access to medications.

D. Hormonal Therapy Treatment Program

1. Hormonal intervention therapy is an intervention to be used in conjunction with a sex offender educational/treatment program (SOTP). These medications are not to be used as a sole method of treatment. Hormonal treatment should be coupled with appropriate monitoring and counseling within a comprehensive treatment plan. To improve effectiveness, the offender must participate in cognitive behavioral treatment designed to address other aspects of the deviant behavior in addition to sexual interests.
2. Initiation of Hormonal Therapy
 - a. Therapy shall utilize medroxyprogesterone acetate (MPA) or other approved pharmaceutical agents as prescribed by a physician.
 - b. Therapy shall be initiated at least 60 days prior to release to community supervision or as soon as possible if the Court or the Board of Parole orders an earlier release.

- c. If the offender is confined in an IDOC institution, initiation of treatment shall be determined by IDOC health professional. If the offender is confined locally, the Judicial District Department of Correctional Services shall coordinate initiation of treatment with county jail staff.
 - d. Requests for hormonal therapy by sex offenders who do not meet the aforementioned criteria shall be approved by the agency of jurisdiction.
 - e. 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.
3. Monitoring/Termination of Hormonal Intervention Therapy
- a. Monitoring - The IDOC shall monitor the offender's hormonal intervention therapy throughout the offender's confinement and/or community supervision. The Department may adjust, initiate other medication and/or continue prescribed hormonal therapy with appropriate physician authorization.
 - b. Termination - Hormonal intervention therapy may be discontinued per the offender's written request or on order of a physician under contract or otherwise employed by the IDOC and/or Judicial District Department of Correctional Services. Maintaining hormonal intervention therapy is a condition of release. Termination per physician order requires physician authored documentation of the condition(s) i.e. side effects, adverse reactions which endanger the offender's health. Termination without medical authorization is grounds for revocation.
4. Offender Fees

Offenders shall be required to pay a reasonable fee for their hormonal therapy. Offender fees shall be based on either a sliding scale or an alternative system that would accommodate inability to pay, or postpone payment to a later date when an offender moves to a system level enabling the offender to pay.

E. Forms

OP-SOP-03 Forms 1 through 5 are provided for optional use in provision of hormonal treatment programming.

- **Form 1** *Hormonal Intervention Therapy: Modification/Termination Criteria Checklist*
- **Form 2** *Antiandrogen Therapy Guidelines/Standards*
- **Form 3** *Hormonal Intervention Therapy Consent*
- **Form 4** *Medroxyprogesterone Acetate (MPA) Patient Information*
- **Form 5** *Hormonal Antiandrogen Therapy Adverse Effects Report*

Replaces Policy IN-V-47-2.

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