

SEX OFFENDER PROTOCOL

The following recommendations are intended for the assessment of individuals with developmental disabilities (DD) who have been convicted of a sexual offense. They are meant to guide the assessment and decision-making of County Boards of Developmental Disabilities (CBDD) in best practice processes.

As always, person centered planning about the services and supports for the individual should be team-based lead by the individual and include input from providers and other people important to the individual.

Experts in the field of sex offender management acknowledge that no single agency or entity can adequately manage the complexities of serving adult sex offender.¹ Consistent, comprehensive, efficient, effective collaboration among CBDD, the provider agency, probation officer and/or parole officer is vital. By recognizing the value of diverse perspectives and meaningful partnerships, an integrated and coordinated team can be created that maximizes existing resources, minimizes duplication and enhances the effectiveness and efficiency of services provided to convicted sex offenders with intellectual disabilities.

Some type of assessment for all individuals who have an offending history is recommended. More comprehensive tools, such as sex offender specific assessments (as outlined below), are strongly recommended for those with the most a significant sexual offense history.

The ultimate outcome of sex offender specific assessments is to provide a comprehensive framework for understanding the individual and their offending behaviors, as well as to offer recommendations to CBDDs regarding the person's support needs.

1. Who does sex offender specific assessments?

- Professionals with an advanced degree in a mental health discipline,
- Who are licensed or certified to practice in the state of Ohio (or supervised as such),
- And who have experience in evaluating sexual/violent risk in persons with developmental disabilities.

For example: Licensed Clinical Psychologist, Licensed Independent Social Worker, Licensed Professional Clinical Counselor, or other mental health licensed persons working under supervision by one of those listed.

It can be helpful for CBDDs to maintain a list of qualified professionals available to complete a sex offender specific assessment since identifying these resources ahead of time should minimize the turn-around time for assessments.

When identifying professionals who can complete a sex offender specific assessment, the following questions may be helpful:

- Does the provider accept Medicare/Medicaid?

¹ See Generally Twenty Strategies for Advancing Sex Offender Management in Your Jurisdiction, Center for Sex Offender Management, December 2008.

- What experience does the provider have with working with individuals with DD?
- Is there a waitlist?
- How long is the turnaround from initial assessment to completed write up?
- What collateral information does the assessor need?

Examples of useful collateral information might be a residential history with the board, social/medical/treatment history, psychological evaluations, current ISP/staffing , behavior support plans, history of legal involvement, etc.

2. Who should receive sex offender specific assessments?

- We recommend that some type of assessment take place for all individuals who have an offending history but **strongly** recommend a more comprehensive assessment, like a sex offender specific assessment (as outlined below), for those that present with the most significant sexual offense history.

Examples of offenses that might warrant a comprehensive assessment are: hands on violent contact offenses and offenses involving children.

- While it may be intended for individuals who have been convicted of a sexual offense, sex offender specific assessments can also be a useful tool for those who have displayed problematic sexual behavior but have not reached the attention of the court, or have been found incompetent to stand trial.

What assessments tools should be used?

The ultimate outcome of a sex offender specific assessment is to provide a comprehensive framework for understanding the person and their offending behaviors. It is also a useful tool for making recommendations about the person's support needs.

There are many evaluations that can be used to assess the needs of a person with developmental disabilities who has committed sexual offenses. CBDDs do not need to require that a specific assessment or evaluation tool be completed by licensed/certified mental health professionals. Rather, a CBDD representative should speak with the assessor before the assessment takes place to discuss the focus of assessment and how recommendations from the assessor will be used. This will guide the assessor's choice in assessment tools, as well as the content of the assessment summary, increasing the usefulness of the recommendations to the CBDD.

The assessment should provide a rationale for identifying appropriate and effective changes, routines, interventions and supports strategies. The specific form of the assessment will vary to some extent based on the individual's offending history and current status.

The assessment should include, but not be limited to the following information:

1. Identifying Information, reasons for referral, sources of information.

2. Personal and Social History: family history, education/work history, history of abuse/neglect, history of substance use, relationship history, residential supports history, medical status, nature of the developmental disability, mental health history, medical concerns, and treatment history.
3. Offense History: sexual offenses (current/prior), summary of other criminal offenses, individual's perception/description of offenses, current legal/conditions of supervision.
4. Current Findings: current mental status, IQ, adaptive behavior skills/deficits, knowledge of human sexuality, indicators of deviant sexual interests, antisocial tendencies/orientation, level of denial, amenability to treatment, and stabilizers/destabilizers.
5. Summary: Provide a framework for understanding the individual and their actions including the impact of their developmental disability and mental health needs.

What specific recommendations should County Boards ask for in the assessments?

1. Residence: type, support needs, offense-related restrictions (conditions of probation or parole or other requirements required by the Ohio Revised Code for those convicted of a sex offense and treatment restrictions re: porn, sharps, TV, internet, etc.)
2. Level of Supervision: how staff supervise (not how many staff), what specific contexts require different levels of supervision (library, YMCA, transportation, etc.), what are the off-limits places, people, contexts, etc.
3. Treatment Recommendations: What treatment is recommended and, given the individual's diagnoses, what supports should be in place to maximize safety of the individual and others.
4. Goals for the Individual: outcomes, improvement of skills, supports to maximize independence (safety plan for community time, relapse prevention plan, etc.)

Service Planning:

When considering the community-based residence of individuals with sex offending behaviors, team-based decisions using a structured reasoning process will serve to maximize success.

Assuming that risks can be assessed and/or mitigated in a community-based setting and that increased risk means increased assessment and scrutiny, teams are encouraged to consider the following when developing support plans:

1. Individual's level of cooperation with services/supports, as well as the various services/supports cooperation with each other.
2. Individual's capacity for independent living.
3. Individual's legal status i.e. reporting status (Tier 1, 2, 3), probation/parole requirements, etc.
4. Impact of mental health and/or developmental disability on the individual's ability to make decisions in their own best interest.
5. Degree of assessed risk.
6. Implications of right's restrictions on individuals' rights.

Considerations for team discussion when supporting individuals who have a conviction for a sex offense but otherwise function independently.

- a. Use community control via reporting requirements, probation/parole, local police, courts understanding of developmental disability supports, etc.
- b. Mandate compliance with the notice and reporting requirements for individuals convicted of sex offense in the Ohio Revised Code.
- c. Disclose risk to neighbors, coworkers, etc. as warranted i.e. high risk environments lend to more detailed disclosure vs. low risk environments. Risk environments are identified through a sex offender specific assessment.
- d. Maximize treatment compliance.
- e. Identify alternatives to supervision that mitigates areas of risk.
- f. Maintain/review the safety/risk reduction/relapse prevention plans for higher risk contexts.
- g. Focus on skill development.
- h. Regular review of provider training and compliance.