Clinical Guidelines and Service Definitions

Sex Offense Specific Treatment for Adults and Juveniles

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Revised 11/13

Funding Stream
- Private insurance should be accessed first to pay for treatment.
- Typically Medicaid will not pay for juvenile offender treatment. Medicaid may cover juvenile healthy sexuality treatment if therapeutic (not psycho-educational).
- Policy indicates that DHS will pay for treatment for juveniles who have committed sexual offenses but DHS will NOT pay for adult offender treatment. Any exceptions to this policy must be court ordered and /or administratively approved.

Definition of Service
- Service goals are centered on promoting child and family safety and family protective capacity.
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- Sexual offender treatment is for adult sex offenders, and juveniles who have committed a sexual offense. Adult sex offender treatment and treatment for juveniles who have committed sexual offense is based on a restitution model. This model examines thinking errors, sexual history, clarification, and relapse prevention.
- These services should be victim driven, with the focus of safety and healing for the victim. They should also focus on the offender demonstrating of the impact of the abuse on their victims. They may use structural/strategic family therapy, cognitive behavioral approach, Healthy Sexuality classes, the Good Lives Model and/or a relapse prevention model, trauma assessments, individual therapy, family therapy, and/or group therapy (including juvenile offender and non-offending spouse groups) to address issues.

Measurement of Success
- Client accepts accountability for prior abusive behavior.
- Client demonstrates an understanding of the impact of the abuse and needs for safety and recovery of her/his victim(s).
- Client is able to demonstrate an understanding of healthy boundaries and healthy relationships in a variety of settings.
- Client develops an appropriate support system and is able to recognize his/her cycle and has developed skills/supports to exit their cycle.
**Clinical Guidelines and Service Definitions**  
**Sex Offense Specific Treatment for Adults and Juveniles**  
**Continued**

- Client demonstrates ability to follow safety planning developed by the provider and their treatment team to be safe in the community and to have contact with the victim (when appropriate).

**Estimated Length of Treatment:** *

- **Juveniles who have committed a sexual offense**
  - Eighteen months or more
- **Adult Sex Offender**
  - Three and one-half years or more

* Core Services will not necessarily pay for the entire estimated length of treatment.

**Frequency of Services:**

- **Individual/Family/Group Therapy**
  - Services are authorized separately at 1.5 hours per week.

**Provider Credentials:**

- Staff must be approved by the Colorado Sex Offender Management Board (SOMB) and comply with credentialing guidelines approved as a Full Operating Level Provider or Associate Level Provider. OR
- Staff must be listed on the SOMB intent to apply provider list or the SOMB provider list for Adults or Juveniles depending on the population the provider serves and are supervised by a Full Operating Level Provider.

In addition to the above requirements, providers must have the following credentials to provide services for El Paso County clients:

- Present documentation outlining specialized training, workshops, or experience in Sexual Abuse Offender Treatment and Risk/Safety Assessment.
- Unlicensed providers will receive a minimum of 2-6 hours per month (according to SOMB guidelines) depending on caseload of documented clinical supervision/case review, from an approved supervisor as determined by the SOMB.
- A minimum of eight hours of annual continuing education, training, and workshops will be mandated by each employer.

**Provider Responsibilities:**

Refer to the *Core Services Handbook or Provider Manual.*

Providers will have monthly direct personal contact with caseworkers to discuss the status/progress of the case.

**Caseworker Responsibilities:** Include any sexual abuse/offender assessment information with referral. Maintain contact with Provider every thirty days.
Clinical Guidelines and Service Definitions
Sex Offense Specific Treatment for Adults and Juveniles
Continued

**Staffing:**
An initial staffing will be held within thirty days of service. Additional staffings will be held as needed. Each staffing should:

- Be strength-based, family-centered, and identify clear goals, objectives, interventions, and time lines.