Clinical Guidelines and Service Definitions
Sex Offense-Specific Evaluation: Adult Criminal Charges

Funding Stream
Adult perpetrators should pay for their own treatment or be assessed full fee for service, depending on the court order (DHS Core Services Handbook Policy). Based on the need for treatment and income of the offender, CORE services can be accessed on a case-by-case basis. Division Manager approval is required.

Definition of Service

- **Service goals are centered on promoting child and family safety and family protective capacity.**

- This service should only be utilized with an adult who has been criminally charged with a sexual offense. The evaluation must follow the guidelines set by the Colorado Sex Offender Management Board (SOMB), the information herein is taken from the SOMB guidelines. Because of the importance of the information collected during an evaluation to subsequent sentencing, supervision, treatment, and behavioral monitoring, it is the SOMB’s philosophy that each sexual offender should receive a thorough assessment and evaluation. A polygraph and arousal screening (PPG or ABEL) are authorized in addition to this service however PPG and ABEL results will be included in this evaluation write up if deemed clinically necessary and appropriate by the evaluator.

- **The mental health sex offense-specific evaluation has the following purposes:** to provide a written clinical evaluation of an offender’s risk for re-offending and current amenability of treatment, to document the treatment needs identified by the evaluation, to guide and direct specific recommendations for the conditions of treatment and supervision of an offender, to provide information that will help to identify the optimal setting, intensity of intervention, and level of supervision, and, to provide information that will help identify offenders who should not be referred for community based treatment.

- **The following “evaluation modalities” are required by the SOMB:** examination of criminal justice information, including the details of the current offense and documents that describe victim trauma, when available; examination of collateral information, including information from other sources on the offender’s sexual behavior; structured clinical and sexual history and interview; offense-specific psychological testing; standardized psychological testing if clinically indicated; medical examination/referral for assessment of pharmacological needs if clinically indicated; testing of deviant arousal or interest through the use of the PPG or Able Screen. A polygraph or some other means for measuring deception must be part of the assessment, as well.
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- **The report should contain the following information:** Identifying Information, Referral Source, Reason for Referral, Collateral Contacts, Sexual Evaluation, Character Pathology, Level of Deception and/or Denial, Mental and/or Organic Disorders, Drug/Alcohol Use, Stability of Functioning, Self-esteem and Ego-Strength, Medical/Neurological/Pharmacological Needs, Level of Violence and Coercion, Motivation and Amenability for Treatment, Escalation of High-Risk Behaviors, Risk of Re-Offense, Risk/Impact to Primary Victim/Secondary Victims, Treatment and Supervision Needs and any recommendations for further evaluation.

**Estimated Length of Evaluation:** Three to six hours in two to three sessions (does not include time needed for Arousal Screening or Polygraph).

**Frequency of Services:**
Once during pre-sentence investigation.

**Provider Credentials:**
Provider must meet the SOMB’s criteria for Evaluator.

**Provider Responsibilities:**
Report required within ten business days of completed evaluation – both the Caseworker and Care Coordinator are to receive copies of the report.

**Caseworker Responsibilities:**
Caseworker is responsible for providing specific referral question(s) to the Care Coordinator on the referral form; this will enable the provider to most effectively address the relevant issues.

**Staffing:**
Not applicable.