EOHHS INTERAGENCY COLLABORATION & PRACTICE RELATED TO PROBLEMATIC SEXUAL BEHAVIORS
March 2016

INTRODUCTION

Many EOHHS agencies have programs to assess and treat persons with problematic sexual behavior. Given the various missions of these agencies and the populations they serve, each agency's work is unique. While individuals with problematic sexual behavior have some commonalities, they are also different based on their age, comorbidities and other factors; therefore, each agency has its own treatment approaches. Clinicians, however, at our agencies consult each other regularly and work informally together frequently without any formal convening body.

It is also important to consider the number of people who receive services from an EOHHS agency and the extremely small percentage of those who have problematic sexual behaviors and even smaller number of SORB registered sex offenders.

For example:

- **Department of Mental Health (DMH):** Out of a population of approximately 20,000 adults, DMH serves 210 Sex Offender Registry Board (SORB) leveled offenders. Another 200-300 clients have been identified as having problematic sexual behavior but are not registered sex offenders and have differing degrees of involvement in assessment and treatment services.
- **Department of Developmental Services (DDS):** Serves about 33,000 adults with intellectual disabilities. Of this number approximately 89 are registered offenders. DDS estimates that it serves another 350 adults who have engaged in PSB, and who have not been charged or convicted.
- **Department of Youth Services (DYS):** Serves approximately 3,600 youth, about 630 of whom have been committed to DYS after an adjudication in a delinquency or youthful offender proceeding. As of 12/15/16, the DYS committed population included 22 youth who were committed on sexual offenses. Of the 22, 6 have been classified by the SORB, 9 are awaiting preliminary classification by the SORB, and 7 were relieved of the obligation to register. This figure does not include youth who have been committed on other offenses and who may exhibit sexualized behaviors requiring treatment.

As this document illustrates, EOHHS agencies have many programs and policies to appropriately assess and treat this small, high-needs population.

CURRENT INTERAGENCY WORK

EOHHS and SORB

The Sex Offender Registry Board (SORB) provides a list of Level II and Level III registered sex offenders to DMH on a monthly basis. This list is matched against the DMH client population so

that each Area is informed of clients we serve who have been so levelled. Clinicians that work with clients with mental illness and problematic sexual behavior (MI/PSB) use the lists to identify new clients who might need a full problematic sexual behavior assessment and/or specialized treatment and to stay informed about registration requirements. DMH clinicians assist clients in maintaining compliance with the SORB.

DDS and DMH

DDS and DMH have been meeting bi-monthly to collaborate. In 2015 this collaboration was solidified with a formal interagency committee on Autism. The Joint DDS/DMH Autism Committee was convened to provide overarching philosophy, policy and procedure development, oversight and monitoring of services needed and/or provided to those who are dually eligible. The first monthly meeting was in November 2015. Through the ISA with DDS, funds are available from DDS to procure problematic sexual behavior consultations by DMH contracted clinicians, as well as general clinical and risk management consultation.

In June 2016, a conference related to individuals with mental illness and problematic sexual behaviors will host a keynote address on the topic of Autism Spectrum Disorders, which has been the focus of DMH's recent collaboration with DDS.

DCF and DMH

DMH and DCF collaborate when a child is aging out of the DCF system. DMH psychologists evaluate clients in specialized settings (e.g., Stevens Home) when they are referred for MI/PSB issues prior to the transition to DMH as adults.

DMH and MCDHH

The DMH program to help individuals with mental illness and problematic sexual behavior has quarterly meetings with the Deaf Services division to address problematic sexual behavior with clients served by Deaf Services. MI/PSB clinicians have conducted full assessments for deaf clients in coordination with Mass Commission for the Deaf and Hard of Hearing, who provide interpreters.

CURRENT PRACTICES OF INDIVIDUAL AGENCIES

In general, each agency is responsible for its own supervision and assurance of standards. When a practice standard can be applied broadly, the experts from each agency are open to working together to develop a standardized approach. For example, an interagency clinical work group that consisted of representatives from DMH, DDS, MRC, DYS and DCF met between 2012-2013 and developed a set of guidelines for comprehensive assessments of clients with problematic sexual behavior that were accepted and adopted by all agencies (see Attachment 1: Guidelines-Comprehensive Assessment of Problematic Behavior)

1. DEPARTMENT OF MENTAL HEALTH

Mental Illness/Problematic Sexual Behavior Program

DMH has a statewide program specifically designed to address the assessment and treatment of persons with problematic sexual behavior. Additionally, each Area has developed programming that is responsive to the needs of their region. The statewide Mental Illness/Sexually Problematic Behavior (MI/PSB) Program target population includes: 1) persons who have past criminal charges and/or convictions for sex offenses and who have an obligation to register as a Sex Offender with the Sex Offender Registry Board (SORB) and 2) persons who demonstrate a variety of problematic sexual behavior(s) but with no prior or current involvement with the criminal justice system.

The services that are provided by the MI/PSB Program include:

- Assessment of persons in inpatient and community based setting
- Consultation to inpatient and community based mental health service provider
- Specialized treatment in inpatient and community based setting
- Coordination of specialized assessments and treatment services that are not available directly from the MI/PSB program for Department of Mental Health client
- Education and training for inpatient and community based service providers regarding the special needs of the population
- Participation in Area Risk Assessment Reviews and ongoing consultation regarding risk management

The role of the MI/PSB consultant is to provide an MI/PSB assessment to clients of the Department of Mental Health with co-occurring major mental illness and sexual behavior problems. The client's participation is voluntary. In addition, the MI/PSB consultant may provide consultation to the individual's primary treatment team regarding clinical issues related to MI/PSB issues. The MI/PSB consultant can:

- help provide information relevant to clinical decisions regarding MI/PSB clients
- make recommendations to the treatment team regarding the assessment, treatment and risk management needs of MI/PSB clients
- make referrals for MI/PSB-specific treatment after completion of the MI/PSB-specific assessment

The MI/PSB consultant works with the team to aid their clinical decision-making process regarding MI/PSB clients.

Approaches to Maintaining Professional Standards and Best Practices

DMH serves individuals with serious mental illness, who also have problematic sexual behaviors. The Program Director, Nancy Connolly, Psy.D. oversees the training of clinicians. Dr. Connolly is a licensed psychologist, a Designated Forensic Psychologist, a Qualified Examiner (for assessment of sexual dangerousness) and a member of ATSA. Dr. Connolly

previously was the Program Director for the Sex Offender Treatment Program at the Massachusetts Treatment Center for the Sexually Dangerous and the Department of Correction statewide prison sex offender treatment programs, including the program at MCI-Framingham for women. Dr. Connolly has been qualified in Superior Courts as an expert in sexual dangerousness.

DMH monthly MI/PSB trainings are offered by Dr. Connolly at 3 sites: Worcester Recovery Center and Hospital (WRCH), Taunton State Hospital inpatient unit and on-grounds program, and Tewksbury Hospital. Quarterly trainings are conducted at Metro Boston Mental Health Unit at Shattuck Hospital. Approximately 20 clinicians are involved in the monthly trainings. Three doctoral level psychologists conduct monthly group consultation to WRCH, supervise the DMH-contracted MI/PSB clinician for Western Massachusetts, oversee the supervision and training of MI/PSB clinicians at Mass Mental Health Center, and provide consultations with the outpatient clinicians and case management staff at Brockton Multi-Service Center outpatient MI/PSB program (opened in 2015) and Taunton on-grounds program.

DMH holds an Annual Conference where experts from around the country are invited to speak about sex offender issues and report on the current research. Approximately 75 clinicians attend the annual conference.

The 2015 Conference was on Sexual Offenses, Stalking and Internet Child Pornography: Reducing Recidivism by Making Important Clinical Distinctions with Dr. David Delmonico from Duquesne University as the keynote speaker. The 2014 Annual Conference on Recovery in an Uncertain and Changing World: Public Policy and Its Impact on Housing, Working and Living Among MI/PSB clients had Joan Tabachnick as the keynote speaker.

DMH has an Annual Treatment Retreat where updated treatment developments are reviewed. Approximately 30 clinicians attend the treatment retreat. The February 2016 retreat was a day-long training on the Sex Offender Treatment Needs and Progress Scale (SOTIPS) led by Robert McGrath, who co-developed the scale and revised it in 2015. His training to DMH was supported by a Department of Justice Federal Grant.

DMH is a sponsor of the NEARI press webinars that allows 15 DMH clinicians to participate in monthly webinars on sex offender issues. DMH is also a sponsor of the Annual MASOC/MATSA conference that allows 10 DMH clinicians to attend the conference for one day without cost.

DMH conducts an Annual Training for community providers at UMass Medical Center ("What Community Mental Health Providers Should Know") through the forensic training series. Also DMH provides training annually to the UMass Medical School forensic post-doctoral fellows and forensic psychiatry fellows on the assessment of individuals with problematic sexual behavior.

All of the DMH evaluators (state employees and consultants) are doctoral level psychologists required to have specified experience and who are licensed in Massachusetts through the state licensing board. MI/PSB treatment staff are licensed by their respective state licensing boards

and meet hiring requirements for their positions. Three of the MI/PSB psychologists have additional training as Designated Forensic Psychologists. The Designated Forensic Psychologists are required to maintain updated training on forensic/risk assessment issues in order to maintain their designation. DMH has two outpatient clinics for problematic sexual behavior, one at Mass Mental Health Center, which is affiliated with Harvard Medical School and the other at Brockton Multi-Service Center, which is Joint Commission accredited.

Approach to Incorporating Research-Based Methods of Assessment, Treatment and Risk Management into DMH/PSB Work

DMH works to assure that our psychologists, as part of their professional responsibility, stay apprised of the developments in the field. MI/PSB psychologists attend the annual ATSA conference, maintain continuing education through DMH and other programs, subscribe to professional journals, and participate in monthly assessment team meetings to discuss assessment issues. As stated above, the MI/PSB clinicians were trained in the most recent evidenced-based treatment progress assessment tool (2015 SOTIPS). At the 2015 treatment retreat, an Overview of Sex Offender Treatment (Relapse Prevention, Good Lives, Self-Regulation, and Risks-Needs-Responsivity) was presented, along with a presentation on The Skills System developed by Julie Brown, an evidenced-based treatment model for clients with developmental deficits. Clinical assessment and treatment tools are regularly introduced to our staff and discussed during our monthly trainings. As a group, individual cases are discussed by reviewing the assessment reports and scoring instruments, with subsequent discussion and recommendations for treatment and risk management. Case consultations and updated reviews are conducted regularly by our psychologists with our clinical teams at times with input from others such as Area Medical Directors; we also participate in area risk reviews.

From a program perspective, it is the DMH MI/PSB Program Director's responsibility to maintain evidenced-based practices. This is enhanced through various other levels of oversight including hospital credentialing and licensing requirements for our clinicians. Because the MI/PSB program is statewide, there is consistency in our delivery of MI/PSB assessments and treatment programs and the training provided to clinicians.

System for Measuring Progress and Evidence-Based Outcomes in Assessment, Treatment and Management

DMH assessment protocols include actuarial measures and structured professional judgment. Specifically, we use the Static-99R and the Risk for Sexual Violence Protocol (RSVP). These are evidenced-based and considered best practices for assessments. Progress in treatment is measured using the SOTIPS (see above) which we implemented in 2015. This is an evidenced-based instrument to assess an individual's progress in sex offender treatment. Risk management involves ongoing clinical consultation and development of treatment goals based on the clinical assessments we conduct. DMH uses a risks-needs-responsivity model in its work with individuals receiving MI/PSB services, with the highest risk clients receiving the most intensive services. As a person-centered agency, our programming is particularly attuned to individualized needs and developing treatment plans that are responsive to each person's learning styles.

2. MASSACHUSETTS REHABILITATION COMMISSION

Practice Regarding Problematic Sexual Behavior Assessment and Consultation Services

All clinical assessments, consultation, and treatment services funded by MRC (Community Living and Vocational Divisions) are performed by psychologists, neuropsychologists, social workers and other licensed mental health clinicians who are qualified through the Clinical Services RFR. This RFR stipulates qualification requirements for each licensed discipline. Clinicians who provide risk/forensic and PSB assessments are likewise qualified as service providers through this process; however, there are no specific qualifications for these clinicians contained within the RFR.

PSB evaluations are performed on a limited basis, and most often for individuals served by the Brain Injury and Statewide Specialized Community Services Department within the Community Living Division of MRC. Requests for such assessments are currently triaged by the Chief Neuropsychologist, who is responsible for making the referral to a clinical consultant who is skilled and experienced in PSB evaluations as documented in his/her response to the RFR.

Persons with a history of PSB, most of whom have not been adjudicated/leveled, may receive residential or other community-based services, also funded by MRC. Some of these individuals are Statewide Head Injury Program (SHIP)-eligible (i.e., exhibit a history of traumatic head injury) or Rolland Class Members. Clinical consultation to community-based programs, which may serve persons with PSB, is on an as needed basis and also provided by MRC-qualified clinical consultants on a case-specific basis. In addition, a subpopulation of individuals, with traumatic brain injury, who are eligible for Statewide Head Injury Program (SHIP) services are currently within the locked neurobehavioral unit at Kindred Hospital (Stoughton, MA). These individuals, whose placements are funded by MassHealth, have not been discharged to the community due to the lack of appropriate and funded residential options. Another subpopulation of individuals with PSB include youth who have transitioned from special education programs and whose adult services are co-managed and co-shared, with respect to cost, by MRC and other EOHHS agencies.

MRC also provides oversight, in collaboration with MassHealth, for the Acquired Brain Injury Waiver (Hutchinson v. Patrick lawsuit), and a subgroup of these eligible waiver participants exhibit a history of PSB and/or are adjudicated/leveled sex offenders. The first 24/7 residential program has recently been developed to serve 4 adult males who are ABI waiver participants and who exhibit a history of PSB.

3. DEPARTMENT OF YOUTH SERVICES

Management of Youth with Problematic Sexual Behavior

DYS currently has 22 youth committed on sex offense charges. DYS offers all youth a continuum of care. All committed youth are initially placed in an assessment unit, where an independently licensed Clinical Director, who is supervised by a licensed psychologist, oversees

the evaluation of each youth. A DYS caseworker is assigned. The clinician (a master's level clinician who is licensed or licensed eligible) and a DYS caseworker collect as much information as possible about the youth. Prior school and court records and any other assessments or information are collected. Interviews with parents, guardians, probation officers, therapists, teachers, etc. are done. The caseworker, sometimes with the clinician, does a home visit. The youth is interviewed a number of times, behavior and response to the unit are noted, and a comprehensive assessment, including a risk assessment is completed. In the case of a youth committed on a sex offense, an ERASOR evaluation is given. In a particularly complex case, an expert consultant might be asked to see the youth. Currently, the Department has contracts with nationally known adolescent sex offender experts, Dr. Frank DiCataldo and Dr. Phil Rich. Youths who are committed on non-sex offense charges that were pled down from a sex offense or who have a history of Problematic Sexual Behavior (PSB) are identified whenever possible to insure that these issues are addressed in treatment planning.

While a youth is in the assessment process, DYS ensures that the parents/guardians are aware that there will be a SORB and/or SDP process if the youth is subject to those statutes. DYS has an MOU with SORB regarding notification that a youth is in our custody. Thereafter DYS provides forms and information as required by SORB as the youth is given a provisional SORB level. If a youth appeals this level, the appeal hearing is held at a DYS office. DYS also notifies the CPCS office that assigns defense attorneys who represent the youth through the SORB process.

After assessment the youth is assigned to a treatment unit. Most youth are initially placed in a hardware secure treatment unit (locked access and tight security), although some youth might be placed in a long term staff secure treatment program (security is provided primarily by staff vigilance with few locked doors). In very rare cases, a referral to a non-contracted program outside DYS might be made. The Regional Review Team (RRT) decides which treatment unit fits the youth's needs based on the assessment by the assessment unit, the charges, and other factors. The youth's family or guardian and attorney are invited to the RRT meeting where this decision is made. The Regional Review Team consists of senior regional management staff including the Director of Operations, the Director of Residential Services, the Director of Community Services and the Regional Clinical Coordinator.

Youth committed to DYS on sex offenses are only assigned to units with clinicians who are trained in providing sex offender specific treatment. DYS had an ongoing consulting relationship with Dr. David Burton, a nationally known expert on adolescent sex offending from 2007 to 2012. In both 2007 and 2009, Dr. Burton provided a two semester graduate level course on sex offender treatment to DYS clinicians. In 2012, Dr. Burton provided all of the Assessment Unit clinicians with further training. In 2008, Dr. Burton provided trainings on the treatment and supervision of adolescent sex offenders to residential program staff and caseworkers. The treatment was cognitive behavioral, aimed at helping the youth recognize the factors involved in their offending, the thinking patterns that led to the offense(s), and how to manage these factors to avoid offending again. Work is done in both group and individual sessions along with family treatment whenever possible. In addition, the youths receive integrated educational services along with weekly DBT and substance abuse treatment groups in DYS programs.

From 2012 to the present, DYS has an ongoing consulting contract with Dr. Phil Rich, a juvenile sex offender expert, who has written books and workbooks on treatment and assessment for adolescent sex offenders. In the next three months, he will be providing eight all day workshops on treatment and assessment of sex offenders to DYS Clinical staff ranging from Licensed Mental Health Clinicians, Licensed Social Workers and Licensed Psychologists. Since 2012, Dr. Rich has also been consulting and providing treatment on specific cases.

DYS currently has 5 hardware secure units across the state and several staff secure units accepting sex offenders. Youth remain in their program until they have made sufficient treatment progress to step down either to the staff secure program and continue treatment or to the community. If going into the community, they continue in outpatient sex offender treatment. All youth in DYS residential treatment placements are formally presented at the Regional Review Team (RRT), 90 days prior to discharge from the program and 30 days prior to discharge from the program. The Regional Review Team has to approve the proposed service/treatment plan presented and agree that discharge from the program and the subsequent placement is appropriate. Again, the family or guardian and attorney are invited to these meetings.

DYS has custody of a youth until he/she turns 18 (straight commitment) or 21 (youthful commitment). Upon a youth's discharge from residential placement and prior to discharge, DYS provides community supervision and ensures that treatment and support services are available to the youth. DYS takes the youth to register with the local police and ensures he/she complies with SORB regulations as necessary. If a youth does not comply with their Grant of Conditional Liberty, DYS may bring him/her back into custody.

Seven months prior to a youth being allowed to have unsupervised access to the community, DYS prepares a packet of information to the District Attorney regarding the youth's progress. Each District Attorney's office decides whether they will proceed with a probable cause hearing regarding a Sexually Dangerous Person Commitment. If the District Attorney proceeds, then DYS does not allow community access. If probable cause is found, then the youth is transferred either to the MA Treatment Center in the case of a male or to Framingham in the case of a female.

4. DEPARTMENT OF DEVELOPMENTAL SERVICES

Risk Management for Problematic Sexual Behavior

The Department of Developmental Services (DDS) Risk Management system balances a responsibility to keep individuals safe with the Department's vision to promote personal independence and self-determination. In order to support the goal of taking a broad, pro-active approach to identifying risk, DDS understands that recognizing Problematic Sexual Behavior (PSB) is an on-going assessment for people with an Intellectual Disability (ID) who may lack social skills, be easily victimized and perpetrate a behavior that is naïve but which society views as criminal such as public nudity. While some conditions and risky behaviors are easily identified, the ability to discover and address less obvious potential risks is a more subtle and nuanced process. Supporters can utilize the wide array of information that is available that may be early warning signs of potential risk. Incident reports, restraint utilization, and investigation

reports are just a few examples of information that can point to issues that may indicate an individual at risk. In some situations, social skill building is needed with behavior planning and teaching. In others a more in depth assessment of an incident or pattern of behavior by a consultants to the Department, who are clinically skilled in the fields of ID/PSB, is requested through the Regional Risk Manager. Referrals to qualified clinicians follow the format and use standard forms as suggested by the PSB Interagency PSB Work Group.

Through the review of incident reports and a risk review with Area Offices simple but potentially dangerous risk factors are expected to be identified and addressed in the very early stages to avoid criminal involvement. A formal Risk Management Plan is developed after a clinical assessment is completed. This plan outlines supports and strategies, for housing, employment and health care to keep the individual and the public safe.

Regional Risk Managers and Area Directors are encouraged to follow the course of criminal complaints for any individual who is eligible for Department Services and is accused of a crime, as part of their risk management activity.

All individuals who have been found competent and have been convicted of a crime of a sexual nature and are required to register with the Sex Offender Registry Board (SORB) must have a Risk Management Plan and an evaluation by a DDS clinical consultant for PSB/ID. Risk Management Plans for these individuals are examined every six months to review current supports for the individual including health, housing and employment status. Individuals are encouraged to maintain annual registration with SORB on their own at their local police department, but are assisted to do this if access to transportation is difficult. In some cases where indicated, the Department supports on-going treatment with PSB/ID consultants for needed medical, psychiatric and group therapy as indicated for an individual's diagnosis of PSB.

5. DEPARTMENT OF CHILDREN AND FAMILIES

Problematic Sexual Behavior Risk Assessment

The Assessment of Safe and Appropriate Placement (ASAP) Program was developed in 1997 after legislation was passed (G.L.c.119, 33B) with the goal of preventing children with known risk of sexual behavior problems or fire setting problems "that might pose a risk for others in the community" from being placed in a community setting without safety planning and without the knowledge of the intended caretakers.

In response to the law, DCF worked collaboratively with MassHealth, and its contractor for mental health services MBHP, to develop the following process:

- MBHP established qualifications for "qualified diagnosticians" to conduct ASAP evaluations (includes both PSB and fire-setting);
- MBHP established contracts with Lead agencies to approve the qualified diagnosticians, take referrals from DCF area offices, arrange for the evaluations, and send the resulting reports to the referring area;

- DCF and MBHP jointly developed protocols and tools for the referral, evaluation and reporting from by *"qualified diagnosticians*", and the development of safety plans.

Within twenty-four (24) hours after receipt of the DCF referral, the Lead Agency assigns a Qualified Diagnostician to complete a Juvenile Sex Offender and/or Juvenile Sex Offender and/or Juvenile Fire Setter/Arson Evaluation. Within ten (10) working days after receipt of the DCF referral by the Lead Agency, the Qualified Diagnostician completes and returns to the referring DCF supervisor and Lead Agency: The ASAP evaluation including the "Post Assessment Safety Plan" which is signed by the diagnostician, the DSS social worker, primary caregiver and the mature child. The evaluation and placement recommendations are reviewed by the child's social worker, supervisor and Area Program Manager. The DCF service plan is updated/revised to address the identified issues and to incorporate the ASAP evaluation recommendations.

ATTACHMENT 1:

COMPREHENSIVE ASSESSMENT OF PROBLEMATIC SEXUAL BEHAVIOR

Individuals may be referred for a comprehensive assessment of problematic sexual behavior in the context of a referral for psychological assessment or specifically in response to concerns regarding the individual's past or current problematic sexual behavior. In either case, it is expected that the clinician will utilize a structured clinical diagnostic interview that is consistent with the current standard of practice. The clinician is also expected to review the reasons for referral with the referring individual, and to review the clinical, psychosocial, and psychiatric history of the individual being evaluated. When appropriate, collateral information may be obtained from reliable informants. Pertinent medical, psychiatric, psychological assessments, treatment records and criminal history reports shall also be requested and reviewed with the informed consent of the person referred for the evaluation, and/or with the legal guardian.

ASSESSMENT PROTOCOL:

The Comprehensive Assessment of Problematic Behavior should include (but is not limited to) the following information:

- Identifying Information including Legal Status
- Sex Offender Registry Level (if applicable)
- Referral Question
- Sources of Information
- Review of Informed Consent and Limits of Confidentiality
- Mental Status Examination
- Family History
- Developmental History
- Medical History including history of Traumatic Brain Injuries
- Criminal History
- Psychiatric History
- Medical History including history of traumatic brain injuries
- Sexual History
- Relationship History
- Substance Abuse History
- Psychometric Testing (as indicated) and results
- Diagnostic Impressions with DSM-IV diagnosis (if requested)
- Assessment of Risk Management Needs
- Review of Static Variables related to sexual recidivism (if relevant)
- Review of Dynamic Variables related to sexual recidivism (if relevant)
- Presence of Risk Factors associated with sexual offending
- Protective Factors
- Clinical Opinions
- Recommendations

TEST REPORTS: A written report that summarizes the subjects mentioned above will be submitted to the Agency. Evaluators will determine which psychometric tests to administer based on the referral question and the individual's needs. Domains that may be considered for testing include: personality characteristics, thought processes, reasoning abilities, intelligence, cognitive functioning, sexual interests and sexual attitudes.

The test reports should include a summary of findings with respect to reasons for referral, current concerns, and referral questions. Recommendations, to include, when applicable:

- Additional clinical or diagnostic evaluation (e.g., neuropsychological testing, penile plethysmograph, pharmacology, neurology
- Recommendations for treatment and/or behavioral intervention
- Vocational or rehabilitation recommendations
- Housing and living situation considerations
- Development of crisis plans
- Risk mitigation strategies
- Safety and supervision plans
- Coordination of services with clinical provider
- Coordination of services with criminal justice and public safety personnel

QUALIFICATIONS OF EVALUATORS:

Qualifications for evaluators will be outlined in each Agency's Masters Service Agreements, Request for Proposals and/or Job Descriptions. Evaluators will be independently licensed mental health professionals with at least 3 years of clinical experience in working with persons with sexually problematic behavior.