Sexual Offender Services

Service/Program Definition

Sexual Offender Services are a comprehensive approach to adult and juvenile sex offender management in Tennessee which enhances professional standards and collaboration for stakeholders that results in enhanced public safety. The focus of the treatment is on the offender accepting responsibility for their offense, cycles of abuse, and all facets of their lives. This involves knowing the precursors to the offense and the cycle of deviant sexual thoughts, acknowledging deviant sexuality, and acknowledging risk factors for re-offending. Cognitive behavior therapy is the treatment of choice.

In 1995, the Tennessee General Assembly created the Sex Offender Treatment Board for the evaluation, identification, treatment, and continued monitoring of sex offenders who are subject to the supervision of the criminal justice system. In conjunction with the work of that Board, ValueOptions recognizes the Association for the Treatment of Sexual Abusers (ATSA) Practice Standards and Guidelines for the evaluation, treatment, and management of male sexual abusers (2004 revised) and the ATSA Code of conduct. Both documents can be obtained at: www.atsa@atsa.com

Treating providers will meet the education, licensure and training requirements of the State of Tennessee Sexual Offender Treatment Board.

<table>
<thead>
<tr>
<th>Criteria</th>
<th>The following criteria are necessary for admission to this level of care:</th>
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<tbody>
<tr>
<td>Admission Criteria</td>
<td>1. The individual has symptoms and behaviors consistent with a covered DSM-IV-TR sexual offender diagnosis.</td>
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<td>2. The individual has been adjudicated for sexual offender treatment.</td>
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| Psychosocial, Occupational, Cultural and Linguistic Factors | These factors may change the risk assessment and should be considered when making level of care decisions. |

<table>
<thead>
<tr>
<th>Exclusion Criteria</th>
<th>Any of the following criteria is sufficient for exclusion from this level of care:</th>
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<td>1. The individual manifests behavioral and/or psychiatric symptoms that require a more intensive level of care.</td>
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<td>2. The symptoms of the individual are the result of a non-covered condition.</td>
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### Continued Stay Criteria

*All of the following criteria are necessary for continuing treatment at this level of care:*

1. The severity of the behavioral and emotional symptoms continues to require this level of intervention.
2. The mode, intensity, and frequency of the interventions are consistent with the intended treatment plan outcomes.
3. When clinically necessary, appropriate psychopharmacological evaluation has been completed and ongoing treatment is initiated and monitored.
4. Individualized services and treatments are tailored to achieve optimal results in a time efficient manner and are consistent with sound clinical practice.
5. The individual and significant others as appropriate participate in treatment to the extent all parties are able.
6. The court order for treatment is still valid.
7. There is documented evidence of active, individualized discharge planning.
8. There is a documented active attempt at coordination of care with relevant providers when appropriate.
9. All services and treatment are carefully structured to achieve optimum results in the most time efficient manner possible consistent with sound clinical practice.
10. Progress in relation to specific symptoms or impairments is clearly evident and can be described in objective terms, but goals of treatment have not yet been achieved or adjustments in the treatment plan to address lack of progress are evident.
11. Care is rendered in a clinically appropriate manner and focused on individual’s behavioral and functional outcomes as described in the discharge plan.

### Discharge Criteria

*The following criteria is sufficient for discharge from this level of care:*

1. The individual’s treatment plan goals and objectives for this service have been met **and** a discharge plan with follow-up appointments is in place - **AND**
2. The court order requiring such treatment has ended. **OR**
3. The individual’s physical condition necessitates transfer to a more intensive level of care. **OR**
4. The individual is not making progress toward treatment goals and there is no reasonable expectation of progress at this level of care.