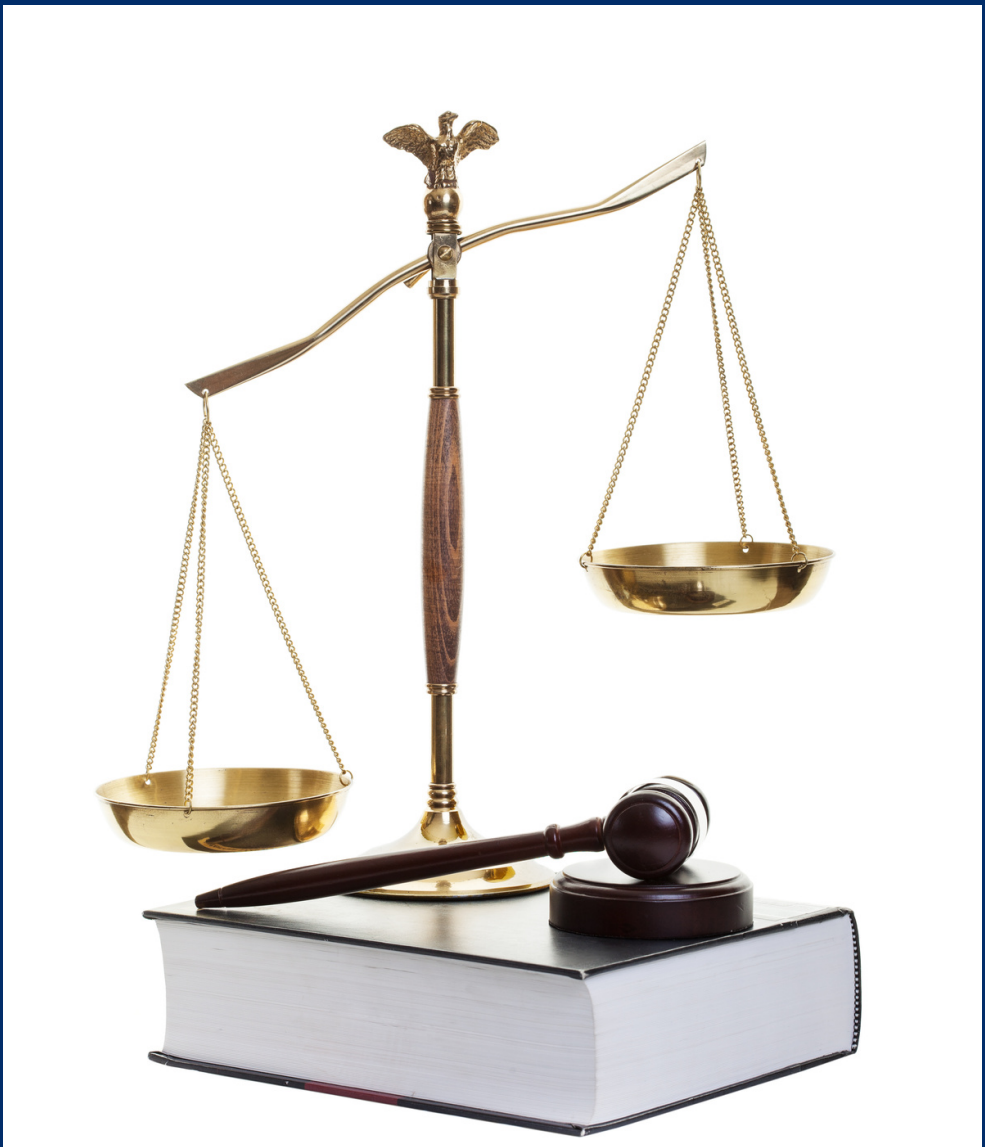
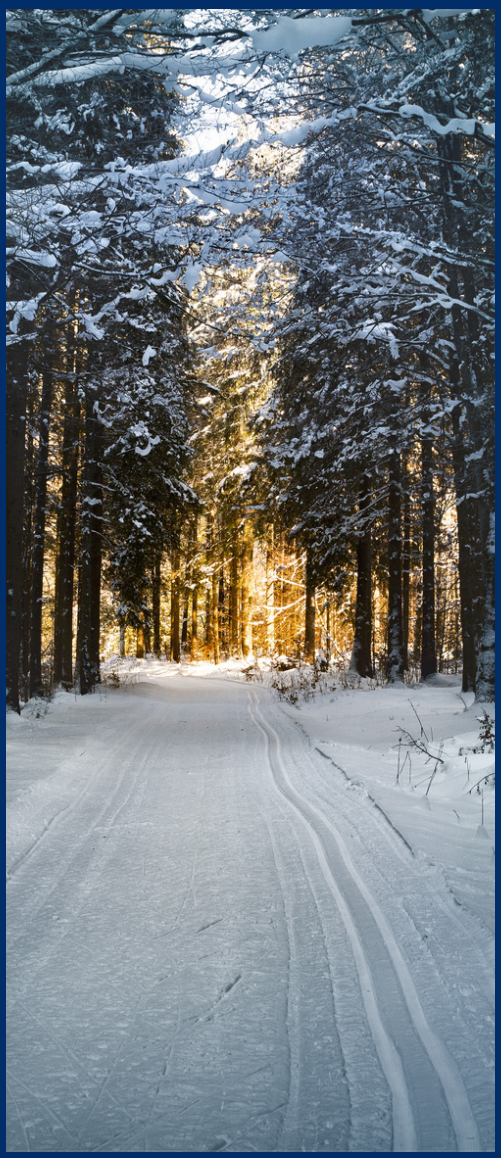
2020 Statewide Behavioral Health Needs Assessment

INDIVIDUALS WITH A HISTORY OF SEXUAL OFFENSE





Colorado Department of Human Services
Office of Behavioral Health

Individuals who have been charged with a sexual offense often fall into the criminal justice system because of a lack of services available to treat their condition, leading to criminal behavior.

This brief provides a summary of available data on behavioral health prevalence as well as stakeholder feedback on the specific needs and barriers to care with special attention to the root causes of disparity for this priority population. Ideas to improve care including evidence-based practices and innovations within Colorado and nationally are also included.

Check marks specify indicators of the prevalence of behavioral health need among priority populations that are available and included in this brief. Boxes signify that the indicator does not exist specific to this population in the data:

- ✓ Prevalence of poor mental health (MH) and/or substance use disorders (SUD)
- ☐ Age adjusted drug overdose death rates per 100,000 people
- ☐ Suicide death rates per 100,000 people

Check marks specify indicators of population experience with services among priority populations that are available and included in this brief. Boxes signify that the indicator does not exist specific to this population in the data:

- ✓ Percent of population receiving behavioral health care when they need it
- ✓ Percent of behavioral health providers who serve population

PREVALENCE OF MENTAL ILLNESS AND SUD

Of the prison population, approximately 25 percent have a current or past sexual offense on their record. Prison is typically where these individuals are housed and where they receive treatment, if available. However, in 2018, sexual offenses made up less than four percent of charged crimes in Colorado.[1] An individual charged with even a minor sexual offense as a juvenile must deal with fallout from their crime over the course of their lifetime.

The rate of behavioral health among individuals with sexual offense behavior is high—some estimates as high as 92 percent with 40 percent having a substance use condition (often alcohol abuse) and a mixture of mental health conditions with high co-occurrence of personality disorders.[2]

Generally, individuals who have a history of sexual offense fall into one of two categories. The first is a "generalist," including those who have several co-occurring issues, such as mental health, SUD and/or Intellectual and Development Disabilities (IDD), and one of the behaviors is sexual offense. In this case, something else such as a drug addiction often drives the sexual behavior versus an individual having deviant sexual thoughts or intentions. The second category is a "specialist" who commits sexual offenses, driven by deviant sexual thinking. While the treatment pathway for specialists without co-occurring conditions is clearer, the system is less capable of treating generalists who may require several coordinated services. [3]

[1] Calculation based on Colorado Crime Statistics. (2018). https://coloradocrimestats.state.co.us/tops/

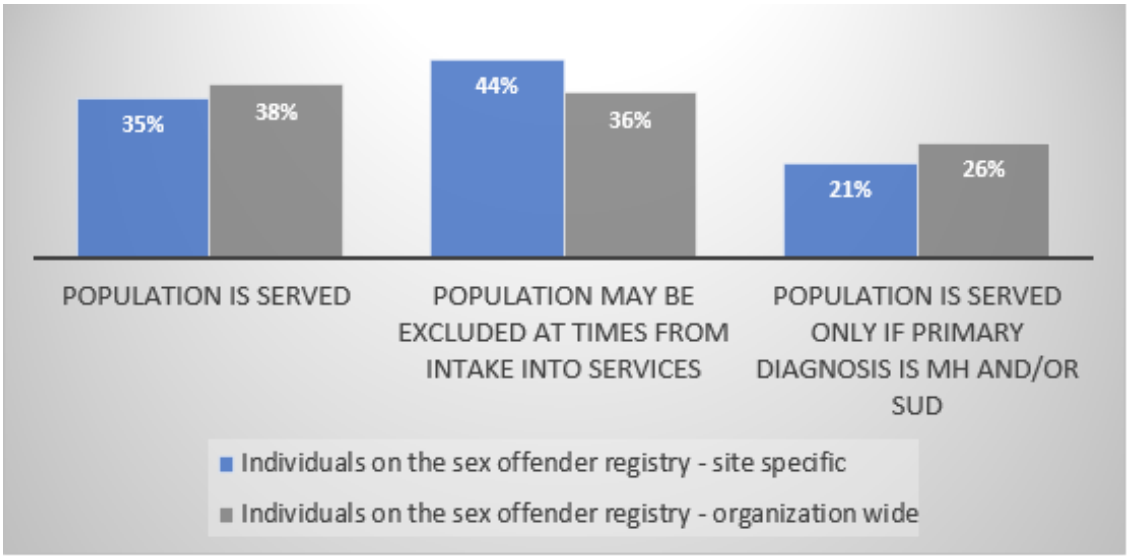
[2] Eher, R., Rettenberger, M., & Turner, D. (2019).The prevalence of mental disorders in incarcerated contact sexual offenders. *Acta psychiatrica Scandinavica, 139*(6), 572-581. https://doi.org/10.1111/acps.13024

[3] Stakeholder expert on individuals with history of sexual offense.

EXPERIENCE ACCESSING BEHAVIORAL HEALTH SERVICES

Among the respondents to the provider survey conducted for the needs assessment, individuals on the sex offender registry are the least likely priority population group to be served. A little over one third of providers reported serving individuals on the sex offender registry and more indicated they may be excluded at time from intake into services.

FIGURE 1: SERVICES FOR INDIVIDUALS ON SEXUAL OFFENDER REGISTRY (N=55)



SOURCE: PROVIDER SURVEY, 2020

BARRIERS TO WHOLE PERSON CARE

Individuals who have been charged with a sexual offense experience significant barriers to whole person care, including the following:

Narrow focus of treatment. Treatment often focuses on addressing the sexual offense rather than viewing all aspects of the individual's care needs. Services as a result are not integrated and any SUD or psychiatric treatment needs are only addressed after an individual completes sex offender treatment. As a result, individuals may drop out of treatment and must start over even if their offense was as old as 20 or 30 years.

BARRIERS TO WHOLE PERSON CARE

Limited understanding or acceptability of condition. A lack of understanding and empathy for this population creates significant barriers to care. Community survey respondents identified sex offenders as one of the top three reasons why people may experience or feel like they are experiencing unequal treatment when receiving services. Among the top three is also insurance status and income level.

Some treatment professionals view these clients as "bad," with the potential to game the system and therefore do not offer them any autonomy in treatment choices, although providers may be required to offer more choice in the future. Individuals face extreme stigma in the community along with forced isolation regardless of their level of risk. A public misperception about the cause of offenses and the effectiveness of treatment contributes to increased stigma.

Even individuals who state they are at risk of offending face punishment as opposed to treatment that could minimize their risk of offending. Other countries have identified a pathway for treatment for individuals who have a sexual interest towards kids and are at risk of committing a sexual offense. For example, the Prevention Project Dunkelfeld in Germany paired a media campaign and treatment program for self-identified pedophiles who voluntary sought out treatment for their impulses. Preliminary results from the pilot support the potential for treatment to reduce the risk factors for child sexual abuse.[4]

FIGURE 2: REASONS WHY PEOPLE MAY EXPERIENCE OR FEEL LIKE THEY ARE EXPERIENCING UNEQUAL TREATMENTWHEN RECEIVING SERVICES. ALWAYS OR USUALLY (N=134)

SOURCE: COMMUNITY SURVEY, 2020

Difficulty navigating the system. A web of policies governs qualifications for receiving services for individuals who have been charged with a sexual offense. While these policies are needed, they pose a burden for individuals attempting to navigate the system. In addition, an individual's history of sexual offenses often excludes them from accessing treatment, without consideration of their current risk profile.

[4] Beier, K. M., Grundmann, D., Kuhle, L. F., Scherner, G., Konrad, A., & Amelung, T. (2015). The German Dunkelfeld project: a pilot study to prevent child sexual abuse and the use of child abusive images. The journal of sexual medicine, 12(2), 529–542. https://doi.org/10.1111/jsm.12785

BARRIERS TO WHOLE PERSON CARE

Lack of qualified providers. Possibly the most significant challenge is a lack of agencies and availability of services in all regions of the state. Specific training and credentialing are required to provide certain services and the level of interest in receiving the credential does not equal the demand for providers. For example, residential treatment requires a specific certification that few organizations pursue. Only one program in the state provides dual diagnosis (mental health/SUD) treatment for those who have committed a sexual offense. Individuals may have to drive four hours for a single hour of treatment, which is required to be able to advance in the treatment process.

Lack of access to care and housing. Due to the scarcity of providers across the state, a lack of transportation to treatment limits access. Financial barriers may also create an access challenge. Medicaid and other payers may not cover what is mandated or written in the parole board order. Finally, housing is often not made available to individuals with an offense on their record, including nursing and assisted living facilities, even when an individual is medically compromised and frail.

CONTINUUM OF CARE NEEDS

One program, the Sex Offender Treatment and Monitoring Program, provides tailored evaluation, treatment and monitoring services to offenders who are motivated to stop their sexual abuse. However, stakeholders identified a significant gap in preventive measures addressing the needs of those who are at risk of committing a sexual offense. Additional gaps in services include:

- Trauma treatment
- Use of specialized evidence-based practices that would reduce risk
- Sex Offender Management Board (SOMB) professionals trained in behavioral health
- Traditional behavioral health and credentialed addiction providers who also treat those charged with a sexual offense

IDEAS TO BETTER ADDRESS THE NEEDS OF INDIVIDUALS WITH A HISTORY OF SEXUAL OFFENSE

Stakeholders suggested this population could benefit from an entity accountable to bring all the elements of treatment together to ensure services are connected. In addition, a public campaign is needed to support greater public understanding of genuine risk and removal of stigma and barriers to care.

Create a function within a position within OBH that serves as a liaison for those who have been charged with a sexual offense and who works with advocates and providers to support training and education, brings relevant national evidence-based practices and models to the state and coordinates the whole person care needs of the population.

Develop a central repository where various agencies could share documents and releases so critical information can be shared to coordinate treatment and track progress.

Involve a third party outside of the SOMB, such as OBH, to support legislative decision-making.

Build on the relationship between OBH and SOMB to address the rules that create barriers to accessing behavioral health treatment and improve fidelity of treatment to national standards of care and evidence-based treatment. Develop greater diversion programming and considerations for how to improve care through mental health and drug courts among other diversion avenues.