

FLORIDA DEPARTMENT OF CORRECTIONS  
OFFICE OF HEALTH SERVICES

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**HEALTH SERVICES BULLETIN NO: 15.05.03**

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**SUBJECT: SCREENING AND TREATMENT FOR SEXUAL DISORDER**

**EFFECTIVE DATE: 02/06/14**

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**I. POLICY**

The purpose of this health services bulletin is to establish guidelines for the initial reception screening of inmates who are serving a sentence for a sex offense or who are referred for screening by Classification. Requests for screening from Classification will be documented on DC4-529, Staff Request/Referral and sent to Mental Health for response and action. The purpose of the screening is to identify those who suffer from a sexual disorder, as defined by the current *Diagnostic and Statistical Manual of Mental Disorders*, and who are amenable and willing to participate in treatment.

Inmates who are recommended for treatment in accordance with the procedures outlined in II, "A" below shall be given an opportunity to participate in treatment before sentence expiration. Treatment shall at least meet the standards outlined in III, "A"- III, "D" below and shall be approved by the Regional Mental Health Consultant or Mental Health Services Director.

*These standards and responsibilities apply to both Department staff and Comprehensive Health Care Contractor (CHCC) staff.*

**II. PROCEDURES**

- A. Within sixty (60) days of a sex offender's arrival at the inmate's first permanent institutional assignment, mental health staff shall conduct a clinical interview and review the health and master records of those inmates currently serving a sentence for a sexual offense. Mental health staff can confirm that the offense qualifies as a sex offense conviction in OBIS by checking the DC26 screen. Under "Sex Offense History," the disposition will be indicated as "2 – Sex Offense Conviction." The Mental Health Practitioner shall interview the inmate to assess the following:
1. Whether the inmate shows evidence of a sexual disorder as defined by the current *Diagnostic and Statistical Manual of Mental Disorders*.
  2. Whether the inmate is willing to participate in treatment that is available within the Department of Corrections.
  3. Whether there is evidence of a serious mental/emotional problem, or a serious medical problem, which might impair the inmate's ability to

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participate in treatment.

- B. Mental health staff shall document the interview (complete “*Sex Offender Screening and Selection*,” DC4-647), taking care to recommend treatment only for those inmates who:
1. Show evidence of a diagnosable sexual disorder, AND
  2. Are amenable and willing to participate in available treatment before release. An inmate who is considered amenable to treatment must be sufficiently free of psychiatric disturbance and/or cognitive deficit that s/he can comprehend sex offender treatment content, be willing to admit that s/he has a problem with deviant sexual behavior or thoughts, and desires and is able to participate in treatment.
- C. Inmates who need treatment for a sexual disorder and who are amenable to treatment shall be placed on a waiting list for sex offender treatment. Priority for enrollment in treatment shall be based on expiration of sentence with those inmates closest to expiration assigned the highest priority. These inmates shall be noted on the OBIS-based waiting list until such time as their status permits enrollment in treatment.
- D. Mental health staff shall secure informed consent by completing the “*Consent to Mental Health Evaluation*,” (DC4-663). Mental health staff shall also complete “*Consent to Sex Offender Treatment*,” DC4-660 on each inmate who has a sexual disorder. The “*Refusal of Health Care Services*,” form (DC4-711A) shall be completed for each inmate who, though judged to have a sexual disorder, refuses treatment for same. The completed refusal form shall be filed in the Mental Health Authorizations/Consents portion of the health record.
- E. Any inmate who has been determined eligible for treatment, but has refused treatment, may resume eligibility for treatment via written request on the “*Inmate Request*,” DC6-236.
- F. Mental health staff shall enter the Sex Offender Screening contact into OBIS, noting any consents or refusals signed. Staff will also note the outcome of the screening using the following OBIS codes:
- SOWL: this places the inmate on the OBIS waiting list because he/she has been diagnosed with a sexual disorder, has consented to sex offender treatment (DC4-660) and is amenable to treatment

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- SONA: indicates the inmate does not meet diagnostic and statistical manual criteria for a sexual disorder.
  - SONE: indicates the inmate has been diagnosed with a sexual disorder and expressed a desire to participate in treatment, but is not amenable to treatment at this time.
  - SORF: indicates the inmate has been diagnosed with a sexual disorder and refuses to consent to participate in sex offender treatment.
- G. Mental health staff shall file the screening form in the "Mental Health Evaluation Reports" subsection of the health record and indicate the screening was completed or attempted via an incidental note on the *Chronological Record of Outpatient Mental Health Care*, (DC4-642). The consent forms (DC4-660 and/or DC4-663) shall be filed in the Mental Health section of the health record under the "Mental Health Authorizations/Consents" sub-divider.
- H. Mental health staff shall record the appropriate problem(s) from the *Problem Index Summary* (see health services bulletin, *Planning and Implementation of Individualized Mental Health Services*, 15.05.11) on "Problem List," DC4-730 for each inmate having a sexual disorder.
- I. Priority for assignment to treatment shall be given to inmates having the shortest time remaining on sentence. Every reasonable effort shall be made to ensure that inmates on the waiting list receive the opportunity to participate in treatment as defined herein before sentence expiration. Institutional mental health will review the OBIS MHS 53 report, *Sex Offender Waiting List*, monthly to monitor inmates eligible for treatment and their respective release dates.

### III. STANDARDS OF TREATMENT

#### A. Goals of the Treatment Group

Recognizing that the incarcerated offender can only learn so much from behind bars about how to live responsibly within the community, treatment should begin in the prison setting with recommendations that it be completed within the community where the inmate faces real day-to-day stresses that must be managed in order to avert relapse. Therefore, the treatment group must have the following two (2) goals:

1. To begin the treatment process and develop the inmate's awareness of the

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inappropriateness of the deviant sexual behavior.

2. To reinforce the need for participation in treatment within the community upon release.

B. Population To Be Served

1. The group shall be designed for inmates who have a diagnosed sexual disorder and who are amenable and consent to treatment.
2. An inmate whose ability to communicate and otherwise participate in a group therapy situation is not prohibitively compromised by physical, behavioral, mental, or emotional factors. Note that individual therapy may be used as a precursor to or even in lieu of group therapy when clinically justified in the record.

C. Group Objectives

1. Facilitate acceptance of responsibility for deviant sexual behavior.
2. Facilitate awareness of the grave impact that deviant sexual behavior has on victims.
3. Facilitate early recognition of danger signs that often precede deviant sexual behavior.
4. Facilitate awareness that successful treatment and prevention of relapse will require continued and long-term treatment after release.

D. Group Description

Three (3) to twelve (12) inmates will participate in the group which will meet for at least one (1) hour weekly for at least twenty (20) weeks. The group sessions will be facilitated by a Psychologist or Behavioral Specialist who will present didactic information and lead discussion designed to accomplish the objectives listed above in section III. "C".

E. Continuity of Care Planning

Post-release continuity of care planning for continued treatment in the community must be documented in the health record.

F. Documentation

1. Personal History Data:

“*Bio-Psychosocial Assessment*,” DC4-643C will be completed prior to the development of the individualized service plan.

2. Individualized Service Plan:

“*Individualized Service Plan*,” DC4-643A will be developed and updated in accordance with the guidelines in health services bulletin 15.05.11.

3. Attendance Record:

Commencing with the date of the first scheduled therapy session, the inmate's attendance shall be recorded on “*Mental Health Attendance Record*,” DC4-664.

4. Progress Notes:

A SOAP note for each participant shall be written at the start of the treatment group, at least monthly while the group is ongoing, and when the group is ended. The notes will describe the topics/issues discussed, the inmate's clinical status, and his/her relative participation/progress relative to ISP objectives. Notes shall be written on DC4-642.

5. Treatment Summary:

A brief treatment summary on “*Summary of Outpatient Mental Health Care*,” (DC4-661) will be prepared and typed within seven (7) days of termination of treatment to document the following:

- a. Goals and objectives of treatment.
- b. Interventions used to accomplish the objectives.
- c. Beginning and ending diagnoses and identified problems (to be taken from the service plan).

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- d. Summary of salient topics/issues addressed, the actual number of sessions inmate attended, his/her relative participation, and their degree of readiness for continued treatment within the community.
- e. Post-release continuity of care plans, including the agencies and/or individuals contacted and/or to which s/he has been or will be referred before release.

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Assistant Secretary of Health Services

Date

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This Health Services Bulletin Supersedes:

HSB 15.05.03 dated 12/11/88, 4/21/89, 1/29/90,  
4/15/91, 8/23/94, 12/04/97, 3/26/08 and 08/27/12.

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