

Program Development for Mentally Ill Persons with Problematic or Aggressive Sexual Behaviors:

The Massachusetts DMH Forensic Division Approach

NASMHPD

Forensic Division Annual Meeting

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Presentation Overview

- Purpose of the DMH MI/PSB Program
- Population Scope
- Brief History of the DMH MI/PSB Program
- Challenges
- Overview of MI/PSB Program
- Current MI/PSB Program Status

Program Purpose

- The purpose of the DMH Mentally Ill/Problematic Sexual Behavior (MI/PSB) Program is to address the complex assessment, treatment and risk management needs of DMH patients and clients who present with co-occurring major mental illness and sexual offending and/or problematic sexual behavior.

MA DMH MI/PSB POPULATION SPECTRUM

MENTALLY ILL/PROBLEMATIC SEXUAL BEHAVIOR POPULATION SPECTRUM

NON-ADJUDICATED

INAPPROPRIATE
SEXUAL BEHAVIOR

INSTITUTIONAL VIOLATIONS

NOT GUILTY
BY REASON OF INSANITY
(NGRI)

INCOMPETENT
TO STAND TRIAL
(IST)

STANDING OPEN CHARGES

CHARGE/CONVICT
SEXUAL CRIME

INCARCERATED

SORB OBLIGATIONS

PROBATION/PAROLE

HISTORY AND CONTEXT

**1997
SP3
Needs
Assessment**

**2000
[MI/SBD] Program
initiated**

**2004
Cape Incident**

**2005
Task Force
Report**

**1999
SP3 Needs Assessment
Data
presented**

**2001-2002
Advocates
challenge**

**2003
1st Outpatient
MI/PSB Program
initiated**

**2006-2007
MI/PSB
Current Active
Wait List/POC**

ADMINISTRATIVE

and

OPERATIONAL

CHALLENGES

to

MI/PSB PROGRAM DEVELOPMENT

Split among
Area Administrations
on key program development
issues, including:

- Whether to participate in statewide MI/PSB
- Amount of fiscal, staff resources to devote
- Whether to develop specialized inpatient units
- Whether/how to develop community based MI/PSB services
- Degree to which MI/PSB “embedded” in Area operations or operates as “specialized” silo

Splits within the
Central Administration
on key program development
issues, including:

■ Whether or how to resource program growth in light of:

- Development of wait list for MI/PSB services
- Need for mixed intervention approach drawing upon SO treatment, psychiatric rehabilitation and systems intervention methods
- Increasing constraints on housing access
- Access and resource issues with specialized psychopharm and anti-androgen

- **DMH involvement with the Sex Offender Registry Board (SORB) obligations of SORB+ individuals:**
 - Degree of DMH responsibility to be involved with client **compliance** with SORB obligations
 - Whether or how to inform other persons (or their guardians) on inpatient units or in congregate/group living situations of SORB status of newly arriving resident

- **Degree of DMH communication with local police departments re: SORB+ individuals:**
 - Degree to which DMH should interact with local law enforcement (e.g. safety planning aspects, SORB registration, reporting AWA status and specifically identifying of SORB status when reporting AWA)
 - Notification to local police of Area plan to discharge a level III from inpatient unit

- **Concerns re: DMH development of specialized service access:**
 - Whether to create differential reimbursement rate for specializing community providers
 - Establishing specialized on-grounds transitional housing between inpatient settings and community placement

Split between
Central Administration
&
Area Administrations
on key program development
issues, including:

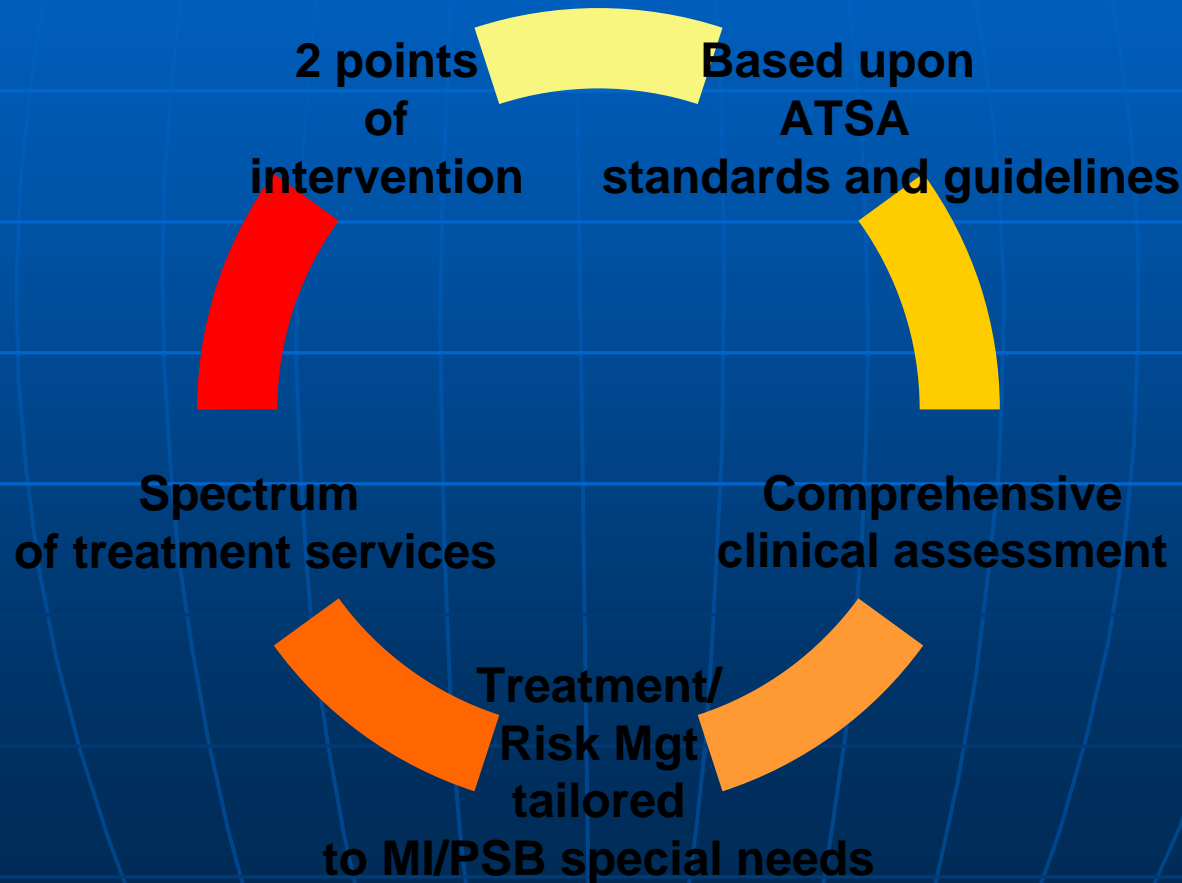
- Split between whether creation of transitional programming on hospital campuses would create points where “stuck cases” would congregate
- Split between caution in Central Administration about program development and individual case disposition and areas needing to discharge from inpatient units with central pressure to do so

BROAD and ENDURING CHALLENGES

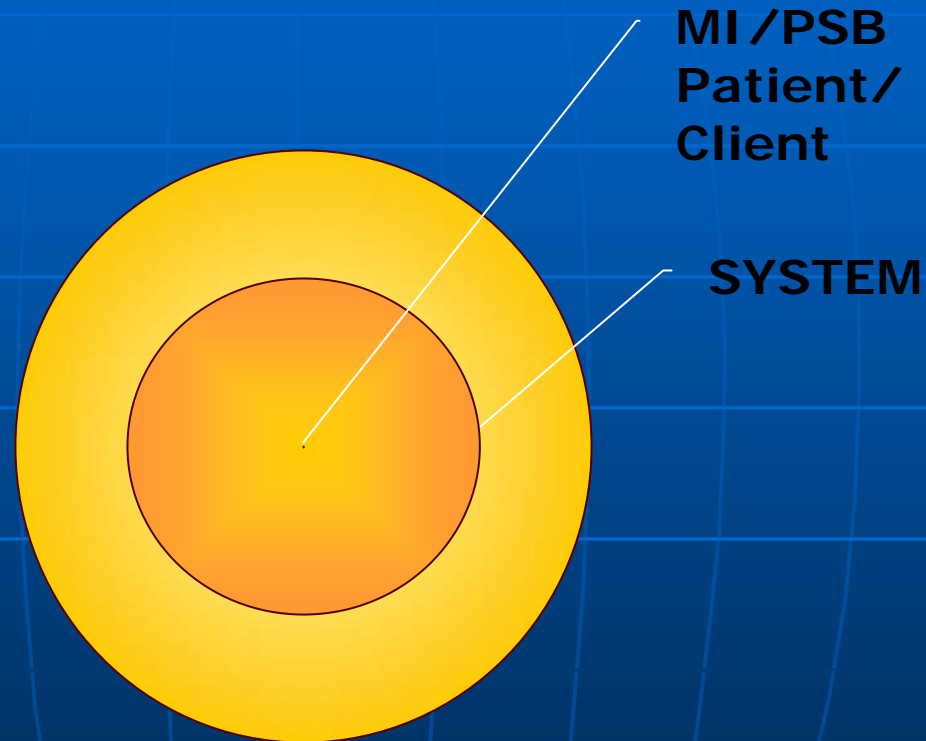
- Political climate of high anxiety and punitive public policy response to “sex offenders”
- Presence of persons warranting MI/PSB services in organizational climate of challenging stigmatization of persons with mental illness
- High concern that if organization had MI/PSB services this would signal willingness to be state sex offender treatment authority

MI / PSB PROGRAM OVERVIEW

MI/PSB Program Overview: Clinical Features



Two Points of Intervention:



MI/PSB MENU OF CLINICAL SERVICES

MI/PSB PATIENT/CLIENT

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graph TD; A[MI/PSB PATIENT/CLIENT] --- B[MI/PSB ASSESSMENT]; A --- C[INDIVIDUAL TX]; A --- D[GRP TX (2): MI/PSB-SPECIFIC DBT]; A --- E[PSYCHOPHARM and CLINICAL CONSULTATION]; A --- F[Treatment Team Review]; A --- G[RISK REVIEW];
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MI/PSB
ASSESSMENT

INDIVIDUAL TX

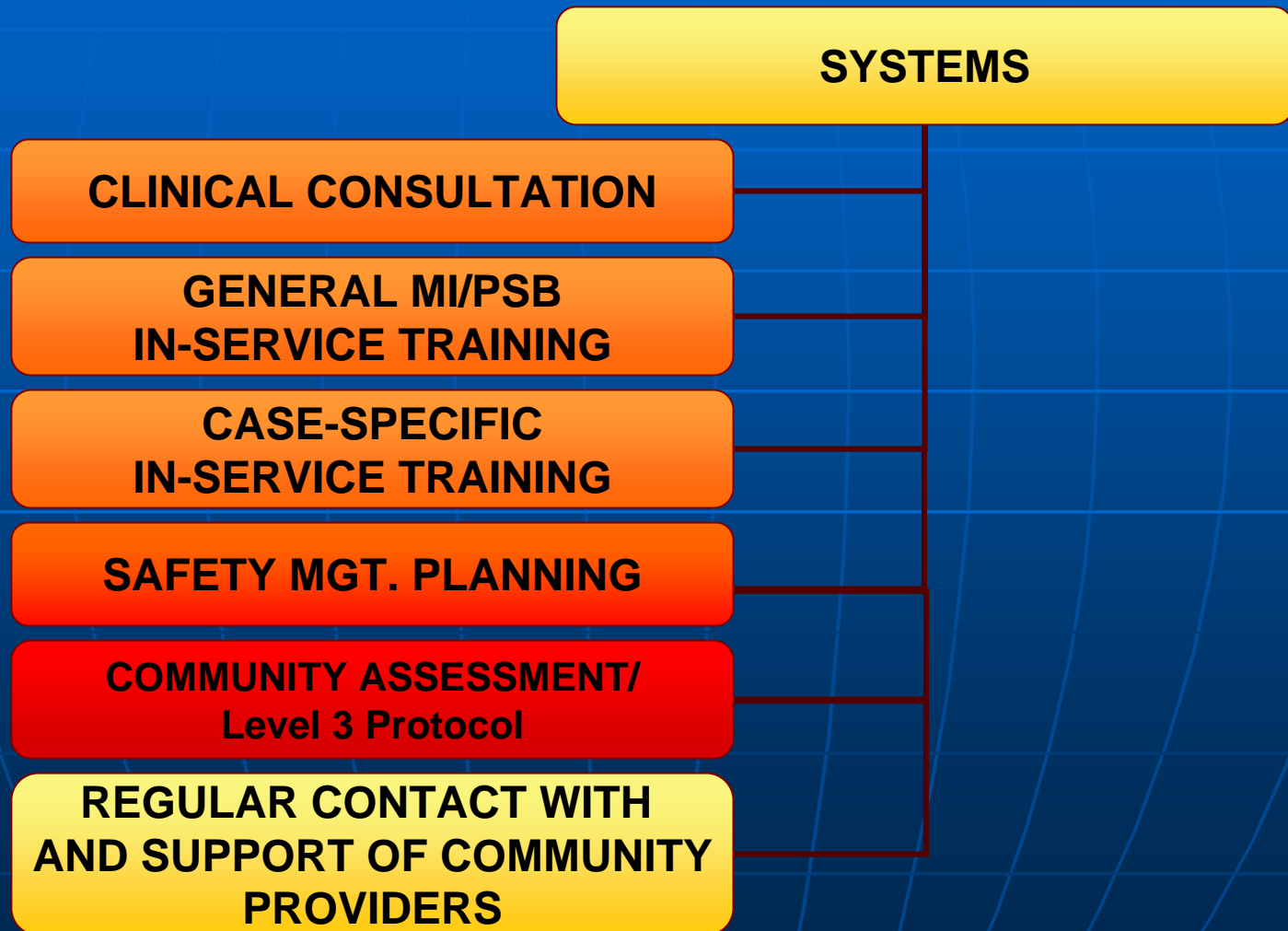
GRP TX (2):
MI/PSB-SPECIFIC
DBT

PSYCHOPHARM and CLINICAL
CONSULTATION

Treatment Team Review

RISK REVIEW

Menu of Systems Services



MI/PSB Community Connections

MI/PSB

OP
Providers

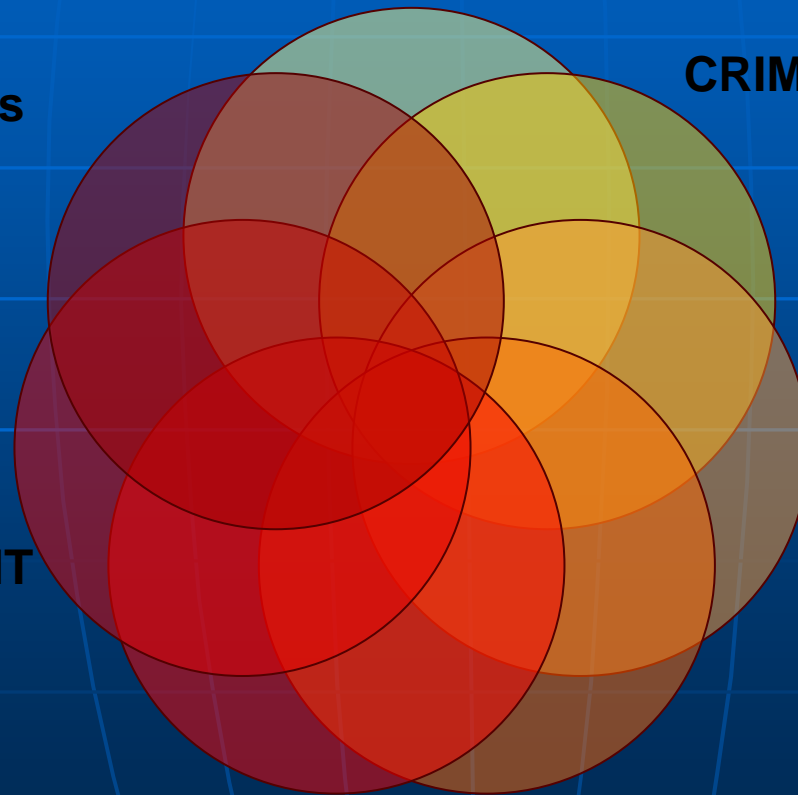
CRIMINAL JUSTICE

DAY TREATMENT

VOCATIONAL
REHAB

RESIDENTIAL

ACUTE CARE



MBA

MMHC MI/PSB Outpatient Program Data

2006: N=95

- 38 Registered Sex Offenders
 - 15 Level 3's
 - 15 Level 2's
 - 8 Level Pending
- 32 Non-registered (*but with a charge or conviction for a sexual offense)
- 14 With no history of charge or conviction for a sexual offense, however, **PSB's** present
- 11 Unknown - refused

■ Diagnoses:

- Schizophrenia/Schizoaffective Disorder
62%
- Bi-Polar Disorder
10%
- Depression, PTSD, OCD, Axis II
28%
- Co-morbid Substance Abuse
64%

“Recidivism”

- 0 Clients have been incarcerated for a sexual offense
- 4 Clients (11.4%) have behaviorally “re-offended”
 - 3 Non-contact offenses
 - Masturbating in public
 - 1 Contact offense
 - Grabbed a woman’s buttocks and pushed her
- 4 Clients (14.3%) have been re-incarcerated
 - all for probation violations (drugs, non-sexual violence)
- 9 Clients (25.7%) have been re-hospitalized
 - 2 related to engaging or risk for engaging in PSBs
 - 4 related to psychiatric decompensation
 - 3 for both

Current MI/PSB Statewide:

- MI/PSB Services available in 6 areas
 - Consultation
 - Training
 - CAC
 - 2006 Summit

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