

SOCCPN Annual Survey of Sex Offender Civil Commitment Programs 2014

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Sub-sections of the Survey

Inpatient survey:

- Census figures
- Demographics
- Treatment Program
- Assessment
- Staffing issues
- Procedural issues
- Computers & communication

Conditional Release:

- Transition
- Housing
- Treatment
- Employment
- Supervision & Monitoring
- Discharge
- Violations and Reoffenses

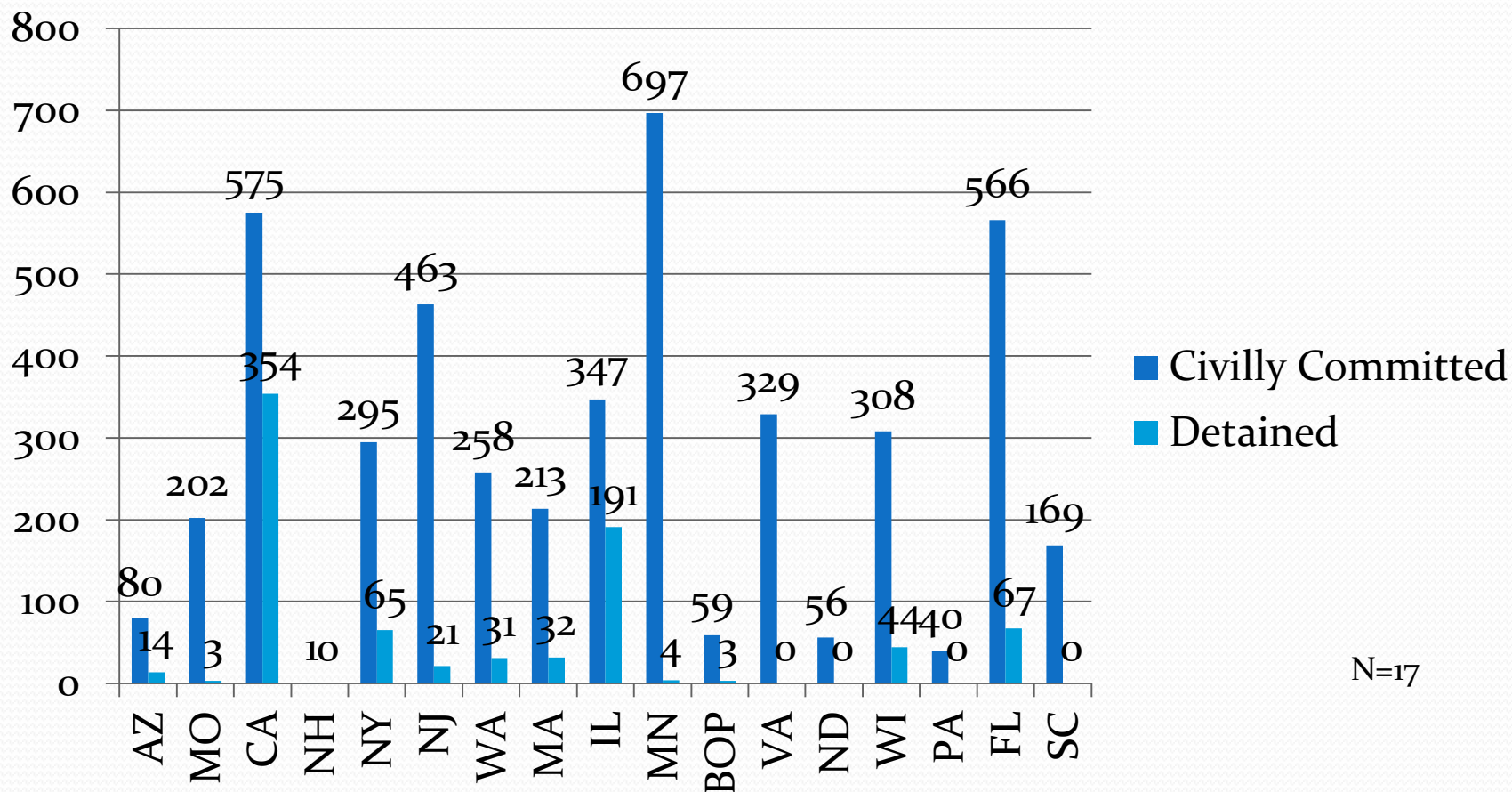
Revisions to 2014 Survey

- Enhanced census figures
- How treatment, participation & completion defined
- Removal of DSM Diagnoses
- Assessment and test scores
- Distinguish between treatment progress & forensic reviews
- Treatment progress
- Medical services and costs
- Use of shared living arrangements
- Impact of community notification and residency restrictions on community placements

Respondents

- California
- South Carolina
- Missouri
- New Jersey
- Washington
- Pennsylvania
- Massachusetts
- Florida
- Arizona
- North Dakota
- Wisconsin
- Federal Bureau of Prisons
- Virginia
- New York
- Illinois
- Minnesota
- New Hampshire

Current Census: Inpatient



N=17

Per Capita Rates for Civil Commitment

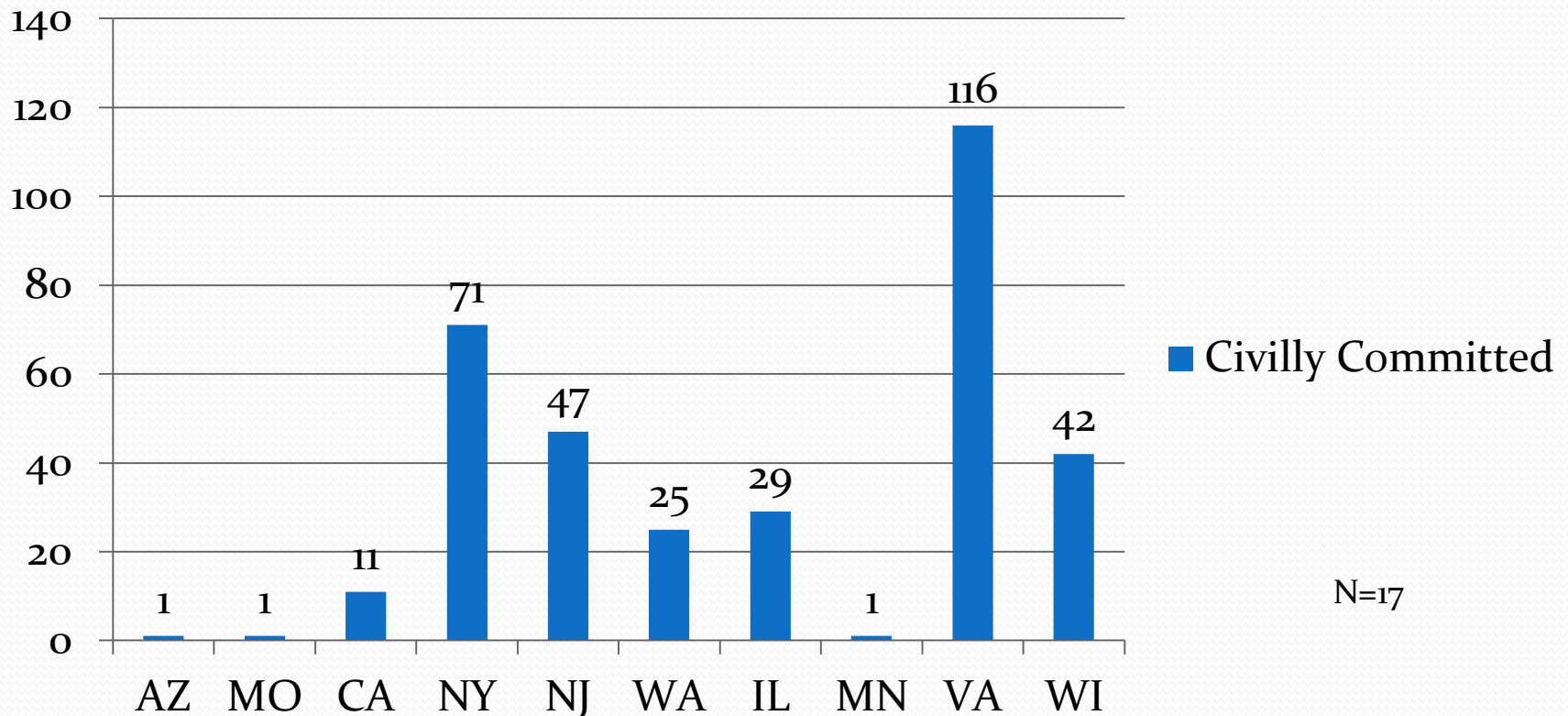
State	Years Enacted	Population Size (in millions)	Current Census Civilly Committed	Commitments per million
IL	16	12.88	347	26.9
NH	7	1.32	1	.76
SC	16	4.77	169	35.4
MA	15	6.69	213	31.8
WA	24	6.97	258	37
VA	11	8.26	329	39.8
AZ	17	6.62	80	12
WI	20	5.74	308	53.7
MN	20	5.42	697	128.6
PA	11	12.77	40	3.1
CA	18	38.33	575	15
MO	15	6.04	202	33.4
FL	16	19.55	566	29
NJ	15	8.89	463	52
NY	7	19.65	295	15
ND	7	.72	56	77.77

Census Figures Nationwide

- Nationwide census of civilly committed individuals is 4658 among the 17 programs who responded to the 2014 survey.
- Nationwide census of detainees is 829 among the 17 programs who responded to the 2014 survey.

Current Census: Outpatient/Conditional Release

Civilly Committed



Participation in Treatment: Civily Committed Individuals

- Civily Committed Individuals
 - Rates of participation in treatment range from 30-100% with a median of 93 % (n=17)
 - Rates of treatment refusers range from 0-70% with a median of 7% (n=17).
- Defining treatment participation
 - Signed consent (7 programs)
 - Attendance (7 programs)
 - Active participation/willingness to engage (11 programs)
 - Compliance with individualized treatment plan (2 programs)

Participation in Treatment: Detainees

- Seven states reported detainees are offered the same treatment program as those who are fully committed while seven states reported they are not
 - Detainees must sign a consent form to participate
 - Detainees not eligible for outpatient release program
- Rates of participation among detainees range from 0-95%
- Of those states that allow detainees to participate in sex offender specific treatment eight states reported some percentage of detainees participated while five states reported none participate.

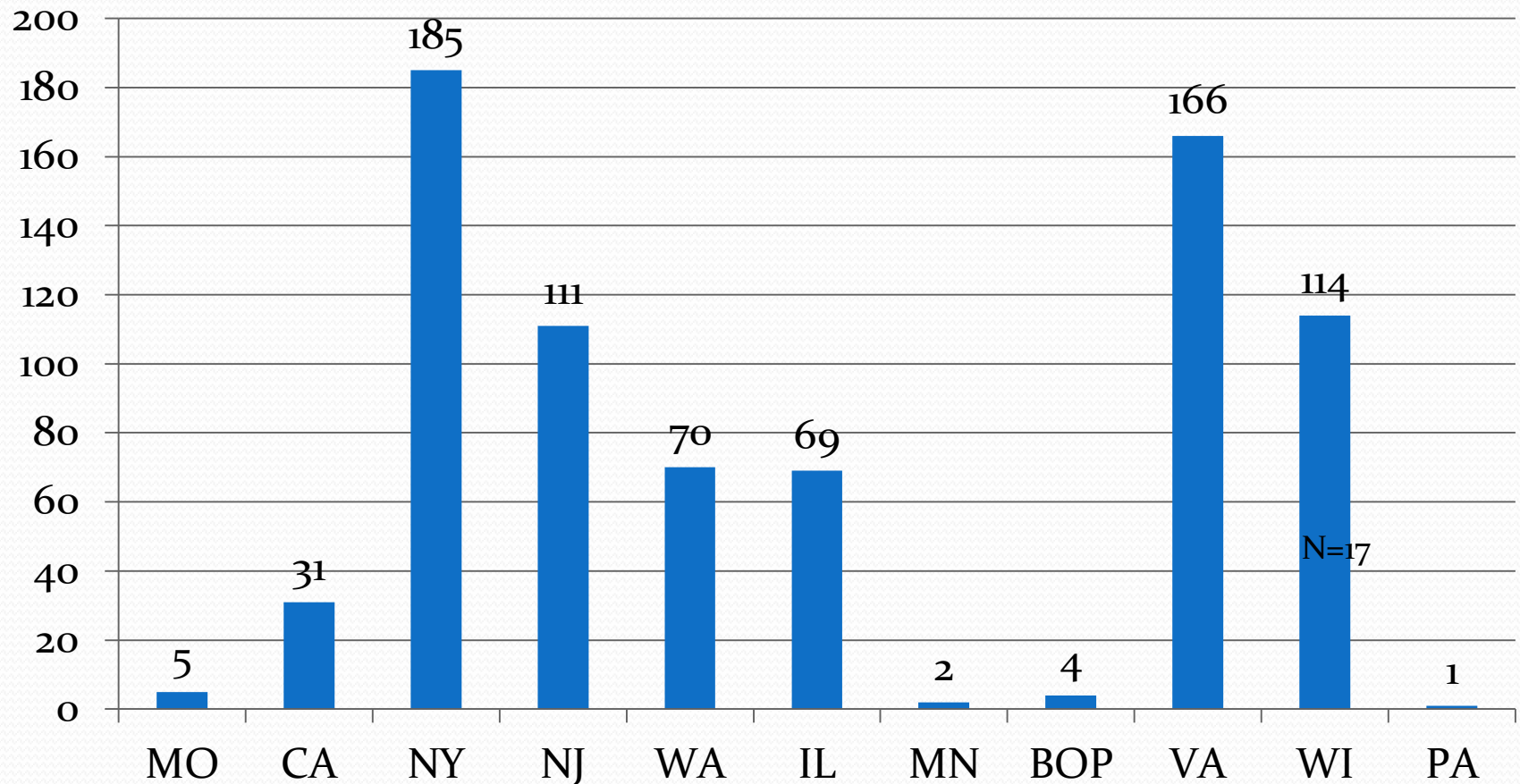
Incentives for Program Participation

- Increased paid work opportunities (10 programs)
- Better dorm living (8 programs)
- Increased institutional freedom (10 programs)
- Off campus outings (1 program)
- Increased property allowance (11 programs)
- Increased access to recreation areas (9 programs)
- Other:
 - Points for treatment participation similar to those paid for facility tasks

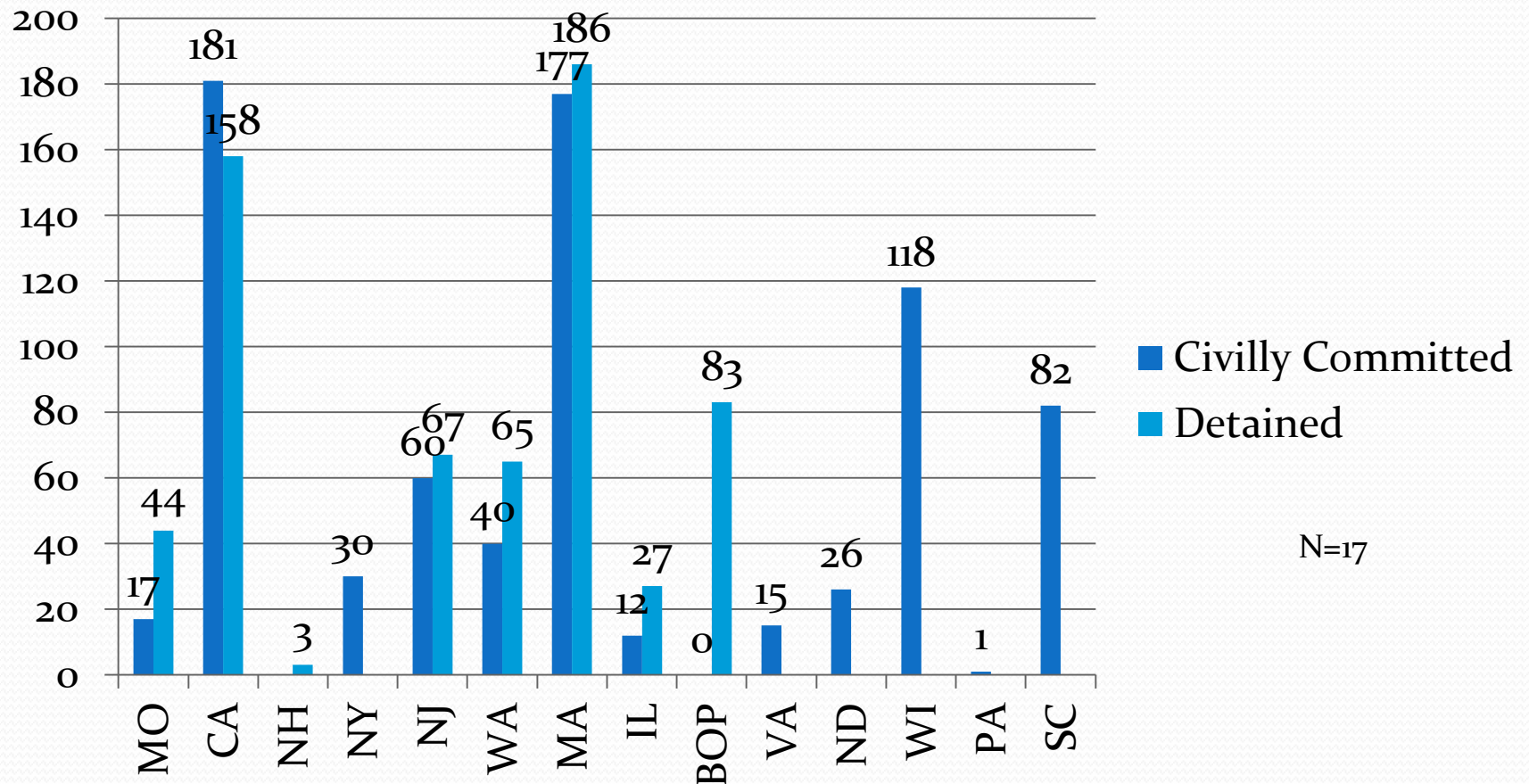
Incentives for Program Progression

- Increased paid work opportunities (12 programs)
- Better dorm living (8 programs)
- Increased institutional freedom (10 programs)
- Off campus outings (4 programs)
- Increased property allowance (9 programs)
- Increased access to recreation areas (8 programs)
- Other:
 - More points for higher phase residents
 - Increased liberties inside the facility

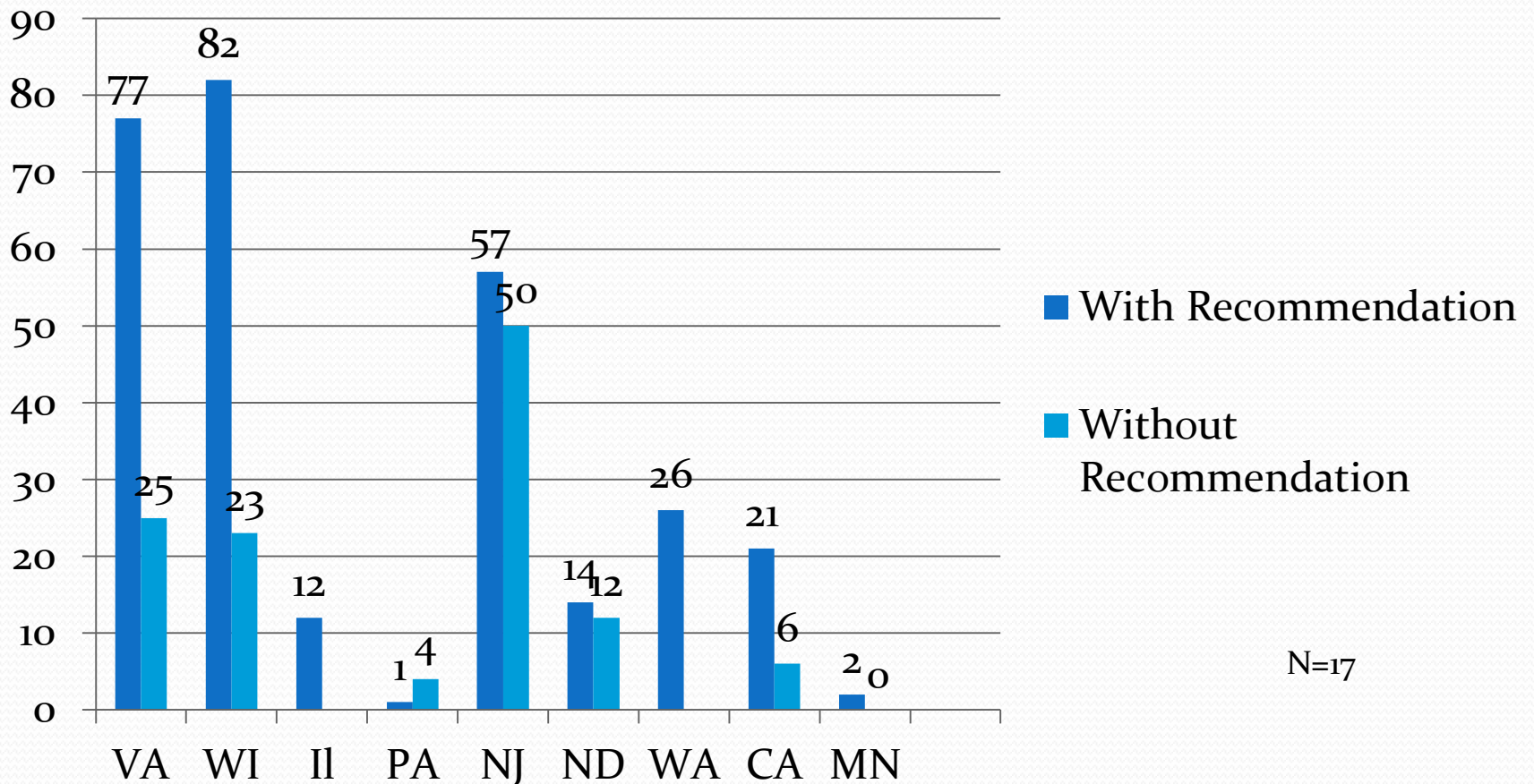
Conditionally Released Since Inception



Unconditionally Discharged Since Inception



Civilly Committed Individuals Discharged With/Without Treatment Team Recommendation

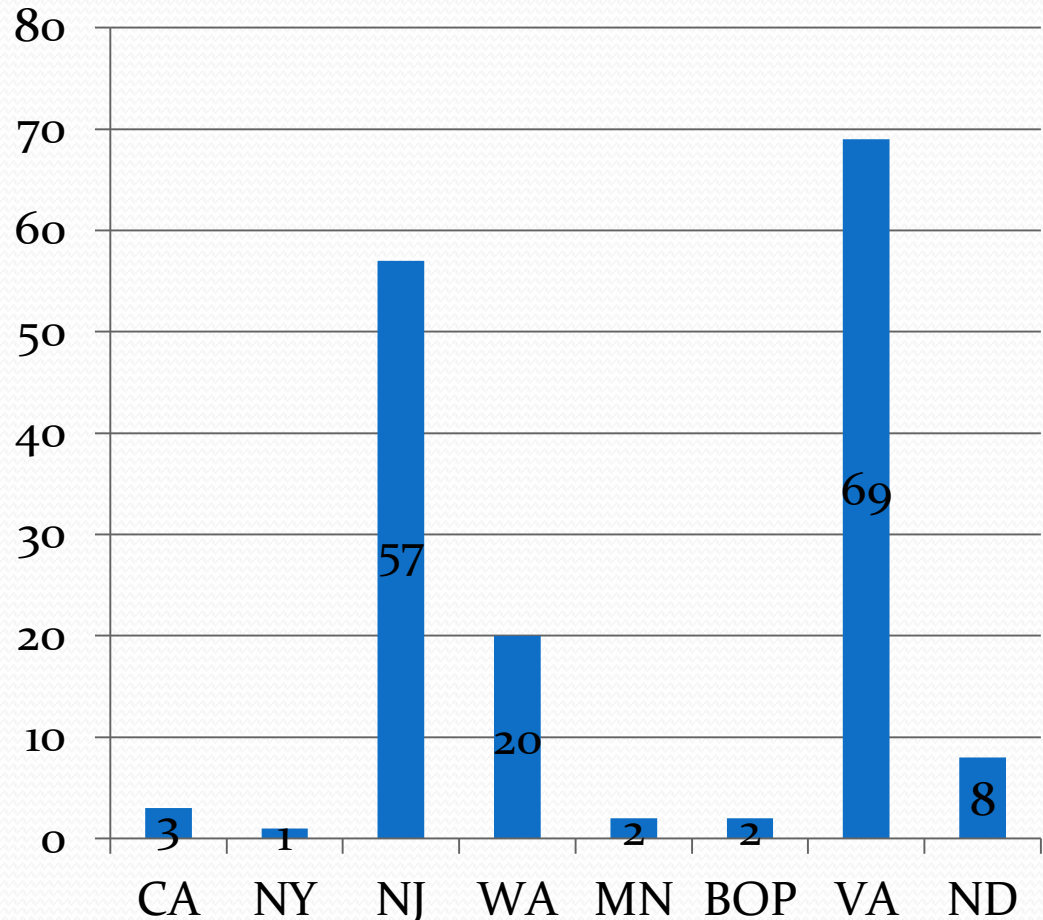


Discharge through Completion of Treatment Program

Defining treatment completion:

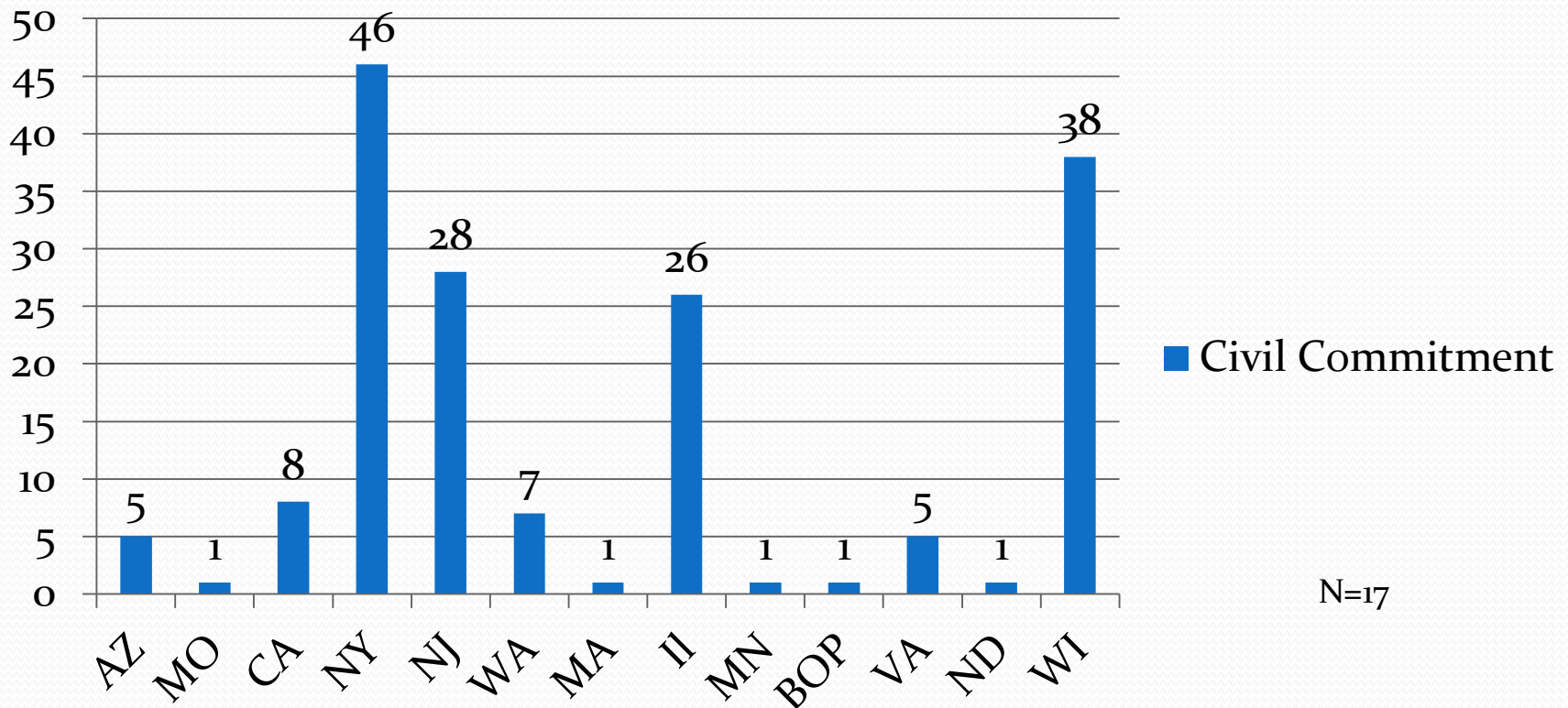
- Do not define completion/Language not utilized (5)
- Release via court order (1)
- When client falls below legal threshold (2)
- Completion of program requirements (7)
- Not applicable (1)

N=17



Returned to Facility following Discharge or Conditional Release

Civil Commitment



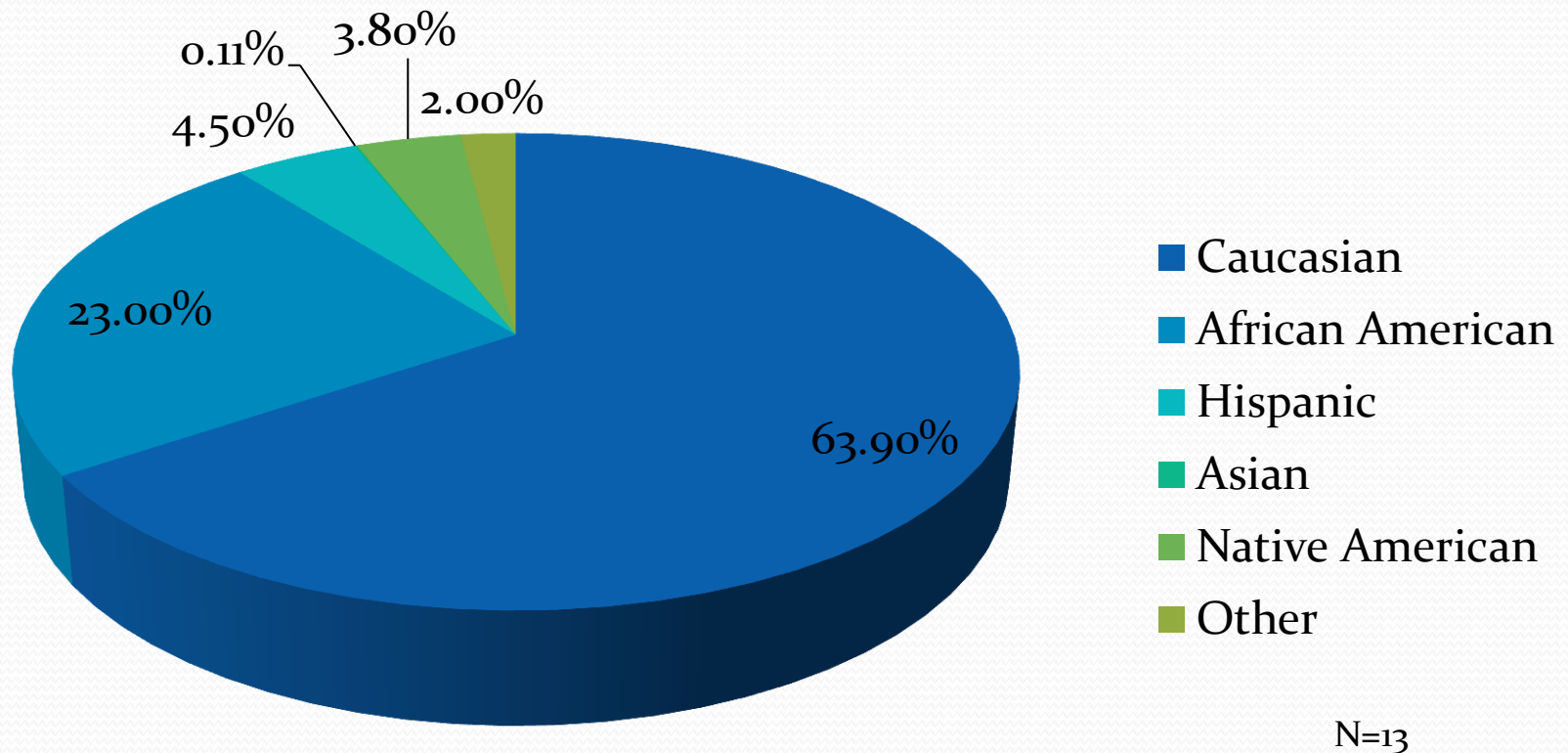
Reasons for Return following Discharge

- Re-emergence of increased risk factors (2)
- Drug or alcohol use (1)
- Unapproved/undisclosed contact with minors (4)
- Social networking (2)
- Curfew violations (1)
- Supervision/rule violations (6)
- Potential victim contact (1)
- Possession/use of pornography (2)
- Undisclosed contact with other sex offenders (2)
- Misuse of prescribed meds (1)
- Lack of disclosure (1)
- Psychiatric decompensation
- Failure to register (2)
- Technical violations (2)
- New offenses (4)
- Omission of information (3)
- Treatment noncompliance (1)

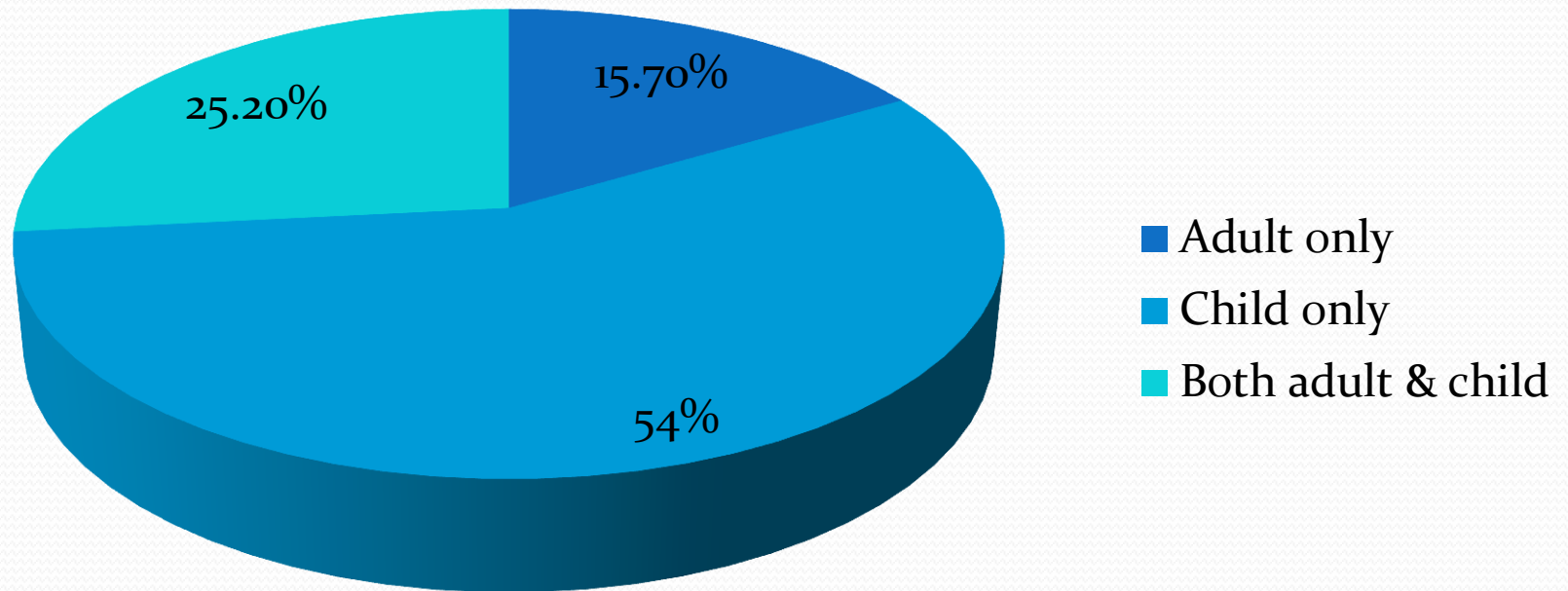
Mean Age of Residents

- The age of residents varied from a low of 18 to a high of 92.
- The mean age of residents across programs is 48.3 with a standard deviation of 7.31.
- The state that commits individuals who age out of the juvenile system had a lower mean age of 25.

Racial Composition



Victim Type



N=9

Medication Treatment

- What % of your population is prescribed psychotropic medication? Out of 13 states that responded to this question, 11 prescribe psych meds. Programs prescribe psychmeds to 10 to 50% of the population. Overall, 30% of residents in civil commitment programs are prescribed psych meds.
- Ten out of 13 states responding prescribe SSRIs specifically for sex drive reduction; the % of the population prescribed ranges from 2-21% with a mean of 7%.
- Eight out of 15 states responding currently prescribe hormonal therapy for sex drive reduction (e.g. antiandrogens) but they prescribe such rarely (.43%-6% of resident population). Six programs do not have any residents prescribed hormonal therapy.

N=18

Static-99R and PCL-R Scores

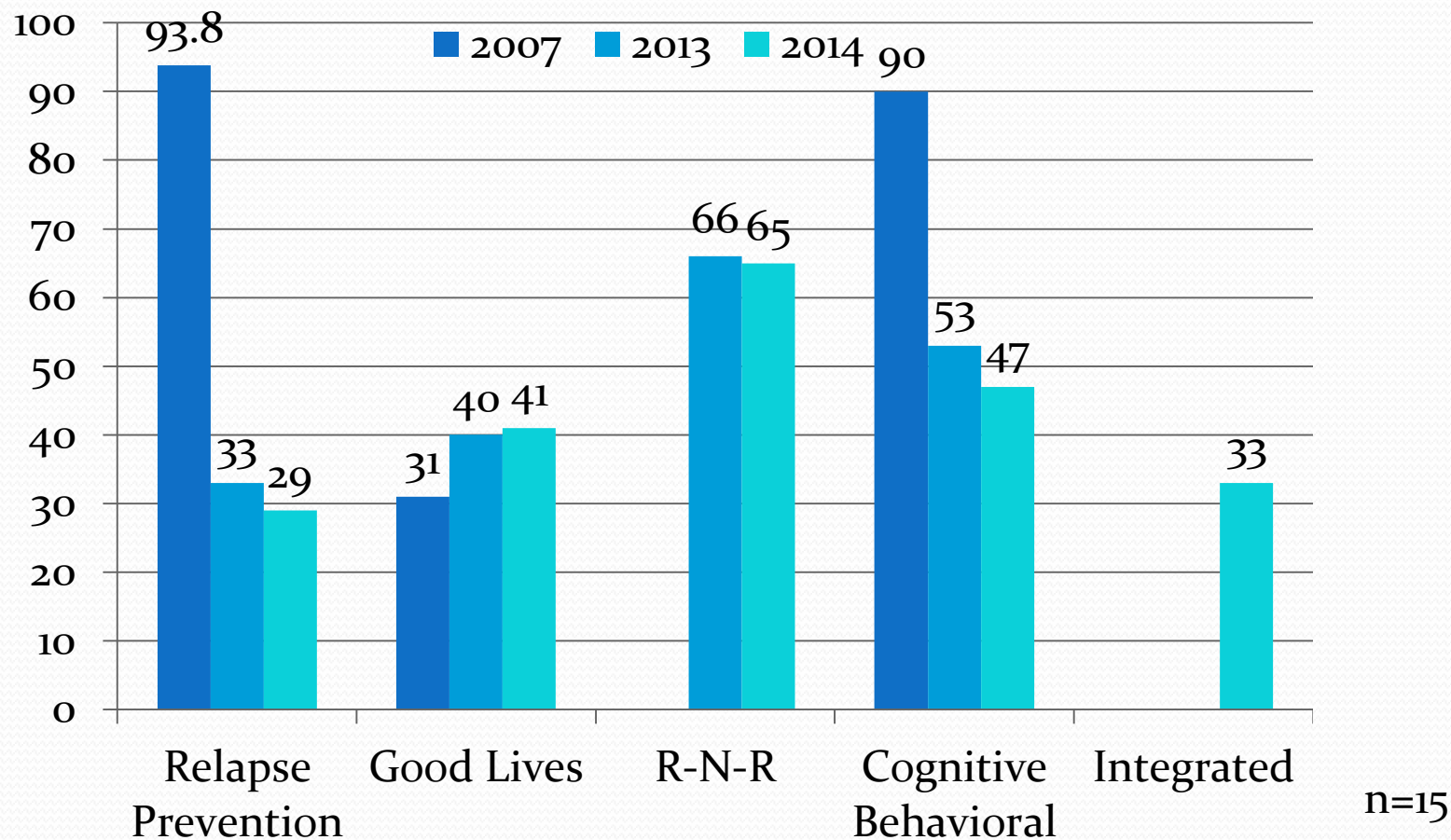
- Similar to last year, a total of nine states reported mean Static-99R scores. The mean score is 5, which is slightly lower than last year (5.6).
- A total of six states reported mean PCL-R scores. Of those the mean PCL-R score was 25.3, which is slightly higher than last year's 23.8 (based on 8 responders).

Females in Civil Commitment

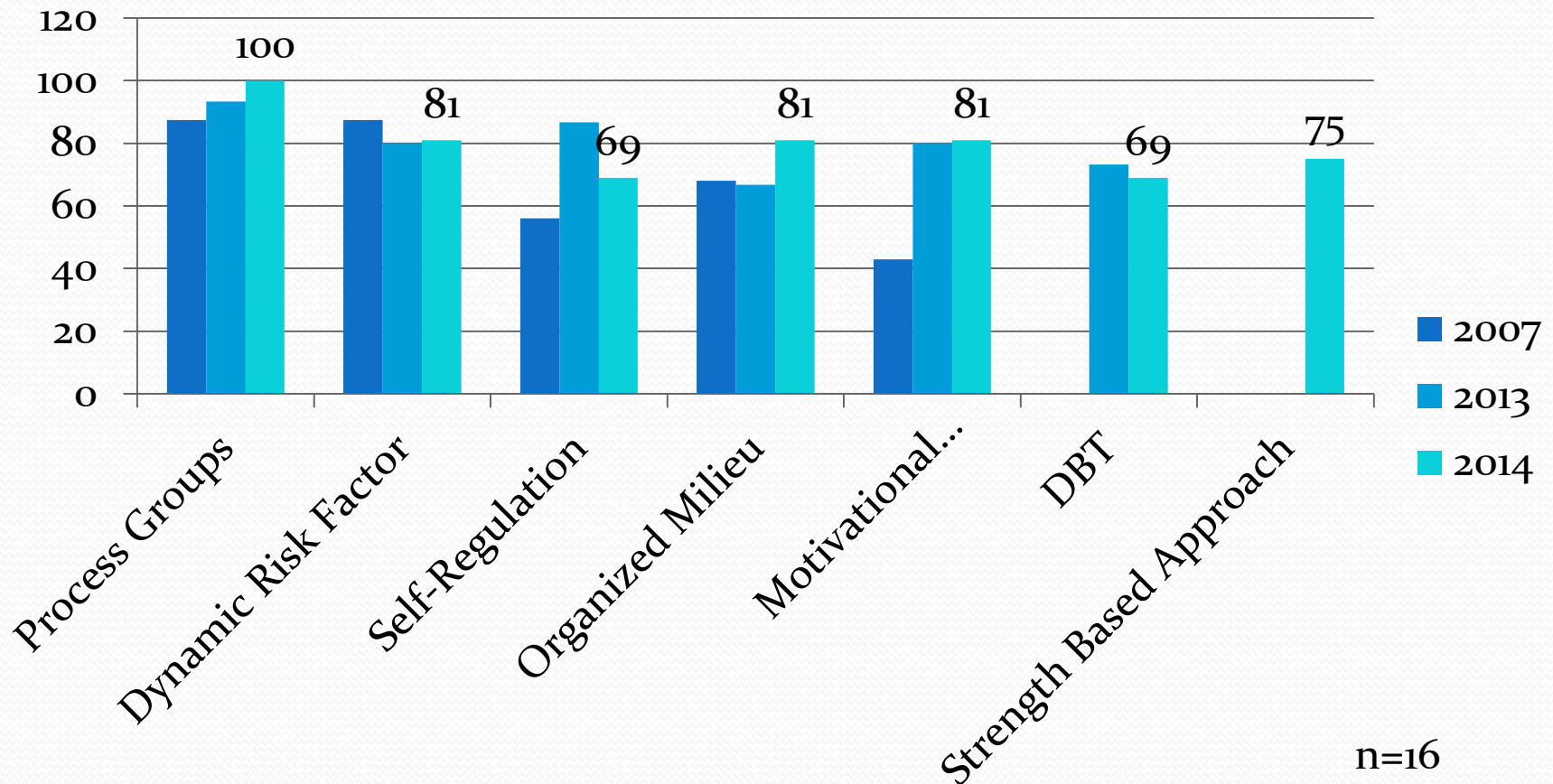
- Six states reported having female civilly committed clients (VA, MN, IL, WA, NJ, CA)
- Housing for females:
 - Two states reported females were housed in the same facility as males; one provides the female tx individually (not mixed with males) while the other did not respond if female is tx separate from males.
 - Three states reported females were housed in a different facility from males
 - One state reported females were housed individually in the community
- Five of the six states with females responded to questions about programming. Three programs do not modify the tx to account for gender while two do.

Treatment Programming

Organizing Principle of Treatment Program

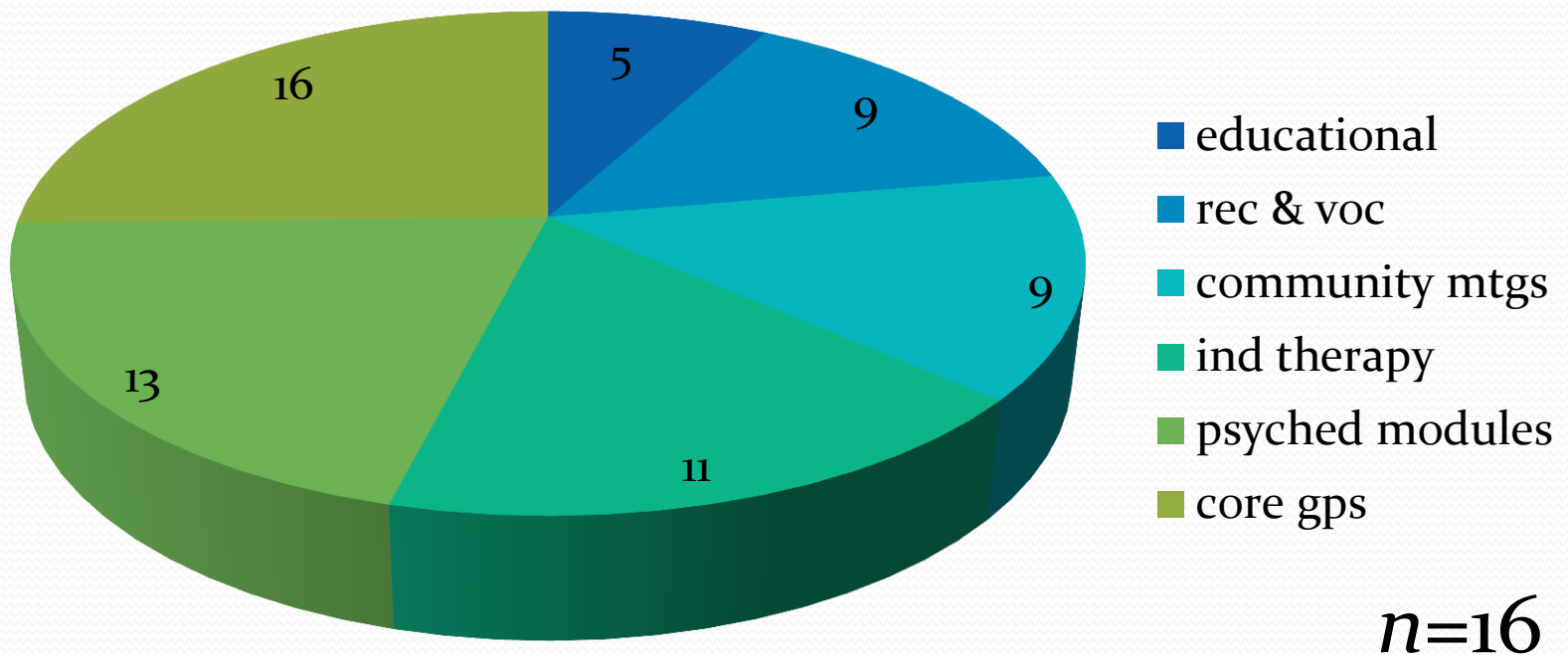


Approaches Utilized within the Organizing Principle



What type of groups are considered “treatment?”

number



Treatment

	2008 <i>n</i> = 14	2013 <i>n</i> = 15	2014 <i>n</i> = 11
Hours per week			
Range	3-20 (so specific)	2.5-14 (so specific)	3-34 (any tx)
Mean	10	6	16
Times per week			
Range	1-10	1-9	1-10
Mean	3	3	3
Duration of group			
Range	30 mins – 3hrs	50 mins-3.5hrs	50mins-3.5hrs
Mean	1.5 hours	1.7 hours	1.7hrs
Number in Group			
Range	4-12	6-15	6-13
Mode	10	9	8 & 9 (3 pgms)

Group size, duration, and frequency tended to vary by treatment track.

Co-Led Treatment

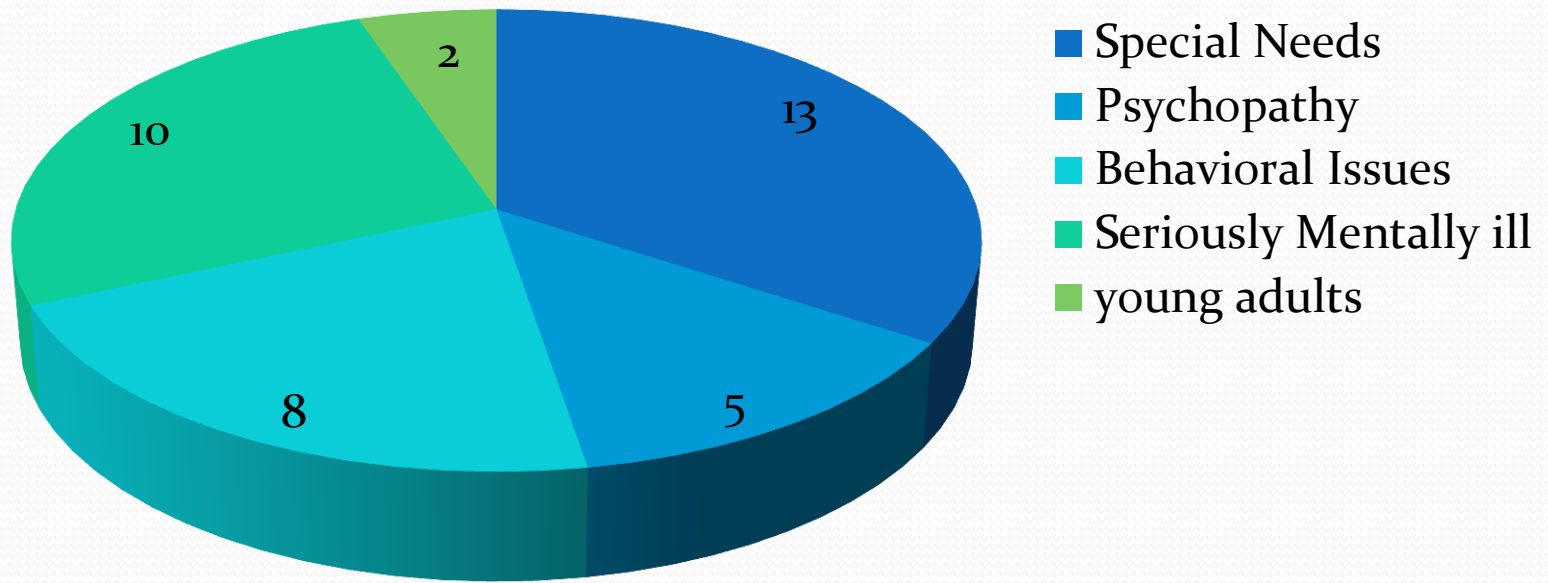
- Core groups are co-led in the majority of programs however less so than last year (n=17)
 - 69% utilize co-facilitation (75% 2013)
 - 60% of programs report modules are co-led

Individual Treatment

Individual treatment is part of the program design in 44% of programs (7 out of 16) while in another 44% of programs it used occasionally. In two programs it is not part of the program design. Rates to similar question in prior years is as follows:

	2007 % <i>n</i> = 14	2013 % <i>n</i> = 14
Provides Individual Treatment	92.8	92.8%
Everyone	46.2	15.4%
Occasional/Case by Case	46.2	84.6%

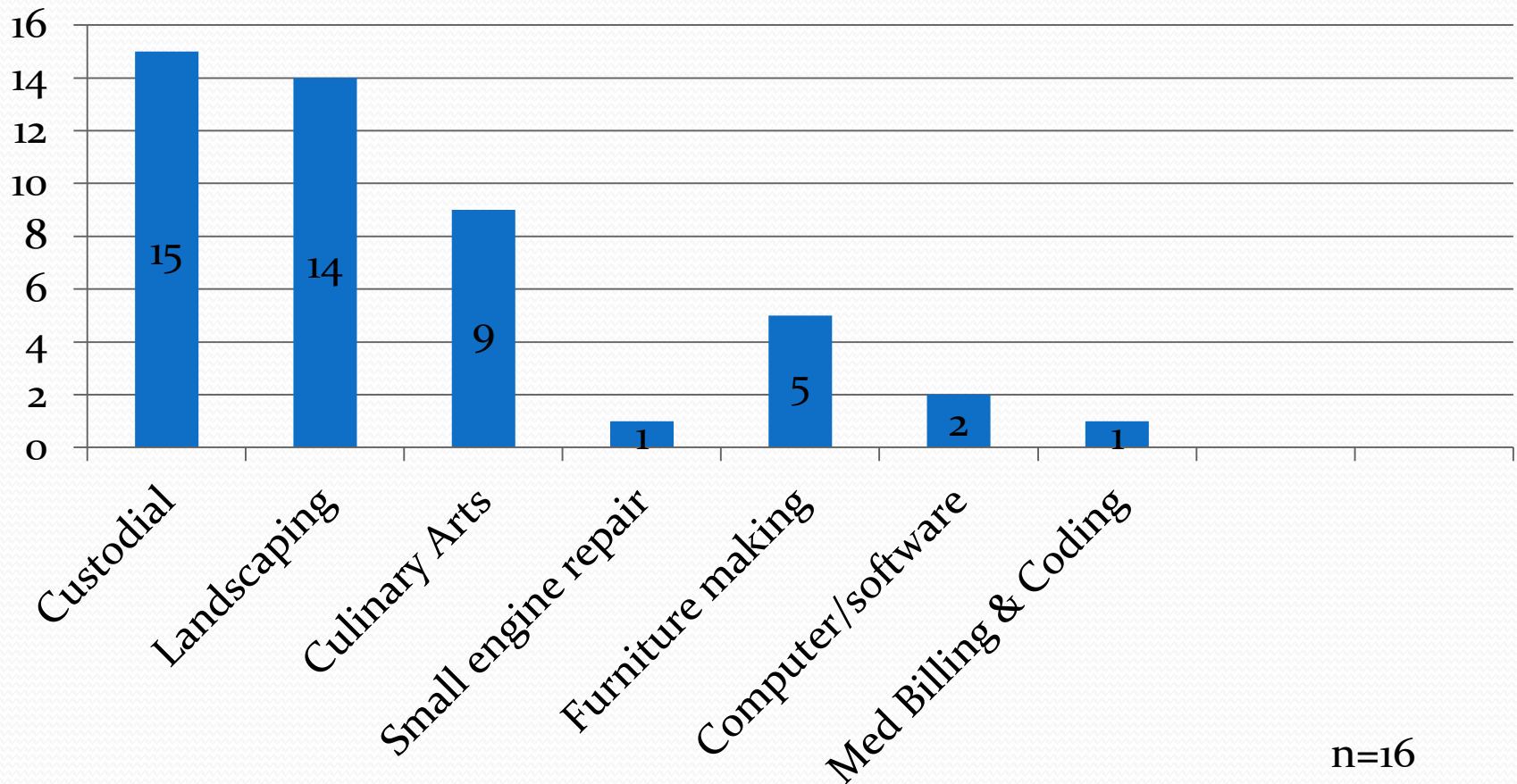
Specialized Treatment Tracks



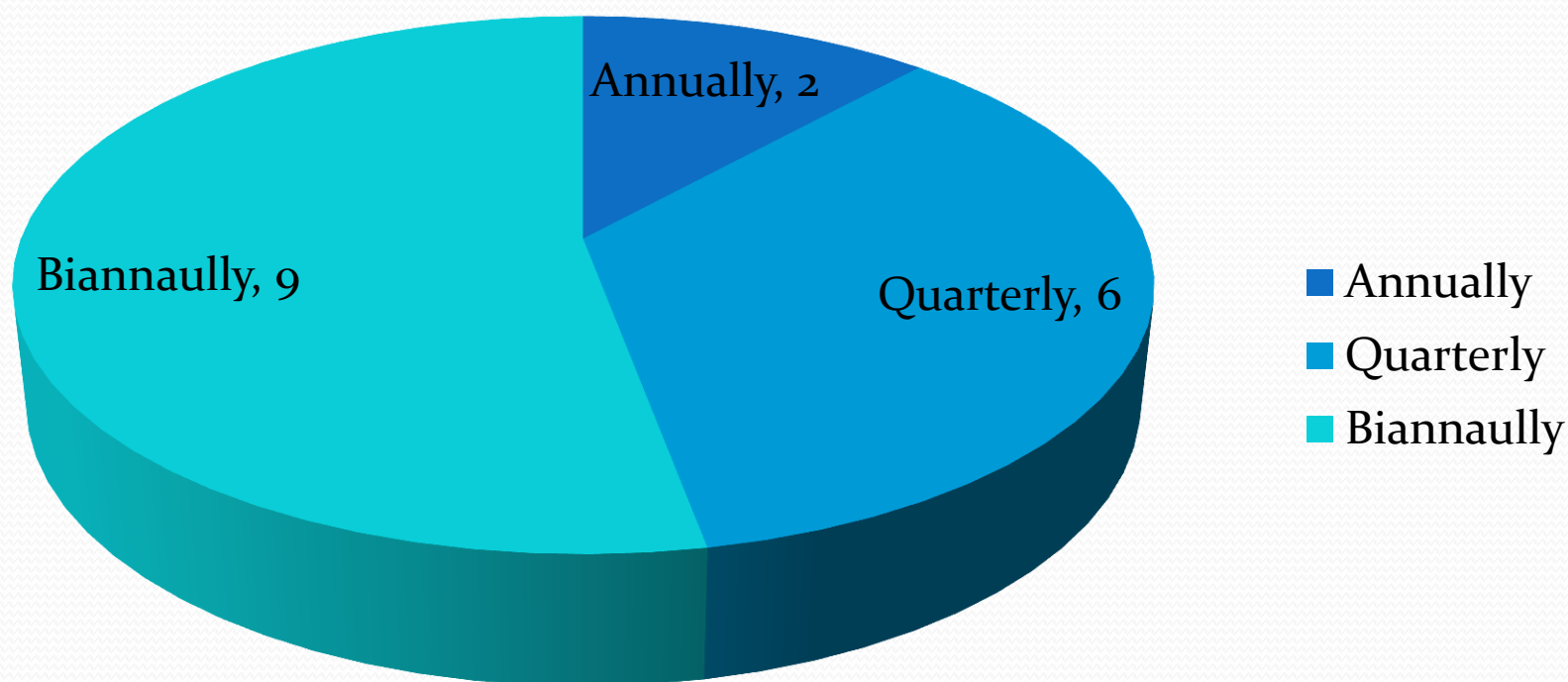
Number of pgms have doubled since last year for Behavioral Issues & Seriously Mentally Ill

n=16

Types of Vocational Programming Offered to Residents



Frequency of Updating Treatment Plan

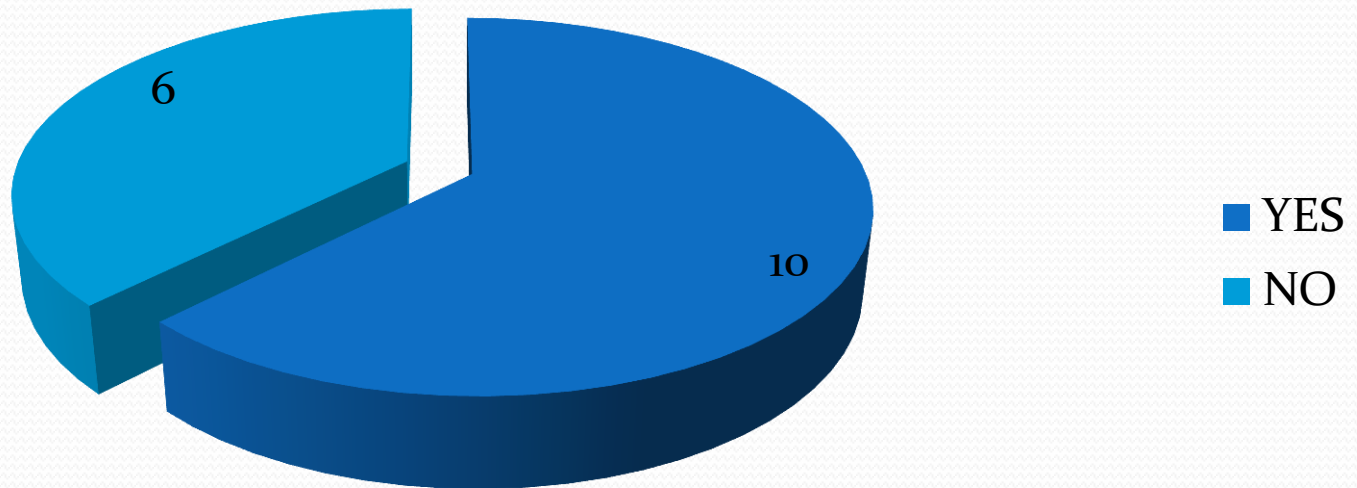


n=16

* 2 Programs responded both Annually and Quarterly

Testing, Assessment, & Progress Reviews

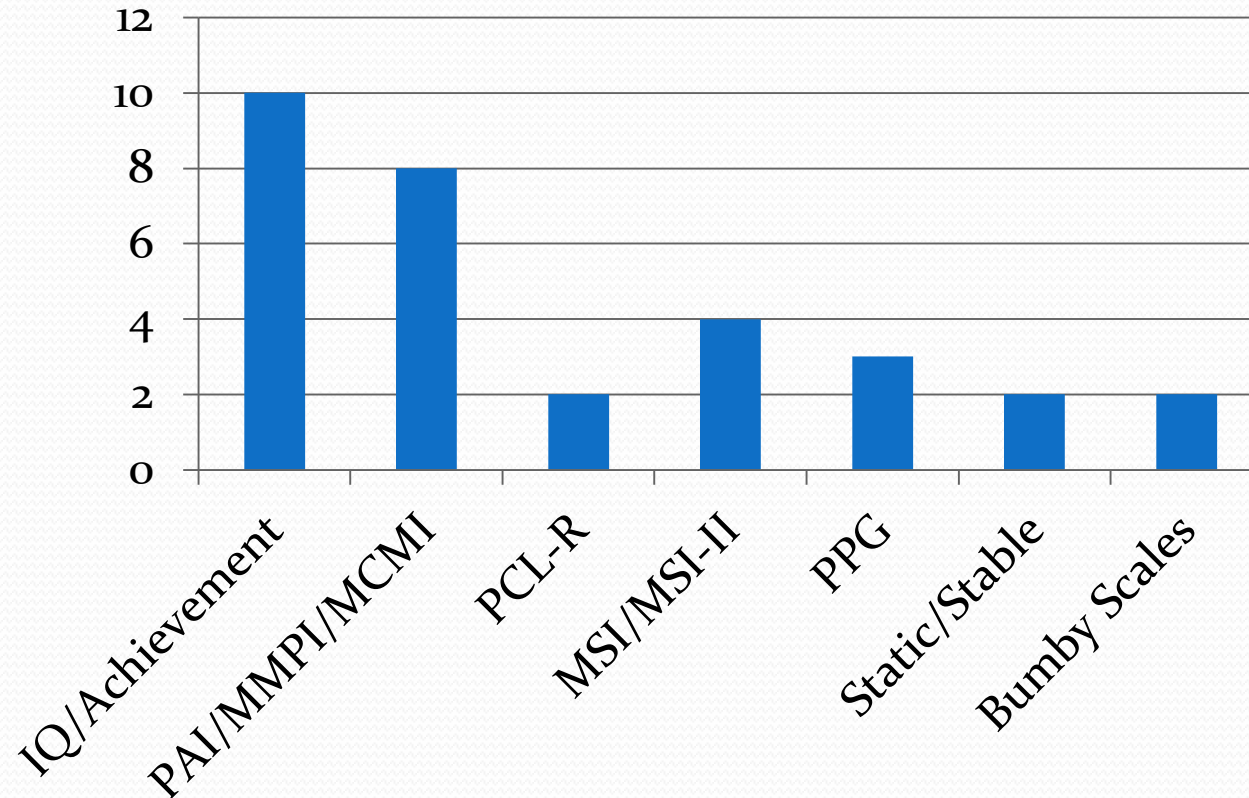
Is there a Pretreatment Battery/Baseline Testing?



n=16

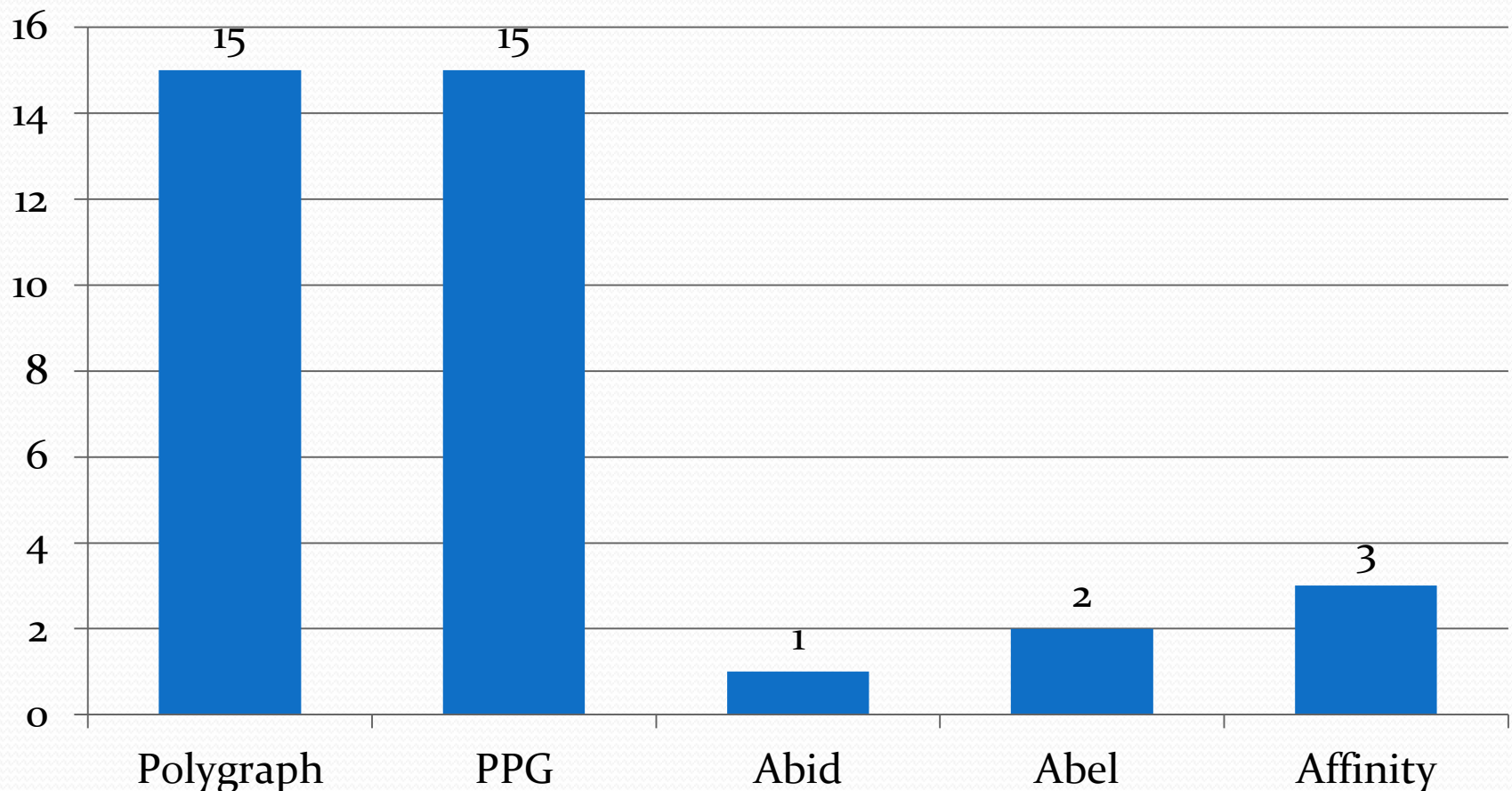
6/10 reported repeating at least some of the testing including PPG, MSI-2, MMPI and Stable

Commonly Used Pre-Treatment Assessments



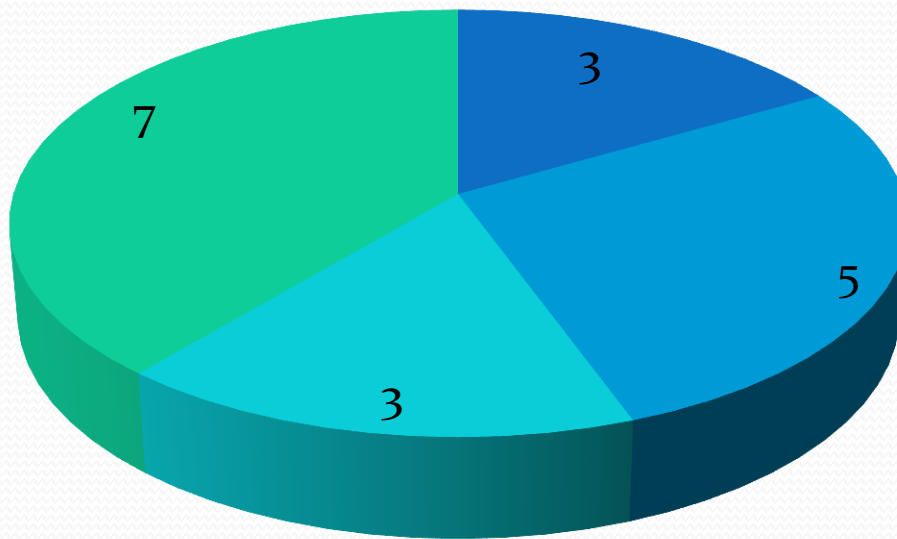
Less frequently used tests/case by case: Rorschach, Category Test, ADHD screen, Abel Becker Card Sort, Paulhus Deception Scales, Garos Sexual Behavior Inventory, Holden Psychological Screen, MAST/DAST

Instrumentation Utilized in Treatment Programs



$n=16$
38

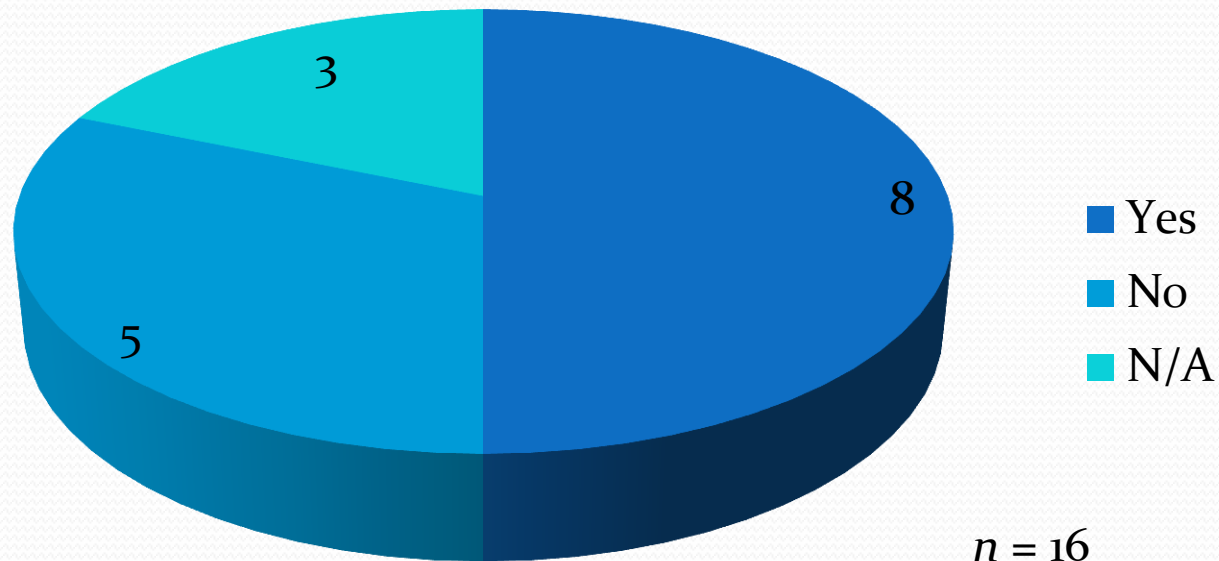
Level of Polygraph Disclosure Required to Complete Program



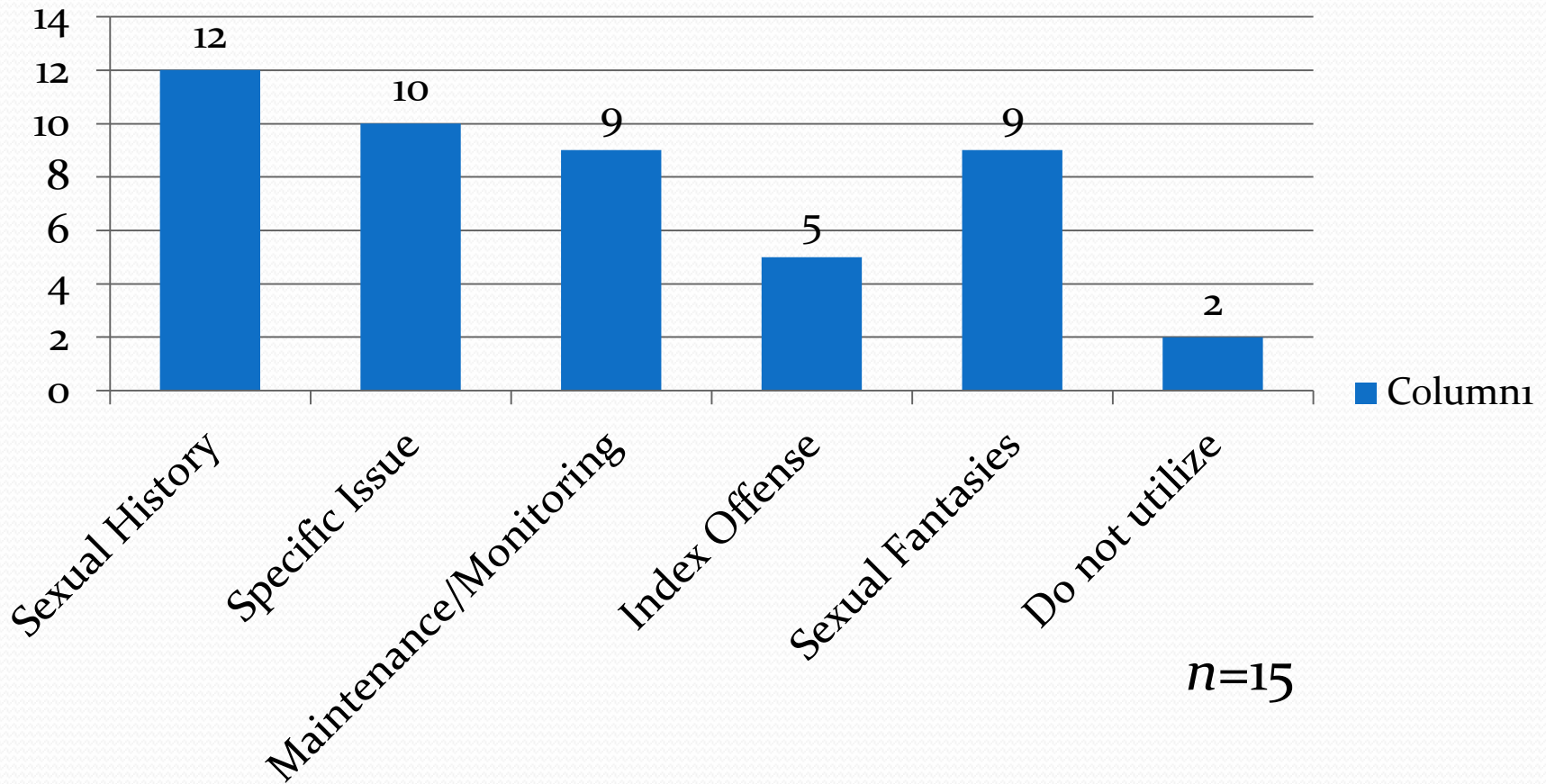
- Must disclose a sexual offense history that is very consistent with official records
- Must disclose a sexual offense history that is reasonably consistent with official records
- Must disclose at least some sexual offense history even if inconsistent with records
- Must disclose all sex offenses included uncharged

Note: Several programs indicated that program “completion” does not occur; responses exceed total n (programs indicated more than one answer)

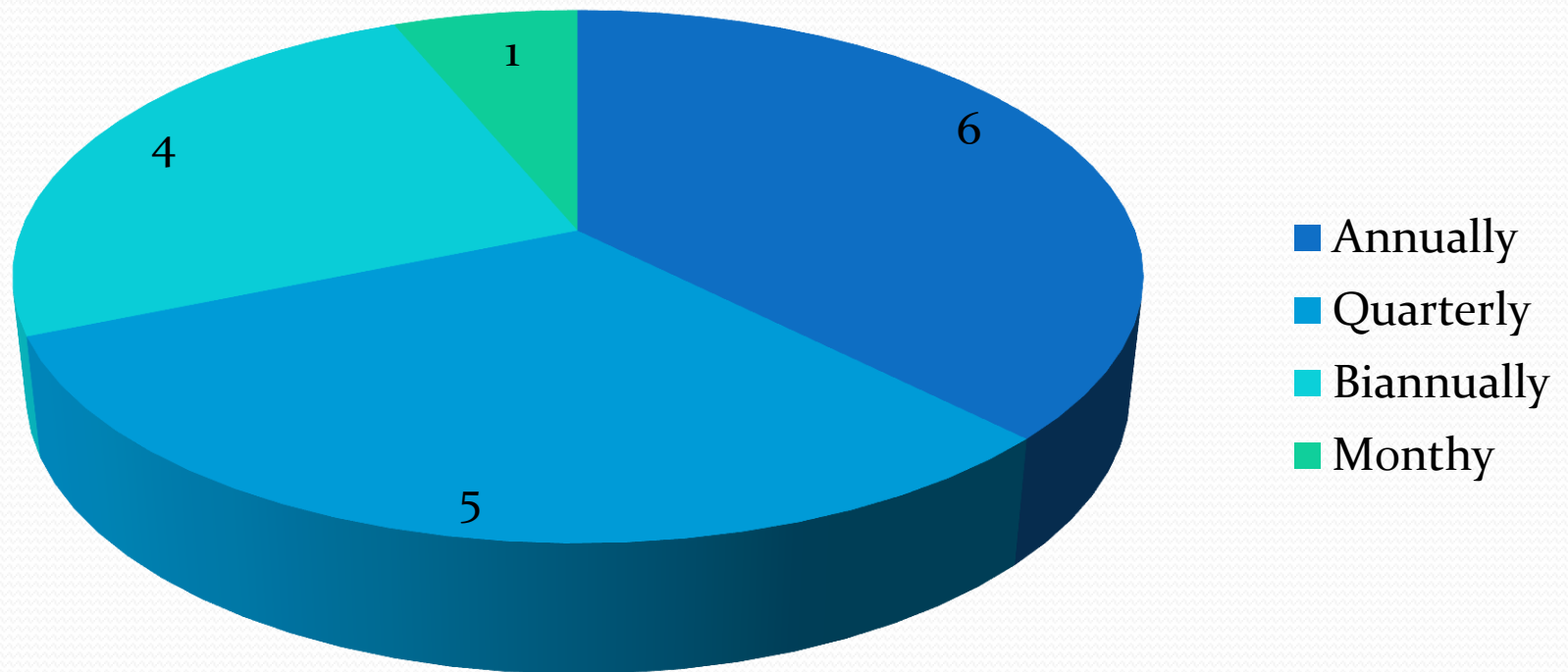
Are Clients Required to Pass a Full Disclosure Polygraph?



Type of Polygraph Utilized



Progress Reviews

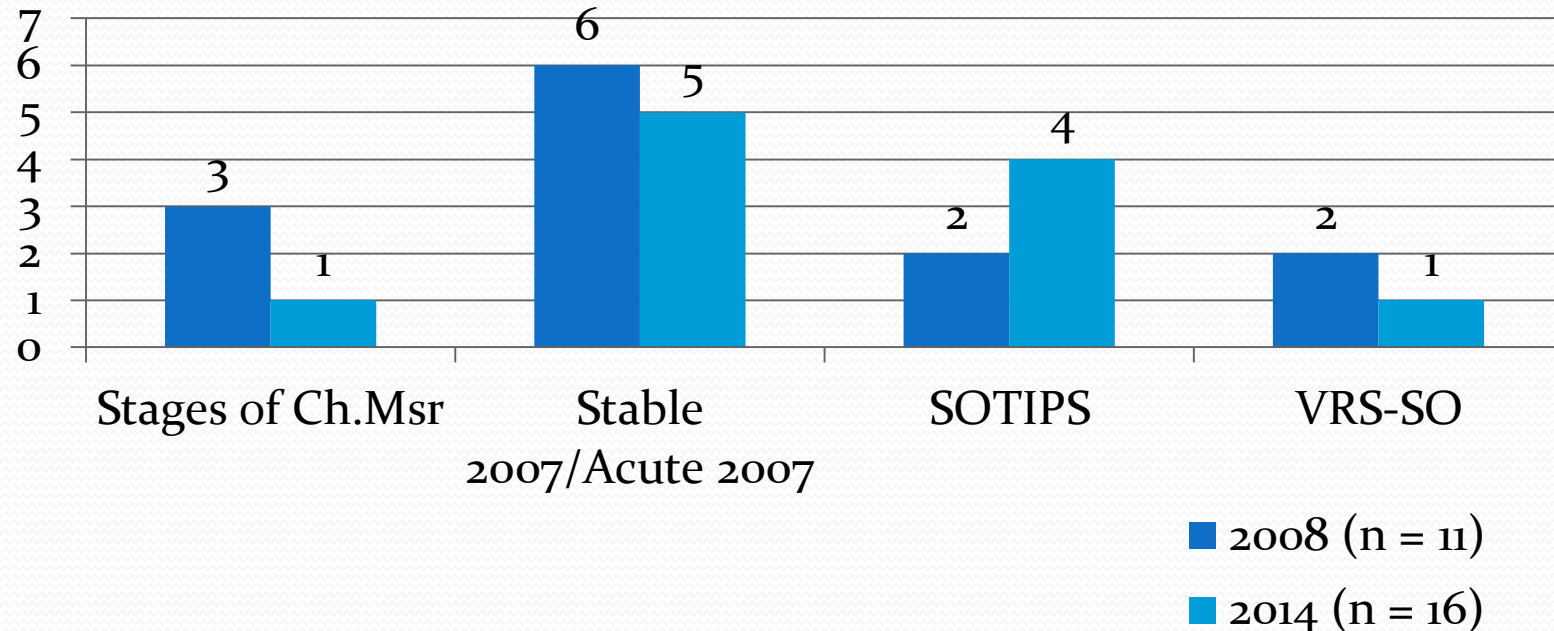


$n=17$

Treatment Progress Reviews

- Programs that conduct treatment progress reviews separately from the forensic evaluation process:
 - Yes = 15
 - No = 1
- Who conducts them?
 - Treatment team/clinician = 13
 - Psychologists not associated with treatment = 2

Measures of Treatment Progress



8 Programs reported using no treatment progress measure;
2 Programs use facility-developed measures
1 Program LUPTEM

How do Clients Progress in Treatment?

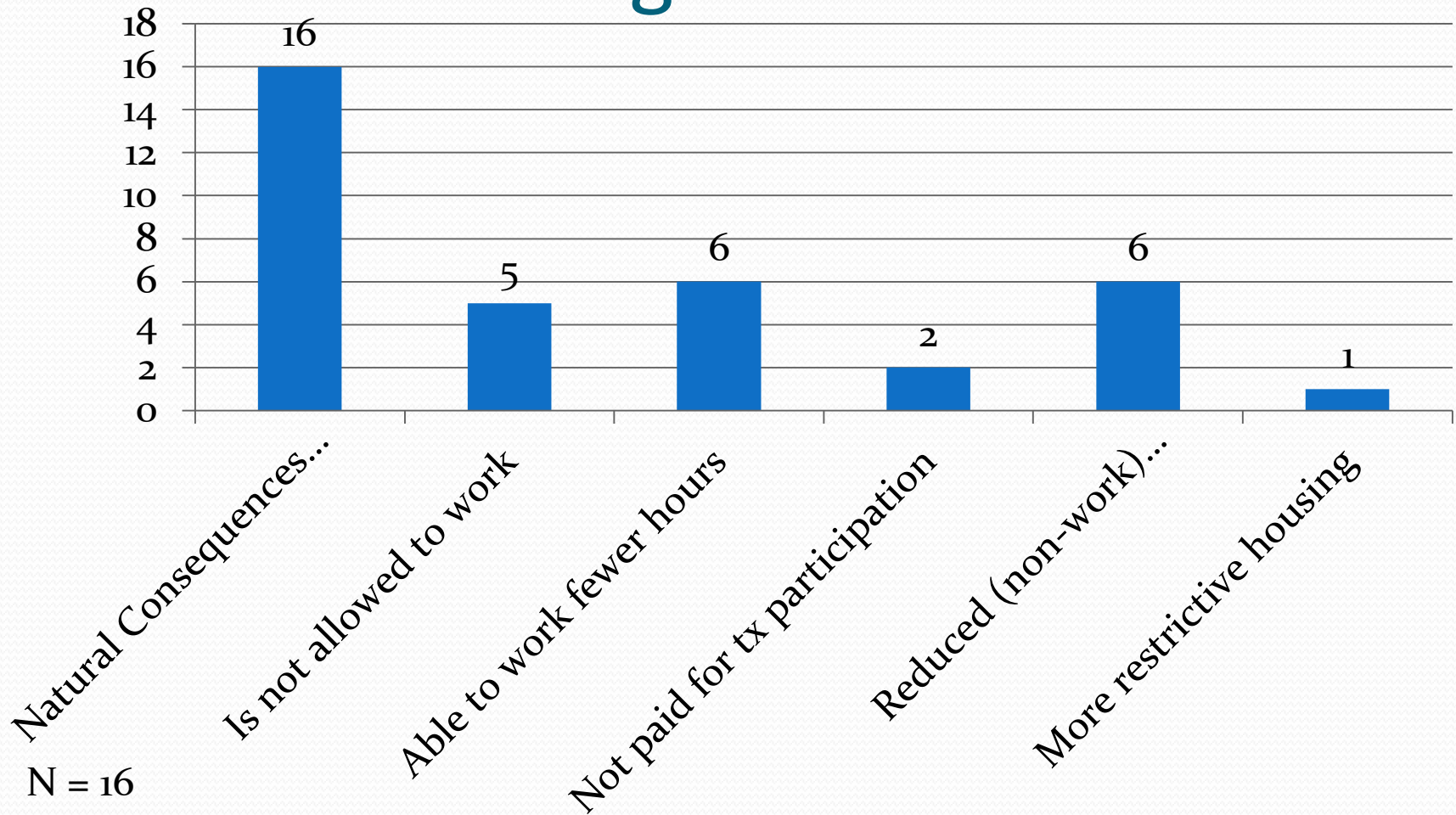
Method	2013 % (n = 15)	2014 % (n = 16)
Assignments/Learning Objective	100 (15)	93.7 (15)
Observable Behavior Change	100 (15)	100 (16)
Reduction in Known Stable/Acute Risk Factors	60 (9)	81.3 (13)
Polygraphs	66.7 (10)	62.5 (10)
Consent to Sex'l Arousal/Interest Assessment	46.7 (7)	56.3 (9)
Consent to Sex'l Arousal Behavioral Modification	20 (3)	50 (8)
Consent to Sex'l Arousal Psychiatric Modification	20 (3)	37.5 (6)

How is the progress assessed?

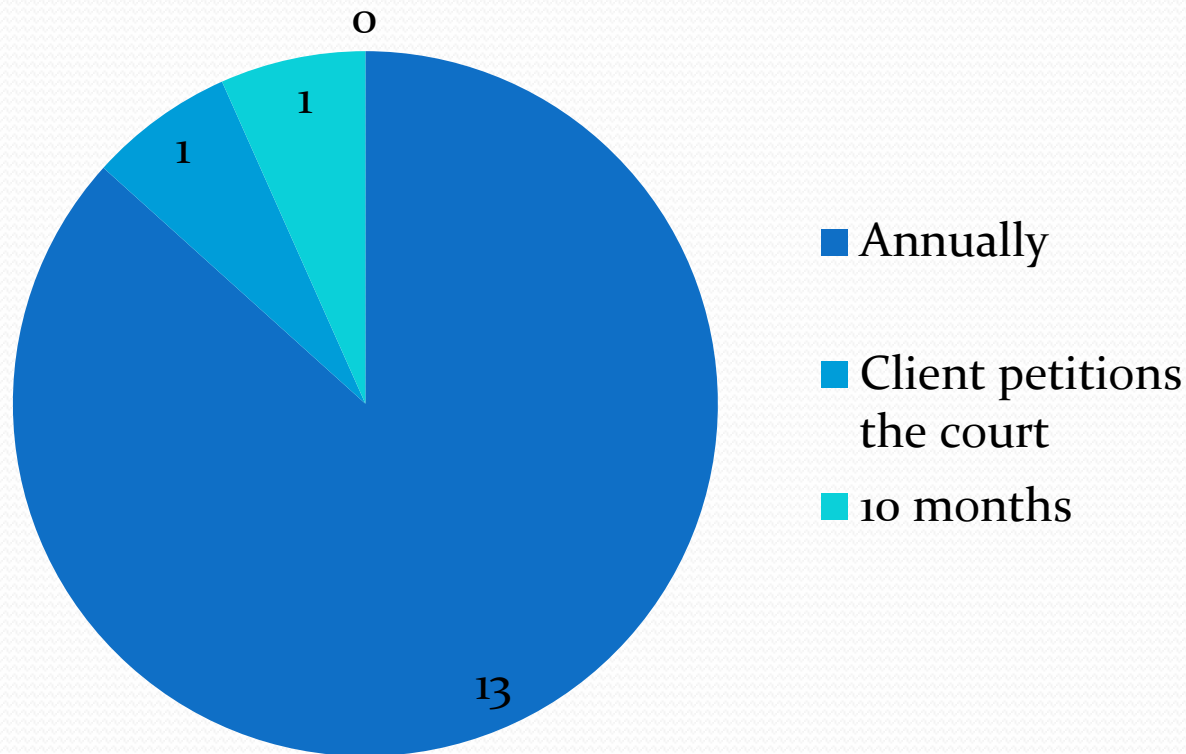
Method	<i>n</i>
Clinical Judgment	16
“Checklist” of completed tasks	12
Structured assessment of risk reduction/treatment gain	7
Time at a certain level	1

$n = 16$

Are there Consequences for Failing or Refusing Treatment?

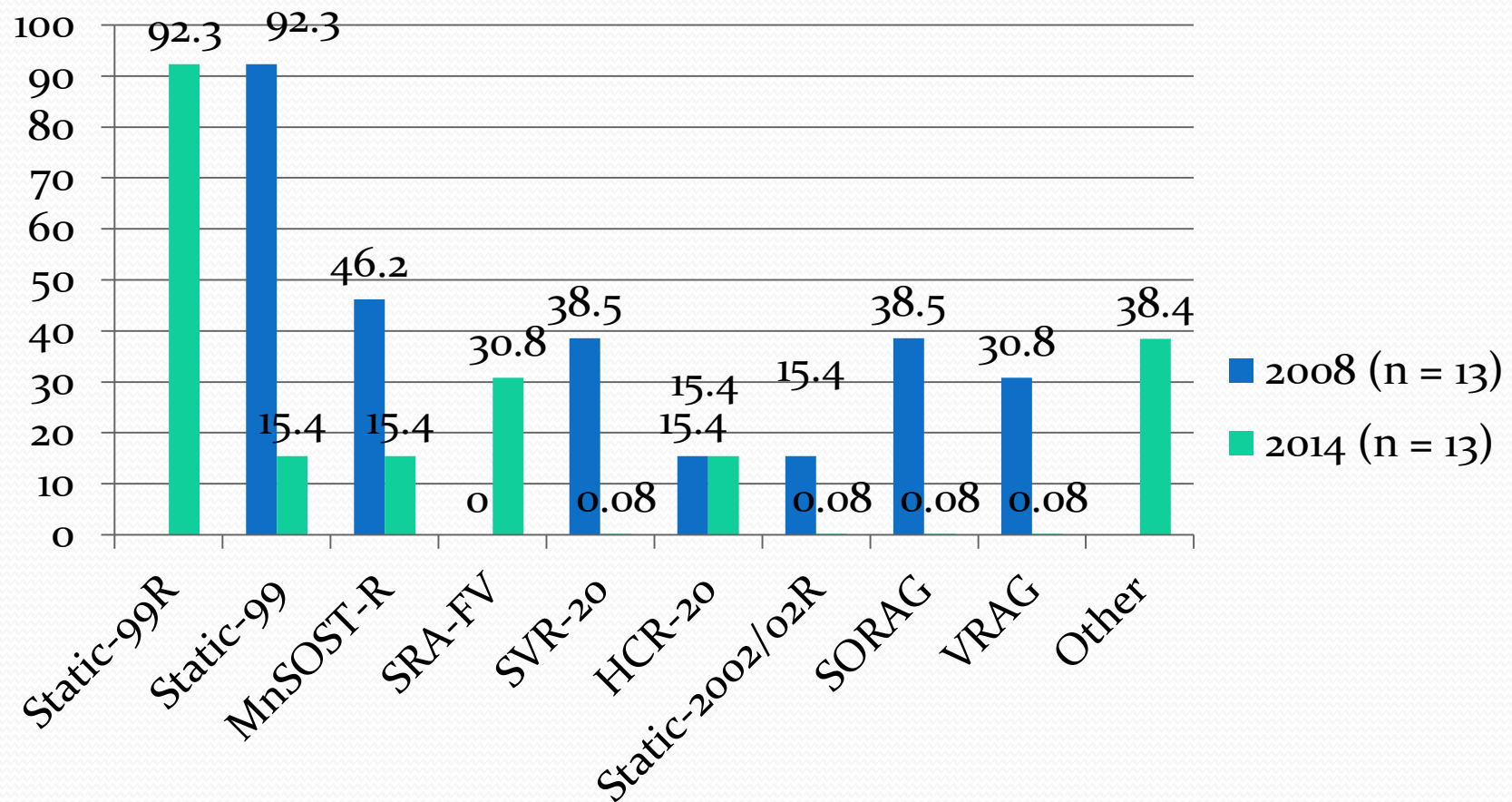


Forensic Reviews



Majority of programs (14/16) reported that psychologists and psychiatrists conducting forensic reviews have no treatment responsibilities

Risk Assessment Instruments Used in Forensic Reviews



Staffing, procedures,
computers/communication,
misc...

Educational Level of Staff

- Most programs ($n = 15$) employ both doctoral and masters level treatment providers
- 1 program employs only doctorate level providers
- 7 programs use only masters and doctoral level
- 8 programs utilize treatment provider with a bachelor's degree
- 2 programs include treatment providers that do not have a bachelor level degree

n=16

Educational Level

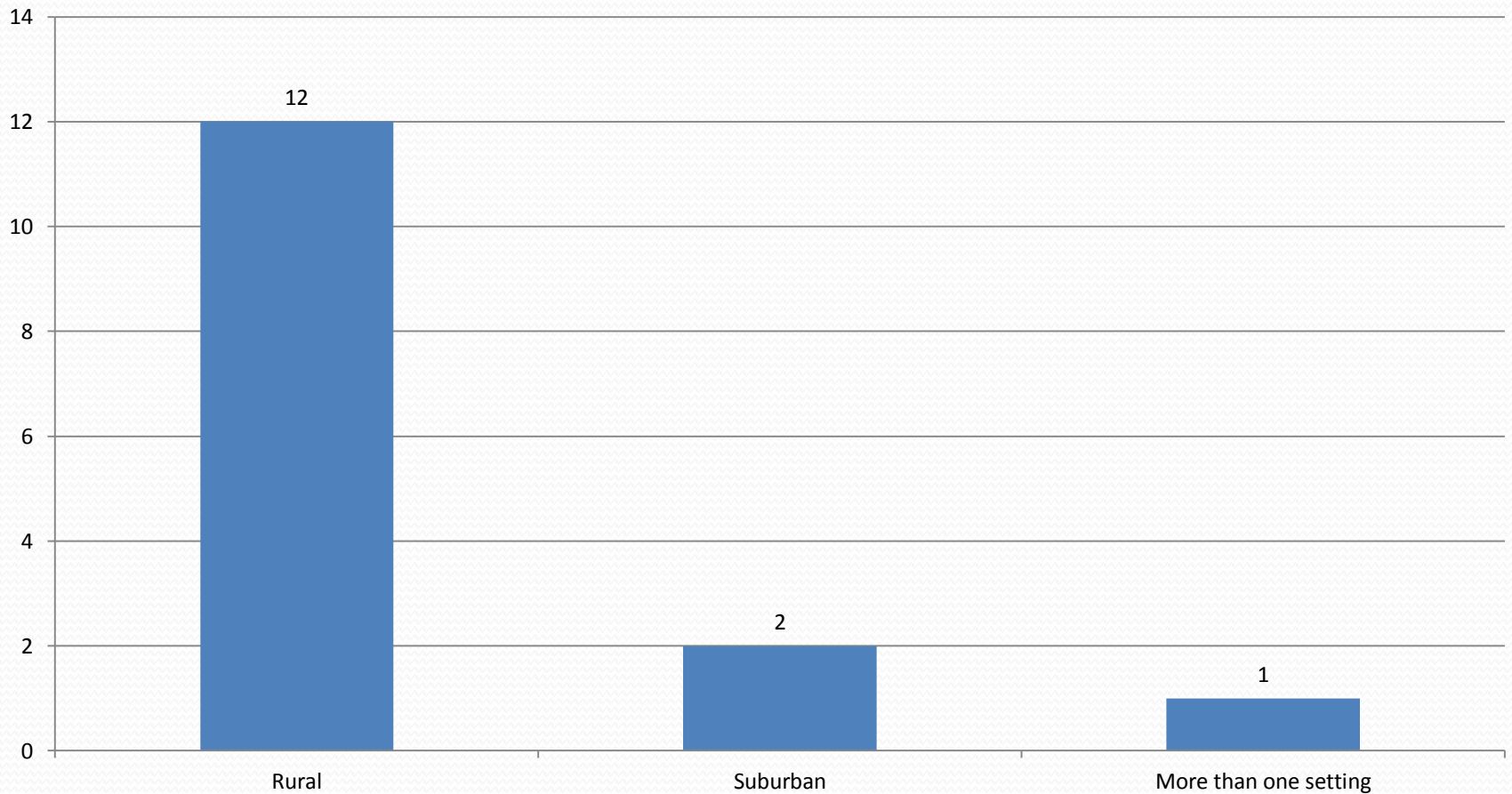
	Doctorate degree	Master's degree	Bachelor's degree	No Bachelor's Degree
Missouri	10 (31%)	22 (69%)		
New Jersey	18 (27%)	48 (72%)	1 (1%)	
Washington	6 (43%)	8 (57%)		
Massachusetts	3 (11%)	22 (82%)	2 (7%)	
Illinois	14 (45%)	16 (55%)		
Minnesota Sex Offender Program	5 (7%)	66 (93%)		
North Dakota	1 (16%)	3 (50%)	2 (34%)	
Wisconsin	3 (5%)	17 (62%)	2 (30%)	2 (3%)

n=8

Clinical Vacancies

- 10 programs have less than 10% vacancies
 - Of those 10- 5 have no vacancies
- 1 program has between 11-20% vacancies
- 4 programs have above 20% vacancies

Geographic Regions



n=15

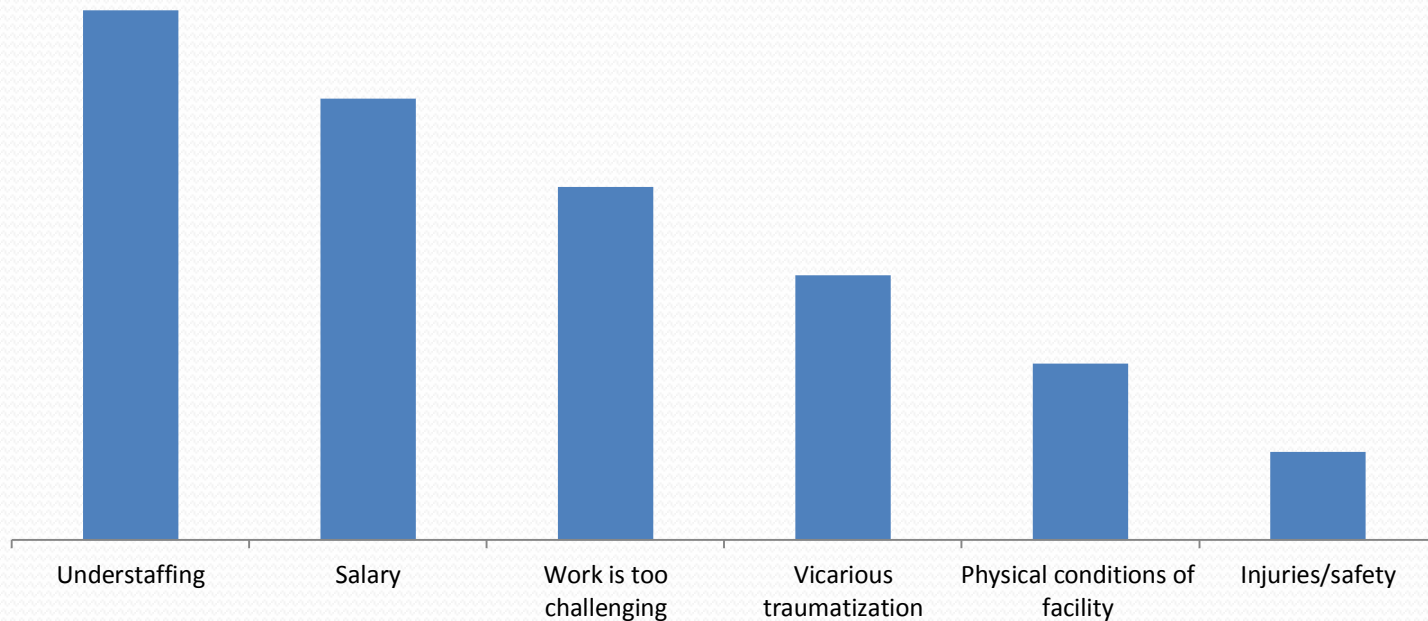
Training and Supervision

- All 16 responding programs provide clinical supervision
- 14 programs provide clinical supervision to all clinical staff
- 3 programs provide clinical supervision only to unlicensed staff
- 1 program provides supervision to staff on probationary status

Group Therapy Debriefing

- 5 programs require clinical debriefing for co-led; one additional state requires it for non-licensed clinicians only
- 10 programs do not require group debriefing
 - Of those 10- 4 stated that debriefing is strongly recommended and/or regularly discussed but not required
- 1 program stated that debriefing is requested but not monitored regularly

What Factors Contribute to Staff Turnover?



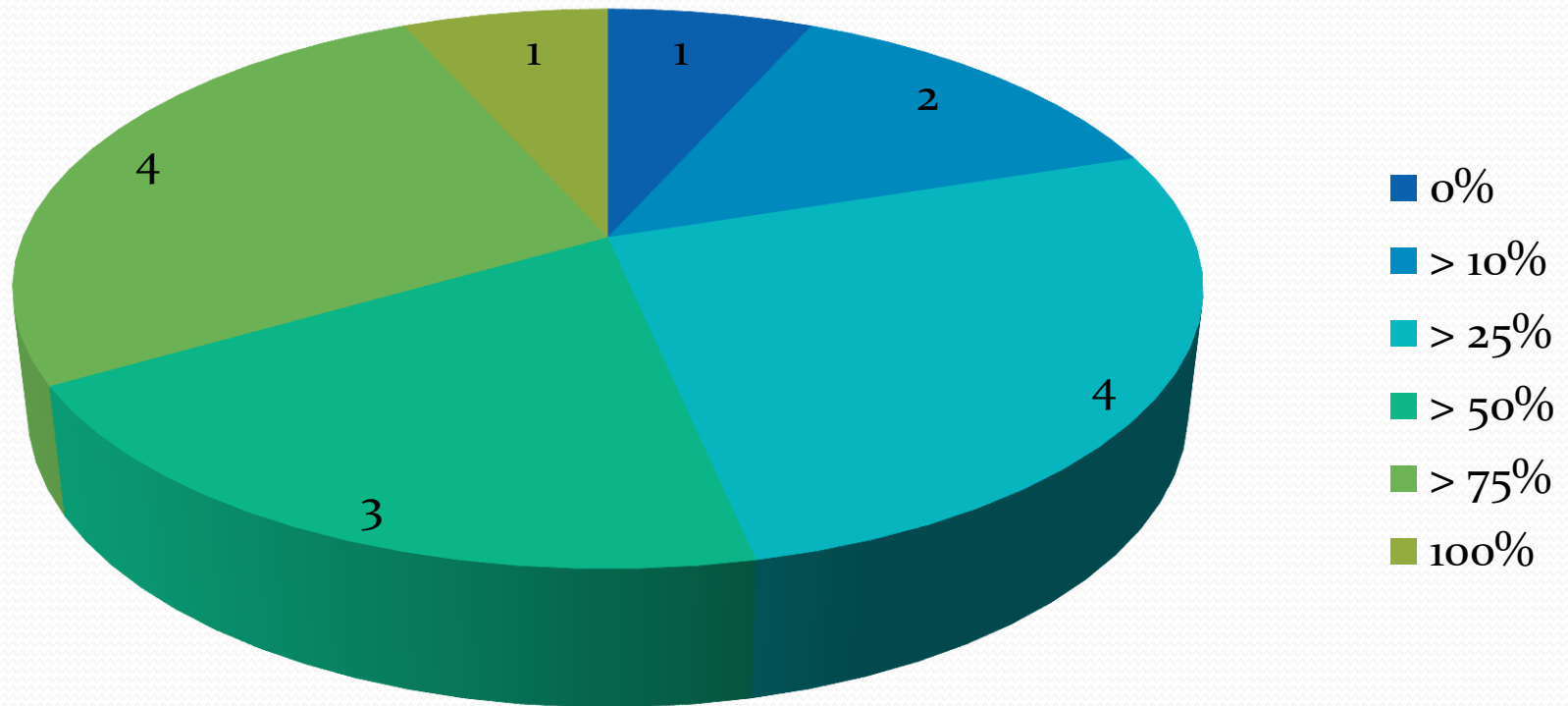
	#1	#2	#3	#4	#5	#6
Understaffing	6	4		1	2	
Salary	4	5			2	2
Physical conditions of facility		1	3	2	4	3
Vicarious traumatization	1	2	2	6	2	
Work is too challenging	1	1	6	3	2	
Injuries/safety	1		2	1	1	8

n=13

Manualized Treatment

- All 16 programs are described in a written document
- Of the 16 programs, 11 utilize treatment manuals (5 do not)
- When treatment is not manualized, 2 programs stated that there are written guidelines or a structured psycho-educational programming

Percentage of Treatment that is from a Manual



n=15

More on Manualized Treatment

- 3 programs report using facility created manuals, 2 report using manuals purchased from an outside agency and 4 report using a combination of both
- 2 programs reported using guidelines or a handbook instead of a manual.

What Manuals are Used?

Seven programs specified manualized treatments they use:

- Anger Management & Treatment Homework
- DBT Adult Manual
- Safe Offender Strategies
- Who am I and Why am I in Treatment
- Why did I do It Again
- How do I stop?
- Awakening Motivation
- Treatment Readiness and You
- Changing Me
- Anger Workbook
- Pathways Road to Freedom
- Adult Relapse Prevention Workbook
- Program Design
- Values Clarification Schema Therapy
- Thinking for Change- Cognitive Restructuring
- T4C TRY BBL – Phase II-IV Manuals

Accreditation, Independent Review & Research

- 9 of 16 programs are not accredited
- 2 are accredited by Commission on the Accreditation of Rehabilitation Facilities (CARF)
- 3 are accredited by Joint Commission on Accreditation of Healthcare Organizations (JACHO)
- 1 is accredited by American Correctional Association (ACA)
- 11 programs have conducted independent program reviews (5 have not)
- 9 of the 16 programs responding have a research or program evaluation program

Treatment Levels & Privileges

- 15 of 16 responding programs report use of a treatment level system (phases, stages)
- 15 of 16 responding programs have a privilege level system

n=16

What Kind of Sanctions are Imposed for Rule Violators?

- 8 of 16 responding programs utilize a disciplinary board or hearing officer for rules violations
- The most common sanction for rule violations:
 - Loss or reduction of privileges (i.e. housing, job, activities, possessions, commissary, phone, visiting, computer)
 - Treatment response and restrictions (i.e. behavioral worksheets, change in level/stage, process group, phase demotion)
 - Ward confinement if dangerous behavior shown
 - Hospital patient access system placed on hold
 - Modified activities program

Cell Phones, MP3 Players & Gaming Systems

- None of the 16 programs responding allow cell phones
- All programs responding reported that when a resident is found in possession of a cell phone the phone is examined and then discarded
- 8 of 16 programs allow clients to have MP3 players
 - 1 of which have it available for treatment purposes; without internet capability
- 9 of 16 programs allow gaming systems; provided they do not have internet capability

Computers

- 14 out of 16 allow client access to computers; only 2 allow computers equipped with internet access, that is monitored by staff observation, computer software limiting access and tracking sites
- 2 out of the programs responding allow clients to have personal computers; the other 14 do not
- 1 program allows internet access with one iPad; for job and housing searching only and it is closely supervised by staff
- 13 of 16 allow computers for word processing
- 10 of 16 allow access to computers equipped with law library
- 5 of 16 allow flash drives

Medical Issues

- 15 responding programs have an on-site medical clinic; 1 program reports physicians are on staff and can care for minor medical procedures
- 11 responding program have an on-site infirmary
- Primary medical care is provided by a range of providers, most commonly physicians, nurse practitioners, and physician's assistants.

Provider	Range
Physicians	0.25 - 1.5 FTE
ARNP	0 - 3 FTE
PAs	0 - 2 FTE
Psychiatrist	0.25 - 6 FTE
Psychiatric Nurse Practitioner	0.25 - 2 FTE
Other (CNAs, RNs, APRNs etc.)	0 - 3 FTE

n=15

What Measures does your Program take to Contain Rising Costs?

- A variety of innovative strategies are employed among programs to contain rising costs
- The most commonly reported: legislators passing bill that increase county financial responsibility, specialized evidence-based treatment, use of lower cost providers, develop treatment to divert high risk cases, offer advanced training to staff, use of generic medication and conservative management, risk sufficiently mitigated, decrease service delivery, follow audit of supervised release, rebid contract for monitoring and housing services, request funds from state governing board
- Leave vacancies open, outsource services, reduce positions, increase efficiencies i.e. staffing patterns, documentation, train budget managers, double occupancy, internal auditing of services, minimize assessments not related to recidivism

What Measures does your Program take to Contain Rising Costs? (cont.)

- Commonly reported strategies to contain ***medical costs*** are: use of VA benefits for veteran clients, enroll in medical coverage (i.e. Medicaid), shift costs from outside consultants to internal providers, use of tele-medicine, retain numerous onsite services

Sex, Porn & Marriage!

- All 16 responding programs restrict pornography
- 4 of the programs allow the use of sexually explicit materials for treatment purposes
- 2 of the programs provide condoms to clients
- 5 programs allow same sex marriage between residents of which 2 programs allow married residents to co-habitate

Conditional Release

2014 Survey

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Overview

- Programs Responding
- Census
- Cost
- Treatment
- Testing
- GPS / Supervision
- Media / Electronics
- Medication
- Income / Insurance
- Employment
- Discharges

Programs Responding

- New Jersey
- Illinois
- New York
- Wisconsin
- California
- Missouri
- Washington
- Arizona
- Minnesota
- Virginia
- Massachusetts

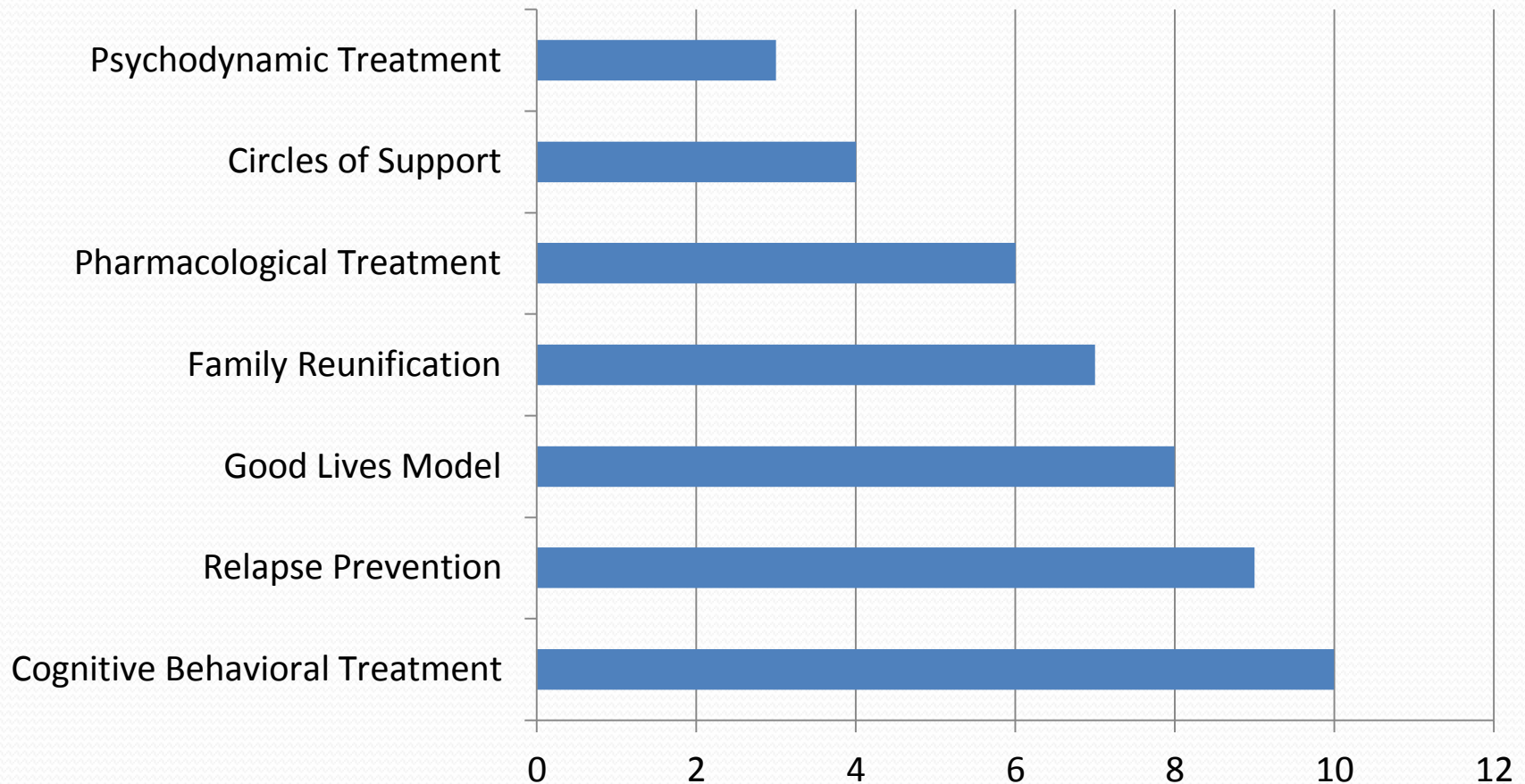
Census

- 432 clients currently managed in the community (across 11 programs)
 - Survey data from 2012: 199 residents managed in the community (across 10 programs)
- 753 historical conditional releases (across 10 programs)

Cost

- Cost estimates were difficult to report
 - Only 6 programs reported costs
 - Varied widely
- Largest contributors to cost
 - Housing (4)
 - Medical (4)
 - Medical Care (4)
 - Treatment Costs (3)
 - GPS (2)
 - Security/Supervision/Monitoring (2)

Treatment Approaches/Modalities



Treatment Progress

- 7 of 11 programs do not utilize a formal tool to measure progress in the community
- 6 of 11 CR programs do not require treatment providers to utilize a treatment progress measure as part of an annual evaluation

Testing

- PPG
 - 6 programs reported using PPG while on CR
- Polygraph
 - 8 programs employ polygraph examinations
- Illicit Drug
 - 9 programs reported testing for illicit drug use
- Others
 - Included: Abel (2); Stable, Acute, MCMI, Neuropsych, Static-99 (all 1)

GPS

- Active – 8 programs
 - Communicates location information in real time; can send out-of-bounds alerts immediately
- Passive – 2 programs
 - Maintains a log of location throughout the day; is transferred electronically to supervising agency

Supervision

- 5 programs employ dual supervision with probation/parole
- 6 programs have supervision provided by Department of Corrections/Probation/Parole Courts
- 7 programs have step-down levels of supervision
 - Examples of criteria required:
 - Maintain employment, be self sufficient, violation free for a minimum of 12 months in order to be reviewed for a reduction in supervision.
 - Based on an offender's compliance to supervision conditions.
 - Progress in treatment, court imposed restrictions, and local community response.
 - Case specific

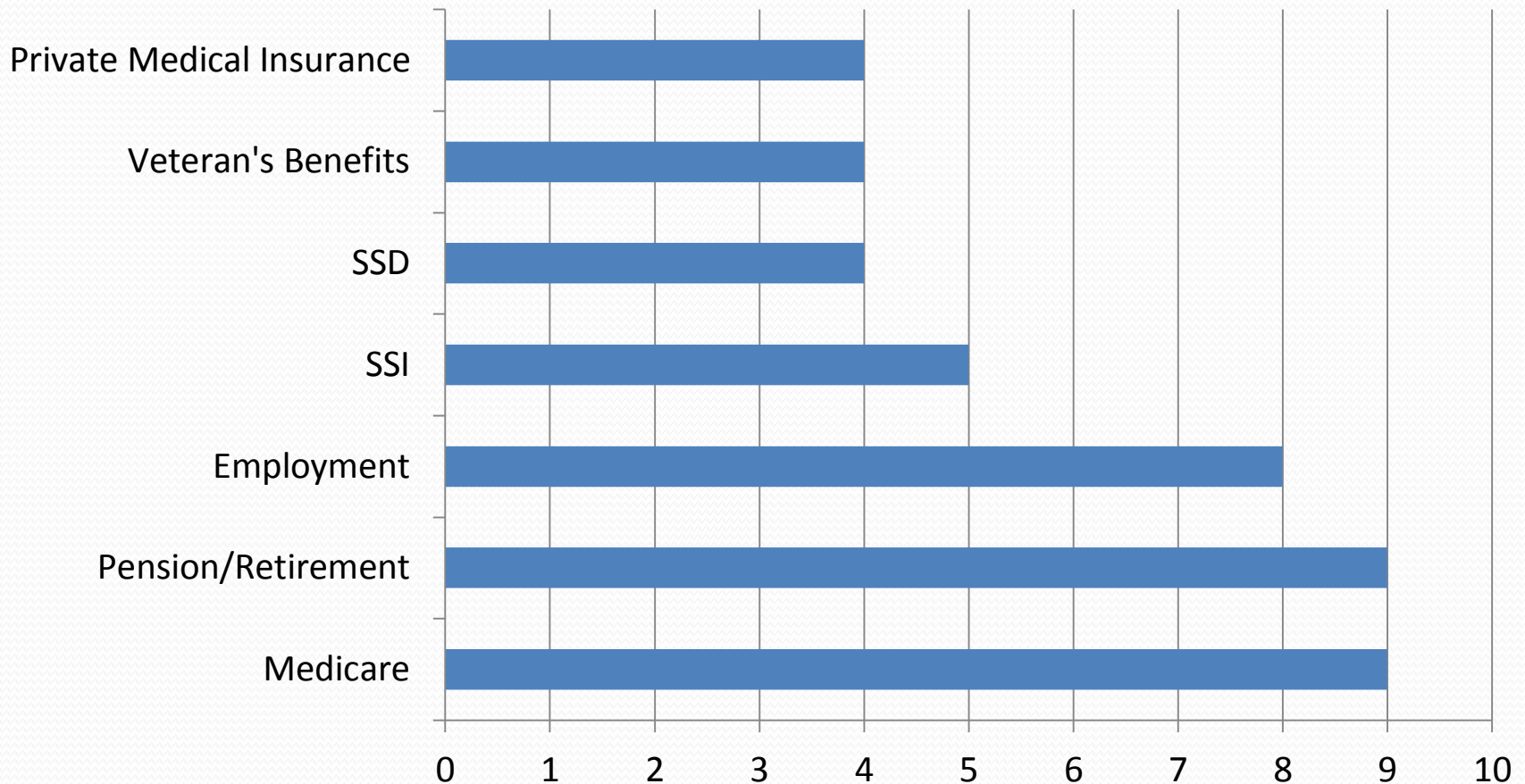
Monitoring of Media/Electronics

- 7 programs indicated monitoring use of:
 - Video Games
 - Books
 - Television Shows
 - Internet
 - Cell Phones
 - Computers/Laptops
 - Portable reading devices (e.g. Kindle)
 - Adult sexually stimulating material (e.g. Playboy, Penthouse)

Medication

- 6/11 reported utilizing medication explicitly for sexual arousal management
- 21 patients reported to be taking such medication (across 4 programs)
- 2 programs reported difficulty finding a prescriber

Income and Insurance



Types of Employment

Warehouse
Truck driver
Auto Repair/Parts/Detailing
Culinary/Cooking/Bakery
Retail
Gas Station Attendant
Loading trucks
HVAC
Factory/Warehouse Labor
Restaurant/Food service

Lawn Care
Millwork
Welding
Self-Employed
Local Landfill Worker
Upholstery shop
Property maintenance
Messenger [delivery]
Custodial/Cleaning

Discharges

- 151 reported discharges from CR (across 6 programs)
 - 14 Discharges reported as “without program recommendation”
 - Average length of stay on CR = 2.84 years (range 2.25 – 3.37 years)
- 1 program reported no discharges from CR
- 33 Deaths while in CR

Re-offense After Discharge

- 7 clients have known sexual offenses committed following discharge from conditional release (only 2 programs reported this data)
- 10 clients have known non-sexual offenses have been committed following discharge from conditional release (only 1 program reported this data)

Questions, Comments, Suggestions for Next Year's Survey?

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