SOCCPN Annual Survey of Sex Offender Civil Commitment Programs 2018

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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 & Reoffenses

Revisions to 2018 Survey

- Expanded questions regarding policies for Gender Dysphoric/Transgendered residents
- Revisions to polygraph questions to determine if exams offered vs. required for advancement
- Questions about provision of onsite health services by permanent vs. contract positions
- Clarified duplicate placements of the same individual in the conditional release survey
- Benefits and challenges of shared living arrangements
- Wording on outcome questions expanded from a return to the secure facility to include jail and prison as well

Respondents

- New Hampshire
- Massachusetts
- Washington
- New York
- Texas
- Pennsylvania
- New Jersey
- South Carolina
- Missouri
- California

- Nebraska
- Florida
- Arizona
- Wisconsin
- Minnesota
- Iowa
- Kansas
- Illinois
- Virginia

Program Structure

State	Inpatient	CR	Other LRA	Other
NH	x			
MA	x			
WA	x	x	x	
NY	x		x	SIST
TX	x		x	
PA	x	x		
NJ	x	x		
SC	x			
MO	x	x		
CA	x	x		
NE	x			
FL	x			
AZ	x	x	x	
WI	x	x		
MN	x	x	x	
IA	x	x		
KS	x	x		
IL	x	x		
VA	x	x		

Current Census: Inpatient

N=19
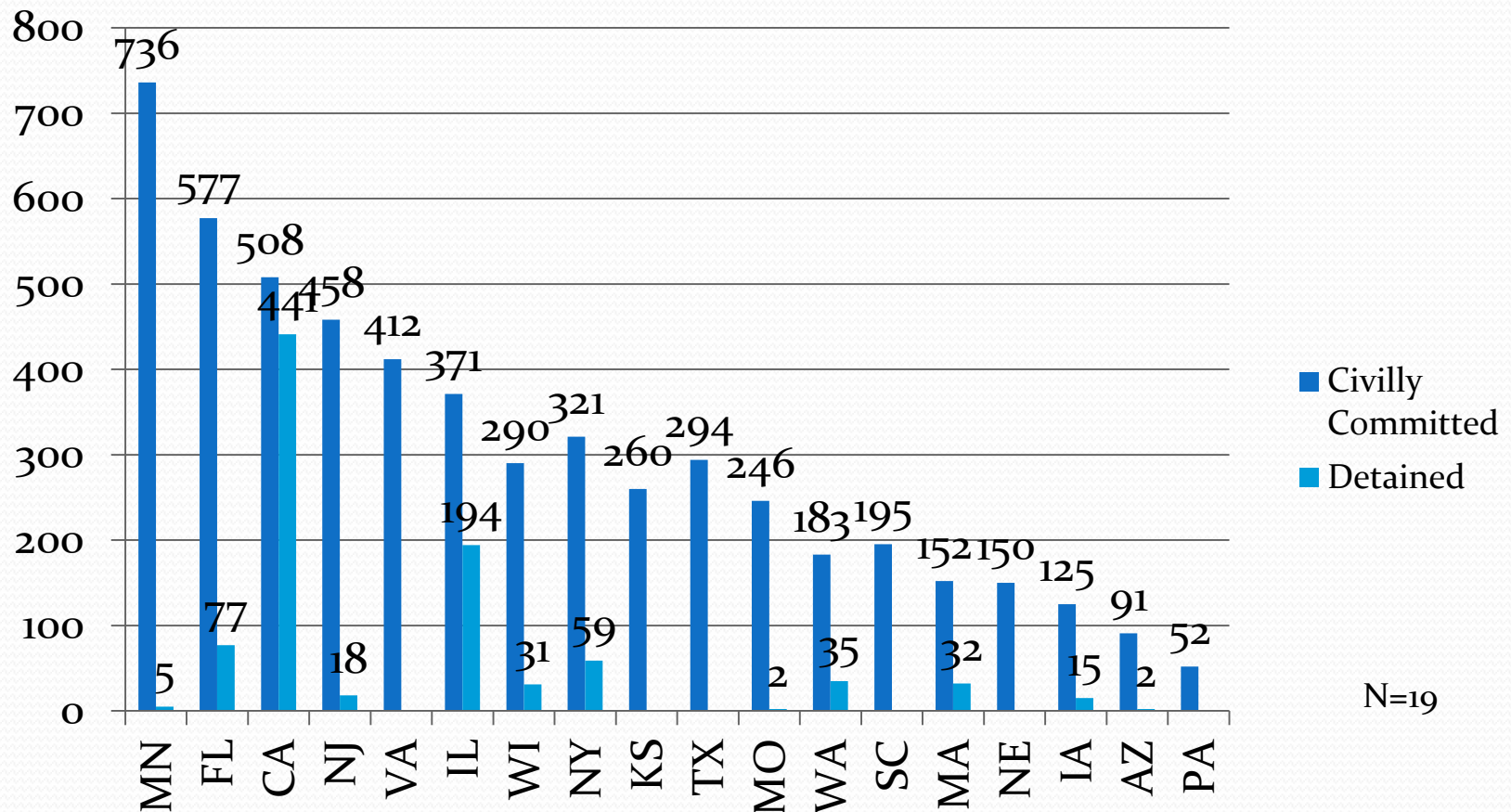
Per Capita Rates for Civil Commitment

State	Years Enacted	Population Size (in millions)	Current Census Civilly Committed	Commitments per million
MN	24	5.6	736	131.4
KS	24	2.9	260	89.7
NE	12	1.9	150	78.9
NJ	19	9.0	458	50.9
WI	24	5.8	290	50
VA	15	8.5	412	48.5
MO	19	6.1	246	40.3
IA	19	3.1	125	40.3
SC	20	5.0	195	39
IL	20	12.8	371	29
FL	20	21	577	27.5
WA	28	7.4	183	24.7
MA	18	6.9	152	22
NY	11	19.8	321	16.2
AZ	21	7	91	13
CA	22	39.5	508	12.9
TX	18	28	294	10.5
PA	15	12.8	52	4.0

Census Figures Nationwide

- Nationwide census of civilly committed individuals is 5421 among the 19 programs who responded to the 2018 survey.

- Nationwide census of detainees is 911 among the 13 programs who reported housing detainees.

N=19

Historical Census Figures: Civilly Committed vs. Detainees
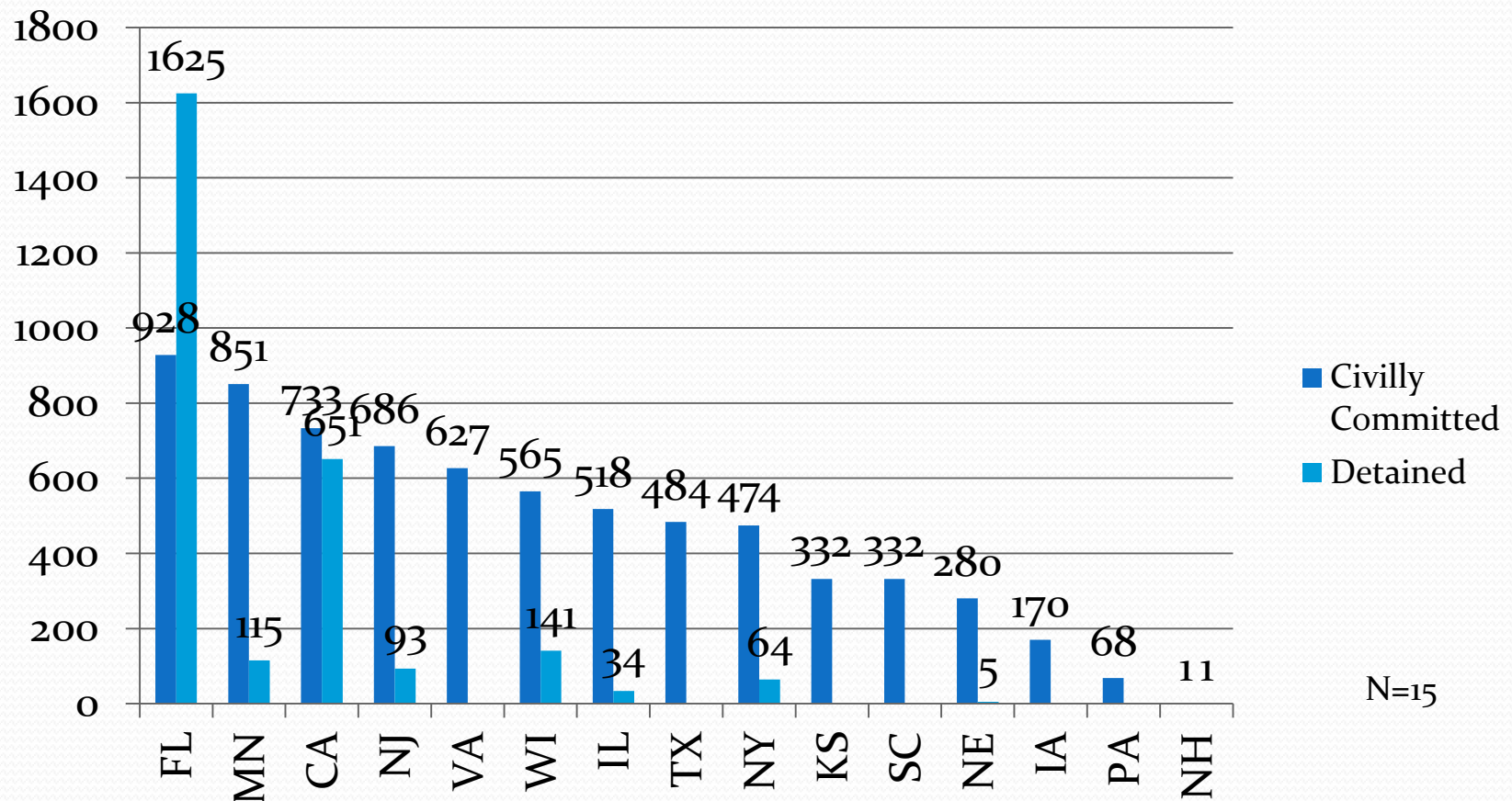
Participation in Treatment: Civilly Committed Individuals

- Rates of participation among civilly committed individuals range from 36-100% with a median of 89.7%.
- Defining active treatment participation
  - Regular attendance (15 programs)
  - Signed consent (14 programs)
  - Active participation/willingness to engage (10 programs)
- Rates of treatment refusers among civilly committed individuals range from 1-64% with a median of 10.3%
- No longer considered active participant if
  - Revoked consent (13 programs)
  - Problematic attendance (12 programs)
  - Lack of participation (11 programs)

N=18

Incentives for sex offender treatment program participation

- Increased paid work opportunities (15 programs)
- Enhanced property allowance (11 programs)
- Increased institutional freedom (11 programs)
- Increased commissary (8 programs)
- Increased access to recreation areas (8 programs)
- Ability to order food from area restaurants (8 programs)
- Different living setting from non-participants(7 programs)
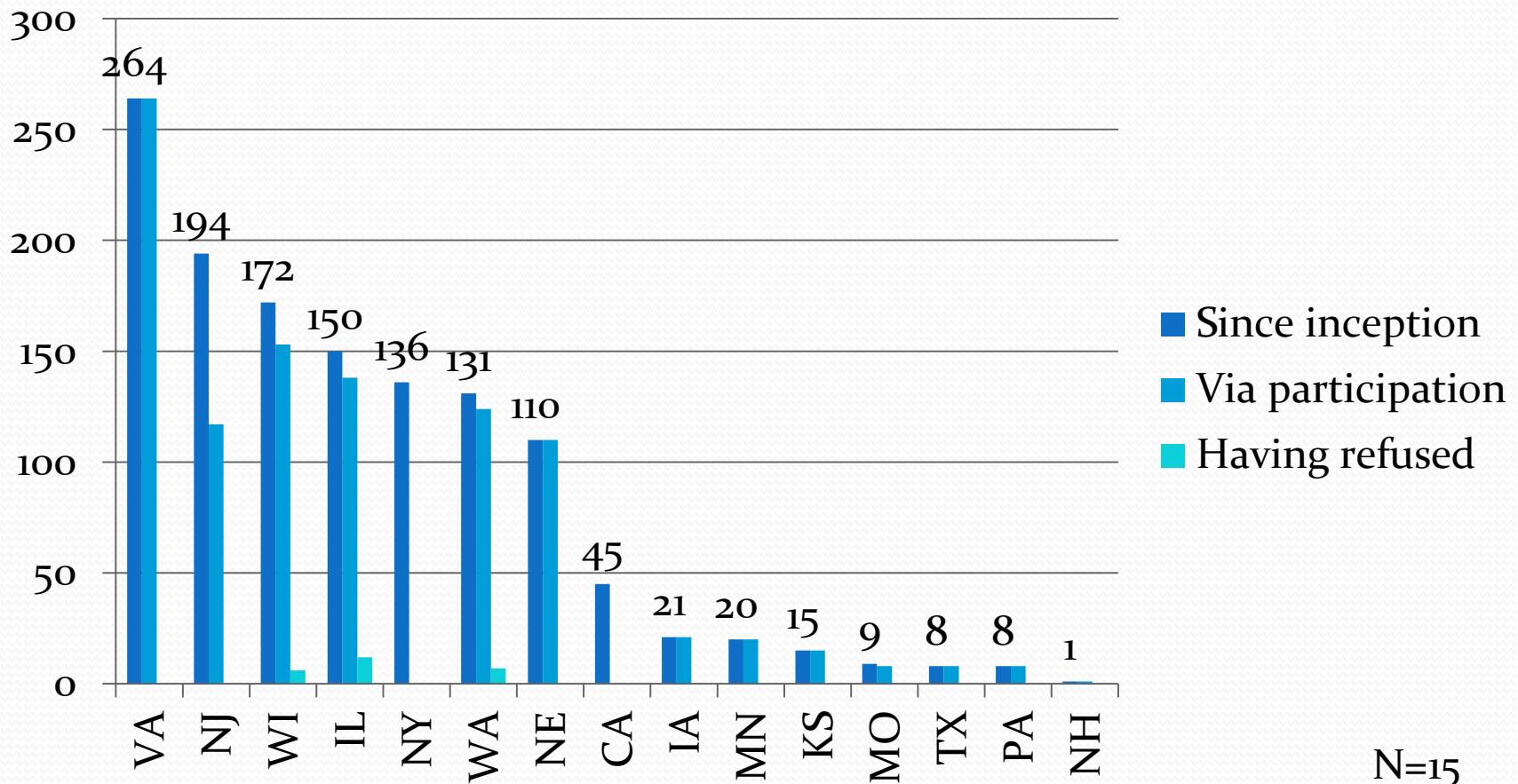- Off campus outings (4 programs)
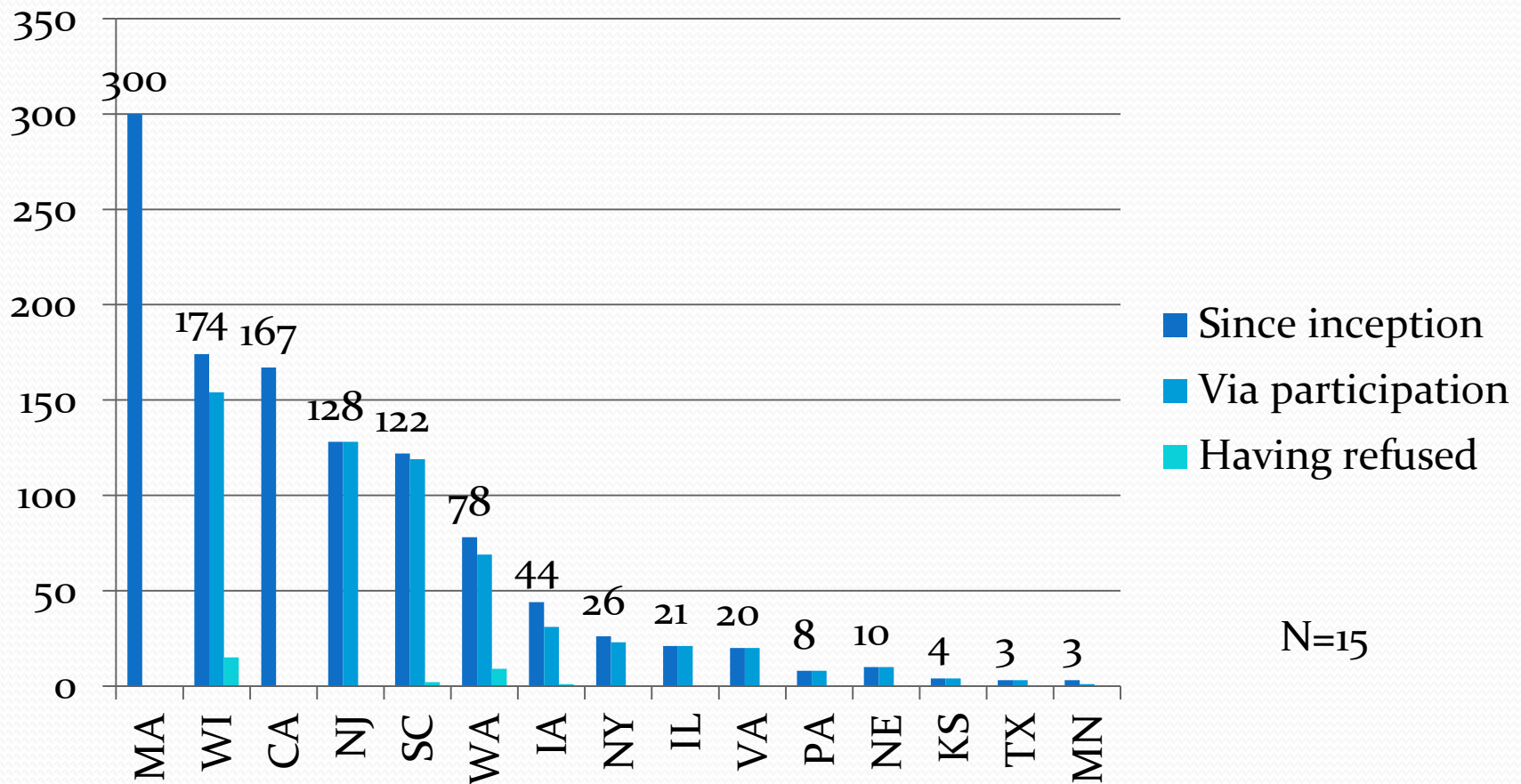
N=16

Participation in Treatment: Detainees

- Nine states reported detainees are allowed to participate in sex offender specific treatment while four states reported they are not. Two programs reported they do not have a detainee designation or house detainees.

- Rates of participation among detainees range from 27-100% with a median of 83%.

- Rates of treatment refusers among detainees range from 11-72.7% with a median of 26%.

- Of those states that allow detainees to participate in sex offender specific treatment seven states reported some percentage of detainees participated while one state reported none participate.
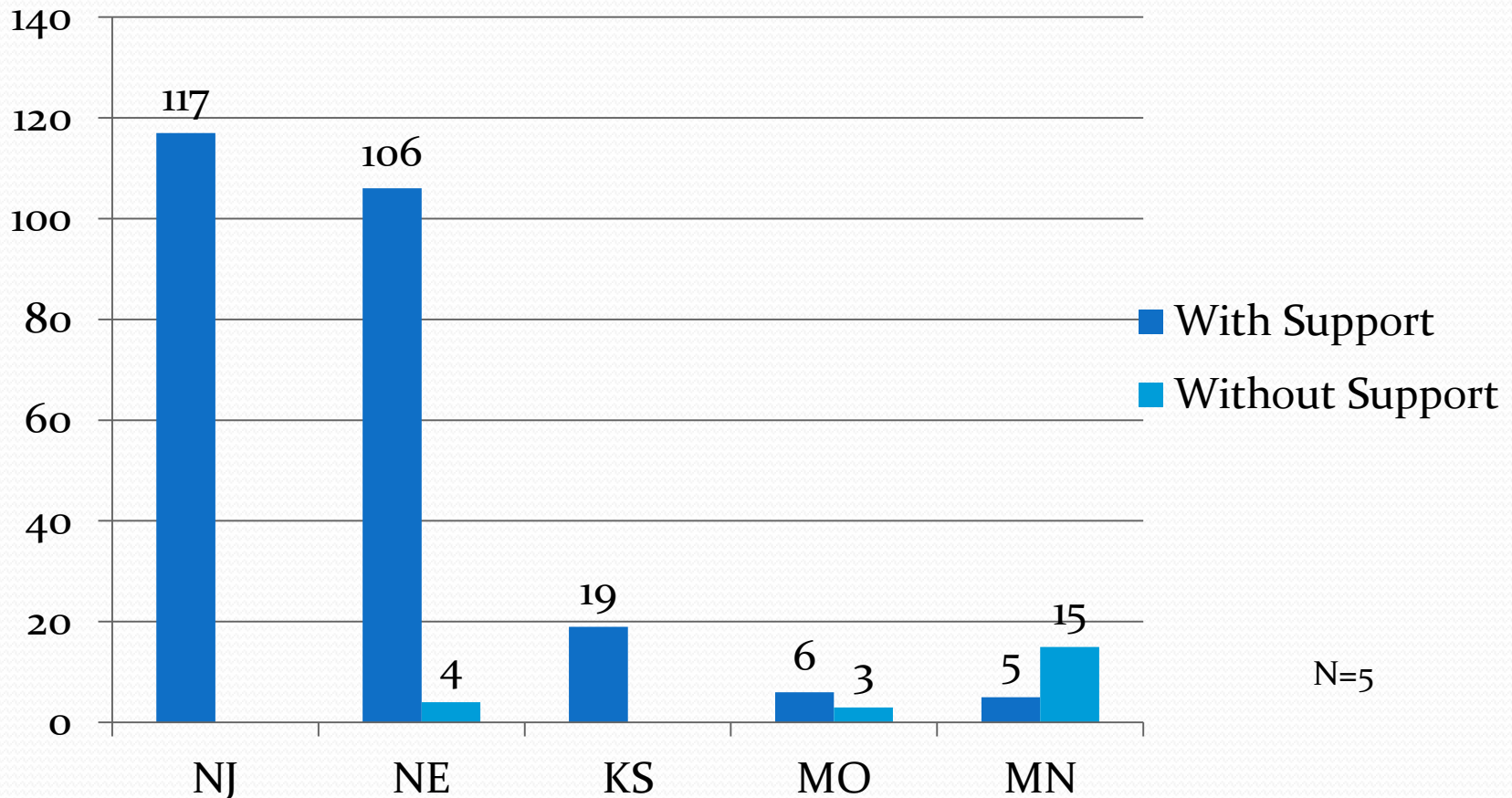
N=18

Civilly Committed Individuals: Conditional Release

N=15

Civilly Committed Individuals: Unconditional (Fully) Discharged

Bar chart showing unconditional discharge counts by state. "Since inception" values labeled: MA 300, WI 174, CA 167, NJ 128, SC 122, WA 78, IA 44, NY 26, IL 21, VA 20, PA 8, NE 10, KS 4, TX 3, MN 3.

Legend:
- Since inception
- Via participation
- Having refused

N=15

Civilly Committed Individuals Discharged With/Without Program Support
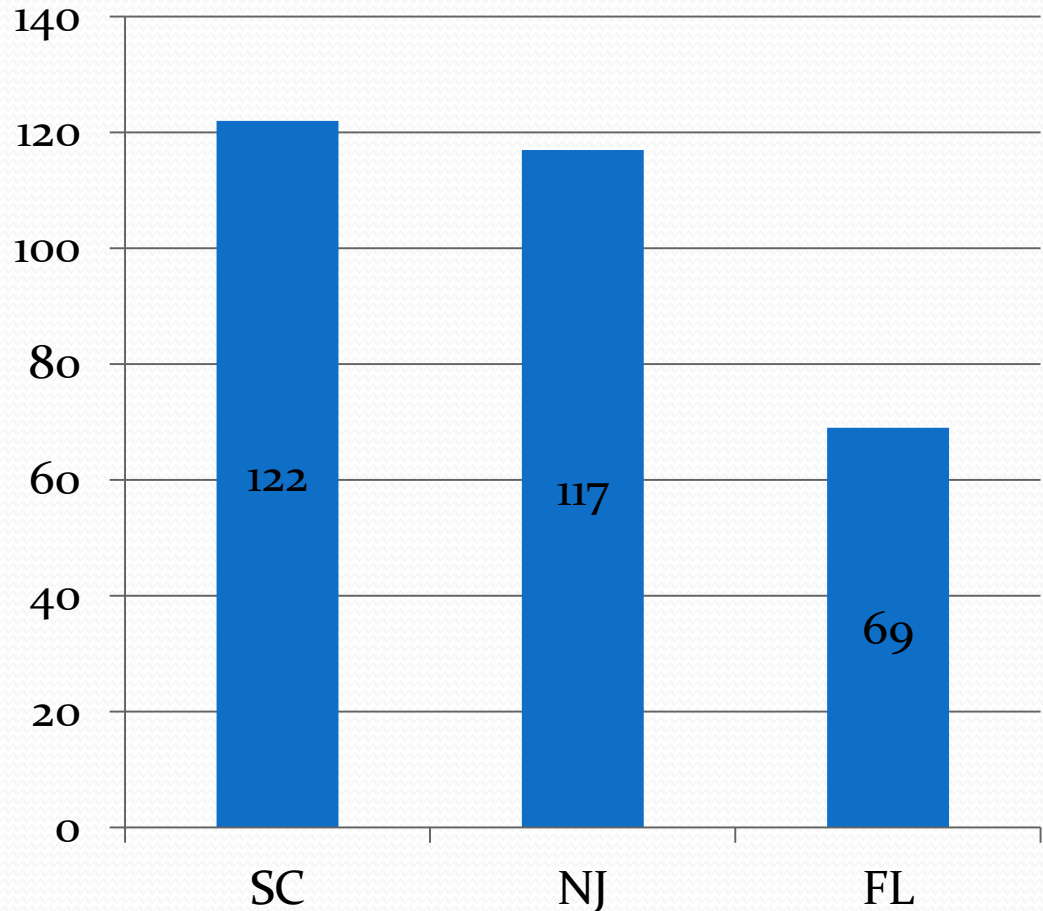
Discharge through Completion of Treatment Program

Defining treatment completion:

- Do not define completion/Language not utilized (13)
- Completion of program requirements (3)
- Mitigation of risk (3)
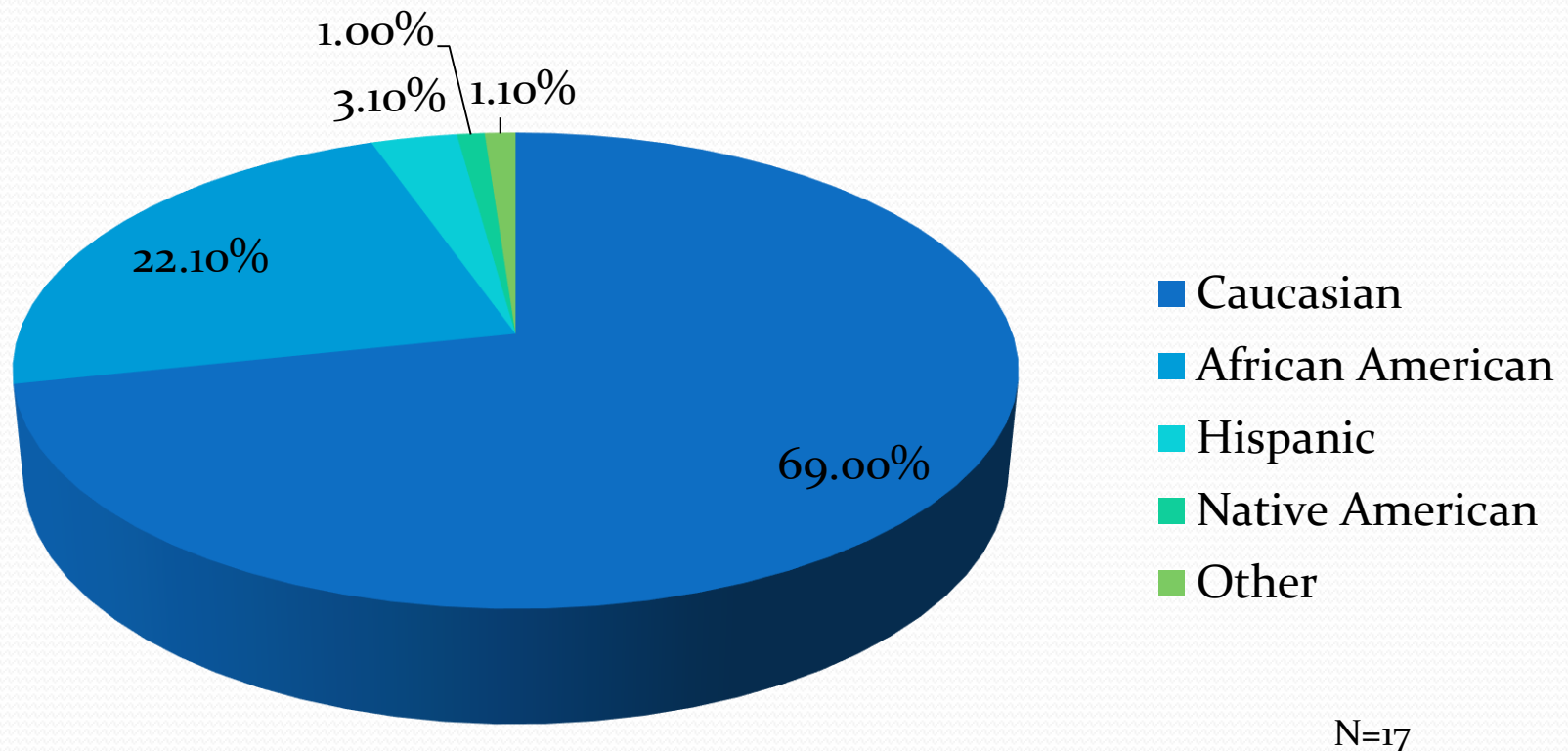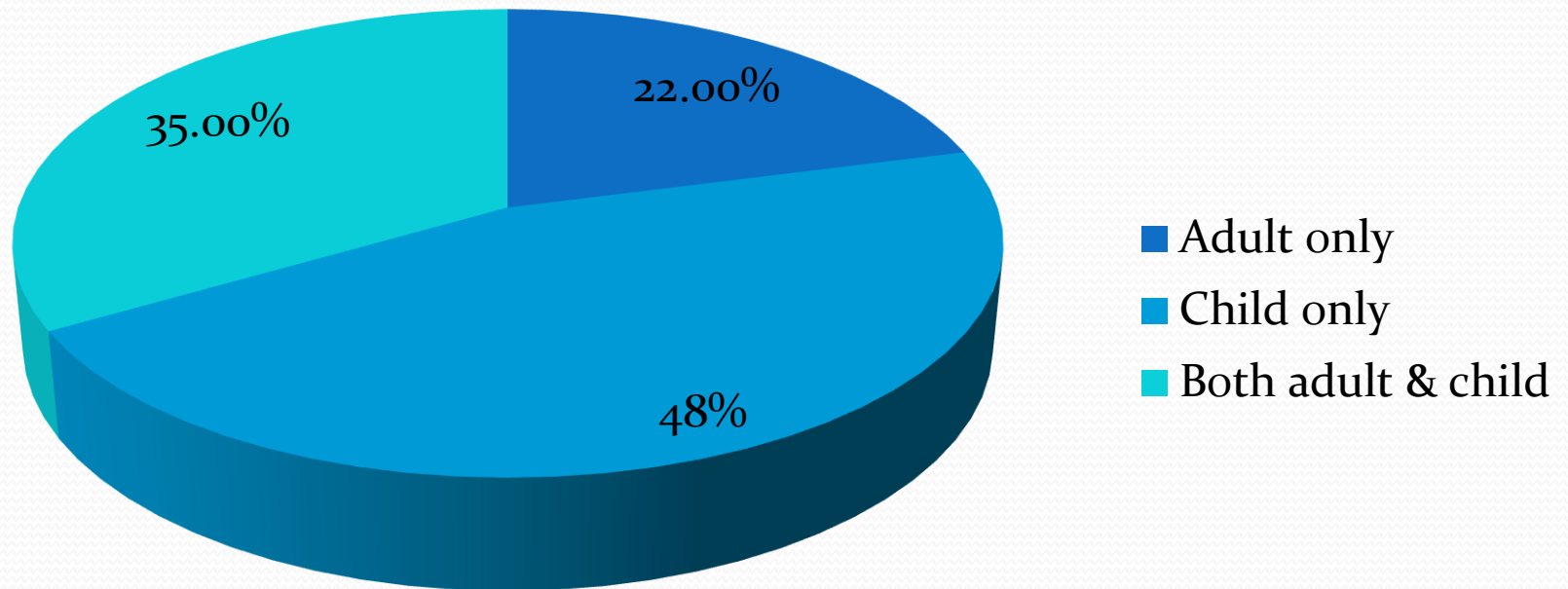- Mastery of treatment concepts (2)

N=3

Age of Residents

- The age of residents varied from a low of 18 to a high of 90.

- The mean age of residents across programs is 51.2 with a standard deviation of 7.4.

- The state that commits individuals who age out of the juvenile system had a lower mean age of 26.
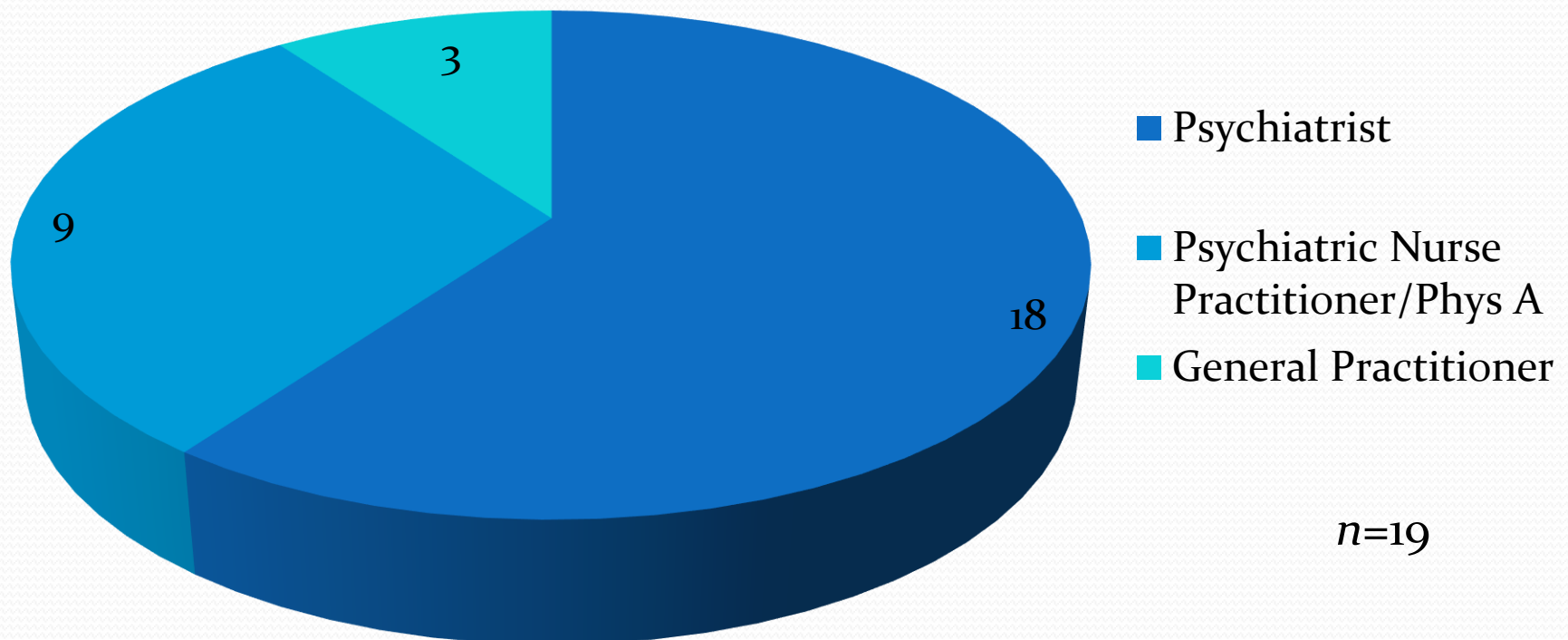
N=18

Racial Composition

1.00%
3.10% 1.10%
22.10%
69.00%

- Caucasian
- African American
- Hispanic
- Native American
- Other

N=17

Victim Type

Who provides psychiatric services to residents?

- Psychiatrist
- Psychiatric Nurse Practitioner/Phys A
- General Practitioner

n=19

Psychiatric Services

- For most programs, those who provide psychiatric services are employees of the program (12), contractors on site (9), or both (3)

- A few programs utilize off site psychiatric services in the community (3) or/and telepsychiatry (3). One program exclusively utilizes telepsychiatry.

- Psychiatric services are provided mostly by psychiatrists (17), but also psychiatric nurse practitioners (9), or psychiatric physician assistants (1) and general practitioners (3) $n=19$

Medical Staffing

- The total number of staff providing psychiatric and medical services to residents ranges from 1 to 35

- Among programs that utilize both/either staff or contracted psychiatrists, the number employed ranges from 0 to 21

- 8 programs use staff or contracted general nurse practitioners

- The number of staff or contracted General Practitioners per site ranges from 1 to 13

Medication Treatment

- Thirteen programs reported prescribing psychotropic medications
- The percentage of residents prescribed psychotropic medications ranges widely across programs (25% to 85%)
- Overall, 47% of residents in civil commitment programs are prescribed psych meds
- 12 programs (*n*=16) prescribe SSRIs specifically for sex drive reduction; ranging from .02% to 23% with a mean of 6%.
- More than half (11) of the programs (*n*=19)currently prescribe hormonal therapy for sex drive reduction (e.g. anti-androgens) but they do so rarely (0.4%-9%).
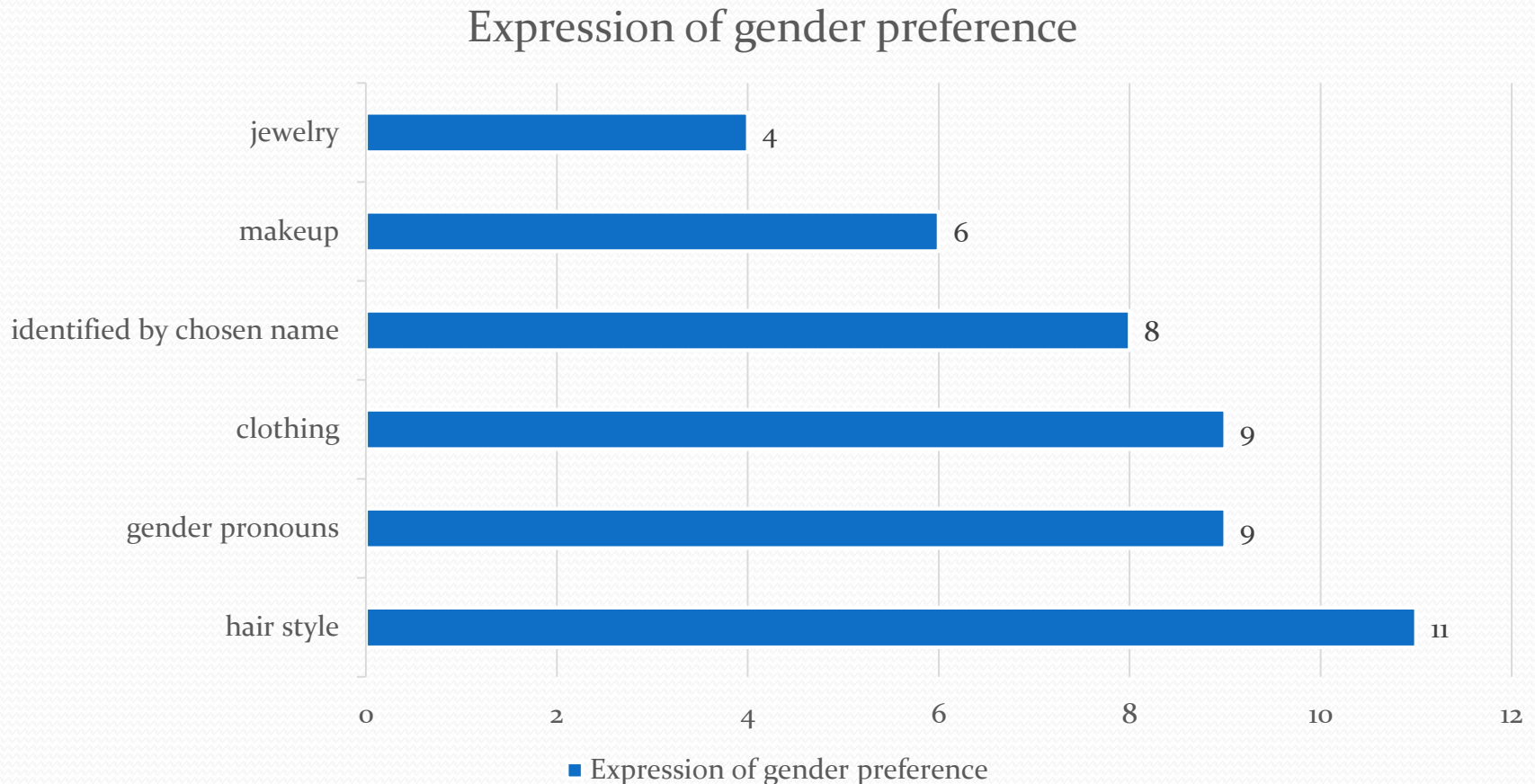- Seven programs do not have have any residents prescribed hormonal therapy.
  n=19

Gender Dysphoric/Transgendered Residents

- Gender Dysphoric/Transgendered residents
  - Fifteen programs have Gender Dysphoric/Transgendered residents
  - Numbers range from 1 to 14 residents per program (n=15)
- Hormonal treatment
  - Five programs currently providing hormonal treatment
  - Range from 1 to 9 residents receiving hormonal treatment per program (n=5)

n=18

Expression of gender preference

Expression of gender preference

- jewelry: 4
- makeup: 6
- identified by chosen name: 8
- clothing: 9
- gender pronouns: 9
- hair style: 11

Expression of gender preference

PCL-R and Static-99R

- The mean PCL-R score of the 5 programs that reported data is 23.7 with a standard deviation of 1.3

- The mean Static-99R score of the 7 programs that reported data was 4.6 with a standard deviation of 1

Females in Civil Commitment

- Number of civilly committed females
  - Range 1-5 based upon data reported by 5 programs
- Housing for female residents
  - 3 housed within the same facility
  - 3 housed in a different facility
  - 1 housed individually within the community
- Programming
  - One state reported residents receive programming together
  - One state reported non sex offender programming is done with mixed gender clients
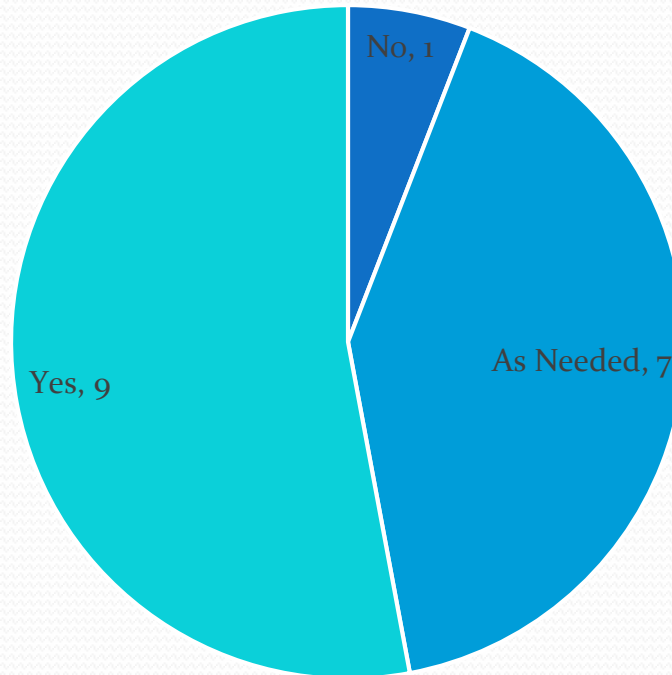
Treatment Programming

What Constitutes Sex Offender Specific Treatment?

Programming	N = 18
Core groups	18
Psychoed modules	15
Individual treatment	14
Community meetings	12
Assessment	12
Therapeutic Study Hall	2
"Activities, Vocational, & Religious/Spiritual"	1

Monthly Treatment Dose

	Mean	Median	Mode
"Core" SO groups (n = 17)	19.89	24	24
PsychoEd (n = 17)	14.20	12	16
TC/Community Meetings (n = 14)	10.82	4	4

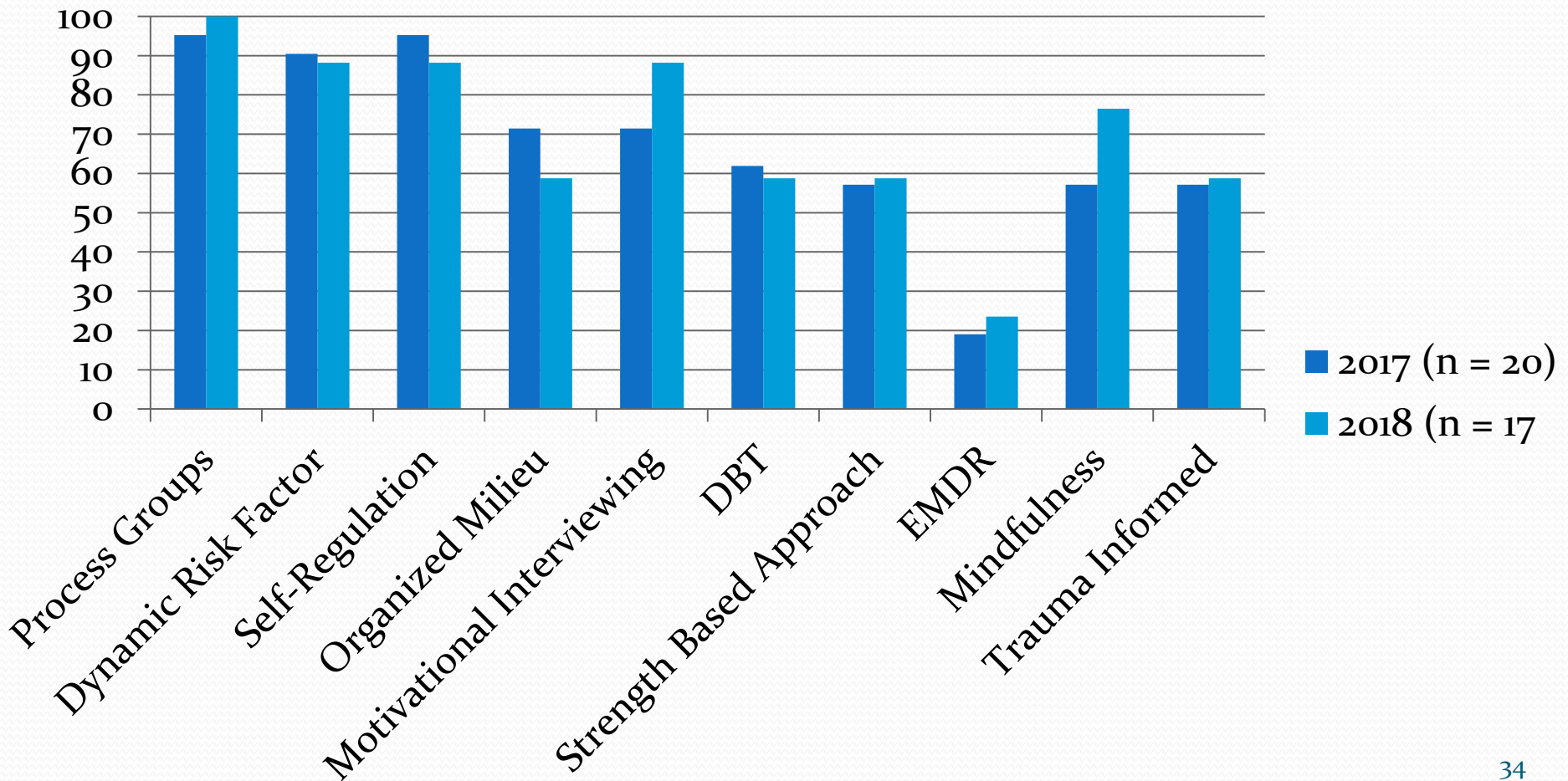# Individual Treatment Included in Program Design (n = 17)

No, 1

As Needed, 7

Yes, 9

Organizing Principle of Treatment Program

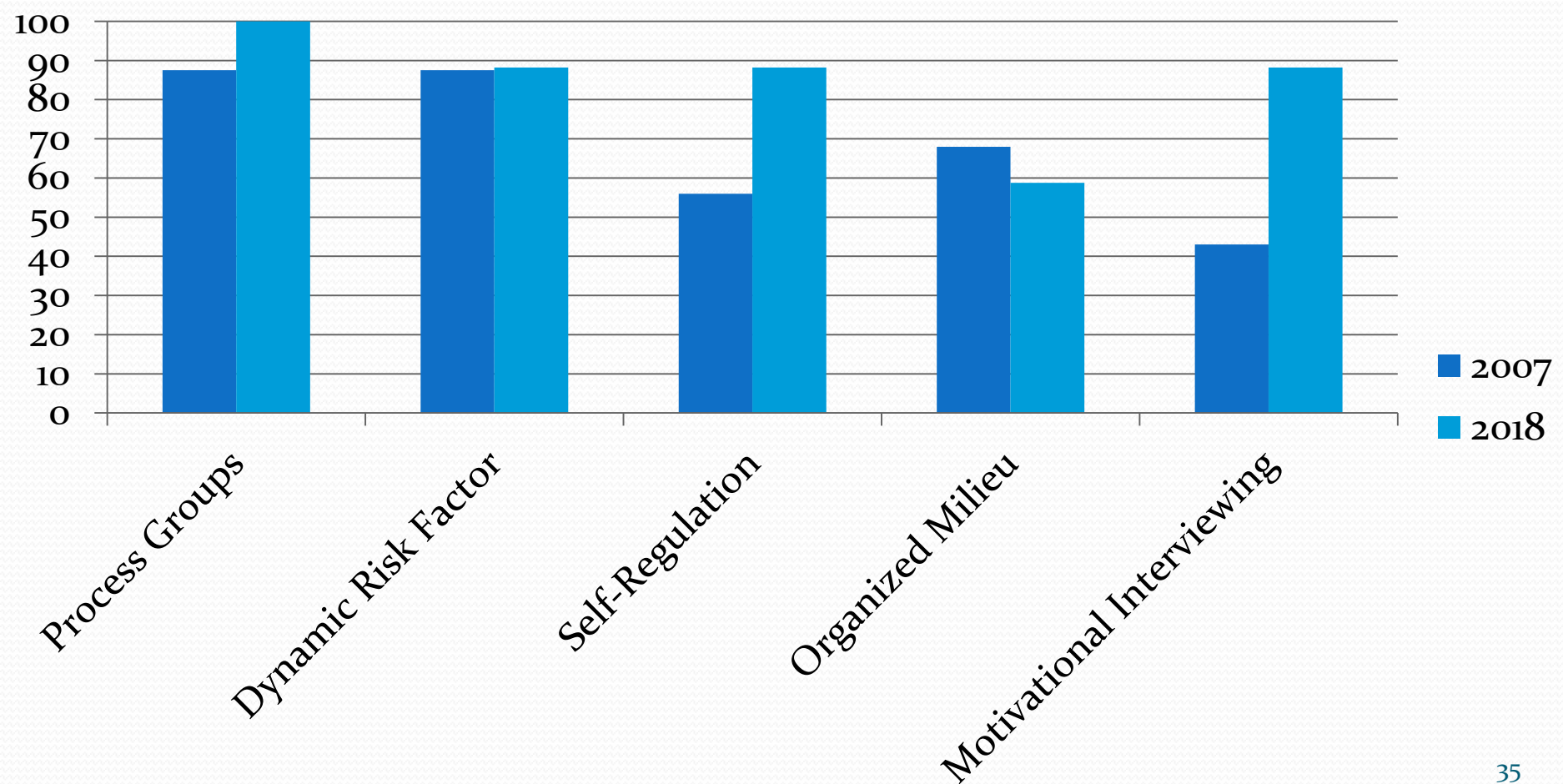## Program Percentage
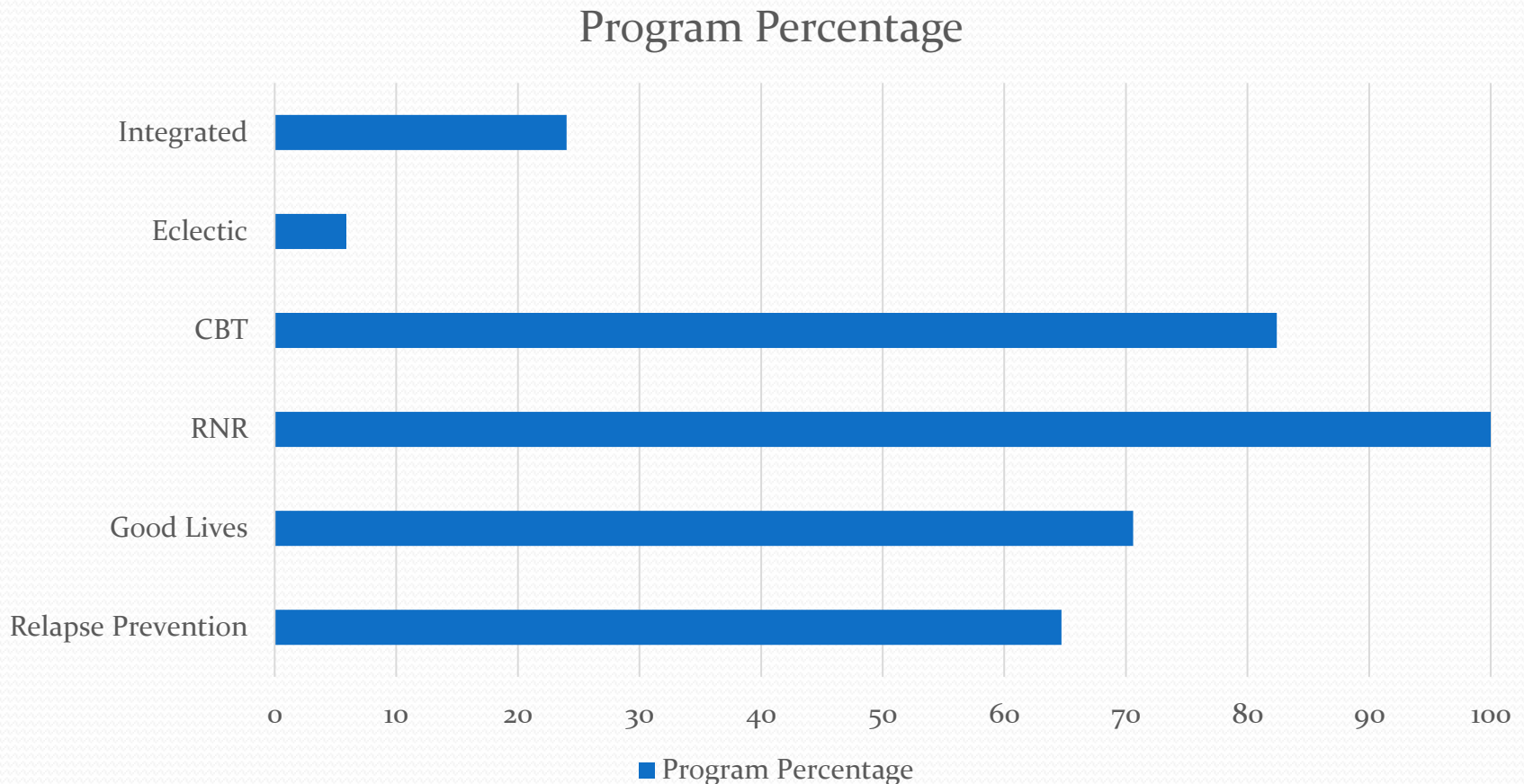
Organizing Principle of Treatment Program

Approaches Utilized within the Organizing Principle

34

Approaches Utilized within the Organizing Principle

Bar chart comparing 2007 and 2018 values across five approaches.

Legend: 2007 (dark blue), 2018 (light blue)

Approach	2007	2018
Process Groups	88	100
Dynamic Risk Factor	88	89
Self-Regulation	56	89
Organized Milieu	68	59
Motivational Interviewing	43	89
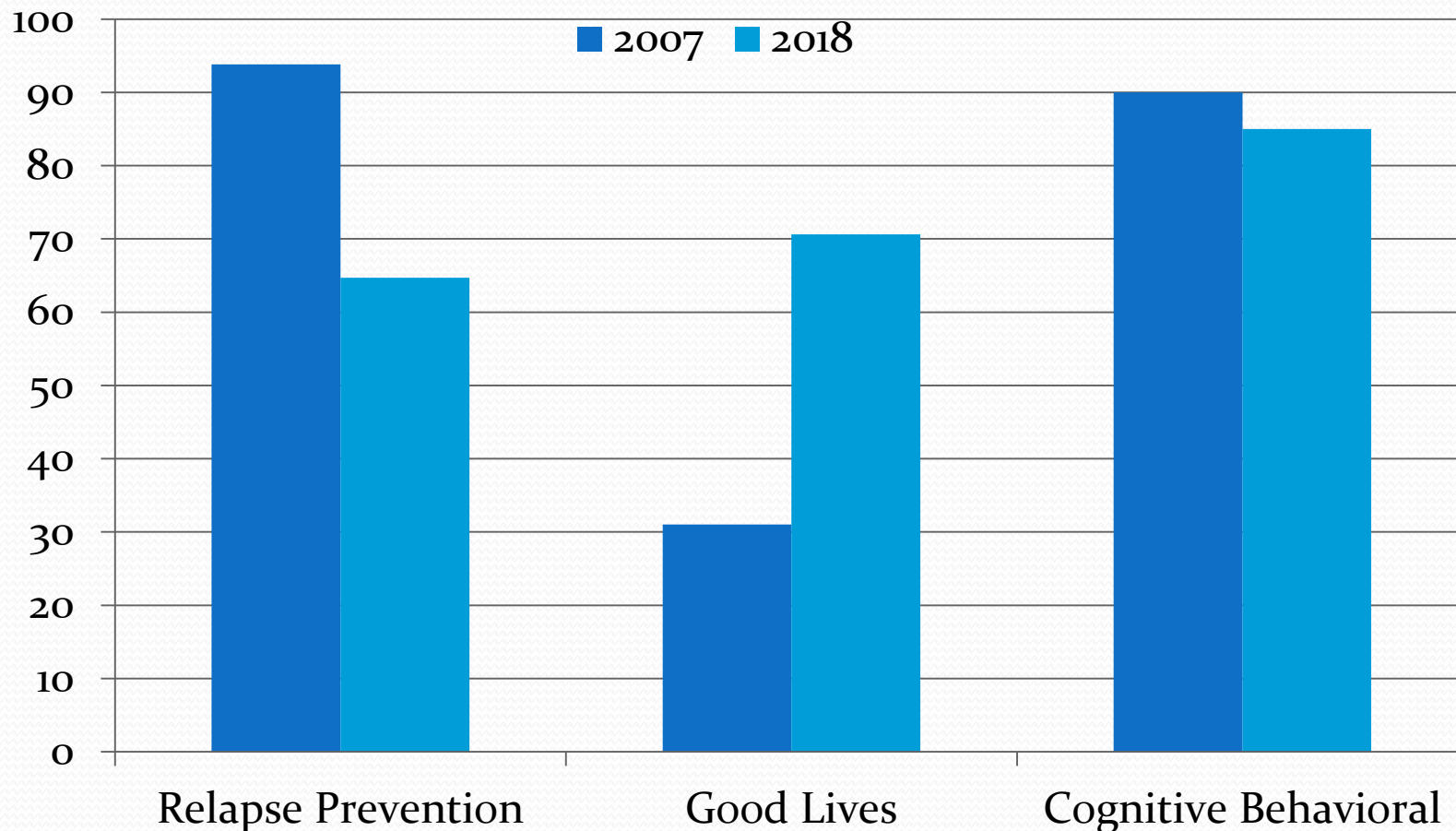
Specialized Treatment Tracks

Responsivity Issue	N= 15
Special Needs (DD/ID/Cognitive Deficits)	15
Psychopathy	5
Behavioral Issues	2
Seriously Mentally Ill	9
Treatment Refuser	2
Medically Compromised	1
Non-English Speaking	3
Autism Spectrum	1

Aspects of a Therapeutic Community

Pie chart:
- Resident led groups/meetings, 9
- TC Rules, 8
- Separate TC living unit, 4

Legend:
- Resident led groups/meetings
- TC Rules
- Separate TC living unit
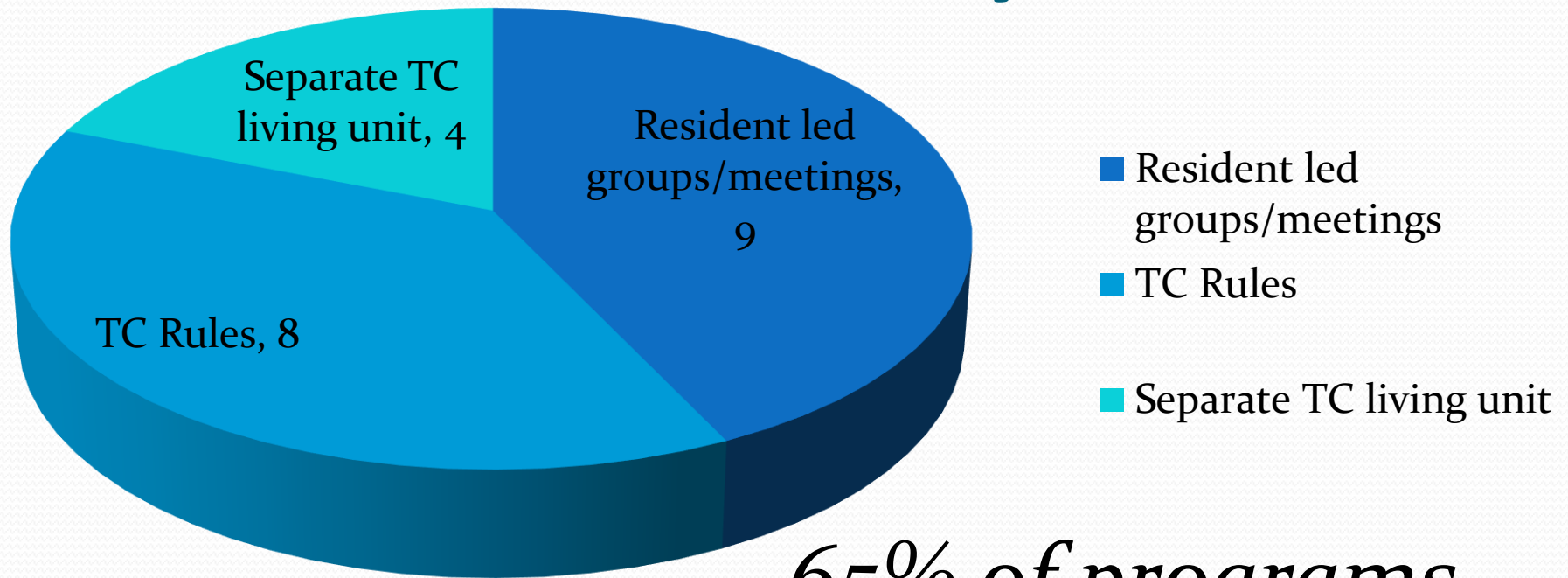
65% of programs incorporate some aspects of a TC

Mentorship

- 13 (76%) programs have a mentorship/peer policy for inpatient residents
  - Up from 60% 2017

- 1 program reported having a mentorship program for clients on conditional release to mentor clients in inpatient treatment

Inclusion of direct care staff in programming

- Run community living groups
- Attendance at treatment team meetings
- Work assignments
- Co-facilitation of groups
- Facilitate special interest groups (gardening, music current events)
- Facilitate psychoeducational groups

Vocational Programming

Programming Offered	N = 17
Custodial/Cleaning	17
Yard Maintenance/Landscaping	15
Culinary Arts	10
Small Engine Repair	4
Furniture Making	2
Computers/Computer Software	3
Hydroponics	2
CDL Written Exam	2

# Testing, Assessment, & Progress Reviews

Is there a Pretreatment Battery/Baseline Testing?

- 15/19 programs reported using a baseline battery of testing

- 9 reported repeating at least some of the testing to measure treatment progress or responsivity concerns:

  e.g., Stable, SOTIPS, PAI, Affinity, PPG & Static, PCL-R, MIDSA

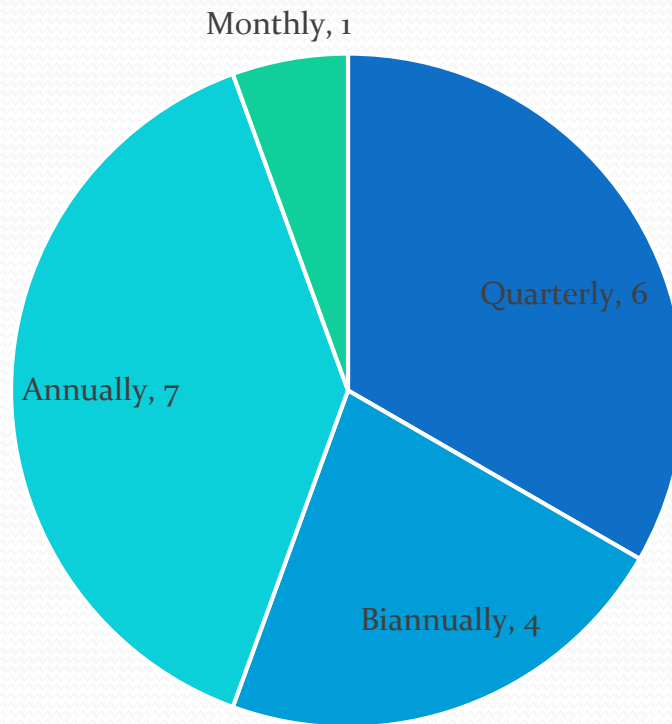# Commonly Used Pre-Treatment Assessments

N = 19

Frequency of Treatment Plans

Annually, 3

Quarterly, 7

Biannually, 8
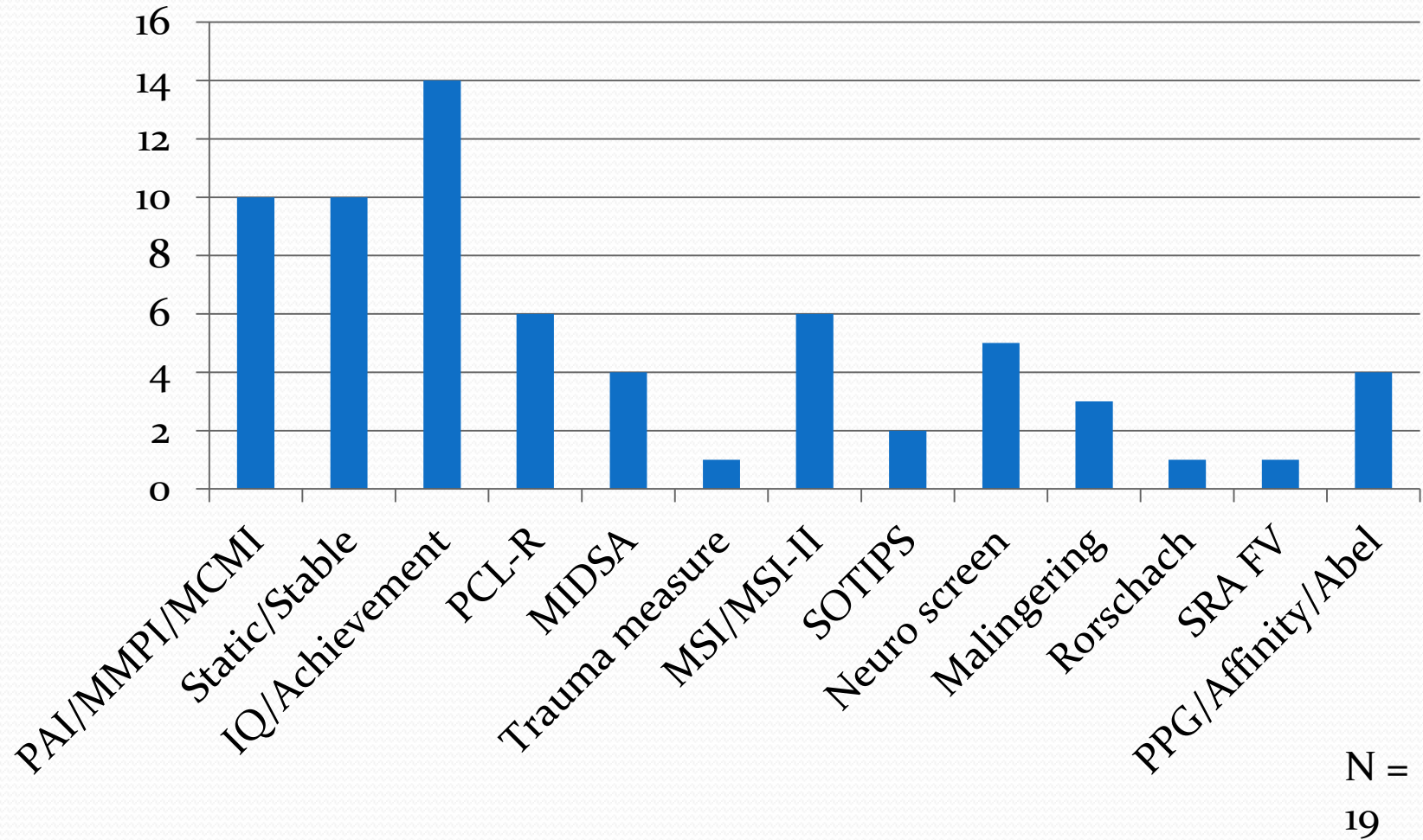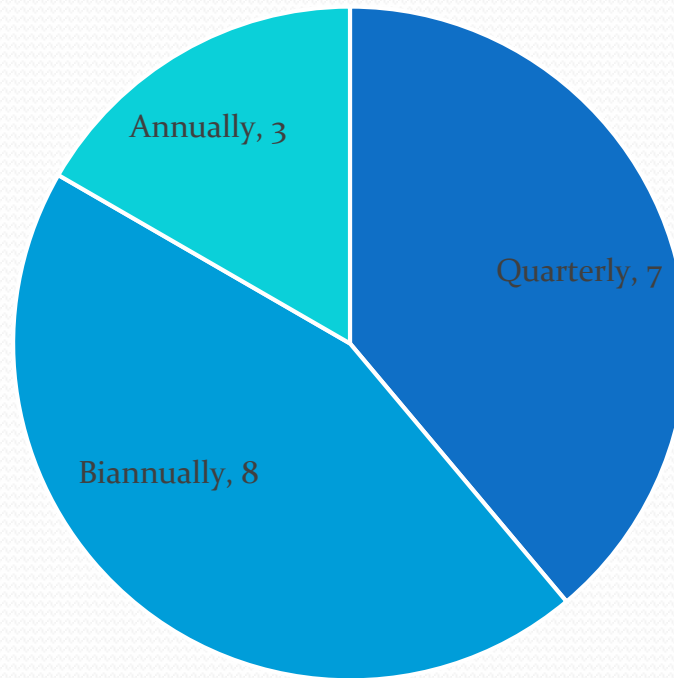
Frequency of Treatment Progress Reviews

Monthly, 1

Quarterly, 6

Annually, 7

Biannually, 4

Measures of Treatment Progress
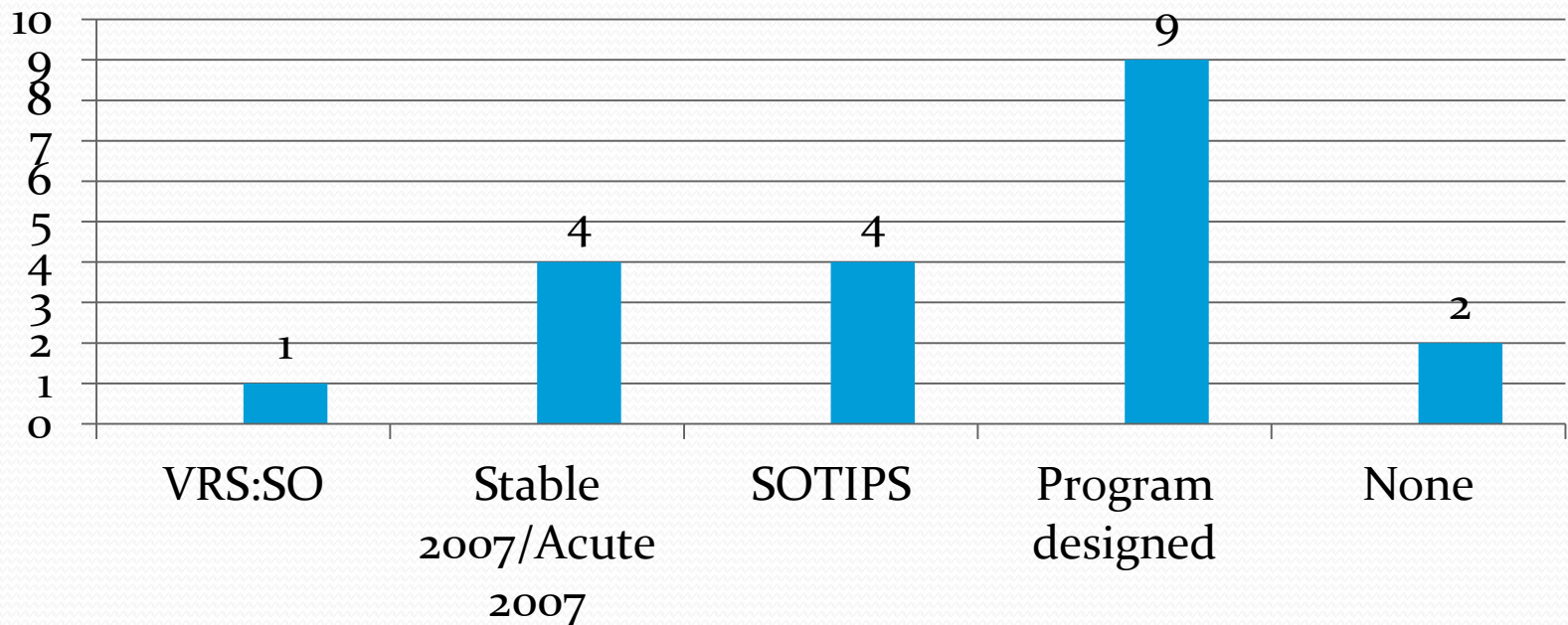
Instrumentation Utilized in Treatment Programs
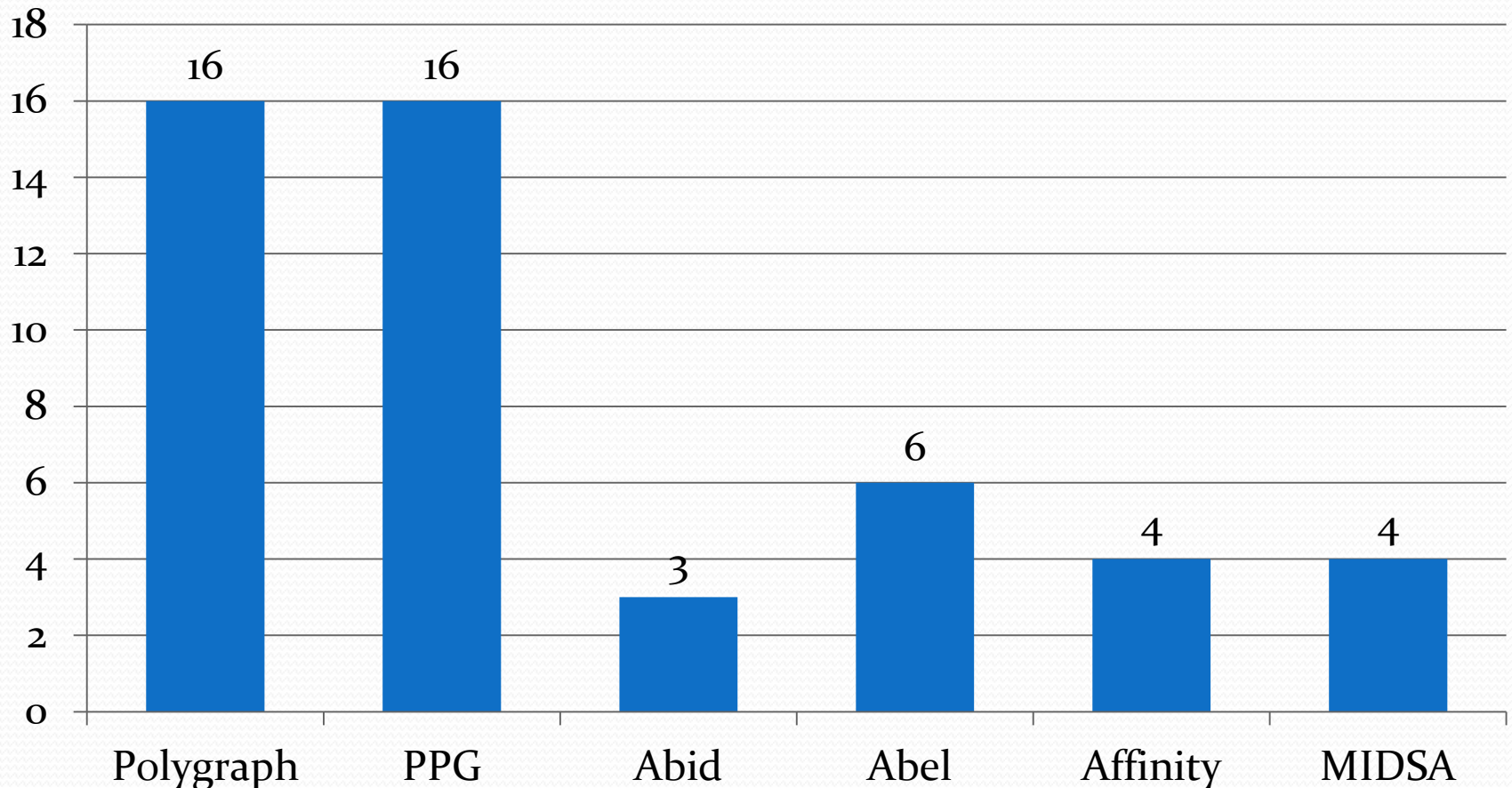
n=17

Are Clients Required to Pass a Full Disclosure Polygraph?
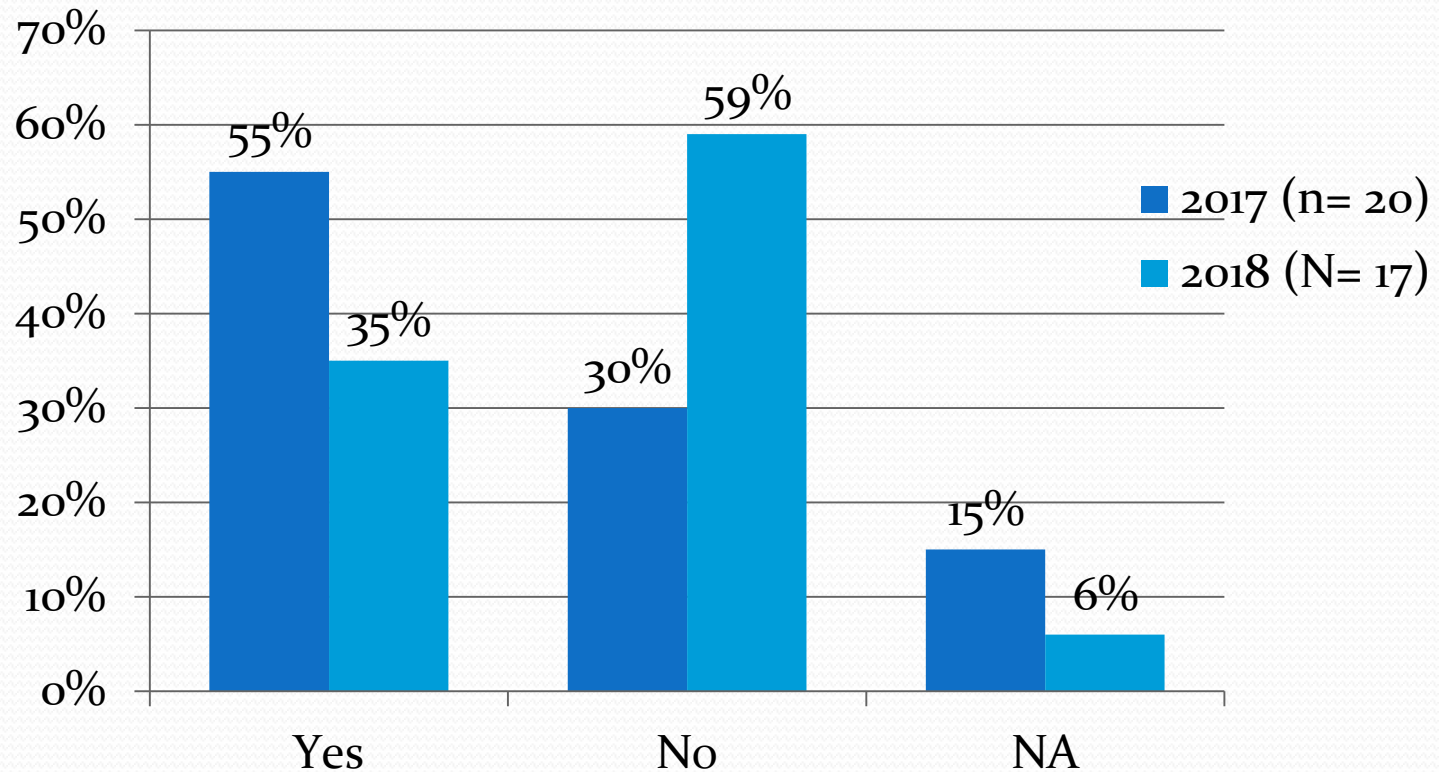
Polygraph Utilization

	Conducted	Required for Advancement
Sexual History	10 (58.8%)	**8 (47%)**
Maintenance/Monitoring	14 (82.4%)	**5 (29.4%)**
Masturbatory Behavior	11 (64.7%)	**2 (11.8)**
Specific Issue	13 (76.5%)	**1 (5.9%)**
Index Offense	8 (47%)	**1 (5.9%)**

$$n = 17$$

Number of Polygraphs

Number of PPGs

7-10, 1

4-6, 2

1-3, 13

■ 1-3 ■ 4-6 ■ 7-10
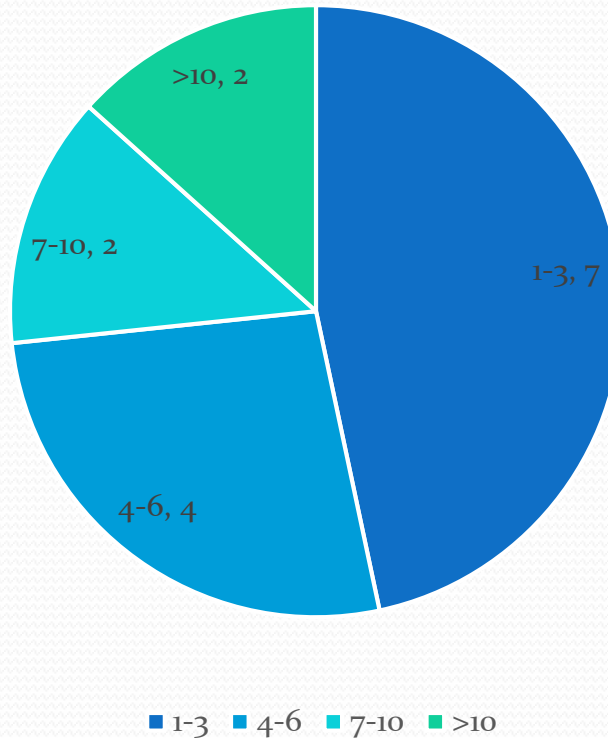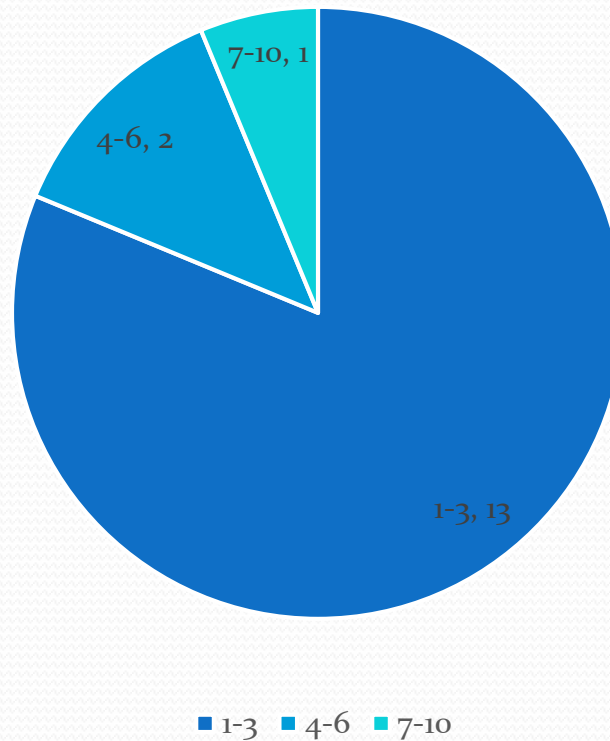
Sexual Arousal Management Techniques
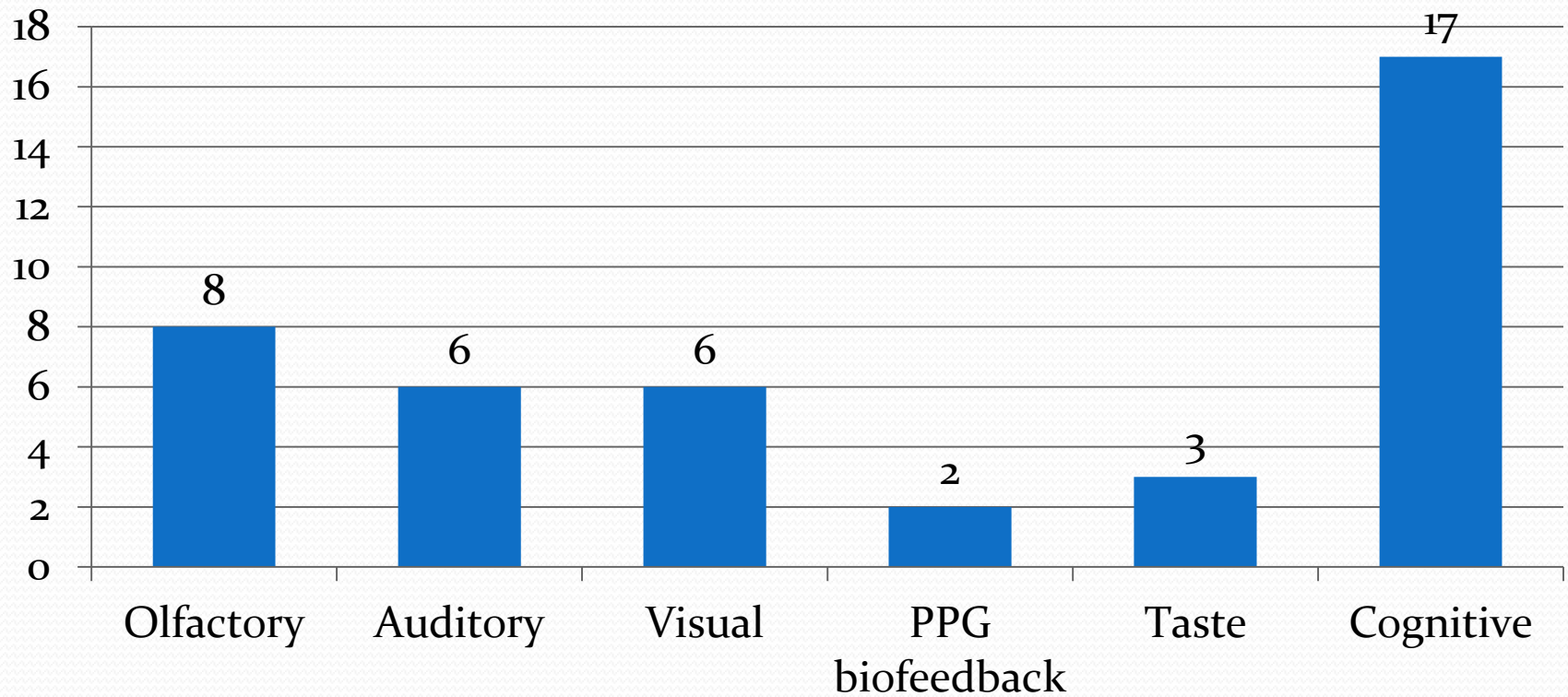
$n = 18$

Frequency of Forensic Review

- 14 Programs reported Annual reviews
- Other responses:
  - Biennially (1)
  - "Prior to potential move to our transition program and/or discharge" (1)
  - "Upon resident court filing for a hearing for release" (1)
  - "When petition for increase in liberty is initiated" (1)

Forensic Evaluators

- Trained evaluators, primarily psychologists or psychiatrists, conduct forensic evaluations
- Programs report a mix of program employees and contract evaluators
- 18 of 19 programs report that forensic evaluators are separate from the treatment team

Risk Assessment Instruments Used in Forensic Reviews
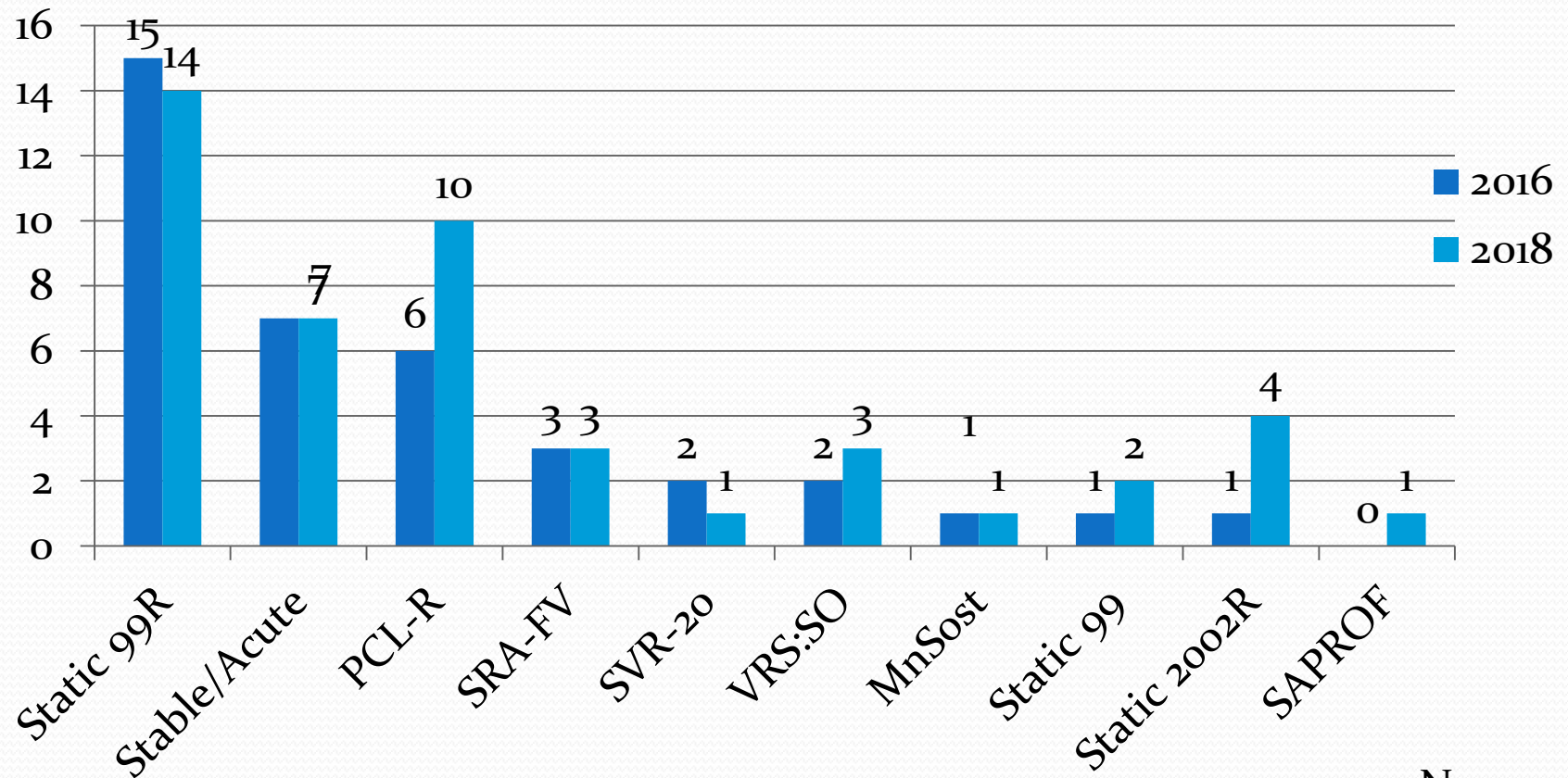
N = 19

Staffing Issues

Staff Education

- Staff Degrees eligible to provide S.O. Tx (N=17)*
  - **Doctorate** – 88%
  - **Master's** – 100%
  - **Bachelor's** – 35%
  - **No Bachelor's** – 12%

  * One participant did not answer

- S.O. Tx provided by education level (N=16)**
  - **Doctorate – 13% average**
    - Range: 0% - 40%
  - **Master's – 80% average**
    - Range: 56% - 100%
  - **Bachelor's – 6% average**
    - Range: 0% - 36%
  - **No Bachelor's – 1% average**
    - Range: 0% - 14%
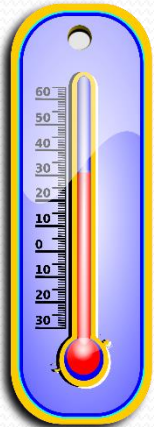
It is hot in here with so many degrees!

** One participant did not answer & one did not maintain this type of data

Licensure/Supervision

- Required Licensure?*

Pie chart:
- Yes, 7, 41%
- No, 7, 41%
- Other, 3, 18%
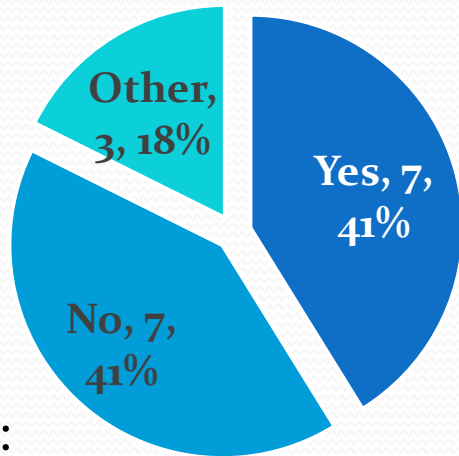
Other:

- Specialized sex offender tx provider license
- Psychoed staff are supervised by licensed staff.
- Required to be at least working toward licensure.

* One participant did not answer the question

- Staff Participation in Clinical Supervision (N=17)*:
  - All Staff Participate - **82%**
  - Only Probationary Status – **12%**
  - Only Unlicensed – **12%**
  - Other:
    - New Staff 2x a month for 1 year
    - Affiliate Sex Offender Treatment Providers (ASOTPs) are required to participate in supervision.

Treatment Time

- Sites (N=17) average: 15 hours a week of face-to-face treatment time (Range: 4 hours – 24 hours)
- Average hours a week clinician spends with the same group: 6 hours (Range: 1 hour – 20 hours)
  - Types of treatment:
    - Group/Core Group
    - Individual
    - Community
    - Psychoeducation
    - Mental Health
    - Sex Offender Specific
    - Social Work

Is group therapy clinical debriefing required for groups that are co-led?

N/A, 3, 17%
Yes, 3, 17%
No, 11, 65%
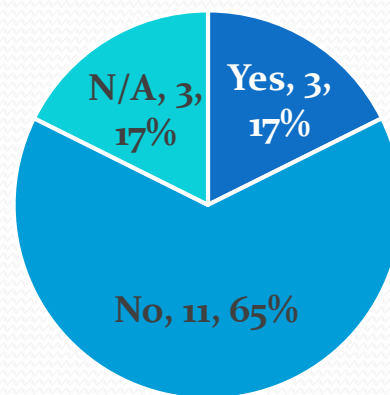
N=17

Vacancy/Turnover

- Percentage of vacant clinical positions (N=15):
  - Average: 9%
  - Range: 0% - 45%
  - 6 out of 15 sites reported being fully staffed (Vacancy rate of 0%)

- Staff Turnover (Average Rank):
  - Salary (2.8)
  - Understaffing (3.0)
  - Work is too challenging (3.1)
  - Vicarious Traumatization (4.1)
  - Location of the facility (4.4)
  - Litigiousness of clients (4.8)
  - Physical Conditions of the Facility (5.5)
  - Injuries/Safety (7.0)

Wellness

- Staff Wellness Programs(N=18)

  - Staff Lounge- 33%
  - Staff Workout Facility- 22%
  - Staff Yoga Class- 0%
  - Offsite Team Events– 33%
  - Monetary Bonus for Retention- 33%

  No Yoga Classes? Oh well!

- Other:
  - On-site quarterly meetings with prizes
  - Meals on site for staff appreciation
  - Gym discount, spinning, kick boxing
  - Staff recognition programs, service awards
  - Picnics/Pot lucks
  - Off-site related training,
  - 4 day work weeks
  - reimbursement for CEs, licensure, professional memberships, annual retreats

Doctoral Training

Pre-doctoral training program

- Yes – 50%   No – 50%
- Accreditation (N=9):
  - APPIC- 33%
  - APA – 11%
  - Both- 33%
  - Neither – 11%
  - N/A – 11 %

What's up doc?

Post-doctoral training program

- Yes – 33%   No – 67%
- Accreditation (N=6)*
  - APPIC – 17%
  - APA – 0%
  - Both – 17%
  - Neither – 17%
  - N/A – 17%
  - Other – 17%
    - the post-doctoral program is not formalized or accredited, but is constructed and adjusted based on individual needs

*One site provided a "yes" answer but did not answer the accreditation questions

Procedural Issues

Program Accreditation (N=18)

- No – 11, 61%
- Yes – 5, 28%
  - CARF – 2
  - Joint Commission – 3
- Other – 2, 11%
    - CMS reviews the program however we are not technically accredited by CMS or any other body
  - State Licensing

- Program Reviews
  - Yes – 78%
  - No – 22%
- Frequency of reviews (N=14)
  - Annually – 29%
  - As needed – 21%
  - Rarely – 14%
  - Other – 14%
  - Quarterly – 7%
  - Over 10 years ago – 7%
  - No Answer – 7%

Performance indicators (N=16)

- Client Behavior – 94%
- Number of residents in each phase – 88%
- Number of Treatment Hours – 81%
- Group Cancellation – 75%
- Length of Stay – 69%
- Client Length of time in tx stages/phase – 56%
- Number of releases following completion – 44%
- Rate of completion – 19%
- Other: Percentage of eligible residents who are promoted each quarter – 6%

Client Satisfaction

- Does your program utilize methods for assessing consumer (client) satisfaction? (N=16)
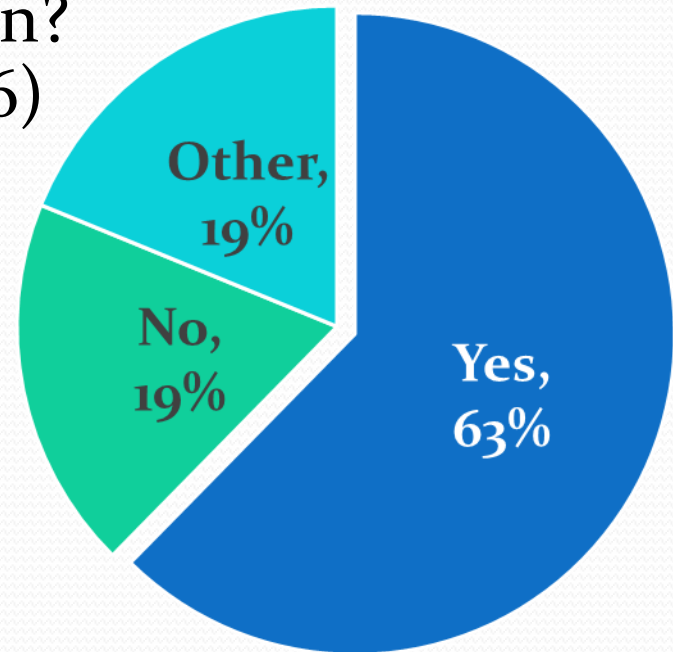
- Other Types:
  - Surveys
  - Resident council allows residents to bring concerns & issues to the attention of the facility administration.

Program Departments (N=18)
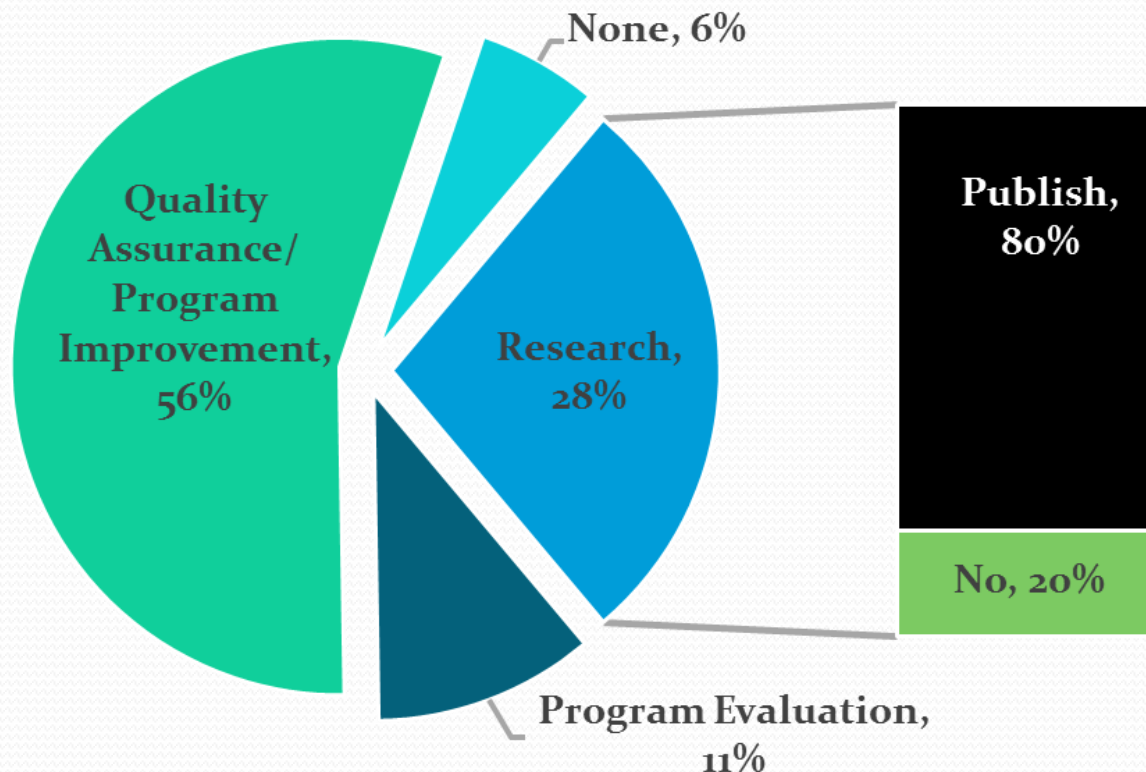
If you have a Research Department, is one of your objectives to publish research? Yes – 80%   No – 20%

Tiers/Privileges

- Is your privilege/tier level system independent of treatment progress?

Other, 3, 17%

Yes, 7 39%

No, 8 44%
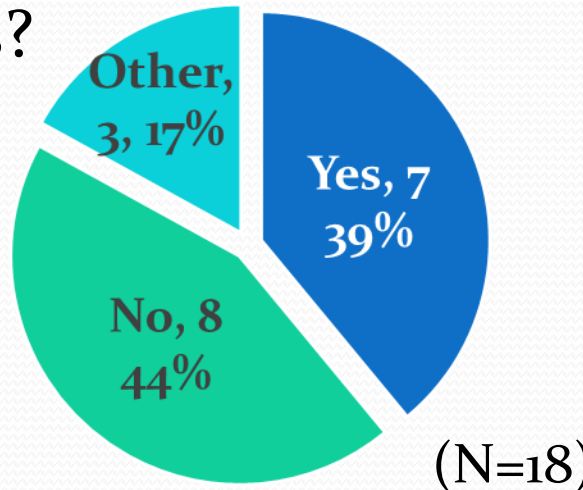
- Other:
  - Mixed system   (N=18)
  - Once completed, offender can stay on to volunteer as a mentor if they are willing, and did well in treatment.
  - It starts out independent of treatment progress, but then extra privileges are granted for those who are both following the rules and are in the advanced phases of treatment

Rule Violations (N=18)

Violation	Program Violation	Legal Prosecution
Disrespectful or disruptive behavior	100%	11%
Threats	100%	11%
Damage/alteration or misuse of property	100%	33%
Fighting/assault	100%	89%
Unapproved but consensual sex with peer, staff, or visitor	100%	11%
Failure to follow directive	94%	0%
Possession of pornography	94%	28%
Lying or providing inaccurate information	94%	0%
Non-contact sexual behavior (exposing/open masturbation)	94%	17%
Being in unassigned area	89%	0%
Substance use	83%	6%
Possession of a cell phone	83%	11%
Theft	83%	17%
Soliciting staff or fraternization	78%	0%
Unauthorized form of communication	72%	6%
Forcing/coercing sexual contact or sexual assault	61%	39%

Other: Bodily Fluids; Fabricating evidence, Making a false police report; Contraband (drugs) into a secure facility; Escape; probation violation; sex offender registry violation

Rule Violations

- **Heard by an internal disciplinary board?**
  - Yes - 50%   No - 44%   Other: 6% -Team Review
- **Sanctions for violation:**
  - Reduction/suspension of privileges – 100%
  - Restricted movement - 89%
  - Work reduction/removal – 83%
  - Restricted participation in activities – 83%
  - Reduction of property – 83%
  - Reevaluation/loss of treatment level - 72%
  - Transfer to behavioral unit - 67%
  - Behavioral contracts - 56%
  - Other – 6% (Tx Assignments)

Random Searches

- 100% of sites conduct random searches (without cause) Searches conducted by:
  - Officer/Security Staff – 83%
  - Unit Staff – 56%
  - Clinical Staff – 11%
  - Other
    - Investigations staff
    - Shift Supervisor

Restorative Justice

- Does your program implement any restorative justice programs?

  - Program Types:
    - Informally
    - Repayment
    - Volunteer
    - Donations
    - Group help

Other, 5%

Yes, 28%

No, 67%

(N=18)
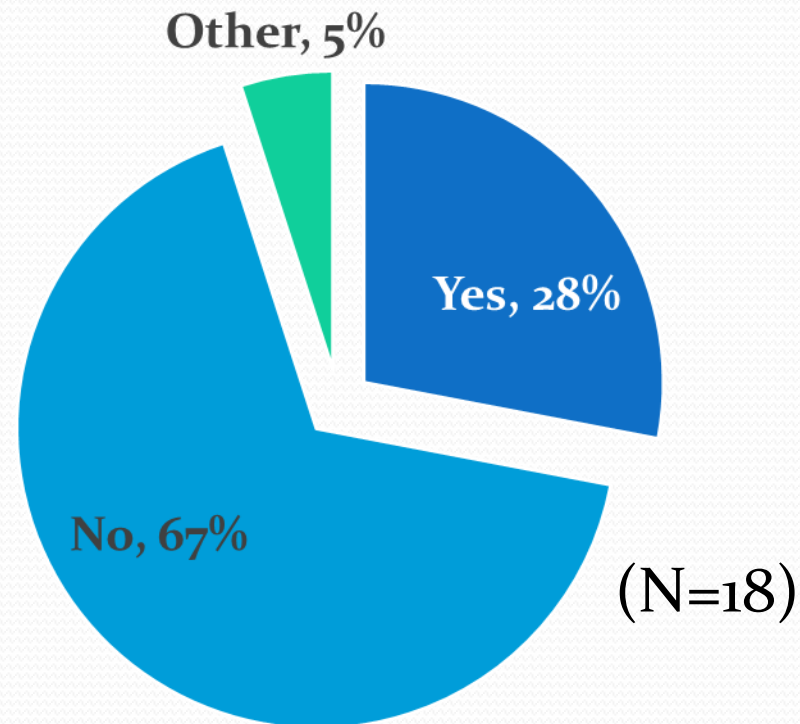
Computers & Communication

Computers and Electronics

- **Access to Computers:**
  - Yes – 89%   No – 11%
    - Internet enabled: 6%
    - Only for word processing: 78%
    - Equipped with a law library: 78%

Personal computers:

Yes – 6%   No – 94%

- **33% Allow some Personal Electronics:**
  - MP3 Players   - Radios
  - Tablets   - Personal TVs
  - Video Game systems   - DVD/CD Players

Computers and Electronics

- If computers or other devices are equipped with internet, is it monitored (N=5)? Yes - 100%
  - Staff Observe Usage: 80%
  - Computer Software Limits Access: 40%
  - Computer Software Tracks Sites: 40%
- Are clients allowed access to flash drives (N=18)?
  - Yes – 39%   No – 61%

Miscellaneous

ACTUALLY, THE END ISN'T NEAR. SO, THERE'S TIME TO, LIKE, THINK AND TALK THINGS THROUGH.

Programing Costs

- **Program cost reduction**
  - Reduce/eliminate/reallocate positions – 28%
  - Reduce treatment hours – 6%
  - Bid out/contract services – 50%
  - Close/consolidate living units-22%
  - Reduce overtime hours – 50%
  - Budget audits/training, etc. – 39%

- Have clients cover certain costs – 17%
- Reductions in overtime for staff – 33%
- N/A (no formal measures taken) – 11%
- Other (please specify)
  - Clients that are not indigent are required by statute to pay for housing, treatment, and GPS tracking.
  - Reallocate positions
  - Reduce services such as Commissary, etc.

Programing Costs

- **Medical Cost Reduction:**
  - Prescribe generic medications – 72%
  - Use telemedicine – 33%
  - Increase on-site medical procedures – 56%
  - Medical review committee – 39%
  - Initiatives to improve client health – 50%

- Bid out/contract medical services – 28%
- Apply for Medicaid or other benefits for clients who may qualify – 56%
- N/A (no formal measures taken) – 11%
- Other
  - Encourages clients to obtain Medical Assistance and utilization review
  - Scheduled chronic care clinics

On-Site Medical Procedures

- Dental cleaning
- Physician clinic for minor issues
- State paid nurses/doctors
- Denturist
- Imaging
- Audiology
- Radiology
- General Medicine/ Primary Care
- Optometry
- Physical Therapy

- Dialysis
- Intravenous fluids and antibiotics
- Infirmary care
- Joint injections
- Minor suturing
- Podiatry
- Bloodwork
- Vocational/occupational therapy
- EKG/EEG

Utilization Review Process? (N=18)

- Yes – 61%
- No – 22%
- Other – 17%
  - Reviewing somewhat ad hoc questionable cases trying to ensure treatments are by Medicaid Guidelines.
  - Review by pharmacy/medical and administrative personnel
  - There is a policy for utilization review to ensure we are utilizing our resources appropriately.

- Corporate provides UR for offsite procedures.
- All medical issues are reviewed by the medical staff of the larger state hospital on whose grounds we reside
- We use a Care Management System. The medical request is input into the system and reviewed by our Medical Director. He either approves, disapproves or requests additional information or suggests alternate treatment.
- Medical Director or committee follows high risk or utilization patients

On-Site Health Care (N=18)

- Laboratories – Onsite: 1
  - Permanent Positions - 5
  - LTE/Contract - 4
- Phlebotomy – Onsite: 4
  - Permanent Positions -5
  - LTE/Contract-4
- MRI – Onsite: 0
  - Permanent Positions - 0
  - LTE/Contract-2
- Optometry – Onsite: 3
  - Permanent Positions -0
  - LTE/Contract-9
- Occupational Therapy – Onsite: 1
  - Permanent Positions -7
  - LTE/Contract-2
- Oral Surgery – Onsite: 0
  - Permanent Positions-1
  - LTE/Contract-1
- Skilled nursing 24/7 care – Onsite: 2
  - Permanent Positions -4
  - LTE/Contract-0

- Ultrasound– Onsite: 0
  - Permanent Positions -0
  - LTE/Contract -7
- X-ray – Onsite: 1
  - Permanent Positions -0
  - LTE/Contract-10
- Podiatry – Onsite: 2
  - Permanent Positions -2
  - LTE/Contract -7
- Physical Therapy – Onsite: 3
  - Permanent Positions -3
  - LTE/Contract-8
- Dental – Onsite: 4
  - Permanent Positions -8
  - LTE/Contract-3
- Psychiatry – Onsite: 4
  - Permanent Positions -7
  - LTE/Contract-6
- Diabetes Education – Onsite: 5
  - Permanent Positions -8
  - LTE/Contract-0
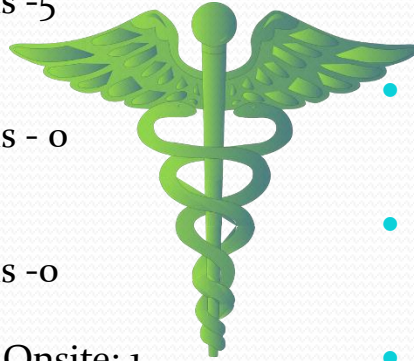
Do your Clients Qualify?

- Medicare – 44%%
- Medicaid – 44%
- VA Medical Benefits – 44%
- Other Notes:
  - When they are getting ready to parole, yes to all
  - Inpatient coverage only
  - Hospital benefits only
  - Medicaid is limited.

Restriction of Sexual Material

- 100% of sites (N=18) restrict possession of sexually explicit material
- 28% allow the use of sexually explicit material for treatment purposes
- 72% do not.

Sex &Relations

- 100% of the sites DO NOT allow sexual relations among residents

- 1 site out of 18 provides condoms to residents

- 28% of sites have had residents legally marry one another

- No sites allow their married residents to cohabit

Conditional Release Survey

Conditional Release Overview

I. Respondents & Census
II. Highlights
- Housing & Living Arrangements
- Inpatient Time
- Tools to Measure Progress
III. Outcomes
IV. Challenges & Strengths

NOTE: supplemental material not presented at the conference is included here

I. Respondents & Census

Respondent Programs

N = 13 with CR program

- Arizona
- California
- Illinois
- Iowa
- Kansas
- Massachusetts
  - [no active CR ≈ last 20 years]
- Minnesota
- New Jersey
- New York
- Pennsylvania
- Virginia
- Washington
- Wisconsin

Total CR Clients (ever)
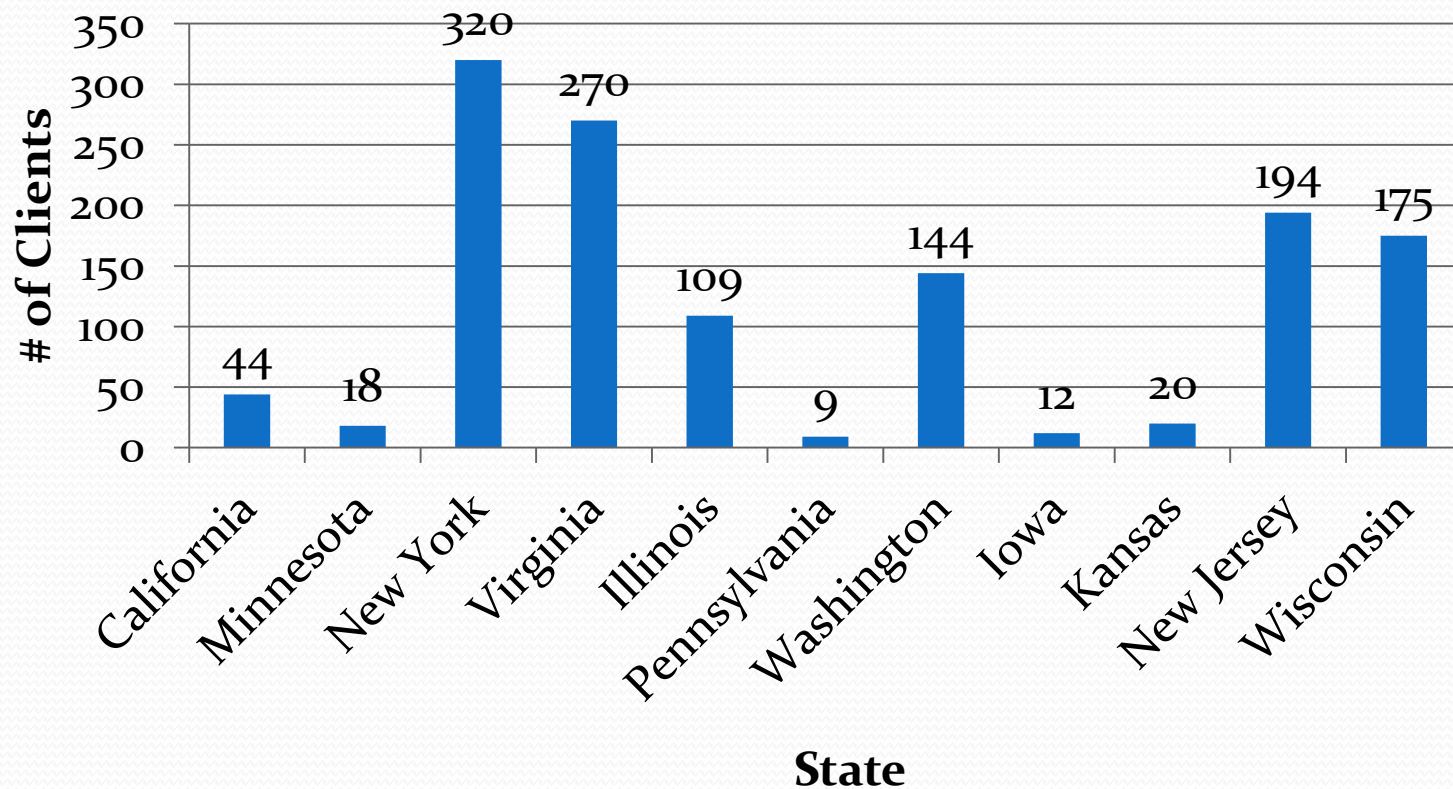
n = 11

Duplicate Placements

- 10 programs indicated they had clients with more than one CR placement (e.g., placed, revoked, later court-ordered to a new CR placement)

- Ranged from 2 – 33% of clients within a given program

- *Mdn* = 15.7%

- Pooled across CR programs = 12.8%

- A few programs indicated some clients have had more than 2 discrete placements

Current CR Census
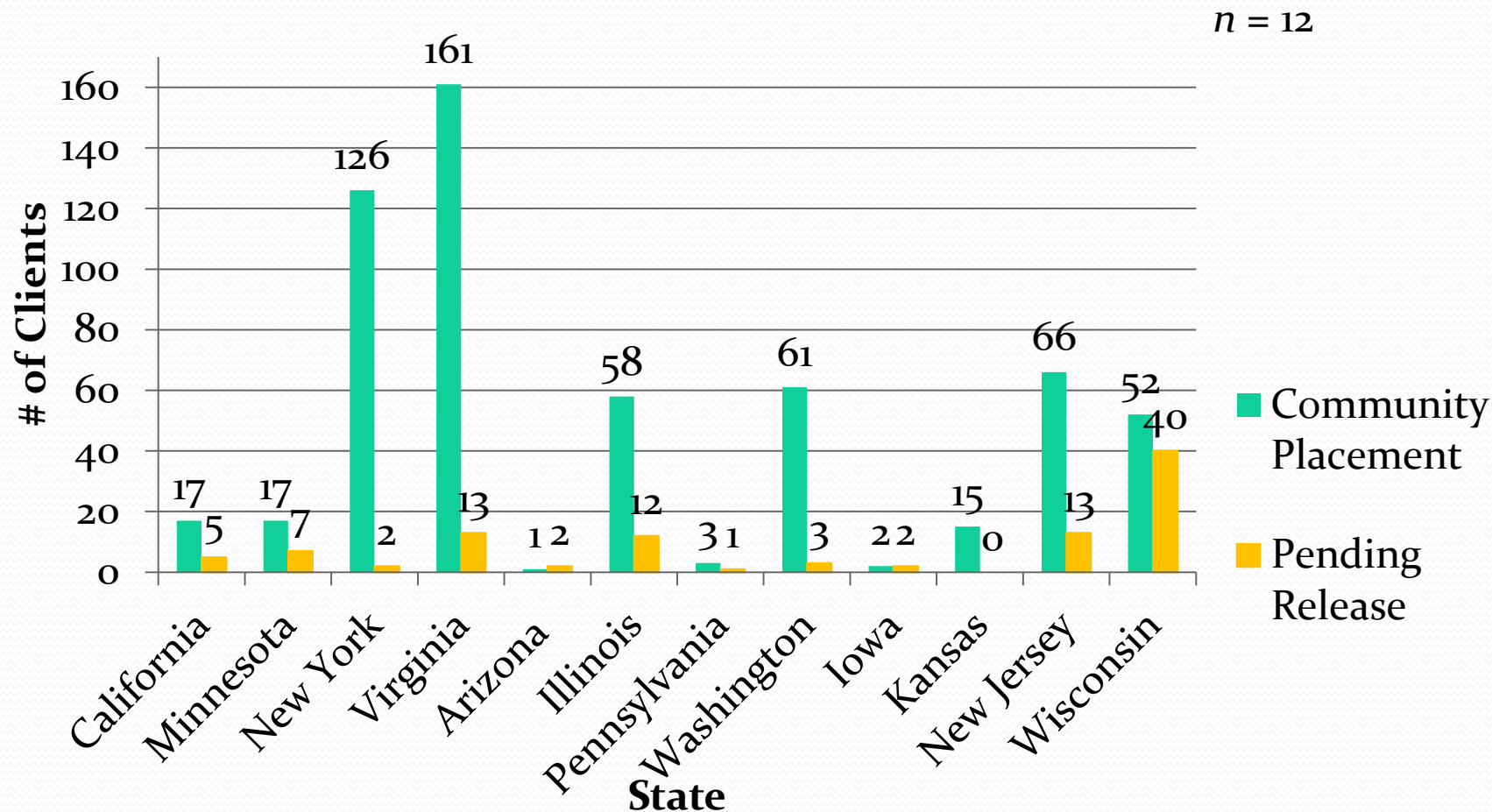
Current Census - Inpatient vs. CR
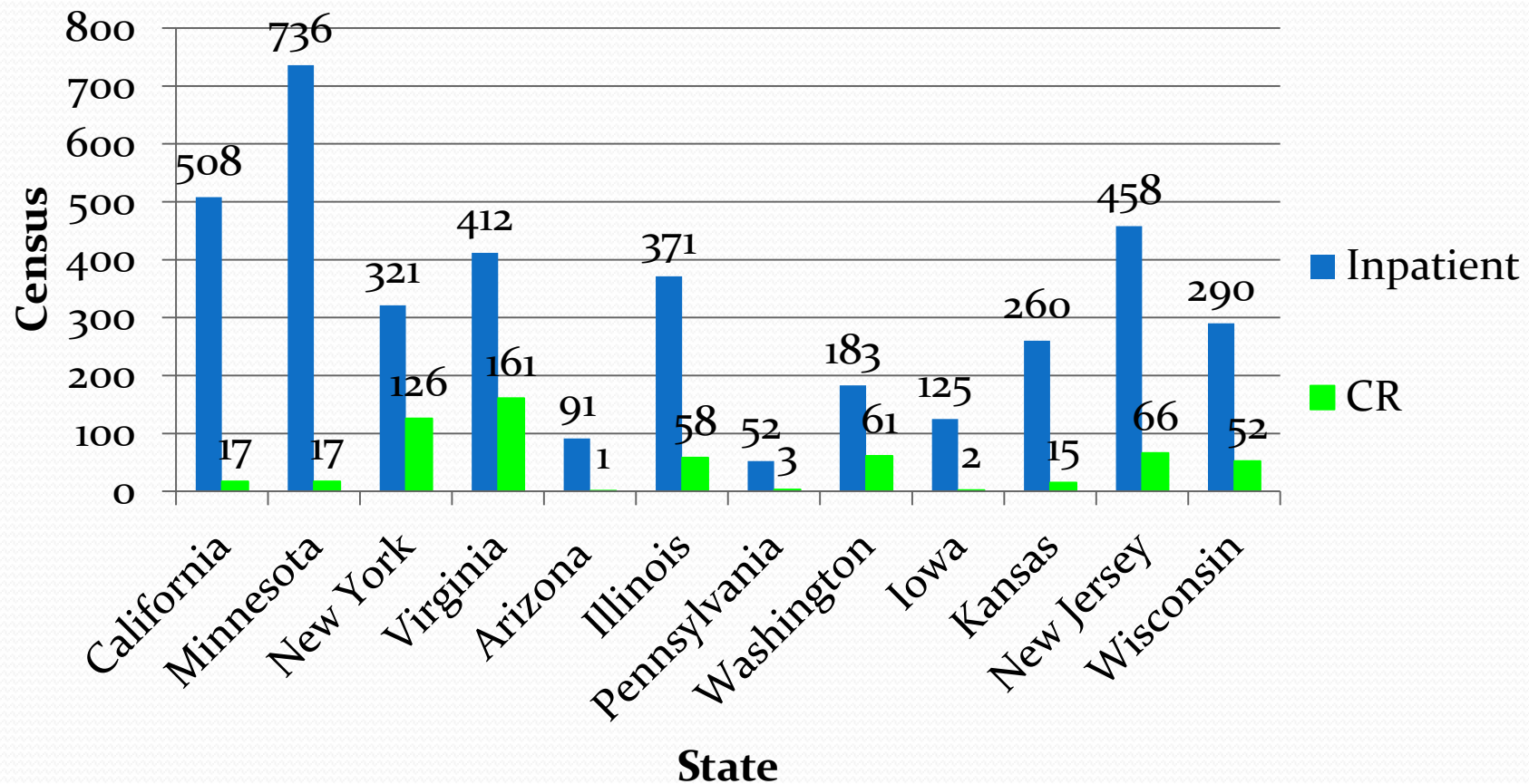
II. Highlights

Housing & Living Arrangements

Use of Transitional Facilities

Description	Frequency
Unable to place clients in state run transitional facilities	5
Use transitional facilities designed specifically for sex offenders	2
Use transitional facilities designed for special sub-populations, (e.g., ID, SOMMI)	2
Use transitional facilities but they are neither sex offender specific nor reserved for special populations	1
Total	10

Housing

$n = 12$

- Responsible for paying
  - State (2)
  - Client (2)
  - Combination, depending on client ability to pay (6)
  - Other (2): if client can't pay state will but client gets billed; all

- Is the client responsible for finding their own housing?
  - All of the time (2)
  - Some of the time (4)
  - Never (4)
  - Other (2): up to this point state had found; it's a joint effort

Time to Locate Housing

- 2011 (*n* = 7 programs)
  - Range: 60 days to 8.5 months
- 2018 (*n* = 9 programs)
  - Range: 3 weeks to 2.5 years
    - *n* = 5 indicated > 9 months on average

- Even programs reporting less time to find housing (e.g., a few weeks to a few months) indicated that finding housing was "very much a problem"

How much of a problem is finding housing?
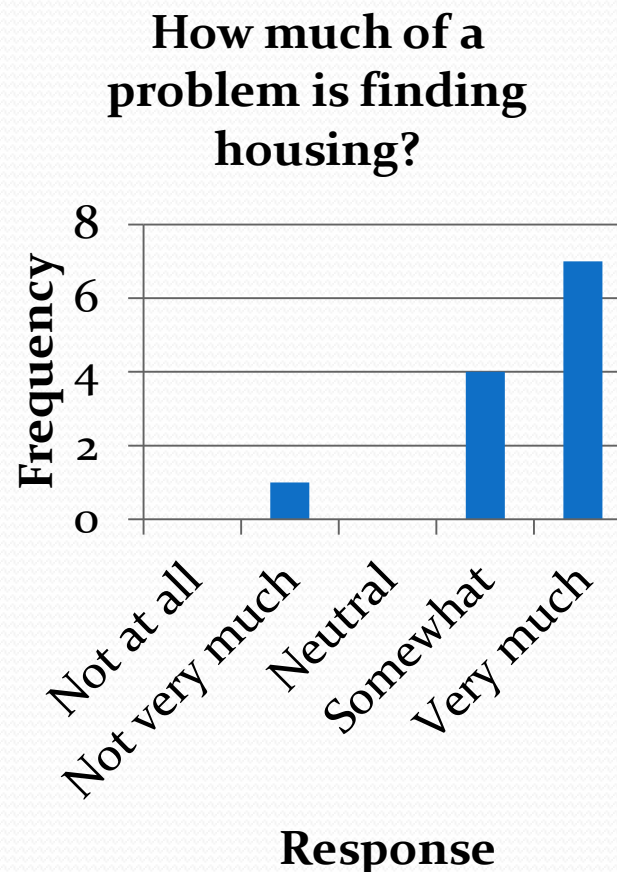
Current Living Arrangements

- Living with family or friends?
  - Yes for 5 of 12 programs: range 7%- 87% of clients within CR programs
  - No for 7 of 12 programs
- Are Shared Living Arrangements utilized?
  - Yes for 9 of 12
    - But 3 of 9 do not currently utilize
    - % of clients in SLAs ($n = 6$)
      - Range = 5% to 80% of clients within CR programs
      - $Mdn = 57\%$; $M = 53\%$
  - 3 programs do not use SLA

Shared Living Arrangements

What's Beneficial?

- Effective community supervision
- Positive peer support
- Same rules
- Helps with loneliness
- Accountability
- Shared resources
- Help with ADLs
- Socialization
- Financial savings
- Report concerns/violations

What's Challenging? $n = 7$

- If one starts to lapse, can create tremendous anxiety for the other in the house
- Arguments / not getting along
- Shared resources
- Theft
- Internet access
- Victim access
- Cramped living space
- Difficult to get lease signed

Inpatient time prior to CR

- Average length of stay in the inpatient program prior to clients being released to conditional release in the community
- *n* = 8
- *Mdn* = 9.25

State	Inpatient Years Prior to CR
CA	10
NY	4.6
PA	6.5
WI	10.3
MN	13.1

Tool to Measure Progress

Tool	2017 ($n = 11$)		2018 ($n = 11$)	
	Frequency	%	Frequency	%
VRS-SO	0	0.0%	1	9.1%
Stable-2007	8	72.7%	5	45.5%
Acute-2007	5	45.5%	4	36.4%
SRA-FV	4	36.4%	3	27.3%
SAPROF	0	0.0%	0	0.0%
HCR-20	1	9.1%	1	9.1%
SVR-20	0	0.0%	0	0.0%
SOTIPS	2	18.2%	5	45.5%
No Tool Used	2	18.2%	4	36.4%

III. Outcomes

Historical CR Adjustment (*n* = 11)

What % of the program's total historical CR clients…

Outcome	Range Across Programs	*Mdn* Across Programs	Pooled
Remain on CR without Custody Events?	0.0% to 99.0%	35.3%	45.4%
Were Unconditionally Discharged without Custody Events?	0.0% to 42.0%	25.0%	19.6%
Had at Least 1 Custody Event for Violations?	0.0% to 58.0%	35.0%	31.5%
Died on CR?	0.0% to 13.0%	1.0%	3.5%

Non-Sexual Violations

- Return to secure treatment facility for <u>re-arrest for a non-sexual offense</u> ($n = 10$)
  - None for 7 of 10
  - 3 of 10 programs 1% to 5%
- Return to secure treatment facility for <u>non-sexual offense</u> that could have resulted in criminal charges, but charges were not filed ($n = 9$)
  - None for 5 of 9
  - 4 of 9 programs 2% to 5%

Most Frequent Technical Violations (*n* = 11)

Technical Violation	# of Programs
GPS-Related & Unapproved Movement & Unapproved Outings	5
Non-Compliance with Supervision/Misc. Violations/Curfew	5
Alcohol/Substance Use	4
Pornography	4
Unauthorized Internet/Social Media/Dating Websites	4
Unapproved Contact / Socializing with Negative Influences	4
Deceptive Behavior / Offense-Related Interests Activated	3
Treatment-Related	3
Contact with Minors	2
Deviant Sexual Behaviors	2
Financial Violations	2

Sexual Violations

Type	n	Range Across Programs	Pooled
Non-Criminal Sexual Violation (e.g., pornography, relationship)	10	0.0% to 75.0%	17.1%
Re-Arrest for a Sexual Offense	11	0.0% to 5.0%	2.4%
Illegal, but Uncharged Sexual Behavior	9	0.0% to 5.1%	2.5%

Types of Sexual Violations (*n* = 8)

Violation	Frequency
Pornography; viewing unapproved sexually explicit materials	5
Unapproved relationship; unapproved but legal sexual contact	5
Unapproved contact with minors	2
Deviant/offense-related thoughts, fantasies, masturbation (including failure to disclose)	4

Others
- Going to unapproved websites
- Sexualizing others
- Sexual contact
- Frotteurism
- Failing to follow CR rules
- Failure to be transparent in tx
- Possible (i.e., suspected) grooming of a child
- Sexual conversations/horseplay
- Sexual assault
- Endangering the welfare of a child
- Boundary violations/fraternization
- Uncharged illegal sexual behavior

Unconditional Discharge

- How many clients unconditionally discharged? ($n = 9$)
  - Range = 5.0% to 83.3%
  - *Mdn* = 29.1%
  - Pooled = 29.4%
- Violations on CR prior to discharge ($n = 8$)
  - Majority of CR clients unconditionally discharged did not return to custody for a violation/revocation prior to their unconditional discharge (range = 50.0% to 100.0%)
  - Pooled = 78.7%

Total Unconditional Discharges of CR Clients
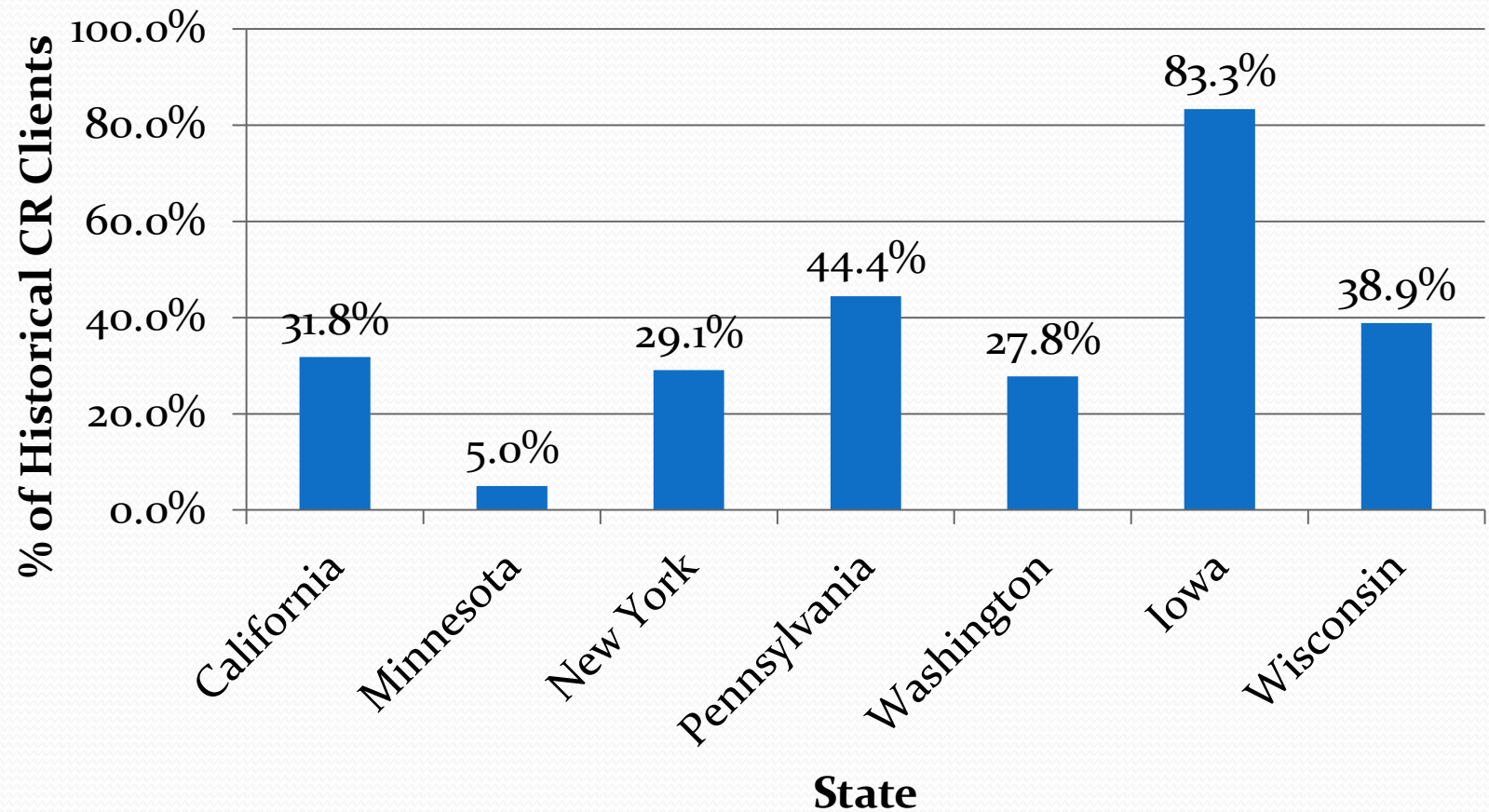
Time Prior to Unconditional Discharge

Duration	*n*	Range Across Programs	*Mdn*
Length of Stay on CR Prior to Discharge	8	25 days to 5.74 years	3.75 years
Total Time Civilly Managed Prior to Discharge	7	4.9 to 15 years	12.1 years

Offenses Post-Discharge from CR

- Arrested for New Sexual Offense?
  - If restricted to (2) programs that systematically review criminal history databases...
    - 8.1%
- Arrested for New Non-Sexual Offense?
  - If restricted to (2) programs that systematically review criminal history databases...
    - 15.5%

IV. Challenges & Strengths

Most Challenging (*n* = 11)

Challenge	Ranked # 1	*M*	Compared to 2017
Securing housing	7	2.18	=
Politics (state, local)	1	4.00	∨
Shortage of funding	0	3.90	∧
Community pressure	0	4.11	∨
Securing non-SOT services	0	6.38	=
Shortage of staffing	0	4.44	=
Securing SOT services	0	6.38	=
Recruitment & retention of staff	1	4.89	=

Most Needed (*N* = 12)

Greatest Strength (*n* = 10)

Contact Info

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Supplementary Material

Services Offered

Pre-Release (n = 12)

Service	Frequency
Specialized or less restrictive living unit	9
Additional education or vocational training	7
Peer mentorship opportunities	5
Re-entry groups	10
Community outings or furloughs	8

Post-Release (n = 10)

Service	Frequency
Job Training	2
Assist with finding employment	6
AODA treatment (if applicable)	1
COSA	0

Average Annual Cost Per Client

- 5 programs provided specific $ amount
- Range = $93,700 to $294,100
- Unweighted *M* = $139,631.38
- Services included in the cost reported included:
  - For 5 of 5 programs: housing, supervision & monitoring, SOT, transportation
  - 4 of 5 programs including daily living expenses in cost
  - 3 of 5 programs also include other treatment in cost
  - 2 of 5 programs also included medical care in cost

Ranked Factors Influencing Cost
1 = highest cost, 8 = lowest cost
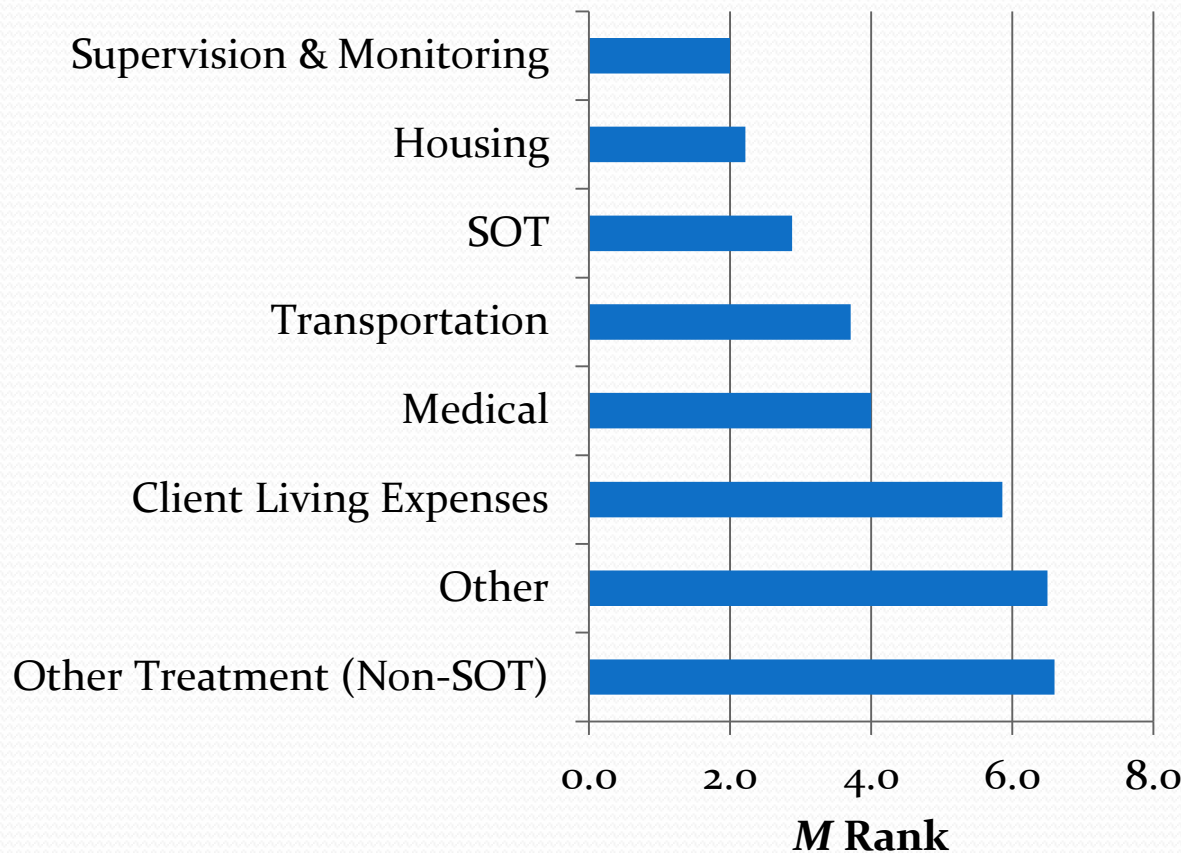
Supervision, housing, and SOT ranked as top factors resulting in significant costs to programs

% of Clients by Living Arrangement Type

- For 8 out of 12 programs, apartments / homes are the most common living arrangement

Living Arrangement	# of Programs with No Clients in Living Arrangement Type	*M* %	% Range
State-Run Transitional Facilities	9	12.6	0 - 90
Apartments / Homes	1	59.5	0 - 100
Group Homes	9	4.8	0 - 33
Hotels	11	0.7	0 - 8
Special Care Homes	9	1.1	0 - 8
Nursing Homes / Hospice	9	1.1	0 - 11
Transient	10	6.4	0 - 59
Other	8	13.3	0 - 78

Residency Restrictions

- State laws – 7 of 11 programs
- Individual township / municipal – 7 of 11 programs
  - 5 programs selected both types
- Other – 3 of 11 programs
  - Residents (juveniles) recently removed from registry, but previously faced restrictions in individual municipalities
  - Must be 880 feet away from schools, daycares, parks, etc.
  - Change in law -> only a few clients are subject to individual township/municipal restrictions

Community Notification (*n* = 12)

- Negative effect - 6
- Positive effect - 0
- No effect - 3
- Other – 6
  - Can have positive and negative effects
  - Negative effects are rare
  - Requirement has been lifted, but in the past when it applied had extremely negative effects
  - Examples of negative effects offered – e.g., vandalism, angry citizens, community backlash
  - Comments about different requirements among tier designations

Community Notification (cont'd)

- Who is responsible?
- SVP Program - 1
- DA - 1
- Local Law Enforcement - 10
- Other – 3
  - Determined by local jurisdiction
  - DHS which governs the program itself
  - Bureau of Investigation

Treatment & Therapists

Who provides treatment? (*n* = 12)

Who Provides Treatment	Frequency
State employed therapists who work for the program	2
State employed therapists who do not work for the program	1
Private therapists paid for by the state	7
Private therapists paid for by the resident	4
Private therapists paid in part by the state and in part by the resident	2
Other (please specify)	1

Who chooses the therapist?

| Who Choose the Therapist	Frequency
The resident chooses his/her own therapist	0
The program chooses the therapist	7
The program and the resident work together to choose the therapist	4
Other	1

Therapist Pay

How is rate of pay set? (*n* = 10)

- CR program = 1
- Therapist = 5
- Other = 7
  - Vendor / contract
  - Negotiated
  - Other state agency
  - Depends on licensure

Range of hourly pay (*n* = 7)

- Individual $140-$175; Group $50-$75
- $100-$164 / hour
- Individual $60-$160 / hour; Group $90-$160 / 90 minutes
- $16-$28.75 / hour
- Individual $100-$120/ hour; Group $30-$45 / 1.5 hours
- Masters/non-licensed: Individual $125 / hour and Group $50 / hour ; Licensed: Individual $150 / hour and Group $75 / hour
- $982 / client / month -> see client 2-4x / month -> $246-$491/hour [+ unbilled documentation and case consultation]

Treatment Approach
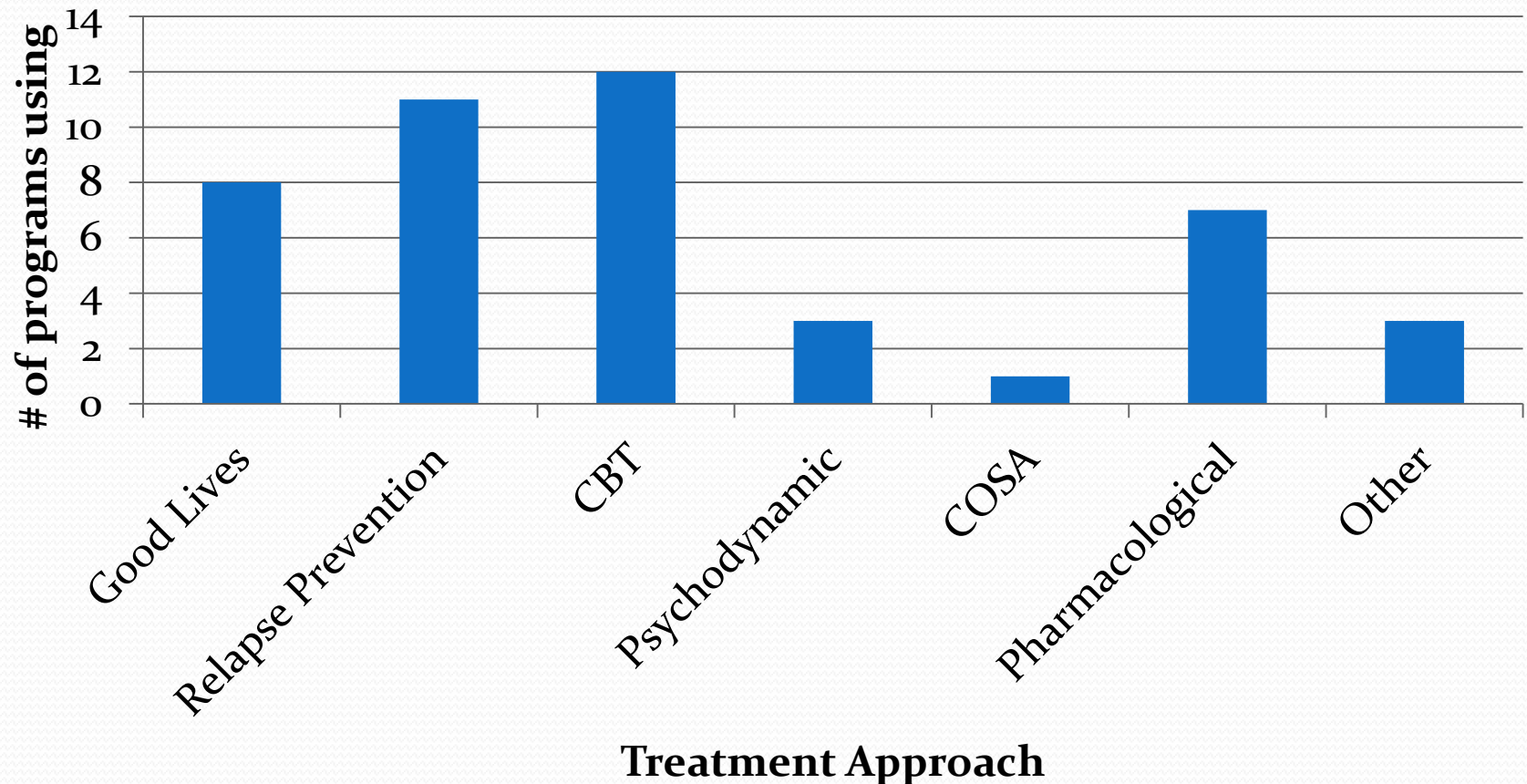
Other Treatment & Services

- Family Reunification ($N = 12$)
  - Yes – 1
  - Allowed Case x Case – 10
  - No - 1
- Marital Therapy
  - Yes - 3
  - No - 3
  - Other – 6 (e.g., as or if needed)
- Job Skills/Search/Training ($N = 12$)
  - Yes - 7
  - No - 3
  - Other – 2 (e.g., other agencies vs. CR program)

M Static-99R Score of Current Clients

- Range = 4.0 – 6.5
- Weighted *M* = 4.98

Use of Assessments

PPG

- Yes, all clients - 2
- If clinically indicated - 6
- No - 2
- Other - 2

Polygraph

- Never use it - 0
- Approximately 2x/year - 2
- Once per year - 1
- Randomly, as needed, not on a regular basis - 3
- Other – 6 (e.g., regularly + depends on level of supervision; combination of responses; every 3 months)

Substance Use

- Frequency of Testing for illicit drug use
  - Random and frequent
  - Twice monthly – 3 [1 program noting only if hx of use]
  - Anywhere from weekly to monthly depending on hx
  - Depends on level of supervision (weekly, monthly, or quarterly)
  - As needed / with cause – 5
  - Other agency responsible/decides
- Are any clients required to wear a SCRAM bracelet?
  - Yes - 0
  - No - 9
  - Other – 3 (e.g., case x case, have in past, hope to in future)

Who is responsible for supervision?

- *N* = 12 (could check multiple)
- Parole / Probation / DOC - 7
- SVP CR Staff - 5
- Non-DOC Contracted Monitors - 2
- Other – 1 (case managers who provide monitoring and assistance with community adjustment)

Monitored or Access Limited
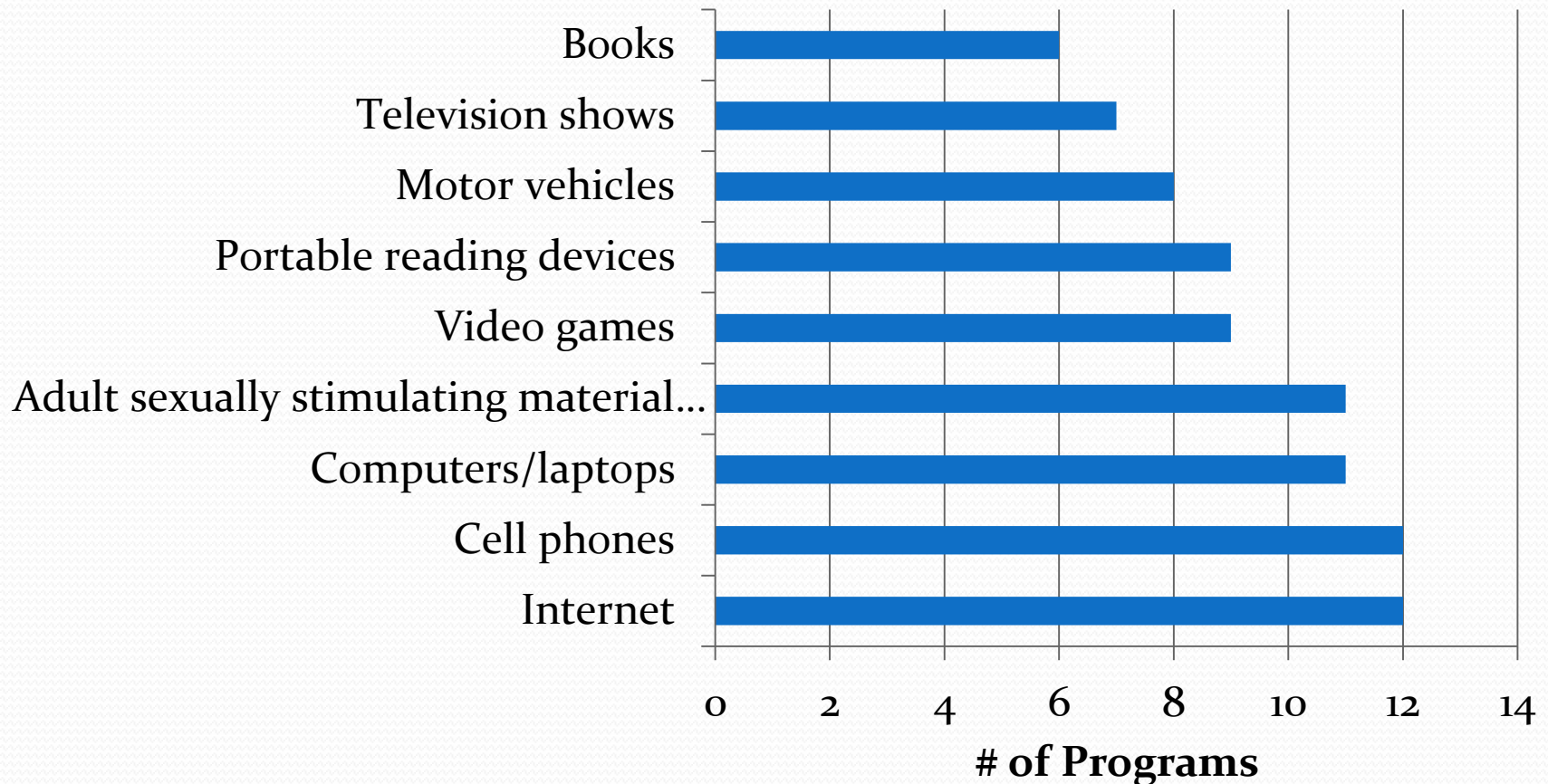
GPS Monitoring (*N* = 12)

- 7 programs had 100% of clients monitored by active GPS

- 2 programs had 100% of clients monitored by passive GPS

- 1 program had a majority of clients monitored by active GPS, but none by passive GPS

- 2 programs had 10-13% of clients monitored by passive GPS, but none by active GPS

Medication to Manage Sexual Arousal

- *n* = 8
- % of current clients taking such medication ranged from 0% to 17.6% within individual programs
- 7.7% CR clients pooled across all programs

- Prescriber Information (*N* = 12)
- Who prescribes?
  - Doctor employed by state - 4
  - Doctor in private practice - 6
  - Other - 2
- Difficulty finding a prescriber?
  - Yes - 3 of 12 programs
  - No – 5 of 12 programs
  - Other – 4 of 12 programs

Orchiectomy

- *n* = 7

- 5 of 7 programs indicated that no historical CR clients had undergone an orchiectomy

- 2 other programs had 1 or 2 clients

Income (*N* = 12)

Income Type	Frequency
SSI	8
SSD	6
Employment	12
Welfare	6
Pension / Retirement	9
Veteran's Benefits	6

Health Care

Type of Benefits	n	Yes	No
Private Medical Insurance	12	8	4
Medicare	11	9	2
Obtained Insurance through the Affordable Care Act*	9	6	3

*5 of 9 programs indicated they assist clients with applying for ACA services

Who reimburses medical costs that are not covered by private insurance, Medicare, or Medicaid?	Frequency
The Client	3
CR Program	5
Both Client and CR Program (e.g., depending on client's ability)	2
Other Publically-Funded Program	1

Client-Contributed Costs

- Clients contribute to costs for between 1 and 8 of the types of services across individual CR programs ($M = 5.5$)

Type of Service	Does Client Contribute towards Costs?	
	Yes	No
Supervision / Monitoring	2	8
SOT	8	3
Other, non-sex offender treatment	6	3
Housing	10	1
Medical Expenses	8	2
Normal Living Expenses	10	1
Transportation	11	0
Polygraph Exams	6	5

Employment

State	N	% Working Full Time	% Working Part Time	% Unemployed	% Unable to work
California	17	41	5	35	19
Minnesota	17	35	24	12	29
Washington	61	13	0	54	33
Iowa	2	100	0	0	0
Wisconsin	52	17	10	65	8

Types of Jobs

- Maintenance supervisor , retail, warehouse, driver/delivery, local trucking , janitorial/custodial, labor, food service, carpentry, landscaping, cleaning, factory, call centers, welding, stockroom, industrial, manufacturing, customer service, farm/ranch, Amazon, Hello Fresh, Blue Apron, auto detailing, construction, fork lift operator, auto mechanic, medical equipment, car wash, sorting items for resale, truck driver

Volunteering (*n* = 11)

- 7 of 11 programs indicated clients volunteer (or are allowed to volunteer)

- Types of volunteer arrangements included feeding vets who are homeless, serving meals to people who are homeless, church, literacy training, soup kitchens, and a government office

Required to Disclose…

To Employer

- Their status as a sex offender under supervision (11 of 11 programs)

- Aspects of their offending history (8 of 11 programs; 1 additional program indicated clients may have to disclose victim profile depending on the type of job)

To Volunteer Agency

- Their status as a sex offender under supervision (9 of 9 programs)

- Aspects of their offending history (6 of 9 programs; 1 additional program indicated clients may have to disclose victim profile depending on the type of agency)

Education

- % of current clients attending school/college/training program
  - Range = 0% to 12% within individual CR programs
- Types of educational or training programs
  - GED, community college, VESID, training centers through social services agencies, industrial, food service, janitorial, manufacturing, CDL

Romantic Relationships

Approach to Intimate Relationships	Frequency
Encouraged	0
Allowed	1
Allowed, but only if pre-approved	9
Discouraged	2
Not allowed	0

- % of current clients involved in a romantic relationship ranged from 0% to 50% within individual CR programs
- *Mdn* = 6%
- Pooled = 12.7%

COSA

- 11 programs do not have organized COSA systems
- 1 program indicated they had a peer support group

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

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