State Sex Offender Treatment Programs

50 - State Survey

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Dear Criminal Justice Colleagues:

The Colorado Department of Corrections recently completed a survey of 50 states and the District of Columbia covering sex offender treatment and management programs. Areas surveyed included legislative influences on state programs as well as program structure within state prison systems. Many states also provided curriculum, assessment tools, standards of care and other materials used within their programs.

The survey consisted of twenty-one (21) pages containing seventy-eight (78) questions. Responses were received from forty-three (43) states and the District of Columbia, including Colorado. This vast research endeavor was conducted by Paula Wenger, a private consultant in Colorado.

The completeness of the survey report could not have been accomplished without significant effort from the responding states. I would like to thank the executive staff of each participating department of corrections for their willingness to support their program and research staff in working on the survey.

I believe you will find the nationwide scope of this document informative and useful in the further development of sex offender programs.

Sincerely,

John W. Suthers
Executive Director
Colorado Department of Corrections

State Sex Offender Treatment Programs
August 2000

50-State Survey Conducted by the Colorado Department of Corrections

Prepared for the Colorado Department of Corrections by Paula Wenger, consultant, Longmont, Colorado.

Survey of State Sex Offender Treatment Programs
August 2000

50-State Survey Conducted by the Colorado Department of Corrections

Survey Participation

In January 2000, the Colorado Department of Corrections distributed a 21-page survey of sex offender treatment programs to the 50 states and the District of Columbia. The survey contained 78 questions covering major program elements. Two of the questions requested materials developed by the departments to describe their programs, as well as copies of legislation influencing program approaches and structures.

Colorado received survey responses from 43 states and the District of Columbia, including a response from Colorado program and research staff. In addition to program descriptions and legislation, many states provided related materials such as curriculum, assessment tools, standards of care, and interagency agreements.

Four states—Arkansas, Florida, Idaho, and Maine—provided basic program information through brief telephone interviews.

The findings presented in the analysis of trends and the profiles in this report are based on responses to the survey instrument, materials sent by the states, and telephone interviews.

Acknowledgements

Participation in the State Sex Offender Treatment Programs survey required substantial contributions from the states, in completing an extensive survey, compiling program material, and reviewing the trends analysis data as well as the program profile for their state.

I would especially like to thank the contact people for their generosity and patience in helping us to produce a thorough and accurate report.

Paula Wenger
Consultant to the Colorado Department of Corrections

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Summary of Findings

Treatment programs
Formal sex offender treatment programs are being conducted in 39 states, including a program in Wyoming that is in transition and programming in West Virginia that is under review for standardization across all state institutions. In addition, Maine is developing a three-year program projected to open in two years, and Idaho is in the early stages of considering a comprehensive treatment program for the high number of sex offenders in its institutions. Informal treatment has been conducted in Nevada for a number of years. (See Table 1.)

Sex offender populations
A total of 154,518 sex offenders were reported among the 43 states that provided the number of sex offenders incarcerated in their institutions. Sex offender populations range from 161 in North Dakota to 25,398 in Texas. Among the reporting states, sex offenders represented an average of 26% of the total incarcerated population. (See Table 1.)

Sex offender program capacity and duration
Program capacity among the reporting states ranges from 70 sex offenders in Vermont (with a total sex offender population of 362) to 1,100 in Michigan (with a total sex offender population of 9,756) and 1,200 in Pennsylvania (with a total sex offender population of 6,931). (See Table 1.)

Most institutional treatment programs have a duration of over 1 year. Of the 34 states that reported the duration of their programs, 28 offer 1 year or more of treatment. Of those programs, 19 conduct up to 3 years of treatment, and 8 conduct more than 3 years of treatment. North Dakota provides treatment for up to 5 years, and recent changes in the Arizona program also provide for treatment up to 5 years. In Massachusetts, inmates are eligible to begin treatment when they are within 6 years of their earliest projected release date; once in the program, an inmate remains active until release. (See Table 1.)

Approach
In statements of program philosophy, mission, or approach, the consensus of states offering treatment is that there is no "cure" for sexual offending behavior, but sex offenders can learn interventions to control their behavior. A number of programs are designed to provide external support and controls, in the form of planning and support for transition into the community as well as specialized supervision. Longer-range programs emphasize the importance of continued treatment in the community. Family education appears to be emerging as a critical element in transitional and post-release support.

The unanimous goal of treatment programs is public safety, although some programs place more emphasis than others on building self-esteem and a sense of empowerment as the foundation for offenders to find and exercise their own interventions.

Programs are also unanimous in using cognitive-behavioral group therapy, with relapse prevention as the focus of treatment. Twenty states—almost 50% of the programs—offer more intensive forms of this approach through therapeutic communities or residential programs, and 2 more states have therapeutic communities under development. (See Table 2.) The majority of statements of approach point to current

research on treatment effectiveness for sex offenders, and a number of states incorporate training and staff development into their program design.

Program components

Programs described in materials provided by survey respondents represent a wide range in structure, sequence, complexity, and intensity. However, given the widespread use of cognitive-behavioral therapy and relapse prevention, the programs are structured on a number of common components (see Table 3, introduced by explanatory text under the heading "Institutional Program Structure" below):

- Assessment for treatment
- Orientation to treatment/prerequisite to treatment
- Education or psychoeducation
- Cognitive-behavioral group therapy
- Intensive treatment (group or residential)
- Transition into the community
- Aftercare

More information on program structure and staffing is provided in the "Findings" section below.

Legislation

Legislation reported by survey respondents ranges from broad mandates for establishing a sex offender treatment program to specific mandates governing elements of treatment and management such as DNA testing, pharmacological treatment, and polygraph testing.

Sex offender treatment programs in 7 states were established by legislation: Colorado, Hawaii, Kentucky, Missouri, Oklahoma, Tennessee, and Texas. In New Jersey, legislation passed between 1994 and 1998 increased the role of the Adult Diagnostic Treatment Center, a specialized institution opened in 1976 to treat sex offenders committed by the court system.

Legislation attached to surveys by Kentucky, Tennessee, and Colorado established advisory or standards boards for sex offender treatment and management. Review boards in Nevada and New Jersey were also established in legislation provided by those states. Other states noted the establishment of standards and/or review boards in response to survey questions (see "Advisory and Standards Boards/Entities" below).

Texas has a multidisciplinary team, created by state law, to review offenders eligible for civil commitment. Texas also has a risk assessment review committee, created by state law, to assess the risk sex offenders pose at the time of their release from prison. A Council on Sex Offender Treatment establishes treatment standards in the state and maintains a registry of sex offender providers.

A number of states also reported on laws governing registration and notification, which have similar provisions among the states. Seven states reported civil commitment laws, and 4 states reported legislation establishing lifetime supervision.

Program effectiveness

Only 14 states reported having an internal system for tracking program effectiveness. The most common time periods for tracking sex offenders after release are 3 years, 5 years, and 10 years. In 1988, Hawaii began tracking released sex offenders for their lifetime. A number of programs track sex offenders through parole, or until discharge.

Seven states provided results of recidivism studies: Alaska, Colorado, Kentucky, Massachusetts, Minnesota, New Hampshire, and Vermont. A number of other states reported current recidivism data.

In Arkansas, proposed legislation would extend probation, after parole is ended, to an indefinite period, which would allow the program to track sex offenders for a number of years. Other legislation would provide for specialized parole/probation officers who would follow sex offenders through their discharge date, up to life.

Survey Findings

Table 1 on the following page provides a checklist of states conducting sex offender programs, with the duration of each, in the context of the number of sex offenders incarcerated in each state. In turn, the number of incarcerated sex offenders provides perspective on the capacity of each program, in terms of the number of sex offenders who can be treated at one time.

Table 1: Programs and Populations	Has formal sex offender treatment program	Duration of program	Number of incarcerated sex offenders	Percentage of total incarcerated population	Sex offender treatment capacity (at one time)
Alabama	No program	N/A	Unknown	Unknown	N/A
Alaska	Ö	20 to 36 mo	496	24%	102
Arizona	Ö	3 to 5 yrs	3,299	13%	100
Arkansas	Ö	1 yr	1,653	13.8%	120
California	No program	N/A	22,720	15%	N/A
Colorado	Ö	2+ yrs	3,391	22%	230
Connecticut	Ö	6 mo	2,295	13%	Not provided
Delaware	No program	N/A	504	8%	N/A
Dist. Of Columbia	No program	N/A	429	7%	N/A
Florida	No program	N/A	Not provided	Not provided	N/A
Georgia	Ö	9 mo	4,839	11%	120 to 240
Hawaii	Ö	Varies	634	18%	110
Idaho	Under consideration	N/A	Not provided	Not provided	N/A
Illinois	Ö	Not provided	6,496	14%	Not provided
Indiana	Ö	Up to 180 hrs	2,701	14%	All (monitoring)
Iowa	Ö	Up to 2+ yrs	1,228	17%	304
Kansas	Ö	18 mo	2,002	23%	316
Kentucky	Ö	Min. 2 yrs	2,000	14%	325
Louisiana	Ö	Did not respond to survey			
Maine	Projected	3 yrs	Not provided	Not provided	Not provided
Maryland		N/A	1,912	8%	N/A
Massachusetts	Ö	6+ yrs	2,769	26%	690
Michigan	Ö	1 yr	9,756	21%	1,100
Minnesota	Ö	18 mo to 3 yrs	1,164	20%	300+
Mississippi	No program	N/A	Not labled	Not provided	N/A
Missouri	Ö	12 to 15 mo	3,500	14%	275
Montana	Ö	3+ yrs	465	33%	150
Nebraska	Ö	18 to 24 mo av	562	14%	44
Nevada	Informal	Ongoing	1,000	11%	Varies
New Hampshire	Ö	12 to 16 mo	633	27%	120
New Jersey	Ö	3 to 4 yrs +	2,052	7%	800 + or -
New Mexico	No program	N/A	910	18%	N/A
New York	Ö	6 mo	6,272	8%	530+
North Carolina	Ö	5 mo	5,101	16%	75
North Dakota	Ö	2 to 5 yrs	161	17%	50 to 60
Ohio	Ö	Up to 3 yrs	9,100	19%	525
Oklahoma	Ö	3+ yrs	2,200	10%	160
Oregon	No program	Did not respond to survey			
Pennsylvania	Ö	18 to 24 mo	6,931	19%	1,200
Rhode Island	Ö	Varies	405	13%	100
South Carolina	Ö	1 to 2 yrs	2,300	10%	100
South Dakota	Ö	Up to 2 yrs	550	22%	100
Tennessee	Ö	3 to 4 yrs	3,036	18%	105
Texas	Ö	Up to 18 mo	25,398	17%	307
Utah	Ö	Did not respond to survey			
Vermont	Ö	1 to 3 yrs	362	29%	70

Virginia	Ö	**2+ yrs**	**5,400**	**18%**	**300**
Washington	Ö	**Up to 3 yrs**	**3,117**	**22%**	**200**
West Virginia	**Under review**	**Varies**	**518**	**17%**	**176**
Wisconsin	Ö	**Up to 3 yrs**	**4,000**	**19%**	**300**
Wyoming	**In transition**		**257**	**18%**	**Not provided**

Prison Sex Offender Population

Identification

In 23 of the 44 states that responded to the survey, sex offenders are labeled differently from the general population. In only 7 of those states, sex offenders are identified by current crime only. Although an offender is identified as a sex offender for a prior felony in 31 states, a significant number of states also use a prior misdemeanor or the factual basis of a current non-sex conviction as criteria. Colorado and Ohio were the only states to report a time limit on felony and misdemeanor sex offenses, which is 10 years in Colorado and 15 years in Ohio. Below are the number of states who reported using each criteria:

	Number of states
Current crime only:	7
Current crime and other criteria:	36
Prior felony:	31
Prior misdemeanor:	20
Factual basis of current non-sex crime:	25
Institutional misbehavior:	18

Severity scale

Eight programs reported using a severity scale for both classification and treatment. Two use a severity scale for classification only, and one uses the scale for treatment only. Several programs noted the use of a severity scale for screening or risk assessment, in particular for notification purposes.

Population Status

Total prison populations range from 954 in North Dakota to 148,090 in Texas and 153,975 in California. The number of sex offenders in the prison population ranges from 161 in North Dakota to 25,398 in Texas and 22,720 in California. The average percentage of the total prison population who are identified as sex offenders is 26%. This percentage excludes Connecticut, where a 20% increase in the total prison population resulted in an increase in the sex offender population of 242%; sex offenders increased from 4.59% of the total population in 1994 to 13.07% in 1999.

Changes in the sex offender population

In 27 states, the number of sex offenders increased from 1994 to 1999. Of these, 5 had an increase in number of sex offenders, but not in the percentage of the total population. In Washington, the sex offender population increased in number, but decreased in the percentage of the total population. By number of states, the increase in number was due to:

	Number of states
Increased commitments:	20
Conservative release rates:	16
Changed identification system:	6

The sex offender population remained the same in 10 states, and decreased in percentage of total population in 2 states.

Prison Sex Offender Treatment Program

Program Description

According to survey responses, sex offender treatment programs are being conducted in 39 states. In addition, Maine is developing a three-year program projected to open in two years, and Idaho is in the early stages of considering a comprehensive treatment program. Informal treatment has been conducted in Nevada for a number of years, as a means to prepare inmates for the review panel who certify them for parole consideration.

Twenty-one of the states that responded to the survey reported a program designed only for the prison population.

Duration

The duration of sex offender treatment among the states conducting programs ranges from 5 months in North Carolina to 6 or more years in Massachusetts. A breakdown of the ranges is provided below (also see Table 1):

1 to 9 months:	Connecticut	6 months
	Georgia	9 months
	New York	6 months
	North Carolina	5 months
1 to 2 years:	Arkansas	1 year
	Kansas	18 months
	Michigan	1 year
	Missouri	12 to 15 months
	New Hampshire	12 to 16 months
	Pennsylvania	1 year to 18 months
	South Dakota	Up to 2 years
	South Carolina	1 to 2 years
	Texas	Up to 18 months

Up to 3 years:	Alaska	20 to 36 months[1]
	Colorado	2 + years, until release[2]

In Indiana, sex offenders are approached within the last 3 years of their incarceration to attend a psychoeducational group of up to 180 hours, focusing on deviant cycles, detours, and development of a relapse prevention plan.

	Iowa	Up to 2+ years
	Minnesota	18 months to 3 years
	Ohio	Up to 3 years
	Vermont	1 to 3 years
	Virginia	2+ years
	Washington	Up to 3 years
	Wisconsin	Up to 3 years
Over 3 years:	Arizona	3 to 5 years
	Kentucky	Minimum of 2 years
	Maine (projected)	3 years
	Massachusetts	6 to 6+ years
	Montana	3+ years
	New Jersey	3 to 4 years
	North Dakota	2 to 5 years
	Oklahoma	3+ years
	Tennessee	3 to 4 years

Program duration varies in Hawaii, Rhode Island, and West Virginia.

Types of offenders

Only 8 states limit sex offender treatment to normally functioning inmates. For other types of offenders, at least a third of the 40 programs provide treatment, as outlined below. Colorado also provides treatment to the hearing impaired. Alaska takes the hearing impaired into the program and hires interpreters as needed.

	Number of states
Only normal functioning:	8
Normal functioning:	28
Chronically mentally ill (CMI):	13
Non-English speaking:	16
Females:	17
Developmentally disabled:	22

[1] AK: Inmates must have a minimum of 18 months remaining on their sentences to enter the program. The average duration may be longer, ranging from 20 to 36 months; 18 months to 2 years is the current average.

[2] CO: Inmates who are amenable to treatment generally enter the program at 2 years or less to PED, and remain in the program until release.

Treatment Requirement

Twelve states require treatment for eligible sex offenders. In Alaska, the program is only mandatory in cases of court-ordered treatment. In a number of programs where treatment is not mandatory, parole consideration and earning of good time is contingent on treatment, and the decisions of parole boards are significantly influenced by program participation.

Approach

As Table 2 on the following page demonstrates, survey responses indicate that all 40 sex offender treatment programs use cognitive-behavioral group therapy or counseling, and all focus on relapse prevention. Twenty states—50% of the programs—also use some form of therapeutic community.

The term "therapeutic community" on Table 2 describes a range of residential programming. Some states reported a modified therapeutic community or a residential program with certain features of a therapeutic community, such as a segregated unit for participants, specially trained staff, intensive group therapy, and a reinforced atmosphere of mutual support.

Programs modeled on traditional drug and alcohol therapeutic communities are highly structured residential programs with rules and regulations, a formalized community life, and an entire correctional staff trained to reinforce the behavioral change expected through group therapy. In these communities, participants work as well as live together in a therapeutic milieu, which continues 24 hours a day and involves every aspect of an offender's life. Community life centers on structured methods for holding each other accountable for specific behaviors.

(For more detail, see program profiles for states that report a therapeutic community approach on Table 2.)

Table 2: Treatment Approach	Cognitive behavioral-based system	Relapse prevention	Group therapy/ counseling	Therapeutic community
Alaska	Ö	Ö	Ö	Ö
Arizona	Ö	Ö	Ö	
Arkansas	Ö	Ö	Ö	Ö
Colorado	Ö	Ö	Ö	Ö
Connecticut	Ö	Ö	Ö	
Georgia	Ö	Ö	Ö	
Hawaii	Ö	Ö	Ö	
Illinois	Ö	Ö	Ö	
Indiana	Ö	Ö	Ö	**Note**[3]
Iowa	Ö	Ö	Ö	
Kansas	Ö	Ö	Ö	
Kentucky	Ö	Ö	Ö	
Louisiana	**Has program, but did not respond to survey**			
Maine (projected program)	Ö	Ö	Ö	Ö
Massachusetts	Ö	Ö	Ö	Ö
Michigan	Ö	Ö	Ö	
Minnesota	Ö	Ö	Ö	Ö
Missouri	Ö	Ö	Ö	**In preparation**
Montana	Ö	Ö	Ö	Ö
Nebraska	Ö	Ö	Ö	Ö
Nevada (informal program)[4]	Ö	Ö	Ö	
New Hampshire	Ö	Ö	Ö	Ö
New Jersey	Ö	Ö	Ö	Ö
New York	Ö	Ö	Ö	Ö
North Carolina	Ö	Ö	Ö	Ö
North Dakota	Ö	Ö	Ö	
Ohio	Ö	Ö	Ö	
Oklahoma	Ö	Ö	Ö	Ö
Pennsylvania	Ö	Ö	Ö	Ö
Rhode Island	Ö	Ö	Ö	
South Carolina	Ö	Ö	Ö	
South Dakota	Ö	Ö	Ö	
Tennessee	Ö	Ö	Ö	Ö
Texas	Ö	Ö	Ö	Ö
Utah	**Has program, but did not respond to survey**			
Vermont	Ö	Ö	Ö	Ö
Virginia	Ö	Ö	Ö	**Residential**
Washington	Ö	Ö	Ö	
West Virginia (under review)	Ö	Ö	Ö	Ö
Wisconsin	Ö	Ö	Ö	Ö
Wyoming (in transition)	Ö	Ö	Ö	

[3] IN: In the fall of 2001, Indiana will open a new facility that will house 648 sex offenders in a modified therapeutic community. The type of programming has not yet been finalized.

[4] NV: Not sex-offender specific; the program takes a generic approach that applies to all criminal behavior.

Institutional Program Structure

Although sex offender treatment programs vary widely in structure, sequencing, complexity, and intensity, a number of common components emerged from a study of survey responses as well as the program descriptions sent by the states. Not all programs include all the components outlined below, but all appear to apply current research in using some combination of the components. (See Table 3, which charts the components described below.)

In addition to the following components, 19 programs offer individual counseling, usually as an adjunct to group work.

Assessment for treatment

From screening for treatment eligibility to developing treatment plans, states use a number of assessment tools covering a spectrum of aptitudes, thought patterns, and behaviors. The variety of tools used among the states is notable; with the exception of the Multiphasic Sexual Inventory, which is used by 22 states, no one assessment tool among almost 50 listed by survey respondents is used by more than 6 states.

The approach to this stage of assessment also varies widely. New York uses the crime of commitment, the presentence report, and a signed statement that the inmate is willing to participate in treatment. Washington uses a battery of up to 25 instruments focused on attitudes as well as areas such as relapse prevention knowledge and skills. Most states employ between 2 and 8 instruments, including the plethysmograph.

(The numbers in the "Assessment for treatment" column in Table 3 represent the number of assessment tools listed by each state on the survey.)

Orientation/prerequisite to treatment

To prepare program participants for cognitive-behavioral work, a number of programs provide classes, workbooks, and low-intensity discussions to introduce sex offenders to the need for accountability and knowledge of deviant thinking and behavior. In some programs, this component is the first phase of treatment; in others, successful completion of this phase is a prerequisite to admission to the program.

Education/psychoeducation

Some program descriptions use the terms "education" and "psychoeducation" almost interchangeably. Some use one term exclusively, or "education" to signal a less confrontational form for learning the concepts explored more personally during "psychoeducation." Both terms refer to a knowledge-gathering progression through the cognitive distortions, personal histories, and behavior patterns that lead to sexually abusive behavior.

Cognitive-behavioral group therapy

The majority of programs involve a phase or series of phases for sex offenders to apply the concepts learned in psychoeducation to their own thoughts and behaviors, a process that usually involves relapse prevention.

Intensive treatment

Programs use treatment described as "intensive" as a further, highly personalized application of cognitive-behavioral and relapse prevention knowledge and skills. Some programs use it as an early phase, especially for offenders with short sentences. Most programs use intensive treatment as a progression beyond less confrontational or concentrated group work. In these programs, the intensive phase is carried out in either outpatient groups or residential programs, often within a therapeutic community.

Transition into the community

Most programs address sex offender release into the community through relapse prevention planning. However, in a number of programs, transition planning, or a transition phase of treatment, goes beyond relapse prevention to include developing a network of community support involving community treatment providers, employers, and family members.

Aftercare

A majority of programs provide some form of aftercare, whether on parole or in a community setting. A few programs have developed a strong network of community providers throughout the state who are trained, and sometimes certified, according to formal treatment standards. In a number of states, aftercare can only be provided in districts where treatment is available. In some states, aftercare is closely coordinated with specialized supervision.

Table 3: Program Components	Assessment for treatment (no. of tools)	Orientation/prerequisite to treatment	Education (E), psycho-education (P)	Cognitive-behavioral therapy (group)	Intensive treatment (group or residential)	Transition into the community	Aftercare
Alaska	**4 to 5**	Ö	**E**	Ö	Ö	Ö	Ö
Arizona	**4**	Ö	**P**	Ö	Ö	Ö	Ö
Arkansas	**1**	Ö	**P**	Ö	Ö	Ö	
Colorado	**14**	Ö	**P**	Ö	Ö	Ö	Ö
Connecticut	**5**	Ö	**E**	Ö			Ö
Georgia	**1**		**P**	Ö			Ö
Hawaii				Ö		Ö	Ö
Illinois	**7**	Ö		Ö		Ö	Ö
Indiana	**6**	Ö	**E/P**		**Note**[5]		Ö
Iowa	**3**	Ö	**E**	Ö		Ö	Ö
Kansas	**4**	Ö	**P**	Ö	Ö	Ö	Ö
Kentucky	**5**	Ö	**E/P**	Ö			Ö
Louisiana	**Has program, but did not respond to survey**						
Maine (projected)			**P**	Ö	Ö	Ö	
Massachusetts	**12**	Ö	**P**	Ö	Ö	Ö	Ö
Michigan	**5**		**P**	Ö			Ö
Minnesota	**3**	Ö	**P**	Ö	Ö	Ö	Ö
Missouri	**3**	Ö	**P**	Ö		Ö	Ö
Montana	**3**		**E**	Ö	Ö		Ö
Nebraska			**E**	Ö			
Nevada (informal)				Ö[6]			
New Hampshire	**1**		**E**	Ö	Ö		Ö
New Jersey	**8**	Ö	**E/P**	Ö	Ö	Ö	Ö
New York		Ö		Ö			
North Carolina	**5**		**P**	Ö	Ö		
North Dakota	**5 or 6**	Ö	**E**	Ö	Ö		**Note**[7]
Ohio	**4**		**P**	Ö	Ö		Ö
Oklahoma	**9**	Ö	**E**	Ö	Ö	Ö	Ö
Pennsylvania	**4**	Ö	**P**	Ö	Ö	Ö	Ö
Rhode Island		Ö	Ö	Ö		Ö	Ö
South Carolina	**7**		**E**	Ö	Ö		
South Dakota	**4**		**P**	Ö			
Tennessee	**8+**		**P**	Ö	Ö	Ö	Ö
Texas	**5**	Ö	**P**	Ö	Ö	Ö	Ö
Utah	**Has program, but did not respond to survey**						
Vermont	**6**		**P**	Ö	Ö	Ö	Ö
Virginia	**8**		**P**	Ö	Ö		
Washington	**3**	Ö	Ö	Ö			Ö

[5] IN: In the fall of 2001, Indiana will open a new facility that will house 648 sex offenders in a modified therapeutic community. The type of programming has not yet been finalized.

[6] NV: Not sex-offender specific; the program takes a generic approach that applies to all criminal thinking.

[7] ND: The DOC refers sex offenders to regional human service centers.

West Virginia (under review)				Ö			Ö
Wisconsin	**1**	Ö	**P**	Ö	Ö		Ö
Wyoming (in transition)	**Being selected**		**E**	Ö			

Intake

Most states use more than one basis for taking sex offenders into treatment programs. Among the states that use only one basis, 8 use priority on the list, 2 use short time to supervised release, and 2 use short time to sentence discharge. Below are the criteria used in combination by the majority of states:

	Number of states
Priority on the list:	18
Short time to supervised release:	14
Community eligibility:	1
Short time to sentence discharge:	17

Wait list

Thirty programs report a wait list. Among those states, the number of offenders on the wait list ranges between approximately 10 in Vermont (out of 362 sex offenders) and more than 1200 in Washington (out of 3,117 sex offenders).

Placement

In 18 states, assessment for identification and treatment plans is done by both assessment staff at the reception center and sex offender program staff at the facility. In 16 programs, the assessment is done only by sex offender program staff. In no states are assessments conducted solely by reception center staff.

In 28 states, the unit responsible for placement has the authority to place a sex offender at any facility. In 6 of the 12 states where the unit does not have this authority, sex offenders cannot be placed in minimum security facilities.

Program staff in 34 states can make a discretionary change to either identification or treatment. In 30 states, the unit responsible for facility placement and the program staff interact when placing sex offenders at certain facilities.

Staffing

Of the 39 states with treatment programs, 27 provided information on staffing. Programs with the highest number of staff are **Michigan (86)**, **Texas (65)**, and **Massachusetts (54)**. The other reporting states are staffed in the ranges of staff numbers outlined below:

	Number of states
1 to 5 staff	5
6 to 15 staff	10
16 to 25 staff	2
26 to 35 staff	3
36 to 45 staff	3

Required qualifications for staff were noted by 29 states. Of these, 21 require state licensing or certification, and 3 require only a masters or higher level degree. In 5 states, the only requirement is sex offender-specific training.

Counselor/participant ratios for group work is 1 counselor to 10 to 12 participants in most states. In two states, one counselor facilitates groups of up to 20 participants. Seven states prefer 1 to 2 counselors—for 8 to 12 participants in 4 states, as few as 6 participants in 1 state, and as many as 25 to 30 participants in 2 states. (Program descriptions suggest that the larger groups are for classes rather

than interactive therapy.) Nine states use 2 counselors—for groups of 8 to 12 in 7 states, up to 20 in 1 state, and as low as 6 in 1 state.

Expulsion from the Program

Most states noted four of the five behaviors listed below as reasons for expulsion from a treatment program. A breach of confidentiality was also noted by 5 states.

	Number of states
Failure to progress:	31
Poor work values	14
Possession of contraband	24
Assaultive behaviors	33
Sexual misconduct	32

Program Completion

Among the 16 states that reported the percentage of sex offenders who complete their programs, the average was 59% completion. Completion percentages range from 5% in Massachusetts to between 85% and 95% in Washington. Two states reported completions within the 5% to 20% range, 2 are within the 21% to 40% range, 5 are within the 41% to 60% range, and 2 are within the 61% to 80% range. States with the highest completion rates are:

Washington	90 to 95%
New Hampshire	90%
Hawaii	90%
Iowa	85% to 90%
South Dakota	85%

Release Process

Twenty-nine states reported a reluctance on the part of the parole board to release sex offenders. The reasons cited were high risk to the public as well as related factors such as the pressure of public opinion and the high profile of sex offenses.

Among the 25 states that reported the percentage of sex offenders who discharge their sentence, there was a fairly even distribution across the range of percentages. Five states reported a 60% to 80% discharge rate, 7 reported an 80% to 90% discharge rate, and 2 reported a 100% discharge rate.

Eleven states reported the rate of sex offenders who go to parole, with 5 states reporting rates within the 1% to 40% range and 6 states reporting rates within the 40% to 90% range.

Post-release

In 9 states, aftercare takes place in a community residential center or setting. In 25 states, aftercare takes place on parole. In Massachusetts, a network of statewide community sex offender therapists provides services to inmates released on probation, parole, or discharge from sentence.

At the Adult Diagnostic and Treatment Center (ADTC) in New Jersey, weekly aftercare is provided for ADTC parolees, those under lifetime supervision, those released from involuntary civil commitments, sex offenders mandated by their registration tier assignment, and ex-inmates who volunteer for treatment.

In Virginia, some offenders may receive intensive post-release supervision or halfway house treatment, and/or continued counseling from community providers.

In Alaska, aftercare is provided by DOC-approved providers under contract, who follow the same treatment standards as the institutional programs.

Governance

Legislation

Seventeen states reported legislation that governs or influences their sex offender treatment program. States sent copies of 36 laws, all dated between 1980 and 1999. Nine of those laws were enacted between 1990 and 1995, and 18 were enacted between 1996 and 1999. (See "Summary of Findings" above for a summary of mandates.)

Advisory and Standards Boards/Entities

Among survey respondents, 18 reported a state-mandated identification process for sex offenders in prison. State mandates have also established 8 advisory boards, as well as 10 boards or entities for setting standards and requirements for treatment. The board in New Jersey, the Special Classification Review Board, determines whether a sex offender will be recommended for parole.

Two states reported boards that set standards but are not state-mandated. In Iowa, a separate certification board was established by various private and public groups, and serves as an independent entity. Although Minnesota has no board, the DOC was required by law to promulgate rules for program components, procedures, and standards.

All but one of the 12 boards have been established since 1989; New Jersey's board was established in 1951. Three of the 12 were established between 1996 and 1999:

Alaska	1989
Colorado	1992
Hawaii	1990
Iowa	1997
Kentucky	1994
New Jersey	1951
Tennessee	1995
Texas	1993
Virginia	1998
West Virginia	1999
Wisconsin	1995
Wyoming	1998

Program Policies

Denial/Refusal of Treatment

Survey respondents reported the following consequences for an offender who denies a sex offending problem or refuses treatment:

	Number of states
Given a certain classification:	5
Denied privileges:	11
Subject to a reduction of time credits:	11
Subject to disciplinary action:	2
Restricted from a lower security or custody placement:	12
Offered a denial phase of treatment:	7
Subject to consequences in consideration for parole:	9

Implications of Identification as a Sex Offender

For offenders who are identified and labeled as a sex offender, respondents reported the following implications this has for the offender:

	Number of states
Held in special facilities:	2
Restricted to certain security facility levels:	22
Excluded from outside work crews:	27
Ineligible for community corrections:	17
Expected to participate in sex offender treatment:	28
Placed in special clothing	0

Visitation

Survey respondents from 24 states reported that the visitation policy for offenders assigned to the sex offender program differs from that for the general population. Among the special restrictions are:

- Excluded from overnight conjugal visits.
- Offenders who have perpetrated against children cannot have contact with children unless approved in advance.
- No contact with or visitation from victims.
- No contact with family members who were victims.
- Limited number of visit days, depending on response to treatment.

Program Assessment

Offender Progress in the Program

To measure offender progress in the program, 27 states use clinical interviews and 18 states use psychological tests; most states use a combination of both.

In 17 states, the program has developed its own tools for assessing offender progress. Assessment tools for this purpose are being developed in 4 states.

Use of the polygraph was reported in 13 states: Colorado, Hawaii, Indiana, Iowa, Kansas, Massachusetts, Minnesota, New Hampshire, Tennessee, Texas, Vermont, Virginia, and Wisconsin. Rhode Island plans to begin using polygraph examination in 2001. In some states, polygraphy is required or provided for through state sex offender treatment standards and/or legislation. For some states, polygraphy is a standard component of the institutional program; for other states, polygraphy for individual sex offenders is used at the discretion of treatment staff. A number of states also use, or only use, polygraph examination as a tool for post-release monitoring and aftercare.

Program Effectiveness

In 14 states, the DOC has an internal system for tracking program effectiveness; systems are under development in 7 other states. In Texas, a state entity—the Texas Criminal Justice Policy Council—monitors the performance of state programs. The number of years for tracking sex offenders after release ranges from 3 years to lifetime.

Definitions of program success center on reaching treatment goals and/or not committing a sex offense after release. Six states provided results from recent recidivism studies:

Alaska

A study completed in 1996 tracked 685 sex offenders for up to 9 years. The study found that sex offenders who had completed treatment survived significantly longer before committing a new sex than sex offenders who had not completed treatment.

Colorado

The Colorado Department of Corrections has conducted three reviews of its treatment program, in 1989, 1994, and 1996. Results showed significantly lower recidivism rates for sex offenders who had participated in treatment.

1989. The first review tracked the new crime rate for offenders who had been in treatment for more than 40 sessions, compared to the rate for offenders who transferred or paroled from treatment before completing 40 sessions. Both groups were seen as motivated to change.

Fewer than 40 sessions: 32%
More than 40 sessions: 8%

1994. The second review included all sex offenders identified within the DOC since 1988. The review tracked the percentage, by treatment status, of those who were released and returned to the DOC for any new crime.

No treatment: 34%
Fewer than 50 sessions: 7%
More than 50 sessions: 2%

1996. The third review tracked the percentage, by treatment status, of offenders released between January 1994 and May 1996 who were returned to the DOC for any reason, including revocation for technical violations. The study included 8,755 general population offenders as well as 1,140 sex offenders.

Of the sex offenders who were released, 842 (74%) had not participated in treatment. 118 (10%) participated in fewer than 50 sessions, and 180 (16%) participated in more than 50 sessions. The numbers below represents the percentage of the number within the category who were returned to the DOC.

General population: 23.6%
Sex offenders:
- No treatment: 21.6%
- Fewer than 50 sessions: 9.3%
- More than 50 sessions: 6.1%

Of the sex offenders who had more than 50 sessions and were granted discretionary parole, none reoffended while under parole supervision.

Kentucky

A 1997 study tracked 285 offenders for 5 years. Sexual recidivism rates were almost three times higher for untreated sex offenders (8.7%) than for untreated offenders (3.4%). The untreated sex offenders who committed new sex offenses did so much sooner after release to the community than treated offenders who committed new sex offenses.

Massachusetts

Inmates participating in the program, if paroled, are generally paroled to a structured intensive supervision program specifically designed for sex offenders. In the 4 years this program has been in place, no new offenses have been committed by participating offenders.

Minnesota

A 1999 study tracked 263 offenders for a minimum of 6 years. Sex/person offense rearrest was significantly lower for offenders who never entered treatment, or entered and quit or were terminated.

New Hampshire

A 1999 study revealed a 6.2% sexual offending rearrest rate for 204 sex offenders who completed the Intensive SOP and were released for an average of 4.8 years. The recidivism rate was 12.4% for 435 sex offenders who received no treatment and were released for 8.6 years. Arrests for other criminal offenses were four times higher for the no-treatment group when compared to the treatment group.

Vermont

A 2000 study tracked 190 offenders for up to 10 years. Below are the rates of rearrest of sex offenders for a new sexual offense:

Completed treatment:	3.8%
Quit or were terminated from treatment:	22.4%
Received no treatment:	27.0%

Program Costs

Only 16 survey respondents reported costs for both the overall DOC budget and the DOC's sex offender treatment program, including personnel services and operating costs.

The percentage of the overall DOC budget dedicated to the sex offender treatment program ranged from .017% in New York to 14% in Kansas.

The total cost of sex offender treatment ranged from $250,000 in Arizona (.04% of the total DOC budget) to $3,800,000 in Minnesota (1.16% of the total budget).

Profiles of State Sex Offender Treatment Programs

August 2000

50-State Survey Conducted by the Colorado Department of Corrections

Alaska

Alaska Department of Corrections

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Program Summary

The Alaska Sex Offender Assessment and Treatment Program (SOATP) currently includes two institutional programs. At one institutional site, 6 contracted treatment staff provide programming in a milieu setting for up to 60 offenders in treatment, with an additional 18 sex offenders in pre-treatment. In a separate pre-treatment/pre-release program at a second institutional site, 3 contracted treatment staff provide programming to 24 offenders. The department offers aftercare through contracted community programs.

All sex offender programming is regulated by Standards of Care and coordinated through required meetings, reports and summaries, and treatment team reviews. Consistency between the institutional programs is maintained by monthly teleconferences. The treatment approach is relapse prevention with a focus on cognitive-behavioral therapy.

Both institutional programs—a comprehensive program and a pre-treatment/pre-release program—are structured around specified goals, rather than phases or stages.

Comprehensive program
Minimum of 18 months

The 78-bed comprehensive program is housed in one dedicated unit of Meadow Creek Correctional Center (MCCC), a medium security facility. 60 beds are occupied by offenders in treatment, while an additional 18 beds are dedicated to pre-treatment and assessment. Participants progress through assessment and treatment planning into Core Treatment. Core Treatment is structured on Core Goals that must be completed by all participants, as well as Additional Goals determined by the needs of the individual participant.

To be eligible for comprehensive programming, inmates must be within 18 months to 6 years of their projected release/parole eligibility date.

The average time for completing Core Goals is 17 months. The average time to complete each Additional Goal is 3 months.

Pre-treatment/pre-release program

Minimum of 4 months, maximum of approximately 1 year

The 24-bed pre-treatment/pre-release program is housed in one dedicated unit of Lemon Creek Correctional Center (LCCC), a close custody facility. The pre-treatment track covers assessment and preparation for entering the comprehensive treatment program, particularly for those offenders who must lower their custody level to medium or below. Offenders who complete pre-treatment at LCCC are not required to complete pre-treatment at MCCC. The pre-release track—for offenders who do not have sufficient sentences to enter treatment while incarcerated—covers assessment and preparation for entering an SOATP community program upon release.

The program also provides some core program treatment elements, particularly to those who will release to the community with insufficient time for the full institutional treatment program.

Although there is no minimum time criteria for the pre-treatment program, participants usually have at least 6 months of their sentence left to serve.

Prison Sex Offender Population

Identification

Alaska identifies incarcerated sex offenders differently from the general population, according to the criteria below.

Criteria

- Current crime.
- Prior sex felony convictions, only if the offender is still on probation or parole for the prior.
- Factual basis of a current non-sex crime conviction, possible if the sex crime was pled down to a non-sex crime. In this case, the offender may still be court-ordered into treatment.

Severity scale

In the Alaska DOC, severity is usually only addressed within the treatment programs. The current classification system does not specifically address characteristics of sexual offenders when assessing severity. Severity is also addressed by probation/parole when the offender is released.

Population Status

Note: The Alaska DOC has a combined system, both pre-trial and convicted/sentenced. The numbers below include the convicted/sentenced population only.

Current total adult incarcerated population: 2,083 (as of 2/18/00)
This number includes only offenders who have been sentenced on all charges. It includes offenders in both instate and out-of-state facilities; Alaska has approximately 800 prisoners housed under contract in a private prison in Arizona.

Sex offender total: 496 (same parameters as above)

Percentage of total population identified as sex offenders: 24%

The number of sex offenders has increased from 437 (out of 1655 inmates) in 1994 to 496 (out of 2037 inmates) in 1999, an increase in number of 13.5% Although the number of sex offenders increased, sex offenders as a percentage of the total adult population decreased from 26.41% in 1994 to 24.35% in 1999, a decrease of 2.06%

Prison Sex Offender Treatment Program

Governance

Legislation

Minimum standards

In establishing the duties of the DOC commissioner, Alaska Statute requires the commissioner to establish minimum standards for sex offender treatment programs offered to persons committed to DOC custody. The Alaska Department of Corrections was created from the Division of Corrections of the Department of Health and Social Services in 1983.

Notice of release and registration

Legislation amended in 1999 requires the DOC to register previously unregistered sex offenders within 30 days before release, parole, community placement, or furlough. Registration must include a photograph and fingerprints. The DOC is also required to notify specified authorities, in writing.

Court-ordered treatment

Legislation enacted in 1990 enables the court to order an offender into treatment. If the offender is ordered into treatment while incarcerated, mandatory parole or probation can be revoked prior to release from incarceration. The DOC must file a petition to revoke mandatory parole or probation if a court order exists. If the move is to revoke mandatory parole, the final decision is made by the Parole Board. If the move is to revoke probation, the final decision is made by the original sentencing court.

No specific funding for court-ordered treatment was attached to the legislation, although this mechanism involves a considerable expenditure of resources. In general, sex offender treatment programs are funded through the state general fund. Additionally, some program funds come from confiscated Permanent Fund dividends. The Permanent Fund was established from oil royalties and is invested by a board of directors. It pays dividends to all Alaska residents yearly. Because convicted felons are not eligible to receive Permanent Fund dividends, part of the forfeited dividends are made available to rehabilitation programs throughout the DOC.

The original idea behind court-ordered treatment was to provide a hold over offenders who did not participate in treatment programs, by subjecting them to a loss of statutory good time. Operationally, this has not always been effective. In recent years, some courts have begun tailoring orders to treatment so that the offender has to enter, but doesn't necessarily have to complete the program.

State Standards/Advisory Board

State-mandated identification policy

Alaska has no state-mandated identification process within the prison, except to the extent that offender information must be entered into the state's registration system prior to release. DNA samples are collected, if ordered by the court.

Advisory board/sex offender treatment entity

Alaska has no state-mandated policy that creates either an advisory board or a sex offender treatment board that sets standards and requirements for treatment.

The statutory duty of the DOC to provide sex offender treatment programs led to the establishment of a standards board within the department during 1990/1991. The board acts under the authority of the DOC, and sets treatment standards for sex offenders incarcerated by or under the supervision of the department.

Authority

The board currently has the authority to set:

- Counseling standards
- Staff qualifications
- Program group size
- Program protocol
- Eligibility criteria for treatment programs
- Guidelines for supervision in the community
- Expectations for program participation and completion

These standards are set forth in the Standards of Care developed by the board and approved by the Commissioner.

Usefulness

Because the board has authority only within the department, the DOC has had difficulty getting other entities, such as other state departments and the courts, to follow the Standards of Care. DOC staff are currently working to involve other government entities, in an effort to gain more widespread use of the process and standards.

Standards

The Standards of Care prohibit unqualified personnel from providing services to offenders under DOC supervision. The standards also require that the relapse prevention model with a cognitive-behavioral emphasis be used by the department, contractors, and community providers.

The Standards provide guidelines for the following specific treatments:

- Counseling (individual, family, couples)
- Group therapy (10 to 12 participants per group)
- On-going plethysmography (recommended but not required)
- On-going polygraphy (recommended but not required)
- The appropriate use of family clarification and reunification treatment

The Standards address the appropriate use of psychological testing and polygraph and plethysmograph assessment with the sex offender population, but do not mandate their use, primarily because the department does not fund their use in the community programs.

Stakeholders influencing the program

Stakeholders outside the DOC who influence the program include:

- The legislature
- The Governor's office
- Victims services groups
- Alaska Native groups

Victim services groups are a major influence on the program. The DOC has also built several connections with Alaska Native groups in an attempt to develop program changes that would assist in treating Alaska Native offenders.

Program Policies

Treatment requirement

Sex offenders who have court orders to participate in or complete treatment are required to go to treatment if the order specifies treatment while incarcerated. If an offender refuses, the department is mandated to file a petition to revoke probation or mandatory parole while the offender is still incarcerated. The parole board or the court makes the final decision of whether to revoke.. For the most part, the DOC does not have the authority to require programming if an offender does not have a court order for treatment while incarcerated.

Absent a court order for treatment, some offenders, when sentenced, are left eligible for discretionary parole. The fact that the parole board does not typically parole untreated sex offenders may motivate these offenders to enter treatment.

Offenders often receive orders to treatment once released on probation or mandatory parole. In these cases, the DOC can move to revoke if the offender does not comply once released to supervision by community corrections.

Results of denial or refusal of treatment

Denial does not necessarily lead to any consequence for sex offenders in the Alaska system, except for those who are court-ordered to participate in treatment. As indicated above (under "Treatment requirement"), if an offender who has a court order for treatment while incarcerated refuses treatment, mandatory parole may be revoked.

Written policies for refusal of sex offender treatment are included in the DOC policy for court-ordered treatment, which also covers substance abuse treatment, mental health treatment, anger management, and "batterers" (domestic violence) treatment programs.

Implications for identified sex offenders

In addition to being classified for treatment, an offender identified as a sex offender under department policy is:

- Ineligible for early release from community corrections. The department has a policy that sex offenders on probation are not allowed early termination of probation.
- Expected to participate in sex offender treatment (although this may not be enforced if there is no court order).
- Not eligible for furlough if they have not completed treatment.

Visitation policy

The visitation policy for offenders assigned to the sex offender program is different from the policy for the general population. In all facilities, any probation or parole condition or a no-contact order from the court (victims or potential victims) is enforced while the individual is incarcerated. At the treatment programs, contact may be further restricted as part of the treatment plan.

Program Description/Placement

The Alaska Sex Offender Assessment and Treatment Program (SOATP) takes an approach of clinically oriented management and treatment. This approach holds that the more educated treatment providers become about an offender's cycle of abuse and relapse, the more effectively they can provide appropriate treatment and management. To this end, the SOATP emphasizes assessment and a coordinated application of treatment strategies.

Relapse prevention is at the core of treatment, which is based on a cognitive behavioral system and incorporates highly individualized treatment goals. A system-wide approach involving institutional treatment, community treatment, and supervision is grounded in the treatment and management strategies that are integral to relapse prevention. All treatment programming is regulated and coordinated according to detailed Standards of Care.

The Criminal Justice Planner, a state employee, oversees treatment contractors as well as community providers paid by the individual. Contractors and community providers must be approved according to the Standards of Care.

The program is influenced by public safety concerns, including concerns about and statutes governing contact with children and other potential victims. The program has also been shaped by findings of a 1996 recidivism study, which showed that a number of sex offenders leaving at the end of their sentences had actively participated in the program, although not many were actually program complete. This led the department to look at program requirements more closely. A primary finding was that many offenders did not need to complete all requirements in order to be safer upon release. On the other hand, another primary finding was that rapists needed to advance further in the program in order to decrease reoffense.

When the department examined the work required at various stages of the program, it was clear that the work in the more advanced stages focused on internalization and generalization of treatment concepts. When the program was revised, many of the assignments from the advanced stages in the previous program became "Additional Goals," while the material that all sex offenders seemed to need (primarily from the beginning and intermediate stages of the previous program) became the "Core Goals."

The study also indicated a need to make the program more responsive to the needs of Alaska Natives.

The move of the program to a smaller facility in January 1998 reduced the number of available beds and the availability of space to screen and assess offenders onsite. Because the move coincided with the shortening of the program, revision work on the program was accelerated so that the new program could be put in place approximately one month after the move was completed.

Dedicated facility

Alaska has no separate facility specifically built to house the sex offender treatment program. Both institutional programs—the comprehensive program and the smaller pre-treatment/pre-release program—are housed in dedicated units within larger correctional facilities.

Assessment or testing tools

Assessment tools used in the pre-treatment process include:

- MCMI
- MMPI
- WAIS, if indicated
- Plethysmograph

The plethysmograph initial assessment may be done in pre-treatment or upon entry to treatment. The goal is to complete the initial assessment as early as possible.

Although the Psychopathy Checklist—Revised is occasionally administered during pre-treatment assessment, it is usually done after the offender has been in treatment for several months.

Types of offenders

The program is designed to accept the following types of offenders:

- Normal intellectual and socially functioning offenders
- CMI's
- Non-English speaking (Alaska Native offenders are accommodated)
- Females
- Developmentally disabled

The program has also accommodated Hispanic and Asian offenders, although these are not large populations within the program or in the system as a whole.

Intake

Sex offender who are not court-ordered to treatment programming must request treatment. Court-ordered offenders are notified at their annual classification hearing of their obligation to enter treatment. To trigger the referral, they must consent to enter treatment.

At the comprehensive program, offenders must be within five years of mandatory release or parole eligibility. They are then placed on a list for entry that is prioritized by 1) length of time until release, and 2) the date of application to enter treatment.

At the pre-treatment/pre-release program, entry for sex offender who have applied is based primarily on the shortness of time until release.

Both programs typically have approximately 20 offenders on the waiting list.

Core curriculum

The curriculum for the treatment program includes:

- Basic mental health
- Educational courses
- Cognitive behavior therapy
- Individual counseling
- Group counseling
- Writing of prior history (journaling)
- Specific assignments

Specific assignments are based on goals, behavioral assessment and treatment, and referral to substance abuse, domestic violence and anger management modules if required by the nature of the offense.

Program structure

In addition to two institutional programs, the Alaska DOC also operates community programs for those out on probation, parole, or furlough.

The program is designed only for sex offenders who are willing and amenable to treatment. Denial is addressed in the separate pre-treatment program and in the pre-treatment component at the comprehensive program. Offenders are expected to acknowledge responsibility for their offense by the time they enter the treatment program. The SOATP does not consider them to have entered treatment until they complete pre-treatment requirements.

Although the program is not structured on a therapeutic community model, it serves as a therapeutic community in the sense that it provides treatment a milieu setting. Milieu treatment is aimed at providing an intensive structure for evaluating, treating, and managing sex offenders.

Both institutional programs are provided in a milieu setting and are structured around specific goals, rather than phases.

Comprehensive program ***Minimum of 18 months***

To be eligible for the comprehensive program, incarcerated sex offenders must be within 18 month to 6 years of their projected release/parole eligibility date.

The 78-bed program is housed at the Meadow Creek Correctional Center (MCCC), a medium security facility located in Eagle River, on the outskirts of Anchorage. Pre-treatment assessment and program orientation are available at MCCC in 18 beds reserved for that purpose, but are reserved for sex offenders entering treatment at that site. Inmates who successfully complete the pre-treatment program Lemon Creek Correctional Center (see below) can be recommended by their treatment teams for placement at the MCCC SOATP.

60 beds of the overall program are reserved for treatment participants. After assessment and treatment planning, participants progress through Core Treatment, which includes Core Goals that must be completed by all participants as well as Additional Goals determined by the needs of the individual participant. The average time for completing Core Goals is 17 months. The average time to complete each Additional Goal is 3 months.

Pre-treatment/pre-release program ***4 to 12 months***

Participants in the pre-treatment/pre-lease program generally have at least 6 months of their sentence to serve, although there is no minimum time criteria.

The program essentially has two tracks, although offenders are not separated for purposes of treatment. Both tracks focus on assessment and orientation to treatment. The pre-treatment track prepares participants to enter the comprehensive program. The pre-release track prepares participants to enter a community program upon release. Participants assigned to the pre-release track do not have sufficient sentences to enter treatment while incarcerated.

The 24-bed program is housed at the Lemon Creek Correctional Center (LCCC) in Juneau. As a close custody facility, the LCCC program can provide services to offenders whose custody is inappropriate for the MCCC facility. LCCC program participants who can lower their custody to medium or below may be recommended by their treatment teams for the comprehensive program at MCCC.

Program components

All contractors conducting sex offender programming in DOC institutions must provide the program components described below.

Psychological testing

All sex offenders entering the pre-treatment phase of the SOATP at MCCC and the pre-treatment/pre-release program at LCCC must undergo psychological testing. At a minimum, the testing must include the MMPI-2 and the MCMI-2. The WAIS-R is used at MCCC if indicated. The PCL-R is completed on offenders at MCCC during the course of treatment.

Physiological assessment

All male sex offenders entering the MCCC SOATP are expected to undergo a physiological assessment of sexual interest and arousal patterns. Exceptions may be made on a case-by-case basis.

Risk assessment

All offenders who enter pre-treatment must undergo risk assessment, conducted by the treatment team according to protocol established in the Standards of Care. Prior to the assessment, the team will review the offender's history and institutional record. Risk assessments are updated throughout the course of the offender's participation in both the pre-treatment/pre-release program and the comprehensive treatment program. Risk assessment also occurs in the community programs operated by the department.

Individual counseling

Each participant must receive at least 1 hour of individual counseling per month, conducted by contract personnel.

Group counseling

Each participant in the MCCC comprehensive program must receive a minimum of 5 hours of group counseling a week. Each participant in the LCCC pre-treatment/pre-release program must receive a minimum of 3 hours of group counseling per week. Groups should be co-facilitated by a male and female therapist whenever possible. Group sizes must not exceed 12 participants on a consistent basis.

Family counseling sessions

Although family counseling is not required, the DOC strongly encourages it, when possible and clinically appropriate. Family sessions should be conducted with male and female co-therapists whenever possible.

Educational classes

Educational classes/modules should be used whenever possible for the dissemination of basic information to program participants. Education may be used in the context of treatment groups or larger class-size groups.

Behavioral treatment

Any program participants undergoing behavioral treatments must sign an informed consent prior to the treatment. Behavioral treatments must adhere strictly to ethical and professional standards, and must not be used as punishment.

Anti-androgen treatment

Anti-androgen treatments (AAT) are not approved for administration while the offender is incarcerated. Upon release from the institution, the offender may be referred for assessment of this treatment need.

AAT can only be administered under the supervision of a licensed medical doctor, with the signed informed consent of the program participant. AAT for sex offenders is limited to Medroxyprogesterone Acetate and must not be used as punishment. The use of this treatment method is determined on a case-by-case basis.

Sub-groups

Program participants may be required to participate in sub-groups of 2 or more inmates who work together to complete assignments or work on other issues as directed by the treatment team.

Post-release

Aftercare is provided by community programs operated by the department. The community programs are not specifically attached to the institutional programs, but are closely coordinated with the institutional programs and are regulated by the same Standards of Care and overseen by the Criminal Justice Planner in Offender Programs. All programs, institutional and community, follow the same basic treatment model of relapse prevention with a cognitive-behavioral focus.

All sex offenders released on parole, probation or furlough are eligible for community programs, which are operated out of the offices of DOC contractors, who are in private practice in a variety of settings.

Sex offenders in Alaska are not eligible for work release programs, and cannot be sent to a community residential center unless they have completed sex offender treatment. Almost all sex offenders are eventually given probation, and many also have mandatory release parole. Probated and paroled sex offenders are supervised by community corrections. When placing sex offenders in the community, the DOC faces the following difficulties:

- Community resistance to housing sex offenders
- Insufficient staffing for supervision, particularly in rural communities
- Lack of treatment providers in many areas of the state

Completion/Failure

It is possible for an offender to complete treatment. A study conducted in 1996, which covered the comprehensive institutional program over an 8½ year period, indicated that only approximately 10% of participants completed the program. Since the comprehensive program was revised 1½ years ago, DOC figures indicate that approximately 25% are program complete, and an additional 15% leave in good

standing at the end of their sentence. Participants who leave in good standing are considered to be programming successfully, even though they haven't completed the program and are eligible for completing treatment in a community program.

Reasons for expulsion

An offender might be expelled from the program for any of the following reasons:

- Failure to progress
- Poor work values
- Possession of contraband
- Assaultive behaviors
- Sexual misconduct
- Inappropriate and/or unauthorized contact with victims or potential victims

Consequences of failure

As a consequence for failing the program, the inmate participant can be:

- Reclassified to a higher custody level (in cases of some behaviors such as assault)
- Subject to loss of time toward reducing his sentence (only if court-ordered to treatment)

Staff Roles and Authority

Offenders are assessed for identification and treatment planning by sex offender program staff at the facility.

Authority

Program staff can make a discretionary change to either identification or treatment. The unit responsible for facility placement and the program staff interact when placing sex offenders at certain facilities.

The state has identified security levels for prison facilities. The Central Classification Unit is responsible for placement and has the authority to place a sex offender at any facility. Sex offenders who have requested treatment and have been accepted to the program by the clinical staff are routed to the institutions that have programming. The only restriction is that offenders with a custody level above medium security cannot be sent to the comprehensive program, which is in a medium security facility. These offenders can enter the pre-treatment program in a close custody facility and work to lower their custody level.

Assessment

Tests and assessment tools

The DOC sex offender programs in both the institutions and communities use a combination of clinical interview, ongoing assessment of program participation, and behavioral observation to measure progress in the program.

Program-developed process for measuring offender progress

For measuring offender progress in the program, treatment teams continually assess participant compliance with goals, including the extent to which a participant internalizes treatment concepts and generalizes them to his life.

Internal system for tracking program effectiveness

The SOATP conducts bi-annual reviews of all programs, both institutional and community. The program also tracks data such as completion rates and removal rates.

Definition of program success

Completion of the program and successful participation up until mandatory release are both considered successful participation in the program.

Released sex offenders are typically only tracked formally if they are on probation or parole. The 1996 study tracked those who had participated in treatment over a period of 8½ years. At the time of the study, one individual had been released ten years, while 58 others had been released for at least eight years. Results demonstrated that those who completed and those who successfully participated until mandatory release had lower rates of rearrest than those who were removed from or quit the program.

Release Authority

Parole Board

Generally, the Parole Board in Alaska regards sex offenders as a serious threat to public safety. That fact that there are no treatment providers in many communities increases the risk. The risk is further increased in many small rural communities where probation supervision is not readily available.

Percentage of sex offenders who discharge their sentence: 80% to 90%

Under Alaska law, sex offenders serve their full sentence. However, Alaska law also provides for mandatory parole. Offenders on mandatory parole are under parole supervision, but are considered to have served their sentence.

Rate of release for those who discharge their sentence: 80% to 90%

Rate of release for those who go to parole: 10% to 20%

Staffing Issues

A total of 9 staff provides treatment, 6 at MCCC and 3 at LCCC. All treatment staff, both institutional and community, are private clinicians who bid on competitive contracts. Program oversight is provided by the Criminal Justice Planner, a state employee who is also responsible for other rehabilitation programs.

Title	Number of staff	Pay range
Therapists	4 part time (MCCC) 2 part time (LCCC)	$65 to $75 an hr. (14 to 25 hrs./wk.)
Administration	40% of program manager (Criminal Justice Planner)	$34,600 S&B (40% FTE)
Psychologist	1 clinical supervisor (MCCC) 1 clinical supervisor (LCCC)	$90 an hr. (29 hrs./wk.) $100 an hr. (4 hrs./wk.)
Plethysmograph Technician	1 part time	$20 an hr. (22 hrs./wk.)

The 40% FTE for program management by the Criminal Justice Planner covers efforts for all sex offender programs, including MCCC, LCCC and community programming.

Correctional Officers and Probation Officers also provide adjunct services within the programs. At MCCC, correctional officers co-facilitate groups with the therapists.

When necessary, program staff obtain a consultation from the Mental Health Clinician (MHC) at the respective facilities. The MHC, who is part of the department's Inmate Health Care section, has primary responsibility for services to the acute and chronically mentally ill.

Training, licensing, and certification requirements

Standards of Care establish minimum qualifications for treatment staff. The standards generally require a master's or doctoral degree. Treatment staff must also be licensed by the appropriate state board. All positions require prior experience, the amount of which determines supervision requirements.

Staffing of treatment groups

Groups of 10 to 12 sex offenders are facilitated by either 1 or 2 therapists.

Recruitment and retention

The Alaska DOC does not have an institutional program in a rural area. Attempts to establish community programs in rural areas have tended to be unsuccessful, primarily due to problems in recruiting qualified staff.

Both institutional SOATP programs have had stable staffing for approximately 8 years.

Program Costs

Total overall DOC budget: $159,319,000

This figure does not include maintenance tracking, but does include community residential centers, out-of-state incarceration contracts, and community corrections.

Sex offender treatment program, personnel services and operating costs: $564,544

This amount is distributed among the following costs:

· SOATP Comprehensive Program, contractual costs:	$421,844
· Pre-Treatment/Pre-Release Program, contractual costs:	98,100
· 40% of Program Manager FTE:	34,600
· Supplies, travel, etc., approximately:	10,000
Total program costs:	**$564,544**

% of total DOC budget: .35%

Materials available through the NIC Information Center
1-800-877-1461

State of Alaska Department of Corrections, Sex Offender Treatment Programs: Standards of Care, November 1994. 143 pages, including an appendix of forms and guidelines. As of July 2000, the Standards were in the process of being updated.

Court-Ordered Treatment: Policy #811.16 A 7-page policy and procedures covering DOC responsibilities in carrying out court-ordered treatment, including sex offender treatment, substance abuse treatment, mental health treatment, anger management, and "batterers" treatment. Copies of relevant forms are attached.

Alaska Code of Criminal Procedure, Sec. 12.55.015. Authorized sentences; forfeiture; Sec. 12.55.080. Suspension of sentence and probation; Sec. 33.16.220. Revocation of parole; Sec. 12.55.085. Suspending imposition of sentence. Legislation governing court-ordered treatment.

Chapter 30. Prison Facilities and Prisoners, Sec. 33.30.011. Duties of commissioner. Legislation giving the DOC commissioner authority to establish minimum standards for sex offender treatment programs for offenders in the custody of the DOC.

Sex Offender Treatment Program: Initial Recidivism Study. July 31, 1996. An 84-page study conducted by Alaska DOC Offender Programs and the Alaska Justice Statistical Analysis Unit in the Justice Center of the University of Alaska Anchorage.

Sex Offender Treatment Program: Initial Recidivism Study, Executive Summary. A 12-page presentation of the major findings of the 1996 study.

Note: Materials are housed at the NIC Information Center at the discretion of Information Center staff. If any materials listed above are not available from the Information Center, please contact the DOC directly, using the contact name provided at the top of the profile.

Arizona

Arizona Department of Corrections

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Program Summary

The Arizona Department of Corrections (ADC) Sex Offender Program (SOP) is currently housed in a single location at ASPC-Eyman. The program was previously a contracted program for a much smaller population. The new program, being implemented, is in 4 phases, with an overall program duration of 3 to 5 years. The number of inmates in the first phase, Orientation, is limited only by the size of the inmate population in the identified units. The subsequent phases can accommodate up to 100 inmates. A series of inmates are eligible 3 years prior to their earliest release date.

Participants move through three program phases (up to 3 years) and a maintenance phase (1 to 2 months). In Phase I, staff present an orientation to sex offender treatment. Phase II (8 to 12 months) prepares participants for intensive treatment. In Phase III, intensive treatment (12 to 24 months), participants move into group and individual therapy, which is cognitive-behavioral and relapse-prevention focused. The program also offers specialty groups, according to the needs of participants and availability of staff. Offender needs can also be met through individual assignments and therapy. Paroled sex offenders are referred to counseling.

The primary therapeutic tools of Arizona sex offender treatment are cognitive behavior interventions, relapse prevention, and psycho-education. Four full-time treatment staff and one half-time psychiatrist conduct the program in one facility, where 30 sex offenders are currently receiving treatment.

Prison Sex Offender Population

Identification

The Arizona Department of Corrections identifies incarcerated sex offenders differently from the general population, according to the criteria below.

Criteria

- Current crime
- Prior sex felony convictions
- Prior misdemeanor convictions
- Factual basis of a current non-sex crime conviction

Severity scale

The Arizona Department of Corrections has two severity scales for identified sex offenders, which are used for classification, community notification, and other screening purposes.

Population Status

Current total adult incarcerated population: 26,003 (as of 12/13/99)

Sex offender total: 3,299

Percentage of total population identified as sex offenders: 12.7%

Although an offender can be identified as a sex offender on the basis of prior sex felony convictions, prior misdemeanor convictions, or the factual basis of a current non-sex crime conviction—in addition to the current crime—all 3,299 of the current identified sex offenders are serving for active sex offenses.

The number of incarcerated sex offenders has risen from 2,606 in 1994 to 3,299 in 1999, an increase of 26.6%. The change is due to increased sex offense commitments and an increase in time served in prison due to mandatory sentencing.

Prison Sex Offender Treatment Program

Governance

Legislation

Arizona reports no legislation that directly influences or governs the program. To aid staff in complying with the state's notification mandates, the DOC has developed the Arizona Sex Offender Assessment Screening Profile for Regulatory Community Notification.

State Standards/Advisory Board

State-mandated identification policy

An identification process for sex offenders in prison, relative to their status as violent sexual predators, is mandated in ARS 36.3701 et. seq.

Advisory board/sex offender treatment entity

Arizona has no state-mandated policy that creates an advisory board, and no state-mandated policy that creates a sex offender treatment board/entity that sets standards and requirements for treatment.

Stakeholders influencing the program

Stakeholders outside the DOC who influence the program include the legislature and the Governor's office, as well as the general public.

Program Policies

Treatment requirement

Although sex offenders are identified and assessed for sex offender treatment, they are not required to go to treatment. However, an orientation to the Sex Offender Program is required.

Results of denial or refusal of treatment

If an offender denies a sex offending problem or refuses treatment, there are no subsequent results of the denial.

Implications for identified sex offenders

In addition to being classified for treatment, an offender identified as a sex offender under department policy is:

- Restricted to certain security level facilities.
- Excluded from outside work crews.
- Expected to participate in sex offender treatment.
- Ineligible for community corrections, if discretionary. Based on Arizona statute, crimes committed on and after January 1, 1994 require a community supervision term for most offenders.
- Subject to sex offender registration, community notification, or civil commitment upon release.

Visitation policy

The visitation policy for offenders assigned to the sex offender program is the same as the policy for the general population. Visitation policy for sex offenders is pending revision.

Program Description/Placement

The Arizona SOP progresses through 3 to 5 years of treatment based on cognitive behavioral therapy. Treatment structure uses classes, group therapy, and individual therapy and assignments. The program is designed only for the prison population. For aftercare, program participants who have been paroled are referred to counseling.

Some phases of the sex offender program are conducted in a dedicated facility, in the sense that sex offender inmates are restricted to certain medium or higher security level facilities.

The program is designed only for sex offenders who are willing and amenable to treatment. Eligible sex offenders are admitted approximately 3 years prior to earliest release. Program structure specifies successful completion of the previous phase before progressing to the next phase. The 4 program phases include 3 phases of treatment and a maintenance phase.

Phase I: Orientation to the SOP ***1 month***

Staff present the orientation in 1-hour blocks to 25 inmates at a time, once per week for four weeks. Eventually, the presentation will be professionally videotaped for showing to all inmates housed in all units dedicated to housing sex offenders.

Phase II: Preparation for Intensive Treatment ***8 to 12 months***

Staff teach classes of 25 inmates, covering areas of treatment in three blocks. Ideally, Phase II coincides with the Substance Abuse Program.

Block A: Thinking for a Change ***4 months***

Staff teach this psycho-educational class once a week in 1½ hour sessions covering self-monitoring of thoughts, feelings, and behaviors; impulse control; cognitive restructuring; problem solving; and communication and social skills.

Block B: Anger Management and Stress Inoculation ***2 months***

This class meets once a week for 1½ hours to focus on self-monitoring anger/stress triggers and developing coping skills to reduce negative arousal states such as anger, anxiety or stress.

Block C: Human Sexuality *2 months*

This block is subtitled, "Understanding Sexual Offending and the Treatment Process." The two classes meet at different times over a 2-month period, once a week for 1 hour, so that both can be taken at the same time. Human Sexuality addresses deficits in knowledge about sex, including myths and misinformation regarding male and female sexuality. Sexual Offending and Treatment covers distortions and victim stereotypes, basic treatment approaches, and building and maintaining motivation for treatment.

Block C is designed as a gradual transition into the sexually explicit language and terminology needed to address sexual deviance issues, and to prepare participants for the more confrontational approaches that will be used in Phase III. At this point, staff can also assess an offender's readiness for treatment.

Phase III: Intensive Sexual Offender Treatment *18 to 24 months*

Intensive treatment takes place primarily in groups, in the following progression:

Primary Group

Sometimes referred to as the "core group," this group meets 3 times a week for 1½ hours in groups of 8 to 10. Each group is co-facilitated by 2 therapists. The work grounds participants in the intensive treatment process through confronting and resolving individual cognitive distortions, personal history issues, and defenses.

Relapse Prevention I Group

The primary group meets once a week for 1½ hours of psycho-education focused on developing an individual "deviant cycle," which provides the basis for the relapse prevention plan. Participants complete workbooks and assignments to be discussed in the group. The duration of this stage depends on group progress.

Relapse Prevention II Group

The primary group meets once a week for 1½ hours for more advanced psycho-education. Each participant develops a relapse prevention plan. Role playing is integral to identifying high risk situations and brainstorming interventions.

Specialty Groups

When staff schedules allow, groups are formed for social skills training, deviant arousal reconditioning, and appropriate arousal reconditioning, as well as for developing victim empathy, examining family dynamics and past victimization, planning a vocation and lifestyle, managing anger, and making the transition into the community.

Assessment or testing tools

Assessment tools currently planned for inmate placement into the Arizona sex offender treatment program include:

- ABEL Screen
- MCMI-III
- Multi-phasic Sexual Inventory
- Psychiatric evaluation

Other instruments are currently under consideration, but have not been fully identified at present.

Types of offenders

The program is designed to accept the following types of offenders:

- Normal intellectual and socially functioning offenders, with cognitively impaired or mentally ill offenders evaluated on a case by case basis.

Intake

Identified sex offenders are taken into the program on the basis of:

- Time to supervised release
- Time to sentence discharge

There is no waiting list to get into the program at present.

Core curriculum

The curriculum used in the Arizona program includes:

- Basic mental health
- Educational courses
- Cognitive behavior therapy
- Individual counseling
- Group therapy

Post-release

Upon release from prison, sex offenders on parole are referred to counseling, which serves as the continuum aftercare component to the sex offender treatment program. The counseling structure is unique to the aftercare component.

Because the Department only has community supervision, i.e. parole, sex offenders are not eligible for community corrections or work release.

Completion/Failure

It is possible for participants to complete all phases of the program. No data is available as to the percentage who do complete the program.

Reasons for expulsion

An offender might be expelled from the program for any of the following reasons:

- Assaultive behaviors
- Sexual misconduct
- Continuing lack of commitment to treatment

No data is available to determine which phases of the program have the greatest failure rate.

Consequences of failure

As a consequence for failing the program, the inmate participant may be kept at the same facility or moved to a similar custody unit with other inmates not actively involved in treatment.

Staff Roles and Authority

Assessment for identification and treatment plan

Sex offender program staff assess the offender at the facility to determine the treatment plan.

Authority

- Program staff can make a discretionary change to the treatment needed.
- The state has identified security levels for prison facilities. The unit responsible for placement has the authority to place a sex offender at any facility.

Assessment

Tests and assessment tools

To measure progress in the program, the Arizona SOP uses both clinical interviews and psychological tests.

Program-developed tools for measuring offender progress

Arizona is in the process of developing its own set of tools for measuring offender progress.

Internal system for tracking program effectiveness

Arizona is also in the process of developing an internal system for tracking program effectiveness.

After release, ex-offenders are tracked indefinitely. Currently they have been tracked for up to 16 years. A study is underway to determine the program success rate.

Definition of program success

Program success is defined as completion of the program requirements and no arrests for new sex offenses, upon release.

Release Authority

Parole Board

Sex offenders are judged to be a threat to the public, especially to women and children. The parole board is very concerned about the release of sex offenders. The parole board's standard is "likely (or not likely) to remain at liberty without violating the law."

Percentage of sex offenders who discharge their sentence: 40-60%

Rate of release for those who discharge their sentence: 50%

Rate of release for those who go to parole: 50% are released to some form of community supervision.

Staffing Issues

The SOP employs 5.5 staff, who provide treatment at 1 facility. The DOC has the discretion to set the starting salary for all program staff, within the pay grade for that classification.

Title	Number of staff	Pay range
Counselors	2.0	$27,000 - $43,000
Clerical	1.0	$17,405 - $25,928
Psychiatrist	.5	$60,000+
Psychologist	2.0	$37,000 - $56,000

Training, licensing, and certification requirements

The required qualifications for staff are Arizona licenses for psychiatrists and psychologists, as well as experience in the training of sex offenders in correctional or non-correctional settings.

Staffing of treatment groups

The program uses 2 counselors for treatment groups of 6 to 10 offenders.

Recruitment and retention

Arizona has difficulty in hiring psychiatrists and psychologists for the program, which is in a rural area facility. The rural location of the SOP facility is also a factor in staff turnover, which is affected by the fact that professional staff with experience are in great demand.

Program Costs

Total overall DOC budget: $572,167,900

Sex offender treatment program, personnel services and operating costs: $250,000 ($200,00 for personnel, $50,000 for the first year of operating.)

% of total DOC budget: .4%

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Materials available through the NIC Information Center
1-800-877-1461

Memorandum re: Proposed Sex Offender Changes, November 11, 1999. Under the heading: Arizona Department of Corrections Eyman Inmate Health Services. Provides a 4-page outline of the proposed program structure, including duration, staffing, and group sizes.

Orientation to Sex Offender Treatment. Under the heading: Sex Offender Treatment Program at Arizona State Prison Complex—Eyman Cook Unit. Outlines the four sessions of treatment orientation, 2 pages.

Arizona Sex Offender Assessment Screening Profile for Regulatory Community Notification. Lists and defines criteria and scoring, defines paraphilias, and provides the scoring sheet, 6 pages.

Note: Materials are housed at the NIC Information Center at the discretion of Information Center staff. If any materials listed above are not available from the Information Center, please contact the DOC directly, using the contact name provided at the top of the profile.

Colorado

Colorado Department of Corrections

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Program Summary

The Colorado Sex Offender Treatment and Monitoring Program (SOTMP) is a component of the Risk Assessment Management (RAM) Program, established by administrative decision at the Colorado Department of Corrections. Legislation passed in 1992 created the Sex Offender Management Board, which is responsible for setting standards and guidelines for the assessment, evaluation, treatment, and behavioral monitoring of sex offenders throughout the criminal justice system.

The RAM Program is designed to identify and provide specialized treatment and supervision for sex offenders, in the form of a service continuum throughout incarceration and parole. Treatment programming for incarcerated sex offenders is provided through the SOTMP. For sex offenders on parole, continued intensive treatment as well as specialized supervision are coordinated through specially trained RAM officers, approved community treatment providers, and polygraphers.

Inmates who are amenable to treatment and meet the SOTMP requirements generally enter the program at 2 years or less to Parole Eligibility Date (PED), and remain in the program until release. Sex offenders must participate and progress in treatment in order to receive favorable parole consideration. Legislation enacted in 1998 mandates lifetime supervision—which requires treatment as well as intensive supervision—for offenders convicted of certain sex crimes.

A staff of 39 provides treatment for up to 230 sex offenders at any given time at four different facilities. One unit at the Arrowhead Correctional Center is dedicated to a 96-bed residential therapeutic community for sex offenders. Another unit in Arrowhead houses a drug and alcohol therapeutic community.

The SOTMP is cognitive behavioral in orientation, and is centered on the following sequence of groups:

Core Curriculum ***18 hours (minimum)***
This group is a prerequisite for Phase I, focusing on thinking errors, anger management, and stress management. The group is offered at most DOC facilities.

Transition ***Open-ended***

The transition group is designed to prepare sex offenders for participation in the Phase I group. The program addresses the needs of three different groups:

1) Sex offenders who volunteer for treatment but have more than 8 years to PED.

1) Sex offenders who have completed the Core Curriculum and are on the waiting list for transfer to the Fremont Correctional Facility (FCF) for Phase I.

1) Sex offenders who may meet the criteria for Phase I, but their commitment to change and to treatment is questionable.

This group is offered at Buena Vista Correctional Facility and Arkansas Valley Correctional Facility.

Pre-Treatment ***13 weeks***

The pre-treatment group is designed to break down the denial systems for those offenders who are not amenable for Phase I. This group is also available for offenders who have more than 8 years to PED. The pre-treatment group is offered at Sterling Correctional Facility.

Phase I ***6 months***

The Phase I therapy group meets 4 times a week to focus on common problem areas for sex offenders—why people commit sex offenses, developing victim empathy, cognitive restructuring, sex offense cycles, relapse prevention, sex education, sex roles, social skills, and relationships.

Phase I is available at Fremont Correctional Facility, Colorado Territorial Correctional Facility, Colorado Women's Correctional Facility, and San Carlos Correctional Facility (adjunct). The DOC also plans to offer Phase I at the Sterling Correctional Facility and in the Youth Offender System.

The following adaptations of Phase I cover the same components, but serve special needs offenders:

Phase IB ***(Open-ended)***
This group, designed for inmates who have low intellectual functioning, meets once a week.

Phase IC ***(Open-ended)***
This group, designed for sex offenders who are chronically mentally ill, meets twice a week. It is offered at San Carlos Correctional Facility and Fremont Correctional Facility.

Phase IE ***(Open-ended)***
This group for Spanish-speaking offenders is offered at Fremont Correctional Facility.

To enter Phase II, participants must successfully complete Phase I and demonstrate motivation to participate in Phase II.

T. C. Readiness ***Open-ended***
Participants in this group have successfully completed Phase I and have been recommended for the therapeutic community at Arrowhead, but either were at Arrowhead but have been regressed for lack of progress in the program, or cannot be transferred for medical, security, or other reasons.

Phase II (Therapeutic Community) ***Open-ended***
Phase II focuses on changing the participant's distorted thinking and patterns of behavior. Participants also develop a comprehensive personal change contract. The therapeutic community houses sex offenders together in a therapeutic milieu operating 24 hours a day, 7 days a week.

Specialized Treatment Formats for Lifetime Supervision of Sex Offenders
Sex offenders sentenced under the Lifetime Supervision Act must serve at least the minimum sentence in prison, and must participate and progress in treatment in order to be considered for parole, or remain in prison for life.

Three different treatment formats give these offenders the opportunity to progress in treatment and be considered for parole within the time period of their minimum sentence. For each format, participants must meet specific requirements to be considered for parole.

Foundation Format ***Less than 2 year minimum sentence***
In this format, offenders participate in a sex offense specific evaluation as well as a group, in order to prepare their sexual histories for confirmation by polygraph.

Modified Format ***2 to 6 year minimum sentence***

Offenders participate in a sex offense specific evaluation and expanded Phase I group, which includes defining their sexual abuse cycles and preparing their sexual histories for confirmation by polygraph.

Standard Format ***6 years or more minimum sentence***

Offenders in this format participate in the standard Phase I and Phase II.

Phase III RAM Community Corrections Supervision

Phase III provides specialized community corrections placements for sex offenders. The program provides continuing intensive treatment, specialized supervision (including pager or g lobal positioning monitoring and tracking services) and polygraph monitoring. This phase is available in Colorado Springs.

Phase IV RAM Parole Supervision

Phase IV involves intensive, specialized supervision and polygraph monitoring of sex offenders on parole, who are required to participate in approved treatment programs in the community.

Prison Sex Offender Population

Identification

Colorado identifies incarcerated sex offenders according to the criteria below.

Criteria

- Current sex offense conviction.
- Prior sex felony convictions, which occurred within the last 10 years prior to their current incarceration.
- Prior sex misdemeanor convictions, which occurred within the last 10 years prior to their current incarceration.
- Factual basis of a current non-sex crime conviction, if factual basis involves a sex offense.
- Prior factual basis, 10 year limit
- Institutional sexual offenses and indecent exposure.
- Self report

Classification scale

All offenders convicted for all crimes are rated on several needs assessment scales (education, psychological, drug and alcohol, sexual violence, etc.). Every offender receives a sexual violence code on the five point scale described below. A code of 3 or above signals that sex offender treatment is recommended.

S5 Individuals with past or current felony sexual offense convictions.

S4 Individuals whose history indicates sexual assaults or deviance for which they may not have been convicted. These cases often involve pleas bargains where the factual basis of the crime involved a sex offense, such as juvenile and misdemeanor sexual offenses.

S3 Incarcerated individuals who have committed sex offenses against staff or inmates, or who have displayed behaviors which indicated sexual abuse directed towards another.

S2 Individuals who were arrested/investigated for sexual offenses but have no documented conviction, or individuals who were initially coded S5, S4, or S3 but are not recommended for treatment after review by SOTMP staff.

S1 Individuals with no history or indication of sex offense behavior.

Population Status

Current total adult incarcerated population: 15,372 (as of December 1999)

Sex offender total: 3,391 (as of December 1999)

Percentage of total population identified as sex offenders: 22%

The number of sex offenders has increased from 2,744 in 1997 to 3,391 in 1999, an increase of 23.6%. As a percentage of the total inmate population, the sex offender population has remained stable at 22% since June 30, 1998.

Prison Sex Offender Treatment Program

Governance

Legislation

The Sex Offender Management Board

Legislation enacted in 1992 (CRS 16-11.7-101 through 16-11.7-107) creates a board that standardizes the evaluation, identification, treatment, and continued monitoring of sex offenders at each stage of the criminal justice system. The 15 members of the board are to represent specified agencies and areas of expertise:

- The judicial department
- The department of corrections
- The department of human services
- The department of public safety, division of criminal justice
- Law enforcement
- A judge appointed by the chief justice of the supreme court
- Licensed mental health professionals with recognizable expertise in the treatment of sex offenders
- A district attorney
- A member of a community corrections board
- A public defender
- Recognized experts in the field of sex abuse who can represent sex abuse victims and victim's rights organizations
- A clinical polygraph examiner

The board is required to carry out the following duties:

1. Develop and prescribe a standardized procedure for evaluating and identifying sex offenders (prior to January 1, 1996).

1. Develop and implement guidelines and standards for a system of treatment programs for sex offenders placed on probation or parole, incarcerated, or placed in community corrections. The structure of the program is to provide a continuing monitoring process as well as a continuum of treatment programs.

1. Develop a plan for allocating moneys deposited in the sex offender surcharge fund among the judicial department, the department of corrections, the division of criminal justice of the department of public safety, and the department of human services.

1. Consult on and approve the risk assessment screening instrument developed by the division of criminal justice to assist the sentencing court.

1. Research and analyze the effectiveness of the evaluation, identification, and treatment procedures and programs developed by the board.

1. Develop and prescribe a system for implementing the guidelines and standards developed by the board, and for tracking offenders who have been subject to the evaluation, identification, and treatment implemented under board authority.

1. Develop a system for monitoring offender behaviors and offender adherence to prescribed behavioral changes.

1. Develop criteria for measuring a sex offender's progress in treatment, to assist the court and the parole board in making release decisions and determining an offender's level of supervision.

Probation requirements. A sex offender who is to be considered for probation is required, as part of the presentence or probation investigation requirement, to submit to an evaluation for treatment, an evaluation of risk, and procedures required for monitoring behavior to protect victims and potential victims.

Sentencing. Every sex offender sentenced for a sex offense is required—as part of any sentence to probation, community corrections, or incarceration—to undergo treatment, based on recommendations from the evaluation and identification procedure. Every sex offender placed on parole by the state parole board must also undergo treatment based on evaluation and identification, including any subsequent reevaluation during the offender's incarceration or any period of parole.

Surcharge. Evaluation and identification are to be funded by a surcharge to the person evaluated, based on that person's ability to pay. The surcharge is assessed at the time of sentencing.

Contracts with providers. All contractors for program services are required to conform to the standards developed by the Sex Offender Management Board. The DOC and the Judicial Department must employ only those individuals who comply with the standards.

Lifetime Supervision

The Colorado Sex Offender Lifetime Supervision Act of 1998 (CRS 16-13-801-812 through 16-13-812) establishes a program of treatment and supervision for life (or as long as deemed necessary) for persons convicted of certain sex offenses. The purpose of the legislation is to protect the safety, health, and welfare of the state with an approach that is both programmatically effective and cost effective.

The legislation aims at providing specific guidelines for sentencing offenders convicted of:

- Sexual assault in the first degree
- Sexual assault in the second degree
- Felony sexual assault in the third degree
- Sexual assault on a child
- Sexual assault on a child by a person in a position of trust
- Aggravated sexual assault on a client by a psychotherapist
- Enticement of a child
- Incest
- Aggravated incest
- Patronizing a prostituted child
- Criminal attempt, conspiracy, or solicitation to commit any of the above offenses

These offenders must participate in intensive supervision and treatment in the community as conditions of probation or parole. Incarcerated offenders are required to progress in the prison program to be considered for parole. After release, an offender must not only continue treatment in the community, but must also meet certain other conditions in order to remain in the community. Those who do not comply are returned to prison.

Intensive supervision may include, but is not limited to, severely restricted activities, daily contact between the sex offender or other person and the supervising officer, monitored curfew, home visitation, employment visitation and monitoring, drug and alcohol screening, treatment referrals and monitoring, including physiological monitoring, and payment of restitution.

The legislation mandates the development of criteria and procedures for determining whether an offender may be released on parole, progressed to a lower level of supervision, or discharged.

Registration and blood and saliva samples

Colorado law requires the DOC to notify sex offenders of the requirement to register with local law enforcement and draw blood samples prior to release to parole, community corrections placement, or discharge on all offenders with an active sentence in which the factual basis involved in certain sex offenses. Blood and saliva samples are also drawn on offenders sentenced for criminal attempt, conspiracy, or solicitation to commit any of the specified acts.
The law is enforced by identification of these offenders in the Diagnostic Unit and by case managers prior to the inmate's parole, community corrections placement, or discharge.

State Standards/Advisory Board

State-mandated identification policy

State statute defines "sex offender" for the entire criminal justice system in Colorado. According to the statute, a person is a sex offender if he/she has a current sex crime conviction, prior sex crime conviction, previous sex crime conviction in another jurisdiction, or a history of sex offenses.

Advisory board/sex offender treatment entity

The Sex Offender Management Board, created by the 1992 legislation described above (see "Legislation"), acts under authority delegated to the Executive Branch, Department of Public Safety, and Division of Criminal Justice, but has representation from several state agencies and private groups.

Authority

As described in more detail above, the board sets standards and guidelines for the assessment, evaluation, treatment and behavioral monitoring of adult sex offenders, to be applied throughout the criminal justice system.

Standards

To date, the board has exercised its authority in the following ways:

- Set qualifications of staff
- Mandated standard assessment tools
- Required a certain approach to treatment

Testing standards

Board standards require that each offender receive a mental health sex offense-specific evaluation at the time of the pre-sentence investigation. For this process, the standards recommend evaluation and assessment that integrate physiological, psychological, historical, and demographic information. The standards require evaluation of certain areas, and suggest possible evaluation procedures for each area.

The standards set by the board specifically require the following tests:

- Polygraph
- Plethysmograph or Abel Assessment

Treatment standards

The standards set by the board also provide for the following treatments:

- Group therapy, with up to 12 participants per group facilitated by 2 therapists, or 8 participants per group facilitated by 1 therapist.
- Ongoing polygraphy

Stakeholders influencing the program

Stakeholders outside the DOC who influence the program include:

- The legislature
- The Governor's office
- The District Attorney's counsel
- Inmate families
- Victim groups
- Law enforcement/criminal justice agencies
- Legal decisions
- The community
- School districts

Program Policies

Treatment requirement

Offenders who are recommended for sex offender treatment are not required to go to treatment. Sex offenders are awarded earned time (extra days taken off their sentence) for participation in recommended programs.

Results of denial or refusal of treatment

If an offender denies sex offending or refuses treatment, the offender is:

- Restricted from a specific lower security or custody placement
- Not awarded earned time
- Subject to restricted privileges

For all institutional treatment programs, the DOC has a written policy regarding awarding of earned time and progressive moves.

Implications for identified sex offenders

In addition to being identified as in need of treatment, a sex offender under department policy is:

- Excluded from restricted minimum security, except for the therapeutic community at Arrowhead, which is a restricted minimum facility
- Expected to participate in sex offender treatment

Visitation policy

The Sex Offender Management Board provides visitation guidelines for sex offenders, in addition to the general visitation conditions imposed on all offenders. CDOC follows these guidelines in accordance with department administrative regulations on visitation.

1. Sex offenders should have no contact with their victims, except under circumstances approved in advance and in writing by the prison treatment provider and the victim's therapist.

1. Sex offenders should have no contact with children, including their own children, unless approved in advance and in writing.

1. Sex offenders cannot date or befriend anyone who has children under the age of 18 unless approved in advance and in writing by the prison treatment provider.

1. Sex offenders cannot access or loiter near children in the visiting room or participate in any volunteer activity that involves contact with children except under circumstances approved in advance and in writing by the prison treatment provider.

1. Other special conditions that restrict sex offenders from high-risk situations and limit access to potential victims may be imposed by the prison treatment provider.

1. Mental health staff who have evaluated the offender may recommend and document the exclusion of visitors who are victims of the offender or are children under 18, if such visits could be detrimental to the offender's rehabilitation.

As a condition of community supervision, sex offenders cannot have contact with or live with children under 18, including their own children, unless approved in advance and in writing by the supervising officer in consultation with the Community Supervision Team. The sex offender must report all incidental contact with children to the treatment provider and the supervising officer, as required by the team.

Program Description/Placement

The Sex Offender Treatment and Monitoring Program is a cognitive behavioral based system with an emphasis on relapse prevention, delivered through psychoeducation, therapy groups and, in Phase II, a therapeutic community. The curriculum includes periodic polygraph testing. As a component of RAM, the SOTMP supports offender transition into the community.

(For a more detailed description of program structure, see the "Program Summary" at the beginning of the profile.)

The Risk Assessment Management Program (RAM) is designed to enhance public safety by providing a service continuum throughout incarceration and parole. The program goals are to provide:

- Sex offender risk identification and treatment recommendation at the Diagnostic Center.
- A procedure for the collection of blood and saliva samples from specific sex offenders according to state statute.
- Specialized treatment and tracking capacity within facilities.
- A specialized pre-parole process for purposes of evaluation and parole planning and integration with the Parole Board.
- Procedures for compliance with law enforcement registration and entry of modus operandi into the Colorado Bureau of Investigation database, according to state statute.
- Specialized treatment and parole supervision for parolees, which provides close surveillance, polygraph assessment, and treatment by coordinating RAM supervision with all available community public safety and mental health agencies.

The Sex Offender Treatment and Monitoring Program (SOTMP) is designed to increase treatment effectiveness with high risk offenders who present a serious threat to public safety. The program involves:

1) Identification of sex offenders in the Department.
2) A genetic markers (DNA) procedure.
3) Sex offender treatment.
4) Documentation of institutional behavior.
5) Sex offender registration/notification of duty to register.
6) Specialized parole supervision.
7) Polygraph assessment and monitoring.
8) Program evaluation and research.

1) Psychological testing and evaluation.

1) Construction of modus operandi

Criteria for treatment

A sex offenders is accepted for the SOTMP when he meets the following requirements:

1) Has 8 years or less to PED, unless court documentation indicates that an offender will be eligible for reconsideration of parole if he participates in treatment.

1) Has successfully completed the core curriculum.

1) Admits to sexually abusive behavior and is willing to discuss it.

1) Acknowledges that he has a current problem with sexual abuse.

1) Is motivated to work on his problem as demonstrated by a willingness to participate in group, address problematic patterns of behaviors, and acknowledge the risk of reoffense.

1) Is willing to comply with the conditions of the group contract.

The SOTMP is designed to commit the most extensive resources to those inmates who have demonstrated a desire and motivation to change.

Recently, the SOTMP started a pilot program for sex offenders who minimize some aspect of their crime. Staff will evaluate the effectiveness of this program before making it a permanent component of the program.

Assessment or testing tools

To admit sex offenders into the treatment program, program staff use interviews to determine whether an offender meets participation criteria. For offenders who meet the criteria, staff administer the following tests for psychological evaluation and treatment planning needs:

Phase I

- MCMI-III
- PAI
- Empathy and relationship questionnaires
- Locus of Control (LOC)
- Balanced Inventory for Desirable Responding (BIDR)

Phase II (Beginning of Orientation Level)

- Clinical interview
- MSI
- Abel Assessment for sexual interests
- HARE PCL:SV/PCL-R

Phase II (Offender discharges or progresses to community corrections or parole)

- MCMI-III
- PAI
- NEO-PI-R (assessment of adult personality)
- MSI
- MnSOST-R
- SORC (Colorado Sex Offender Risk Scale)
- BIDR
- LOC
- Empathy and relationship questionnaires

Types of offenders

The program is designed to accept the following types of offenders:

- Normal intellectual and socially functioning offenders
- CMI's
- Spanish speaking
- Females
- Developmentally disabled
- Hearing impaired

For special populations with low numbers of group participants, such as CMI's and females, the program provides an open-ended structure for placing sex offenders in certain phases.

Intake

For taking inmates into the program, staff give priority to sex offenders who are closest to their parole eligibility date. The program has a waiting list of approximately 220 sex offenders.

Phase II therapeutic community

The most intensive component of the SOTMP is the Phase II therapeutic community (TC), housed in one living unit of the Arrowhead Correctional Center. The Colorado therapeutic community has the elements described below.

Staff training and coordination

Although the sex offender therapeutic community is in only one unit, correctional staff throughout the facility must participate in TC training. Correctional staff in the living unit provide feedback on inmate behavior to treatment staff. Housing staff, work supervisors, case managers, and therapists meet once a week to staff inmates in the program.

Work assignments

Inmates in the community live together and work together. Work is an integral part of community life. All work supervisors receive TC training. One supervisor is hired with treatment funds to ensure that there is treatment at the work site. Work supervisors may participate in groups to discuss an inmate's behavior.

Any problematic behavior at work is brought to treatment. If a work problem is significant, an offender may be terminated for failing to apply treatment. If an offender is on probation in treatment, he does not qualify for working at the green house (i.e., extra money).

Mutual support

Participants in the TC are considered to be a family. The are expected to support the treatment efforts of their brothers by giving them Pull Ups of Awareness and logging Requests for Group when their behavior is problematic. Members at higher levels become big brothers to new TC members or to members who are placed on probation, orienting them to the TC and assisting with assignments and learning experiences.

Processes for addressing problem behaviors

Problem behaviors are discussed in Concept Group, which is similar to The Game in drug and alcohol TC's except that it is more structured, and members must give appropriate assertive—but not aggressive—feedback. The member who is the focus of the concept group must write a concept paper that documents the problem, discusses how the behavior fits into their cycle of abuse, how the behavior impacts others, and his plan for change.

Problem behaviors are also addressed in Rational Office, where a learning experience is assigned to the member.

Community and treatment groups

TC members participate in Task Teams and House Meetings as well as a number of therapy groups, such as relapse prevention, communication skills, criminal thinking errors, and victim clarification. Therapy issues vary according to the participant's level in the program.

Polygraphs

Members are polygraphed on their sexual histories and current behavior in the therapeutic community.

Exceptions to traditional drug and alcohol communities

The TC is similar to a traditional drug and alcohol TC, with some exceptions. To emphasize the need for sex offenders to develop peer relationships where they do not have power over people, community members do not gain power over other members as they progress in treatment. When they monitor each other, the monitoring is parallel rather than hierarchical. This program uses the Concept Group instead of The Game.

The program also integrates a number of traditional cognitive behavioral sex offender treatment groups into the TC.

Other program components

Medications

When appropriate, the program uses medications to support treatment.

Family education/support

Family education groups are offered periodically for families of inmates participating in the SOTMP. This program is offered to educate the family on the dynamics in sex offenses and the offense cycle. Prior to parole, the inmate's specific relapse prevention plan is reviewed with the inmate and his family, to help the family become a support system for the offender in monitoring his thoughts, feelings, and behaviors for indications of high risk.

Training programs on sex offender treatment

To facilitate a cooperative effort between treatment and correctional staff, SOTMP clinicians offer training programs that cover:

- Why people commit sex offenses.
- The purpose and design of the SOTMP.
- The purpose and structure of specialized parole supervision.

- How to identify and document significant institutional behaviors that affect facility placement and parole decisions.

Program evaluation and research

A full-time researcher for the SOTMP keeps statistics on the number of offenders who need treatment and the number who participate in treatment. The researcher is also involved in a variety of projects to assess the effectiveness of specific treatment components as well as treatment outcomes.

Community Notification Coordinator
The Community Notification Coordinator:

- Ensures compliance with Colorado statutes for DNA testing and registration.
- Researches, compiles, and develops modus operandi (M.O.) on releasing sex offenders to enter into the central M.O. database of the Colorado Bureau of Investigation.
- Creates law enforcement bulletins on dangerous sex offenders who are discharging their sentence.

Release planning and post-release

RAM programming for sex offenders released to the community involves specialized supervision, offense specific treatment, and polygraph monitoring. The program contracts with treatment providers in the community to provide continuum aftercare for community corrections inmates and parolees. Specialized supervision is provided by RAM officers, who work through a communication network with treatment programs as well as law enforcement agencies to determine offender compliance with parole conditions and supervision requirements.

During both the parole and the pre-parole planning process, RAM officers work closely with DOC mental health staff to determine special needs and concerns, such as medications, community referrals, or victims' names or characteristics. If applicable, the RAM officer discusses relapse prevention plans. During the pre-parole process, the RAM officer recommends any special parole conditions.

The community mental health component of the RAM supervision model includes an open communication agreement between the supervising RAM officer and the therapist. Parole supervision is adjusted according to the offender's behavior in treatment. Cases viewed as high risk become the priority for the RAM officer's management and intervention.

Although sex offenders are eligible for community corrections, community corrections boards are reluctant to accept sex offenders.

Completion/Failure

Program participants are maintained in treatment from the time they enter the program through their release from prison.

Reasons for expulsion

An offender might be expelled from the program for any of the following reasons:
- Failure to progress
- Assaultive behaviors
- Sexual misconduct

An offender who has been expelled from the program can apply for readmission.

The program phase with the highest frequency of failure is Phase II, with a failure rate of 69%. This rate improves to 50%, however, with offenders who have been in the program for more than 1 year, as reported in the CDOC Statistical Report, Sex Offender Population and Treatment, Fiscal Year 1998.

Consequences of failure

As a consequence for failing the program, the inmate participant is sometimes:
- Regressed to a higher security facility
- Given restricted privileges
- Subject to loss of time toward reducing his PED or time to discharge
- Subject to loss of a higher paying job

Staff Roles and Authority

The initial identification of sex offenders is done by reception center staff, who make the recommendation for treatment. The treatment recommendation is assessed by sex offender treatment staff.

Authority

Program staff can make a discretionary change to both identification and treatment recommendations, when the change is staffed and agreed upon by the entire team.

The state has identified security levels for prison facilities. The unit responsible for placement cannot place a sex offender in a minimum security facility, unless in treatment.

When placing sex offenders at certain facilities, program staff convey the offenders' treatment status to the case managers, who send facility reclassification forms to central office facility placement staff.

Assessment

Tests and assessment tools

To measure progress in the program, staff use the following tools:

1. Clinical interviews, homework assignments, behavior outside of group, group participation, and content tests.

1. Polygraph evaluation.

1. Psychological tests:

    - Relationship Questionnaire
    - Empathy for Women Test—version 2
    - Child Empathy Test—version 2

- BIDR
- LOC

Program-developed tools for measuring offender progress

For measuring offender progress, the program has developed its own content tests, polygraph questions, and assignments.

Internal system for tracking program effectiveness

The program has a full-time researcher who maintains program participation data and evaluates specific components of the program as well as treatment outcomes. Sex offenders are tracked for 3 years after their release.

Definition of program success

The program defines success for a participant as no parole revocation, no new crimes, and no new sex offenses.

Program effectiveness studies

The Colorado Department of Corrections has conducted three reviews of its treatment program, in 1989, 1994, and 1996. Results showed significantly lower recidivism rates for sex offenders who had participated in treatment.

1989

The first review tracked the new crime rate for offenders who had been in treatment for more than 40 sessions, compared to the rate for offenders who transferred or paroled from treatment before completing 40 sessions. Both groups were seen as motivated to change.

Fewer than 40 sessions: 32%
More than 40 sessions: 8%

1994

The second review included all sex offenders identified within the DOC since 1988. The review tracked the percentage, by treatment status, of those who were released and returned to the DOC for any new crime.

No treatment: 34%
Fewer than 50 sessions: 7%
More than 50 sessions: 2%

1996

The third review tracked the percentage, by treatment status, of offenders released between January 1994 and May 1996 who were returned to the DOC for any reason, including revocation for technical violations. The study included 8,755 general population offenders as well as 1,140 sex offenders.

Of the sex offenders who were released, 842 (74%) had not participated in treatment. 118 (10%) participated in fewer than 50 sessions, and 180 (16%) participated in more than 50 sessions. The numbers below represents the percentage of the number within the category who were returned to the DOC.

General population: 23.6%
Sex offenders
- No treatment: 21.6%
- Fewer than 50 sessions: 9.3%
- More than 50 sessions: 6.1%

Of the sex offenders who had more than 50 sessions and were granted discretionary parole, none reoffended while under parole supervision.

Release Authority

Parole Board

The parole board is conservative when releasing sex offenders.

Percentage of sex offenders who discharge their sentence: 20% to 40%

Many of the offenders who have discretionary parole discharge their sentence. Most offenders have a mandatory parole period. One third of offenders currently incarcerated can discharge their sentence.

Staffing Issues

A total of 39 full-time and contract staff provides treatment in 3 facilities. The majority of staff are full-time DOC employees. The department does not have the discretion to set the starting salary for all program staff, but can request a higher starting salary for experienced staff.

Title	Number of staff	Pay range
Social workers	27	$34,572 to $51,528
Clerical	3	$20,352 to $30,132
Administration	5	$36,312 to $80,760
1 Program Assistant		
3 Coordinators		
1 Program Director		
Psychologist	2	$45,336 to $67,548
Researcher	1	$37,000 to $45,000
Community Registration Coordinator	1	$37,000 to $45,000

Training, licensing, and certification requirements

The Standards and Guidelines developed by the Colorado Sex Offender Management Board require the following qualifications for treatment providers and evaluators.

Treatment Provider—Full Operating Level

1) Licensed or certified as a physician, psychologist, clinical social worker, professional counselor, marriage and family therapist, or clinical psychiatric nurse specialist.

1) 1000 hours of clinical experience within the past five years in the areas of evaluation and treatment of sex offenders, at least half of which was face-to-face therapy with adult convicted sex offenders.

1) At least 80 hours of documented training specifically related to evaluation and treatment methods described in the Standards, and including training in victimology.

Treatment providers must apply for continued placement on the provider list every 3 years. Requirements include:

1) A minimum of 600 hours of clinical experience every 3 years, 300 of which must be face-to-face therapy with adult convicted sex offenders.
2) A minimum of 40 hours of continuing education every 3 years in the field of sex offender treatment, assessment, and monitoring.

Evaluator—Full Operating Level

1) Licensed or certified as a physician, psychologist, clinical social worker, professional counselor, marriage and family therapist, or clinical psychiatric nurse specialist.

1) Registered as a treatment provider at the full operating level.

1) A minimum of 40 mental health sex-offense specific evaluations as defined by the Standards.

1) At least 80 hours of documented training within the last five years specifically related to evaluation and treatment methods described in the Standards, including training in victimology.

Evaluators must apply for continued placement on the provider list every 3 years. Requirements include:

1) To maintain registration as a treatment provider and evaluator at the full operating level, the individual must accumulate a minimum of 600 hours of clinical experience every 3 years, 300 of which must be face-to-face consultation or therapy with sex offenders. The evaluator must also complete a minimum of 20 mental health sex-specific evaluations in the 3 year period.

1) Evaluators re-registering as evaluators only must complete a minimum of 40 mental health sex offense-specific evaluations in the 3 year period.

1) A minimum of 40 hours of relevant continuing education every three years.

Treatment Provider—Associate Level

1) A baccalaureate degree or above in a behavioral science.

1) A minimum of 500 hours of supervised clinical experience within the past 5 years, specifically in the area of treatment of sex offenders. At least half (250) of these hours must be in face-to-face therapy with convicted adult sex offenders. At least 160 of these face-to-face hours must have been in co-therapy, in the same room, with a treatment provider registered at the full level.

1) At least 50 hours of face-to-face clinical supervision by a treatment provider at the full operating level.

1) At least 40 hours of documented training within the past 5 years specifically related to evaluation and treatment methods described in the Standards, including training in victimology.

Associate level treatment providers who want to move to full operating level must complete 1000 hours of supervised clinical experience, 100 hours of clinical supervision, at least half of which must be face-to-face, and 80 hours of training.

Associate level treatment providers must apply for continued placement on the list every 3 years. Requirements include:

1) 600 hours of clinical experience every 3 years, 300 of which must be face-to-face therapy with adult convicted sex offenders.

1) A minimum of 1 hour of face-to-face supervision for every 30 hours of clinical contact with sex offenders.

1) A minimum of 40 hours of continuing education every 3 years.

Evaluator—Associate Level

1) Listed as a treatment provider at the associate level or the full operating level.

1) 50 hours of face-to-face clinical supervision by a treatment provider at the full operating level.

1) A clinical supervisor at the full operating evaluator level must sign off on each evaluation conducted at the associate level.

1) At least 40 hours of training within the past 5 years specifically related to evaluation and treatment methods described in the Standards, including victimology.

Associate level evaluators must apply for continued placement on the provider list every 3 years. Requirements include:

1) Maintain registration as a treatment provider at the associate level or the full operating level, and complete a minimum of 20 mental health sex-offense specific evaluations in the 3-year period.

1) A minimum of 40 hours of continuing education every 3 years.

Staffing of treatment groups

Groups of 15 participants are facilitated by 2 counselors. The groups start with 15, because some leave or are expelled from the program. Groups facilitated by 1 counselor have no more than 8 participants.

Recruitment and retention

The program has had some difficulty recruiting staff for rural area facilities. Many staff live in the two cities that are near the facilities. The program has also experienced turnover from recruitment to other jobs and from the impact of the job.

Program Costs

Total overall DOC budget: $477,540,150

Sex offender treatment program, personnel services and operating costs: $2,004,459

Personnel services: $1,534,691

Operating: $294,782 (Includes contract funds to hire therapists and funds to pay for evaluation and treatment of parolees.)

Polygraph: $174,986

% of total DOC budget: .42%

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Materials available through the NIC Information Center
1-800-877-1461

Risk Assessment Management Program: Sex Offender Treatment and Monitoring Program Component. A 19-page description of the program, which is a component of a management program that includes specialized supervision for offenders in community corrections and on parole. Includes mission, component rationale, identification of sex offenders, screening and evaluation, and prison treatment components, with brief descriptions of training for correctional staff, specialized parole supervision, and program evaluation and research.

Colorado Department of Corrections: SOTMP Psychological Testing and Assessment Schedule. A one-page chart of assessments used for each phase of the prison program.

Utilizing Therapeutic Communities in Advanced Sex Offender Treatment. A 2-page chart of the therapeutic community methodology used to address specific problem areas for sex offenders.

Crossroad to Freedom Therapeutic Community: Resident Handbook. The 2000 edition.

Colorado Sex Offender Management Board: Standards and Guidelines for the Assessment, Evaluation, Treatment and Behavioral Monitoring of Adult Sex Offenders. Revised June 1999.

Statistical Report: Sex Offender Population and Treatment, Fiscal Year 1998. A 30-page compilation of statistics reported by the SOTMP evaluation and research staff. Includes data for incarcerated and parole populations, court commitments, released, community corrections, and sex offender treatment.

Article 11.7: Standardized Treatment Program for Sex Offenders (CRS 16-11.7-101 to 107). The legislation that created the Sex Offender Management Board and established the Risk Assessment Management Program.

Lifetime Supervision of Sex Offenders (CRS 16-13-801-812). The legislation that mandates lifetime supervision in Colorado, including provisions for sentencing, intensive supervision, conditions for release, and revocation of probation or parole.

Note: Materials are housed at the NIC Information Center at the discretion of Information Center staff. If any materials listed above are not available from the Information Center, please contact the DOC directly, using the contact name provided at the top of the profile.

Connecticut

Connecticut Department of Correction

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Program Administrator:
Clyde McDonald

Program Summary

The Connecticut Sex Offender Program (SOP) is conducted by 10 trained clinical mental health staff at 7 institutions throughout the Department of Correction (DOC). Program structure provides 8 sessions over the course of 6 months.

The program is based on a cognitive behavioral model focusing on three goals:

- Correct distorted thinking
- Establish an effective relapse prevention plan
- Increase victim empathy

Program components include orientation to treatment, education, and cognitive behavioral group therapy. Participants graduate with a relapse prevention plan aimed at managing stress and avoiding future offending.

To successfully complete the program, group members must fulfill requirements for psychological assessment and written assignments, and must demonstrate mastery of the educational material presented in the group.

Antiandrogen therapy (Depo Provera, Depo Lupron, or SSEI) is available for sex offenders, on the basis of psychiatric evaluations conducted by the consulting psychiatrist.

To provide continuity of care, administrators of the SOP maintain a collaborative relationship with the Department of Probation and the Board of Parole, as well as community-based sex offender treatment providers.

Prison Sex Offender Population

Identification

Connecticut identifies incarcerated sex offenders according to the criteria below.

Criteria

- Current crime
- Prior sex felony convictions
- Prior misdemeanor convictions
- Factual basis of a current non-sex crime conviction
- Institutional sexual misbehavior
- Self-disclosure

The DOC defines institutional sexual misbehavior as public indecency, or touching the sexual or other intimate parts of another person, including kissing, for the purpose of gratifying the sexual desire of either party.

Severity scale

Connecticut has a severity scale for identified sex offenders, which is used for both classification and treatment. The scale levels are delineated below:

S-5 individuals have a current conviction, pending charge, or known history of sexual offenses involving physical contact with their victim(s), and are distinguished by sadistic use of violence in the commission of the offenses. These individuals usually have a chronic and serious history of sexual assault. There is a demonstrated pattern of violence in the crime(s) of conviction or record.
S-4 individuals have a current conviction, pending charge or known history of sexual offenses involving physical contact with their victim(s). There is a demonstrated pattern of chronic sexually offending behavior that involves multiple incidents over a period of more than three months. Violence may or may not be present in the offense or history.

S-3 individuals have a current conviction, pending charge or known history of sexual offenses involving physical contact with the victim(s). The behavior is viewed as situational and may include one known incident, or multiple incidents over a period of less than three months, or one identified victim regardless of the duration of the abusive relationship, e.g. incest. These incidents and offenses may be related to situational factors, stress, or substance abuse. Violence, if present, appears situational and is not an ingrained pattern of the offense.

S-2 individuals have a current conviction, pending charge, or known history of sexual offenses that do not involve physical contact with the victim(s).

S-1 individuals have no current conviction, pending charge, or identified history of sexual offenses. They may self-report having been sexually abused, suffering from compulsive sexual behaviors, or obsessive sexual thought, but have not, based on all available information, committed criminal sexual behaviors. They may suffer from a paraphilia such as fetishism, but have no history of acting out in any sexually offending manner. These individuals may suffer from other sexual concerns or sexual dysfunction unrelated to any sexual criminal act.

Where the staff resources are available, an inmate with a sex offender need score greater than 1 is assessed by qualified mental health staff or sex offender program staff to determine program needs.

Population Status

Current total adult incarcerated population: 17,305 (as of January 1, 2000)

Sex offender total: 2,295 (as of January 1, 2000)

The number of current sex offenders can be further broken down as:

Active sex offenses:	963
Prior felony sex offenses with current non-sex offense:	503
Prior misdemeanor sex offenses with current non-sex offense:	192
Other:	637
Total	**2,295**

Percentage of total population identified as sex offenders: 13%

The number of sex offenders has increased from 614 in 1994 to 2,104 in 1999, an increase of 242%. In 1994, sex offenders made up 4.6% of the total population. In 1999, sex offenders were 13% of the total population.

Prison Sex Offender Treatment Program

Governance

Legislation

There is no Connecticut legislation that influences or governs the program.

State Standards/Advisory Board

State-mandated identification policy

The identification process for sex offenders in prison is state-mandated.

Advisory board/sex offender treatment entity

There is no state-mandated policy that creates a sex offender treatment advisory board, and no state-mandated policy that creates a sex offender treatment board/entity that sets standards and requirements for treatment.

Stakeholders influencing the program

Stakeholders outside the DOC who influence the program include:

- The legislature
- The Governor's office
- The public

Program Policies

Treatment requirement

Offenders who are identified as sex offenders and assessed for sex offender treatment are not required to go to treatment.

Results of denial or refusal of treatment

There are no consequences for an offender who denies a sex offending problem or refuses treatment.

Implications for identified sex offenders

In addition to being classified for treatment, an offender identified as a sex offender under department policy is:

- Restricted to certain security level facilities
- Excluded from outside work crews
- Ineligible for community corrections

Visitation policy

The visitation policy for offenders assigned to the sex offender program is the same as the policy for the general population.

Program Description/Placement

The Connecticut SOP is designed to provide cognitive behavioral treatment to incarcerated sex offenders, and was developed to work on a continuum with community-based sex offender programs. The SOP is facilitated by qualified, trained sex offender treatment staff who work within the DOC Mental Health unit.

Program staff consider their primary responsibility to be the community; the goal of the SOP is to decrease sexual violence. The primary treatment objective is to teach relapse prevention methods as behavior modification interventions. The program provides an orientation to treatment, educational sessions, and cognitive-behavioral group therapy.

Dedicated facility

Sex offender programming is assigned to 7 specific facilities, to address gender, security level, youthful offender, and protective custody issues.

Assessment or testing tools

Assessment tools used for inmate placement into the treatment program include:

- MMPI-2
- Static 99

Types of offenders

The program is designed to accept the following types of offenders:

- Normal intellectual and socially functioning offenders
- Females

Intake

The SOP takes sex offenders into the program according to the priority on the list. The program has an average waiting list of 150 sex offenders.

Core curriculum

The curriculum for the treatment program includes:

- Cognitive behavior therapy
- Group counseling
- Writing of prior history (journaling)

Program structure

The SOP is only for the prison population. Although the core program is designed for sex offenders who are willing and amenable to treatment, one institution modifies the curriculum to provide a curriculum for deniers. The program structure specifies a prerequisite for each phase.

Over the course of 6 months, participants progress through 8 educational sessions that address the following issues:

- Understanding sexual assault
- Relapse prevention
- Interpersonal relationships
- Anger management
- Victim empathy

Group leaders incorporate group therapy into the sessions, usually in response to a discussion by one or more of the participants.

Post-release

A continuum aftercare component for sex offenders released from prison takes place in a community residential setting, on parole, and on probation with specially trained officers. The structure of aftercare is not based on the prison program, but is unique to the aftercare component.

Sex offenders are not eligible for community corrections or work release programs.

Completion/Failure

Connecticut did not report whether it is possible for an offender to complete all phases of the treatment program.

Reasons for expulsion

An offender might be expelled from the program for any of the following reasons:

- Assaultive behaviors
- Sexual mis conduct
- Not honoring confidentiality

Consequences of failure

Connecticut did not report any consequences to an offender who fails the program.

Staff Roles and Authority

Offenders are assessed for identification and treatment planning first at the reception center, then, if an offender want to participate in the program, by program staff.

Authority

Program staff can make a discretionary change to either identification or treatment.

The state has identified security levels for prison facilities. The unit responsible for placement has the authority to place a sex offender at any facility.

The unit responsible for facility placement and the program staff interact when placing sex offenders at certain facilities.

Assessment

Tests and assessment tools

To measure progress in the program, the SOP uses clinical interviews.

Program-developed tools for measuring offender progress

The Connecticut SOP has not developed its own assessment tools for measuring offender progress in the program.

Internal system for tracking program effectiveness

The DOC does not have an internal system for tracking program effectiveness.

Definition of program success

Program success is defined as program completion.

Release Authority

Parole Board

In response to public opinion, the parole board is reluctant to release sex offenders.

Percentage of sex offenders who discharge their sentence: 80% to 90%

Rate of release for those who discharge their sentence: 94.1%

Rate of release for those who go to parole: 5.9%

Staffing Issues

A total of 10 staff provides treatment at 7 facilities. The department does not have the discretion to set the starting salary for all program staff.

Title	Number of staff
Social workers	6
Administration	1
Psychiatrist	1
Psychologist	1
Registered nurse	1

Training, licensing, and certification requirements

Treatment is provided by trained clinical mental health staff. The program has no specific training, licensing, or certification requirements.

Staffing of treatment groups

Groups of 8 to 12 participants are facilitated by 2 counselors.

Recruitment and retention

Connecticut reports no difficulties with either recruitment for rural area facilities or staff turnover.

Program Costs

Total overall DOC budget: Not provided

Sex offender treatment program, personnel services and operating costs: Not determined

% of total DOC budget: Not provided

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Materials available through the NIC Information Center
1-800-877-1461

Understanding Sexual Assault. Curriculum for sex offender program staff that includes the participant contract, session outlines, and session materials.

Note: Materials are housed at the NIC Information Center at the discretion of Information Center staff. If any materials listed above are not available from the Information Center, please contact the DOC directly, using the contact name provided at the top of the profile.

Hawaii

Hawaii Department of Public Safety

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Program Administrator:
Barry J. Coyne, Ph.D.

Program Summary

The Hawaii Sex Offender Treatment Program (SOTP) was established by legislation in 1992, as a statewide program integrating the sex offender oversight responsibilities of the Department of Public Safety, the Judiciary, the Paroling Authority, and other state agencies. The program grew out of the work of the interagency Sex Offender Treatment Team (SOTT). A 1988 cooperative agreement among member agencies designated SOTT as the group responsible for developing a master plan for the integrated program, which was first funded by the legislature in 1989. The SOTT continues to set standards and monitor performance for the program.

All treatment services are provided through private contractors. Programming for probation, prisons, and parole is based on the relapse prevention model, with strong cognitive-behavioral elements. The prison program requires sex offenders to complete 6 phases of treatment to be eligible for parole. The duration of the prison program varies, because the participant repeats each phase until he has successfully completed it. The SOTP provides treatment for up to 110 sex offenders at one time, through programs in 6 adult male facilities.

The 6 phases of the prison SOTP are:

Phase I: Relapse Prevention
The goal of this phase is for the participants to prevent the relapse of their sexually deviant/assaultive behaviors, by 1) increasing their victim empathy and remorse for the sexual offense, 2) learning to identify and counter thinking errors that increase the likelihood of relapse, and 3) demonstrating an understanding of their sexually assaultive behaviors, relapse prevention concepts, and appropriate coping strategies.

Phase II: Human Sexuality
The goal is for participants to have appropriate adult sexual relationships based on accurate information and mutuality. Participants must demonstrate knowledge and understanding of human sexual functioning and appropriate sexual behaviors and relationships.

Phase III: Anger and Stress Management
The goal is for participants to manage stress and anger appropriately and constructively, to help prevent relapse and improve their coping strategies.

Phase IV: Social Skills
The goal is for participants to improve their interpersonal relationships by learning appropriate interpersonal social skills, such as communication, assertiveness, negotiation, problem-solving, and uses of power. Participants also learn to identify the elements of an appropriate adult intimate relationship as well as appropriate parenting and discipline practices.

Phase V: Behavioral Therapy
The goal is for participants to decrease inappropriate sexual arousal patterns by learning to control sexually deviant/inappropriate sexual urges, through the use of penile plethysmography and covert sensitization tapes.

Phase VI: Aftercare
This aftercare phase takes place in prison furlough facilities, with the goal of maintaining changes the participant has made to prevent relapse. Participants in this phase support each other by discussing high-risk situations they encounter on community release.

Prison Sex Offender Population

Identification

Hawaii identifies incarcerated sex offenders differently from the general population, according to the criteria below. Every sex offender is an "exception" case for classification purposes.

Criteria

- Current crime
- Prior sex felony convictions (no time limit)
- Prior misdemeanor conviction (no time limit)
- Factual basis of a current non-sex crime conviction
  (The parole board makes the sex offender designation in these cases.)
- Institutional sexual misbehavior
  (This is a criterion when an adjustment hearing confirms the conduct, but the police are not involved.)
- Past juvenile sexual misconduct, usually referred to the Family Court

Severity scale

The Hawaii PSD does not have a severity scale for identified sex offenders.

Population Status

Current total adult incarcerated population: 3,446 (as of January 1, 2000)

Sex offender total: 634

The sex offender population can be further broken down by the categories listed below.

Categories	Number
Active sex offenses	559
Prior offenses, including: · Felony sex offenses with current non-sex offense · Misdemeanor sex offenses with current non-sex offenses · Juvenile sexual misconduct	31
Prior arrest for sex offense, but no conviction for sexual assault (usually plea-bargained down from sexual assault charges)	13
Sexual misbehavior in prison or on prior parole, but no arrest	1
Factual basis of current non-sex conviction that involved unlawful sexual behavior	30
Total Identified/Labeled Sex Offenders:	**634**

Percentage of total population identified as sex offenders: 18%

The number of sex offenders has increased from 423 in 1994 to 634 in 1999, an increase of 49.8%.

The increase is due to:

- Increased sex offense commitments
- Conservative release rates
- Treatment requirement for parole consideration

The Hawaii Paroling Authority requires identified sex offenders to complete treatment, as a pre-condition to parole consideration. One-third of sex offenders convicted in Hawaii are being housed in out-of-state prisons that lack treatment programs, which denies Hawaiian sex offenders the programming they need to qualify for parole. This has created a backlog of sex offenders who might otherwise be released to parole.

Prison Sex Offender Treatment Program

Governance

Legislation

Statewide Integrated Sex Offender Treatment Program

Legislation passed in 1992 (Hawaii Revised Statutes Chapter 353E) established the statewide program, which integrates the treatment efforts of any state agency assigned responsibility for sex offender oversight, including the Department of Public Safety (PDS), the Judiciary, and the Hawaii Paroling authority.

The legislation also mandated a cooperative interagency agreement for establishing a coordinating body to oversee the development and implementation of a master plan for the program. Agencies mandated to participate in the agreement are the PDS, the Hawaii Paroling Authority, the Judiciary, the Department of Health, the Department of Human Services, and any other agency assigned sex offender oversight responsibilities. The PDS is named as the lead agency for facilitating the coordinating body by providing administrative support. The Sex Offender Treatment Team (SOTT) serves as the coordinating body.

Agencies involved in the cooperative effort are required to:

1. Develop and continually update a comprehensive statewide master plan that provides for a continuum of programs under a uniform treatment philosophy.
2. Develop and implement a system of treatment services and programs that reflect the goals of the master plan.
3. Identify all offenders in their custody who would benefit from treatment.
4. Work cooperatively to monitor and evaluate treatment programs and services.
5. Develop training and education programs for public and private providers of sex offender treatment, assessment, and supervision services.
6. Conduct research and compile relevant data on sex offenders.
7. Work cooperatively to develop a statewide management information system for sex offender treatment.
8. Secure grant funds for research, program development, training, and public education in the prevention of sexual assault.
9. Network with public and private agencies that come into contact with sex offenders to keep abreast of issues that impact on and increase community awareness of the statewide program.
10. As far as practicable, share information and pool resources to carry out mandated responsibilities.
11. Coordinate funding requests for sex offender treatment programs to deter competition for resources that could result in an imbalance in program development.

The impetus behind the 1992 legislation was a Honolulu Police Department annual report, which reported a 124% increase in arrests for forcible rape and sex offenses, from 235 in 1987 to 532 in 1990.

The statewide integrated program is funded through the state's general fund.

Legal action

Treatment requirement for parole eligibility

In December of 1997, the U. S. Court of Appeals upheld the Hawaii requirement that identified sex offenders must admit their offenses and undergo 25 sessions of treatment (the criteria in 1992) to become eligible for parole as well as furloughs and lower-security housing.

At the same time, the 1997 ruling reversed a district court decision regarding identification of sex offenders. The U. S. Court of Appeals gave identified sex offenders who have not been convicted of a sex crime the right to challenge their classification. The judges' opinion asserts that due process requires, at a minimum, advance notice and the opportunity to be heard in an adversarial setting.

State Standards/Advisory Board

State-mandated identification policy

An identification process for sex offenders in prison is mandated in the Hawaii Revised Statutes, Chapter 353E, which establishes a statewide sex offender treatment program.

Advisory board/sex offender treatment entity

A Sex Offender Treatment Team (SOTT), composed of all state agencies with sex offender contact, was created in 1990. The SOTT includes representatives from the PDS, the Hawaii Paroling authority, the Judiciary, the Department of Health, the Department of Human Services, and other agencies.

The SOTT sets state standards for the treatment of sex offenders.

Authority

Currently, the SOTT has the authority to set:

- Counseling standards
- Staff qualifications
- Program group size
- Program protocol

In an advisory capacity, the team also prepares legislative packages to submit in committee testimony.

The SOTT has further exercised its authority in the following ways:

- Mandated standard assessment tools
- Required a certain approach to treatment
- Required a certain approach to community management

Usefulness

The SOTT currently promotes high program standards in the following ways:

- Sets measures of program success
- Monitors national trends in sex offender management, and develops or revises policy accordingly
- Sponsors training

Standards for tests and treatments

The standards set by the SOTT provide specifically for the following tests:

- Polygraph
- Plethysmograph
- Multiphasic Sexual Inventory
- MMPI-2

SOTT standards also provide specifically for the following treatments:

- Counseling
- Group therapy with a group size of 10
- On-going plethysmography
- On-going polygraphy
- Behavior modification
- Anger management therapy
- Social skills therapy
- Cognitive restructuring

Stakeholders influencing the program

Stakeholders outside the DOC who influence the program include:

- The legislature, in terms of passing helpful legislation.
- The Governor's office, to some extent, in shaping the budget.
- The Attorney General's counsel, to some extent.
- Inmates: To honor their desire to succeed, the SOTP listens to their feedback.
- Inmate families, who see what works and what doesn't.
- Victim agencies, which hold the SOTP accountable.

Program Policies

Treatment requirement

The official DOC policy is that participation in the SOTP is voluntary. However, identified sex offenders must complete a minimum of 135 sessions of treatment to be considered for parole. (The current treatment span of 135 sessions is up sharply from the 25-session span in 1992.)

Results of denial or refusal of treatment

If an offender denies a sex offending problem or refuses treatment, the offender:

- Is restricted from a specific lower security or custody placement
- If incarcerated, may lose the possibility of parole
- If on parole, is revoked
- If on probation, may be re-sentenced to prison

A written policy for refusal of sex offender treatment is contained in a Cooperative Agreement between the PDS and the Parole Board, dated November 8, 1990.

Implications for identified sex offenders

In addition to being classified for treatment, an offender identified as a sex offender under department policy is:

- Restricted to certain security level facilities, unless he successfully completes treatment.
- Ineligible for community corrections until he successfully completes treatment.
- Required to participate in sex offender treatment as a pre-condition to parole consideration.

Visitation policy

The visitation policy for offenders assigned to the sex offender program is the same as the policy for the general population.

Program Description/Placement

The statewide, integrated sex offender treatment program in Hawaii is based on a master plan concept drawn from the "New Sex Offender Discipline" described by Fay Honey Knopp in 1984. Treatment in Hawaii is highly individualized and eclectic, but comprehensive and well-integrated. Ongoing assessment is an integral part of a continuum of programs consisting of a transitional sex offender treatment program, a halfway house, a community-based residential program for sex offenders on probation, and outpatient services. The program is a cognitive behavioral based system structured on a relapse prevention model.

The Sex Offender Treatment Team arranges training for private providers as well as personnel in SOTT member agencies, to keep them current in treatment philosophies and techniques.

All incarcerated offenders who are identified as sex offenders are given the opportunity to participate in the 6 phases of institutional programming. By state mandate, sex offenders are required to complete a minimum number of treatment sessions (135 sessions in 1999) before becoming eligible for parole.

Treatment for up to 110 male sex offenders across 6 institutions is provided through competitively awarded contracts. Because a program participant must repeat a phase until he successfully completes it, the duration of treatment varies. As noted above, the minimum in 1999 was 135 sessions.

Dedicated facility

The Hawaii SOTP has no dedicated facilities.

Assessment or testing tools

All adjudicated sex offenders receive treatment. Program placement is determined by offense target, i.e. pedophiles and rapists are treated in separate groups.

Types of offenders

The program is designed to accept the following types of offenders:

- Normal intellectual and socially functioning offenders
- CMI's
- Non-English speaking
- Developmentally disabled

Intake

The Hawaii SOTP takes sex offenders into the program according to the following criteria:

- Short time to supervised release
- Short time to sentence discharge

The waiting list fluctuates between 0 and 50.

Core curriculum

The core curriculum for the treatment program is relapse prevention. Other types of curriculum are used as needed.

Program structure

The program provides a time-limited "pre-treatment" phase for those who deny a sex offending problem or refuse treatment. While the program specifies a prerequisite for each phase, it also provides an open-ended structure for placing sex offenders in certain phases.

The 6-phase programming sequence begins with relapse prevention, and ends with a phase of institutional aftercare:

Phase I: Relapse Prevention

Participants learn to prevent the relapse of their sexually deviant/assaultive behaviors, by 1) increasing their victim empathy and remorse for the sexual offense, 2) learning to identify and counter thinking errors that increase the likelihood of relapse, and 3) demonstrating an understanding of their sexually assaultive behaviors, relapse prevention concepts, and appropriate coping strategies.

Treatment tools in this phase include:

- Victim Empathy Essay
- Clarification letter to the victim
- Attitudes Toward Children and Attitudes Toward Rape Scales
- Cognitive/affective/behavior (CAB) chain
- Pre-test and post-test on sexual assault, with a required post-test score of 80%
- Decision Matrix specifying the short-term and long-term consequences of offending and not offending.

Phase II: Human Sexuality

Participants work toward the ability to have appropriate adult sexual relationships based on accurate information and mutuality. Participants must demonstrate knowledge and understanding of human sexual functioning and appropriate sexual behaviors and relationships.

Treatment tools include:

- Pre-test and post-test on human sexuality, with a required post-test score of 80%
- Personal sexual autobiography

Phase III: Anger and Stress Management

To help prevent relapse and improve their coping strategies, participants learn how to manage stress and anger appropriately and constructively.

Treatment tools include:

- Pre-test and post-test on anger and stress management, with a required post-test score of 80%
- Buss-Durkee Hostility Inventory

Phase IV: Social Skills

Participants improve their interpersonal relationships by learning appropriate interpersonal social skills, such as communication, assertiveness, negotiation, problem-solving, and uses of power. Participants also learn to identify the elements of an appropriate adult intimate relationship as well as appropriate parenting and discipline practices.

Treatment tools include:

- Pre-test and post-test on social skills, with a required post-test score of 80%
- Assertiveness Questionnaire

Phase V: Behavioral Therapy

The goal is for participants to decrease inappropriate sexual arousal patterns by learning to control sexually deviant/inappropriate sexual urges.

Treatment tools, repeated as often as necessary to reach acceptable arousal levels:

- Penile plethysmography
- Covert sensitization tapes
- Masturbatory satiation tapes

Phase VI: Aftercare

The aftercare phase takes place in prison furlough centers, with the goal of maintaining changes the participant has made to prevent relapse. Participants support each other through discussion groups.

Post-release

The continuum aftercare component for sex offenders released from prison takes place in a furlough facility, a half-way house, or on parole. Post-release aftercare is based on the prison treatment program.

Sex offenders are eligible for community corrections work release programs. When placing sex offenders in the community, the SOTP encounters the following problems:

- Employers are reluctant to hire sex offenders.
- Employers sometimes find it difficult to work with restrictions placed on offenders by supervising furlough officers.
- Some employers want a kick-back from the offender's salary, reasoning that they deserve compensation for hiring a sex offender.

Completion/Failure

It is possible for an offender to complete all phases of sex offender treatment. 90% of placements complete the treatment program.

The percentage of sex offenders who complete the program has increased significantly in recent years. In 1990, 30 sex offenders were paroled to Hawaii communities; of those, only 4 participated in treatment, and none finished. By 1997, another 30 sex offenders had been paroled; all 30 had participated in the SOTP before parole. Of the 30, 27 (90%) had completed treatment. When the 3 who had not completed prison treatment were within weeks of completing, the Parole Board determined that the quality of their parole plans prepared them to continue in the community-based parole SOTP, instead of completing in prison.

Reasons for expulsion

An offender might be expelled from the program for any of the following reasons:

- Failure to progress
- Possession of contraband
- Assaultive behaviors
- Sexual misconduct
- Psychiatric decompensation
- Too cognitively impaired to progress
- Refusal to attend
- Lawsuit against the therapist

Consequences of failure

A program participant in prison who fails must repeat the program or face serving his maximum sentence. A participant on parole who fails is returned to prison.

Staff Roles and Authority

Reception center staff flag a new offender with any indication of a sexual assault history. The state's Parole Board determines whether to require treatment as a condition for release.

Authority

Treatment staff can make a discretionary change to treatment, but not to identification.

The state has identified security levels for prison facilities. The unit responsible for placement has the authority to place a sex offender at any facility.

The unit responsible for facility placement and the program staff interact when placing sex offenders at certain facilities. Daily interaction has been key to Hawaii's success in facilitating sex offender management, housing, and security.

Assessment

Tests and assessment tools

To measure progress in the program, the SOTP uses the following tools:

- Clinical interviews
- Buss-Durkee Hostility Inventory
- Multiphasic Sexual Inventory

Program-developed tools for measuring offender progress

Hawaii has not developed its own set of tools for measuring offender progress.

Internal system for tracking program effectiveness

An SOTP database uses the Statistical Package for the Social Sciences (SPSS) to track all prison sex offenders while incarcerated and while on parole. Sixteen performance indicators and measures of effectiveness are monitored.

Hawaii began lifelong tracking of sex offenders on January 1, 1988.

Definition of program success

Program success is measured in terms of recidivism, which is defined as:

- A new sex offense conviction, whether felony or misdemeanor
- A new conviction for a non-sex felony
- Return to prison for any reason, including parole violation or misdemeanor

Of the 509 sex offenders released during the past 12 years (1998 to 2000), 288 had entered the program, and 216 had completed the program. (See "Completion/Failure" above for a discussion of the change in the rate of program completion since 1990.) Post-release, 18 of the total 509 sex offenders committed new sex crimes, and 38 committed new non-sex crimes. Of the 18 who committed new sex crimes, only 3 had completed the prison program.

Release Authority

Parole Board

The current Parole Board is not reluctant to release sex offenders. As membership on the board changes, board policies fluctuate to some degree. The Parole Board requires each sex offender to complete treatment and receive comprehensive pre-release risk assessment.

Sentence discharge

Most sex offenders in Hawaii are paroled. The percentage breakdown of types of sex offender releases since January 1, 1988 is provided below:

Paroled in Hawaii	65.6%
Paroled out-of-state	6.9%
Served maximum sentence	10.5 %
Sentence overturned, or re-sentenced to probation	3.6%
Extradited to federal jurisdiction	1.5%
Deported through INS	8.4%
Escape, no return	.4%
Died in prison	3.1%

Rate of release for those who discharge their sentence: 10.5%

Rate of release for those who go to parole: 72.5%

The 72.5% includes out-of-state parolees. Including deportees, 80% of sex offenders are paroled.

Staffing Issues

All SOTP services—including programming for probation, prisons, and parole—are provided through contracts, awarded to the private sector in a bid process. The SOTT awards and monitors contracts according to standards developed by the team for the program's master plan.

Training, licensing, and certification requirements

Training, licensing, and certification requirements are part of the Request For Proposal for contracts, and are set forth in master plan standards developed by SOTT.

Staffing of treatment groups

Each therapy group is facilitated by 2 counselors. The group size typically starts with 12, but is usually reduced to 10 through attrition, most often due to disciplinary segregation for misconducts.

Recruitment and retention

The Hawaii SOTP has had difficulty awarding treatment contracts on islands like Molokai and Lanai, where there are no therapists. Sex offenders must be flown to metropolitan islands for treatment.

Low pay at private sector non-profit agencies that are awarded contracts can create staff turnover problems.

Program Costs

Total overall DOC budget: $108,601,969

Sex offender treatment program, personnel services and operating costs: $429,873 (FY 2000)

% of total DOC budget: .4%

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Materials available through the NIC Information Center
1-800-877-1461

Sex Offender Treatment—Interagency Coordination in Hawaii. Legislative Reference Bureau, State of Hawaii, 1991. A 72-page report on a study of the feasibility of establishing a Hawaii State Coordinating Council on Sex Offender Treatment. Includes historical development of the statewide integrated master plan, 1991 status of sex offender programs in Hawaii, the proposal, and an analysis of the proposal.

Chapter 353E: Statewide Integrated Sex Offender Treatment Program. Hawaii Revised Statutes, 1992. The legislation establishing the statewide program and mandating interagency coordination facilitated by the Department of Public Safety.

Treatment Plan: Sex Offender Treatment Program. An outline of the six phases of the institutional treatment program, including goals, objectives, treatment tools, and rating forms.

Sex Offender Treatment Program, Parole Agreement. 2-page memo documenting the agreement between the Department of Public Safety and the Hawaii Paroling Authority.

Note: Materials are housed at the NIC Information Center at the discretion of Information Center staff. If any materials listed above are not available from the Information Center, please contact the DOC directly, using the contact name provided at the top of the profile.

Indiana

Indiana Department of Correction

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Program Summary

The Indiana Department of Correction is in the early stages of implementing the Sex Offender Management and Monitoring Program (S.O.M.M.), based on the containment model for addressing the risk of reoffense. The purpose of the program is to provide a comprehensive system for monitoring all adult male sex offenders from reception through parole supervision. Currently, over 2,600 adult male sex offenders are incarcerated by the Indiana DOC, and 245 male sex offenders are on parole.

Management and monitoring within the program are centered on information collection and sharing. All agencies and providers involved in monitoring sex offenders collaborate to develop databases and written documentation and to give each other equal access to the information. In addition to open access, the program requires communication at specific points on the supervision continuum.

Adult male sex offenders move through three program stages, each involving data gathering as well as management and monitoring:

At the Reception and Diagnostic Center, staff enter each sex offender into the computer system and collect available data, including a DNA sample. Soon after admission, offenders take part in the mandatory Phase I Awareness Program.

After reception, offenders are transferred to the appropriate facility level, where a voluntary Phase II—which includes risk assessment and cognitive-behavioral management—is provided during the final three years of an offender's sentence. Prior to release, a discharge summary captures the offender's response to Phase II programming, documents the offender's relapse prevention plan and risk assessment, and provides a recommendation to the parole board.

For post-release supervision, offenders are individually assigned to a specially trained case manager/parole agent as well as to particular Phase III components. Based on a management plan as well as parole board stipulations, case managers/parole agents update the offender's modus operandi

and refer him to the appropriate community components, including a cognitive behavioral program. Specially trained polygraphists conduct polygraph assessments. Although not in place at this time, plans are for family education to be provided by the parole department or contracted out to a community provider.

Once a sex offender is released from incarceration and post-release supervision, the state Sex Offender Registry provides a permanent resource for identifying suspects in new sex crimes. The DOC plans to develop statewide DNA and modus operandi databases throughout the program to be used in conjunction with the Registry.

Six institutions serve as sites for Phase II. One special needs facility is currently under construction, and will open July of 2001.

The Indiana DOC developed the S.O.M.M. intensive supervision continuum with the aid of the National Institute of Corrections, the Colorado Department of Corrections, the Kentucky Department of Correction, and several nationally recognized experts on the containment model.

Prison Sex Offender Population

Identification

The Indiana DOC identifies incarcerated sex offenders differently from the general population, by current crime only. Indiana's computer database tracks up to six committing offenses per offender; an inmate is identified as a sex offender if at least one of the six committing offenses is a sex offense.

Severity scale

Indiana does not have a severity scale for identified sex offenders. The Static-99 is used as an initial risk identifier.

Population Status

Current total adult incarcerated population: 19,352 (18,091 males, 1,261 females)
This includes prison facilities, county jail back-ups and contract beds.

Sex offender total: 2,701 (2,670 males, 31 females)
Indiana's computer database tracks up to six committing offenses per offender. In addition to those offenders whose most serious crime is a sex offense, these figures represent the number of adults for whom at least one of the six committing offenses is a sex offense.

The population tracked by the S.O.M.M. program includes 435 sex offenders on parole.

Percentage of total population identified as sex offenders: 14%
The number of sex offenders increased from 1,975 in 1994 to 2,030 in 1996, an increase of 3%. During this period, the Planning Division could only capture the most serious offense.

Beginning in 1997, a new computer program for generating statistics enabled the researcher to capture six committing offenses. Based on all six committing offenses, the number of offenders with a least one sex offense increased from 2,434 in 1997 to 2,701 in 1999, an increase of 11%.

A 20% increase from 2,030 sex offenders in 1996 to 2,434 in 1997 suggests the difference between capturing only those offenders whose most serious committing offense is a sex offense, and capturing offenders for whom one of six committing offenses is a sex offense.

During the period 1994 to 1999, Indiana's entire adult offender population increased by approximately 5% annually. The number of sex offenders, individually and as a proportion of the entire adult population, has kept pace with overall offender trends during this period. The increase in numbers of sex offenders is due to increased sex offense commitments.

Prison Sex Offender Treatment Program

Governance

Legislation

Indiana Law IC 10-1-9 provides for collection of DNA samples from convicted sex offenders. The S.O.M.M. also complements and supports the Indiana Sex Offender Registry and post-release registration required under Indiana Law IC 5-2-12.

A recently enacted Indiana statute prevents a sex offender from living within 1,000 feet of any school, day care center, or similar property. Sex offender parole stipulations also prevent a sex offender from living with a minor.

State Standards/Advisory Board

State-mandated identification policy

Indiana has no state-mandated identification policy for sex offenders in prison.

Advisory board/sex offender treatment entity

Indiana has no state-mandated policy that creates an advisory board, and no state-mandated policy that creates a sex offender treatment board/entity that sets standards and requirements for treatment.

Stakeholders influencing the program

Multiple stakeholders outside the DOC who influence the program include:

- The legislature
- The Governor's office
- The District Attorney's counsel
- Victim advocacy groups
- Treatment and polygraph professionals interested the community parole component

Program Policies

Treatment requirement

Incarcerated offenders who are identified as sex offenders and assessed for sex offender programming are not required to go to treatment. Rather than providing treatment, the prison component of the S.O.M.M. includes a mandatory educational program in Phase I, as well as a voluntary risk assessment and cognitive-behavioral management process in Phase II. Cognitive-behavioral management is not considered treatment.

Treatment is part of the Phase III post-release management plan, and is mandatory. Other than parole stipulations, the only mandatory component of post-release supervision is periodic polygraph assessment.

Results of denial or refusal of treatment

An offender who denies a sex offending problem or refuses to participate in the Phase I mandatory sex offense awareness program loses good time. If an offender refuses to enter into Phase II assessment and behavior management, he is treated as a high risk offender when his post-release supervision sanctions are determined.

An offender who refuses to comply with post-release management sanctions is automatically considered a high risk for reoffending, which results in increased sanctions, including the possibility of revocation.

S.O.M.M staff are considering the development of written policies for the consequences of refusal.

Implications for identified sex offenders

In addition to being classified for management and monitoring, an offender identified as a sex offender under department policy is:

- Restricted to certain security level facilities
- Excluded from outside work crews
- Expected to participate in the sex offender program

A sex offender is expected to participate in the mandatory sex offense awareness program immediately following admission, and faces a loss of good time if he refuses.

Medium and high-risk offenders are encouraged to contribute to the development of recommendations for their parole management, by participating in the cycle and modus operandi cognitive-behavioral program, along with risk assessment. Currently, this phase of the program is voluntary.

Visitation policy

At this time, the visitation policy for all offenders assigned to the sex offender program is being rewritten to restrict visitations from minors.

Dedicated facility

Currently, no phase of the sex offender program is conducted in a dedicated facility. However, one special needs facility for this purpose is under construction.

Program Description/Placement

Program Approach

The Sex Offender Management and Monitoring Program is designed to identify and provide specialized supervision and management of convicted adult male sex offenders. The program is based on theory and research indicating that there is no cure for sexual offending, and that neither incarceration and post-release supervision alone, nor treatment alone, provide the intervention necessary to significantly reduce reoffending.

Based on the containment model, the program is designed to provide a cost-effective approach to reducing recidivism, by combining prison-based education, cognitive-behavioral management, and risk assessment with post-release treatment, supervision, and monitoring.

The S.O.M.M. program structure provides an intensive continuum of supervision from reception through parole. The critical element is information on each offender, to be gathered and systematically shared among agencies and contract service providers along the continuum. Through information sharing, which involves requiring sex offenders to waive confidentiality, agencies and service providers collaborate to intervene in the secrecy and deception integral to sexual victimization. Collaboration equips all disciplines to apply external controls through management plans, supervision, and monitoring, while helping offenders develop internal controls to manage their own actions by mastering the necessary skills and creating support systems.

Collaborators include the Indiana Department of Correction, other state agencies, Indiana court systems, local law enforcement, outside community agencies, and community treatment providers. Collaboration is based on the premise that standards and guidelines for assessment, evaluation, cognitive-behavioral interventions, and behavioral monitoring are most effective if the criminal justice system, social service systems, and community providers work cooperatively and apply the same principles.

The program's containment strategy provides:

- Sex offender identification at the Reception Diagnostic Center in Plainfield.
- A DNA Database of convicted sex offenders, maintained in collaboration with law enforcement.
- A Modus Operandi (M.O.) Database of convicted sex offenders, created in collaboration with law enforcement.
- Specialized behavioral management and tracking capacity within the Indiana DOC, continuing through the post-release process.
- A specialized pre-release process, including risk assessment and modus operandi evaluation for post-release planning with the Indiana Parole Board.
- Specialized stipulations and post-release supervision of sex offenders by state and court agents to provide close surveillance, polygraph assessment, and cognitive-behavioral programs in collaboration with certified community providers.
- Mechanisms for complementing and supporting state-mandated sex offender registration.

The statewide DNA and modus operandi databases, to be designed in the future, will inform agencies and providers throughout the continuum. Beyond post-release supervision, the databases will supplement the state's Sex Offender Registry in providing a permanent record for use in investigating new sex offenses.

Program structure

All adult males convicted of sex crimes move through three stages of management and monitoring, which include three phases of S.O.M.M. programming.

Reception and Diagnostic Center (RDC)
At the RDC, adult male sex offenders move through the following steps:

1. **Collection of DNA samples.** Under Indiana law, offenders convicted of felony offenses against persons, burglary, and child solicitation must provide DNA samples. DNA samples from sex offenders are currently collected in cooperation with the Indiana State Police.

1. **Identification of S.O.M.M. offenders.** From daily rosters of new arrivals provided by RDC Classification, the S.O.M.M. provider identifies offenders whose instant offense is categorized as a sexually related crime. Identified sex offenders are placed in the mandatory S.O.M.M. Awareness Program and entered into the S.O.M.M. tracking system. The tracking system consists of written documentation as well as computerized databases.

1. **S.O.M.M. offender contact.** The S.O.M.M. program provider informs target offenders of the mandatory awareness classes and explains the program process, requirements, and consequences for non-compliance.

1. **Phase I Awareness Program.** The S.O.M.M. program provider presents this 15-hour educational program, which covers specific behaviors related to sex offending. This phase is presented in a classroom format.

1. **S.O.M.M. Documentation and Statistics.** Computer and written documentation on each offender is updated to include compliance or refusal in attending the Awareness Program.

Receiving Facilities

The classification departments of receiving facilities periodically forward lists of new arrivals to the S.O.M.M. provider. The S.O.M.M. provider uses the list to continue tracking identified sex offenders and to carry out the following program components:

1. **Phase II management programs.** Three years before release, a sex offender is offered voluntary participation in an in-depth risk assessment and cognitive-behavioral management process.

Participating offenders sign consent and authorization forms and are informed that the information gathered in Phase II is used to guide overall behavioral case management and to develop individualized post-release stipulations.

1. **Phase II documentation.** Documentation begins with Phase II pre-assessment and includes personal triggers, individual deviant cycles and modus operandi, problem areas, program progress and risk assessment, and a relapse prevention plan. Program progress and risk assessment are based in part on an offender's willingness to participate in Phase II programming. Those who refuse are designated high risk.

1. **Discharge Summary.** Prior to a sex offender's release, the program provider completes a discharge summary that includes the Phase II information noted above as well as documented sexual conduct while incarcerated and recommendations for post-release supervision. The summary is forwarded to the Indiana Parole Board, receiving parole agents, and the appropriate probation department.

   (Note: When polygraph assessment is added to Phase II at a later date, the results will be included in the Discharge Summary. Offenders who admit their charges will be given a Full Disclosure Polygraph, which involves a lifetime psychosexual history evaluation. Deniers will be given a Specific Polygraph related only to the current conviction.)

Post-release Supervision

The Indiana Parole Board assigns paroled sex offenders to specially trained, privatized case managers, who are assisting parole agents through the following steps in working toward specialized caseloads:

1. **Post-release stipulations.** Based on the Discharge Summary, the parole board outlines post-release stipulations specific to each sex offender. The board forwards the Discharge Summary as well as parole stipulations to a specially trained case manager/parole agent.

1. **Self-report.** As he is willing and able, each sex offender self-reports to his assigned case manager/parole agent, covering his deviant cycle, triggers, modus operandi, problem areas, and relapse prevention plan. The case manager/parole agent compares the self-report to the modus operandi of his instant offense and his Discharge Summary, adding new information to the Modus Operandi Information System as appropriate.

1. **Verification of registry requirements.** The case manager/parole agent verifies that the S.O.M.M. offender has complied with the Sex Offender Registry, including written confirmation of local registration.

1. **Development of overall management plan.** Utilizing available information and resources, the case manager/parole agent develops an overall management plan that addresses parole stipulations and incorporates offense-specific cognitive-behavioral programs, specialized supervision, and polygraph assessment.
2.
3. **Assignment to a S.O.M.M. management team.** The case manager/parole agent identifies a team for overseeing the management plan. Identifying the management team involves assigning a polygraphist and selecting a cognitive-behavioral program from a list of preferred community providers.

(Note: Offenders who deny their sex offending behavior or who in spite of admitting do not see a need for complying with S.O.M.M. requirements might not be accepted into some community programs, even if they are willing to attend to avoid re-incarceration. Electronic monitoring is an option for some of these offenders.)

1. **Polygraph assessment.** Polygraphs are mandatory parole stipulations for monitoring reoffense behaviors or other parole violations. Polygraph sessions are audio or videotaped to ensure compliance with legal and ethical standards. Tapes are used as part of case management.
2. Results are shared with all agencies and providers involved in the continuum of supervision and serve as a resource for collaboration. To ensure the appropriate application of polygraph results, case managers/parole agents, community providers, and other professionals managing sex offenders are trained in collecting data, interpreting polygraph results, making referrals, and complying with legal and ethical requirements. Specialized polygraph training for parole staff will begin fall of 2000.

   Case managers/parole agents incorporate appropriate polygraph data into each offender's modus operandi records.

   (Note: At a later date, sex offenders will undergo polygraph assessments prior to release, to more accurately verify risk behaviors and offending patterns before they enter the community.)

1. **S.O.M.M. family referral.** Plans to provide an educational component for selected family members and significant others are currently on hold.

Although Phase I awareness programming and post-release polygraph assessments are mandatory, the overall program is designed only for sex offenders who are willing and amenable to treatment. Phase I is a prerequisite for Phase II cognitive-behavioral programs. Below is a summary of the structure for moving sex offenders through program phases:

Phase I	Awareness Program: Mandatory by conviction.
Phase II	Risk Assessment and Cognitive-behavioral Management: Voluntary.
Phase III	Post-release Management: Mandatory upon transfer to parole.

Ongoing training and staff support

The Indiana DOC provides training and support to all staff who work primarily with sex offenders. Training focuses on remaining current with advancements in the field as well as improving skills. Support addresses the secondary trauma staff can experience from working with an especially demanding segment of the prison population.

Assessment or testing tools

Assessment tools used for inmate placement into the treatment program include:

- Multi-phasic Sexual Inventory
- Static-99
- Shipley Institute of Living Scale
- Coping Response Inventory
- Multidimentional Self-Esteem Inventory
- State-Trait Anger Expression Inventory
- MMPI-2
- Other assessment tools to be selected as the program develops

Types of offenders

The program is designed to accept only normal intellectual and socially functioning male offenders.

Intake

The Sex Offender Management and Monitoring Program identifies and monitors all adult male sex offenders from reception through post-release supervision. All newly adjudicated sex offenders are required to participate in the Phase I Awareness Program. Although Phase II Risk Assessment and Cognitive-behavioral Management is voluntary, all amenable and willing sex offenders are admitted 3 years prior to release. If and when the S.O.M.M. offender transfers to parole, he enters post-release supervision, which includes mandatory Phase III management under the S.O.M.M. containment model.

The waiting list of sex offenders will be eliminated when the program is fully implemented.

Core curriculum

For the prison components of S.O.M.M., the core curriculum is the educational material used in the mandatory 15-hour awareness program in Phase I, which is presented in a classroom setting. Curriculum for post-release treatment is based on cognitive-behavioral theory, but is selected by contract providers.

Post-release

Continuum aftercare takes place on parole and is based on the prison sex offender management program.

Sex offenders are eligible for community corrections, but not for work release programs. When placing sex offenders in the community, the DOC must comply with a new Indiana statute that prevents a sex offender from living within 1,000 feet of any school, day care center, or similar property.

Completion/Failure

Once the S.O.M.M. is fully implemented, all adult male sex offenders will complete the program in the sense that the program will monitor them from reception through release from parole, whether or not they participate in the education and self-management components of the program.

Reasons for expulsion

S.O.M.M. is not structured for expulsion. External management and monitoring continues throughout the program whether or not the offender complies.

Consequences of failure

S.O.M.M. is not a treatment program that an offender can fail. Offenders who refuse to comply with educational and management components face the possibility of revocation and/or the requirement to restart the program process.

Staff Roles and Authority

The S.O.M.M. identifies sex offenders from daily rosters of newly arrived inmates, which are provided by Classification in the Reception and Diagnostic Center. Sex offenders are identified on the basis of current crime, which includes any sex offense out of the six committing offenses that are entered into the inmate tracking system.

Specifically trained S.O.M.M. contract staff conduct assessments for monitoring offender participation in program components The assessments are also used to build computer records and produce written documentation accessed by the continuum of agencies and providers who monitor sex offenders.

Authority

- Program staff can make a discretionary change to either identification or treatment.
- The state has identified security levels for prison facilities. The unit responsible for placement cannot place a sex offender in a Level 1 (minimum security) facility.
- The unit responsible for facility placement and the program staff interact when placing sex offenders at certain facilities.

Assessment

Tests and assessment tools

To measure progress in the program, S.O.M.M. staff use individual interviews in addition to psychological tests (see assessment tools used for placement, page 10).

Internal system for tracking program effectiveness

The S.O.M.M. intends to develop a staff position for a researcher, who will collect data for measuring program effectiveness and planning improvements. The data will also provide a method for reporting to the state legislature and for seeking further funding.

Definition of program success

Program success is defined as an increase in the number of sex offenders within the containment framework of the S.O.M.M. who do not commit a new sex crime after being paroled.

After release from prison, sex offenders are tracked at least as long as they are on parole, which can be up to 10 years.

Release Authority

Parole Board

The parole board is reluctant to release sex offenders. In part, this is because sex offenses are more highly publicized, especially when the offender recidivates. The board also considers the fact that lifelong consequences for victims are more severe than with many other crimes.

Percentage of sex offenders who discharge their sentence: Approximately 48% are released to parole, and approximately 48% are released to court-supervised probation.

Rate of release for those who discharge their sentence: 2% to 3%

Rate of release for those who go to parole: 48%

Staffing Issues

A contract provider conducts the program for approximately 2,700 incarcerated adult male sex offenders as well as approximately 450 paroled sex offenders. The prison components of the program are conducted in the Reception and Diagnostic Center for Phase I and in five institutions throughout the state for Phase II.

The contract provider is negotiating with recruits for staffing the contract. The provider will set starting salaries for all program staff.

Training, licensing, and certification requirements

Professional staff are licensed as required by the state of Indiana.

Staffing of program groups

Two counselors are assigned to each group. In Phase I, groups include up to 20 participants. In Phase II, group size ranges from 8 to 12 participants.

Program Costs

Total overall DOC budget: Unknown

Sex offender treatment program, personnel services and operating costs: Up to $2.3 million for initial implementation, within the first 12 months.

% of total DOC budget: Unknown

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Materials available through the NIC Information Center
1-800-877-1461

Indiana Department of Corrections Sex Offender Management and Monitoring Program. Provides a 15-page overview of the program, including mission, rationale, guiding principles, a description of program components, and a one-page outline of those components.

List of Sex Crimes, Related Citations. Lists the offenses included when the Indiana DOC queries for "sex crimes."

Excerpts from the Indiana *Criminal Law and Procedure*, defining crimes that classify an offender as a sex offender: sex crimes, public indecency and indecent exposure, voyeurism, and incest.

Note: Materials are housed at the NIC Information Center at the discretion of Information Center staff. If any materials listed above are not available from the Information Center, please contact the DOC directly, using the contact name provided at the top of the profile.

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Iowa Department of Corrections

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Program Summary

The Sexual Offender Treatment Program (SOTP) provided by the Iowa Department of Corrections is an open-ended, cognitive behavioral-based program in three phases. The duration may be up to 2 or more years. A 2-year S.O.S. Program, for offenders with 2-year sentences who serve less than one year, covers the first two phases of the SOTP. The SOTP also provides a Special Needs Program. All inmates released from the SOTP are encouraged to participate in ongoing outpatient counseling for sexual offenders. Offenders who receive Work Release or Parole are required to continue SOTP in the community.

Intake Phase

Within two weeks of arriving at the MPCF, sex offenders are classified to determine whether they will be assigned to Phase I of the SOTP, the Special Needs Program, or the S.O.S Program. In most cases, sex offenders are assigned to the orientation unit, where they receive an introduction to the program and undergo a battery of psychological tests.

Phase I ***3 to 6 months***

Classes and assignments focus on breaking down denial and confronting cognitive distortions.

Phase II ***10 to 14 months***

Group and individual counseling, as well as mandatory and elective classes, focus on power and control, victim empathy, relapse prevention, and self-empowerment.

Phase III ***1 to 2 months***

Program participants prepare for release in a process involving classes and the development of release plans. Release plans are coordinated by the community placement coordinator and the assigned aftercare counselor, in accordance with parole board recommendations and individual risk assessment.

2-year S.O.S Program ***8 to 11 months***

The S.O.S. Program, designed for offenders with 2-year sentences, is heavily weighted toward cognitive skills and disclosure groups. Prior to sentence discharge, participants develop a relapse prevention plan.

Special Needs Program ***16 to 26 months***

The Special Needs Program uses the same guidelines and mandatory assignments and groups as the SOTP, but at a pace appropriate for each participant.

Ongoing outpatient counseling

Ongoing outpatient counseling for sexual offenders is a mandatory part of planning for all inmates released under DOC supervision from the SOTP. Community mental health centers and other private and public facilities serve as resources.

Men are treated in four dedicated units of the Mt. Pleasant Correctional Facility (MPCF), and women are treated in a separate facility on the same campus. A staff of 17 provides programming for up to 304 adult male offenders at one time. Approximately 8-10 female sex offenders are in treatment programming similar to the program for men .

Prison Sex Offender Population

Identification

The Iowa Department of Corrections identifies incarcerated sex offenders differently from the general population, according to the criteria below.

Criteria

- Current crime
- Prior sex felony convictions
- Prior misdemeanor conviction
- Need for SOTP
- Factual basis of a current non-sex crime conviction
- Institutional sexual misbehavior

Severity scale

The DOC uses the Iowa Sex Offender Registry Risk Assessment instrument to assist the Department of Criminal Investigation with community notification. The instrument determines low, moderate, or high risk.

Population Status

Current total adult incarcerated population: 7,213

Sex offender total: 1,228

Of these, 728 are identified as sex offenders on the basis of active sex offenses, and 500 are identified by prior felony sex offenses with a current non-sex offense.

Percentage of total population identified as sex offenders: 17%

The number of sex offenders has increased from 1994 to 1999. The rate of increase, in either number or percentage, is unknown.

The increase is due to:

- Increased sex offense commitments
- Changes in the identification or labeling system
- Mandatory minimum sentences

Prison Sex Offender Treatment Program

Governance

Legislation

Legislation passed in 1998 provided for civil commitment and created a committee for reviewing sex offenders for referral to the civil commitment process. The law requires the DOC to review any offender who has a history of sexual offending behavior.

Other 1998 legislation mandates if and when a sex offender is required to undergo hormonal therapy prior to his release date.

State Standards/Advisory Board

State-mandated identification policy

A state-mandated policy requires an identification process for sex offenders in prison.

Advisory board/sex offender treatment entity

Iowa has no state-mandated advisory board. Though not state-mandated, an independent certification board—the Iowa Board for the Treatment of Sexual Abusers—was established in 1997 by various private and public groups. The board sets state standards for the treatment of sex offenders.

Authority

Currently, the certification board has the authority to set the following standards:

- Counseling standards
- Staff qualifications
- Program protocol
- Guidelines for polygraph and plethysmograph examinations

Standards

The certification board has exercised its authority in the following ways:

- Required a certain approach to treatment
- Set the qualifications of staff
- Set measures of program success
- Mandated standard assessment tools

Certification board standards also provide for the following specific treatments:

- Counseling
- On-going plethysmography
- On-going polygraphy

Stakeholders influencing the program

Stakeholders outside the DOC who influence the program include:

- The legislature
- The Governor's office

Program Policies

Treatment requirement

All offenders who are identified as sex offenders and assessed for sex offender treatment are required to go to treatment.

Results of denial or refusal of treatment

Offenders who deny a sex offending problem or refuse treatment are required by the Parole Board to discharge their sentences. Within the DOC, there are no written policies for refusal of treatment.

Implications for identified sex offenders

In addition to being classified for treatment, an offender identified as a sex offender under department policy is:

- Held in special facilities
- Restricted to certain security level facilities
- Expected to participate in sex offender treatment

Visitation policy

The visitation policy for offenders assigned to the sex offender program differs from the policy for the general population. If a victim of the sex offender was under the age of 18, the offender cannot have a visit from anyone under the age of 18 until after he/she has completed the program.

Program Description/Placement

The Sexual Offender Treatment Program (SOTP) at the Mt. Pleasant Correctional Facility (MPCF) is based on the tenet that sexual deviance is a complicated, multi-determined behavioral disorder. Through cognitive behavioral-based treatment, program participants learn to substitute appropriate and responsible behavior for the inappropriate and irresponsible behavior that leads to sexual offending. Drawing on contemporary treatment methods, the program focuses on simple, practical techniques sexual offenders can use to control their sexual deviance throughout their lifetime.

The primary medium of the learning and growth process is the therapy group. The program emphasizes personal responsibility and self-motivation, and is designed only for sex offenders who are willing and amenable to treatment. To enter the program, sex offenders must admit their offense and take responsibility for their behavior.

The goals of the program are to assist sex offenders to:

- Understand the attitudes and behaviors necessary for returning to the community and not re-offending.
- Become aware of their own criminal thinking and use of denial and minimization.
- Take increasing responsibility for their offenses and their future behavior.
- Learn appropriate coping mechanisms for future situations that are similar to those faced in the past.
- Become healthier, more contented persons who will care for themselves and others.
- Re-enter the community and not return to the DOC for any criminal behavior.

Although the DOC sex offender program is only for the prison population, the Department of Human Services also operates a treatment program for sex offenders who have been civilly committed under Iowa law.

Dedicated facility

Four units in the Mt. Pleasant Correctional Facility (MPCF) are dedicated to the SOTP. One unit houses participants in Phase I, two units house participants in Phase II, and one unit houses Phase III, Special Needs, and 2-year S.O.S program participants. SOTP inmates share common work assignments as well as the recreation hall, yard, gymnasium and cafeteria with other inmates housed in MPCF. Sex offender programming for women is provided in a separate facility on the same campus.

The facilities are staffed by a sex offender program director, a polygrapher, a plethysmographer, and 14 correctional counselors.

Types of offenders

The program is designed to accept the following types of offenders:

- Normal intellectual and socially functioning offenders
- Females (housed in a separate facility on the same campus)
- Developmentally disabled

Core curriculum

The curriculum for the treatment program includes:

- Educational courses
- Completion of numerous workbooks
- Cognitive behavior therapy
- Individual counseling
- Group counseling
- Writing of prior history (journaling)
- Victim empathy
- Men and Anger
- Power and Control
- Relationship issues
- Criminal Thinking
- Relapse prevention

Program structure

The program is structured on three treatment phases, with a duration of up to 2 or more years.

Intake Phase

An inmate arriving at MPCF is placed on the intake unit. Within 2 weeks, the inmate, his assigned counselor, and the classification chairman complete the primary classification, which involves determining when the inmate will start treatment.

Inmates accepted into the SOTP must be a) serving for a specific sexual offense, or b) serving for a property offense that was, on the basis of evidence, a sexually aggressive crime.

The Iowa SOTP takes sex offenders into the program according to the following criteria:

- Short time to supervised release
- Short time to sentence discharge

Priority is given to applicants with a positive attitude toward treatment. The program has a waiting list of 70 sex offenders.

Inmates designated to begin treatment immediately following their primary classification are assigned to Phase I of the three-phase program, the Special Needs Program, or the 2-year S.O.S. Program.

At this time, the inmate receives a handbook on the SOTP. In most cases, inmates identified as sex offenders are assigned to the orientation unit, where they are introduced to the content and expectations of the SOTP and are required to sign a treatment contract.

Inmates admitted to the orientation unit also undergo a battery of psychological tests, which may be used in conjunction with a clinical interview as well as documents in an inmate's file to prepare an in-house psychological report. The test battery is used as a pre-test for treatment. (See "Evaluation Procedures" below.)

Phase I *3 to 6 months*

The first program phase focuses on breaking down initial denial and challenging or confronting cognitive distortions. Classes and assignments cover human sexuality, criminal thinking, and the "Blue Book," *Who Am I and Why Am I in Treatment?* In addition to reading and writing reports for five books, inmates complete a social/sexual history.
After successful completion of the phase requirements, inmates are program reviewed to assess their readiness for the next phase. An inmate may be required to complete a polygraph examination.

Phase II *10 to 14 months*

Inmates in Phase II are involved in group and individual counseling, as well as mandatory classes in power and control, victim empathy, relapse prevention, and self-empowerment. Inmates also take elective classes assigned by their counselors, write an autobiography, and complete *Through the Victim's Eyes* and the Green (How Can I Stop) and Brown (Why Did I Do It Again) books

When an inmate completes the phase, the classification team gives him the same battery of tests administered in the Intake Phase. This evaluation serves as a post-test for assessing inmate progress in the program. The inmates is also rated on a Treatment Plan Rating Sheet, which covers 14 areas of treatment.

Phase III *1 to 2 months*

During Phase III, inmates complete PREP, which is a release preparation class detailing requirements of aftercare treatment and community supervision. Inmates also complete a class in forgiveness and

shame. The community placement coordinator and the assigned aftercare counselor coordinate each inmate's release plan, which is made in accordance with Iowa Board of Parole recommendations and the inmate's risk assessment.

When an inmate is released to community-based corrections, his release packet is forwarded to the SOTP staff member assigned to supervise him.

Additional programs

2-Year S.O.S. Program *8 to 11 months*

The S.O.S. Program is designed for offenders with 2-year sentences. The program emphasizes cognitive skills, which are gained through classes, disclosure groups, and completion of *Facing the Shadows*, a workbook that covers most of the areas addressed in full SOTP program. Prior to discharge, the offender completes a relapse prevention plan.

Special Needs Program *16 to 26 months*

This program uses the same guidelines and mandatory assignments and groups as the SOTP, but at a pace appropriate for each participant. Inmates facilitators who are sufficiently advanced in the program act as tutors.

Program components

The following components are integrated into sex offender programming:

Group counseling

Every SOTP inmate participates in a minimum of two group counseling sessions per week. The average offender is likely to participate in 3 to 5 sessions per week, which includes classes. One counselor facilitates groups of 12 offenders. Through discussions emphasizing openness and honesty, participants examine all aspects of sexuality, self-esteem, the need for power, and general attitudes. Participants who violate confidentiality are subject to removal from the program.

Individual counseling

Every SOTP inmate is involved in ongoing individual counseling with the assigned SOTP counselor. Specific referrals for additional counseling may be made to the program's clinical director.

SOTP library

Each SOTP inmate must read and write reports on at least five required titles:

- *Boys and Sex,* Wardell Pomeroy
- *Girls and Sex,* Wardell Pomeroy
- *Your Perfect Right,* Robert Alberti and Michael Emmons
- *Men Who Rape,* A. Nicholas Groth
- *Out of the Shadows,* Patrick Carnes

Inmates with reading deficiencies receive assistance as needed.

Evaluation procedures

The program psychologist administers a battery of standardized tests to each SOTP participant when he is first admitted to the orientation unit, as a pre-test, and again when the SOTP staff determines that he has gained his maximum benefit from the program, as a post-test. The psychological test battery consists of the following standardized tests:

- The Shipley Institute of Living Scale
- The Multi-phasic Sex Inventory (MSI)
- The Minnesota Multi-phasic Personality Inventory 2 (MMPI-2)

Job assignments

SOTP inmates may be assigned to jobs requiring a maximum of 4 hours a day, 5 days a week.

Additional treatment services

In most cases, inmates with substance abuse problems complete a 16-week therapeutic community program or a drug and alcohol awareness program prior to beginning the SOTP. As needed, inmates are referred to Alcoholics Anonymous or Narcotics Anonymous groups, which meet weekly. A Sexual Addicts Anonymous group is also available to interested and motivated offenders.

Academic and vocational education

Inmates who have not earned high school diplomas or G.E.D. certificates are referred to Adult Basic Education classes. General academic upgrading and vocational training are also available to all inmates. Schooling is available on either a full-time (4 hours per day) or part-time (1 to 3 hours per day) basis.

Ongoing outpatient community counseling

All inmates released from the SOTP are recommended ongoing outpatient counseling for sexual offenders. Community mental health centers and other private and public facilities serve as resources for offenders assigned to work release or parole. Residential correctional facility staff and parole agents may assist in referrals to community-based treatment programs.

Prior to release, each inmate is responsible for researching counseling contacts and verifying probable acceptance.

Referral criteria

Sex offenders are eligible for community corrections and work release programs. To be considered for work release or parole, sex offenders must meet the following standards:

- Positive completion of all required groups, classes, workbooks, book reports, and assignments.
- Positive scores on the post-test evaluation and Individual Treatment Plan.
- A successful polygraph examination, if required.
- An adequate release plan, coordinated with the Community Liaison.

Once an offender has been approved by the Board of Parole for work release or parole, the DOC has had few problems with placement.

Post-release

The SOTP continuum aftercare component for sex offenders released from prison takes place both in a community residential center/setting and on parole. The structure of continuum aftercare is based on the prison program.

Completion/Failure

It is possible for an offender to complete all phases of sex offender treatment. 85% to 90% of placements complete the treatment program. Phase II has the greatest failure rate, a rate of 4%.

Reasons for expulsion

An offender might be expelled from the program for any of the following reasons:

- Failure to progress
- Possession of contraband
- Assaultive behaviors
- Sexual misconduct
- Poor motivation

Consequences of failure

As a consequence for failing the program, the inmate participant can be:

- Regressed to a higher security facility
- Subject to loss of time toward reducing his sentence
- Kept at the same facility

The Parole Board requires inmates who have failed the program to discharge their sentences.

Staff Roles and Authority

State reception center staff refer sex offenders to the treatment program. Within two weeks of arriving at the SOTP facility in Mt. Pleasant, sex offenders are assessed by program staff. (See "Intake" above and "Assessment" below.)

Authority

- Program staff can make a discretionary change to either identification or treatment.
- The state has identified security levels for prison facilities. The unit responsible for placement has the authority to place a sex offender at any facility.
- The unit responsible for facility placement and the program staff interact when placing sex offenders at certain facilities.

Assessment

Tests and assessment tools

To measure progress in the program, the Iowa SOTP uses the following standardized tests:

- MMPI-2
- MSI

Internal system for tracking program effectiveness

The Iowa DOC has no internal system for tracking the effectiveness of the SOTP. At present, sex offenders are not tracked after release.

Definition of program success

Currently, program completion by inmate participants is the only measure of program success. Only an inmate who completes all phases of the program is considered a program success. In Iowa, 85% to 90% of offenders who enter do complete the program.

Release Authority

Parole Board

Once the DOC has addressed all of the treatment and civil commitment issues, the Parole Board is not reluctant to release a sex offender.

Discharge rate

Most sex offenders do not discharge their sentence in prison prior to release. The rate of those who discharge their sentence vs. those who go to parole is not available. During FY 98, 2,599 paroles were granted; of these, 55 were convicted sex offenders.

Staffing Issues

A total of 17 state employees works within the sex offender program in two facilities, one for men and one for women, located on the same campus. The department does not have the discretion to set the starting salary for all program staff.

Title	Number of staff	Pay range
Counselors	14	$28,412 - $43,680 (18% fringe benefits package)
Clerical	1	$22,048 - $27,872
Psychologist II (plethysmographer)	1	$38,230 - $52,249
Psychologist IV	1	$49,025 - $65,312

Training, licensing, and certification requirements

Treatment staff must be certified by the Iowa Board for the Treatment of Sexual Abusers.

Staffing of treatment groups

Therapy groups of 12 are facilitated by 1 counselor.

Recruitment and retention

Iowa reports no difficulty in recruiting or retaining staff.

Program Costs

Total overall DOC budget: $262 million

Sex offender treatment program, personnel services and operating costs: $773,082

% of total DOC budget: .03%

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Materials available through the NIC Information Center
1-800-877-1461

Sex Offender Treatment Program. A 23-page program description, including 6 pages of brief summaries or descriptions of philosophy, goal, program criteria, program length, location and capacity, phases , group and individual counseling, contents of the S.O.T.P. library, additional treatment services, educational/academic and vocational classes, community counseling, procedures for psychological evaluations, and inmate job assignments. The remaining pages present program segments, including goal, content, and duration.

Iowa Sex Offender Registry Risk Assessment. A two-page assessment instrument, followed by a "Companion Guide" defining assessment items.

Note: Materials are housed at the NIC Information Center at the discretion of Information Center staff. If any materials listed above are not available from the Information Center, please contact the DOC directly, using the contact name provided at the top of the profile.

Kansas

Kansas Department of Corrections

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Roger Haden
Acting Deputy Secretary
Programs and Staff Development

Program Summary

The Sexual Abuse Treatment Program (SATP), a contract program serving the Kansas Department of Corrections, provides 18 months of institutional treatment and 1-2 years of community-based aftercare, based on cognitive behavioral relapse prevention.

The 18-month institutional treatment segment moves sex offenders through three phases of psychoeducation and psychotherapy groups, individual counseling, and structured clinical activity. The pre-treatment evaluation and assessment phase (3 months) introduces sex offenders to the underlying causes of sexually abusive behavior and the treatment that addresses those causes. The intensive program phase (12 months) progresses from sex offender perceptions, beliefs, and esteem issues through writing a relapse prevention plan. The third phase (3 months) covers transition and aftercare planning by progressing from the presenting offense pattern through aftercare commitment.

An open-ended community-based aftercare program, structured to provide one year of group-based aftercare, covers relapse prevention, offense work, the deviant cycle, a personal maintenance program contract, and a community living contract.

Both the institutional and the aftercare components of the program incorporate co-therapy and monthly progress reports. The community-based aftercare component also calls for a co-pay responsibility on the participating offenders.

The Kansas DOC is responsible for referrals to the program. Eligible sex offenders who choose treatment are admitted into the institutional program 18 to 24 months prior to sentence discharge or supervised release.

Prison Sex Offender Population

Identification

The Kansas Department of Corrections does not identify incarcerated sex offenders differently from the general population. An offender sentenced to prison is identified as a sex offender according to the criteria below.

Criteria

- Current crime
- Prior sex felony convictions
- Prior misdemeanor convictions
- Factual basis of a current non-sex crime conviction
- Institutional sexual misbehavior involving child pornography, predatory behavior, or exhibitionism.

Severity scale

The Kansas DOC does not have a severity scale for identified sex offenders.

Population Status

Current total adult incarcerated population: 8,569

Sex offender total: 2002

Percentage of total population identified as sex offenders: 23%

The number of sex offenders has increased from 1,611 in 1994 to 2,002 in 1999, an increase of 24%. The increase is due to:

- Increased sex offense commitments
- Conservative release rates
- Sentencing Guidelines laws passes and amended during recent years.

Prison Sex Offender Treatment Program

Governance

Legislation

Kansas reports no legislation that influences or governs the program.

State Standards/Advisory Board

State-mandated identification policy

An identification process for sex offenders in prison is mandated only for sexual predators.

Advisory board/sex offender treatment entity

Kansas has no state-mandated policy that creates an advisory board, and no state-mandated policy that creates a sex offender treatment board/entity that sets standards and requirements for treatment.

Stakeholders influencing the program

Kansas reports no stakeholders outside the DOC who influence the program.

Program Policies

Treatment requirement

Although offenders identified as sex offenders are expected to participate in treatment, participation is not required.

Results of denial or refusal of treatment

If an offender denies a sex offending problem or refuses treatment, the offender is:

- Denied privileges
- Time credits reduced
- Restricted from a specific lower security or custody placement

Implications for identified sex offenders

If an offender is identified and labeled as a sex offender, the only implication for him is that he is expected to participate in sex offender treatment.

Visitation policy

The visitation policy for offenders assigned to the sex offender program is the same as the policy for the general population.

Program Description/Placement

According to its mission statement, the Sexual Abuse Treatment Program (SATP) is "dedicated to improving the basic living skills of the offender, eliminating sexually inappropriate behaviors and providing an opportunity for the offender to enter the community, upon release, as a productive, peaceful, law abiding member of society."

The SATP provides 1½ years of institutional treatment, followed by 1 to 2 years of continuum aftercare. Both components of the program use a cognitive behavioral approach to relapse prevention.

The program—which is conducted by DCCCA, Inc., a contractor working out of the Lansing Correctional Facility—is designed only for sex offenders who are willing and amenable to treatment. Program structure also specifies a prerequisite for each phase, as described below.

No phase of the sex offender program is conducted in a dedicated facility.

Three phases of programming provide treatment involving psychoeduction and psychotherapy groups, individual counseling, and structured clinical activity. Treatment is structured on four hours of programming, five days per week, consisting generally of 10 hours of group and individual counseling and another 10 hours of structured clinical activity. The program provides for open entry and open exit, with new admissions at least once each month.

I. Pre-Treatment Evaluation and Assessment ***3 months***

The first phase uses the guided workbook, *Who am I and why am I in treatment?* to introduce sex offenders to the causes of and treatment for sexually abusive behavior.

To successfully complete this phase, the offender must complete nine tasks involving self-awareness and awareness of the victim, a series of clinical assessments, and 95% attendance. The last of the nine tasks is to sign a voluntary request to participate in the 12-month intensive SATP.

I. The 12 Month Intensive Treatment Program ***12 months***

In each month of intensive treatment, participants cover a module, progressing from perceptions, beliefs and esteem issues through writing the relapse prevention plan.

Each monthly module includes a pre-test and post-test to determine basic knowledge. An offender must score at least 80% on the written post-test to move on to the next module. The offender must also complete eleven goals covering self-awareness, victim empathy, responsible participation in the program, intervention techniques, and accepting responsibility for both past and future behavior.

Participants who do not successfully complete the intensive program phase are maintained at that level until all required tasks are completed.

I. Transition and Aftercare Planning ***3 months***

The final institutional phase progresses from the presenting offense pattern through establishing community support and arranging aftercare.

To successfully complete this phase, the offender must complete seven tasks ranging from showing genuine remorse to identifying an aftercare provider and formalizing the commitment. The offender must also successfully complete follow-up polygraph and plethysmograph testing.

Participants who do not successfully complete the transition and aftercare planning phase are maintained at that level until all required tasks are completed.

Community-based Treatment

After release from prison, participants continue treatment through the same provider in the community. Treatment involves group therapy and implementation of the community portion of the relapse prevention plan.

Aftercare participants can be terminated for failure to meet set standards of participation and behavior.

Assessment or testing tools

Assessment tools used for inmate placement into the SATP include:

- MCMI-III
- Multi-phasic Sexual Inventory
- MMPI
- Shipley

Admission criteria

Rather than focusing on types of offenders the program can accept, the Kansas SATP admits sex offenders according to the following criteria:

1. Must be convicted of a sex offense; or
2. Must have been charged with a sex offense but not convicted.
3. Must voluntarily agree to participate
4. Must have signed a written agreement to be evaluated/participate in the SATP.
5. Must have no history of extremely assaultive behavior.
6. Must have an IQ of 80 or above.
7. Must not currently require medication for mental illness.
8. Must not deny the sexual offending behavior.
9. Must be able to read and write English at an eighth grade level.
10. Must not have murdered or attempted to murder the victim (sometimes this criteria is waived).

Intake

The SATP takes offenders into the program 18 to 24 months before supervised release or sentence discharge. As of January 2, 2000, the program had a waiting list of 883 sex offenders.

Core curriculum

The curriculum used by the SATP includes:

- Basic mental health
- Educational courses
- Cognitive behavior therapy
- Individual counseling
- Group counseling
- Writing of prior history (journaling)
- Physiological testing

Post-release

The continuum aftercare component of the program takes place on parole/post-release supervision. The aftercare program is based on the prison sex offender treatment program. See Program Description above.

Some Kansas sex offenders are eligible for community corrections and work release. When placing sex offenders in the community, the DOC faces the difficulties of notifying nearby day care centers and managing adverse publicity.

Completion/Failure

Approximately 60% of placements complete the treatment program. Approximately 25% of placements fail during the Intensive Treatment phase of the program.

Reasons for expulsion

An offender might be expelled from the program for any of the following reasons:

- Failure to progress
- Poor work values
- Possession of contraband
- Assaultive behaviors
- Sexual misconduct
- Absent more than 15% of the time.

Consequences of failure

As a consequence for failing the program, the inmate participant can be:

- Regressed to a higher security facility
- Reclassified to a higher custody level
- Given restricted privileges
- Subject to losing time toward reducing his sentence
- Kept at the same facility

Staff Roles and Authority

Assessment staff at the reception center assess offenders for purposes of identification. Sex offender program staff at the facility assess offenders for the purpose of developing the treatment plan.

Authority

- Program staff can make a discretionary change to either identification or treatment. The Initial Inmate Program Plan (IPP) is reviewed by treatment staff when the offender arrives at the institution.
- The state has identified security levels for prison facilities.
- The unit responsible for placement has the authority to place a sex offender at any facility.
- The unit responsible for facility placement and the program staff interact when placing sex offenders at certain facilities.

Assessment

Tests and assessment tools

To measure progress in the program, the SATP uses the following tools:

- Clinical interviews
- Multiphasic sex inventory
- Penial plethsmograph
- Polygraph
- Criteria developed by the state for each phase of treatment.

Internal system for tracking program effectiveness

To track program effectiveness, the SATP maintains data, including information on offenders who have been released to the community. The DOC also produces an annual program evaluation report on all programs, including sex offender treatment, to submit to the Kansas Legislature.

Definition of program success

Program success is defined as an increase in completion rates and a decrease in recidivism rates. The length of time ex-offenders are tracked after release depends on the length of parole/post-release supervision, which could be as much as 5 years.

The Kansas SATP tracking system indicates that statistically, those who complete the program are significantly more likely not to return to prison.

Release Authority

Parole Board

In Kansas the parole board is not reluctant to release sex offenders.

Percentage of sex offenders who discharge their sentence: Percentage not provided. Most sex offenders do not discharge their sentences in prison prior to release.

Rate of release for those who discharge their sentence: Data not provided.

Rate of release for those who go to parole: 80-90% for indeterminate sentences.

Staffing Issues

The SATP includes 40 staff, who provide treatment in three institutions. The contractor has the discretion to set the starting salary for all program staff. Contract awards are made after a competitive bid process.

Title	Number of staff	Pay range
Counselors	16	$26,000 - $34,000
Social workers	16	$26,000 - $34,000
Clerical	4	$12,480 - $22,880
Administration	3	$34,000 – $48,000
Psychologist	1	$40,000
Behavioral technician	1	$28,000 - $40,000

Training, licensing, and certification requirements

The contractor is required to staff masters level psychologists and social workers who have 2000 hours of clinical experience working in sex offender treatment. They also must be licensed by the Kansas Behavioral Sciences Regulatory Board.

Staffing of treatment groups

Treatment groups include 10 sex offenders, with 1 counselor per group for the facility program and 2 counselors per group for the community program.

Recruitment and retention

Kansas reports no difficulty in recruiting or retaining staff, who are hired by the contractor, with the exception of its program in a correctional facility in remote rural northwest Kansas.

Program Costs

Total overall DOC budget: $13,045,502

Sex offender treatment program, personnel services and operating costs: $1,870,382

% of total DOC budget: 14%

Materials available through the NIC Information Center
1-800-877-1461

Sexual Abuse Treatment Program. A 7-page program description, including Mission Statement, General Goals, Treatment Goals, and General Programming Description.

DCCCA Community Based Treatment (CBT). An outline of the program, in the form of 9 pages for making overhead transparencies.

Note: Materials are housed at the NIC Information Center at the discretion of Information Center staff. If any materials listed above are not available from the Information Center, please contact the DOC directly, using the contact name provided at the top of the profile.

Kentucky

Kentucky Department of Corrections

Contact: Katherine Peterson, Psy.D.
Sex Offender Treatment Program
Kentucky State Reformatory
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Program Administrator:
Katherine Peterson

Program Summary

The primary goal of the Kentucky Sex Offender Treatment Program (SOTP) is to enhance public safety. Created by statute in 1986, the program 1) provides treatment based on the relapse prevention model, 2) flags high risk sex offenders through assessments conducted for the courts and the parole board, 3) works closely with probation and parole officers who supervise sex offenders conditionally released back to the community, and 4) promotes public safety through training and community liaison functions.

The program—which uses a cognitive-behavioral, group-oriented approach based on the relapse prevention model—has both community and institutional components. Both components employ the same program elements and group approaches. After meeting the criteria for admission (see Identification below), all SOTP clients enter an assessment and orientation process that determines whether they are amenable to treatment and capable of the work required. Staff create individual treatment plans for clients who choose to continue the program, which involves concurrent psychoeducational and core therapy groups.

All sex offenders in institutions are eligible to apply to the SOTP three years before their initial parole eligibility date. From 1990 through 1996, the average length of participation was 24.3 months for a total of 1,087 offenders in the institutional component, and 29.4 months for a total of 953 offenders in the community component.

Currently, approximately 325 sex offenders are in treatment in institutions, and approximately 370 are being treated in the community. A clinical staff of 22 provides treatment in 5 correctional institutions and eight probation and parole districts around the state.

In 1995, the program was evaluated under a grant from the National Institute of Corrections. The evaluators—Dr. William Murphy, president of the Association for the Treatment of Sexual Abusers, and Dr. Craig Nelson, of the Atascadero State Hospital in California—lauded the Kentucky SOTP as "an impressive program using state-of-the-art techniques and approaches," which produces an "exemplary continuum of care…that is capable of following sexual offenders from institutional to community-based treatment."

Prison Sex Offender Population

Identification

Kentucky statute defines "sexual offender" according to the nature of the offense. The courts and the Kentucky Department of Corrections further identify sex offenders in terms of their eligibility for the SOTP. As defined by statute, an "eligible sex offender" is a person who:

a) has been convicted of a felony sex offense or a misdemeanor sex offense committed in conjunction with any other felony,
b) has demonstrated "evidence of a mental, emotional or behavioral disorder, but not active psychosis or mental retardation," and
c) is "likely to benefit from treatment."

Other criteria

In most cases, an offender sentenced to prison is identified as a sex offender on the basis of current crime only. Other factors that possibly, but do not consistently, lead to identification as a sex offender include:

- Prior sex felony convictions
- Prior misdemeanor convictions
- Factual basis of a current non-sex crime conviction
- Institutional sexual misbehavior

Severity scale

Kentucky does not have a severity scale for identified sex offenders.

Population Status

Current total adult incarcerated population: Approximately 14,000

Sex offender total: 2,000

Percentage of total population identified as sex offenders: 14%

The number of incarcerated sex offenders has remained the same from 1994 to 1999. However, tougher laws have resulted in more applications for treatment.

Identification for almost all of the 2000 sex offenders incarcerated in the Kentucky State Reformatory is based on active sex offenses. The number of sex offender identifications for prior sex offenses, institutional sexual misbehavior, or factual basis of a current non-sex conviction is unknown.

Prison Sex Offender Treatment Program

Governance

Governed by the Department of Corrections, the Kentucky Sex Offender Treatment Program was established through legislation and is influenced by other legislation related to risk assessment, registration, and notification. Recent legislation also governs the awarding of good time to sex offenders as well as their eligibility for probation, parole, conditional discharge, or any other form of early release.

Legislation

Establishment of the SOTP. The Kentucky Sex Offender Treatment Program was established by law in July, 1986, and was organized, staffed, and providing services by the following spring. Key mandates in the legislation include:

1. The Department of Corrections has sole authority and responsibility for regulating the program design.

1. The program must include diagnostic and treatment services in both inpatient and outpatient settings.

1. The department has authority to transfer and to regulate transfer of sex offenders in its custody to the program.

1. All sex offenders participating in the program may be house separately from all other incarcerated inmates, but must be housed according to the department's standard classification system.

1. Minimum staff must include:

   a) A program director who has either a master's degree in a recognized mental health field and six years of clinical experience, or a doctoral degree in a recognized mental health field and four years of clinical experience. The director is responsible for deciding program policies and supervising all staff.

   a) A clinical psychologist or a master's degree level psychologist for each 200 participants. At least 1 clinical psychologist must be a member of the staff at all times.

   a) A counselor for each 50 participants.

1. The department must establish a system of data collection and program evaluation to study participants and to measure program impact on recidivism.

Credit for good time. Legislation revised in 1998 mandates that good time earned during an offender's participation in the SOTP cannot be credited to his sentence until he has successfully completed the program. After successful completion, he can continue to earn good time to add to good time earned during his participation in the program.

A participant who fails to complete the program will not be entitled to any credit on his sentence and must serve his entire sentence, without the benefit of good time, parole, or any other form of early release. This statute does not apply to sex offenders convicted before July 15, 1998 or to any mentally retarded sex offender.

Procedures for probation or conditional discharge. In legislation revised in 1998, probation or conditional discharge must be based on an evaluation conducted by the SOTP. If the court grants probation or conditional discharge, the offender is required to successfully complete the community component of the SOTP. Failure to complete the program constitutes grounds for revoking probation or conditional discharge.

Presentence procedure for felony convictions. Legislation revised in 1998 requires that before sentencing a defendant convicted of specified felonies, including certain sexual offenses, the court must order an evaluation by the SOTP. Based on the evaluation, the SOTP will provide a recommendation regarding risk of a repeat offense and amenability to treatment.

The presentence investigation must identify the counseling treatment, educational, and rehabilitation need of the defendant as well as community-based and institutional programs and resources available to meet those needs, or the lack of programs and resources to meet those needs.

Order for sex offender risk assessment. Legislation effective January 15, 1999 requires the sentencing court to order a sex offender risk assessment by a certified provider, upon conviction of a sex crime and within 60 calendar days prior to the discharge, release, or parole of a sex offender. The purposes for the risk assessment are:

1. To determine whether the offender should be classified as a high, moderate, or low risk sex offender.

1. To designate the length of time the sex offender must register.

1. To designate the type of community notification required upon release.

Notification for high, moderate, and low risk sex offenders. Legislation effective January 15, 1999 requires the notification described below.

<u>For low risk offenders</u>:

1. The law enforcement agency having jurisdiction.
2. The law enforcement agency having had jurisdiction at the time of the offender's conviction.
3. Victims who have requested to be notified.

4. The Information Services Center, Kentucky State Police.

For moderate risk offenders, the individuals listed above as well as:

1. Any agency, organization, or group serving individuals who have similar characteristics to the previous victim or victims of the sexual offender, if the agency, organization, or group has filed a request for notification with the local sheriff.

For high risk offenders, the individuals listed above as well as:

1. The general public through statewide media outlets and by any other means as technology becomes available.

Sex Offender Risk Assessment Advisory Board. Legislation effective in July, 1998 created the Sex Offender Risk Assessment Advisory Board, which is attached to the Department of Corrections for administrative purposes. Currently, the board governs Megan's Law only, although it is anticipated that the 2000 legislature will give the board additional authority to set state standards for sex offender treatment. Mandates within the 1998 statute require the board to:

- Establish criteria for high, moderate, and low risk offenders.

- Certify providers who conduct sex offender assessments for the purpose of identifying a sex offender's level of risk, providing presentence recommendations, and providing recommendations for probation or conditional discharge.

- Develop a risk assessment procedure to be used by certified providers in assessing the risk of recommitting a sex crime and the threat posed to public safety.

Sex offender registration. Legislation revised in 1998 and 1999 sets requirements for the state's sex offender registration system. Key mandates include:

- The registration system must include creating a new computerized information file to be accessed through the Law Information Network of Kentucky.

- Certain offenders must remain registered for life unless re-designated. (Includes offenders convicted of an aggravated sex crime; first degree rape; first degree sodomy; a sex crime plus 1 or more prior convictions for a sex crime or 1 or more prior convictions for a criminal offense against a minor; 2 or more criminal offenses against a minor; kidnapping, except by a parent; unlawful confinement, except by a parent; or designation as a sexual violent predator in another jurisdiction.)

- All other registrants not registered for life must remain registered for 10 years after release.

- Designated sex offenders must register upon their release.

- Any person required to register must be informed of this duty by the court at the time of sentencing and by the official in charge of the place of confinement upon release. Notification must be acknowledged by the offender in writing.

- Designated sex offenders found guilty in jurisdictions outside of Kentucky must be informed of their duty to register upon relocation to Kentucky.

- Persons required to register as a sex offender under federal law or the laws of another state or territory, or convicted of an offense under the laws of another state or territory that would require registration if committed in Kentucky, must comply with Kentucky registration requirements.

- Registrants are required to report a change of address within 5 days.

- Registrants who violate any provision of the statute or who knowingly provide false, misleading or incomplete information are guilty of a Class D felony.

- Failure to register within the mandated time period is grounds for revocation of parole, probation, or conditional discharge.

Funding for sex offender legislation

The above legislation is funded through the general fund.

Impetus behind sex offender legislation

A grassroots Rape Coalition created the first sex offender statute in 1986 as well as several subsequent statutes. Several legislators in addition to various task forces under the Governor's appointment promoted other statutes, with a significant amount of input from victims organizations.

State Standards/Advisory Board

State-mandated identification policy

Kentucky has no state-mandated system for identifying sex offenders beyond current crime, although prior convictions and the factual basis of a current non-sex conviction can sometimes lead to the sex offender designation. By law, all sex offenders are interviewed at the intake facility and offered the opportunity to participate in the SOTP.

Advisory board/sex offender treatment entity

Legislation passed in 1998 created the Sex Offender Risk Assessment Advisory Board (see page 8). The board has authority over assessment related to Megan's Law, including certification of providers as well as the establishment of criteria and procedures for carrying out assessments. However, the 2000 legislature gave the board additional authority to set state standards for sex offender treatment, which will be set by board members.

From 1994 to 1998, the authority to set state standards for sex offender treatment was relegated by law to the DOC and the Department of Mental Health jointly. Before being disbanded in 1998, this entity:

- Set the qualifications of staff
- Required a certain approach to treatment
- Conducted annual training for therapists
- Recommended group therapy for the treatment modality of choice

Stakeholders influencing the program

Stakeholders outside the DOC who influence the program include the legislature and the Governor's office, as well as victims organizations and the media.

Program Policies

Treatment requirement

All offenders who are identified as sex offenders and assessed for sex offender treatment are offered treatment if they are found to be able to benefit from it. Although treatment is voluntary, sex offenders who choose to not participate lose the possibility of any form of early release.

Results of denial or refusal of treatment

If an offender denies a sex offending problem or refuses treatment, the offender:

- Has time credits reduced
- Will not be paroled

All sex offenders are offered an 8-to-16-week assessment and orientation group. After this initial period, adamant non-admitters and others not likely to benefit are screened out from further program work. Offenders who have been terminated from the SOTP are allowed to reapply for admission into the program 6 months after rejection. The consequence of refusal is covered in a written policy.

Implications for identified sex offenders

In addition to being classified for treatment, an offender identified as a sex offender under department policy is:

- Restricted to certain security level facilities (maximum or medium)
- Excluded from outside work crews
- Expected to participate in sex offender treatment

Visitation policy

The visitation policy for offenders assigned to the sex offender program is the same as the policy for the general population.

Program Description/Placement

The SOTP uses a cognitive-behavioral, group-oriented approach based on the relapse prevention model. The program has a community as well as an institutional component, both of which follow the progression outlined below. Both components are open-ended. Clients move through the program sequence according to individual treatment plans developed with SOTP staff; the minimum duration is two years.

The Kentucky Correctional System has no facility dedicated solely to sex offenders. Treatment has been designated in several facilities where sex offenders make up 50% of the population.

Admission policies as well as the program design and treatment practices of the SOTP are in accordance with the Association for the Treatment of Sexual Abusers (ATSA).

Admission. Although participation in the institutional component is voluntary, state statute mandates that no eligible offender can be granted parole unless he has successfully completed the program. In the community component, participation is typically a condition of probation or parole, which means that the program accepts all referrals by the courts and the parole board.

By statute, only "eligible sex offenders" can be admitted into the program. The sentencing court and the SOTP staff, in their role as Department of Corrections officials, determine eligibility according to the following mandated criteria:

a) The offender has been convicted of a felony sex offense or misdemeanor sex offense committed in conjunction with any other felony.

a) The offender has demonstrated evidence of a mental, emotional or behavioral disorder, but not active psychosis or mental retardation.

a) The offender is likely to benefit from treatment.

Assessment and orientation. Virtually all applicants, including those who deny their guilt, are admitted into this initial phase, which lasts for 8 weeks. Treatment staff use formal psychological testing and clinical observation to determine an applicant's readiness for and amenability to treatment, including the intellectual, academic, and emotional capabilities for performing the tasks required. Testing also assesses each client's level of denial, general level of knowledge about sexual functioning, and range of sexual practices.

A Special Needs program is available for those with disabilities. Psychiatrically fragile clients are deferred until their symptoms can be brought under control.

The orientation element provides an overview of treatment philosophy and expectations, in addition to introducing the language of ownership and responsibility.

Clients who deny their sex offenses or who are otherwise not likely to benefit are screened out of the remainder of the program sequence. Deniers are allowed to reapply in 6 months.

Admission. For both the institutional and community components, the Admissions and Orientation phase involves an application process that requires the completion of referral and application forms.

Treatment plans. After the 8-week assessment phase, SOTP staff develop an individualized treatment plan for each client.

Psychoeducational groups. After completing assessment and orientation, those accepted into the program participate in several groups focused on topics such as human sexuality, patterns of normal and dysfunctional families, and social skills. Based on the group work, clients assess themselves and set goals for personal growth.

Core therapy groups. After completion of 3 psychoeducational groups, clients are placed into ongoing treatment groups composed of persons at various stages of progress within the program. In core therapy, all SOTP clients must complete the following tasks in order to fulfill the minimum program requirements:

1. Basic ownership
2. Autobiography
3. Advanced ownership
4. Victim personalization
5. Relapse prevention
6. Restitution

Clients present these tasks to their treatment groups, and must receive the approval of the group as well as staff leading the group.

Assessment or testing tools

Assessment tools used for inmate placement into the SOTP include:

- Multiphasic Sexual Inventory
- MMPI-2
- Shipley (IQ measure)
- WRAT (reading measure)
- Beth III (IQ measure)

Types of offenders

The program is designed to accept the following types of offenders:

- Normal intellectual and socially functioning offenders
- CMI's (not actively psychotic or seriously mentally ill)
- Non-English speaking
- Females
- Developmentally disabled

Intake

The S.O.T.P takes offenders into the program by their priority on the list. The program has a waiting list of approximately 80 sex offenders.

Core curriculum

The curriculum used in the Kentucky SOTP includes:

- Educational courses
- Cognitive behavior therapy
- Group counseling
- Writing of prior history (journaling)

Post-release

As part of fulfilling its mission to enhance public safety, the SOTP assesses all probationers and parolees and accepts all of them for treatment. If community program participants fail to comply with SOTP policies, their conditional release may be revoked.

Clients generally remain in treatment during the entire period of probation or parole supervision, or for a minimum of 24 months of treatment if the period of active supervision exceeds 24 months.

Eight communities across the state provide sites for the treatment program. While the community program structure contains the same elements used in the institutional component—group therapy focused on psychoeducation and core therapy tasks—the community component also has elements unique to aftercare.

Probated and paroled sex offenders live in their own homes; the DOC does not get referrals for the community component of the SOTP until sex offenders are out of community corrections. One obstacle for parolees is that many halfway houses refuse sex offenders.

Completion/Failure

An outcome study conducted by the SOTP, which covered treatment and post-release from 1990 through 1994, indicated that almost half (48.9%) of the treated sample of sex offenders completed treatment. Another 11.6% of the sample left treatment when their sentences or periods of supervision expired. The greatest failure rates come early in the program, during the initial interview and assessment stages.

Reasons for expulsion

An offender might be expelled from the program for any of the following reasons:

- Failure to progress
- Possession of contraband
- Assaultive behaviors
- Sexual misconduct
- Unexcused absences

Consequences of failure

As a consequence for failing the program, the inmate participant:

- Loses time toward reducing his sentence (only those sentenced after July 1999)
- Loses the possibility of parole

Staff Roles and Authority

Assessment of the offender for identification and for the treatment plan is done by sex offender program staff at the facility.

Authority

- Program staff can make a discretionary change to either identification or treatment.

- The state has identified security levels for prison facilities. The unit responsible for placement cannot place a sex offender in a minimum security facility.

- There is no interaction between the unit responsible for facility placement and the program staff when placing sex offenders at certain facilities.

Assessment

Tests and assessment tools

The Kentucky SOTP uses clinical interviews to measure progress in the program.

Program-developed tools for measuring offender progress

For measuring offender progress, the SOTP has developed its own clinical review.

Internal system for tracking program effectiveness

The SOTP is required by law to generate outcome studies based on a system of data collection and program evaluation that analyzes the offenses and characteristics of participating sex offenders and measures the impact of the program on recidivism.

The most recent study, released in 1997, covers 1990 through 1995. The study, designed to provide an overview of the program, provides the following information:

- A description of services.
- Recommendations from a program evaluation conducted under a grant from the National Institute of Corrections.
- Data on the number of offenders treated in both the institutional and community components of the program.
- Data on presentence evaluations.
- The costs of treatment, incarceration, and supervision
- Results of a study (covering 1990 through 1995) comparing reoffense rates between treated and untreated sex offenders in Kentucky.

This study, entitled The Kentucky Sex Offender Treatment Program, *is available from the NIC Information Center.*

Definition of program success

The goal of the Kentucky SOTP is to reduce recidivism rates among sex offenders who have participated in the program. SOTP staff measure recidivism by comparing data for treated and untreated offenders. The study released in 1997 tracked data on overall recidivism rates, new sexual offenses, and possible differences in reoffense rates among types of offenders, such as rapists vs. child molesters. As the study indicates, the SOTP has so far tracked ex-offenders for up to 5 years.

Key data from the program outcome study suggest that SOTP treatment has had an impact on its participants. The study compared the recidivism rates of a sample of 147 treated and 138 untreated sex offenders from 1990 through 1995.

- Sexual recidivism rates were almost three times higher for untreated sex offenders (8.7%) than for treated offenders (3.4%).
- Untreated rapists had the highest sexual recidivism rate—17.8%. None of the treated rapists had arrests for new sex offenses.
- Men who committed offenses within their families had very low sexual reoffense rates—1.4% with treatment and 3.03% without treatment.
- Non-family child molesters reoffended at equal rates—10.2%—with or without treatment.
- The untreated sex offenders who committed new sex offenses did so much sooner after release to the community than the treated offenders who committed new sex offenses.

Release Authority

Parole Board

Reluctance on the part of the parole board to release sex offenders is reflected in 1999 figures showing that fewer than 10% of sex offenders are now paroled. Board practice is to be very conservative with sex offenders.

Rate of release for those who discharge their sentence: 90%

Rate of release for those who go to parole: 10%

Staffing Issues

The SOTP staff includes 22 full-time clinical staff who provide treatment in 5 institutions and eight probation and parole districts throughout the state. The treatment staff includes Dr. Katherine D. Peterson, the SOTP Program Administrator, four doctoral or master's level clinicians who supervise the institutional and community treatment sites, and 17 Offender Rehabilitation Specialists, who, along with the supervisory staff, provide direct clinical services. The educational credentials of the Offender Rehabilitation Specialists range from the bachelor's through the doctoral level.

The SOTP does not have the discretion to set the starting salary for all program staff.

Title	Number of staff	Pay range
Counselors	15	$18,000-$28,000
Clerical	3	$15,000-$22,000
Treatment supervisors	3	$22,000-$32,000
Administration	1	$36,000-$70,000
Psychologist	3	$36,000-$70,000

Training, licensing, and certification requirements

All staff must meet state requirements for their professional license or certificate.

Staffing of treatment groups

When possible, due to factors such as budget or a low number of staff vacancies, the program uses 2 counselors for groups of 6 to 12 participants. Otherwise, 1 counselor is assigned to a group.

Recruitment and retention

Few mental health workers are available in rural Kentucky. Overall, however, the program usually enjoys an unusual degree of staff longevity. Occasionally there is a delay in filling a vacancy. Within the past year, low starting salaries have presented a problem in recruitment.

Program Costs

The average yearly cost of incarceration in Kentucky is $14,067; with roughly 2,000 sex offenders in prison, this figure reaches $28,134,000. Yearly treatment costs per offender in both the institutional and community components are about $900. The average cost per offender of probation and parole supervision within the community component is $1,132.

Total overall DOC budget: Approximately $300 million

Sex offender treatment program, personnel services and operating costs: $1,069,670 ($988,016 for SOTP personnel, $81,654 for operating costs.)

% of total DOC budget: .35%

Materials available through the NIC Information Center
1-800-877-1461

The Kentucky Sex Offender Treatment Program. A 30-page, 1997 study of the program, including a program description, SOTP utilization and cost, and a program outcome study.

Proposed Revision of CPP. A proposed 12-page revision of the policy outlining the SOTP, not yet approved as of June 2000.

Select legislation relevant to the Kentucky SOTP.

Note: Materials are housed at the NIC Information Center at the discretion of Information Center staff. If any materials listed above are not available from the Information Center, please contact the DOC directly, using the contact name provided at the top of the profile.

Massachusetts

Massachusetts Department of Correction

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Program Summary

The Massachusetts Sex Offender Management Program—a collaboration among the Department of Correction, the Office of the Commissioner of Probation, the Parole Board, and the Sex Offender Registry Board—provides a continuum of treatment to inmates with a present indication or prior history of sexual offense. The continuum begins when an inmate is committed and continues through release, when parole and probation provide post-release services. Overall program duration is 2 to 3 years or more, depending on offender progress and treatment needs.

Sex offenders are placed in medium security facilities for the first four phases of the program: self-guided book work, psycho-education, a treatment/support group, and an intensive treatment program. Intensive treatment is conducted within a therapeutic community, which is a special housing unit devoted exclusively to providing specialized treatment based upon the inmate's offense history and assessment needs summary.

Eligibility for transfer to minimum security is determined by satisfactory completion of the first four phases of the program, as well as by proximity to release, classification status, and approval under the Public Safety Security Program. Treatment at this level continues in the form of group treatment focused on transition issues and implementation of the relapse prevention plan.

Internal contract staff conduct the prison phases of treatment. Post-release treatment is provided through a statewide network of approved sex offender therapists.

In 1997, the Department of Correction partnered with the Massachusetts Parole Board and the Office of the Commissioner of Probation to form the Massachusetts Coalition for Sex Offender Management. This initiative, which provided the continuum of treatment and supervision currently in place in Massachusetts, has been recognized by the Center for Sex Offender Management, of the U.S. Department of Justice, as a national "Resource Site." The Massachusetts Department of Correction's Sex Offender Management Program was instituted in 1994.

Prison Sex Offender Population

Identification

The Massachusetts DOC identifies incarcerated sex offenders differently from the general population, according to the criteria below.

Criteria

- Current crime
- Prior sex felony convictions (no time limit)
- Prior misdemeanor convictions (no time limit)
- Factual basis of a current non-sex crime conviction
- Institutional sexual misbehavior
- Civil commitment (sexually dangerous)

Severity scale

Massachusetts has a severity scale for identified sex offenders, which is used for both classification and treatment. For List "A" offenses—ranging from purchase or possession of child pornography to indecent assault and battery on a child under 14—an inmate will always be identified as a sex offender for the purposes of the sex offender management program. For List "B" offenses—ranging from indecent exposure to kidnapping and stalking—a review of the offense determines whether an inmate is identified as a sex offender.

Population Status

Current total adult prison population: 10,723
Sex offender total: 2,769

Percentage of total population identified as sex offenders: 29%

The number of convicted sex offenders incarcerated in Massachusetts has increased from 1,759 in 1994 to 1,939 in 1999, an increase of 10.2%. These numbers do not include priors, inmates identified on the basis of sexual overtones in the reading of the official version of a non-sexual offense, and/or inmates who were found guilty of sexually related disciplinary reports.

The increase is due in part to increased sex offense commitments, conservative release rates, and changes in the state's identification system. The DOC's transition into the Sex Offender Management Program also contributed to the increase. After the program began in 1994, staff reviewed priors and official versions of non-sexual offenses for the entire population. As the case reviews were completed, the number of identified sex offenders increased.

The number of current sex offenders fall into the categories listed below.

Active sex offenses	2,098
Prior felony/misdemeanor offenses with current non-sex offense	551
Institutional sexual misbehavior/factual basis of current non-sex conviction that involved unlawful sexual behavior	95
Civil commitment	169

Total identified/labeled sex offenders: 2,769
(Some fall into more than one category)

Prison Sex Offender Treatment Program

Governance

Legislation

An Act Prohibiting Sex Offenders from Work Release Programs was passed August 1998. The law mandates that no sex offender or sexually danger person as defined by specific statutes is eligible for any program outside a correctional facility or any other work release program.

An Act Improving the Sex Offender Registry and Establishing Civil Commitment and Community Parole Supervision for Life for Sex Offenders was passed in September 1999. Mandates within this Act include:

- Within 90 days prior to the release of any sex offender required by statute to register, the agency that has custody of the offender is required to submit registration data to the Sex Offender Registry Board. Registration data includes 1) identifying factors, 2) anticipated future residence, 3) offense history, and 4) documentation of any treatment received for a mental abnormality.

- The agency that has custody of the sex offender must notify him/her of the requirement 1) to register, 2) to verify registration information, and 3) to give notice of change of address or intended change of address and the penalties for failure to do so and for giving false registration information. The agency must also notify the offender of his/her right to submit to the board documentary evidence relative to his risk of re-offense and the degree of dangerousness posed to the public. The sex offender is required to acknowledge the notifications in writing to the agency.

- Within five days of assuming supervision, the agency supervising probation or parole of a sex offender who is required to register must transmit registration data to the Sex Offender Registry Board. Registration data includes 1) identifying factors, 2) residential address or anticipated future residence, 3) work address, 4) offense history, 5) documentation of any sex offender treatment and 6) documentation of any treatment received for a mental abnormality.

- Not less than 60 days prior to the release or parole of a sex offender from custody or incarceration, the Sex Offender Registry Board must notify the sex offender of his right to submit to the board 1) documentary evidence relative to his risk of re-offense, 2) the degree of dangerousness posed to the public and 3) his/her duty to register.

- Any agency with jurisdiction of a sex offender must notify in writing the district attorney of the county where the offense occurred and the attorney general. For a person serving no more than six months, the notice must be submitted as soon as possible following admission to prison; otherwise, notice must be given six months prior to release. The notice must also identify prisoners or youths who have a particularly high likelihood of meeting the criteria for a sexually dangerous person.

- When the court determines that there is probable cause for believing a person is sexually dangerous, that person must be committed to the treatment center for not more than 60 days for examination and diagnosis. No later than 15 days prior to expiration of the commitment, examiners must file a written report and recommendation with the court.

- When a trial jury finds unanimously and beyond a reasonable doubt that a person is sexually dangerous, that person must be committed to the treatment center for an indeterminate period upon release to parole, including community parole for life. In the case of a person adjudicated as a delinquent, the person will be committed to the department of youth services until he reaches his twenty-first birthday, and then to the treatment center for an indeterminate period.

The state budget funds the Sex Offender Registry. Each state agency covers expenses related to its registration responsibilities from its own budget.

The impetus behind both the Work Release and the Registry legislation was public safety.

State Standards/Advisory Board

Massachusetts has a state-appointed Sex Offender Registry Board, which is responsible for registration and for the classification of offenders required to register. (See Legislation, above.)

Otherwise, the state has no state-mandated advisory board or sex offender treatment board or entity that sets standards and requirements for treatment.

Stakeholders influencing the program

Stakeholders outside the DOC who influence the program include:

- The legislature
- The Governor's office
- The District Attorney's counsel
- The Sex Offender Registry Board
- The Secretary of Public Safety
- The judiciary

Program Policies

Treatment requirement

The Management Program is voluntary for all offenders who are identified as sex offenders and assessed for sex offender treatment.

Results of denial or refusal of treatment

If an offender denies a sex offending problem or refuses treatment, the offender is:

- Given a certain classification
- Denied privileges
- Restricted from a specific lower security or custody placement
- Placed on the bottom of the priority roster for job assignments

Inmates must sign a program agreement form to enter the program *(see Attachment IV of the Sex Offender Management policy, available from the NIC Information Center)*. If an inmate persists in denying the offense, uses justification to explain the offense, or minimizes his/her behavior during the offense, he/she may continue to participate in Phases I through III. However, no inmate who remains in denial of the offense may move to Phase IV.

A written policy for refusal of sex offender treatment is contained in the Sex Offender Management policy—103 DOC 446, section 446.02, page 13—available from the NIC Information Center.

Implications for identified sex offenders

In addition to being classified for treatment, an offender identified as a sex offender under department policy is:

- Excluded from outside work crews
- Ineligible for community corrections until completion of Phase IV of the treatment program
- Expected to participate in sex offender treatment
- Restricted to certain security level facilities, based on the treatment phase

Identified sex offenders who agree to treatment are transferred to one of four medium security institutions who operate the treatment program.

Sex offenders are not permitted to progress in security level to minimum security (Level 3) unless they have successfully completed Phases I through IV of the Sex Offender Management Program, are in close proximity to their release, and have been found suitable for such placement based on their overall institution record.

Inmates who refuse treatment may be assigned to any Level 4 (medium security) institution. Where inmates who refuse treatment are considered in non-compliance with recommended programming, they fall to the bottom of the seniority list for paid job assignment opportunities and are ineligible for any community corrections programming.

Visitation policy

The visitation policy for offenders assigned to the sex offender program is the same as the policy for the general population.

Program Description/Placement

Program approach

The Massachusetts Sex Offender Management Program is based on the Integrated Model Theory and Alternative Typology for Sex Offenders. The program model is strongly influenced by the work of Dr. Barbara Schwartz.

The Massachusetts program places a heavy emphasis on public safety. Inmates identified as sex offenders must successfully complete the first 4 phases of treatment prior to becoming eligible for community correction placement. Inmates who refuse treatment remain in a secure institution setting for the remainder of their incarceration.

Massachusetts bases its program structure on research indicating that a comprehensive treatment model has made a promising impact on recidivism rates for sex offenders. The Massachusetts approach is to create an environment where sex offenders enter and remain in long-term treatment, whether voluntarily or by coercion. Regardless of the means for getting sex offenders into treatment, the state regards effective treatment and supervision as the greatest assets in reducing the number of sexual assaults.

The Massachusetts Sex Offender Management Program is designed to provide a continuum of treatment to identified sex offenders. The program continuum begins with a case review upon the initial commitment of an inmate to the DOC. Beyond the prison-based phases of the program, which are conducted by internal contract staff, the continuum extends into the community and includes a network of statewide community sex offender therapists (see Post-release below).

The program is designed only for sex offenders who are willing and amenable to treatment. Successful completion of each phase is required for movement to the next phase.

Program design is based on a cognitive-behavioral system, as well as basic educational phases, relapse prevention planning, and psycho-educational programming. A therapeutic community provides the setting for Phases IV and V.

Dedicated facility

The Massachusetts DOC operates an institution known as the Massachusetts Treatment Center, for offenders identified as sexually dangerous by the courts and civilly committed. In recent years, the DOC has expanded this institution, which now houses sex offenders who have been criminally sentenced and have volunteered for treatment. Sexually dangerous offenders and sex offenders are housed separately within the institution.

This institution is one of four institutions that provide treatment for Phase I through III program participants.

To maximize treatment resources, this institution is also the only DOC facility that operates the Phase IV intensive treatment program for criminally sentenced inmates. When an inmate is deemed Phase-IV ready by treatment personnel, an institution classification committee evaluates the inmate to determine eligibility and suitability from a classification perspective *(see the Sex Offender Management policy—103 DOC 446, section 446.03, pages 6 and 7, available from the NIC Information Center)*. Appropriate inmates are transferred to the Massachusetts Treatment Center in "Awaiting Phase IV" status and are scheduled for the comprehensive assessment. The Superintendent of the Treatment Center, in consultation with the Department's contracted provider, makes the selections for Phase IV based on an inmate's overall readiness.

This institution is nationally accredited by the American Correctional Association.

Program structure

Identified sex offenders are placed in medium security facilities for the first four phases of the program.

Orientation

Within 30 days of commitment, sex offenders are scheduled for an orientation, which outlines the program components and provides offenders with the information necessary for making an informed decision regarding participation in the program.

Phase I: Self-Guided Book Work ***Minimum 6 months***

The purpose of the first phase of the program is to introduce the inmate participant to sex offender programming. This phase requires participants to work independently on assignments from the *Facing the Shadow* workbook.

Each inmate in this phase is required to meet weekly with a sex offender therapist, who monitors the inmate's progress. Participants are expected to complete one chapter per month, completing the entire phase within six months. Therapists can make exceptions to the time frame, based on individual need.

Participants who complete Phase I are issued a certificate of completion and are granted 3 days of earned good time. Completion of this phase is a prerequisite to Phase II..

Phase II: Psycho-Education ***Minimum 3 months***

The second phase continues preparing participants for the work to be completed in the intensive program. Participants are required to join a weekly psycho-education group, which focuses on a general understanding of sex offense and its treatment. Group work also addresses issues such as victim empathy, relapse prevention (an introduction), and human sexuality.

Inmate participants remain in psycho-education until the therapist determines that they are ready for the treatment/support phase. Motivated participants complete Phase II in three months.

Participants who successfully complete Phase II are issued a certificate of completion and are awarded 3 days of earned good time.

Phase III: Treatment/Support Group ***Until ready for the intensive program***

The treatment group is a generic group designed to address universal issues faced by all sex offenders. This phase requires participants to deal with more emotionally charged material, such as developing victim empathy, abandoning denial, and examining roots of anger.

Groups meet once per week for two hours. Classification reviews a participant for placement in the intensive program when his/her sentence structure and progress in treatment suggest that movement to the next phase is possible.

Participants who successfully complete Phase III are issued a certificate of completion and awarded 1 day of earned good time for each month of perfect attendance.

Phase IV: Intensive treatment program ***Minimum 12 to 18 months***

Transfer of a participant to this phase of the program is determined by therapist recommendation, which is reviewed by the institution classification committee. Based on available bed space, inmates deemed appropriate for Phase IV are transferred to the Massachusetts Treatment Center to complete the sex offender assessment component and await a Phase IV placement.

Phase IV is considered a crucial component of the overall treatment model. Intensive treatment is conducted within a therapeutic community, which is a special housing unit devoted exclusively to providing specialized treatment for a specific disorder.

The therapeutic community is designed to provide an environment for examining and reforming interpersonal relations. The clinical staff are specially trained and experienced in treating sex offenders within a cognitive-behavioral or integrated model. The six major types of therapeutic activities are:

1. Primary Group
2. Specialty Group
3. Behavioral Treatment
4. Experiential Therapy
5. Psycho-Educational Classes
6. Community-Building Activities

A variety of assessments may also be performed, including, but not limited to psycho-educational, psychological, plethysmograph, and polygraph. These assessments are used for treatment purposes only.

A motivated participant is expected to complete this phase in 12 to 18 months. The time frame, however, is flexible, depending on the amount of time the inmate has already spent in treatment and the progress made to date.

Participants who successfully complete Phase IV are issued a certificate and are eligible for 2.5 days of good time per month.

Phase V: Transfer to minimum security—transition and relapse prevention
Until parole or discharge

Program participants who have successfully completed intensive treatment are reviewed by classification for possible transfer to a minimum security intensive aftercare management program. Eligibility for transfer is determined by satisfactory completion of the first four phases of the program, as well as by proximity to release, classification status, and approval under the Public Safety Security Program. Treatment at this level continues in the form of group treatment focused on transition issues and implementation of the relapse prevention plan.

Treatment and ongoing evaluation and screening to assess risk level continue until the inmate is paroled or discharged from the DOC. In the event of negative changes in the inmate's program or institutional adjustment, the inmate is returned to a Level 4 (medium security) institution.

Post-release treatment

The statewide network of sex offender therapists maintained by the DOC provides post-release sex offender treatment to released inmates.

Assessment or testing tools

No formal assessments are conducted at the beginning of an inmate's participation in the Sex Offender Management Program. However, if an inmate is identified as a "questionable case" in terms of participation in the program, a Sexual Protocol Assessment is conducted by treatment staff to determine the inmate's appropriateness for treatment. In some cases a polygraph examination is also conducted.

The comprehensive assessment of inmates participating in the program takes place at the Massachusetts Treatment Center prior to an inmate's entry into Phase IV of the program. These tests allow program staff to design the inmate's individualized treatment program. Assessment instruments include:

- I.D.P. Intake & Assessment Record Form
- Interpersonal Reactivity Index
- Multi-dimensional Assessment of Sex and Aggression
- Psychopathy Checklist Screen
- State-Trait Anger Expression Inventory
- Major Mental Illness Screen
- Drug and Alcohol Use History Screen
- Neuropsychological Deficits Screens (as warranted)

Based on the results of the screens noted above, a follow-up battery of testing used by the DOC includes:

- Buss-Durkee Hostility Inventory
- Psychopathy Checklist
- Drug and Alcohol Use History
- Neuropsychological

Types of offenders

The program is designed to accept the following types of offenders:

- Normal intellectual and socially functioning offenders
- CMI's
- Non-English speaking
- Females
- Developmentally disabled

Intake

The program may be initiated when inmates are within six years of their earliest projected release date.

There is no waiting list to get into the program.

Despite restrictions from lower security for those who refuse treatment, only 25% of identified sex offenders are participating in the treatment program. Several factors contribute to this percentage:

- Short sentence structures. Some inmates will complete their sentences before becoming eligible for lower security through program participation, and therefore do not view the program as an aid.
- Fear of retribution from other inmates as a result of being labeled as a sex offender.
- Denial of the offense.
- Lack of interest in treatment.
- Inappropriateness for treatment at present, based on a lengthy sentence structure.

The average sex offender in a Massachusetts state prison serves 80.4 months (indeterminate), 69.4 months (reformatory), and 29.1 months (female offenders). These figures, based on 1998 releases, include the mean time served until first release, including credits earned in jail for the present offense and in the committing institution.

Core curriculum

The curriculum used within the phases of the Massachusetts program includes:

- Basic mental health
- Educational courses
- Cognitive behavior therapy
- Individual counseling (to a limited degree)
- Group counseling
- Writing of prior history (journaling)
- Development of relapse prevention plans

Post-release

The program extends to the community and includes a network of statewide community sex offender therapists. These therapists, while not a part of the department's internal contract for sex offender programming, must file independent contracts with the department in accordance with 103 DOC 446.03 (II.5) *(within the Massachusetts Sex Offender Management policy, available through the NIC Information Center)*. This network provides treatment services to those inmates released on probation, parole, or discharge from sentence. Services are most often provided to offenders as a condition of release—probation and/or parole. In addition, any offender or ex-offender interested in these services may access them through one of five Community Resources Centers located throughout the state.

This program extension was developed to ensure consistency in program methodology, reinforce relapse prevention plans (established during incarceration), ensure affordable and standardized treatment rates, and formalize a program plan that all criminal justice agencies could utilize. The emphasis in aftercare is on the relapse prevention plan developed in the course of an inmate's participation in the program.

Completion/Failure

Although it is possible for an offender to complete all phases of the treatment, less than 5% of program participants do so.

Reasons for expulsion

An offender might be expelled from the program for any of the following reasons:

- Failure to progress

- Poor work values
- Possession of contraband
- Assaultive behaviors
- Sexual misconduct
- Poor program attendance/participation

Consequences of failure

Statistics are not available to determine which phases of the program have the greatest failure rate. As a consequence for failing the program, the inmate participant can be:

- Regressed to a higher security facility (if participating in Phase V)
- Reclassified to a higher custody level (if participating in Phase V)
- Kept at the same facility (in some cases)
- Ineligible for lower security (minimum security)

Staff Roles and Authority

The identification of an inmate as a sex offender is made upon his/her commitment to the DOC by Correctional Program Officers. Once the inmate enters Phase IV of the treatment program, the department's contracted sex offender provider establishes an individualized treatment program.

Authority

While the inmate's treatment needs may be updated and/or revised by the department's contracted sex offender provider as needed, the sex offender identification is made by DOC personnel. However, if an inmate is determined to be a "questionable" case in terms of sex offender identification, the department's contracted provider may be asked to conduct a sex offender protocol assessment on the offender to clarify the inmate's status. The provider submits the results of the assessment, along with a recommendation, to the Assistant Deputy Commissioner overseeing the Sex Offender Management Program, who is responsible for making the final decision on the inmate's status.

The department has identified institution security levels as follows:

- Level 6—maximum
- Level 5—high medium
- Level 4—medium
- Level three—minimum
- Level two—pre-release (work release programs)
- Level one—contract and/or home incarceration program

Inmates who volunteer for the Sex Offender Management Program may be sent to one of four institutions operating this program. The decision is made by the DOC's Central Classification Division. However, in making the placement, the Classification Division considers the recommendation of the Institution Classification Committee, a committee of staff approved by the superintendent of a facility/institution for the purpose of reviewing inmates in terms of eligibility and suitability for programs.

Inmates who refuse treatment may be housed in any Level 4 institution. Again, this placement is made by the DOC's Central Classification Division with a recommendation from the Institution Classification Committee.

Assessment

Tests and assessment tools

To measure progress in the program, the assessment component of the Massachusetts Sex Offender Program includes, but is not limited to the following tools:

- I.D.P. Intake & Assessment Record Form
- Interpersonal Reactivity Index
- Multi-dimensional Assessment of Sex and Aggression
- Psychopathy Checklist Screen
- State-Trait Anger Expression Inventory
- Major Mental Illness Screen
- Drug and Alcohol Use History Screen
- Neuropsychological Deficits Screens (as warranted)

Based on the results of the screens noted above, a follow-up battery of testing used by the DOC includes:

- Buss-Durkee Hostility Inventory
- Psychopathy Checklist
- Drug and Alcohol Use History
- Neuropsychological

Program-developed tools for measuring offender progress

The Massachusetts program has developed its own set of tools for measuring offender progress. Those tools include:

- **The Attendance Roster**, forwarded to the institution's sex offender site coordinator weekly, is used to monitor inmate participation, to prepare monthly sex offender treatment program summary reports, and in the reporting of earned good time.

- **The Treatment Goals Summary Form** individually tracks four to five levels of goals in the areas of denial, motivation of offense, disinhibitors, relapse prevention, deviant arousal, cognitive distortion, community participation, and release plan.

- **The Sex Offender Treatment Status Report** is completed in Phases I through V at the request of institution personnel for use at the inmate's institutional classification review. During post-release, the report is submitted to the inmate's supervising agency at a minimum of once per month by independent community therapists participating in the Department's network of treatment providers.

- **The Statewide Sex Offender Parole Status Report** is prepared by treatment staff for all inmate participants being considered for parole, at any phase of treatment.

  The tools listed above are included as attachments to the Sex Offender Management policy, and are described in that document under Program Evaluations, section DOC 446.04, page 17ff. The policy is available through the NIC Information Center.

Internal system for tracking program effectiveness

Inmates participating in the program are evaluated on a regular basis with the Sex Offender Treatment Status Report noted above. Inmates are tracked through group attendance and participation rosters, also noted above. Finally, the department maintains an inmate tracking database which includes inmate name, institution number, institution, treatment phase, and dates of advancement from phase to phase.

Definition of program success

Program success is defined by an inmate participant's ability to progress through the treatment phases, which include developing a relapse prevention plan.

Success is also based on the inmate's success in post-release programming. For example, inmates participating in the program, if paroled, are generally paroled to a structured intensive supervision program specifically designed for sex offenders. In the 4 years the Sex Offender Management Program has been in place, there have been no new sex offenses committed by participating offenders.

Recidivism studies

To further evaluate program effectiveness, the DOC has initiated a study, based on 1997 releases, for comparing recidivism rates for the sex offender treatment population to those for the non-treated sex offender population. Completion of the review is projected for 2001.

In the last recidivism report generated—in 1994, before the sex offender treatment program was implemented—the recidivism rate for the general sex offender was 15%, compared to 24% for the incarcerated population as a whole.

Currently, recidivism studies cover a three-year period, based on a one-year follow-up of each ex-offender. For the new recidivism study, the follow-up will be expanded to three years.

For detailed information on tracking, see the Sex Offender Management policy, 103 DOC, section 446.06, page 22ff, available through the NIC Information Center.

Release Authority

Parole Board

Parole rates in general have declined in Massachusetts during the last decade. The structure of the Sex Offender Management Program also contributes to the reduction in parole rates for sex offenders, as inmates not in treatment are generally not viewed favorably by the Parole Board.

Releases

Between 60% and 80% of sex offenders discharge their sentence in prison prior to release.

In FY 99 there were a total of 551 sex offender releases representing all categories of sex offenders (see Population Status, page 3). These releases break down as follows:

Sentence discharge	343
Parole	129
Probation	51
Released by the court	69
Deaths	12

Some releases fell into multiple categories. For example, an inmate released on discharge of sentence might have a from and after probation term to serve.

Staffing Issues

The Massachusetts Sex Offender Management Program involves 54 contract staff whose pay ranges from $20,000 to $70,000. Starting salaries are determined by the contracted treatment provider.

Title	Number of staff	Pay range
Counselors	11	$31,000-$38,000
Social workers	2	$32,000-$37,000
Clerical	6	$20,000-$23,000
Administration	6	$37,000-$70,000
Psychiatrist	0	
Psychologist	14	$31,000-$50,000
Teacher	5	$31,000-$34,000
Direct Care staff	10	$25,000-$31,000

Training, licensing, and certification requirements

At a minimum, treatment staff must have a master's degree in mental health or a related field.

Staffing of treatment groups

Phases I and II are based on classroom presentations and can accommodate up to 25 inmates per class. These classes are presented by a single therapist.

Phase III involves small group sessions as well as work on preparing participants for the intensive programming in Phase IV. These groups accommodate no more than 10 inmates and are operated by a single therapist.

The intensive phase, Phase IV, operates group sessions of 10 participants, facilitated by one or two therapists.

Phase V, intensive aftercare programming, is facilitated by a single therapist. Groups are small—generally 10 or fewer. However, this phase includes community meetings involving all inmate participants.

Recruitment and retention

The pool of potential candidates for the treatment program, particularly in rural areas, is limited. Finding an appropriate replacement often takes several weeks, during which time existing staff cover the vacancy. This problem is magnified in institutions staffed by only one therapist.

Difficulty in replacing staff presents several problems. Staff workloads are stretched to the maximum and morale is negatively impacted. Most significantly, the treatment process suffers when there are multiple changes in treatment facilitators. Although administrative and clerical vacancies present challenges, vacancies within the treatment ranks cause the greatest disruption in service delivery.

Given the strides in sex offender treatment in recent years, Massachusetts looks to the prospect of greater interest in the field, which could in turn increase the pool of candidates.

Program Costs

Although the Massachusetts Sex Offender Management Program costs $3.1 million per year, this figure is less than 1% of the overall DOC budget.

Total overall DOC budget: $405 million

Sex offender treatment program, personnel services and operating costs: $3.1 million

% of total DOC budget: .76%

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Materials available through the NIC Information Center
1-800-877-1461

The Massachusetts Department of Correction Sex Offender Management policy, 103 DOC 446. The 25-page policy covers 1) identification/orientation, 2) treatment phases, 3) program evaluations, 4) sex offender treatment records, 5) inmate monitoring/tracking, 6) program failures, and 7) release notifications. Key program tools and forms are provided as attachments to the policy.

The 1998 Massachusetts Act Prohibiting Sex Offenders from Work Release Programs.

The 1999 Massachusetts Act Improving the Sex Offender Registry and Establishing Civil Commitment and Community Parole Supervision for Life for Sex Offenders.

Note: Materials are housed at the NIC Information Center at the discretion of Information Center staff. If any materials listed above are not available from the Information Center, please contact the DOC directly, using the contact name provided at the top of the profile.

Michigan

Department of Corrections

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Program Summary

The Michigan Department of Corrections Sex Offender Program is delivered by the department's Bureau of Health Care Psychological Services Unit. The institution-based program is structured on cognitive-behavioral and relapse prevention models, and provides continuum aftercare for program participants on parole. Participation is voluntary.

Inmates who meet screening criteria are recommended for in-depth assessment at least 24 months before their Earliest Release Date (ERD). The 24-month timeframe allows for assessment, program participation, and progress evaluation before an offender's first parole hearing. The duration of the standard program is one year, which includes both group psychotherapy and psychoeducational interventions.

In Michigan, sex offenders are dispersed throughout the general prison population. A staff of 86 Bureau employees provides standardized programming at all correctional institutions housing sex offenders. Program staffing at each of the 41 institutions is based on the concentration of sex offenders the institution is housing. At the end of December 1999, a total of 1,099 inmates were receiving program interventions in 125 sex offender groups, averaging 9 offenders per group. One therapist facilitates each group.

Depending on the size of the sex offender population and physical plant resources, the sex offender program may be delivered either 1) within a residential sex offender program housing unit or 2) on an outpatient basis to sex offenders housed in a facility's general population or protective custody.

Screening. Intake psychological screening at the reception center is the primary mechanism for identifying sex offenders who meet SOP screening criteria. For cost-effective use of resources, the SOP screens out offenders who have been convicted of three or more felony convictions, a category of prisoner Michigan has found to have higher levels of denial and low levels of amenability. The program also gives low priority to sex offenders who have a low risk of further victimization.

Assessment. Prisoners who meet SOP screening criteria are wait listed until they are within the 24-month timeframe for active program participation, which begins with assessment. Program staff use a standardized core assessment battery composed of the Multiphasic Sex Inventory and a composite sex offender program questionnaire.

Group psychotherapy and psychoeducation. Participants who are not terminated during the assessment phase move into the group psychotherapy/psychoeducational phase. During the 1-year program, group psychotherapy involving interactive and confrontational psychotherapy is delivered in groups of 10 or fewer participants who meet for a minimum of two hours per week. Each participant develops an individualized relapse prevention plan. Standardized, structured psychoeducational modules are also used in the groups as adjunctive interventions during the course of group psychotherapy.

Parole supervision. When program participants are paroled, the relapse prevention plan serves as a guide for treatment and supervision in the community. While encouraging parolees to follow their plans, field agents coordinate supervision efforts among family members, employers, clergy, therapists, physicians, and other involved individuals.

Reporting. Treatment entrance, progress, and termination reports are prepared for each program participant and routinely given to the Parole Board. Although productive program involvement may be looked on favorably by the Parole Board, parole decisions are based on a number of factors. Michigan Parole Board voting analyses have indicated that inmates are paroled with or without the recommended program involvement.

Prison Sex Offender Population

Identification

The Michigan Department of Corrections identifies incarcerated sex offenders differently from the general population, according to the criteria below.

Criteria

- Current crime
- Factual basis of a current non-sex crime conviction

Severity scale

The MDOC does not have a severity scale for identified sex offenders.

Population Status

Current total adult incarcerated population: 46,617 (EOY 1999)

Sex offender total: 9,567

All 9,567 were identified for active sex offenses. Prior records of sex offenses and institutional misconduct involving sexual misbehavior are not readily available. Such criteria would add to the number.

Percentage of total population identified as sex offenders: 20%

The number of sex offenders has increased from 6,544 in 1994 to 9,756 in 1999, an increase of more than 49%.

The increase is due to:

- Increased sex offense commitments
- Conservative release rates

Prison Sex Offender Treatment Program

Governance

Legislation

No legislation influences or governs the Michigan program.

State-mandated identification policy

Michigan has no state-mandated identification policy.

Advisory board/sex offender treatment entity

Michigan has no state-mandated policy that creates an advisory board, and no state-mandated policy that creates a sex offender treatment board/entity that sets standards and requirements for treatment.

Stakeholders influencing the program

Stakeholders outside the DOC who influence the program include:

- The legislature
- The Governor's office
- Victims advocacy groups
- Sex offender treatment advocacy groups

Program Policies

Treatment requirement

Treatment is not mandatory for offenders who are identified as sex offenders and assessed for sex offender treatment.

Results of denial or refusal of treatment

If an offender denies a sex offending problem or refuses treatment, the offender is given the opportunity to reapply for program admission if he/she reconsiders.

There are no written policies for refusal of sex offender treatment.

Implications for identified sex offenders

In addition to being classified for treatment, an offender identified as a sex offender under department policy is:

- Restricted to certain security level facilities
- Excluded from outside work crews
- Ineligible for community corrections
- Expected to participate in sex offender treatment (Treatment may be recommended but is not mandated.)

Visitation policy

The Rule governing MDOC visitation places special restrictions on sex offenders: a child under 18 cannot visit a prisoner who "has been convicted of child abuse, criminal sexual conduct, or any other assaultive or violent behavior against the child or a sibling of the child, unless specific approval for the visit has been granted by the director."

Program Description/Placement

The Bureau of Health Care Psychological Services Unit within the Michigan Department of Corrections delivers the state's institution-based sex offender treatment program. Participation in the program is voluntary. Sex offender programming in the community, which is compatible with the prison program, is provided, where available, to paroled sex offenders under DOC supervision; for parolees, treatment participation may be a stipulation of parole release.

Cognitive-behavioral and relapse prevention models serve as the basis for a standardized treatment sequence. The ultimate program goal is to increase public safety by 1) bringing about a reduction or cessation of sexually assaultive behaviors and 2) preparing sex offenders to maintain increased control over their problem behaviors when they return to the community.

The program is built on the philosophy that sex offenders are fully responsible for their behaviors, can change or gain control over those behaviors, and can never be regarded as "cured." The program is designed to engender responsibility, victim empathy, and the ability to use interventions. Parole supervision, which centers on the offender's relapse prevention plan, is structured to support and reinforce gains from the institutional program through long-term follow-up and monitoring, while encouraging the offender to participate in treatment or maintenance programs in the community.

Michigan focuses on the cost-effective use of resources by limiting the program to those sex offenders who are most likely to benefit from participation.

As of December 1999, a total of 1,099 sex offenders were receiving program interventions in 125 groups, averaging 9 offenders per group. A staff of 86 provides standardized programming at all 41 correctional institutions, with higher concentrations of staff and program resources assigned to facilities housing higher numbers of sex offenders.

Program availability and resources

The target population for the sex offender program is dispersed and integrated into the general prison population. Because sex offender placement is restricted to specific security levels, some facilities house greater numbers of sex offenders. Rather than offering equal SOP capacity at all facilities, the MDOC provides staff and program resources at each facility according to the numbers or percentages of sex offenders housed there.

For program access, waiting lists give the highest priority to sex offenders housed at Level I, II, III, and IV facilities. Sex offenders in Level V and VI facilities may enter the program only after all Level I, II, III and IV sex offenders who are within 24 months of ERD have been assessed and identified for continuing the program. To move onto the priority list, Level V and VI sex offenders may work toward a reduction of security level by maintaining the appropriate institutional conduct.

Depending on a facility's physical plant and the size of the sex offender population, the SOP is delivered either 1) within a residential SOP housing unit or 2) on an outpatient basis to sex offenders housed in the general population or in protective custody.

The department's prisoner classification and placement process coordinates sex offender placement and transfer according to program availability and capacity. The DOC also avoids transferring prisoners who are productively involved in the SOP.

Types of offenders

The program is designed to accept the following types of offenders:

- Normal intellectual and socially functioning offenders
- Females
- Developmentally disabled

Intake

The SOP takes sex offenders into the program according to the following criteria:

- The priority on the list
- Juvenile sex offenders

The program has a waiting list of 203 sex offenders.

Core curriculum

The curriculum for the treatment program includes:
- Cognitive behavior therapy
- Group counseling
- Writing of prior history (journaling)
- Relapse prevention

Institutional treatment sequence

Programs at all institutions, for women as well as men, are based on a standardized model designed to be cost-effective while following the national mainstream in treatment for incarcerated sex offenders. The program is structured on the psychoeducational content/topics described below, which provide a framework or guide as therapists conduct the year-long therapy groups. Either as they emerge during the group process or as directly introduced by therapists, all content areas are covered during the course of the program.

Program Orientation

Treatment Expectations

Unit 1: Program Orientation
Unit 2: The Treatment Process

Understanding Denial

Unit 3: Levels and Types of Denial
Unit 4: Working with Denial

Relapse Prevention Introduction

Unit 5: Relapse Prevention Overview
Unit 6: The Pre-Assault Build-Up

Case Disclosure

Offense Foundations

Unit 7: Physical, Emotional, and Sexual Abuse
Unit 8: Male Sexual Victimization
Unit 9: Family History
Unit 10: Sexual History

Offense Descriptions

Unit 11: What is Sexual Assault?
Unit 12: Offender Dynamics
Unit 13: Assault Pattern Behaviors

Victim Empathy

Unit 14: Victim Impact
Unit 15: Victim Empathy

Offense Precursors

A Self-Inventory

Unit 16: A Personal Inventory—Defining Oneself

Thinking Errors

Unit 17: Offender Thoughts and Beliefs

Emotions and Intimacy

Unit 18: Emotions
Unit 19: Anger and Resentment
Unit 20: Intimacy

Self-Maintenance

Relapse Prevention

Unit 21: The Relapse Process

Environmental Controls

Unit 22: Managing External Risk
Unit 23: Lifestyle Planning

Internal Coping Strategies

Unit 24: Managing Internal Risks

Support System Development

Unit 25: Support System Development

Institutional program structure

The institutional program is structured to move sex offenders through screening, assessment, and psychoeducational modules delivered as adjunctive interventions during group psychotherapy. Group therapy/psychoeducation concludes with a post-program assessment and the development of a discharge plan for each participant. Participants are assessed throughout the program to determine whether they will continue.

Screening

With intake psychological screening, staff at the reception center identify incoming prisoners who meet the criteria for sex offender program assessment. A prisoners is recommended for assessment if he/she meets all of the following screening criteria:

1. Is currently serving a sentence for one or more specified sex offenses, including:
   - Rape
   - 1st through 4th degree CSC or 2nd CSC offense
   - Assault with the intent to commit a 1st or 2nd degree CSC

   With the approval of the Regional Psychological Services Director, the screening practitioner may exercise clinical judgement in including a case involving the factual basis of the crime.

1. Has no more than 2 documented prior adult felony convictions, not counting the instant offense.

   This criterion excludes prisoners who tend to have low amenability and are more likely to have well-established antisocial behaviors. The primary targets of program interventions are sex offenders with a psychosexual disorder or a pattern of deviant sexual arousal.

1. Has an Earliest Release Date other than life.

   Prisoners serving life sentences are assessed for program admission only upon the request of the Parole Board.

The screening criteria are aimed at guaranteeing that available resources target those sex offenders who:

- Are a substantial risk to the public.
- Have the greatest program needs.
- Are most likely to benefit from or respond to program interventions.
- Agree to work toward achieving a standard set of treatment goals and objectives.

Every identified sex offender who meets the initial screening criteria receives a reception center recommendation for sex offender program assessment. Independent of reception center screening, staff may recommend any prisoner for sex offender program assessment. Prisoners may also self-refer at any time.

To ensure equitable access to programming, every identified or referred sex offender who meets the screening criteria is maintained on a waiting list. The list also provides a database of the sex offender population. (See “Program tracking” below.)

Assessment

During the sex offender assessment phase, program staff acquire information in the following areas:

1. The extent of the offender's pathology.
2. The degree of motivation for change.
3. Responsiveness or amenability to program interventions.
4. Sex offender typing (the nature of the offender's pathology).
5. Risk level.
6. Special issues such as substance abuse or the offender's own history of victimization or abuse.
7. Pre-test performance on outcome measures.

Program staff use assessment results to make decisions regarding ongoing program involvement and specific placement within the program.

Prisoners who are terminated from the program during the assessment phase because of their own denial, resistance to treatment, or low amenability have the option of initiating a readmission process. If the second round of program consideration is also unsuccessful, the prisoner has no further readmission option for that term of incarceration. Exceptions must be reviewed and approved by the Regional Psychological Services Director and Health Care Administrator.

For the most cost-effective use of resources, sex offenders may be terminated from progressing further in the program not only if amenability is low, but also if the risk level is determined to be low.

Baseline data. Baseline data obtained during reception center intake psychological testing, particularly MMPI-2 results, serve as a general psychodiagnostic foundation for assessment.

Assessment tools for program placement. To avoid "over-assessment," program staff use a standardized basic assessment package, which is supplemented with other instruments only when indicated. The core assessment battery consists of:

1. The Multiphasic Sex Inventory

1. A composite sex offender program questionnaire, which combines the following types of instruments:

   - Life history questionnaire
   - Sone sexual history questionnaire
   - Burt Rape Myth Acceptance Scale
   - Abel and Becker Cognition Scale

As appropriate, different measures or instruments are used for male and female sex offenders.

One staff psychologist reviews assessment results and interviews each sex offender to determine whether the offender should continue the program.

Program effectiveness and assessment validity. For evaluating offender progress in the program, the core assessment battery is administered both before and after program interventions. Ongoing review ensures that the most reliable and valid assessment instruments are used.

Group psychotherapy/psychoeducational interventions

Objectives. In the course of the one-year program, treatment provided through group therapy and psychoeducational interventions is based on the following objectives:

1. Describe what to expect from the program and what is expected of program participants.

1. Present basic program language, terminology and concepts.

1. Increase the offender's understanding of the issues and dynamics of sexual assault.

1. Increase victim personalization and victim empathy.

1. Address common cognitive distortions and thinking errors associated with sexual assault.

1. Help offenders develop an understanding of their deviant cycles.

1. Stress the importance of community-based support or follow-up systems for external control and monitoring of assaultive behaviors.

Psychoeducational materials. Four guided workbooks from the Safer Society Press provide the basic materials used for the psychoeducational component:

- *Who Am I and Why Am I in Treatment?*
- *Why Did I Do It Again?*
- *How Can I Stop?*
- *A Structured Approach to Preventing Relapse: A Guide for Sex Offenders*

The workbooks may be supplemented by a variety of other books and written materials, videotapes, films, and homework or assignment sheets.

Group dynamics. The group psychotherapy component of the program is characterized by:

- Program interventions that are intensive, interactive, and confrontational.
- Smaller group sizes, optimally of 10 participants per group.
- Problem-specific treatment plans.

Program tracks. Program tracks provide specialized treatment according to gender and sex offender typology. Male offenders are tracked as rapists or molesters. Female offenders are tracked as accompanied or unaccompanied. Accommodations are also provided for offenders with borderline intellectual functioning, developmental disability, or mental retardation.

Supplements to treatment. Depending on sex offender type and local availability, group psychotherapy may be supplemented by:

- Peer counseling and support groups.
- Behavioral techniques.
- Individual psychotherapy, as a limited, short-term adjunct to group therapy.
- Family counseling.
- Access to self-help and educational library materials.

Post-program assessment. At the conclusion of the one-year program, staff complete a post-program assessment, using the same core assessment battery as was used for pre-program assessment.

Discharge plan. A focus of the group psychotherapy phase is to prepare participants for returning to the community. As a component of the phase, a discharge plan is prepared and finalized for each offender. The plan is designed to inform parole decisions and to guide post-release programming and supervision. The discharge plan includes:

1. The offender's current psychological status and level of risk for reoffending.
2. An individualized relapse prevention plan with specific risk factors.
3. Specific recommendations for community-based programming and supervision.

Community-based treatment and supervision

Post-release programming increases the effectiveness of relapse prevention planning by providing ongoing monitoring and supervision in the community. Continuum aftercare for sex offenders released from prison is available for offenders on parole, but is limited to areas of the state where programs are available. Aftercare is based on the prison SOP and is provided through contracts with community-based sex offender program providers.

Program participant tracking

Program staff use the overall prison system MIS and facility-specific waiting lists to track prisoners recommended for the program and to give them fair opportunity for program entry. Although not an on-line database, the lists are organized by facility, prisoner, program type and earliest possible date for release from prison.

Documentation/interface with Parole Board

Treatment entrance, progress, and termination reports are prepared in a timely manner for each prisoner and for all phases of the sex offender program. Copies of these reports are routinely given to the Parole Board for their use.

Although productive program involvement may be looked on favorably by the Parole Board, parole decisions are based on a number of factors. Michigan Parole Board voting analyses have indicated that inmates are paroled with or without the recommended program involvement.

Training

All mental health staff involved in sex offender program assessment and/or treatment undergo initial on-the-job orientation and training. Staff are required to participate in continuing education to maintain and update their clinical skills and proficiencies and to remain current on trends and standards in sex offender treatment.

Completion/Failure

It is possible for an offender to complete all phases of sex offender treatment. An estimated 70% of placements complete the treatment program.

Reasons for expulsion

An offender might be expelled from the program for any of the following reasons:

- Failure to progress
- Possession of contraband
- Assaultive behaviors
- Sexual misconduct
- Violation of program ground rules, such as those regarding confidentiality and use of pornography

Consequences of failure

There are no consequences for participants who fail the program.

Staff Roles and Authority

Reception center staff recommend prisoners for sex offender program assessment. At each prison facility, mental health staff who deliver the sex offender program conduct the assessment and make program admission decisions.

Authority

- Program staff can make a discretionary change to either identification or treatment.
- The state has identified security levels for prison facilities. The unit responsible for placement cannot place a sex offender in minimum security facilities or at prison camp sites.
- The unit responsible for facility placement and the program staff do not interact when placing sex offenders at certain facilities.

Assessment

Tests and assessment tools

To measure progress in the program, the Michigan SOP uses clinical interviews.

Program-developed tools for measuring offender progress

The program has not developed its own set of tools for measuring offender progress.

Internal system for tracking program effectiveness

The program does not have an internal system for tracking program effectiveness.

Release Authority

Parole Board

Because of the risk to public safety, the parole board is reluctant to release sex offenders.

Rate of release for those who discharge their sentence and those who go to parole

These rates are unknown.

Staffing Issues

Sex offender programming is provided by a staff of 86 staff, who work in 41 facilities. The department does not have the discretion to set the starting salary for all program staff.

Title	Number of staff	Pay range
Social workers	3	$16.88 to $25.08 per hour
Administration	14	$23.30 to $35.97 per hour
Psychologist	69	$16.26 to $29.93 per hour

Training, licensing, and certification requirements

Treatment staff must have licensing as a psychologist or regis tration as a clinical social worker.

Staffing of treatment groups

One therapist facilitates treatment groups of 10 sex offenders.

Recruitment and retention

Michigan reports no difficulty in recruiting staff for rural areas and no staff turnover problems.

Program Costs

Total overall DOC budget: $1,567,641,800

Sex offender treatment program, personnel services and operating costs: The state's accounting system does not provide the level of detail required to track individual program costs.

Materials available through the NIC Information Center
1-800-877-1461

Sex Offender Program Sequence. A 1-page flow chart of the program, from orientation to self-maintenance.

Michigan Department of Corrections Fact Sheet (February 2000): Sex Offender Program. A 4-page description of the program, including interface with the parole board.

Sex Offender Program: Program Statement. Michigan Department of Corrections, Administration and Programs, Bureau of Health Care Services, Mental Health Services Division. A 12-page description of the program, covering objectives, program description, sex offender tracking, program availability and resources, documentation, program evaluation, and training.

R 791.6609 Limits on visitation. A 3-page Rule delineating prison visitation restrictions, including those for sex offenders convicted of offenses against children.

Note: Materials are housed at the NIC Information Center at the discretion of Information Center staff. If any materials listed above are not available from the Information Center, please contact the DOC directly, using the contact name provided at the top of the profile.

Minnesota

Minnesota Department of Corrections

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Program Summary

The Minnesota Department of Corrections has conducted sex offender treatment programming in its facilities since 1978. Legislation enacted in 1989 and most recently amended in 1999 mandates a treatment system, financed by the DOC, that provides a range of sex offender programs, including intensive treatment. The legislation requires the Commissioner of Corrections to set treatment standards and to establish rules for certifying programs on the basis of those standards.

Minnesota is currently in the process of consolidating all sex offender treatment programs for adult males. After consolidating programs from two DOC facilities, the SOTP will provide residential programming for adult males at one facility with a 216-bed capacity. Programming for adult females is available in one facility with a 16-person treatment capacity. In one facility, the program also provides treatment for 30 male juveniles at a given time.

The three programs range from short-term treatment to long-term intensive residential treatment. Duration for all programs is 9 months to three years, depending on the level of programming and the individual treatment plan. A staff of 32 provides treatment for all programs, which must be certified every one to two years according to the standards established by the DOC.

In addition to facility programs, the DOC funds programming for offenders on probation and supervised release. Minnesota does not have parole.

The 1989 legislation requires corrections agents and probation officers who supervise sex offenders on probation or supervised release to complete specialized in-service sex offender supervision training. The legislation also requires an annual report to the legislature, based on data collected to evaluate program effectiveness.

Prison Sex Offender Population

Identification

The Minnesota Department of Corrections identifies incarcerated sex offenders differently from the general population, according to the criteria below.

Criteria

- Current crime
- Prior sex felony convictions
- Prior misdemeanor conviction
- Factual basis of a current non-sex crime conviction

Severity scale

For classifying identified sex offenders, the Minnesota Sex Offender Treatment Program uses the Minnesota Sex Offender Screening Tool-Revised (MnSOST-R) as a severity scale. In process is the use of the MnSOST-R for also determining treatment levels.

Population Status

Current total adult incarcerated population: 5,766 (as of July 1, 1999)

Sex offender total:

Incarcerated sex offenders can be broken down into the categories listed below. Except for those with active sex offenses, the numbers are estimates.

Active sex offenses	1,164
Prior felony sex offenses with current non-sex offense	60
Prior misdemeanor sex offenses with current non-sex offenses	5
Factual basis of current non-sex conviction that involved unlawful sexual behavior	60
Total	**1,289**

Percentage of total population identified as sex offenders: 22%

The number of sex offenders incarcerated for active sex offenses has increased from 876 in 1994 to 1164 in 1999, an increase of 33%.

The increase is due to:

- Increased sex offense commitments, especially for violations of probation and supervised release.
- Conservative release rates, driven by longer sentences; Minnesota does not have a parole system.

Prison Sex Offender Treatment Program

Governance

Legislation

Two rape/murder cases in 1988 prompted 1989 legislation—influenced by the Task Force on Violence Against Women—requiring the DOC to provide and fund a sex offender treatment system and to set program standards for that system. To fulfill the requirements of the legislation, the DOC developed Minimum Standards for Residential Adult Sex Offender Treatment and Minimum Standards for Residential Juvenile Sex Offender Treatment, written into the Minnesota Rules for the DOC.

Prompted by the abduction of Jacob Wetterling in 1989, the Minnesota legislature enacted a sex offender registration law that has been in effect since 1991. A community notification law was passed in 1996.

Below are key mandates from the laws and rules.

Sex Offender Treatment, Programs, Standards and Data
Minnesota Statutes 241.67

Legislation passed in 1989 and amended in 1992, 1993, 1998, and 1999 requires the following components for sex offender treatment programming:

- A range of treatment programs.
- Treatment standards and rules for program certification.
- Specialized training for corrections agents and probation officers who supervise sex offenders.

- Denial of funding or reimbursement to any county or private program that fails to provide the commissioner with information on program effectiveness or that appears to be an ineffective program.

- A long-term community-based evaluation project.

A range of treatment programs. The commissioner must provide a range of programs for the following sex offenders:

1) Adults held in DOC facilities, including those who need intensive treatment.

1) Adults required to undergo residential or outpatient programming and aftercare, for conditional release or as a condition of supervised release.

1) Juveniles committed to a DOC facility who have been ordered into treatment by the court.

Unless otherwise directed, the commissioner must give priority to funding juvenile programs.

Treatment program standards. By statute, the commissioner has adopted program certification rules that set standards for treatment, both inside and outside state and local facilities. The legislation requires a minimum duration of four months. A program cannot operate unless it has been certified. The commissioner must also require that all certified programs participate in the mandated sex offender program evaluation.

Specialized training for sex offender supervisors. The commissioner is required to provide in-service training for state and local corrections agents and probation officers who supervise adult and juvenile sex offenders on probation or supervised release. Only those agents and officers who have completed training may supervise sex offenders.

Information on program effectiveness. Every county or private program seeking state funding or reimbursement must provide the commissioner information on program effectiveness. The commissioner is also required to deny funding or reimbursement to any program that is ineffective.

Community-based sex offender program evaluation project. The commissioner was required to form an advisory task force of county probation officers, court services providers, and other interested officials, for the purpose of establishing and operating a project to provide:

1) Treatment programs in several geographical areas in the state.

1) Data for recommending a fiscally sound, coordinated statewide system of effective sex offender treatment programming.

1) An opportunity to local and regional governments, agencies, and programs to establish models of programs suited to the needs of the region.

1) An annual report to the legislature on the status of the project, based on a) a system for tracking sex offenders for three years following completion of or termination from treatment, b) information provided by facilities treating offenders who begin treatment as a condition of probation, and c) information provided by county corrections agencies or court services.

Minimum Standards for Residential Adult Sex Offender Treatment
Minnesota Rules

The Commissioner of Corrections developed the Rules described below under the authority of Minnesota Statutes, section 241.67, which establishes a sex offender treatment system under the administration of the commissioner. The Rules set:

- Standards for treatment and procedures for program certification and monitoring.
- Staffing requirements and staff qualifications.
- Standards for assessment and treatment.
- Standards for quality assurance and program imp rovement.

The Rules governing sex offender treatment for juveniles are essentially the same as those for adults.

Program certification. The application for certification is to be filed with the commissioner 60 days before the program is to begin or the current certificate is to expire. A certificate remains in force for one year unless revoked, or up to two years for programs that have operated at least one year without negative action. To complete a certification study, the commissioner must:

1) Inspect the physical plant, program records, and documents.
2) Review all conditions required to comply with the Rules.
3) Observe the program in operation or review plans for the beginning of operations.

Monitoring of certified programs. DOC staff with expertise in program evaluation and sex offender treatment monitor each certified program for compliance with standards. Monitoring may include a site visit. Documentation is monitored for compliance not only with state standards, but also with the policies and procedures of the program. Information requested by the department includes, but is not limited to:

- The type, amount, frequency, and cost of services.
- The consistency of services delivered with individual client treatment plans.
- Effectiveness in achieving the client's treatment goals.

Denial, revocation, suspension, and non-renewal of certification. The commissioner is required to deny, revoke, or suspend certification for any treatment program that does not comply with the Rules. Key mandates within this section of the Rules are described below.

- A certificate holder must obtain permission from the commissioner 20 days prior to making any changes in licensing or accreditation conditions, staffing patterns that reduce services, the total number of hours, or the type of program services offered to clients.
- Upon notice from the commissioner that their program certificate has been denied, revoked, suspended, or not renewed, program staff have 30 days to respond and comply with the requirements of the notice. If program operations pose an immediate danger to the health and safety of clients or the community, the certificate is revoked or suspended upon delivery of the notice.
- An applicant or certificate holder must notify the commissioner by the next working day if the program or any of its staff has: a) received notice that a licensing board or accreditation organization is investigating malpractice or ethical violations; b) been named as a defendant in a civil action or criminal proceeding related to professional activities or the delivery of services; or c) received official notice that a staff person is being investigated for child abuse or maltreatment of minors.

  Under any of these circumstances, program certification may be temporarily suspended if the commissioner determines that the proceedings will render the program ineffective or that there is a risk of harm to a client or the community.

A program's certificate may be revoked if the program or any of its staff is found guilty or liable.

- An applicant or certificate holder may appeal action taken by the commissioner. The appeal must be submitted in writing within 30 days of notice of the action, and the department must notify the appellant of action on the appeal within 30 days of receiving the appeal. An applicant or certificate holder not satisfied with the commissioner's action on the appeal can file an appeal to the Office of Administrative Hearings.

Variance. An applicant or certificate holder may request a variance from the requirements in the Rules, for up to one year.

Staffing requirements. The Rules establish the following requirements for staffing a sex offender treatment program:

- If staffing required by the Rules conflicts with staffing required by the program's licensure or accreditation, the highest requirement prevails.

- The program must staff an administrative director and a clinical supervisor, as well as sex offender treatment staff. One person may simultaneously fill two or all three positions, but is considered less than a full-time therapist in proportion to the hours dedicated to other positions.

  The clinical supervisor must provide at least two hours per month of clinical supervisory service for every client in the program. In either individual or group sessions, the clinical supervisor must also devote at least four hours per month to the clinical supervision of each staff member providing treatment. All clinical supervisory activities must be documented.

  Treatment staffing must achieve a minimum ratio of one full-time equivalent position for each 12 clients in the primary phases of treatment and for each 24 clients in the transition and reentry phases of treatment.

- The program must develop a staffing plan that assigns program, security, and sex offender treatment staff to a staff level adequate for implementing the program and for maintaining safety and security.

- Where appropriate, the administrative director must, during all hours of operation, designate a staff member to be present and responsible for the program.

- The program must have a written staff orientation, development, and training plan for each sex offender treatment staff person, based on the standards required in the Rules.

  Staff who average more than half-time work during a year must complete at least 40 hours of training or course work per biennium. Staff who average less than half-time during a year must complete 26 hours of training or course work per biennium.

- A program that uses psychophysiological assessments of deception or sexual response must employ or contract with an examiner who meets the requirements set forth in the Rules.

Staff qualifications. The Rules specify qualifications for the administrative director, the clinical supervisor, sex offender therapists, sex offender counselors, and examiners conducting psychophysiological assessments for deception or sexual response. Key qualifications are listed below.

Administrative director

1) A post graduate degree in a relevant field and two years of providing services in a correctional or human services program, or a bachelor's degree in a relevant field and four years of providing services in a correctional or human services program.

1) 2000 hours in the administration or supervision of a correctional or human services program.

1) 40 hours of training in topics related to sex offender treatment and management and human sexuality.

Clinical supervisor

1) Must be one of the following:

- Licensed as a psychologist under Minnesota Statutes.
- An independent clinical social worker under Minnesota Statutes.
- A marriage and family therapist under Minnesota Statutes.
- A physician under Minnesota Statutes and certified by the American Board of Psychiatry and Neurology or eligible for board certification in psychiatry.
- A registered nurse under Minnesota Statues and certified as a clinical specialist in adult psychiatric and mental health nursing by the American Nurses Association.

1) 4000 hours of full-time supervised experience in providing individual and group psychotherapy to individuals in one of the following settings: corrections, chemical dependency, mental health, developmental disabilities, social work, or victim services.

1) 2000 hours of supervised experience in providing direct therapy services to sex offenders.

1) Experience and proficiency in sex offender assessment and case management.

1) 158 hours of training in specified areas related to sex offender treatment. Persons who do not have the required training have one year from their hire date to complete it.

Sex offender therapist

1) Must be one of the following:

- Licensed as a psychologist under Minnesota Statutes.
- A psychological practitioner under Minnesota Statutes.
- A marriage and family therapist under Minnesota Statues.
- A physician under Minnesota Statutes and certified by the American Board of Psychiatry and Neurology or eligible for board certification in psychiatry.
- A registered nurse under Minnesota Statutes and certified as a clinical specialist in adult psychiatric and mental health nursing by the American Nurses Association.

1) 2000 hours of supervised experience in providing individual and group psychotherapy to individuals in one of the following settings: corrections, chemical dependency, mental health, developmental disabilities, social work, or victim services.

1) 2000 hours of supervised experience in providing direct therapy services to sex offenders.

1) Experience and proficiency in sex offender assessment and case management.

1) 146 hours of training in specified areas related to sex offender treatment. Persons who do not have the required training have one year from their hire date to complete it.

Sex offender counselor

1) A postgraduate or bachelor's degree in a relevant field.

1) A counselor holding a bachelor's degree must also have experience and proficiency in *one* of the following areas:

   · 1000 hours of experience in providing direct counseling and case management services to clients in one of the following settings: corrections, chemical dependency, mental health, developmental disabilities, social work, or victim services.

   · 500 hours of experience in providing direct counseling or case management services to sex offenders or other involuntary clients.

   · 2000 hours of experience in a secured correctional or community corrections environment.

3) A sex offender counselor holding either a postgraduate or bachelors degree must have 86 hours of training in specified areas related to sex offender treatment. Persons who do not have the required training have one year from their hire date to complete it.

Clinical level psychophysiological examiner

1) Must be one of the following:

   · A doctor of medicine licensed under Minnesota Statutes.

   · A psychologist licensed under Minnesota Statutes.

   · A social worker licensed under Minnesota Statutes.

1) 40 hours of training in the clinical use of the procedure in assessing and treating sex offenders.

1) Must have conducted five assessments under the direct supervision of a clinical level examiner who was present through the entire procedure.

Technical level psychophysiological examiner

1) Must conduct assessments under the direct supervision of a clinical level examiner.

1) 8 hours of training in the clinical use of the procedure in assessing, treating, and supervising sex offenders.

1) Must have conducted five assessments under the direct supervision of a clinical level examiner who was present through the entire procedure.

Sex offender admission and assessment. The Rules specify standards and procedures for new client intake assessments and admission to the SOTP. Key requirements are described below.

Assessment for program admission

A written procedure for assessing clients for admission to the program must take into consideration the services offered by the program and other available resources, and must be coordinated with the external, non-clinical conditions required by the legal, correctional, and administrative systems governing the program.

New client intake assessment

Within 30 days of admission to the program, an intake assessment that determines the client's functioning and treatment needs must be completed.

Qualified staff

Intake assessments must by conducted by qualified staff and must be appropriate to the basic treatment protocol of the program.

Cultural factors

Assessments must also take into consideration the effects of cultural context, ethnicity, race, social class and geographic location on the personality, identity, and behavior of the client.

Data sources

The Rules delineate the sources of assessment data that may be used, including collateral information, test information, relevant medical information, previous assessments, interviews with the client, and evaluation of the client's functioning and participation in the treatment process while in residency. Assessment data may also include discussions with the client's family members, friends, victims, and witnesses as well as probation officers and the police.

Assessment dimensions

For gathering baseline information, the Rules also delineate the dimensions that must be included in the assessment. The ten dimensions range from criminal and personal history to mental health functioning and factors that may either inhibit or contribute to sexual offense behavior. The dimensions also include findings from other assessments as well as the perceptions of significant others and their willingness to support treatment.

Psychological testing and assessments of adaptive behavior

Where possible, psychological tests and assessments of adaptive behavior, adaptive skills, and developmental functioning must be standardized and normed for the population tested. Test results must be interpreted by a person who is trained and experienced in interpreting the selected tests. Results may not be used as the only or the major source of risk assessment.

Assessment conclusions and recommendations

The conclusions and recommendations of the intake assessment must be based on information obtained in the course of the assessment, and must be developed in a team meeting convened by the clinical supervisor.

The Rules specify factors to be considered in drawing objective and accurate conclusions and developing treatment recommendations. The factors include the limitations of the assessment tools, data sources, knowledge in the field, or expertise of the assessor. The factors also include the client's legal status and other relevant criminal and legal considerations.

Assessment report

One team member must be responsible for documenting conclusions and recommendations in a written report. The Rules specify the areas that must be included in the report.

Standards for individual treatment plans. One qualified sex offender treatment staff member must complete a written individual treatment plan within 30 days of each client's entry into the program. The Rules also specify the following standards:

Information sources

The plan must be based on the recommendations developed from the intake assessment, with additional information from the client and the client's family or legal guardian. Input may also be obtained from program staff, outside social service and criminal justice agencies, and other appropriate resources.

Distribution

Program staff must explain and provide a copy of the plan to the client and appropriate family members or guardians, and must seek written acknowledgement that the plan has been received and is understood. The plan and related documentation must be kept at the program in the client's case file, and a copy must be made available to the supervising agent.

Contents

The Rules specify seven areas that must be included in the plan. In addition to treatment goals, objectives, issues, and timelines, the plan must list the entities who will provide any services from outside the program, and must provide for any necessary protection of victims and potential victims.

Standards for review of client progress in treatment. The Rules specify the following standards for reviewing treatment progress:

Frequency

Progress notes must be entered into each client's file at least weekly. At least quarterly, the treatment team must review and document each client's progress. Documentation of the quarterly review must be filed within ten days after the end of the review period.

Participation

Review sessions must involve the client, at least one member of the treatment team, and the client's family or legal guardian as necessary. The names of attendees must be documented.

As appropriate, the program must invite the client's supervising agent and family or legal guardian to attend, and must provide them with a summary of the review session.

Standards for discharge summaries. Within 24 hours of a client's discharge from the program, written notice must be provided to the client's supervising agent. A written discharge summary must be completed within 14 days of the discharge, or upon request by an interested party.

The Rules specify the minimum content to be included in every discharge summary:

- Admission and discharge dates.

- Reasons for the discharge.
- A brief summary of the client's current conviction and past criminal record.
- The client's mental status and attitude at the time of discharge.
- Prescribed medications the client is taking at the time of discharge.
- The client's progress in achieving individual treatment plan goals.
- An assessment of the client's offense cycle and protective and risk factors for sexual reoffense.
- A description of the client's reoffense prevention plan, including what changes in the client's reoffense potential have been accomplished and what risk factors remain.
- The client's aftercare and community reentry plans.
- Recommendations for aftercare and continuing treatment.

Program standards for residential treatment of adult sex offenders. The Rules delineate standards that must be met or exceeded by programs treating adult sex offenders in a residential setting. The Rules mandate similar standards for juvenile programs.

Policy and procedures manual

Each program must develop and follow a written policy and procedures manual, which must be made available to clients as well as staff. The Rules specify eleven areas that must be covered in the manual:

1) Basic treatment protocol.
2) Management of the therapeutic milieu.
3) Safety and security.
4) Admission and discharge criteria and procedures.
5) Assessment content and procedures.
6) Treatment planning and review of client progress.
7) Client communications and visiting, both within and outside the program.
8) The use of special assessment and treatment methods.
9) Data privacy and confidentiality.
10) Reporting and investigating alleged violations on the part of staff.
11) The program's quality assurance and program improvement plan.

Standards of practice for sex offender-specific treatment programming. The Rules specify nine standards of practice that must, at a minimum, be elements in a residential treatment program:

1) Safeguard the well-being of victims and their families, the community, and clients and their families.

1) Encourage clients to be personally accountable.

1) Address the individual treatment needs of each client.

1) Be consistent with and supportable by the professional literature and clinical practice in the field.

1) Use effective methods to assist the client to achieve treatment goals and objectives.

1) Include and integrate the client's family or guardian into the treatment process when appropriate.

1) Address, within the limits of available resources, the client's personality traits and deficits related to increased reoffense potential.

1) Address any concurrent psychiatric disorders by providing or referring the client to treatment.

1) Protect the legal and civil rights of clients, including the right to refuse treatment.

Goals of sex offender treatment. The Rules state that the "ultimate goal of residential adult sex offender treatment is to protect the community from criminal sexual behavior by reducing the client's risk of reoffense." To this end, the Rules delineate specific treatment goals, which are categorized under the following general goals:

1) The client must acknowledge the criminal sexual behavior and admit or develop and increased sense of personal culpability and responsibility for the behavior.

1) The client must choose to stop and act to prevent the circumstances that lead to sexually abusive and criminal sexual behavior and other abusive or aggressive behaviors from occurring.

1) The client must develop a positive, prosocial approach to his/her sexuality, sexual development, and sexual functioning, including realistic sexual expectations and establishment of appropriate sexual relationships.

1) The client must develop positive communication and relationship skills.

1) The client must reenter and reintegrate into the community.

Standards for delivery of sex offender treatment services. The rules require programs to meet standards in the following areas:

Amount of treatment

Each client must receive the amount and frequency of treatment specified in the individual treatment plan. At a minimum, each client in the primary phases of the program must be provided sex offender treatment 12 hours per week. Each client in the transitional and reentry phases of treatment may receive a variable amount of treatment, but no less than an average of two hours per week.

Type of services

Each client must receive the types of services specified in the individual treatment plan.

Case management services

The program must provide each client with case management services, which must be documented in client files.

Quality of services
Services to the client must meet or exceed standards for the type of service provided. Quality standards may be established by an accreditation standard or based on the current norms for quality of a service in Minnesota.

Size of groups
Group therapy sessions must not exceed 10 clients per group. Psychoeducation groups must not exceed a sex offender treatment staff-to-client ration of 1 to 20.

Subcontracted services
The certificate holder must monitor the amount, type, quality, and effectiveness of any service of a provider under contract to the certificate holder. The certificate holder must work with the subcontractor to correct unsatisfactory work, and must replace the subcontractor if the unsatisfactory work is not corrected.

Standards for use of special assessment and treatment procedures. A program that uses special procedures must develop a policy covering the eight areas specified in the Rules. Procedures for the psychophysiological assessment of deception or sexual response must be administered by a qualified examiner, and must be in accordance with appropriate standards established by the American Polygraph Association and the Association for the Treatment of Sexual Abusers.

Use of results from psychophysiological assessments
Results must be used for assessment, treatment planning, treatment monitoring, or risk assessment. The results must be interpreted within the context of a comprehensive assessment and treatment process and may not be used as the only or the major source of clinical decision making and risk assessment.

Technology
A program must own and properly operate the appropriate technology for conducting psychophysiological assessment, or must contract for the required expertise and technology.

Standards for quality assurance and program improvement. Each program must maintain and follow a quality assurance and program improvement plan, which must specify the means for objectively measuring, collecting, and analyzing the required information. The plan must also specify how often the program gathers information, and must document any actions taken. At a minimum, the plan must consider:

1) The goals and objectives for the program and the outcomes achieved.

1) The quality of service delivered to clients in terms of the goals and objectives in their individual treatment plans and the outcomes achieved.

1) The quality of staff performance and administrative support and their contribution to achieved outcomes.

1) The quality of the therapeutic milieu and its contribution to achieved outcomes.

1) The quality of clients' clinical records.

1) The use of resources in terms of efficiency and cost-effectiveness.

1) Feedback from appropriate referral sources regarding their level of satisfaction with the program and their suggestions for improvement.

1) The effectiveness of the monitoring and evaluation process.

Community Notification
The 1989 abduction of Jacob Wetterling in Minnesota prompted the state legislature to pass a 1991 registration law requiring sex offenders to register their addresses with law enforcement and notify law

enforcement of address changes for a period of at least ten years. In 1996, the Minnesota legislature passed a notification law that allows law enforcement to notify the community on three levels, depending on the offender's level of risk.

End of Confinement Review Committee (ECRC)

For assigning risk, the notification law requires the DOC to establish an the End of Confinement Review Committee at each facility. An ECRC is formed at each state correctional institution, and consists of five persons:

- The warden of the facility or a designee, who serves as the committee chair.
- A case manager experienced in supervising sex offenders.
- A victim representative from the Minnesota Crime Victim Center.
- A law enforcement official.
- A sex offender treatment professional.

Risk Assessment Scale

The community notification statute required that the DOC develop a Risk Assessment Scale in consultation with probation officers, county attorneys, sex offender treatment professionals, and law enforcement officials. The risk scale incorporates the MnSOST-R into the process of assigning risk levels. In addition to the MnSOST-R indication of lower, moderate, or higher risk, the process includes an assessment of special concerns such as multiple treatment failures with a history of reoffense after treatment; a recent history of frequent prison disciplinary reports involving physically assaultive or sexual behavior; and a pattern of predatory offense behavior.

Risk Level 1 allows registration information sent by the DOC to local enforcement to be shared with other law enforcement agencies and with victims who have requested notification.

Risk Level 2 includes notification provided for Risk Level 1 and allows local law enforcement to notify schools, day care centers, or other organizations that involve potential victims, based on the offender's pattern of offending behavior.

Risk Level 3 allows full community notification. Law enforcement may share all public information about the offender. In almost all cases, a community education meeting is held and the media are notified.

The notification process

Sex offenders subject to registration and convicted of a sex offense are required to undergo the community notification process. The process follows the steps described below.

1) Five months prior to the release of a sex offender, the case manager schedules the offender for an ECRC meeting. In preparation for the meeting, the case manager gathers information relevant to risk level and sends the packet of information to all committee members.

1) Before the meeting, the ECRC sex offender treatment professional reviews the information and produces a preliminary risk recommendation, which is sent to other ECRC members as well as the offender.

1) At least 90 days prior to the scheduled release date, the ECRC must meet to determine the risk level. The offender has the right to be present at the meeting. Offenders recommended for Rick Level 2 or 3 are represented by the state public defender.

The role of the public defender is to make sure the offender understands the process and to correct factual errors. After the risk level has been determined, the public defender also advises the

offender on whether to seek an administrative review of the determination. If an offender chooses an administrative review, the public defender represents the offender in the review process.

1) At least 60 days prior to release, the DOC must send offender information to the law enforcement agency that investigated the crime, which is the agency most likely to have additional information not available to the ECRC. The statute allows this agency 30 days to appeal an offender's risk level.

   The DOC also sends offender information to the county sheriff in the county where the offender was convicted, if the sheriff's department is a different agency than the one that investigated the crime.

   This step in notification often leads to cooperation between agencies. In cases where more than one agency investigated, and the offender pled guilty in more than one county, an information packet is sent to every agency involved.

1) The DOC Office of Hearings and Release must approve the offender's residential placement. Within 5 days of approval, the DOC sends offender information to the local law enforcement agency in the area where the offender intends to reside.

1) Local law enforcement notifies the community, according to a model policy developed by the Peace Officer Standards and Training (POST) Board.

The model policy:

- Calls for law enforcement to make a good faith effort to develop a community notification plan for each offender within 14 days after receiving the ECRC risk level determination.
- Spells out mandatory and discretionary disclosure for each risk level.
- Highlights the need for community education meetings to be held in all cases where a Level 3 offender is released.

Responsibilities of the DOC

The DOC is responsible for convening the ECRC in each institution and providing local law enforcement with the risk assessment report, as well as any information used to make the risk determination.

The DOC educates inmates who are subject to community notification about the process, using three approaches: 1) Twice a year, sex offender treatment personnel and the public defender make presentations at each sex offender program. 2) The DOC provides information to case managers throughout the department, to be used in educating individual inmates. 3) The ECRC chair, ECRC case manager, or public defender provides further information at the ECRC meeting.

In addition to information used by the ECRC in determining risk level, the DOC sends local law enforcement a face sheet that can be easily reproduced for distributing to the public. The face sheet contains the offender's picture, general address, and relevant public information.

The DOC serves as a repository of records, so that law enforcement can be notified when an offender relocates.

In the first two and one half years of community notification in Minnesota, the DOC sent information to local law enforcement on 1,122 offenders near their release date. Of those offenders, 63% were assigned to Level 1, 23% to Level 2, and 14% to Level 3. In addition, the DOC notified local law enforcement of 2,500 relocations.

Among the 420 offenders assigned to Risk Level 2 or 3, there were 80 requests for administrative review by offenders seeking a reduction in risk level. The risk level assigned by the ECRC was overturned in only 9 of these cases—approximately 2% of all Level 2 and 3 assignments.

Stakeholders influencing the program

Stakeholders outside the DOC who influence the program include:

- The legislature
- The Governor's office
- Community corrections agencies
- Probation officers
- Community-based sex offender providers

Program Policies

Treatment requirement/results of denial or refusal of treatment

Offenders who are identified as sex offenders and assessed for sex offender treatment are given the right to refuse treatment. If an offender denies a sex offending problem or refuses treatment, however, staff take disciplinary action that may result in extended incarceration. Extended incarceration for treatment refusal is stipulated in DOC discipline policies.

Implications for identified sex offenders

In addition to being classified for treatment, an offender identified as a sex offender under department policy is:

- Restricted to certain security level facilities
- Excluded from outside work crews
- Expected to participate in sex offender treatment
- Reviewed for civil commitment
- Subject to community notification
- Required to attend post-release programming

Visitation policy

The visitation policy for offenders assigned to the sex offender program places restrictions on visits with minors.

Program Description/Placement

The Minnesota Sex Offender Treatment Program (SOTP) provides sex offender treatment in four institutions—two for adult males, one for women, and one for juveniles. The two adult male programs are currently in the process of being consolidated into a residential program at one facility. In addition to sex offender programs for the prison population, the DOC also funds programming for probationers and supervised releasees.

Sex offender treatment in Minnesota is based on the belief that treatment participants are able to change their patterns of abusive behavior with appropriate resources and support. Although the three programs are structured somewhat differently, all are based on the relapse prevention and cognitive behavioral model. Other theoretical models are used as needed.

The SOTP is designed only for sex offenders who are willing and amenable to treatment. Although the SOTP will accept some offenders who deny or seriously minimize, the DOC does not offer a formal "denier's group."

The program structure specifies that completion of certain goals in an individual's treatment plan serves as a prerequisite for moving into the next phase of treatment.

Assessment or testing tools

Assessment tools used for inmate placement into the treatment program include:

- MCMI-III
- Multiphasic Sexual Inventory
- MMPI

Types of offenders

The program is designed to accept the following types of offenders:

- Normal intellectual and socially functioning offenders
- CMI's (if able to function)
- Females
- Developmentally disabled

Intake

The Minnesota SOTP takes sex offenders into the program according to the following criteria:

- The priority on the list
- Short time to supervised release

Given the current process of consolidating the adult male programs, as well as an upcoming assessment of the entire incarcerated population, current waiting lists are irrelevant.

Core curriculum

The curriculum for the treatment program includes:

- Educational courses
- Cognitive behavior therapy
- Group counseling
- Writing of prior history (journaling)

Program structure

The current Minnesota SOTP is structured on four institutional programs and two supporting units, listed below. The adult male program at Willow River/Moose Lake is in the process of being consolidated with the Lino Lakes program. As of July 5, 2000, Willow River/Moose Lake program staff were being moved to the central office and to Lino Lakes to begin assessing the current sex offender population and to expand the existing Lino Lakes program.

Sex Offender Assessment Unit

Lino Lakes Sex Offender Program

Willow River/Moose Lake Sex Offender Program

Women in Transition Female Sex Offender Program (Shakopee)

Programming for Juvenile Sex Offenders (Red Wing)

Sex Offender Services Unit

Sex Offender Assessment Unit

For assessment, adult sex offenders are sent to the DOC's reception center in the St. Cloud facility, where specific recommendations and directives for treatment programming are determined.

Lino Lakes Sex Offender Program

The Lino Lakes program is a correctionally-based, modified therapeutic community. Two living units with 150 beds house a multi-track program designed to meet the needs of both short-term and long-term adult male offenders. The program provides chemical dependency as well as sex offender treatment. Sixteen clinical staff, 3 case managers, and 10 custody staff provide treatment for approximately 200 inmates per year.

Admission. To qualify for admission, sex offenders must have a minimum of nine months of their prison sentence to serve. The program requires an average of 18 months to three years to complete.

Assessment and Orientation. On the basis of an intensive 30-day assessment and orientation phase, program participants are assigned to one of six therapeutic tracks. Participants also develop individual treatment plans.

Treatment. Participants work toward a relapse prevention plan through the program components described below.

- **Therapy.** Following the assessment phase, inmates participate in group therapy sessions designed to build intrapersonal and interpersonal skills. Additional individual and family therapy is provided based on the needs of the participant and the availability of staff.

- **Psychoeducation.** Participation in pscyhoeducational programming varies according to individual treatment plans. Classes are designed to provide new information, replace distorted thinking, and allow participants to practice new skills in a structured forum facilitated by staff. *Classes meet for 1 to 1.5 hour sessions, 2 to 3 times a week, in 8-week sessions.*

- **Support groups.** Inmates are expected to attend weekly meetings of AA and Sex Offenders Anonymous, which are held in the facility and are monitored but not facilitated by staff. *Each group meets for one hour per week.*

  Inmates in the primary treatment phases attend additional support groups for *an average of three hours per week.*

  Inmates in the transitional phase of treatment attend *an average of one to two hours per week.*

- **Community meetings.** Every week, inmates meet in large groups, facilitated by staff, to discuss behavior, treatment, and community issues.

Transition and institutional aftercare. For participants who are completing these program components, treatment staff provide or arrange transitional and aftercare services.

Post-release aftercare. For participants exiting the facility, aftercare services are provided through contracts with agencies in the Twin Cities metropolitan area and outstate Minnesota.

Willow River/Moose Lake Sex Offender Program

The SOTP is in the process of consolidating the Willow River/Moose Lake program with the Lino Lakes program described above. The purpose is to improve efficiency in assigning offenders to treatment. (Also see "Department of Corrections/ Department of Health Services Collaboration" below.)

Currently, a 60-bed unit in the Willow River/Moose Lake facility houses an intensive, 3-phase treatment program for male sex offenders referred for long-term, intensive, residential treatment. The program also provides treatment for offenders with a history of low social and/or intellectual skills. Five full-time specialized personnel and 9 custody corrections officers work with approximately 80 to 100 sex offenders a year.

Treatment is provided primarily in a group format, particularly core process groups, psychoeducational modules, and community meetings. The program offers a therapeutic milieu in which participants share a common living and program area, where they can improve interpersonal skills and develop a sense of responsibility for the treatment community.

From time to time, the sex offender therapist/counselor meets individually with participants to formulate objectives and interventions on the Master Treatment Plan. Although participants are encouraged to address issues in group sessions and to rely on peers for support, individual sessions may also be used as necessary.

Admission. The program receives referrals from other state-operated correctional facilities. Admission is based on guidelines that include the following:

- The offender must have a minimum of 18 months to serve.
- Offenders who deny the offense will not be admitted.
- Inmates with developmental disabilities will be accepted if they can be safely housed at a medium security facility.
- An inmate with a history of mental illness will be accepted on the condition that he maintain ongoing support through Mental Health Services, including the use of prescribed psychotropic medications. Actively psychotic or suicidal offenders will be deferred until stabilized.
- Offenders who have an active appeal in process will not be accepted.

Intake/Assessment. When an individual is admitted to the program, treatment staff develop recommendations for treatment based on an assessment that considers past and current diagnostic impressions, mental status, findings from historical records, the appropriateness of the placement, and the offender's ability to successfully complete treatment. The recommendations serve as the basis for the inmate's Master Treatment Plan, which will guide him through the three phases of Primary Treatment.

Master Treatment Plan. The plan is structured around the program's five primary treatment goals, which state that the participant must:

1) Admit to and take responsibility for sexually abusive behavior.
1) Identify, challenge, and change abusive, criminal, and dysfunctional thoughts and behaviors.
1) Identify his sexual assault pattern/cycle.
1) Develop victim empathy and understanding of consequences of behaviors.
1) Develop a relapse prevention plan.

Treatment Phases

Phase I is designed to educate the participant in the treatment concepts, constructs, and competencies needed to understand and assume accountability for his sex offending.

Phase II is designed to build the participant's rational thinking so that he might choose to exercise the knowledge presented in Phase I.

Phase III is designed to provide opportunities for participants to demonstrate knowledge and skills learned in Phases I and II. Participants are expected to consistently use appropriate relapse prevention interventions.

Track A is a special program designed for individuals whose social/intellectual impairments require a slower pace and a less traditional approach.

Aftercare is provided for participants who complete the program before supervised release. The 12 weeks of aftercare are designed to help them adjust to the general prison population by providing a weekly forum for feedback and support, in the form of psychoeducational modules and/or other treatment components.

Women in Transition Female Sex Offender Program

Housed in the women's facility in Shakopee, this program takes a holistic approach, with the philosophy that sexual abuse is a symptom or end result of dysfunction in the inmate's life. The inmate is to acknowledge sexually abusive behavior, take responsibility for her crime, make amends where possible, develop an understanding of deviant behavior patterns, and learn socially acceptable behavior. The goal is for the offender to gain a sense of self-worth that will bring about her restoration to society.

The program has a capacity for 16 participants in Phase III. Annually, two specialized staff members provide treatment for 12 participants.

The duration of the program is two to three years, divided into four phases:

Phase I is the intake evaluation process.

Phase II consists of individual counseling sessions.

Phase III consists of group therapy and psychoeducation.

Phase IV provides 16 weeks of follow-up treatment in a community treatment program after release.

Programming for Juvenile Sex Offenders

In the Red Wing facility, juveniles are provided services by a consulting sex offender therapist. Services include assessment, individual and group counseling, and aftercare planning. The program is based on a therapeutic community model that includes the following components:

- Orientation
- Psychoedcuational curriculum. Classes are conducted *twice a week for one hour, for approximately 20 weeks.*
- Peer mutual help meetings *three times a week for an hour and a half.*

- Presentation meetings in which residents present their progress toward completing their sex offender-specific tasks. The meetings are held *twice a week for one hour*.
- Leisure education/therapeutic recreation, conducted *two hours each week.*
- Substance abuse classes, conducted for *one hour per week*.
- Reflection journals, with related activities held approximately *three to five hours a week.*
- Academic and vocational programming.
- Transition, in which residents have an opportunity to interact with community-based providers while at the facility, and are expected to complete a 90-day community residential placement while on extended furlough.

Most often, residents are referred to these program services because they have been sexually abused or because they have previously participated in a sex offender program and have been committed or recommitted for an offense other than sexual misconduct.

Staff at the Red Wing facility are trained to conduct the program, with the support of a consulting therapist. Program participation averages eight to ten residents at any given time.

Sex Offender/Chemical Dependency Services Unit

This unit has department-wide responsibility for centralized coordination, planning, and implementation of sex offender programs and services. Services include:

- Assisting facilities in assessing sex offenders.
- Making referrals for civil commitment.
- Assisting programs in tracking referrals.
- Monitoring contracts and grants for treatment and supervision of sex offenders on probation or supervised release.
- Conducting large-scale research on sex offenders placed on probation.
- Institutional research.
- Training.

The Services Unit is also responsible for implementing the 1996 community notification law.

Department of Corrections/Department of Health Services Collaboration

Consolidation of the Willow River/Moose Lake and Lino Lake programs for adult males is part of a broader collaborative effort between the DOC and the Department of Health Services (DHS) to assess and treat sex offenders across both agencies. The aim is to slow the growth of the civilly committed population through improvements in sex offender assessment, program placement, and clinical treatment strategies. The collaboration will also improve staffing efficiencies.

Goals of the DOC/DHS plans are to:

- **Improve assessment of sex offenders during intake** into the DOC, using both DOC and DHS staff. The process will aim at early identification of high risk offenders who have the potential for being referred for civil commitment. The process will also establish treatment directives that match the offender's risk of reoffense and amenability to treatment. The maximum extended incarceration will be given to offenders who do not make themselves amenable to treatment.

Long-term intensive treatment beds will be reserved for offenders assessed as posing the highest risk for recidivism who are also amenable to treatment.

Pre-treatment programming will be developed to improve treatment amenability of low-amenability offenders.

Outpatient programming will be developed for lower-risk offenders.

- **Establish coordinated clinical strategies** for treating high-risk offenders, as well as consistent criteria for participating in and completing treatment, whether the offender is housed in DOC or DHS. The goal is to develop a "seamless system" for sex offenders, from conviction through incarceration/treatment into aftercare and community supervision.

  The collaboration will also provide treatment aimed at specific sub-populations, such as the cognitively impaired, who may not benefit from current cognitive-behavioral programming.

- **Develop an integrated database** with a single reporting system for DOC and DHS.

- **Require active treatment participation** for offenders still under DOC or county supervision who are currently housed at DHS. An offender who refuses or fails treatment will be returned to prison, possibly until the expiration of his correctional sentence.

- **Develop a coordinated approach to educating other arms of the criminal justice system**, such as courts and county attorneys, to the array of sentencing options available to high-risk offenders. DOC/DHS staff will provide expert assessment guidance and assistance to encourage the increased use of patterned sex offender sentencing, where appropriate.

Post-release

The Minnesota SOTP provides a continuum aftercare component for sex offenders on supervised release from prison. The aftercare component is based on the prison SOTP.

Sex offenders are eligible for community corrections or work release programs, but only in rare cases—two or three a year.

Completion/Failure

It is possible for an offender to complete all phases of sex offender treatment. 40-50% of placements complete the treatment program. Although phases/stages of the program have changed too much in recent years to pinpoint the percentage of failure in the stage having the greatest failure rate, the respondent notes that approximately 50% of program failures occur within the first three months of treatment.

Reasons for expulsion

An offender might be expelled from the program for any of the following reasons:

- Failure to progress
- Poor work values
- Possession of contraband
- Assaultive behaviors
- Sexual misconduct

Consequences of failure

As a consequence for failing the program, the inmate participant may be subject to extended incarceration.

Staff Roles and Authority

The sex offender program staff at the facility assesses the offender for identification as well as the treatment plan.

Authority

- Program staff may make a discretionary change to either identification or treatment.
- The state has identified security levels for prison facilities. The unit responsible for placement cannot place a sex offender in a minimum security facility.
- The unit responsible for facility placement and the program staff interact when placing sex offenders at certain facilities.

Assessment

Tests and assessment tools

To measure progress in the program, the SOTP uses treatment plan rating scales developed by program staff. Under a Federal grant, the program is also collaborating in a project with Robert J. McGrath, Clinical Director of Sex Offender Treatment Programs for the Vermont Department of Corrections, to develop behaviorally based treatment outcome measures related to risk.

Internal system for tracking program effectiveness

SOTP participants are tracked for 10 years after release. The tracking system defines program success as a decrease in recidivism among offenders who complete treatment.

Annual Program Report to the Legislature

By statute, the Sex Offender/Chemical Dependency (SO/CD) Services Unit produces an annual report to the legislature on program effectiveness. (See "Community-Based Sex Offender Program Evaluation Project: 1999 Report to the Legislature" below.)

Annual DOC Recidivism Report

Although the annual SO/CD report does not always cover recidivism, the DOC's Research and Evaluation Unit is required to produce an annual recidivism report that tracks all offenders participating in all forms of education and programming.

Recidivism studies

The most recent Minnesota sex offender recidivism studies, described below, were released in 1999.

1999 Sex Offender Recidivism Study

In 1999, the Sex Offender/Chemical Dependency (SO/CD) Services Unit conducted a sex offender recidivism study, based on a 1997 report by Office of the Legislative Auditor (OLA) entitled *Recidivism of Adult Felons.* The OLA study, which tracked all felons released from Minnesota prisons in 1992, indicated that sex offenders were among the least likely to be rearrested for new crimes within a three-year period following release. During that three-year period, 10% of sex offenders were rearrested for a new sex offense, and 70% had no arrests for any felony or gross misdemeanor offenses.

Of the 263 sex offenders tracked by the OLA, the SO/CD drew a study sample of 251 male offenders whose governing offense was First through Fourth Degree Criminal Sexual Conduct, whose minimum time at risk was 6 years, and who were not committed as psychopathic personalities.
Using rearrest as a marker of recidivism, the SO/CD found that 90 offenders (36%) were rearrested during the follow-up period for a new sex and/or person offense. Of these, 46 offenders (18%) were rearrested for a new sex offense. The increase in rearrest from the OLA sample to the SO/CD study sample appears to have occurred
only among offenders who never entered sex offender treatment, or who entered treatment and quit or were terminated. The two major findings of the study are:

- Sex/person offense rearrest was significantly lower for offenders who completed treatment than for offenders who never entered treatment, or entered and quit or were terminated.

- The cost of providing sex offender treatment is outweighed by savings from prevention of additional sex or person offenses. In the study, treatment appears to have saved the state 60 years of incarceration at $30,000 per year, for a total of $1,800,000. This estimate doesn't include the costs of investigation and prosecution, or the costs associated with services to potential victims. The estimated cost of sex offender treatment in DOC facilities.

The estimated cost of sex offender treatment in DOC facilities was approximately $700,000 in 1993.

Community-Based Sex Offender Program Evaluation Project
1999 Report to the Legislature

In 1993, Minnesota Statute 241.67 mandated The Community-Based Sex Offender Program Evaluation Project (CBSOPEP). The statute requires the commissioner of corrections to develop a long-term project to generate data for recommending "a fiscally sound plan to provide a coordinated statewide system of effective sex offender treatment programming' (M.S. 241.67, subd. 8(3))."

The project collected and studied more than 2,500 items of data for 1,407 adult sex offenders sentenced to probation in Minnesota in 1987, 1989, or 1992 for a felony sex offense. Agencies that provided treatment for the offenders in the study sample contributed further information. Reoffense data were collected from the Bureau of Criminal Apprehension and the FBI.

Key findings:

- There was no rearrest for 60% of the sample. Of the 40% who were rearrested, parole was revoked for 5%, 10% were arrested for a non-person offense and 7% were arrested for a non-sex person offense. Only 9% of the sample were rearrested for a sex offense.

- Offenders who completed sex offender treatment while on probation had a 5% rearrest rate for a new sex offense, compared to an 11% rate for offenders who never entered treatment or who entered but did not complete treatment.

- One of the factors associated with a lower risk of offense is completion of a sex offender treatment program. However, only half of those who enter a treatment program successfully complete it.

- Substance use or abuse appear to be related to the risk of reoffense.

Recommendations:

- Treatment funding for sex offenders placed on probation should be increased.

- As appropriate, the court should order alcohol and other drug (AOD) evaluations and, if the evaluation identifies a significant problem, should order AOD treatment as a condition of probation.

- The legislature should consider requiring the DOC to collaborate with the Department of Human Services in promulgating rules for outpatient sex offender treatment. Further information for considering this requirement will be provided by the next phase of the CBSOPEP and the experience of the DOC in promulgating and enforcing rules for residential sex offender treatment programs.

Release Authority

Parole Board

The state of Minnesota has no parole, and so has no parole board.

Percentage of sex offenders who discharge their sentence: 100%

Staffing Issues

After the two adult male programs are consolidated, a staff of 32 will provide programming in three facilities. The staff listing below includes only institutional program staff. The program is also served by staff in the Sex Offender/Chemical Dependency (SO/CD) Services Unit.

Currently, all program staff are DOC employees, with the exception of the director of the Red Wing Sex Offender Program, who works on contract. The collaborative DOC/DHS effort under development will improve staff efficiencies in assessment and treatment. (See "Department of Corrections/Department of Health Services Collaboration" above.)

The department does not have the discretion to set the starting salary for all program staff.

Title	Number of staff	Pay range
Counselors	22	$28,000 – 53,000*
Social workers	(Included in Counselors above)	
Clerical	2	$23000 – 30,000
Administration	4	$47,000 – 60,000
Psychiatrist	Consulting only	
Psychologist (supervisors)	3	$40,000 – 59,000
Psychologist	1	$37,000 – 55,000

* Includes three different classes of Corrections Program Therapist.

Training, licensing, and certification requirements

See "Staffing Requirements" under "Minimum Standards for Residential Adult Sex Offender Treatment, Minnesota Rules" in the "Legislation" section above.

Staffing of treatment groups

In most cases, one counselor facilitates a group of 8 to 10 offenders.

Recruitment and retention

Minnesota has found it difficult to recruit therapists.

Program Costs

Total overall DOC budget: $327 million

Sex offender treatment program, personnel services and operating costs:

Sex offender treatment staff salaries	$1,800,000
Post-release programming	287,000
Funding for sex offender treatment for probationers	774,000
Reimbursement for sex offender assessments done on probationers (PSI level)	295,000
Central Office administrative staff · Program certification · Community notification · Research · Civil commitment referral · Grant/contract monitoring	600,000
Total	**$3,800,000**

Note: This does not include confinement costs for more than 1,100 sex offenders.

% of total DOC budget: 1%

Materials available through the NIC Information Center
1-800-877-1461

Minnesota Statute 1999, 241.67. A copy of the legislation governing sex offender treatment, programs, standards, and data.

Minnesota Department of Corrections, Minnesota Rules Chapter 2965: Minimum Standards for Residential Adult Sex Offender Treatment. A copy of the 38-page Rules for adult sex offender treatment programs, summarized in the "Legislation" section in this profile. The Rules for juvenile sex offender treatment, Chapter 2955, are essentially the same as the Rules for adult programs.

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Community Notification. A 5-page explanation of community notification processes and agency responsibilities, introduced by a history of the legislation.

Programs for Sex Offenders. A 2-page, 2-sided flyer describing the four institutional sex offender programs in Minnesota, as well as the Sex Offender Assessment Unit and the Sex Offender Services Unit.

Minnesota Department of Corrections: MCF—Willow River/Moose Lake. A 6-page description of the Willow River/Moose Lake program for adult males, including the philosophy and model of treatment, the program structure, participant rights, safety and security issues, communications and media restrictions, staff responsibilities, and staff training.

Minnesota Department of Corrections: Minnesota Correctional Facility—Lino Lakes, Sex Offender Treatment Program. A 9-page description of the Lino Lakes program for adult males, including mission statement, program components, and a 6-page explanation of treatment philosophy. Also includes a bibliography of references.

MCF—RW: Sex Offender Program, Operational Guidelines. A 7-page description of the juvenile program at Red Wing, including mission statement, vision statement, principles, admission criteria, and program components.

State of Minnesota, Minnesota Department of Corrections: MnSOST-R Task Force. Training materials for use of the Minnesota Sex Offender Screening Tool—Revised (MnSOST-R).

Research Summary, Minnesota Department of Corrections: Sex Offender Treatment and Recidivism. A 2-page, 2-sided flyer describing the 1999 recidivism study and findings described in the "Assessment" section of this profile.

Community-based Sex Offender Program Evaluation Project: 1999 Report to the Legislature. A detailed report on project design and results, with recommendations to the legislature.

Note: Materials are housed at the NIC Information Center at the discretion of Information Center staff. If any materials listed above are not available from the Information Center, please contact the DOC directly, using the contact name provided at the top of the profile.

Missouri

Missouri Department of Corrections

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Program Administrator:
James F. LaBundy, Chief of Sex Offender Services

Program Summary

The Missouri Sexual Offender Program (MoSOP) began in 1983, in response to Missouri's 1980 Sexual Assault Prevention Act. In addition to treatment programming for incarcerated sex offenders, the Act mandates sexual assault prevention and counseling for public schools, as well as a State Center for the Prevention and Control of Sexual Assault. The statute also requires all offenders convicted of a sexual offense to complete a program of sexual offender treatment prior to being considered for early release.

MoSOP is based on a cognitive-behavioral approach, with an emphasis on relapse prevention. Treatment is conducted in a group format that uses both psycho-educational and intensive treatment techniques. A therapeutic community is in preparation. A staff of 10 state employees provides programming in 2 facilities, one for males and one for females. Approximately 250 to 275 offenders are actively involved in treatment at any given time.

Missouri Sex Offender Services, part of the Missouri Department of Corrections, oversees institutional programming and has staff in the field to monitor aftercare providers and network with parole officers. Sex Offender Services also includes an Assessment Unit, which contributes to pre-sentence investigations and screens and evaluates inmates who are potentially sexually violent predators.

The institutional program is structured in 2 phases, for an overall duration of 12 to 15 months. Because the institutional program is statutorily mandated, sex offenders cannot be screened from participation. Inmates are typically placed in MoSOP within 12 to 18 months of their earliest presumptive release date, and progress through the following phases:

Phase I ***3 months***
A series of psycho-educational group sessions prepare the offender for more intensive treatment by covering the nature and goals of therapy as well as the structure of the program. Participants undergo a clinical interview and psychological testing.

Phase II ***9 to 12 months***

After placement in appropriate groups by MoSOP staff, participants enter the core therapy component of the program. Groups of 10 to 12 participants focus on personal responsibility, problem solving, assertiveness/social skills, empathy skills, and relapse prevention. There is a strong emphasis on cognitive re-structuring.

Phase II groups are divided into three tracks to accommodate different verbal skills and personality styles, ranging from verbally deficient inmates who are passive or easily victimized, to inmates with no verbal deficiencies who are overtly aggressive and highly manipulative. (See "Program Structure" under "Program Description" below.)

Prison Sex Offender Population

Identification

Missouri identifies incarcerated sex offenders differently from the general population, by current crime only.

Severity scale

The Missouri DOC does not have a severity scale for identified sex offenders.

Population Status

Current total adult incarcerated population: Approximately 26,000

Sex offender total: Approximately 3,500

Percentage of total population identified as sex offenders: 13.5%

The number of sex offenders has increased from 2,268 in 1994 to 2,813 in 1999, an increase of 24%. Although the number increased, sex offenders as a percentage of the total population did not increase.

Prison Sex Offender Treatment Program

Governance

Legislation

The Sexual Assault Prevention Act (Chapter 589.040 of the Missouri State Statutes) was passed in 1980. The Act mandates the following:

A program of treatment

The Director of the Department of Corrections is required to develop a program of treatment, education, and rehabilitation for all imprisoned offenders serving sentences for sexual assault offenses.

Treatment requirement

All persons imprisoned by the Department of Corrections for sexual assault are required to successfully complete the treatment program to be considered for early release.

State Center for the Prevention and Control of Sexual Assault

The Director of the Department of Public Safety is required to establish the Center, to carry out:

1) A continuing study of sexual assault, including investigation of:

   a) The effectiveness of existing state and local laws.
   b) Any relationship between traditional legal and social attitudes toward sexual roles, the act of sexual assault, and the formulation of laws dealing with sexual assault.
   c) The treatment of victims of sexual assault by law enforcement agencies, hospitals and other medical institutions, prosecutors, and the courts.
   d) The causes of sexual assault.
   e) The impact on the victim and the family of the victim.
   f) Sexual assault in correctional institutions.
   g) The actual incidence compared to the reported incidence and the reasons for any difference.
   h) The effectiveness of existing programs designed to prevent and control sexual assault.

2) Assistance to qualified public and not for profit private entities for conducting research and demonstration projects.

2) An annual report of studies and demonstration projects, with appropriate recommendations, to submit to the governor, the chief justice of the supreme court, and the members of the general assembly.

2) Compilation and publication of training materials for sexual assault program personnel.

2) An information system regarding the prevention and control of sexual assault, the treatment and counseling of victims and their families, and the rehabilitation and medical treatment of offenders.

2) Publicizing of state and local programs for assisting victims.

Public school programs

The Department of Elementary and Secondary Education is required to develop guidelines for teaching sexual assault prevention and counseling techniques for use by local school districts in establishing prevention education programs. Local boards of education are given discretion.

State Standards/Advisory Board

State-mandated identification policy

For the purpose of requiring sex offender treatment for incarcerated sex offenders, the definition of "sexual assault" is delineated in Chapter 589 (589.015) of the state statutes, as part of the Sexual Assault Prevention Act.

Advisory board/sex offender treatment entity

There is no state-mandated policy that creates an advisory board, and no state-mandated policy that creates a sex offender treatment board/entity that sets standards and requirements for treatment. Standards of Practice use ATSA guidelines.

Stakeholders influencing the program

Stakeholders outside the DOC who influence the program include:

- The legislature
- The Governor's office

Program Policies

Treatment requirement

All offenders who are identified as sex offenders and assessed for sex offender treatment are required to go to treatment.

Results of denial or refusal of treatment

If an offender denies a sex offending problem or refuses treatment, the offender:

- Has his conditional release date removed
- Serves his maximum sentence
- May be referred for civil commitment

The DOC has written policies for refusal of treatment.

Implications for identified sex offenders

In addition to being classified for treatment, an offender identified as a sex offender under department policy is:

- Restricted to certain security level facilities
- Excluded from outside work crews
- Expected to participate in sex offender treatment

Visitation policy

The visitation policy for sex offenders at the SOTP facility prohibits those with victims under 18 from having child visitors, and prohibits visits with victims even if they are related to the offender. In the near future, all offenders not completing SOTP will be non-contact visits.

Program Description/Placement

State statute requires all offenders convicted of a sexual offense to complete a program of sexual offender treatment prior to being considered for early release. Procedures set forth in the department manual are designed to ensure consistent identification, evaluation, and treatment, in order to facilitate opportunities for sexual offenders to 1) understand how their own perceptions and decision making processes have led to their sexual offenses, 2) take responsibility for their past behavior and their need to change, and 3) learn alternative coping skills and behaviors that will lead to the prevention of inappropriate sexual behavior upon release.

This approach is based on the theoretical concepts and therapeutic techniques of responsibility therapy, adapted from Yochelson and Samenow. To emphasize personal responsibility, the program also places stringent conduct and participation requirements on all MoSOP participants.

Cognitive behavioral-based treatment is conducted in a group format that uses both psycho-educational and intensive treatment techniques, with an emphasis on relapse prevention. A therapeutic community is in preparation.

Dedicated facility

MoSOP does not have a dedicated facility. Treatment for men is provided at Farmington Correctional Center, and treatment for women is provided at Women's Eastern Reception and Diagnostic Correctional Center in Vandalia. A section at Missouri Eastern Correctional Center in Pacific, Missouri addresses offenders with handicaps.

Assessment or testing tools

Assessment tools used for inmate placement into the treatment program include:

- ABEL Screen
- Hare PCL-SV
- WRAT 3 (to determine low-functioning offenders)
- Shipley and medical evaluations done at Reception/Diagnostic Center

Types of offenders

The program is designed to accept the following types of offenders:

- Normal intellectual and socially functioning offenders
- Females
- Developmentally disabled
- Handicapped and/or emotionally impaired

Intake

The MoSOP takes sex offenders into the program according to the following criteria:

- The priority on the list
- Short time to supervised release
- Short time to sentence discharge

Theoretically, all sex offenders not within 12 to 18 months of release are on the program waiting list.

Core curriculum

The curriculum for the treatment program includes:

- Educational courses
- Cognitive behavior therapy
- Group counseling
- Daily phenomenological reports

Program structure

Missouri Sex Offender Services, part of the Missouri Department of Corrections, oversees MoSOP, which is for the prison population only. (See "Post-release" below for Missouri Sex Offender Services involvement in aftercare.) The program is designed only for sex offenders who are willing to participate in treatment. Participants do not necessarily have to be amenable to treatment.

Because treatment is statutorily mandated, sex offenders cannot be screened from participation. Regardless of verbal intellectual abilities, motivation for treatment, mental health issues or physical limitations, all incarcerated sexual offenders must be offered treatment.

Participants are required to successfully complete Phase I to be considered for Phase II, and must successfully complete Phase II to be considered for early release.

Phase I ***3 months***

Phase I consists of a series of psycho-educational group sessions that provide an orientation to the concepts, requirements, and structure of the more intensive treatment in Phase II. Sessions are conducted by corrections caseworkers and therapists who are trained in the principles and requirements of the program. Homework is assigned to ensure that participants possess the basics necessary for moving into core treatment.

During this phase, participants undergo psychological testing consisting of the instruments mentioned previously. Following completion of Phase I, a Phase II therapist and a caseworker conduct a team interview of each participant. Based on psychological assessments, materials gathered prior to the interview and the interview itself, MoSOP staff determine the appropriate Phase II group placement. The offender begins Phase II treatment in the assigned group within one month.

In addition to providing information for evaluation and treatment planning for individual offenders, the clinical interview and psychological tests generate data for program development and research.

Phase II ***9 to 12 months***

Phase II provides the core therapy component of the program, focusing on the individual. Phase II therapists possess a minimum of a master's degree and are trained in the treatment of sex offenders. They are licensed or license-eligible, under supervision for licensure. The Clinical Supervisor provides oversight.

Groups are divided into three tracks to accommodate different personality styles:

Plan A groups are designed to treat offenders who have verbal intellectual deficiencies, serious mental illnesses, or are passive or easily victimized.

Plan B groups are designed for individuals who possess no verbal intellectual deficiencies and use rationalization or intellectualization to minimize their offense. These offenders are passively aggressive rather than overtly physically aggressive.

Plan C groups are designed for individuals who possess no verbal intellectual deficiencies and who blame others for their offense. They are often overtly aggressive and highly manipulative. These individuals usually possess lengthy criminal histories and are high in the constructs of psychopathy, showing no empathy or remorse for their victims.

Ideally, Phase II groups are composed of 10 to 12 members. As space becomes available in a group, new members are added. This allows for more advanced group members to demonstrate their understanding and insights to new group members.

Phase II treatment includes the following components:

Problem solving focuses on the basic steps of interpersonal problem-solving and how to apply these.

Assertiveness training involves learning to engage in more assertive communication, but also focuses on developing social skills.

Empathy development requires participants to demonstrate an increased ability to empathize, in the form of a victim empathy report.

Relapse prevention culminates in each participant developing a chart of his/her deviant cycle and formulating a relapse prevention plan.

During the 9 to 12 months of Phase II, offenders must participate in a minimum number of hours per week. Most offenders are involved in the program for 12 months.

Assessment Unit

In addition to institutional programming and aftercare oversight (see "Post-release" below), Missouri Sex Offender Services administers an Assessment Unit, which provides the following services:

Pre-sentence investigations

As an adjunct to pre-sentence investigations, the Assessment Unit conducts a 120-day intensive evaluation of offenders sent by the court. This assessment assists judges in placing offenders on probation or into incarceration.

Sexually violent predator processing

The Assessment Unit screens all offenders who do not successfully complete MoSOP for their potential as "Sexually Violent Predators," as defined by statute. If the screening appears to be positive, the Assessment Unit conducts an "End of Confinement" evaluation to determine whether the offender may appear to meet the requirements of a "Potentially Sexually Violent Predator," to be referred for a complete forensic evaluation.

Post-release

If an individual who has successfully completed MoSOP is paroled, the Board of Probation and Parole may require the offender, as a condition of parole, to participate in sexual offender treatment or relapse prevention group in the community.

Contracted community providers, who design the aftercare component, conduct post-release aftercare. Missouri Sex Offender Services have staff in the field to monitor providers and network with parole officers.

Sex offenders are eligible for community corrections or work release programs only after successful completion of the treatment program. Community Corrections Sex Offender Area Treatment Coordinators are under Missouri Sex Offender Services.

Completion/Failure

It is possible for an offender to complete all phases of sex offender treatment. 30% to 35% of placements successfully complete the treatment program. Phase II has the greatest failure rate, a rate of 65% to 70%. Phase I helps to officially segregate those offenders who refuse treatment.

Reasons for expulsion

An offender might be expelled from the program for any of the following reasons:

- Failure to progress
- Assaultive behaviors
- Sexual misconduct
- Most major conduct violations

Consequences of failure

As a consequence for failing the program, the inmate participant is subject to loss of time toward reducing his sentence.

Staff Roles and Authority

Assessment for identification and treatment plan

Offenders are assessed for identification and treatment planning by sex offender program staff at the facility.

Authority

Program staff can make a discretionary change to treatment.

The state has identified security levels for prison facilities. The unit responsible for placement cannot place a sex offender in Levels 1 through 3; only Level 4 (medium-maximum security) and Level 5 (maximum security) are permissible.

The unit responsible for facility placement and the program staff interact when placing sex offenders at certain facilities.

Assessment

Tests and assessment tools

To measure progress in the program, the MoSOP uses clinical interviews. Outcome measures are currently under study.

Program-developed tools for measuring offender progress

The program has not developed its own set of tools for measuring offender progress. This is also under study.

Internal system for tracking program effectiveness

The program does not have an internal system for tracking program effectiveness.

Release Authority

Parole Board

The parole board is not reluctant to release sex offenders deemed low risk to re-offend.

Rate of release

Most sex offenders do not discharge their sentence in prison prior to release. Release rates are delineated below.

Sentence discharge:	32%
Parole:	18%
Conditional (mandatory) release:	23%
Probation:	19%
Other/death:	8%

Staffing Issues

A total of 8 staff provides treatment in two facilities, one for men and one for women. All are state employees. The department has the discretion to set the starting salary for all program staff, trying to adhere to local standards.

Title	Number of staff	Pay range
Counselors	7	Approximately $3,000/month
Administration	1	not provided

Training, licensing, and certification requirements

Treatment staff must be licensed or license-eligible LCSW's or LPC's.

Phase II therapists possess a minimum of a master's degree and are trained in the treatment of sex offenders.

Staffing of treatment groups

Groups of 10 to 12 participants are facilitated by 1 counselor.

Recruitment and retention

The program has had difficulty recruiting doctoral level psychologists for rural area facilities. However, the program has had no recent staff turnover problems.

Program Costs

Total overall DOC budget: Approximately $500,000,000

Sex offender treatment program, personnel services and operating costs: Approximately $550,000

% Of total DOC budget: .11%

Materials available through the NIC Information Center
1-800-877-1461

Chapter 589 Crime Prevention and Control Programs and Services: Sexual Assault Prevention. The state statute mandating the Missouri Sexual Offender Program and requiring sexual offenders to undergo treatment in prison.

The Missouri Sexual Offender Program: An Overview. A 3-page description of the program.

Missouri Department of Corrections Department Manual: Missouri Sex Offender Program (MoSOP). Procedures for carrying out mandated programming. 8 pages.

Forms:
Refusal/Reversal of Refusal to Participate
Classification Hearing
MoSOP Communication (Notice to caseload manger of action taken on an inmate on his/her caseload.)
MoSOP Participation and Examination Report—Phase II

Note: Materials are housed at the NIC Information Center at the discretion of Information Center staff. If any materials listed above are not available from the Information Center, please contact the DOC directly, using the contact name provided at the top of the profile.

Montana

Montana Department of Corrections

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Program Administrator:
Sandy Heaton

Program Summary

The sex offender treatment program provided by the Montana Department of Corrections (DOC) is based on cognitive behavioral group therapy, with an emphasis on cognitive restructuring and relapse prevention. The intensive phase of the program is conducted in a therapeutic community and is also offered in weekly therapy group. A staff of 10 provides treatment in 3 facilities involving approximately 250 offenders.

The program is structured on 3 phases:

Phase I:	**Education**	***14 weeks***
Phase II:	**Intensive therapy (Therapeutic community or weekly therapy groups)**	***3 years***
Phase III:	**Prison-based aftercare**	

Prison Sex Offender Population

Identification

Montana identifies incarcerated sex offenders according to the criteria below.

Criteria

- Current crime
- Prior sex felony convictions
- Prior misdemeanor convictions and history

Severity scale

Montana assigns sex offenders to tier levels based on risk assessments.

Population Status

Current total adult incarcerated population: Approximately 1,400

Sex offender total: 465

An estimated 400 sex offenders are serving for active sex offenses.

Percentage of total population identified as sex offenders: Approximately 33%

The number of sex offenders stayed approximately the same from 1994 to 1999.

Prison Sex Offender Treatment Program

Governance

Legislation

Montana law requires anyone convicted of a sex crime to complete Phase I of the sex offender treatment program to be eligible for early release.

Montana also has legislation governing registration and notification.

State Standards/Advisory Board

State-mandated identification policy
Montana has no state-mandated identification policy.

Advisory board/sex offender treatment entity
There is no state-mandated policy that creates a sex offender treatment advisory board, and no state-mandated policy that creates a sex offender treatment board/entity that sets standards and requirements for treatment.

Stakeholders influencing the program
Stakeholders outside the DOC who influence the program include the legislature.

Program Policies

Treatment requirement
Offenders who are identified as sex offenders and assessed for sex offender treatment are not required to go to treatment.

Results of denial or refusal of treatment
If an offender denies a sex offending problem or refuses treatment, the offender may be restricted from a specific lower security or custody placement.

The DOC has no written policies for refusal of sex offender treatment.

Implications for identified sex offenders
In addition to being classified for treatment, an offender identified as a sex offender under department policy is expected to participate in sex offender treatment.

Visitation policy
The visitation policy for offenders assigned to the sex offender program is the same as the policy for the general population.

Program Description/Placement

The primary goal of the Montana sex offender treatment program is the safety of the community. The program provides three phases of cognitive behavioral group therapy for the prison population. After 14 weeks of education, participants may enter a therapeutic community or a regular weekly therapy group for approximately 3 years of intensive therapy. Paroled sex offenders receive continuum aftercare in the community.

The program provides phases for those who deny a sex offending problem or refuse treatment, as well as an open-ended structure for placing sex offenders in certain phases.

Dedicated facility
The Montana DOC does not have a dedicated facility for its sex offender treatment program.

Assessment or testing tools

Assessment tools used for inmate placement into the treatment program include:

- MMPI-2
- Personality Assessment Inventory
- MCMI-III
- Multiphasic Sexual Inventory

Types of offenders

The program is designed to accept the following types of offenders:
- Normal intellectual and socially functioning offenders
- Spanish-speaking (presented in Spanish, with interpreters if available)

Intake

The Montana program takes sex offenders into the program according to the following criteria:

- The priority on the list
- Short time to supervised release
- Community eligibility

The program has a waiting list of approximately 80 for Phase I, and approximately 30 for Phase II.

Core curriculum

The curriculum for the treatment program includes:
- Educational courses
- Cognitive behavior therapy
- Individual counseling
- Group counseling
- Writing of prior history (autobiography)

Post-release

The continuum aftercare component for sex offenders released from prison takes place on parole. The structure of aftercare is not based on the prison program, but is unique to the aftercare component.

Sex offenders are eligible for community corrections. Montana does not have work release programs. The access to community programs is limited, however, because of community resistance.

Completion/Failure

It is possible for program participants to complete the program. Phase I has the highest failure rate, a rate of approximately 33%.

Reasons for expulsion

An offender might be expelled from the program for any of the following reasons:
- Failure to progress
- Possession of contraband
- Assaultive behaviors
- Sexual misconduct

Consequences of failure

As a consequence for failing the program, the inmate participant can be reclassified to a higher custody level.

Staff Roles and Authority

Offenders are assessed for identification and treatment planning by assessment staff at the reception center as well as sex offender program staff at the facility.

Authority

Program staff can make a discretionary change to either identification or treatment.

The state has identified security levels for prison facilities. Certain regional prisons will not take sex offenders. The unit responsible for facility placement and the program staff interact when placing sex offenders at certain facilities.

Assessment

Tests and assessment tools

Montana reports no standardized tests being used to measure participant progress in the program.

Program-developed tools for measuring offender progress

To measure participant progress, Montana has developed pre- and post-tests on the material in each level of Phase II.

Internal system for tracking program effectiveness

The DOC's internal system for gauging program effectiveness tracks the number of offenders in treatment, the number who have completed the program, and the number of reoffenses in the community.

Definition of program success

The DOC defines program success as passing pre- and post-tests, completing treatment, and not being convicted of any new sex offenses.

Of the program participants tracked over the past 10 years, fewer than 5% have been convicted of new sex offenses. This percentage is based primarily on data from the past 5 years, which is more accurate than data from the previous 5 years.

Release Authority

Parole Board

The parole board is reluctant to release sex offenders, out of concern for the danger they pose to community.

Most sex offenders in Montana discharge their sentence in prison prior to release. The DOC discharges 6 or 7 sex offenders each month—approximately 80 each year. Approximately 7 to 10 sex offenders are paroled each year.

Staffing Issues

A staff of 10 provides treatment for 3 facilities. Of the 10, 5 are in-house staff and 5 are consultants. The department does not have the discretion to set the starting salary for all program staff.

Title	Pay range
Counselors	$36,000
Social workers	$33,000

Training, licensing, and certification requirements

Treatment staff must be licensed or in the process of getting licensed.

Staffing of treatment groups

Groups of 8 participants are facilitated by 1 or 2 counselors.

Recruitment and retention

The program has experienced difficulty in recruiting therapists for rural area facilities. However, staff turnover in the program is low.

Program Costs

Total overall DOC budget: Not available.

Sex offender treatment program, personnel services and operating costs: Not available.

% of total DOC budget: Not available.

Materials available through the NIC Information Center
1-800-877-1461

The survey response from Montana did not include attachments.

Note: Materials are housed at the NIC Information Center at the discretion of Information Center staff. If any materials listed above are not available from the Information Center, please contact the DOC directly, using the contact name provided at the top of the profile.

Nebraska

Nebraska Department of Correctional Services

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Program Administrator:
Suzanne Bohn, Ph.D.

Program Summary

The Inpatient Sex Offender Program (ISOP) provided by the Nebraska Department of Correctional Services (DOC) is a cognitive behavioral system that includes relapse prevention. Education and group therapy are provided in the context of a therapeutic community. The program structure has no distinct phases. The program is open-ended; the average participant stay is 18 to 24 months.

A staff of 4 provides treatment for up to 44 sex offenders in 1 facility. In addition to the current staff of 4, a part-time position for a clinical psychologist is vacant.

Prison Sex Offender Population

Identification

Nebraska does not identify incarcerated sex offenders differently from the general population. Sex offenders are identified according to the criteria below.

Criteria

- Current crime
- Prior sex felony convictions
- Prior misdemeanor convictions
- Factual basis of a current non-sex crime conviction

Severity scale

Nebraska does not have a severity scale for identified sex offenders.

Population Status

Current total adult incarcerated population: 3,601

Sex offender total: 562 (active sex offenses only)

Percentage of total population identified as sex offenders: 16%

Sex offenders as a percentage of the total population stayed approximately the same from 1994 to 1999.

Prison Sex Offender Treatment Program

Governance

Legislation

There is no Nebraska legislation that influences or governs the program.

State Standards/Advisory Board

State-mandated identification policy

Nebraska has no state-mandated identification policy.

Advisory board/sex offender treatment entity

There is no state-mandated policy that creates a sex offender treatment advisory board, and no state-mandated policy that creates a sex offender treatment board/entity that sets standards and requirements for treatment.

Stakeholders influencing the program

Stakeholders outside the DOC who influence the program include:

- The legislature
- The Governor's office
- The state Department of Health and Human Services

Program Policies

Treatment requirement

Offenders who are identified as sex offenders and assessed for sex offender treatment are not required to go to treatment.

Results of denial or refusal of treatment

There are no consequences for an offender who denies a sex offending problem or refuses treatment. However, these sex offenders are less likely to be paroled or to receive approval to transfer to minimum or community custody facilities.

Implications for identified sex offenders

Other than being classified for treatment, there are no implications for an offender who is identified as a sex offender under department policy.

Visitation policy

The visitation policy for offenders assigned to the sex offender program is the same as the policy for the general population. However, inmates incarcerated for crimes against children are not allowed to have physical contact with children.

Program Description/Placement

The Nebraska sex offender program is a therapeutic community that provides cognitive behavioral/relapse prevention treatment in the form of education and group therapy. The program is only for the prison population, and is designed only for sex offenders who admit to their sexually assaultive behavior.

The program has no distinct phases, and provides an open-ended structure for placing a sex offender in treatment.

The offender's sexually assaultive behavior, whether to males, females, children, or adults, is of paramount importance. Participants must accept total accountability for their thinking and behavior, make a total commitment to change, and develop victim empathy.

Dedicated facility

The Nebraska DOC has no dedicated facility for its sex offender treatment program. The ISOP is a modified therapeutic community located on one-half of one living unit at the Lincoln Correctional Center.

Assessment or testing tools

The program uses the ABEL Screen for placing inmates into treatment.

Types of offenders

The program is designed to accept only normal intellectual and socially functioning offenders.

Intake

The DOC takes sex offenders into the treatment program on a first come, first served basis, according to their sentence structure. Those with the shortest sentence are taken first, provided they have at least six months to serve.

If an offender who initially declined treatment has been in the general population for a period of time, he must first successfully complete 3 levels of the outpatient program.

The program has a waiting list of 5 sex offenders.

Core curriculum

The curriculum for the treatment program includes:

- Basic mental health
- Educational courses
- Cognitive behavior therapy
- Individual counseling
- Group counseling
- Writing of prior history (journaling)

Post-release

The Nebraska sex offender treatment program has no continuum aftercare component for sex offenders released from prison.

Sex offenders are eligible for community corrections and work release programs. When placing sex offenders in the community, the DOC has found public attitude to be an obstacle. The DOC has also had difficulty in finding opportunities for sex offenders to continue treatment in the community; any existing opportunities are limited.

Completion/Failure

It is possible for participants to meet all the requirements of the program. The percentage of participants who have completed the program is unknown. In FY 99, the percentage was 23%.

Reasons for termination

An offender might be terminated from the program for any of the following reasons:

- Failure to progress
- Poor work values
- Possession of contraband
- Assaultive behaviors
- Sexual misconduct
- Disruption to the therapeutic community
- Failure to adhere to contractual agreements

Consequences of failure

Failing the program may inhibit Parole Board consideration, or the willingness of a higher custody facility to recommend the offender for minimum or community custody.

Staff Roles and Authority

Offenders are assessed for identification and treatment planning by sex offender program staff at the DOC receiving institution.

Authority

Program staff cannot make a discretionary change to any sex offender identification that is based on criminal history, but can make a discretionary change in an offender's treatment.

The state has identified security levels for prison facilities. The unit responsible for placement has the authority to place a sex offender at any facility, but cannot place an offender in the ISOP.

With the exception of program staff recommendations, there is no interaction between the unit responsible for facility placement and the program staff when sex offenders are being placed at certain facilities.

Assessment

Tests and assessment tools

Treatment team reviews are used to measure participant progress in the program.

Program-developed tools for measuring offender progress

The program has not developed its own set of tools for measuring offender progress, other than 90-day Treatment Plan reviews for all participants.

Internal system for tracking program effectiveness

Currently, the program does not have an internal tracking system. The only tracking is in the form of DOC 3-year recidivism rates for all inmates released. According to those rates, sex offender recidivism is among the lowest. There is no specific tracking to compare sex offenders who have been in treatment to those who have not been treated.

The DOC is beginning to initiate performance-based standards and evaluation.

Release Authority

Parole Board

The parole board is reluctant to release sex offenders until they have successfully completed inpatient treatment.

Percentage of sex offenders who discharge their sentence: 80% to 90%

Staffing Issues

A staff of 4 provides treatment at 1 facility. The department does not have the discretion to set the starting salary for all program staff.

Title	Number of staff	Starting salary	
Counselors	4	MHC II:	$27,294
		MHP II:	$31,541
Psychologist (vacant)	1		$46,197

Training, licensing, and certification requirements

Mental Health Practitioners must have masters degrees and must be licensed by the state. Psychologists must have Ph.D.'s and be licensed by the state.

Staffing of treatment groups

Groups of 9 to 12 participants are facilitated by 2 program staff.

Recruitment and retention

Although the facilities are not in rural areas, low state salaries make it difficult for the program to recruit for any facility. The noncompetitive salaries also create high staff turnover.

Program Costs

Total overall DOC budget: Approximately $100,000,000

Sex offender treatment program, personnel services and operating costs: Not available.

Treatment program costs are not broken out separately. The total Mental Health budget—including assessments as well as inpatient and outpatient services in 8 institutions—is $1,805,430.

% of total DOC budget: N/A

Materials available through the NIC Information Center
1-800-877-1461

The Nebraska response to the survey did not include attachments.

Note: Materials are housed at the NIC Information Center at the discretion of Information Center staff. If any materials listed above are not available from the Information Center, please contact the DOC directly, using the contact name provided at the top of the profile.

New Hampshire

New Hampshire Department of Corrections

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Program Administrator:
Lance Messinger, M.A.
Sex Offender Program Director

Program Summary

Treatment for sex offenders in New Hampshire began in 1982 at the Forensic Unit of the New Hampshire State Hospital. In 1986, the program was transferred from the Department of Health and Human Services to the Department of Corrections, and was moved to the New Hampshire State Prison (NHSP). Currently, two 12 to16-month programs are conducted at the NHSP for men in Concord, New Hampshire. A new sex offender program, based on the therapeutic community concept and relapse prevention model, is slated to begin October 2000 at the North Country Facility in Berlin, New Hampshire. This 500-bed prison facility opened in February of 2000.

The New Hampshire DOC projects a treatment capacity of 120 sex offenders at any given time; the new facility will add 60 beds to the current capacity for 60 participants. Programming is provided by 11 DOC staff members, including projected hires for the new facility.

Programming is designed to provide comprehensive treatment based on cognitive behavioral and relapse prevention models. The New Hampshire SOP also requires participants in both the institutional and community programs to undergo polygraph testing.

The two programs now in place offer the following range of treatment:

Intensive Sex Offender Program (ISOP) ***12 to 16 months***

Intensive programming based on a therapeutic community model creates a highly structured environment for increasing personal responsibility, reinforced by peer pressure and community support. Residents participate in 10 to 15 hours of group therapy per week. Other program components include self-help groups and the Sexual Offender Series of workbooks published by Safer Society Press. The program has a capacity of 24 participants, who are semi-segregated from the general population.

Inmates who have successfully completed the program and remain incarcerated may choose to enroll in an aftercare group.

Enhanced Relapse Prevention Program (ERPP) ***12 months***

To address an increase in the prison sex offender population, the SOP created the ERPP, which covers the same materials and treatment goals as the ISOP. The ERPP consists of didactic sessions facilitated by an inmate who has completed the ERPP or ISOP. A clinical group and social skills group also meets weekly for a total of 6 hours a week. SOP staff guide and directly supervise facilitators, add clinical expertise, and manage the program. Participants live in medium custody units. The program has a capacity of 36 participants.

North Country Facility Sex Offender Program ***12 to 16 months***

It is anticipated that this program will offer a unique therapeutic community design incorporating the Relapse Prevention Model. Inmate facilitators, trained clinical staff, and security staff mentors will facilitate behavioral change. The program will involve approximately 10 hours of group work per week.

Prison Sex Offender Population

Identification

New Hampshire identifies incarcerated sex offenders differently from the general population, according to the criteria below.

Criteria

- Current crime
- Prior sex felony convictions
- Prior misdemeanor conviction
- Factual basis of a current non-sex crime conviction
- Institutional sexual misbehavior (rape, exhibitionism, etc.)

Severity scale

New Hampshire has no severity scale for identified sex offenders.

Population Status

Current total adult incarcerated population: 2300 (In 2000)

Sex offender total: 640 (In 2000)

Percentage of total population identified as sex offenders: 28**%**

In 1994, 23% of the total prison population were sex offenders—429 of 1888 offenders. By 2000, the percentage of sex offenders had increased to 28% of the total population (640 of 2300 offenders, as noted above)—a 5% increase in percentage of the total population.

The increase is due to:

- Increased sex offense commitments
- Conservative release rates
- Changes in the identification or labeling system

Prison Sex Offender Treatment Program

Governance

Legislation

No legislation influences or governs the New Hampshire program.

Legal action

A 1993 state Superior Court ruling denied an inmate's claim that being required to complete the sex offender program before he is eligible for parole, in particular being required to admit guilt for the crime of which he was convicted, violated his Fifth Amendment right against self-incrimination. The ruling states, "Other courts have found that the denial of parole based on the fact that the prisoner is a sex offender, or because a prisoner is required to complete a sexual offender program does not violate any prisoner rights. [The inmate] has no protected liberty interest in receiving parole and can be required under New Hampshire law to complete his sentence." (Marcouillier vs. Cunningham, 11-10-93)

In 1995, the state Supreme Court ruled against an inmate who was denied parole because he had not completed the sex offender program. The inmate had been denied admission into the program because he refused to admit responsibility for the crimes of which he was convicted. The ruling reads, "The plaintiff may choose not to participate in the SOP. Accordingly, the compulsion element of a violation of his privilege against compelled self-incrimination is missing: he may choose not to admit his guilt. The plaintiff's refusal to admit guilt will not cause him to serve additional prison time; he simply may be required to serve the sentence he received originally." (Knowles vs. Warden, 10-31-95)

State Standards/Advisory Board

State-mandated identification policy

New Hampshire has no state-mandated policy that requires an identification process for sex offenders in prison.

Advisory board/sex offender treatment entity

New Hampshire has no state-mandated policy that creates an advisory board, and no state-mandated policy that creates a sex offender treatment board/entity that sets standards and requirements for treatment.

Stakeholders influencing the program

Stakeholders outside the DOC who influence the program include a review committee in the legislature.

Program Policies

Treatment requirement

Sex offenders are generally recommended for treatment by the courts. However, the prison generally requires sex offender treatment before granting parole.

Results of denial or refusal of treatment

If an offender denies a sex offending problem or refuses treatment, he is restricted from lower security or custody placement. The DOC has no written policies for refusal of sex offender treatment.

Implications for identified sex offenders

In addition to being classified for treatment, an inmate identified as a sex offender under department policy is expected to participate in sex offender treatment.

Visitation policy

Offenders assigned to the sex offender program are not allowed to have visits or contact with victims. All visits with minor children must be approved by the treatment team.

Program Description/Placement

The mission of the New Hampshire Sex Offender Program is "to enhance community safety by providing comprehensive treatment and skills necessary for relapse prevention to sexual offenders who are amenable to treatment."

Programs at the New Hampshire State Prison are based on cognitive behavioral and relapse prevention models. As reinforcement for the internal controls sex offenders gain through relapse prevention programming, the state provides external controls—based on the containment approach—that incorporate the supervision roles of the treatment provider, the probation/parole officer, and the polygraph operator.

Dedicated facility

The Intensive SOP is semi-segregated. Inmates live together in a therapeutic community, but eat, have visits, and exercise with the general population.

Assessment or testing tools

The program uses the Multiphasic Sexual Inventory and the MMPI II as assessment tools for placing inmates into the treatment program.

Types of offenders

The program is designed to accept the following types of offenders:

- Normal intellectual and socially functioning
- Developmentally disabled

New Hampshire incarcerates very few female sex offenders. Those amenable to treatment are transferred to a sex offender program at the women's prison in Framingham, Massachusetts, or are recommended for community treatment.

Intake

The SOP interviews and accepts sex offenders into treatment when they are within 2 years of release. Each sex offender must request to participate in the program through his Correctional Counselor/Case Manager, who submits his name to the referral list. Inmates are assessed by one of the treatment team staff and placed on a waiting list for the appropriate program if they meet eligibility criteria. The SOP currently has a waiting list of 140 sex offenders who have been found appropriate for treatment.

Core curriculum

The curriculum for the treatment program includes:

- Social skills training
- Cognitive behavior therapy
- Group counseling
- Homework assignments

Program structure

The New Hampshire program is designed only for the prison population, and only for sex offenders who are willing and amenable to treatment. The program structure specifies a prerequisite for each phase.

The two NHSP programs are described below.

Intensive Sex Offender Program (ISOP) ***12 to 16 months***

Up to 24 residents in a therapeutic community participate in 10 to 15 hours of group therapy per week. Other program components include self-help groups and the Sexual Offender Series of workbooks published by Safer Society Press. Participants progress through three 4-month phases:

Phase I: Full and open disclosure, sexual autobiography, contributing factors in offending, communication, and self-esteem.

Phase II: Victim empathy, anger management, and sexual awareness, as well as stress management and hope and recovery.

Phase III: Relapse prevention, healthy relationships, sexual assault recovery.

All phases include therapeutic community meetings, recreational therapy and physical training, optional religious activities, a couples group (Phase II and III), and the John Bradshaw "Homecoming" videotapes.

Behavioral treatment/chemical interventions. In addition to participating in treatment groups and completing workbooks, participants undergo Assisted Covert Sensitization. When all other options have been exhausted, Depo-Provera or another psychopharmacological intervention may be considered.

Enhanced Relapse Prevention Program (ERPP) ***12 to 16 months***

Up to 36 participants housed in medium custody units meet in therapy groups for 2 hours twice a week. The ERPP covers the same materials and treatment goals as the ISOP, but is conducted by two peer facilitators, selected for their ability to convey program material and provide a positive role model. SOP staff guide and directly supervise facilitators, add clinical expertise, and manage the program.

The ERPP is divided into three phases that follow the organization of the SOS workbook series:

Phase I: *Who Am I and Why Am I In Treatment?*

Phase II: *Why Did I Do It Again?*
Phase III: *How Can I Stop?*

Polygraph testing

Prison-based programs. An incarcerated sex offender who is participating in a treatment program is required to undergo a polygraph examination as part of the treatment contract. Refusal to take the polygraph will result in termination from the program.

A specific issue polygraph is used to test denial of guilt for a specific sexual offense for which the offender has been convicted. In order to successfully complete the institutional program, participants must pass a full disclosure polygraph, acknowledging all of their sexual assault victims. To avoid Fifth Amendment issues, an offender is not required to give identifying information about past victims.

Community-based programs. As a condition of probation/parole, all sex offenders are required to submit to a periodic monitoring polygraph, usually administered every six months. An offender who refuses to submit to a polygraph is terminated from treatment, which is a parole violation.

Completion/Failure

It is possible for an offender to complete all phases of sex offender treatment. Approximately 90% of placements complete the treatment program.

Reasons for expulsion

An offender might be expelled from the program for any of the following reasons:

- Failure to progress
- Sexual misconduct
- Failure to progress and/or lack of motivation

Consequences of failure

A program participant who fails the program is kept at the same facility.

Post-release

Sex offenders are eligible for community corrections work release programs.

New Hampshire provides a continuum aftercare component for sex offenders released from prison, as a required condition of parole. Approximately 15 community-based programs throughout the state provide treatment for sex offenders on probation or parole. The structure of aftercare programming is not based on the prison program, but is unique to the aftercare provider.

Staff Roles and Authority

Assessment for identification and treatment plan

Offenders are assessed for identification and treatment planning by sex offender program staff at the facility.

Authority

- Program staff can make a discretionary change to either identification or treatment.
- The state has identified security levels for prison facilities. The unit responsible for placement has the authority to place a sex offender at any facility.
- The unit responsible for facility placement and the program staff interact when placing sex offenders at certain facilities.

Assessment

Tests and assessment tools

To measure progress in the program, New Hampshire uses clinical interviews.

Program-developed tools for measuring offender progress

New Hampshire has not developed its own set of tools for measuring offender progress.

Internal system for tracking program effectiveness

After release, sex offenders are tracked indefinitely. To measure program effectiveness, the program periodically monitors recidivism rates. Every few years, the program also conducts police checks to track down re-arrests and convictions.

Definition of program success

Program success is defined in terms of arrests or convictions for a new sexual offense.

A recent review tracked recidivism for 204 sex offenders who had completed the intensive program since 1984. During an average follow-up period of 4.8 years, only 6% had committed a new sexual offense; 14% had returned to prison for parole violations, and 5% had returned for other offenses.

A comparison group of 435 sex offenders incarcerated at NHSP between 1975 and 1999 had received no treatment and had been released into the community for an average of 8.6 years. Recidivism data indicates that 12% returned to prison for new sexual offenses, and 11% returned for parole violations. 20% were rearrested for other offenses, including 5% for simple assault.

Release Authority

Parole Board

The parole board is reluctant to release sex offenders who have not completed treatment. Generally, only sex offenders who complete treatment programs are paroled. Most offenders who complete programs are released close to their minimum parole date.

Discharge percentages

Approximately 8% of sex offenders who participate in and complete treatment serve their maximum sentences. About 35% (since 1975 before treatment was available) of those who do not participate in treatment serve their maximum sentences.

Staffing Issues

A staff of 11 provides treatment in 3 facilities. This includes new staff to be hired for the new treatment facility. The department does not have the discretion to set the starting salary for program staff; this is established by State of New Hampshire Personnel Department.

Title	Number of staff	Pay range
Administration (Program Director)	1	$45,000 to $50,000
Psychologist (Associate)	1	$35,000 to $40,000
Program Coordinators	2	$40,000 to $45,000
Counselor/ Casemanagers	3	$30,000 to $36,000
Clinical Mental Health Counselor	2	$32,000 to $38,000
Clerical	1	$18,000 to $22,000
Polygraph Operator	1	$30,000 to $35,000

The Program Director reports directly to the Assistant Commissioner of Corrections.

Training, licensing, and certification requirements

New Hampshire has no training, licensing, or certification requirements for staff. The current SOP staff includes 6 masters level clinicians and 4 bachelors level staff.

Staffing of treatment groups

Groups of 8 to 12 participants are facilitated by 1 counselor.

Recruitment and retention

The new prison facility is located in rural northern New Hampshire. The DOC is having difficulty finding qualified staff willing to relocate. Current staffing has been fairly stable.

Program Costs

Total overall DOC budget: $50,000,000

Sex offender treatment program, personnel services and operating costs: $500,000

% of total DOC budget: 1**%**

Materials available through the NIC Information Center
1-800-877-1461

New Hampshire State Prison Sexual Offender Programs. An 18-page description of sex offender programming, including philosophy, admission procedures, selection criteria, program descriptions, and use of polygraph testing. Also includes an appendix of forms and important data.

A packet of 1- to 2-page descriptions and charts:

- *Sex Offender Recidivism at NHSP (October 1999).* Bar graph comparing sex offenders who received intensive treatment and no treatment.
- *Sex Offender Population at NHSP (January 2000).* Pie graph breaking down sex offenders in terms of program participation.
- *Sexual Offender Treatment Programs.* Includes mission statement and program description.
- *Summary of New Hampshire Sexual Offender Programs.* Includes program review, sex offender population, and program outcome.
- *Sexual Offender Program (NH Department of Corrections): September 1999.* Mission statement and program description, presented in a question/answer format.
- *Sex Offender Program Review and Recommendations (October 1999).*
- *Thoughts on Sex Offender Denial*
- *Thoughts on Limited Immunity for Sex Offenders at NHSP/Court Decisions Regarding Denial and Parole Board Decisions.*

A packet of 1- to 2-page documents regarding polygraph testing:

- *NH DOC Guidelines for Use of Polygraph with Sexual Offenders*
- Memorandum from Program Director Lance Messinger, providing a snapshot of the polygraph program.
- *Frequently Asked Questions About the Polygraph*

Note: Materials are housed at the NIC Information Center at the discretion of Information Center staff. If any materials listed above are not available from the Information Center, please contact the DOC directly, using the contact name provided at the top of the profile.

New York

New York State Department of Correctional Services

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Program Administrator:
James V. Granger, Director

Program Summary

The New York State Department of Correctional Services currently provides the Sex Offender Counseling Program in three 8-week phases, for a total duration of 24 weeks:

Phase I: Introduction to the Counseling Program through Denial and Victim Empathy
Phase II: Relapse Prevention Model
Phase III: Wellness Through Personal Recovery

Treatment is structured on a cognitive behavioral system. Each phase offers an increasingly intensive focus on the cycle of offense, relapse, and recovery.

The department provides programming in 12 facilities to anyone identified as a sex offender. In 1999, a total of 6,272 identified sex offenders were under custody. The program can treat 530 or more sex offenders at any given time. A staff of 39 provides sex offender treatment; counseling staff also have other assignments.

The program is currently being modified.

Prison Sex Offender Population

Identification

New York does not identify incarcerated sex offenders differently from the general population. Offenders sentenced to prison are identified as sex offenders according to the criteria below.

Criteria

- Current crime
- Factual basis of a current non-sex crime conviction
- Institutional sexual misbehavior

Severity scale

New York does not have a severity scale for identified sex offenders.

Population Status

Current total adult incarcerated population: 72,000

Sex offender total: 6,272 (in 1999)
The sex offender total can be broken down as follows:

Categories	Number
Active sex offenses	5,528
Factual basis of current non-sex conviction that involved unlawful sexual behavior	744
Total Identified/Labeled Sex Offenders:	6,272

Percentage of total population identified as sex offenders: 8%

The number of sex offenders has increased by 1,140 offenders over the last five years, from 5,132 in 1994 to 6,272 in 1999, an increase of 20%.

The increase is due to:

- Increased sex offense commitments
- Conservative release rates

Prison Sex Offender Treatment Program

Governance

Legislation

New York reports no legislation that influences or governs the program.

State Standards/Advisory Board

State-mandated identification policy

New York has no state-mandated identification policy.

Advisory board/sex offender treatment entity

New York has no state-mandated advisory board or sex offender treatment entity that sets standards and requirements for treatment.

Stakeholders influencing the program

No stakeholders outside the New York State Department of Correctional Services influence the program.

Program Policies

Treatment requirement

All offenders who are identified as sex offenders and assessed for sex offender treatment are required to go to treatment.

Results of denial or refusal of treatment

If an offender denies a sex offending problem or refuses treatment, the offender is denied privileges.

Implications for identified sex offenders

In addition to being classified for treatment, an offender identified as a sex offender under department policy is:

- Restricted to certain security level facilities
- Excluded from outside work crews
- Ineligible for community corrections or shock incarceration
- Expected to participate in sex offender treatment

Visitation policy

The visitation policy for offenders assigned to the sex offender program is the same as the policy for the general population.

Program Description/Placement

For the New York State Department of Correctional Services, the primary concern underlying sex offender programming is public safety. Failure to program also has a negative impact on release consideration for sex offenders.

The program is based on the cognitive behavioral relapse prevention model. The program is currently being modified, to provide three 8-week phases of progressively intensive work on the cycle of offense, relapse, and recovery.

Dedicated facility

No phase of the sex offender program is conducted in a dedicated facility. Programming is provided in 12 facilities.

Assessment or testing tools

For placing sex offenders in treatment, New York uses the crime of commitment, the pre-sentence report, and a signed statement that the inmate is willing to participate.

Types of offenders

The program is designed to accept all sex offenders who are under custody.

Intake

The department takes sex offenders into the program according to the availability of space. Each facility maintains its own waiting list, which varies. As of February 2, 2000, there were 420 sex offenders on waiting lists.

Core curriculum

The curriculum for the treatment program includes:

- Cognitive behavior therapy
- Individual counseling
- Group counseling
- Writing of prior history (journaling—substantial homework assignments)

Program structure

Sex offender programming provided by the Department of Correctional Services is designed only for the prison population. The department provides the program to anyone identified as a sex offender. Beginning treatment addresses denial. If an inmate cannot admit his crime, he will not be able to continue participating. The program structure specifies a prerequisite for each phase.

The three 8-week phases, for a total duration of 24 weeks, cover the following areas:

Phase I: Introduction to the Counseling Program through Denial and Victim Empathy
Phase II: Relapse Prevention Model
Phase III: Wellness Through Personal Recovery

Post-release

The New York program has no continuum aftercare component for sex offenders released from prison. The Division of Parole is a separate agency and is responsible for post-release supervision. New York State also has mandatory sex offender registration that involves local law enforcement agencies upon the release of offenders.

Completion/Failure

It is possible for an offender to complete all phases of sex offender treatment.

Reasons for expulsion

An offender might be expelled from the program for any of the following reasons:

- Failure to progress
- Poor work values
- Possession of contraband
- Assaultive behaviors
- Sexual misconduct

The program is too new to determine which phases have the greatest failure rate.

Consequences of failure

As a consequence for failing the program, the inmate participant can be given restricted privileges.

Staff Roles and Authority

Assessment staff at the reception center usually assess the offender for identification and treatment planning. However, in some cases an inmate may be assessed at a later time, by program staff at the facility, if he commits a sexual assault during incarceration.

Authority

- Program staff can make a discretionary change to either identification or treatment.
- The state has identified security levels for prison facilities. The unit responsible for placement has the authority to place a sex offender at any facility.
- The unit responsible for facility placement and the program staff interact when placing sex offenders at certain facilities.

Assessment

Tests and assessment tools

Currently, the New York program does not use clinical interviews or psychological tests to measure participant progress in the program.

Program-developed tools for measuring offender progress

The program is in the process of developing its own assessment tools for measuring participant progress in the program.

Internal system for tracking program effectiveness

The program is also in the process of developing an internal system for tracking program effectiveness.

Definition of program success

The department is planning to develop a treatment outcome study that addresses a definition of "program success." The number of years sex offenders are to be tracked after release will not be less than one year and may be up to 3 years.

Release Authority

Parole Board

The Parole Board is the release authority and is part of the New York State Division of Parole, which is a separate agency from the New York State Department of Correctional Services.

Sex offenders who discharge their sentence

Most sex offender do not discharge their sentence. The percentages below are based on 663 First Releases in 1991.

Rate of release for those who discharge their sentence: 66 offenders (10.0%)

Rate of release for those who go to parole: 30 offenders (4.5%)

Remaining inmates conditionally released: 567 offenders (85.5%)

Staffing Issues

There are currently 39 state correction counselors who provide sex offender programming in 12 facilities.

Title	Number of staff	Pay range
Counselors	39	$37,926 to $47,086

Training, licensing, and certification requirements

The minimum qualifications necessary to take the required Civil Service examination for a Correction Counselor is a bachelor's degree in counseling, social work, sociology, criminal justice, psychology, or community and human services.

It is also necessary to have two years of qualifying counseling experience. A master's degree with specialization may be substituted for up to 1 year of qualifying experience. In addition, counselors are required to complete 40 hours of training per year. For those conducting sex offender counseling, it is expected that at least 32 hours will be related to that subject.

Staffing of treatment groups

Generally, groups of 12 to 15 are facilitated by 1, or sometimes 2 counselors.

Recruitment and retention

New York reports no difficulty in recruiting program staff for rural areas.

Program Costs

Total overall DOC budget: Not yet determined.

Sex offender treatment program, personnel services and operating costs: Not yet determined.

% of total DOC budget: Not yet determined.

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Materials available through the NIC Information Center
1-800-877-1461

No materials on the New York State sex offender program are available.

Note: Materials are housed at the NIC Information Center at the discretion of Information Center staff. If any materials listed above are not available from the Information Center, please contact the DOC directly, using the contact name provided at the top of the profile.

North Carolina

North Carolina Department of Correction

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SOAR Program
North Carolina Department of Correction
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E-mail: N/A

Program Administrator:
Robert Carbo, Psychological Services Coordinator

Program Summary

The Sexual Offender Accountability and Responsibility (SOAR) program has been operating through the North Carolina Department of Correction (DOC) since 1991. A treatment 4 psychologists provides a program based on cognitive behavioral and relapse prevention models, in a residential setting for up to 75 sex offenders per year.

The program emphasizes "the cycle" as a conceptual framework for identifying maladaptive thoughts and behaviors and finding treatment interventions. Over the course of 5 months (20 weeks), participants receive treatment through psychoeducation as well as individual and group therapy. Participants progress through 16 modules, including an extensive training module on victim empathy.

The residential setting creates a therapeutic community in one facility for men, where program participants are housed in the same dormitory. The SOAR group room, classroom, and offices are located in the same building as the dormitory.

To apply for the SOAR program, an offender may request an appointment with his unit psychologist at any time during his incarceration, provided he is currently in medium or minimum custody. The unit psychologist screens applicants, and refers appropriate candidates to SOAR staff. SOAR staff make selections based on factors such as motivation for treatment, prison infraction history, length of sentence, and prior treatment experience.

Prison Sex Offender Population

Identification

North Carolina identifies incarcerated sex offenders differently from the general population, according to the criteria below.

Criteria

- Current crime
- Prior sex felony convictions
- Institutional sexual misbehavior

Severity scale

North Carolina does not have a severity scale for identified sex offenders.

Population Status

Current total adult incarcerated population: 31,333 (December 31, 1999)

Sex offender total: 5,101

The total can be further broken down as noted below.

Active sex offenses:	4,495
Prior felony sex offenses with current non-sex offense:	606

Percentage of total population identified as sex offenders: 16%

The number of identified sex offenders serving for sex crimes has increased from 3,147 in 1994 to 3,830 in 1999, an increase of 28%.

The increase is due to:

- Increased sex offense commitments
- Conservative release rates

Prison Sex Offender Treatment Program

Governance

Legislation

North Carolina reports no legislation that influences or governs the program.

State Standards/Advisory Board

State-mandated identification policy

North Carolina has no state-mandated identification policy.

Advisory board/sex offender treatment entity

North Carolina has no state-mandated policy that creates a sex offender treatment advisory board, and no state-mandated policy that creates a sex offender treatment board/entity that sets standards and requirements for treatment.

Stakeholders influencing the program

Stakeholders who influence the program include:

- The legislature
- The Governor's office
- The District Attorney's counsel
- The Secretary of the Department of Correction
- The DOC Mental Health Director
- The Unit Superintendent

Program Policies

Treatment requirement

Offenders who are identified as sex offenders and assessed for sex offender treatment are not required to go to treatment.

Results of denial or refusal of treatment

There are no consequences to an offender for denying a sex offending problem or refusing treatment.

Implications for identified sex offenders

Other than being classified for treatment, there are no implications for an offender identified as a sex offender under department policy.

Visitation policy

The visitation policy for offenders assigned to the sex offender program differs from the policy for the general population, in that sex offenders are not allowed any contact with their victim(s) while participating in treatment.

Program Description/Placement

The SOAR program was established by the North Carolina DOC to treat incarcerated sexual offenders. The program is based on the tenets that 1) deviant sexual behavior is learned, and 2) through treatment, sexual offenders can learn appropriate and responsible social and sexual behavior to substitute for the inappropriate and irresponsible behavior which led to the offense. By using "the cycle" as a conceptual

framework, staff show offenders how to identify maladaptive responses to the environment as well as interventions for interrupting the sexual abuse cycle. To help the participant internalize treatment, staff emphasize the relevance of each component of the program to the offender's own cycle.

A sexual offender volunteers for the program by meeting with the unit psychologist for an interview, to determine whether he meets the criteria for admission. To be eligible for the program, the offender should:

- Have a felony conviction for a sexual offense.
- Be age 21 or above.
- Be in minimum or medium custody.
- Volunteer to participate in the program.
- Admit guilt for his sexual offense.
- Not have a severe mental illness.
- Have a sixth grade reading level or higher.
- Be willing and able to participate in confrontational groups.

If the offender meets admission criteria, the unit psychologist completes a clinical assessment report. An offender assessed to be suitable for the program is referred to SOAR staff, who select participants for the next SOAR group.

Programming for up to 40 participants for each 5-month session takes place in a therapeutic community, and is based on cognitive behavioral and relapse prevention models of treatment. Treatment is delivered through psychoeducational modules and group and individual therapy, and emphasizes behavior techniques and empathy training.

Dedicated facility

SOAR is located at Harnett Correctional Institution in Lillington, which is 35 miles south of Raleigh. Inmates participating in the sex offender treatment program are housed together in the same dormitory, which includes some inmates who are not sex offenders. SOAR participants are not segregated from the general population. The program group room, classroom, and offices are in the same building as the dormitory for participants.

Assessment or testing tools

To assess sex offenders for treatment, program staff use the following tools:

- A standardized form for recording the offender's psycho-sexual history
- An interview
- The MSI
- The MMPI
- IBS

Types of offenders

The program is designed to accept only normal intellectual and socially functioning male offenders.

Intake

The SOAR program takes sex offenders into the program according to the following criteria:

- Motivation for treatment (as assessed by the referring psychologist)
- Short time to supervised release
- DOC infraction history
- Short time to sentence discharge
- Prior treatment experience

The program does not have a waiting list.

Core curriculum

The curriculum for the treatment program includes:

- Basic mental health
- Psychoeducational modules
- Cognitive behavior therapy
- Individual counseling
- Group counseling
- Writing of prior history (journaling)
- Behavior techniques
- Empathy training
- Assertiveness training
- Anger management training
- Behavior modification
- Relapse prevention

Program structure

The SOAR program is only for the prison population, and is designed only for sex offenders who are willing and amenable to treatment.

Based on cognitive behavioral and relapse prevention models, the SOAR program uses "the cycle" as a conceptual framework in four ways:

1. To identify precursors to sexually abusive behavior.
2. To identify historical events which lead to specific thoughts, feelings, and behaviors.
3. To identify daily occurrences in the offender's life which trigger specific responses.
4. To identify times and situations to interrupt with appropriate coping responses.

The program is structured on 5 months (20 weeks) of intensive residential treatment, followed by prison-based aftercare.

Residential Treatment *20 weeks*

Program participants live in the same dormitory and meet in groups 5 days a week for 20 weeks. Classes begin at 8:00 a.m. and run, with a 1½ hour lunch break, until 3:30 p.m. Participants progress through 16 treatment modules, involving approximately 300 hours of classroom instruction and 300 hours of lab time. Lab time is for viewing videotapes and completing assignments.

Homework assignments are given for evening hours and weekends. Participants also attend evening and weekend activities such as Sexual Addicts Anonymous (SAA) or Family Day.

The most extensive treatment modules are Empathy Training (54 hours) and Relapse Prevention (42 hours). Other modules range from 12 to 30 hours, with most lasting 15 hours.

Prison-based aftercare *Weekly*

For prison-based aftercare, participants meet weekly in groups for support and to review SOAR material. Unit psychologists lead the groups, with materials and consultation provided by the SOAR staff. Groups vary from highly structured to open-ended support groups, as determined by the unit psychologist leading the group.

Post-release

The North Carolina DOC has no continuum aftercare component for sex offenders released from prison.

Sex offenders may be eligible for community corrections and work release programs.

Completion/Failure

It is possible for an offender to complete all phases of sex offender treatment. 75% of placements complete the treatment program.

Reasons for expulsion

An offender might be expelled from the program for any of the following reasons:

- Failure to progress
- Possession of contraband
- Assaultive behaviors
- Sexual misconduct
- Violation of treatment contract

Consequences of failure

A sex offender who fails the program is returned to the referring facility.

Staff Roles and Authority

Offenders are assessed for identification and treatment planning by SOAR staff at the program unit.

Authority

Program staff can make a discretionary change to treatment.

The state has identified security levels for prison facilities. The unit responsible for placement has the authority to place a sex offender at any facility.

The majority (90%) of program participants are transferred from other units to participate in the SOAR program. They are transferred back to the referring unit when they complete the program.

Assessment

Tests and assessment tools

To measure progress in the program, SOAR staff use clinical interviews.

Program-developed tools for measuring offender progress

SOAR staff have developed a Goal Attainment Scale for measuring offender progress toward 15 treatment goals:

1. Admitting guilt
2. Accepting responsibility
3. Identifying the offense cycle
4. Controlling deviant arousal
5. Managing anger
6. General empathy and compassionate action
7. Victim empathy
8. Assertiveness knowledge and skills
9. Relapse prevention plan
10. Understanding cognitive distortions
11. Expression of feelings
12. Maintaining adequate attendance
13. Completion of assigned work
14. Quality of assigned work
15. Group participation

Internal system for tracking program effectiveness

SOAR staff have tracked program effectiveness using DOC statistics.

Definition of program success

A SOAR graduate who does not reoffend or is not convicted of another sexual offense is considered a program success.

As of May 2000, over 500 sex offenders have completed SOAR. Of those, 302 have been released from prison. To date, only 7 of the 302 (2.3%) have returned to prison for a new sexual offense.

Release Authority

Parole Board

The parole board is reluctant to release sex offenders.

Percentage of sex offenders who discharge their sentence: Not provided.

Rate of release for those who discharge their sentence: Not provided.

Rate of release for those who go to parole: Not provided.

Staffing Issues

A staff of 4 provides SOAR programming in 1 facility. The department does not have the discretion to set the starting salary for all program staff.

Title	Number of staff	Pay range
Psychologist	4	$32,000 to $58,000

One Psychological Services Coordinator and 2 Staff Psychologist II positions are full-time DOC positions. The fourth psychologist is contractual and part-time, at 2 days per week. Staff also include 9 peer counselors.

Training, licensing, and certification requirements

Treatment staff must be licensed as a Psychologist or Psychology Associate in North Carolina.

Staffing of treatment groups

Groups of 18 to 20 participants are facilitated by 1 therapist.

Recruitment and retention

The SOAR program has had difficulty recruiting psychologists for the rural area facility.

Program Costs

Total overall DOC budget: Not provided

Sex offender treatment program, personnel services and operating costs: Not provided.

% of total DOC budget: Not provided.

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Materials available through the NIC Information Center
1-800-877-1461

SOAR Fact Sheet. A 2-page summary of the program, including philosophy, criteria for admission, referral procedure, program overview, staffing, schedule, theoretical approach, and content.

Sexual Offender Accountability and Responsibility Treatment Program (SOAR): Treatment Contract. The 3-page contract sex offenders are required to sign before they can participate in the program.

Goal Attainment Scaling. A 7-page instrument developed by SOAR staff for tracking offender progress toward 15 treatment goals.

Note: Materials are housed at the NIC Information Center at the discretion of Information Center staff. If any materials listed above are not available from the Information Center, please contact the DOC directly, using the contact name provided at the top of the profile.

North Dakota

North Dakota Department of Corrections and Rehabilitation

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Program Administrator:
Michael Froemke, Director of Treatment

Program Summary

The North Dakota Department of Corrections and Rehabilitation (DOCR) provides group-based cognitive behavioral treatment for 50 to 60 sex offenders in one of its three prison facilities. Sex offenders are eligible to enter treatment after they complete classification, within 5 to 6 weeks of entering prison. Program duration ranges from 12 weeks to 5 years. A staff of 2 therapists conducts treatment, and 1 psychologist and 3 psychiatrists are available for consultation.

The Sex Offender Treatment Program (SOTP) emphasizes relapse prevention and includes a family component. The program sequence begins with a full clinical assessment and progresses through intensive group therapy.

Full Clinical Assessment

Program staff conduct an extensive clinical assessment of each convicted sex offender. Assessment information is used to complete an Individual Treatment Plan, as well as for making referrals to address any identified physical, psychiatric, gambling, or addiction problems. The continuum of care ranges from education only to the full complement of available treatment.

The Multiphasic Sex Inventory (MSI), which is used in the initial assessment, is repeated for monitoring purposes during the Sex Offender Education Class and Intensive Sex Offender Group phases.

Sex Offender Education Class ***12 weeks***

Sex offender education covers issues such as sexuality; depression, grief and shame; victimization, behaviors, and offending; and interpersonal boundaries. Staff also educate participants on 12 Step Programs, as well as terms commonly used in sex offender treatment. Depending on the outcome of the clinical assessment, the education class may be the end of sex offender treatment for certain offenders. Sex offenders also prepare for intensive group-based treatment by completing either *Who am I, & Why am I in Treatment?* (Safer Society Press) or *Facing the Shadow* (Civic Research Institute).

Video Series ***163 hours***

Candidates for intensive sex offender group treatment attend up to 163 hours of educational videos addressing all aspects of sex offender treatment.

Intensive Sex Offender Group ***24 to 60+ months***

Participants progress through group-based treatment in 2 phases. Phase I participants focus on goal setting and personal history as well as understanding their sexual assault cycle. Phase II leads up to the Relapse Prevention Plan, which is followed by family workshops and other issues relative to maintaining gains made in treatment. Some offenders are released from incarceration before they are able to complete treatment at the North Dakota State Penitentiary (NDSP).

Prison Sex Offender Population

Identification

North Dakota does not identify incarcerated sex offenders differently from the general population. Sex offenders are identified by the criteria below:

Criteria

- Current crime
- Parole or probation violators for original sex crimes

Severity scale

North Dakota does not have a severity scale for identified sex offenders. To assess risk, the DOCR uses the following instruments:

- Multiphasic Sexual Inventory (MSI)
- Minnesota Sex Offender Screening Tool (MnSOST) and the revised MnSOST-R
- DSM-IV Diagnosis

The DSM-IV and the MSI are used for treatment purposes.

Population Status

Current total adult incarcerated population: 1,023 (as of 8/20/00)

Sex offender total: 166 (as of 8/20/00)

Percentage of total population identified as sex offenders: 17%

The data for determining whether the number of sex offenders has increased or decreased over the last five years is not available.

Prison Sex Offender Treatment Program

Governance

Legislation

Registration

Legislation passed in 1991 requires sex offenders to register for 10 years if they are convicted of a felony sexual crime or an attempted felony sexual crime, a felony crime against a child or an attempted felony crime against a child, or any crime against another individual if the court finds that the offender demonstrated mental abnormality or sexual predatory conduct. The registration requirement includes juveniles found delinquent of equivalent crimes. As of 8/1/99, juveniles who are adjudicated in juvenile court for sexual offenses or for felony offenses against children are required to register in the same manner as adults.

The law requires a sex offender to register for life if the offender:

- Has been convicted on two or more occasions of a felony sex offense or a felony offense against a child for which he has been required to register.
- Is an adult and the victim is under age 12.
- Is an adult other than a parent of the victim.
- Has been civilly committed as a sexually dangerous individual under this law, the laws of another state, or by the federal government.

The Department of Corrections and Rehabilitation is required to:

- Notify an individual, prior to release, of his duty to register.
- Require the individual to acknowledge the notice by signing a form required by the Attorney General.
- Obtain, for inclusion on the form, the address where the individual intends to reside, attend school, or work.
- Report the addresses by sending the form to the Attorney General no later than 45 days before the scheduled release.

Thirty days before the discharge, the Attorney General forwards the form to local law enforcement where the individual intends to reside, the prosecutor who prosecuted the individual, and the court in which the individual was prosecuted.

Prior to the release of an individual who is required to register, the department provides any relevant information to the appropriate law enforcement agencies. If a law enforcement agency determines that

a registered individual is a public risk, the agency must disclose to the public any information considered necessary for public protection.

Commitment of Sexually Dangerous Individuals

Legislation passed in 1999 allows the County States Attorney to file a petition in the district court alleging that an individual is a sexually dangerous individual. The petition must state sufficient facts for the allegation. After the petition has been filed, the procedure involves:

1. A preliminary hearing to establish probable cause.

1. An evaluation of the individual conducted by one or more experts chosen by the Executive Director of the Department of Human Services.

1. A commitment proceeding. An individual cannot be committed unless at least 2 experts have concluded that the individual has a congenital or acquired condition that is manifested by a sexual disorder, a personality disorder, or other mental disorder or dysfunction that makes that individual likely to engage in further sexually predatory acts.

An individual found to be a sexually dangerous individual is committed to the care, custody, and control of the Executive Director of the Department of Human Services.

Commitment referrals from the North Dakota State Penitentiary

In response to (but not specifically mandated by) the legislation, the North Dakota State Penitentiary has developed a procedure for referring sex offenders to the appropriate county States Attorney(s) for further review.

1. During the initial Full Clinical Assessment treatment staff determine whether a sex offender is mentally retarded, which would exclude the offender from the Sexually Dangerous Individual civil commitment process. All sex offenders are scheduled for review 8 months prior to their projected release date.

1. Scores of the MnSOST and MnSOST-R help determine whether a sex offender should be considered for possible referral. The appropriate inmate files are researched by the Licensed Clinical Psychologist, the Director of the Treatment Department, the offender's Primary Counselor, the Sex Offender Treatment Team, and others as each case dictates.

1. At 8 months prior to discharge, treatment staff make the final determination whether to refer the case to the appropriate county States Attorney(s) for further review.

State Standards/Advisory Board

State-mandated identification policy

North Dakota reports no identification process for sex offenders in prison.

Advisory board/sex offender treatment entity

In North Dakota, there is no state-mandated policy that creates a sex offender treatment advisory board, and no state-mandated policy that creates a sex offender treatment board/entity that sets standards and requirements for treatment.

Stakeholders influencing the program

Stakeholders outside the DOCR who influence the program include:

- The legislature
- The office of the North Dakota Attorney General
- Judges and County States Attorneys

Program Policies

Treatment requirement

All NDSP inmates, including sex offenders, are required to comply with an evaluation and follow any treatment recommendations. With certain exceptions, refusal to be assessed or attend recommended treatment may result in sanctions.

Results of denial or refusal of treatment

If an offender denies a sex offending problem or refuses assessment or recommended treatment, the offender:

- May be given a certain classification
- May be denied privileges
- May be subject to a reduction of time credits and receive other sanctions
- Will be restricted from a specific lower security or custody placement
- If court-ordered to treatment, will be reported as non-compliant to the States Attorney from the sentencing county.

In the Inmate Handbook, the department documents the policy for failure to comply with any rehabilitative programming. Inmates who fail to comply are subject to loss of good time until compliant.

Implications for identified sex offenders

In addition to being classified for treatment, an offender identified as a sex offender under department policy is:

- Restricted to certain security level facilities
- Excluded from outside work crews
- Ineligible for community corrections
- Expected to participate in sex offender treatment
- Restricted from contact with minors until approved by treatment staff, if any of their victims were minors.

Visitation policy

The visitation policy for offenders assigned to the sex offender program differs from the policy for the general population, in that offenders with victims under 18 years of age are restricted from visits with all minors until approved by the treatment unit.

Program Description/Placement

The North Dakota SOTP provides group-based, cognitive behavioral treatment, with an emphasis on relapse prevention. The Intensive Sex Offender Group includes a family component.

Program staff use the MSI to monitor the progress and behavior of program participants and to aid in determining whether an offender should be referred for further review for the civil commitment process.

Dedicated facility

The program has no dedicated facility. Sex Offenders remain in the general population within the prison in Bismarck and attend treatment activities within the Treatment Department. The Department of Human Services provides a dedicated facility for civilly committed sexual predators at the State Hospital in Jamestown, North Dakota.

Assessment or testing tools

Assessment tools used for inmate placement into the treatment program include:

- Multiphasic Sexual Inventory (MSI)
- Psychological evaluation
- Sex Offender Data Collection Instrument
- Sexual Autobiography
-

Types of offenders

The program is designed to accept the following types of offenders:

- Normal intellectual and socially functioning offenders
- Chronically Mentally Ill
- Developmentally disabled

Intake

The North Dakota treatment program takes sex offenders into the program according to the priority on the list. The program has a waiting list of 10 to 20 sex offenders.

Core curriculum

The curriculum for the treatment program includes:

- Basic mental health
- Educational courses
- Cognitive behavior therapy
- Individual counseling
- Group counseling
- Writing of prior history
- Relapse Prevention Plan
- Identification of personal sexual assault cycle

Program structure

The North Dakota Sex Offender Treatment Program is only for the prison population, and is designed only for sex offenders who are cooperative and amenable to treatment. The educational class that precedes intensive group aids staff in assessing offender needs for further ongoing treatment.

The program structure specifies a prerequisite for each phase, but provides an open-ended structure for participant progress through the treatment sequence.

The program sequence begins with a full clinical assessment and progresses through intensive group therapy.

Full Clinical Assessment

Program staff conduct an extensive clinical assessment of each convicted sex offender, which includes, at a minimum:

- Psychological, sexual, and social assessment
- Chemical dependence assessment, including the *Addiction Severity Index* (Accurate Assessments)
- Present and past legal sanctions
- Age of and relationship to victims
- Collateral information from all previous service providers
- Parole Board pre-sentence investigation
- IQ testing, as appropriate
- Identification of any learning, cognitive, and physical problems
- MSI
- MnSOST and MnSOST-R
- MMPI-2 as appropriate

On the basis of the clinical assessment, staff complete an Individual Treatment Plan. Staff also use assessment information for referring each sex offender to the appropriate programs for addressing

physical, psychiatric, gambling, or addiction problems. The spectrum of care ranges from education only to the full complement of available treatment.

After the initial full clinical assessment, the MSI is repeated for monitoring purposes during the Sex Offender Education Class and Intensive Sex Offender Group phases. When an offender completes treatment, a final MSI is completed.

Sex Offender Education Class ***12 weeks***

Sex offender education covers a range of information that forms the foundation of sex offender treatment:

- Introducing the SOTP.
- Arranging any necessary tutoring or mentoring.
- Initiating work toward a GED, as appropriate.
- Providing contacts for the Sex Addicts Anonymous (SAA) program.
- Educating participants on confidentiality, mandatory reporting, and program expectations on the part of both program staff and participants.
- Sexual education
- Emotional issues such as depression, grief and shame
- Appropriate and lawful human sexual interaction and interpersonal boundaries
- 12 Step Programs
- Terms commonly used in sex offender treatment programs.

Staff also continue to monitor participants on the basis of the MSI and ongoing clinical assessment.

Depending on the outcome of the clinical assessment, the education class may be the end of sex offender treatment for certain offenders.

Sex offenders prepare for intensive group-based treatment by completing either:

- *Who am I, and Why am I in Treatment?* (Safer Society Press) or
- *Facing the Shadow* (Civic Research Institute)

Intensive Sex Offender Group ***24 to 60+ months***

Participants progress through group-based treatment in two phases. Phase I focuses on goal setting and personal history. Phase II leads up to the Relapse Prevention Plan, which is followed by family workshops and other issues relative to maintaining gains made in treatment. Specific components of each phase are listed below.

Phase I

- Goal setting
- Discovery report
- Sexual autobiography
- Family mapping
- Personal victimization
- Fantasy journal

Phase II

- Cognitive distortions
- Behavioral cycle
- Letter to the victim
- SAA First Step
- Elements of recovery
- Victim impact statement
- Relapse prevention plan
- Family workshop(s)
- 4^{th} and 5^{th} steps from a 12-Step program
- Sponsor letter for obtaining an AA/NA/SAA sponsor in the community prior to release.
- 12^{th} Step work

Post-release

A continuum of care is provided through a referral to the Human Service Center in the region in which the offender resides. The Human Service Center governs the aftercare or continuing care component. An offender's Parole/Probation Officer monitors compliance with the community-based treatment. Sex offenders are not eligible for community corrections or work release programs.

Completion/Failure

It is possible for an offender to complete all phases of sex offender treatment while incarcerated. Of 166 program participants who are currently incarcerated, 24 are considered to have completed the programming recommended for them. These are primarily offenders whose recommendation was for the Sex Offender Education Class only (8/21/00).

Reasons for expulsion

An offender might be expelled from the program for any of the following reasons:

- Failure to progress
- Refusal to participate (self removal)
- Violation of confidentiality rules

Consequences of failure

As a consequence for failing the program, the inmate may be subject to institutional sanctions including:

- Restriction of privileges
- Loss of time toward sentence reduction (“good time”)

Staff Roles and Authority

Offenders are assessed for identification and treatment planning by the program staff including the psychologist and treatment providers.

Authority

Program staff can make a discretionary change to either identification or treatment.

The state has identified security levels for prison facilities. The unit responsible for placement has the authority to place a sex offender at any facility.

The unit responsible for facility placement and the program staff interact when placing sex offenders at certain facilities.

Assessment

Tests and assessment tools

To measure progress in the program, the program uses clinical interviews and the MSI.

Program-developed tools for measuring offender progress

The North Dakota program measures offender progress by monitoring a participant's ownership of his behavior, as demonstrated through self-disclosure, institutional behavior and family workshops.

Internal system for tracking program effectiveness

Recidivism data to gauge the effectiveness of treatment is not yet being systematically gathered.

Definition of program success

Program success is defined as completion of treatment, as well as no reoffense or parole violation by participants released from prison.

Risk assessment

The NDSP reviews all sex offenders prior to release to determine whether to refer an offender for further review by the county States Attorney for the civil commitment process. Program staff have selected the MnSOST and MnSOST-R to provide objective and quantitative data to aid in making the referral determination.

To test the validity of the MnSOST with the North Dakota population, program staff used it to retrospectively rate 20 sex offenders released from the NDSP in 1993 and 1994,[1] who had been at liberty for 38 to 62 months.[2] Ratings were based on pre-release file data. Ten of the 20 offenders had been re-incarcerated since release, and 10 others were randomly chosen. The study found a strong correlation between MnSOST scores and the status of the released offenders.[3]

[1] Hanlon, Mark, Larson, Stephen and Zacher, Sandy "The Minnesota SOST and Sexual Re-offending in North Dakota: A Retrospective Study," *International Journal of Offender Therapy and Comparative Criminology*, March 1999.

[2] Hanlon, 4.

[3] Hanlon, 2.

Release Authority

Parole Board

The parole board is reluctant to release sex offenders, and weighs the seriousness of the crime(s) and/or lack of treatment in making parole decisions.

The percentage of sex offenders who serve their maximum sentence is close to 100%. Most sex offenders, however, have a period of probation supervision following release from prison. Although all sex offenders undergo a Parole Board review, only 0% to 5% are paroled.

Staffing Issues

The sex offender program is not a separate unit; staff are not assigned solely to sex offender treatment. A staff of 3 provides treatment, and 3 psychiatrists serve in a consultative capacity at the high security facility in Bismarck, North Dakota. The department does not have the discretion to set the starting salary for all program staff.

Title	Number of staff	Pay range
Counselors	1	Not provided
Social workers	1	Not provided
Psychiatrist	3	(Consultative)
Psychologist	1	Not provided

Training, licensing, and certification requirements

Specific training in sex offender evaluation and treatment is internally required.

Staffing of treatment groups

Groups of 10 to 12 participants are facilitated by 1 counselor.

Recruitment and retention

North Dakota reports no difficulties with recruitment or retention.

Program Costs

Total overall DOCR budget: $82,614,295 (For the biennium)

Sex offender treatment program, personnel services and operating costs: Not separated out.

% of total DOCR budget: N/A

Materials available through the NIC Information Center
1-800-877-1461

Treatment Department, North Dakota Prisons Division: Sex Offender Treatment Protocol. A 3-page outline of the program sequence and components.

Chapter 25-03.3: Commitment of Sexually Dangerous Individuals. The state statute establishing civil commitment in North Dakota.

12.1-32-15. Offenders against children and sexual offenders—Sexually violent predators—Registration requirement—Penalty. The state statute requiring registration of certain sex offenders.

Hanlon, Mark J., Larson, Stephen and Zacher, Sandy. "The Minnesota SOST and Sexual Re-offending in North Dakota: A Retrospective Study." *International Journal of Offender Therapy and Comparative Criminology,* March 1999.

Note: Materials are housed at the NIC Information Center at the discretion of Information Center staff. If any materials listed above are not available from the Information Center, please contact the DOCR directly, using the contact name provided at the top of the profile.

Ohio

Ohio Department of Rehabilitation and Correction

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David Berenson, Director of Sex Offender Services

Program Summary

The centerpiece of Sex Offender Services provided by the Ohio Department of Rehabilitation and Correction (DRC) is the Sex Offender Risk Reduction Center (SORRC), opened in 1995. After assessment and basic education at the SORRC, eligible offenders may receive up to 3 years of institutional programming, in either day or residential programs. A post-release continuum aftercare program takes place on parole.

In 1999, over 1,300 adult male inmates were processed through the SORRC. Institutional programming is provided for up to 525 sex offenders at 10 out of 31 Ohio prisons, including a program for women. The program for women—which parallels the men's program of assessment, psychoeducation, and treatment—is provided at the Ohio Reformatory for Women. The DRC employs a Sex Offender Services staff of 31 staff members.

Ohio DRC Sex Offender Services follow the sequence described below.

Classification. All inmates committed to DRC are screened at the reception center to determine whether they are sex offenders—offenders who are either currently committed for a sex offense or have had a prior felony sex offense conviction within the past 15 years.

Sex Offender Risk Reduction Center assessment and psychoeducation. All inmates classified as sex offenders are sent to the SORRC. Assessment staff analyze the level of risk and delineate the treatment plan. After assessment, SORRC inmates complete 20 hours of psychoeducation covering the basics of sexual offending. At this point, inmates also receive information on DRC sex offender programs and services.

Community service. As part of DRC's Restorative Justice initiative—which takes place throughout all prisons—SORRC inmates complete over 4,000 hours per year of community service, primarily for victim advocacy groups and agencies.

Institutional programming. Inmates who have completed SORRC programming are transferred to their parent institutions. When they are within 3 years of release or their next Full Parole Board Hearing, inmates who admit their offense are eligible for either day or residential programming within the parent institution. Cognitive behavioral sex offender treatment is provided through therapy groups.

Prison Sex Offender Population

Identification

Ohio identifies incarcerated sex offenders differently from the general population, according to the criteria below.

Criteria

- Current crime
- Prior sex felony convictions, within the past 15 years

Severity scale

For treatment purposes, the Ohio DRC uses Hanson's STATIC 99 as severity scale for identified sex offenders.

Population Status

Current total adult incarcerated population: 46,700

Sex offender total: 9,100 (1999)
The sex offender total can be broken down as follows:

Categories	Number
Active sex offenses	8,500
Prior felony sex offenses with current non-sex offense	600
Total Identified/Labeled Sex Offenders:	9,100

Percentage of total population identified as sex offenders: 19%

After an exponential increase in sex offenders during the early 1990's, the number of sex offenders in Ohio remained approximately the same from 1994 to 1999. However, July 2000 data indicates that the sex offender population has increased from 9,100 in 1999 to 9,560, an increase of 5%.

Prison Sex Offender Treatment Program

Governance

Legislation
Ohio reports no legislation that influences or governs the program.

State Standards/Advisory Board

State-mandated identification policy
A state-mandated policy in Ohio requires an identification process for sex offenders in prison.

Advisory board/sex offender treatment entity
Ohio has no state-mandated advisory board or sex offender treatment board/entity.

Stakeholders influencing the program

Ohio reports no stakeholders outside the DOC who influence the program.

Program Policies

Treatment requirement
Offenders who are identified as sex offenders and assessed for sex offender treatment are not required to go to treatment.

Results of denial or refusal of treatment
If an offender denies a sex offending problem or refuses treatment, the offender is offered a denial phase of treatment. There are no written policies for refusal of sex offender treatment.

Implications for identified sex offenders

In addition to being classified for treatment, an offender identified as a sex offender under department policy is excluded from outside work crews.

Visitation policy

The visitation policy for offenders assigned to the sex offender program is different from the policy for the general population. Sex offenders cannot be visited by victims who are family members.

Program Description/Placement

Sex Offender Services provided by the Ohio Department of Rehabilitation and Correction (DRC) are based on the premise that sexual assault is a multi-factored behavioral phenomenon that has been identified as a leading social and criminal justice problem. To enhance public safety and victim protection, DRC Policy 319-12 delineates policy and procedures for a system of services to reduce the risk of sexual reoffending.

Ohio is currently in the process of developing core programming, to standardize a department-wide program that can be evaluated. The approach, which is in place in some Ohio prisons, focuses on victim empathy and relapse prevention, with a strong orientation to the Thinking Errors Approach from Yochelson's and Samenow's three-volume work, *The Criminal Personality*.

In 1995, the DRC opened the Sex Offender Risk Reduction Center (SORRC) at the Madison Correctional Institution in London, Ohio, to serve as the centerpiece of the state's system of sex offender services. The two fundamental goals of the SORRC are:

1) To complete sex offender-specific assessments on every sex offender in DRC custody, for the purposes of identifying levels of risk, developing treatment plans, and guiding plans for community supervision.

1) To provide psychoeducational programming for all sex offenders, using a cognitive-behavioral approach and emphasizing victim awareness and relapse prevention.

Community service is also an important component of SORRC.

After completing programming at the SORRC, inmates are transferred to a parent institution, where they may be eligible for treatment 3 years prior to release or their next full parole board hearing.

Dedicated facility

Ohio reports no dedicated facility for Sex Offender Services. In addition to the SORRC at the Madison facility, 10 out of 31 Ohio prisons offer day or residential programming.

Assessment or testing tools

Assessment tools used for inmate placement into the treatment program include:

- Multi-phasic Sexual Inventory
- STATIC 99
- MMPI-2

Types of offenders

The program is designed to accept the following types of offenders:

- Normal intellectual and socially functioning offenders
- Seriously Mentally Ill (SMI's)

- Non-English speaking
- Females
- Developmentally disabled

Intake

Ohio Sex Offender Services takes sex offenders into the program according to the priority on the list. (See “Eligibility” under “Institutional Programming” below.)

The program has a waiting list of approximately 200 sex offenders.

Core curriculum

The curriculum for the treatment program includes:

- Educational courses
- Cognitive behavior therapy
- Group counseling
- Writing of prior history (journaling)

Program structure

Ohio Sex Offender Services are designed only for the prison population, and only for sex offenders who are willing and amenable to treatment. The program provides an open-ended structure for placing sex offenders in particular program components.

Standards and guidelines for Sex Offender Services are set by DRC policy and procedures. The policy applies to anyone employed by or under contract with the DRC who provides sex offender services and programs to inmates, or who is involved in any project—including planning, design and development, evaluation and research—that affects sex offender services and programs.

The system of services required by the policy takes sex offenders through the sequence described below. While the description focuses on the SORRC, a parallel program for female sex offenders has been instituted at the Ohio Reformatory for Women.

Classification

All inmates committed to DRC are screened at the reception centers to determine whether or not they are sex offenders. An inmate is classified as a sex offender if he or she is either currently committed for a sex offense or has had a prior felony sex offense conviction within the past 15 years.

SORRC

All inmates classified as sex offenders are sent to SORRC as part of the reception process. There the offender is oriented to the purpose and process of SORRC, which consists of assessment and basic education.

Assessment. A Psychologist or Psychology Assistant 2 conducts a sex offender-specific assessment on each inmate. The assessment process includes the following components:

- Risk assessment
- Psychological testing
- File and collateral information review
- Clinical interview

Information gathered in the assessment process is described in an assessment report and synthesized into an analysis of the level of risk for reoffending and a delineation of a treatment plan. Basic treatment goals for sex offenders are:

- Admitting guilt
- Accepting responsibility
- Empathizing with others
- Identifying his/her deviant cycle
- Developing a relapse prevention plan
- Making restitution.

Additional individualized goals may be added to the treatment plan when the offender enters a treatment program.

Basic Sex Offender Education/Psychoeducational Programming. Following assessment, inmates at the SORRC complete 20 hours of psychoeducation, in the form of non-threatening presentations and discussion in a classroom setting. The goals of psychoeducational programming are for participants to develop an understanding of:

- The wrongfulness of sexual assault
- Victim awareness
- Destructive behavior cycles
- How systems of denial work

Participants also learn about DRC sex offender programs and services, including prison programs, community alternatives to treatment in prison, and parole requirements for participation in treatment while on community supervision.

Throughout psychoeducational programming, offenders are pre- and post-tested on the areas of instruction.

After completing the assessment process and psychoeducation, offenders are transferred to their parent institutions.

Community service. As part of DRC's Restorative Justice initiative, SORRC inmates compete over 4,000 hours per year of community service work, primarily for victim advocacy groups and agencies. Those agencies include the Ohio Coalition Against Sexual Assault, the Sexual Assault Response Network, the Open Shelter (for the homeless), Hidden Treasures (for victims of domestic violence), the Project Woman Rape Crisis Center, Ohio Parents for Drug-Free Youth, and a number of churches.

Institutional Programming

In its institutions, the DRC provides both day programming and residential programming. Inmates in day programming live in the general population and attend sessions once or twice a week, for 24 to 48 months. Inmates in residential programs live together in a housing unit and participate in daily programming. Because residential programs are more intensive than day programs, they are usually shorter in duration.

Eligibility. To be eligible for programming, an inmate must be within 3 years of release or his next Full Parole Board Hearing, and must admit to his offense. Sex offenders who meet the eligibility requirements and who have been designated as high risk are given priority, according to their need for further services. Eligible offenders designated as moderate or low risk who have also been recommended for a minimum of one programming component are prioritized for the recommended combinations of program components, based on the SORRC assessment and available resources.

Program components. Institutional program components are delivered through cognitive behavioral group therapy, and, in residential programs, through intensive treatment. The comprehensive system of programming components includes:

- Victim Awareness and the Development of Victim Empathy
- Managing the Sexual Assault Cycle
- Identifying and Correcting Thinking Errors and Cognitive Distortions
- Relapse Prevention
- Managing Deviant Sexual Urges and Desires
- Developing Social Skills
- Anger Management
- Stress Reduction
- Autobiographical Awareness

Relapse Prevention is a required component for all program participants.

Post-release

Ohio Sex Offender Services include a continuum aftercare component for sex offenders released from prison, which takes place on parole. The structure of aftercare programming is not based on the prison program, but is unique to the aftercare component. Aftercare programming is provided by contractors.

Sex offenders are not eligible for community corrections or work release programs.

Completion/Failure

In Ohio, 70% of placements complete the treatment program.

Reasons for expulsion

An offender might be expelled from the program for any of the following reasons:

- Possession of contraband
- Assaultive behaviors
- Sexual mis conduct

Consequences of failure

An inmate who fails the program is kept at the same facility. Ohio reports no consequences for program failure.

Staff Roles and Authority

After reception, all sex offenders go to the SORRC for assessment.

Authority

- Program staff can make a discretionary change to either identification or treatment.
- The state has identified security levels for prison facilities. The unit responsible for placement has the authority to place a sex offender at any facility.
- The unit responsible for facility placement and the program staff interact when placing sex offenders at certain facilities.

Assessment

Tests and assessment tools

Ohio Sex Offender Services uses clinical interviews to measure progress in the program.

Program-developed tools for measuring offender progress

Ohio has not developed its own set of tools for measuring offender progress.

Internal system for tracking program effectiveness

The DRC has not yet developed an internal system for tracking program effectiveness.

Definition of program success

Program success is defined as completion of the program.

Release Authority

Parole Board

Because of political and social sensitivity, the parole board is reluctant to release sex offenders.

Data is not available for the percentage of sex offenders who discharge their sentence or who go to parole.

Staffing Issues

A staff of 31 provides treatment services at 10 institutions. The department does not have the discretion to set the starting salary for all program staff.

Title	Number of staff	Pay range
Social workers	10	$30,000
Clerical	4	$20,000
Administration	4	$60,000
Psychologist	13	$70,000

Training, licensing, and certification requirements

Treatment staff are required to have credentialing within their profession. All programs are administered by licensed psychologists. All treatment providers have internal training that is provided at each program site.

Staffing of treatment groups

Groups of 10 to 15 participants are facilitated by one counselor.

Recruitment and retention

Ohio reports no difficulty with recruitment or retention.

Program Costs

Total overall DOC budget: $1.2 billion

Sex offender treatment program, personnel services and operating costs: Almost $2 million per year for sex offender programs. Program costs are included in DRC's mental health budget.

% of total DOC budget: .16%

Materials available through the NIC Information Center
1-800-877-1461

Department of Rehabilitation and Correction Policy 319-12: Sex Offender Services. A 3-page policy and procedures describing and outlining the program.

Ohio Department of Rehabilitation and Correction: The Sex Offender Risk Reduction Center. A 9-page description of the SORRC, including background, the assessment process, psychoeducational programming, and community service.

Howard, Nancy and Rick Caslin. "Not a Laughing Matter: Cognitive Training, Not Excuses is Needed for Sex Offenders." *Corrections Today*, February 1999. An article by two program staff members, containing a description of the core program being developed for standardizing a department-wide program in Ohio.

Note: Materials are housed at the NIC Information Center at the discretion of Information Center staff. If any materials listed above are not available from the Information Center, please contact the DOC directly, using the contact name provided at the top of the profile.

Oklahoma

Oklahoma Department of Corrections

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Program Summary

The Oklahoma Department of Corrections (DOC) established the Residential Sex Offender Treatment Program (RSOTP) to fulfill legislation enacted in 1989. One unit of the Joseph Harp Correctional Center is dedicated to a therapeutic community for 160 sex offenders. Another program at a minimum security facility is being established to better allow for transition into the community. A total of 9 state-employed staff provides intensive treatment that can require 3 or more years for a participant to complete. Offenders are screened for eligibility at the time of intake and are then placed on a waiting list.

The RSOTP is based on cognitive behavioral group therapy, which progresses to relapse prevention. Five phases of treatment are followed by pre-release maintenance that is ongoing until release:

Intake Phase ***3 months***

In the intake phase, staff conduct assessments, introduce the program, and lay the groundwork for treatment by drawing out each participant's history of sexual deviance. Activities include group interaction and preliminary work on individualized treatment goals and plans.

Orientation Phase ***4 months***

During orientation, participants continue to identify their deviant sexual behavior cycles while developing the interpersonal skills necessary for working in a group. Participant evaluations are also conducted in this phase.

Treatment Phase ***12 months***

The core cognitive behavioral group therapy takes place during the treatment phase. Treatment includes behavioral conditioning, Modified Aversive Behavioral Reenactment, cognitive restructuring, and development of psycho-social skills.

Relapse Prevention Phase ***6 months***

In this phase, participants examine their progress in treatment and develop techniques and plans for relapse prevention.

Victim Empathy ***9 months***

During this phase, participants focus on gaining empathy for others, especially their victims.

Pre-release Maintenance Phase ***Ongoing to release***

For maintenance, participants support other participants new to the program while preparing to manage issues they will face in the community.

Prison Sex Offender Population

Identification

Oklahoma identifies incarcerated sex offenders differently from the general population, according to the criteria below.

Criteria

- Current crime
- Prior sex felony convictions
- Factual basis of a current non-sex crime conviction

Severity scale

Oklahoma does not have a severity scale for identified sex offenders at this time. A severity scale is being developed.

Population Status

Current total adult incarcerated population: 22,000

Sex offender total: 2,200
Of these, 2,091 are serving for active sex offenses.

Percentage of total population identified as sex offenders: 10%

From 1994 to 1999, the percentage of sex offenders increased by approximately 6%.

Prison Sex Offender Treatment Program

Governance

Legislation

Legislation enacted in 1989 requires the Department of Corrections to "develop and implement a special treatment program at the Joseph Harp Correctional Center for inmates with severe psychiatric problems, including inmates convicted of sex-related offenses and inmates that have prior convictions for sex-related offenses." (House Bill 1041.)

The program is funded as a line item in the DOC budget. The impetus behind the legislation was public awareness of recidivism incidents.

State Standards/Advisory Board

State-mandated identification policy

The identification process for sex offenders in prison is state-mandated.

Advisory board/sex offender treatment entity

There is no state-mandated policy that creates a sex offender treatment advisory board, and no state-mandated policy that creates a sex offender treatment board/entity that sets standards and requirements for treatment.

Stakeholders influencing the program

Stakeholders outside the DOC who influence the program include:

- The legislature
- The Governor's office
- The District Attorney's counsel
- Victim's advocates groups

Program Policies

Treatment requirement

Offenders who are identified as sex offenders and assessed for sex offender treatment are not required to go to treatment.

Results of denial or refusal of treatment

If an offender denies a sex offending problem or refuses treatment, the offender is:

- Denied privileges
- Subject to denial of time credits

The result of refusing sex offender treatment for an identified offender is permanent assignment to Classification Level I, which means the offender will serve the complete sentence rather than earning three-for-one good time credit. A written policy for refusal of sex offender treatment is included in policies on programs and classification.

Implications for identified sex offenders

In addition to being classified for treatment, an offender identified as a sex offender under department policy is:

- Restricted to certain security level facilities
- Excluded from outside work crews
- Ineligible for community corrections
- Expected to participate in sex offender treatment

Visitation policy

Offenders assigned to the sex offender program are included in the policy governing all high-risk visitation, which imposes special restrictions such as no children at visitations, restricted physical contact, special supervision provisions, and special hours.

Program Description/Placement

The RSOTP is a therapeutic community based on cognitive behavioral group therapy. The program is designed to provide intensive treatment, using a team approach that combines the efforts of unit staff, officers, and clinical staff. The team helps participants work through individualized programs and evaluates their progress.

Group activity is central to RSOTP treatment. Staff selected the group approach as the most effect treatment method worldwide, and as the most cost effective in allowing a limited number of staff to reach a greater number of participants.

Dedicated facilities

By mandate, the Residential Sex Offender Treatment Program is housed at the Joseph Harp Correctional Center. One unit in the Center serves as a therapeutic community for up to 160 sex offenders. A transition program, which will house up to 100 sex offenders, is being developed at the John Lilley Correctional Center, a minimum security facility.

Assessment or testing tools

Assessment tools used for inmate placement into the treatment program include:

- Attitudes Toward Women Scale
- Buss-Durkee Hostility Scale
- Internal Reactivity Index
- Social Avoidance/Distress Scale
- Wilson Sexual Fantasy Inventory
- Abel/Becker Sexual Interest
- Norwich/Strickland Internal/External Scale
- Fear of Negative Evaluation Scale
- Hare Psychopathy Evaluation

Types of offenders

The program is designed to accept only normal intellectual and socially functioning offenders.

Intake

The RSOTP takes sex offenders into the program according to the following criteria:

- The priority on the list
- Short time to supervised release
- Short time to sentence discharge

The program has a waiting list of 60 sex offenders.

Core curriculum

The curriculum for the treatment program includes:

- Educational courses
- Cognitive behavior therapy
- Individual counseling
- Group counseling
- Writing of prior history (journaling)

Program structure

The Oklahoma RSOTP is only for the prison population. Currently, the program is designed only for sex offenders who are willing and amenable to treatment. A component for deniers is under consideration.

The program structure requires an offender to successfully complete a phase before he can progress to the next phase.

Program structure spans up to 3 or more years, starting with intake and moving through orientation, treatment, relapse prevention, and victim empathy to an ongoing pre-release maintenance phase.

Intake Phase *3 months*

In the intake phase, staff lay the groundwork for treatment through the following program components:

- Introduction to program format and guidelines
- Interaction in large and small groups
- Personal history questionnaire—behavioral assessment and personality inventory
- Participant layout (detailed verbal and written review of past sexually deviant acts)
- Preliminary work on individualized treatment goals and plans

Orientation Phase *4 months*

During orientation, participants continue to identify their deviant sexual behavior cycles while developing the interpersonal skills necessary for working in a group. Components of the phase are:

- Fantasy and sexual behavior journals
- Identifying deviant sexual behavior cycles
- Completion of autobiography
- Development of group skills and personal interaction
- Participant evaluations

Treatment Phase ***12 months***

The core cognitive behavioral group therapy takes place during the treatment phase, which focuses on personal interaction and includes the following components:

- Autobiography focusing on sexual behavior
- Sexual fantasy journal
- Behavioral conditioning techniques
- Modified Aversive Behavioral Reenactment
- Personal study and group work in cognitive restructuring
- Psycho-social skill modules

Relapse Prevention Phase ***6 months***

Relapse prevention for RSTOP participants involves:

- A treatment progress autobiography
- Intervention techniques for sexually deviant patterns of behavior
- An individual community contribution plan

Victim Empathy ***9 months***

During this phase, participants focus on gaining empathy for others, especially their victims.

Pre-release Maintenance Phase ***Ongoing to release***

For maintenance, participants support other participants new to the program while preparing to manage issues they will face in the community. Preparing for transition into the community involves:

- Development of a non-offending plan
- Training in assertiveness and community skills
- Family contract and confrontation

Post-release

The RSOTP has a continuum aftercare component for sex offenders released from prison, which takes place on parole. Aftercare is based on the prison program.

Sex offenders may be eligible for community corrections and work release programs, but must first complete the program and obtain approval from the DOC Director.

Completion/Failure

Of program placements, 15% complete all phases of the treatment program. Intake/orientation has the greatest failure rate, a rate of 25%. The failure rate for treatment is 15%.

Reasons for expulsion

An offender might be expelled from the program for any of the following reasons:

- Failure to progress
- Poor work values
- Possession of contraband
- Assaultive behaviors
- Sexual misconduct
- Escape attempt
- Substance abuse
- Violating confidentiality

Consequences of failure

As a consequence for failing the program, the inmate participant can be:

- Given restricted privileges
- Subject to loss of time toward reducing his sentence

Staff Roles and Authority

Offenders are assessed for identification and treatment planning by sex offender program staff at the facility.

Authority

Program staff can make a discretionary change to either identification or treatment.

The state has identified security levels for prison facilities. The unit responsible for placement has the authority to place a sex offender at any facility.

The unit responsible for facility placement and the program staff interact when placing sex offenders at certain facilities.

Assessment

Tests and assessment tools

To measure progress in the program, the Oklahoma RSOTP uses clinical interviews, as well as instruments also used for pre-testing. (See "Assessment or testing tools" under "Program Description/Placement" above.)

Program-developed tools for measuring offender progress

The SOPT has developed its own set of tools for measuring offender progress. Those tools include:

- Staff evaluations
- Peer group evaluations
- Pre- and post-tests
- Follow-up tracking

Internal system for tracking program effectiveness

Program effectiveness is tracked by an internal system that includes:

- The Correctional Program Assessment Inventory (CPAI)
- Reviews by the Clinical Director (Chief Mental Health Officer)

Sex offenders are tracked for 10 years after their release. Tracking to date indicates that the program's success rate is better than the national average. In 1998, the RSOTP reported that of the 58 men who had completed the program, the 33 still incarcerated had had no sexual misconducts, and of the 24 in the community, only one had reoffended.

Definition of program success

Oklahoma defines program success as no reoffense or recidivism.

Release Authority

Parole Board

The parole board is reluctant to release sex offenders, out of heightened concern for risk to the community.

Percentage of sex offenders who discharge their sentence: 80% to 90%

Rate of release for those who discharge their sentence: 100%

Rate of release for those who go to parole: 0%

Staffing Issues

A total of 9 state-employed staff provides treatment at one facility. The department does not have the discretion to set the starting salary for all program staff.

Title	Number of staff	Pay range
Counselors	4	$25,000 to $29,000
Social workers	1	$25,000 to $29,000
Clerical	1	$22,000
Administration	2	$33,000 to $49,000
Clinical Director	1	$62,000 to $75,000

Training, licensing, and certification requirements

Treatment staff must have master's degrees.

Staffing of treatment groups

Groups ranging from 5 to 25 participants (an average of 10) are facilitated by 1 counselor.

Recruitment and retention

The program has experienced difficulty recruiting clinical staff for its rural area facility. Staff turnover has been affected by the following problems:

- Difficult client population
- Rural location
- Prison environment
- Low, non-competitive salaries
- Evening hours

Program Costs

Total overall DOC budget: $400,000,000

Sex offender treatment program, personnel services and operating costs: $410,000

% of total DOC budget: .1%

Materials available through the NIC Information Center
1-800-877-1461

Residential Sex Offender Treatment Program. A 2-page overview of the program that includes philosophy, program outline, and a comparison of recidivism rates among Oklahoma, California, Vermont, and Florida.

Note: Materials are housed at the NIC Information Center at the discretion of Information Center staff. If any materials listed above are not available from the Information Center, please contact the DOC directly, using the contact name provided at the top of the profile.

Pennsylvania

Pennsylvania Department of Corrections

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Program Summary

This year (2000), the Pennsylvania Department of Corrections instituted a Standardized Sex Offender Treatment Program, which is provided in all 25 of its facilities. In each facility, 3 to 4 treatment staff conduct programs for a combined total of 1200 sex offenders.

The program is a cognitive behavioral-based system that incorporates relapse prevention and is conducted within a therapeutic community-type setting. Participants progress through three program phases, which encompass orientation, treatment, and institutional maintenance. For participants released from prison, the DOC recommends continuum aftercare, which is provided under the jurisdiction of Parole.

Orientation Phase ***3 months***

At least 1 year prior to participating in the Core Treatment Phase, all inmates convicted of a sexual offense or who have a history of sexual offense are given the opportunity to participate in a 10-topic psychoeducational orientation to the concepts explored in depth in the SOP Core Group.

Treatment Phase ***18 to 24 months***

Inmates who satisfy the minimum conditions of the Orientation Phase are assessed for advancement into the Core Treatment Phase. Core Groups of approximately 10 to 12 participants meet twice a week for 1½ hours per session, to address topics covered in Safer Society materials.

Maintenance Phase ***Ongoing***

Inmates who have completed Orientation and Core Treatment move into a Maintenance Phase of ongoing, supervised, semi-monthly meetings that allow participants to revisit fundamentals of the treatment program.

Assessment

Sex offender assessment is an integral part of all phases of the treatment program.

Prison Sex Offender Population

Identification

The Pennsylvania Department of Corrections does not identify incarcerated sex offenders differently from the general population. An offender sentenced to prison is identified as a sex offender according to the criteria below.

Criteria

- Current crime
- Prior sex felony convictions

Severity scale

The DOC does not have a severity scale for identified sex offenders.

Population Status

Current total adult incarcerated population: 36,384 (As of December 31, 1999)

Sex offender total: 6,931

The sex offender total can be broken down as follows:

Categories	Number
Previous sex offense	565
Current but not primary offense	1,583
Current sex offense	4,783

Percentage of total population identified as sex offenders: 19%

The number of sex offenders has increased from 4,370 in 1994 to 6,931 in 1999, an increase of 58.6%.

The increase is due to:
- Increased sex offense commitments
- A change in Parole Board practice

Prison Sex Offender Treatment Program

Governance

Legislation
There is no Pennsylvania legislation that influences or governs the SOP.

State Standards/Advisory Board

State-mandated identification policy
Pennsylvania has no state-mandated identification policy.

Advisory board/sex offender treatment entity
There is no state-mandated policy that creates a sex offender treatment advisory board, and no state-mandated policy that creates a sex offender treatment board/entity that sets standards and requirements for treatment.

Stakeholders influencing the program
Pennsylvania reports no stakeholders outside the DOC who influence the program.

Program Policies

Treatment requirement
Treatment is recommended to all offenders who are identified as sex offenders and assessed for sex offender treatment. Although participation is voluntary, the Parole Board will not parole a sex offender who has not participated in treatment.

Results of denial or refusal of treatment
If an offender denies a sex offending problem or refuses treatment, the offender is offered a denial phase of treatment. The program has written policies for refusal of sex offender treatment.

Implications for identified sex offenders

In addition to being classified for treatment, an offender identified as a sex offender under department policy is expected to participate in sex offender treatment. No other implications result from being identified as a sex offender.

Visitation policy

The visitation policy for offenders assigned to the sex offender program is different from the policy for the general population, in that incarcerated sex offenders are not allowed to have unsupervised visits with children, and cannot visit children who have been identified as victims.

Program Description/Placement

The mission of the Standardized Sex Offender Treatment Program is to provide incarcerated sex offenders with access to meaningful therapeutic intervention that can result in increased victim empathy, increased awareness of the need for continued ongoing treatment, reduced recidivism, and increased public safety. The theoretical philosophy is drawn from current thinking in the field of sex offender treatment, including the standards and practices of the Association for the Treatment of Sexual Abusers (ATSA). In structuring its program, the Pennsylvania DOC has also drawn from programs operating in other states.

The theoretical philosophy emphasizes the following concepts:

- A sex offender remains vulnerable to his sexual deviancy indefinitely.
- Sexual deviancy is highly individualized and complex.
- To learn to control his behavior, a sex offender must be highly motivated and involved in intensive, specialized treatment.
- Treatment must be based on thorough assessment and knowledge of an individual's history.
- Treatment must be of sufficient duration to allow participants to master appropriate behavioral and cognitive changes.
- Relapse prevention training and regular maintenance programs throughout incarceration are essential.
- Post-release, sex offenders must continue supervision and treatment indefinitely.

Objectives for the Pennsylvania SOP provide for the following program elements:

- Comprehensive programming during incarceration, followed by links to post-release treatment in the community.
- Individualized treatment plans.
- A continuum of institutional treatment that requires the offender to demonstrate compliance through a series of program competencies and objectives.
- A comprehensive record system for outlining treatment participation, progress, and recommendations, as well as registration requirements.
- An ongoing evaluation process conducted through the DOC's Office of Planning, Research and Statistics.

The institutional program is conducted within a therapeutic community, and is based on a cognitive behavioral-based approach that incorporates relapse prevention. The three program phases cover orientation to sex offender treatment, core treatment group therapy, and institutional maintenance.

Dedicated facility

The SOP has no dedicated facility. Programming is provided in all 25 state institutions.

Assessment or testing tools

Assessment tools used for inmate placement into the treatment program include:

- Personality Assessment Inventory (PAI)
- ABEL Screen
- Multiphasic Sexual Inventory (MSI)
- Psychiatric evaluation

Types of offenders

The program is designed to accept the following types of offenders:

- Normal intellectual and socially functioning offenders
- CMI's
- Non-English speaking
- Females
- Developmentally disabled

Intake

The SOP takes sex offenders into the program according to short time to sentence discharge**.** In each of the state's 25 institutions, waiting lists are determined by time to minimum sentence.

Core curriculum

The core curriculum for the treatment program is psychoeducational courses.

Program structure

The SOP provided by the Pennsylvania DOC is only for the prison population. Sex offenders who deny a sex offending problem or refuse treatment are allowed to participate in the Orientation Phase. The program structure specifies a prerequisite for each phase.

Orientation Phase *3 months*

At least 1 year prior to participating in the Core Treatment Phase, all inmates convicted of a sexual offense or who have a history of sexual offense are given the opportunity to participate in the 10-topic psychoeducational orientation. Participation is voluntary, and offenders are not required to admit their offenses in order to participate.

The SOP Orientation Group is designed to inform inmates about the basic criteria and composition of the program. It is also designed as a basic pre-treatment group to introduce concepts that are explored in depth in the Core Treatment Group, particularly denial, empathy, and victimization. The purpose of pre-treatment is to increase the number of incarcerated sex offenders who admit and take personal responsibility for their offenses.

To be eligible for moving into the Treatment Phase, participants in the Orientation Phase must demonstrate an understanding of the objectives of that phase, and must admit their offense.

Initial Assessment

Inmates who have successfully completed orientation undergo an Initial Assessment to determine their readiness for treatment. In preparation for an inmate interview, the interviewer reviews the Classification Summary and related records, such as arrest and pre-sentence reports. Guidelines for conducting the initial interview are drawn in part from the *Adult Sexual Offender Assessment Packet,* published by The Safer Society Press.

In recognition that at this point an inmate is likely to still be in some stage of denial, the program recommends the following Initial Assessment goals to interviewers:

- Obtain a detailed account of the offense.
- Determine the inmate's present level of denial.
- Identify the types of denial being used.
- Ascertain what may be the primary factor(s) motivating the inmate to enter treatment.
- Determine whether the inmate has the intellectual, social and psychological capabilities to productively participate in group treatment.

Subsequent Assessments

After the Initial Assessment, assessments are conducted throughout the program, as part of a comprehensive, ongoing and dynamic process of monitoring participant progress. The treatment phase of assessment can begin prior to or during the first few weeks of the Core Group (see below), when each group member completes a number of questionnaires. The questionnaires establish a base rate in areas that later serve as pre-post-treatment indicators.

The recommended minimum of areas to assess are:

- Attitudes and beliefs about sexual issues.
- Tendency/history of assaultive, aggressive acting-out/acting-out potential.
- Alcohol and/or substance abuse history.
- Level of victim empathy.
- Awareness of the effects of the offense on others.
- Level of dangerousness/risk.

Treatment Phase ***18 to 24 months***

Inmates who satisfy the minimum conditions of the Orientation Phase and are assessed ready for treatment advance to the Core Treatment Phase. Core Groups of approximately 10 participants meet twice a week for 1½ hours per session to address the following topics, using Safer Society materials:

- Cycles of abuse
- Lifeline
- Full disclosure, official version specific
- Victim Empathy/Impact of Crime statement
- Relapse Prevention Plan (intervention strategies)

Participants must complete and pass specified competency measures for each topic before moving to the next topic. Competencies are individually administered by a counselor or a PSA, and feedback is given to the participant verbally.

Maintenance Phase ***Ongoing***

Inmates who have completed Orientation and Core Treatment move into a Maintenance Phase of ongoing, supervised, semi-monthly educational/support meetings. Maintenance groups allow participants to revisit fundamentals of the treatment program, particularly victim empathy, personal responsibility, and the need for ongoing treatment.

Groups may include topics such as:

- Relapse prevention strategies
- Identification of triggers
- Megan's Law, DNA, and Community Notification
- Reintegration with family and community
- Community contacts and support systems
- Coordination with other program offerings at the institution

Post-release

The DOC recommends continuum aftercare for sex offenders released from prison. Programming is under the jurisdiction of Parole, and takes place in a community setting and on parole. The structure of continuum aftercare is not based on the prison program, but is unique to the aftercare component.

Sex offenders are eligible for community corrections and work release programs. When placing sex offenders in the community, the DOC has encountered a lack of available SOP programming as well as sensitivity issues with the public.

Completion/Failure

Offenders do not complete all phases of sex offender treatment, in that the maintenance phase is ongoing until release.

Reasons for expulsion

An offender might be expelled from the program for any of the following reasons:

- Failure to progress
- Poor work values
- Possession of contraband
- Assaultive behaviors
- Sexual misconduct

Consequences of failure

Sex offenders who fail the program are kept at the same facility.

Staff Roles and Authority

Offenders are assessed for identification and treatment planning by sex offender program staff at the facility.

Authority

Program staff can make a discretionary change to either identification or treatment.

The state has identified security levels for prison facilities; the unit responsible for placement has the authority to place a sex offender at any facility.

The unit responsible for facility placement and program staff interact when placing sex offenders at certain facilities. However, because there is a program at all facilities, placement is driven by bed space.

Assessment

Tests and assessment tools
To measure progress in the program, SOP staff use clinical interviews.

Program-developed tools for measuring offender progress
The program is in the process of developing its own set of tools for measuring offender progress.

Internal system for tracking program effectiveness
The SOP program is monitored through Central Office staff.

Definition of program success
Because the new standardized program just started this year (2000), no released offenders have been tracked.

Release Authority

Parole Board
The parole board is reluctant to release sex offenders, out of concern over the possibility of new sexual offenses.

Percentage of sex offenders who discharge their sentence: 60% to 80%

Staffing Issues

Each of the DOC's 25 facilities is staffed by 1 Unit Manager and 3 to 4 treatment staff. The number of staff at each institution varies, depending on the size of the unit. Program staff perform other functions outside sex offender treatment. Because staff is hired under civil service, the department does not have the discretion to set the starting salary for all program staff.

Title	Number of staff per institution	Pay range
Counselors	1 or 2	Civil Service
Administration (Unit Manager)	1	Civil Service
Psychiatrist (Institutional)	1	Civil Service
Psychologist	1	Civil Service

Correctional officers are also considered part of the treatment team.

Training, licensing, and certification requirements
Most treatment staff receive ongoing training and pursue training conferences through ATSA and the National Institute of Corrections (NIC).

Staffing of treatment groups
Groups of 10 to 12 participants are facilitated by 2 counselors and a psychologist.

Recruitment and retention
Pennsylvania has had no problem recruiting staff for programs in rural areas. The program has had no significant turnover in staff.

Program Costs

Total overall DOC budget: $1,000,000,000 +

Sex offender treatment program, personnel services and operating costs:

SOP program costs have no specific budget. Each institution budgets to provide the standardized treatment program. As noted above, program staff perform many other functions besides sex offender treatment.

Materials available through the NIC Information Center
1-800-877-1461

Pennsylvania Department of Corrections: Sex Offender Treatment Program. Includes mission statement, participation criteria, assessment, and conditions for participation, in addition to outlines, objectives, and lesson materials for the three phases of the program. A bibliography and a list of materials and supplies are also included.

Note: Materials are housed at the NIC Information Center at the discretion of Information Center staff. If any materials listed above are not available from the Information Center, please contact the DOC directly, using the contact name provided at the top of the profile.

Rhode Island

Rhode Island Department of Corrections

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Program Administrator:
Peter Loss, ACSW

Program Summary

The Rhode Island Sex Offender Treatment Program (SOTP), begun in 1987, provides services to sex offenders at medium and minimum security facilities and women's facilities, and to protective custody inmates at the Intake Services Center. Programming for up to 100 male and female sex offenders is conducted under a Department of Corrections (DOC) contract with Peter Loss, ACSW.

Inmates are referred to the SOTP through several sources, including orientation staff, correctional staff, the Parole Board, the Classification Board, and sentencing judges. At times, an introductory letter is sent to all inmates in facilities where the program operates. Parole and classification guidelines require SOTP participation for parole consideration or lowering of security status. Applicants must admit guilt for their crimes, and sign a waiver of confidentiality. Polygraph examination is planned beginning in 2001.

The program consists of weekly ongoing core treatment groups, accompanied by a variety of task and deficit area classes, such as parole preparation, relationships with women, personal development, and ethics. The length of treatment is open-ended and depends on the nature and risk of the inmate's assault pattern, as well as his/her honesty, progress, and compliance with program rules.

Program staff provide parole readiness reports to the Parole Board. Program staff also provide follow-up through weekly meetings with community sex offender treatment providers.

Recidivism rates since 1989 are: 3% for sex crimes, 6% for all crime, and an overall parole violation rate of 12% (cumulatively).

The SOTP is structured on the following program components:

Group orientation ***1 day***
In a 1-session group orientation, inmates are introduced to the motivation for and the nature and consequences of sex crimes. Participants are also oriented to the elements of sex offender treatment as well as the procedures and policies of the SOTP.

Individual assessment ***1 day***
Inmates willing to be evaluated are interviewed individually. The program accepts only those who admit and accept responsibility for their offense and its consequences.

Psychoeducational classes ***6 months***

Program participants first attend a weekly series of psychoeducational classes, which more specifically cover the profile of the offender, the impact of sex crimes on the victim, and the expectations and contract rules of the SOTP. By the conclusion of the classroom series, participants formulate specific treatment goals and sign the *Offender Treatment Agreement*.

Weekly ongoing treatment group ***Open-ended***

After the psychoeducational phase, each participant is assigned to the open-ended weekly treatment group. To reach specific treatment goals, the group focuses on identifying and changing the personal and interpersonal factors that contribute to the sexual assault pattern of each participant.

Other program components

In addition to group work, participants attend classes or courses on specific recovery issues, victim impact, and other personal and interpersonal issues.

Prison Sex Offender Population

Identification

Rhode Island does not identify incarcerated sex offenders differently from the general population. Sex offender are identified by current crime only.

Severity scale

Rhode Island does not have a severity scale for identified sex offenders.

Population Status

Current total adult incarcerated population: 3,120

Sex offender total: 405

Percentage of total population identified as sex offenders: 13%

The specific change in the number of sex offenders from 1994 to 1999 is unknown. However, during that time period sex offense commitments increased and release rates were conservative.

Prison Sex Offender Treatment Program

Governance

Legislation

There is no Rhode Island legislation that influences or governs the program.

State Standards/Advisory Board

State-mandated identification policy

Rhode Island has no state-mandated identification policy.

Advisory board/sex offender treatment entity

There is no state-mandated policy that creates a sex offender treatment advisory board, and no state-mandated policy that creates a sex offender treatment board/entity that sets standards and requirements for treatment.

Stakeholders influencing the program

Stakeholders outside the DOC who influence the program include:

- The legislature
- The Governor's office
- The District Attorney's counsel
- The Parole Board

Program Policies

Treatment requirement

All offenders who are identified as sex offenders and assessed for sex offender treatment are required to go to treatment.

Results of denial or refusal of treatment

If an offender denies a sex offending problem or refuses treatment, the offender is:

- Restricted from a specific lower security or custody placement
- Given no parole consideration

Implications for identified sex offenders

In addition to being classified for treatment, an offender identified as a sex offender under department policy is:

- Restricted to certain security level facilities. Inmates who do not participate in treatment are generally excluded from minimum security.
- Excluded from outside work crews.
- Under state statute, ineligible for work release if the offense was against a minor.
- Expected to participate in sex offender treatment.

Visitation policy

The visitation policy for offenders assigned to the sex offender program differs from the policy for the general population, in that no contact with victims is permitted unless expressly approved by the SOTP.

Program Description/Placement

The Rhode Island SOTP is a cognitive behavioral based system that encompasses relapse prevention, cognitive distribution, social relearning, identification and correction of interpersonal deficits, and development of social skills. The basic treatment philosophy and structure follow the model of sex offender intervention developed by Peter Loss, ACSW, and Jonathan Ross, MA.

Accountability and public safety are primary concerns. Treatment is balanced with legal responsibility for victimizing others. Parole and Classification guidelines require sex offenders to participate in the SOTP before they can be considered for either parole or lowering of security status.

The program provides services to inmates housed in medium and minimum security facilities and women's facilities, and to protective custody inmates at the Intake Services Center. Maximum and high security inmates must seek transfer to medium security through the classification process in order to participate in the program.

Dedicated facility

There is no dedicated facility for the SOTP.

Assessment or testing tools

Placement in the SOTP is not determined by assessment tools. To be admitted to the program, an offender must:

- Admit the crime
- Accept responsibility
- Sign a waiver of confidentiality form

Types of offenders

The program is designed to accept the following types of offenders:

- Normal intellectual and socially functioning offenders
- Mildly mentally retarded
- Females

Intake

The SOTP takes sex offenders into the program according to the following criteria:

- The priority on the list, in order of date of inmate request
- Short time to sentence discharge

The program has a waiting list of 10 sex offenders.

Core curriculum

The curriculum for the treatment program includes:

- Group counseling
- Writing of prior history (journaling)
- Autobiography, contracting, goal setting, practical safeguards upon release
- Corollary classes/groups to target deficit areas

Program components

The SOTP is only for the prison population and is designed only for sex offenders who are willing and amenable to treatment. Program staff coordinate all treatment with correctional staff, and provide the DOC with information regarding current risk.

Treatment sequence

Participants progress through orientation and psychoeducation to an ongoing weekly treatment group. Group treatment is structured on long-term sessions and is open-ended. The length of group treatment varies with each offender, and is determined by the nature and risk of the inmate's sexual assault pattern as well as the quality of the inmate's participation and progress in the program. (For further description of the sequence of treatment, see "Program Summary" at the beginning of the profile.)

Inmate volunteers

Long-standing SOTP participants may volunteer to contribute to treatment for participants newer to the program:

- During psychoeducational classes, inmate facilitators provide the participant perspective of the program.
- Each medium security treatment group is assisted by an inmate facilitator.
- Two of the more experienced treatment groups are facilitated by a recovering sex offender from the community.
- All medium security participants have access to a peer counselor, who provides assistance between regularly scheduled sessions and classes.
- Peer counselors assist the program in monitoring participant progress toward treatment goals as well as contract/behavioral compliance.

Assessment services

The SOTP provides the Parole Board, the Classification Board, and in some cases the Superior and Family Courts with an assessment of an inmate's treatment progress and level of risk.
If an inmate is assessed as capable of handling parole, the SOTP requests safety conditions, such as mandatory treatment or prohibitions on victim contact.

Post-release

The SOTP includes post-release continuum treatment in the community for every sex offender. In some cases, aftercare takes place in a group home. The aftercare component is based on the prison program.

Sex offenders are not eligible for community corrections or work release programs.

Completion/Failure

Because the program is open-ended, the question of whether an offender ever completes the program is not applicable.

Reasons for expulsion

An offender might be exp elled from the program for any of the following reasons:

- Failure to progress
- Poor work values (failure to complete assignments, classes, or tasks)
- Assaultive behaviors
- Sexual misconduct
- Behaviors such as being uncooperative or dishonest

Consequences of failure

If an offender fails the program, he cannot be considered for minimum security or parole.

Staff Roles and Authority

Offenders are assessed for identification and treatment planning by sex offender program staff at the facility.

Authority

Progra m staff can make a discretionary change to either identification or treatment.

The state has identified security levels for prison facilities. Program staff can influence the placement of a sex offender at a facility on the basis of assessment or professional opinion.

The unit responsible for facility placement and the program staff interact when placing sex offenders at certain facilities.

Assessment

Tests and assessment tools

Rhode Island reports no standardized tools for measuring offender progress in the program.

Program-developed tools for measuring offender progress

Program staff have developed no formal tools for measuring offender progress.

Internal system for tracking program effectiveness

The program tracks program effectiveness through the following internal systems:

- Non-acceptance of sex offenders who deny crimes.
- Termination of uncooperative offenders.
- Monitoring of individual progress in areas such as honesty, isolation, assertiveness, social skills, trust level, interaction with other program participants, and understanding of contributing factors.
- Recidivism rates.

Definition of program success

A program participant who has mastered positive attitudes, maintains identified changes, assumes full responsibility for his crimes and other behaviors, complies with parole conditions, and remains crime free, is considered a program success.

Offender behavior is tracked informally through weekly meetings with parole agents and community providers. Legally, offenders are tracked through registration laws. Registration is required for 10 years for crimes committed before 1996. After 1996, subject to the provision of Megan's Law, non-predators are required to register for 10 years, and predators are required to register for life.

SOTP recidivism statistics for March 2000 captured recidivism rates for 79 offenders released from the SOTP in good standing from 1989 to 2000. Only 3 of the 79 had been rearrested for sex crimes, for a 97% success rate. Four more of the releasees had been arrested for non-sex crimes, and 6 more had violated parole, for a success rate of 84%.

The success rate can be adjusted by those whose releases were recommended by program staff, and those who participated but were recommended for release because their sentence expiration was imminent and parole supervision was the preferable way to finish the sentence. The adjusted success rate for offenders recommended for release by the SOTP was 89%; the adjusted success rate for offenders in the community with positive standing was also 89%.

Release Authority

Parole Board

The parole board is not reluctant to release sex offenders.

Percentage of sex offenders who discharge their sentence:

40% to 60% of sex offenders discharge their sentence in prison prior to release. Most sex offenders either discharge their sentence in prison or are paroled close to their maximum sentence for community control.

Staffing Issues

A contract with Peter Loss ACSW, Inc. provides one position for a director/clinician to treat 100 inmates. Psychologist and secretarial services are subcontracted, and volunteers operate corollary services. The contractor has the discretion to set the starting salary for all program staff.

Training, licensing, and certification requirements

Peter Loss reported no requirements for treatment staff.

Staffing of treatment groups

One counselor facilitates core groups of 6 to 7 participants, as well as corollary groups that are larger.

Recruitment and retention

Peter Loss reported no recruitment or staff retention problems.

Program Costs

Total overall DOC budget: $121 million

Sex offender treatment program, personnel services and operating costs: $98,000 contract per year, through competitive bidding.

% of total DOC budget: .08%

(Continued on the next page.)

(Continued from the previous page.)

Materials available through the NIC Information Center
1-800-877-1461

Peter Loss, ACSW, Rhode Island Department of Corrections: Sex Offender Treatment Program Description. A 3-page description of the program focused on the sequence of participant progress through treatment.

Note: Materials are housed at the NIC Information Center at the discretion of Information Center staff. If any materials listed above are not available from the Information Center, please contact the DOC directly, using the contact name provided at the top of the profile.

South Carolina

South Carolina Department of Corrections

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Program Summary

The South Carolina Sex Offender Treatment Program provides three stages of cognitive-behavioral treatment, with an emphasis on relapse prevention strategies. Treatment takes place primarily in groups. The duration of the complete program is approximately 1½ years. Ideally, all sex offenders participate in at least the Phase I and relapse prevention groups.

Phase I, Sex Offender Education, is a 16-session mandatory psychoeducation group for all adult offenders with a sex offense conviction. Sex offenders who meet treatment criteria move into Phase II, Residential Treatment. Residential Treatment is designed to assess and treat the high risk offender, identified by risk assessment, in order to reduce the likelihood of reoffending. This phase lasts approximately 1 year.

Relapse Prevention, the psychoeducational companion group to Phase I, is designed for all sex offenders leaving the South Carolina Department of Corrections (SCDC) for the community. This group is conducted for a minimum of 8 sessions, but may be expanded to meet the needs of offenders who have refused treatment.

The DOC also provides a sex offender program for youthful offenders, which expands upon the structure used for the adult program.

Prison Sex Offender Population

Identification

The South Carolina Department of Corrections does not identify incarcerated sex offenders differently from the general population. Sex offenders are identified according to the criteria below.

Criteria

- Current crime
- Prior sex felony convictions
- Factual basis of a current non-sex crime conviction
- Institutional sexual misbehavior

Severity scale

The SCDC uses the STATIC-99 as a severity scale for identified sex offenders. Offenders who score 3 or above are offered residential treatment.

Population Status

Current total adult incarcerated population: 21,995 (as of 6/30/99)

Sex offender total: 2,207

Percentage of total population identified as sex offenders: 10%

The number of sex offenders has increased from 1,437 in 1994 to 2,207 in 1999, an increase of 54%. The increase is due to:

- Increased sex offense commitments
- Conservative release rates

Although incarcerated sex offenders can be identified by prior sex felony convictions, the factual basis of a current non-crime conviction, or institutional sexual misbehavior, currently all 2,207 identified sex offenders are serving for active sex offenses.

Prison Sex Offender Treatment Program

Governance

Legislation

South Carolina has no legislation that governs the sex offender treatment program within the SCDC. However, the SCDC is involved in carrying out the provisions of legislation for sexually violent predators.

Sexually Violent Predator Act. The state's Sexually Violent Predator Act, passed in 1998, requires the department to notify the state Attorney General and a multidisciplinary review team 90 days before a person convicted of a sexually violent offense is released from prison.

The legislative provisions for civil commitment are carried out in part by an interagency agreement between the SCDC and the South Carolina Department of Mental Health (SCDMH). The agreement covers the following:

- Persons determined to be sexually violent predators will be committed to the custody of the SCDMH.
- The SCDC will make a unit (Edisto Unit) available to the SCDMH for housing persons committed to the Sexual Predator Treatment (SPT) Program.
- The SCDMH will operate the SPT Program within Edisto Unit. SCDMH employees and contractors will be subject to all SCDC policies and procedures.
- SCDC and SCDMH will avoid commingling the residents of the treatment program with the inmate population at SCDC.
- The SCDC will provide maintenance and perimeter security.

State Standards/Advisory Board

State-mandated identification policy

An identification process for sex offenders in prison is mandated in South Carolina.

Advisory board/sex offender treatment entity

South Carolina has no state-mandated policy that creates an advisory board, and no state-mandated policy that creates a sex offender treatment board/entity that sets standards and requirements for treatment.

Stakeholders influencing the program

Stakeholders outside the SCDC who influence the program include:

- The legislature
- The Governor's office
- The District Attorney's counsel
- The Department of Mental Health, which has responsibility for the continued treatment of sexually violent predators.

Program Policies

Treatment requirement

Offenders who are identified as sex offenders are required to attend Phase I and Relapse Prevention Group. High risk offenders are also offered Residential Treatment.

Results of denial or refusal of treatment

If an offender denies a sex offending problem or refuses treatment, the offender is:

- Denied privileges (youthful offenders only)
- Subject to disciplinary action
- Restricted from a specific lower security or custody placement
- Offered a denial phase of treatment (special needs offenders—MI, DD)

Implications for identified sex offenders

In addition to being classified for treatment, an offender identified as a sex offender under department policy is:

- Excluded from outside work crews
- Ineligible for community corrections
- Expected to participate in sex offender treatment

Visitation policy

The visitation policy for offenders assigned to the sex offender program differs from the policy for the general population. Sex offenders cannot have contact with their victim(s).

Program Description/Placement

The treatment philosophy of the South Carolina Sex Offender Treatment Program is based on the belief that sexual deviancy is a learned pattern of arousal, thinking and behavior which can be controlled, but not cured. The program is designed to give sex offenders the knowledge and skills to gain control over their thinking and behavior, in order to avoid relapse and the further victimization of others.

Program staff stress that groups must be private and confidential. Participants in the program are expected to work or attend school when not in group or individual counseling.

The South Carolina Sex Offender Treatment Program provides three stages of cognitive-behavioral treatment, with an emphasis on relapse prevention strategies. The duration of treatment is approximately 1½ years, and takes place primarily in groups. Ideally, all sex offenders under the jurisdiction of the SCDC participate in at least the Phase I and relapse prevention groups. An offender's movement through the program is determined by his participation and progress.

In general, the Phase II treatment phase is designed only for sex offenders who are high risk to offend and who are willing and amenable to treatment. For special needs offenders—MI and DD only—the program provides phases for those who deny a sex offending problem or refuse treatment.

Dedicated facility

No phase of the sex offender program is conducted in a dedicated facility. The Residential Treatment Units are located in 2 designated institutions.

Phase I: Sex Offender Education (16 sessions)

This educational group is mandatory for all adult offenders with sex convictions. The group covers concepts of treatment, sexual assault behavior and cycles, the impact of sexual assault on victims, an overview of criminal thinking, the specific cognitive distortions of sex offenders, and denial. Offenders are informed that there is hope for change, if they supply the motivation. Relapse prevention strategies are introduced, and offenders are encouraged to move into treatment. Phase I is a prerequisite for residential treatment.

Phase II: Residential Treatment (1 year)

The treatment phase progresses through 3 modules that require the sexual offender to accept full responsibility for his behavior and to identify and begin to change anti-social and deviant sexual thinking patterns. The modules cover personal and family history, patterns of assault and victim empathy, and relapse prevention. Progress through the modules depends on the offender's motivation and ability.

Relapse Prevention (8 or more sessions)

All sex offenders leaving the SCDC for the community are expected to participate. Group work further explores thinking patterns, denial, victim empathy, and relapse prevention strategies. Sessions also provide information on community resources. Work can be expanded beyond 8 sessions for offenders who have refused treatment.

Assessment or testing tools

Assessment tools used for inmate placement into the treatment program include:

- Personality Assessment Inventory
- Multi-phasic Sexual Inventory
- As needed:

Buss-Durkee Hostility Inventory
Bumby Cognition Scale
MMPI-A
A&D—Simple Screening Instrument

Types of offenders

The program is designed to accept the following types of offenders:

- Normal intellectual and socially functioning offenders
- CMI's
- Developmentally disabled
- Youthful offenders

Intake

The SCDC takes sex offenders into the residential treatment program according to the following criteria:

- The priority on the waiting list
- Short time to sentence discharge

The program has a waiting list of 112 offenders.

Core curriculum

The curriculum for the treatment program includes:

- Victim empathy/clarification
- Cognitive behavior therapy
- Individual counseling/group counseling
- Arousal reconditioning group
- Writing of prior history (journaling)
- Relapse prevention notebook (offense cycle, specific RP plans)

Post-release

The SCDC Sex Offender Treatment Program has no continuum aftercare component for offenders released from prison.

Sex offenders are not eligible for community corrections or work release programs.

Completion/Failure

In the SCDC, 60% of placements complete all phases of the treatment program. The greatest failure rate—30%—is in residential treatment for high risk offenders.

Reasons for expulsion

An offender might be expelled from the program for any of the following reasons:

- Failure to progress
- Poor work values
- Possession of contraband
- Assaultive behaviors
- Sexual misconduct

Consequences of failure

As a consequence for failing the program, the inmate participant can be:

- Reclassified to a higher custody level (youthful offenders only, but not consistently)
- Given restricted privileges (youthful offenders only)
- Subject to loss of time toward reducing his sentence

Staff Roles and Authority

Sex offender program staff at the facility assess offenders for problem identification and risk, make the treatment plan, and provide group and individual treatment.

Authority

Program staff can make a discretionary change to either identification or treatment.

The state has identified security levels for prison facilities. The unit responsible for placement has the authority to place a sex offender at any facility.

The unit responsible for facility placement and the program staff interact when placing sex offenders at certain facilities.

Assessment

Tests and assessment tools

To measure progress in the program, the SCDC is in the process of selecting psychological tests.

Program-developed tools for measuring offender progress

The treatment program has developed its own set of tools for measuring offender progress. Those tools include:

1. Sex Offender Beliefs Inventory. Identifier for criminal and sexual assault attitudes associated with assault behavior. Given at the beginning and end of treatment (Phase II only) to measure changes in attitudes and behavior.

1. Behavior checklist/task completion data sheet for goals within treatment modules.

Internal system for tracking program effectiveness

The SCDC presently has no internal system for tracking program effectiveness.

Definition of program success

Staff define program success as:

1. A reduction in criminal thinking and behavior.
2. An increase in victim empathy.
3. An increase in openness about problems.
4. Task completion.

Release Authority

Parole Board

Although the willingness or reluctance of the parole board to release sex offenders is an unknown, the perception of program staff is that the parole rate is low.

Percentage of sex offenders who discharge their sentence: 80%

Rate of release for those who discharge their sentence: 82.5%

Rate of release for those who go to parole: 17.5%

Staffing Issues

A professional staff of 7 conducts the residential treatment program in 2 institutions.

Title	Number of staff	Pay range
Counselors	4	$32,000 - $36,000
Administration	2	$39,000 - $42,000
Psychologist	1	$34,000 - $38,000

Training, licensing, and certification requirements

The program has no licensing or certification requirements for staff.

Treatment staff are required to go through internal training for psychoeducation and relapse prevention. Treatment staff also seek extra-agency training through ATSA, NIC, and the WISC training program.

Staffing of treatment groups

Group sizes range from 5 to 12, with an average of 8 offenders. Each psychoeducation group is staffed with 1 counselor, and each treatment group is staffed with 2 counselors.

Recruitment and retention

It is difficult to recruit experienced supervisory/clinical staff for the rural area facility.
Program staffing is also affected by burnout as well as limited resources.

Program Costs

Total overall DOC budget: $330,000,000

Sex offender treatment program, personnel services and operating costs: $254,000

% of total DOC budget: .08%

Materials available through the NIC Information Center
1-800-877-1461

South Carolina Department of Corrections Sex Offender Treatment Program: Program Overview. 3 pages.

South Carolina Department of Corrections Sex Offender Treatment Program: Progress in Treatment. Assessment instrument, by module goals.

Sex Offender Treatment Program for Youthful Offenders: Relapse Prevention I. Assessment instrument, by module goals.

Sex Offender Treatment Program for Youthful Offenders: Relapse Prevention II. Assessment instrument, by module goals.

Sexually Violent Predator Act. A copy of the legislation.

Interagency Agreement Between the South Carolina Department of Corrections and the South Carolina Department of Mental Health. Regarding the Sexually Violent Predator Act. 7 pages.

Sexual Predator Multi-disciplinary Team Report as of January 21, 1999. A 1-page graphic showing the number offenders who were screened, referred, and not referred by the Sexual Predator Multidisciplinary Team to the Prosecutor's Review Committee, as of January, 1999.

Note: Materials are housed at the NIC Information Center at the discretion of Information Center staff. If any materials listed above are not available from the Information Center, please contact the DOC directly, using the contact name provided at the top of the profile.

South Dakota

South Dakota Department of Corrections

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Program Summary

The Special Treatment of Perpetrators (STOP) program provides up to 2 years of treatment for sex offenders incarcerated by the South Dakota Department of Corrections. Five mental health staff serve as treatment staff in 3 facilities and 1 penitentiary annex. The program can treat up to approximately 100 sex offenders at any given time. Sex offenders are eligible for treatment 2 years before their parole eligibility date.

The program is structured on 4 steps. Sex offenders assessed by the Rapid Risk Assessment for Sex Offense Recidivism (RRASOR) as low risk are assigned to a shortened version of the 4-step program. Participant progress is monitored through the Multiphasic Sexual Inventory (MSI), which is administered at four points in the program: pre-treatment, 2 in mid-treatment, and post-treatment.

Step 1: Assessment
Staff administer the appropriate assessments and develop an individual core treatment plan for each offender.

Step 2: Psychoeducation ***4 weeks (12 hours)***
Sex offenders prepare for core treatment by participating in psychoeducational groups focused on criminal and sexually deviant thinking.

Step 3: Core Treatment ***9 months (216 hours)***
3 months (78 hours) for the Short Track program

Weekly group and individual cognitive behavioral based interventions are aimed at the sexual behaviors of each offender.

Aftercare ***12 months***

Participants meet bi-weekly in groups for 2-hour sessions. The primary work is to develop a relapse prevention plan.

Voluntary aftercare

Offenders who want additional support meet in a voluntary group on a monthly basis.

Specialized treatment for chronically mentally ill or developmentally disabled sex offenders is ongoing throughout the duration of the inmate's stay in the institution.

Prison Sex Offender Population

Identification

South Dakota identifies incarcerated sex offenders differently from the general population, according to the criteria below.

Criteria

- Current crime
- Prior sex felony convictions
- Prior misdemeanor convictions
- Factual basis of a current non-sex crime conviction
- Institutional sexual misbehavior

Severity scale

The program uses the Rapid Risk Assessment for Sex Offense Recidivism (RRASOR) for both classification and treatment, as a risk assessment tool when the inmate comes into the system in Admissions and Orientation (A & O). If an offender has a score of 0 or 1 indicating lower risk, he will be scheduled for the Short Track Treatment.

Population Status

Current total adult incarcerated population: 2,542

Sex offender total: 550

Percentage of total population identified as sex offenders: 22%

The number of sex offenders stayed approximately the same from 1994 to 1999.

Prison Sex Offender Treatment Program

Governance

Legislation

There is no legislation in South Dakota that influences or governs the program.

State Standards/Advisory Board

State-mandated identification policy

The identification process for STOP is not state-mandated.

Advisory board/sex offender treatment entity

There is no state-mandated policy that creates a sex offender treatment advisory board, and no state-mandated policy that creates a sex offender treatment board/entity that sets standards and requirements for treatment.

Stakeholders influencing the program

South Dakota reports no stakeholders outside the DOC who influence the program.

Program Policies

Treatment requirement

Offenders who are identified as sex offenders and assessed for sex offender treatment are not required to go to treatment.

Results of denial or refusal of treatment

If an offender denies a sex offending problem or refuses treatment, the offender is denied privileges, as stipulated in written policy.

Implications for identified sex offenders

In addition to being classified for treatment, an offender identified as a sex offender under department policy is:

- Excluded from outside work crews
- Expected to participate in sex offender treatment

Visitation policy

The visitation policy for offenders assigned to the sex offender program differs from the policy for the general population. Offenders assessed as needing sex offender treatment who have refused treatment or have been terminated from treatment are not allowed to have visits with persons age 18 or under. This policy also applies to those assessed as needing treatment who have been determined to present excessive risk during visits.

Program Description/Placement

The STOP program has been developed on the basic tenets that 1) human behavior, including sexual behavior, is learned, and 2) the treatment of sex offenders involves learning appropriate and responsible social and sexual behaviors which can be substituted for inappropriate and irresponsible behaviors that have led in the past to offenses. Program staff believe that sex offenders can be effectively treated and re-educated.

Treatment is not offered to offenders who are housed in a segregation or protective custody unit, or serving a death or life sentence.

Dedicated facility

The STOP program does not have a dedicated facility.

Assessment or testing tools

Assessment tools used for inmate placement into the treatment program include:

- Multiphasic Sexual Inventory
- Assessment interview
- Progress in the education component
- Progress in core treatment

Types of offenders

The program is designed to accept the following types of offenders:

- Normal intellectual and socially functioning male offenders
- Normal intellectual and socially functioning female offenders

Intake

STOP takes sex offenders into the program according to the following criteria:
- Short time to supervised release
- Short time to sentence discharge

The program does not have a waiting list.

Core curriculum

The curriculum for the treatment program includes:
- Educational courses
- Cognitive behavior therapy
- Group counseling
- Writing of prior history (journaling)

Program structure

STOP is only for the prison population.

Program structure specifies criteria that must be met for a participant to progress to the next step in treatment, including STOP Program Contract Provisions. Failure to complete any one of the criteria results in discharge from treatment.

Participant progress is monitored through the Multiphasic Sexual Inventory (MSI), which is administered at four points in the program: pre-treatment, 2 in mid-treatment, and post-treatment.

The program is structured on 4 steps:

Step 1: Assessment

Based on a clinical interview as well as any psychological assessment deemed appropriate, staff develop an individual core treatment plan for each sex offender.

Step 2: Psychoeducational *4 weeks (12 hours)*

Sex offenders prepare for core treatment by participating in psychoeducational groups focused on criminal and sexually deviant thinking. Group work is based on the Safer Society Press workbook, *Who am I and Why am I in Treatment?*

Step 3: Core Treatment *9 months (216 hours)*

3 months (78 hours) for the Short Track program

Weekly group and individual cognitive behavioral based interventions are aimed at the sexual behaviors of each offender. Components include an autobiography, an integrated behavior chain, a decision matrix, and victim empathy assignments.

Participants in the short term program complete only the behavior chain assignments. Participation, notable progress, and perpetrator responsibility are used to determine whether an offender is moved to aftercare or must complete the balance of the 9-month core treatment programming.

Aftercare *12 months*

Participants meet bi-weekly in groups for 2-hour sessions. The primary work is to develop a relapse prevention plan, using the Safer Society Press workbook, *How Can I Stop? Breaking My Deviant Cycle*. Participants also maintain anxiety logs and fantasy logs.

Voluntary aftercare

Offenders who want additional support meet in a voluntary group on a monthly basis.

Specialized treatment for chronically mentally ill or developmentally disabled sex offenders is ongoing throughout the duration of the inmate's stay in the institution. The treatment includes:

- Discussion of the crime

- Social skills
- Human sexuality
- Understanding sexual deviance
- Understanding sexual abuse
- Sexual autobiography
- Victim empathy
- Relapse prevention

Post-release

STOP has no continuum aftercare component for sex offenders released from prison.

Sex offenders are not eligible for community corrections or work release programs.

Completion/Failure

Of program placements, 85% complete all phases of the treatment program. Phase 2, the Education phase, has the greatest failure rate, a rate of 50%.

Reasons for expulsion

An offender might be expelled from the program for any of the following reasons:
- Failure to progress
- Assaultive behaviors
- Sexual misconduct

Consequences of failure

As a consequence for failing the program, the inmate participant can be:
- Regressed to a higher security facility
- Reclassified to a higher custody level
- Given restricted privileges
- Subject to loss of time toward reducing his sentence
- Kept at the same facility

Staff Roles and Authority

Offenders are assessed for identification and treatment planning by sex offender program staff at the facility.

Authority

Program staff can make a discretionary change to either identification or treatment.

The state has identified security levels for prison facilities. Sex offenders are housed in the South Dakota State Penitentiary in Sioux Falls (high medium); Units A, B (maximum) & C (minimum)of the Jameson Annex of the South Dakota State Penitentiary; Mike Durfee State Prison (low medium) in Springfield; and the South Dakota Women's Prison (all custody levels) in Pierre.

The unit responsible for facility placement and the program staff interact when placing sex offenders at certain facilities.

Assessment

Tests and assessment tools

To measure progress in the program, STOP uses clinical interviews as well as the Multiphasic Sexual Inventory (MSI).

Program-developed tools for measuring offender progress

STOP has not developed its own set of tools for measuring offender progress.

Internal system for tracking program effectiveness

STOP does not have an internal system for tracking program effectiveness.

Release Authority

Parole Board
The parole board is reluctant to release sex offenders, out of concern for public safety.

Percentage of sex offenders who discharge their sentence: 60% to 80%

Staffing Issues

Treatment staff is made up of five mental health staff.

Training, licensing, and certification requirements
There are no requirements for staff involved in the program.

Staffing of treatment groups
Groups of 8 to 10 participants are facilitated by 2 counselors.

Recruitment and retention
The DOC has difficulty recruiting for all types of positions, including sex offender treatment staff.

Program Costs

Total overall DOC budget: $57,803,318 (FY 2001)

Sex offender treatment program, personnel services and operating costs: $250,000 (Approximate figure.)

% of total DOC budget: .4%

Materials available through the NIC Information Center
1-800-877-1461

Special Treatment of Perpetrators Program (STOP). A 4-page description of the program, including philosophy and program structure.

Note: Materials are housed at the NIC Information Center at the discretion of Information Center staff. If any materials listed above are not available from the Information Center, please contact the DOC directly, using the contact name provided at the top of the profile.

Tennessee

Tennessee Department of Correction

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Program Summary

The Tennessee Standardized Treatment Program for Sex Offenders was established by legislation in 1995. The legislation also created the Tennessee Sex Offender Treatment Board, which sets treatment standards and serves as a statewide advisory board.

The treatment program is a voluntary transitional residential program provided in two phases. Phase I lasts approximately 15 to 18 months, and Phase II lasts approximately 12 to 14 months. Sex offenders within therapeutic communities are mainstreamed into daily occupational, vocational, and/or educational activities to develop the skills and self-concept needed for living in a community after release from prison. Treatment emphasizes cognitive behavioral therapy and relapse prevention. The Phase I portion of the program has a comprehensive diagnostic component. The Phase II portion of the program provides for follow-up diagnostics.

The residential structure of the program may require at least three facility transfers. Sex offenders apply for admission in a sending institution that refers them to the 64-bed DeBerry Special Needs Facility for Phase I intensive treatment. When ready, program participants are transferred to one of two regional residential treatment facilities for Phase II. After successful completion of Phase I and Phase II, and when possible, participants are transferred back to the sending institution, where they enter Aftercare, a phase focused on relapse prevention that continues until discharge. Before discharge, participants make arrangements for continuing aftercare in the community. Offenders are referred to community treatment providers who have been approved by the Tennessee Sex Offender Treatment Board.

Treatment is largely conducted in both psycho-educational and life process focus groups. Groups focus on areas such as accepting responsibility, developing victim empathy, and changing distorted thinking and behaviors. Social skills and anger management are also addressed in the group setting. In Phase I, offenders identify sex abuse risk factors and develop an initial relapse prevention plan. Phase II addresses human sexuality, with an emphasis on developing a healthy self concept and healthy effective relationships. Offenders in Phase II are subject to random/scheduled physiological reassessment in an effort to monitor deviant arousal patterns.

Prison Sex Offender Population

Identification

The Tennessee Department of Correction identifies incarcerated sex offenders differently from the general population, by maintaining computer data for DNA testing, HIV/AIDS testing, report tracking, and treatment waiting lists. Sex offenders are initially identified according to the criteria below.

Criteria

- Current crime
- Prior sex felony convictions
- Institutional sexual misbehavior, when criminal codes apply (e.g., civil action taken when an inmate rapes staff or other inmates)
- Length of sentence

Severity Scale

The Tennessee DOC does not have a severity scale for identified sex offenders.

Population Status

Current total adult incarcerated population: 16,831

Sex offender total: 3,063 (Data reflects inmates who have committed some type of sex crime that is not necessarily a primary offense.)

Percentage of total population identified as sex offenders: 18%

The number of sex offenders with a primary sex offense conviction has increased from 2,295 in 1994 to 2,610 in 1999, an increase of 14%. The increase is due to:

- Increased sex offense commitments
- Conservative release rates
- Restructuring/expansion of criminal sentencing codes

Prison Sex Offender Treatment Program

Governance

Legislation

The Tennessee Standardized Treatment Program for Sex Offenders, passed in 1995, mandates comprehensive evaluation, identification, treatment, and continued monitoring of sex offenders who are subject to the supervision of the criminal justice system. The law also provides for a surcharge to offenders for treatment services.

The legislation created the Tennessee Sex Offender Treatment Board to assist in guiding laws pertaining to sex offenders and to provide for the statewide training of treatment providers.

By mandate, the TDOC, the judicial branch, and the Department of Children's Services cannot employ or contract with any individual or entity to provide treatment services unless those services conform to standards developed by the treatment board.

The Standardized Treatment Program is funded through the departmental budget.

The impetus behind the legislation was the public demand for a safe community and the need to address a growing population.

State Standards/Advisory Board

State-mandated identification policy

An identification process for sex offenders in prison is mandated in Tennessee.

Advisory board/sex offender treatment entity

The 1995 Standardized Treatment for Sex Offenders legislation created a Sex Offender Treatment Board that sets standards and requirements for treatment, including state standards for inpatient and outpatient treatment. The treatment board also serves as an advisory board.

The board works under the authority of the Department of Correction and the Department of Children's Services.

The Sex Offender Treatment Board also functions as described below.

Authority

The board establishes, defines and/or recommends:

- Counseling standards
- Staff qualifications
- Program group size
- Program protocol
- Probation, Parole and Community Correction monitoring policies and procedures.

The board also collects fines for convicted sex offenders.

Usefulness

Currently, the board:

- Helps to fund treatment and supervision education at the community level (not the TDOC)
- Provides reimbursement to approved community treatment providers
- Sets measures of progress
- Helps make recommendations for treatment modifications
- Provides and funds annual training
- Provides consultation to legislative authorities, various agencies, treatment providers and legal branches

Ways it has exercised its authority:

- Required/recommended a certain approach to treatment, community monitoring and family unification standards
- Mandated treatment and community linkage (treatment mandate supports the DOC mission)

Testing standards

The board recommends and supports the use of the following tests:

- Polygraph
- Plethysmograph
- Other psychometric tests based on clinical need

Treatment standards

The board recommends and supports the use of the following treatments:

- Counseling
- Group therapy
- On-going plethysmography
- On-going polygraphy
- On-going monitoring through controlled case management at the community level

Stakeholders influencing the program

Stakeholders outside the DOC who influence the program include:

- The legislature
- The Governor's office
- The Sex Offender Treatment Board
- Victim advocacy organizations

Program Policies

Treatment requirement

On the basis of admission criteria, appropriate candidates for the SOTP are selected from a statewide pool of inmates who volunteer for treatment.

Results of denial or refusal of treatment by offenders in the treatment population

There are no consequences if an offender denies a sex offending problem or refuses treatment.

Implications for identified sex offenders

In addition to being classified for treatment, an offender identified as a sex offender under Department policy is:

- Restricted to certain security level facilities
- Excluded fro m outside work crews
- Scrutinized more prior to and after visitation
- Required to submit a blood specimen for DNA analysis prior to release
- Required to complete TBI community registration prior to release

Visitation policy

The visitation policy for offenders assigned to the sex offender program differs from the policy for the general population. The no-contact policy requires visitation to be supervised by security. If the DCS/treatment provider for a family victim is in place, visitation will only occur if all parties agree.

Program Description/Placement

The philosophy of the Tennessee Department of Correction Sex Offender Treatment Program focuses on treating the whole individual. A basic assumption of treatment is that there is no cure for sexual offending behavior; the overall goal is to reduce to a minimum the potential for deviant behavior.

The Tennessee SOTP is a voluntary transitional residential program provided in two phases, followed by institutional aftercare. Sex offenders are admitted on the basis of wait list priority and assessments. Participants are mainstreamed into daily occupational, vocational, and/or educational activities to develop a sense of progress as well as the skills needed for living in a community after release from prison. Treatment—largely conducted in both psycho-educational and life process groups—emphasizes cognitive behavioral therapy and relapse prevention.

The duration of each of the three program components is approximately 15 months. The length of treatment depends upon participant progress in meeting program goals. Participants are transferred to a different facility for each phase. Phase I intensive treatment takes place in a 64-bed special needs facility. Phase II treatment takes place in one of two 20-bed regional treatment facilities. When possible, participants are transferred back to their referral institution for the Aftercare phase, which emphasizes relapse prevention and transition into the post-release community.

No maximum or close custody inmates are eligible for active treatment in Phase I; inmates must reduce their custody level to receive treatment. However, all inmates, regardless of custody level, have the option of being placed on a statewide treatment waiting list.

Groups meet 5 days per week for 2.5- to 3-hour sessions, focusing on areas such as accepting responsibility, developing victim empathy, and changing distorted thinking and behaviors related to sexual offending. Social skills, communication, assertiveness, anger management are also addressed in the group setting.

Participants progress through treatment as they meet standardized program goals. Although goals are set within specified time frames, a participant may remain in any given phase until he has met treatment goals for that phase.

Participants are evaluated in all areas of personal functioning upon entry into the program. Evaluation continues throughout the program, using assessments selected according to case-by-case needs.

Phase I ***Projected 16-24 months***

After initial screening, the mental health professional at the sending institution refers appropriate program candidates to the Unit Director of the DeBerry Special Needs Facility Sex Offender Program. Offenders accepted into the program are transferred to the special needs facility for intensive treatment in Phase I, where they undergo extensive assessment.

In Phase I, offenders begin identifying deviant risk factors and develop an initial relapse prevention plan.

Phase II ***Projected 12-15 months***

Successful Phase I participants are transferred to one of two regional facilities for Phase II.

Phase II addresses human sexuality, with an emphasis on sexual attitudes and roles. Participants work toward developing a healthy self concept as the basis for healthy, effective relationships. Participants refine their personalized relapse plans and are subject to scheduled or random physiological monitoring.

Aftercare ***Duration of incarceration***

Upon successful completion of Phase II, participants are transferred back to the sending institution (when possible), where they enter Aftercare, which consists of a weekly group process focused on relapse prevention. Near discharge, offenders who have remained active in treatment arrange for community-based aftercare. All offenders have the legal right to refuse or drop out of treatment. A report is placed in the record of any offender who drops out at any given stage of treatment.

Assessment or testing tools

Assessment tools used for inmate placement into the treatment program include:

- Personality Assessment Inventory (PAI)
- Multiphasic Sex Inventory (MSI)
- MMPI
- RRASOR
- HARE
- Plethysmography
- Rape Myth Acceptance Scale
- Attitudes Towards Women Scale
- Victim empathy scales
- Extensive case review
- Clinical interviews

Types of offenders

The program is designed to accept the following types of offenders:

- Normal range of intellectual functioning
- Acceptable adaptive/social functioning
- Developmentally disabled (a separate treatment program, 32 beds)

Intake

The SOTP takes sex offenders into the program according to the following criteria:

- The priority on the list
- Short time to sentence discharge
- Willingness for treatment
- No institutional class A and B write-ups for specified periods of time (see criteria)

The program has a waiting list of 1,288 sex offenders. Based on criteria for admission, 122 offenders could immediately enter treatment; 235 have been disapproved for the time being for various reasons; and 131 meet clinical criteria, but exceed the 13 year time limit and will be invited once the remaining sentence is under 13 years.

Core curriculum

The curriculum for the treatment program includes:

- Educational courses
- Cognitive behavior therapy/behavioral reconditioning (emphasized)
- Individual counseling
- Group counseling
- Writing of prior history (journaling)
- A strong relapse prevention component

Post-release

For sex offenders preparing for release from prison, the Tennessee sex offender treatment providers assist in establishing treatment contacts with community based treatment providers. The Department of Probation and Parole plays an important part in the continued treatment and monitoring of offenders reentering the community. Offenders and other agency stakeholders know that aftercare is a major part of the continuum of treatment.

Sex offenders are not eligible for community corrections or work release programs.

Completion/Failure

It is possible for an offender to complete all phases of sex offender treatment. Among placements, 45% to 65% complete the treatment program. Failure rates for separate program phases are currently under investigation. The program staff, in conjunction with university staff and departmental staff, are currently developing recidivism data and developing specific outcome measures.

Reasons for expulsion

An offender might be expelled from the program for any of the following reasons:

- Failure to progress within reasonable limits
- Poor work values (demonstrate lack of motivation or cognitive ability to progress)
- Possession of contraband
- Assaultive behaviors
- Sexual misconduct (repeated)

All cases are reviewed by a treatment team before any action is taken.

Consequences of failure

As a consequence for failing the program, the inmate participant can be transferred out to another facility. There are no departmental sanctions associated with treatment failure or noncompliance.

Staff Roles and Authority

Offenders are interviewed during the initial classification/intake process by a licensed mental health professional. All offenders are made aware of the TDOC sex offender treatment program. An inmate may choose to volunteer for the program or defer for later consideration once he has been placed at the time building facility. If the inmate volunteers for the program immediately, he/she is screened using established admission criteria. If the inmate meets the criteria, he/she is then placed on a statewide waiting list that is centrally maintained at the Phase I treatment site. The same screening process takes place at all TDOC facilities. The statewide waiting list is updated continuously.

Female sex offenders receive treatment at the Tennessee Prison for Women. Females are not transferred to the DeBerry Special Needs Facility Phase I program.

Authority

Program staff can make a discretionary change to either identification or treatment.

The state has identified security levels for prison facilities. The unit responsible for placement has the authority to place a sex offender at any facility.

The unit responsible for facility placement and the program staff do not interact when placing sex offenders at certain facilities.

Assessment

Tests and assessment tools

Treatment staff use clinical interviews to measure offender progress in the program.

Program-developed tools for measuring offender progress

Program staff are currently developing assessment tools for measuring offender progress.

Internal system for tracking program effectiveness

Program staff are developing a tracking system that will track offenders who are re-arrested and/or returned to the TDOC. A number of variables will be tracked. Recidivism time frames will not be limited. Data will be collected continuously and then categorized.

Definition of program success

The Tennessee treatment program defines program success in terms of offender progress—the offender completes both treatment phases, then progresses to the community and does not re-offend. An operational definition of recidivism is being developed.

Based upon preliminary in-house indicators, very few offenders who complete treatment return to the TDOC. In-house offender behaviors indicate that treatment is having a positive impact**.** Phase II programming efforts have been beneficial in identifying treatment failures and therapeutic problem areas.

Treatment program staff, the TDOC Director of Mental Health, and the TDOC Director of Planning and Research are working together encourage various research projects and outcome studies with a number of universities.

Release Authority

Parole Board

There is reluctance on the part of the parole board to release sex offenders. The board would be viewed as the responsible party if an offender relapsed, and would take that responsibility upon themselves.

Percentage of sex offenders who discharge their sentence: 80% - 90%

Staffing Issues

The Tennessee Sex Offender Treatment Program, provided in three locations throughout the state, is staffed by 7 DOC professionals. All three treatment sites have access to contracted psychiatric consultation/intervention. The amount of time needed for psychiatric intervention is predicated on clinical need. All salaries for state positions are set by the Department of Personnel. There is some latitude to negotiate the salaries of the mental health staff. The salary for the contract psychiatric staff is not known to the state. Services are provided through an at risk capitated contract.

Title	Number of staff	Pay range
Counselors (correctional)	2	$22,000 - $27,000
Administration	Shared	
Psychiatrist	Available at each treatment site	Contracted
Psychologist (residential)	1 at Phase I	$60,000-$65,000
	1 available at Phase II sites	Contracted
Mental Health Specialists	4 at DSNF Phase I	$29,000 - $36,000
	1 at SERCF Phase II	$29,000 - $33,000
	1 at WTSP Phase II	$29,000 - $33,000

Training, licensing, and certification requirements

Mental Health Program Specialists within the TDOC system possess a masters or bachelors degree and are clinically supervised. The TDOC also utilizes licensed psychological examiners and licensed psychologists. Treatment staff are required to undergo 1) annual Tennessee Sex Offender Treatment Board training, 2) annual in-house training, and 3) ATSA/NIC training, when fiscal resources permit.

Staffing of treatment groups

One mental health program specialist/psychological examiner conducts treatment for groups of 12 to 16 offenders for Phase I. The provider-to-offender ratio for Phase II is 1 to a maximum of 20. Phase II groups may be split to reduce the numbers, depending upon the treatment topic. The contract psychiatrist or other clinical staff co-facilitate/consult some groups.

Recruitment and retention

Salary levels can cause difficulty in recruiting for the rural area facilities. To date, staff turnover has not been a significant problem.

Program Costs

Total overall DOC budget: Response deferred.

Sex offender treatment program, personnel services and operating costs: Response deferred.

% of total DOC budget: Data not available.

Materials available through the NIC Information Center
1-800-877-1461

Standardized Treatment for Sex Offenders. Legislation creating the Sex Offender Treatment Board and governing evaluation and identification, treatment and monitoring, and the surcharge.

Tennessee Department of Correction Sex Offender Treatment Program. 8-page program description. Being updated as of November 1999.

Treatment materials for program modules:

- *Sexual Reconditioning*
- *Victim Impact*
- *Cognitive Restructuring*
- *Relapse Prevention*
- *Anger Management for Sex Offenders*

Sex Offender Treatment Program Relapse Prevention Plan. Includes a Theoretical Overview.

Brochure and program for the Tennessee Sex Offender Treatment Board Fall Training Conference, November 1999.

Copy of the letter sent by the Tennessee Board of Probation and Parole to all circuit and criminal judges, advising them of the standards of supervision for sex offenders which have been adopted by the Sex Offender Treatment Board and the Board of Probation and Parole. The letter urges judges to impose the new standards as a special condition on sex offenders placed on probation or community corrections.

Sex Offender Directives. Written notification of instructions to sex offenders from the Tennessee Board of Probation and Parole, to be signed by the offender and his supervising officer.

Sex Offender Procedure Manual of Operations. 5-pages of guidelines and procedures for supervising sex offenders on probation and parole.

Note: Materials are housed at the NIC Information Center at the discretion of Information Center staff. If any materials listed above are not available from the Information Center, please contact the DOC directly, using the contact name provided at the top of the profile.

Texas

Texas Department of Criminal Justice

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Program Summary

The Texas Department of Criminal Justice (TDCJ) provides the state's Sex Offender Treatment Program (SOTP) through the Programs and Services Division, a division established by legislation in 1998. Currently (July 2000), a staff of 49 provides treatment for 304 sex offenders in dedicated units in two facilities for men. A dedicated unit in one facility for women is projected to open in September 2000. Over the next year, the program will expand to 65 staff members and 624 beds, including the addition of beds for women, which will start at 15 beds. A recently completed facility is dedicated to classrooms, group rooms, and administrative offices for the program.

The 18-month program is structured on three institutional phases. Continuum aftercare, structured separately from the institutional program by community providers, takes place in a community setting and on parole.

The three institutional phases described below are based on a cognitive behavioral model within a relapse-prevention framework.

Phase I: Evaluation and Treatment Orientation ***3 months***
Sex offenders within 18 months of release undergo a psychological evaluation and receive an orientation to treatment goals and expectations. Psycho-educational classes also encourage offenders toward accepting responsibility for their destructive lifestyle and recognizing that a change is possible.

Phase II: Intensive Therapy ***12 months***

Through group therapy and a modified therapeutic community, participants focus on the total restructuring of their deviant behavior and thought patterns. The programming provides a highly structured set of goals, rules, attainable privileges, and sanctions, all designed to assist participants in learning to apply treatment concepts, under close staff supervision and with the support of peers.

Phase III: Transition and Release Preparation ***Until release from TDJC***

Participants continue in the same curriculum format described above. By becoming mentors to other new program members, participants work on maintaining the positive behaviors and skills learned in the first two phases. Phase III programming also addresses post-release reintegration with the offender's family and support systems, in addition to the responsibilities imposed by parole, community treatment, and registration.

Prison Sex Offender Population

Identification

The TDCJ does not identify incarcerated sex offenders differently from the general population. An offender sentenced to prison is identified as a sex offender according to the criteria below.

Criteria

- Current crime
- Prior sex felony convictions
- Prior misdemeanor conviction
- Factual basis of a current non-sex crime conviction
- Self-admission

Severity scale

TDCJ does not have a severity scale for identified sex offenders.

Population Status

Current total adult incarcerated population: 148,090 (as of 12/1/99)

Sex offender total: 25,398
The sex offender total can be broken down as follows:

Categories	Number
Active sex offenses	20,015
Prior felony sex offenses with current non-sex offense	3,978
Factual basis of current non-sex conviction that involved unlawful sexual behavior	1,405

Total Identified/Labeled Sex Offenders: 25,398

Percentage of total population identified as sex offenders: 17%

The number of sex offenders increased from 15,781 in 1995 to 21,873 in 1999, an increase 38.6%.

The increase is due to:
- Increased sex offense commitments
- Conservative release rates
- Changes in the identification or labeling system

Prison Sex Offender Treatment Program

Governance

Legislation

The impetus behind the legislation described below was a concern for public safety and lower the risk of reoffense. The legislation is funded through the general fund.

Programs and Services Division

In 1998, the Texas Government Code, sections 493.001 and 493.0052 established the Programs and Services Division of the TDCJ and mandated that it would administer "rehabilitation and reintegration programs and services designated by the [Texas Board of Criminal Justice]." The board was also given the authority to determine which TDCJ programs would be under the direction of the new division.

Civil commitment

Texas Health and Safety Code 841.002, passed in 1999, provides for the civil commitment of sexually violent predators. No later than the first day of the 16th month before the release date, the TDCJ must give written notice of the release of a person who is serving a sentence for a sexually violent offense and may be a repeat sexually violent offender. The Texas Department of Mental Health and Mental Retardation must give written notice of the discharge of a person committed after being adjudged not guilty of a sexually violent offense by reason of insanity, who may also be a repeat sexually violent offender. The departments are required to use an expert to determine, by examination, whether the referred person suffers from a behavioral abnormality that makes the person likely to engage in a predatory act of sexual violence.

The law established a multidisciplinary team to review available records of persons referred by either the TDCJ or the Texas Department of Mental Health and Mental Retardation. The multidisciplinary team must include two persons from the department of mental health; three from the TDCJ, including one from the victim services office; one from the Texas Department of Public Safety, and one from the Interagency Council on Sex Offender Treatment.

If a judge or jury determines that the person is a sexually violent predator, the judge must commit the person for outpatient treatment and supervision to be coordinated by a case manager. The interagency council is responsible for providing treatment and supervision through the case management system.

The judge must also impose requirements for ensuring compliance with treatment and supervision. The requirements must include:

- Requiring the person to reside in a particular location.
- Prohibiting contact with a victim or potential victim.
- Prohibiting the use of alcohol or a controlled substance.
- Requiring participation in a specific course of treatment.
- Requiring the person to submit to tracking under a particular type of tracking service and to any other appropriate supervision.
- Prohibiting the person from changing residence or leaving the state without prior authorization from the judge.
- If determined appropriate by the judge, establishing a child safety zone.
- Requiring the person to notify the case manager within 48 hours of any change in status that affects proper treatment and supervision, including a change in physical health, job status, or incarceration.
- Any other requirements determined necessary by the judge.

The law mandates the roles described below.

The interagency council approves and contracts for a treatment plan, to be developed by the treatment provider. The plan may include monitoring with a polygraph or plethysmograph. The provider may receive annual compensation up to $6,000.

The case manager provides supervision, which includes tracking services and, if required by court order, supervised housing. Tracking services are provided by an interagency agreement between the interagency council and the Department of Public Safety.

The council also contracts for any necessary supervised housing. The committed person cannot be housed for any period of time in a mental health facility, state school, or community center.

Registration and notification

Texas Code of Criminal Procedure, Article 62.03 established a risk assessment review committee and mandated that the committee select a sex offender screening tool to assess three levels of risk:

Level One: A) a designated number of points or higher on the screening tool, and B) a basis for concern that the person poses a serious danger to the community or will continue to engage in criminal sexual conduct.

Level Two: Either, but not both of the criteria for Level One risk.

Level Three: No basis for concern that the person poses a serious danger to the community or will continue to engage in criminal sexual conduct.

If a person is assigned a Level One risk designation, the Texas Department of Public Safety must mail or deliver written notice of the person's intended residence to at least each residential address within a one-mile radius in an area that has not been subdivided, or a three-block in an area that has been subdivided.

State Standards/Advisory Board

State-mandated identification policy

An identification process for sex offenders in prison is mandated in Texas.

Advisory board

Texas legislation has created a multidisciplinary team and a risk assessment review committee.

Sex offender treatment council

In 1993, the Interagency Council on Sex Offender Treatment began setting standards and requirements for treatment. The council was created by legislation and acts under the authority of the Texas Department of Health.

Authority

The council has the authority to set:

- A required approach to treatment
- Counseling standards
- Voluntary registration of licensing
- Staff qualifications
- Program protocol

In 1999, the council was also given the authority to manage sexually violent offenders under civil commitment, on an outpatient basis.

Usefulness

The council helps to identify a pool of professionals who are willing, and considered by the council to be eligible, to provide treatment to sex offenders who are not currently incarcerated.

Standards

The standards set by the council provide for the following specific treatments:

- Chemical castration
- Counseling
- Group therapy (4 to 10 sexually violent predators per group)
- On-going plethysmography
- On-going polygraphy

Stakeholders influencing the program

Stakeholders outside the DOC who influence the program include:

- The legislature
- The Governor's office
- Texas Attorney General's office
- Texas Board of Pardons and Paroles
- Texas Department of Public Safety
- Texas Council on Sex Offender Treatment

Program Policies

Treatment requirement

Offenders who are identified as sex offenders and assessed for sex offender treatment are not required to go to treatment.

Results of denial or refusal of treatment

If an offender denies a sex offending problem or refuses treatment, disciplinary action may be taken that could include:

- Denying privileges
- Reducing time credits

A written policy allows a participant to refuse continued treatment upon completion of Phase I. This is the only opportunity for a participant to be released from treatment without disciplinary action.

A separate written policy establishes graduated sanctions for program participants determined to be impeding the progress of others or demonstrating a pattern of refusing to participate.

Implications for identified sex offenders

In addition to being classified for treatment, an offender identified as a sex offender under department policy is:

- Restricted to certain security level facilities
- Excluded from outside work crews
- Expected to participate in sex offender treatment
- Excluded from certain jobs in industry

Visitation policy

The visitation policy for offenders assigned to the sex offender program is different from the policy for the general population. All sex offenders in prison are prohibited from contact visitation with children under 16.

Program Description/Placement

The Texas SOTP is grounded in the cognitive behavioral theory that acquired beliefs and attitudes form the foundation of behavioral patterns. All program components and therapeutic strategies are based on a cognitive behavioral model. The Texas program draws upon the following assumptions of this model:

- There is no known "cure" for sexual deviancy. A sex offender will remain vulnerable to his or her deviancy indefinitely.
- Some sex offenders can learn to control their behavior, if they are highly motivated and involved in an intensive and specialized treatment program.
- Without specialized treatment during incarceration and in follow-up community-based programs, the prison experience may only increase the offender's pathology.
- Sexual deviancy is highly individual. Effective treatment depends on extensive assessment and knowledge of an individual's developmental and criminal history.
- The duration of treatment must be sufficient for the offender to gain mastery of appropriate behavioral and cognitive changes.
- To increase the probability that appropriate changes will continue beyond incarceration, the individual must receive relapse prevention training prior to release.
- After release, the individual must continue relapse prevention training and treatment indefinitely.

The goal of the SOTP is to reduce the potential for further deviant behavior by identifying the underlying cognitive and behavioral patterns and targeting them for change. Participants are encouraged to accept responsibility for all of their deviant offenses and to demonstrate empathy for their victims. The program is designed to move participants toward these goals through the following approaches:

- Offer a comprehensive treatment program that addresses motivation, and includes psycho-social education, psychological evaluation, sex offender therapy, and relapse prevention training for participating sex offenders.
- Provide a highly structured but individually focused treatment plan for each participant in the SOTP, based on the identified needs of each offender.
- Provide for a continuum of care that reaches across all phases of the SOTP and continues out in the community after the offender is released from the TDCJ.

Dedicated facility

The SOTP is housed on two TDCJ units, the Goree Unit in Huntsville and the Hightower Unit in Dayton. The Goree Unit delivers all program functions and administers the majority of sex offender evaluations. The Hightower Unit delivers all program functions, with an emphasis on treatment. Part of the Hightower Unit is a recently opened sex offender treatment facility containing classrooms and group rooms.

Assessment or testing tools

An Evaluation Team assists with treatment assessments and assesses civil commitment candidates and releasing sex offenders. A Structured Risk Assessment—Static 99 (SRA—Static 99) is completed for each sex offender prior to release, in compliance with the Code of Criminal Procedure, Article 62.03.

Assessment tools used for inmate placement into the treatment program include, but are not limited to:

- Clinical interview
- Structured Risk Assessment (SRA) Static—99
- Minnesota Sex Offender Screening Tool—Revised (MnSOST-R)
- Multiphasic Sexual Inventory (MSI)
- Personality Assessment Inventory (PAI)
- Psychopathy Checklist—Revised (PCL-R)
- Minnesota Multiphasic Personality Inventory—2 (MMPI-2)
- Rotter's Incomplete Sentence Blank (RISB)
- Mental Status Exam
- Wechsler Adult Intelligence Scale—Revised (WAIS-R)

Types of offenders

The program is designed to accept only minimum security offenders who are not restricted from participation because of debilitating mental health issues.

Intake

The Texas SOTP takes sex offenders into the program according to the following criteria:

- Short time to sentence discharge (18 to 24 months).
- Conditional parole consideration based on successful completion of institutional sex offender treatment.

The number of offenders on the waiting list varies according to bed availability.

Core curriculum

The curriculum for the treatment program includes:

- Educational courses
- Cognitive behavior therapy
- Individual counseling
- Group counseling
- Writing of prior history (journaling)
- Relapse prevention

Program structure

The SOTP is designed only for the prison population. The program specifies a prerequisite for each phase and provides phases for those who deny a sex offending problem or refuse treatment.

Participants progress through three phases of treatment:

Phase I: Evaluation and Treatment Orientation ***3 months***

The first phase of treatment directs the offender toward admitting guilt, accepting responsibility, understanding sexual offending, identifying deviant thoughts, and learning appropriate coping skills. The process involves orientation to the program, psychological evaluation, and psycho-educational classes. An individual treatment plan is developed from the psychological evaluation.

Orientation. Within one week of assignment to the SOTP, the offender is informed about treatment goals, expectations, procedures, and his or her rights. During the first week, the offender also meets with his or her primary therapist, who conducts a clinical interview, schedules the appropriate psychological testing, and reviews the orientation manual.

Evaluation. An Associate Psychologist III or IV conducts a mental status exam and explains the assessment process to the offender. The primary therapist refers the participant to the Evaluation Team, who administer psychological tests and complete risk assessment.

Psycho-educational classes. Psycho-educational classes, which are introduced in Phase I, are taught throughout a participant's involvement in the SOTP. Each module establishes a set of learning objectives that are compatible with the basic treatment goals of the SOTP, including admitting guilt and accepting responsibility, understanding the dynamics of sexual offending, identifying deviant thoughts that perpetuate the offense cycle, and learning appropriate coping skills. In addition, each module is designed to:

- Reflect the overall purpose of the SOTP to lower an offender's risk to reoffend.
- Allow the instructor to observe the offender's aptitude and motivation for treatment.
- Provide an opportunity for the offender to see his or her need for sex offender treatment.
- Assist the offender's overall relapse prevention planning.
- Empower the offender with the knowledge that he or she can change through hard work, honesty, and continued therapy.

Phase II ***12 months***

Through group therapy and a modified therapeutic community, this intensive phase focuses on the total restructuring of deviant behavior and thought patterns, leading to a more pro-social lifestyle and a lower risk of reoffending. The programming provides a highly structured set of goals, rules, attainable privileges, and sanctions, all designed to assist participants in learning to apply treatment concepts, under close staff supervision and with the support of peers.

Group therapy. Co-therapist teams consisting of one Clinical Social Worker II or III and one Associate Psychologist III or IV facilitate all group therapy sessions. Sessions are held for 1½ hours, 3 times a week. Groups do not exceed 12 participants.

All therapy groups are under the supervision of an Associate Psychologist IV, who periodically monitors the group sessions and provides feedback and direction to the facilitators.

Therapeutic community. The SOTP therapeutic community (TC) provides a positive, self-contained environment for encouraging a pro-social adaptation to structure, self-discipline, accountability, and responsibility, designed to reflect the values of a positive freeworld culture. Unique rules, procedures, and therapeutic activities create a highly structured community life.

- Participants are housed separately from general population offenders.
- Rules, policies and procedures are designed to teach offenders to acquire basic life skills, use more effective communication techniques, develop coping skills, and make rational choices in dealing with daily conflicts.
- A system of mechanisms or tools enable peer group members to reinforce program objectives by requiring individual community members to confront their personal problems.
- Security staff, who are regarded as an integral part of TC effectiveness, receive specialized training in TC policies and procedures.
- Basic program rules have been developed to support a safe environment for behavioral feedback and positive risk taking. Violators of program rules are subject to treatment sanctions or formal disciplinary procedures.

Phase III: Transition and Release Preparation ***Until released from TDCJ***

Participants continue meeting with their groups and living in the therapeutic community, and continue to work on maintaining the positive behaviors and skills learned in the first two phases. Phase III programming also addresses post-release reintegration with the offender's family and support systems, in addition to the responsibilities imposed by parole, community treatment, and registration.

Family education

Because family members or the offender's support system are crucial in determining a sex offender's post-release adjustment, they are encouraged to become involved in the participant's treatment before release. The offender may not choose a family or support system member who is a victim or under 18 years of age.

Upon an offender's admission to the SOTP, the family or support system are notified and invited to communicate with the participant and the primary therapist regarding the program. Family or support system members who choose to become involved attend an informational meeting with the primary therapist, which includes time for the participant to join the meeting and summarize his or her participation and progress. Families are then given the option of attending at least one other session.

Completion Criteria

A participant has up to 18 months to complete the SOTP. If a participant is not prepared to meet that timeframe, the Treatment Team meets with the participant and recommends either that the participant be given a specified time to complete the program, or that the participant be terminated from the program.

To be considered Program Complete (PC), participants must comply with all SOTP rules, complete all required activities, and demonstrate an understanding of the program's concepts. The participant must:

- Succeed at membership in a group.
- Complete all written assignments.
- Complete all required psycho-educational modules.
- Demonstrate an understanding of empathy.
- Participate actively in the therapeutic community.
- Become involved in family or support system therapy, or, at a minimum, inform the family or support system that the therapy is available.
- Demonstrate an understanding of treatment concepts and the ability to apply them in daily life.

Post-release

Continuum aftercare for sex offenders released from prison takes place in a community setting and on parole. The structure of continuum treatment is not based on the prison program; it is unique to the aftercare component.

Sex offenders are not eligible for community corrections or work release programs.

Completion/Failure

It is possible for an offender to complete all phases of sex offender treatment. Phase I, Evaluation and Treatment Orientation, has the greatest failure rate; the percentage of participants who fail at this stage is undetermined.

Reasons for expulsion

An offender might be expelled from the program for any of the following reasons:

- Failure to progress
- Poor work values
- Assaultive behaviors
- Refusal to participate

Consequences of disciplinary infractions

As a consequence of disciplinary infractions while in treatment, the inmate participant can be:

- Regressed to a higher security facility
- Reclassified to a higher custody level
- Given restricted privileges
- Subject to loss of time toward reducing his sentence
- Kept at the same facility

Consequences of failing the program

Depending on the offender's conditions for release, an offender who fails the program may be subject to:

- An increase in community supervision requirements
- A forfeiture of parole consideration
- No consequences

Staff Roles and Authority

Sex offender program staff at the facility assess the offender for identification and for the treatment plan.

Authority

- Program staff can make a discretionary change to either identification or treatment.
- The state has identified security levels for prison facilities. The unit responsible for placement has the authority to place a sex offender at any facility.
- The unit responsible for facility placement and the program staff interact when placing sex offenders at certain facilities. (This is the case only for sex offenders pending participation in the SOTP.)

Assessment

Tests and assessment tools

To measure progress in the program, the SOTP uses the same selection of tools that are used for placement. (See "Assessment or testing tools" in "Program Description" above.) In the psycho-educational component of the program, progress is assessed through pre- and post-tests.

Program-developed tools for measuring offender progress

For measuring offender progress, the Texas SOTP has developed an "Exit Scoring Scale," which measures participant performance on specific program goals.

Internal system for tracking program effectiveness

Although the DOC does not have its own system for tracking program effectiveness, a state entity—the Texas Criminal Justice Policy Council—monitors the performance of state programs. The next evaluation of the SOTP will be reported in 2001.

Sex offenders are tracked for 3 years after release.

Definition of program success

(See "Completion criteria" under "Program Description" above.)

Release Authority

Parole Board

A low parole approval rate for sex offenders indicates that the parole board is reluctant to release sex offenders. The majority of offenders go to mandatory supervision. (See the percentages below.)

Rate of release for those who discharge their sentence: 47%

Rate of release for those who go to mandatory supervision: 53%

Staffing Issues

Currently, 49 staff members provide treatment for 304 sex offenders. The TDCJ has received approval (as of July 2000) for 65 staff (broken down below), for expansion over the next year to 624 beds. All institutional staff are state employees. The department does not have the discretion to set the starting salary for all program staff.

Title	Number of current staff	Number of projected staff	Pay range
Social workers	16	21	$25,932 to $29,232
Clerical	9	10	$17,532 to $20,592
Administration	12	12	$25,932 to $55,869
Psychologist	12	22	$32,988 to $35,100

Training, licensing, and certification requirements

Program psychologists are required to have a master's in psychology or a related field. Most program psychologists must be licensed by the state. The TDCJ provides a lower level Psychologist III position to allow for an entry level for those who have completed their master's degree and are working toward licensure. Senior Social Workers must have an associates degree in social work.

Staffing of treatment groups

Two counselors facilitate groups of 10 offenders.

Recruitment and retention

The program has had difficulty recruiting professional staff for rural area facilities. However, the program reports no staff turnover problem.

Program Costs

Total overall DOC budget: $2,315,748,901

Sex offender treatment program, personnel services and operating costs: $2,249,594

% of total DOC budget: .1%

Materials available through the NIC Information Center
1-800-877-1461

Texas Department of Criminal Justice, Programs and Services Division: Sex Offender Treatment Program. A 6-page program description, including eligibility, philosophy, goals and objectives, evaluation, treatment process, and program components.

Texas Department of Criminal Justice, Sex Offender Treatment Program (SOTP): Informed Refusal. Policy and procedures for a participant to refuse participation in the program.

Texas Department of Criminal Justice, Sex Offender Treatment Program (SOTP): Removal of Participant from the SOTP. Policy and procedures for removing a participant from the program.

Texas Government Code 495.001 and 493.0052. Legislation establishing the Programs and Services Division of the Texas Department of Criminal Justice.

Texas Code of Criminal Procedure, Article 62.03. Legislation establishing a risk assessment review committee for sex offenders, related to registration, and including notification mandates.

Texas Health and Safety Code 841.002. Legislation providing for civil commitment.

Note: Materials are housed at the NIC Information Center at the discretion of Information Center staff. If any materials listed above are not available from the Information Center, please contact the DOC directly, using the contact name provided at the top of the profile.

Vermont

Vermont Department of Corrections

Contact: Georgia Cumming, Program Coordinator
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Program Administrator:
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Program Summary

Note: Information for the following program summary was drawn from the web site of the Center for Sex Offender Management (CSOM)[1].

Legislation enacted in 1988 established the Vermont Center for the Prevention and Treatment of Sexual Abuse (VCPTSA), which serves as the umbrella organization for the Vermont Treatment Program of Sexual Aggressors (VTPSA). VCPTSA, which is administered jointly by the Department of Corrections (DOC) and the Department of Social and Rehabilitation Services (SRS), coordinates victim and sex offender services statewide. The SRS provides treatment for juvenile sex offenders. The VTPSA, under the administration of the DOC, provides treatment for adults.

The VTPSA directs a sex offender management system that encompasses programming for probation, prison, and parole. The system provides a continuum of treatment based on cognitive-behavioral and relapse prevention models. Under DOC oversight, private contractors conduct both prison and community-based treatment programs. DOC probation and parole officers conduct community supervision. The DOC involves specially trained volunteers in transition planning and in developing community support.

[1]The Center for Sex Offender Management, "Resource Sites: State of Vermont," http//www.cscom.org/pubs/vt.html. Updated June 14, 1999 (5/2/00).

Prison-based programming

Dedicated units in two prison facilities house sex offenders participating in two levels of treatment.

High-risk treatment program (2 to 3 years). High-risk offenders with prison sentences of 4 years or more are treated in the Northwest State Correctional Facility in St. Albans. The 48-bed segregated living space provides an environment with characteristics of a therapeutic community. Extensive assessment of program participants includes periodic phallometric assessments. Participants work with a primary therapist, as well as a core group that meets twice a week for a total of 5 hours per week. Programming also involves topic-specific focus groups, peer groups, and homework groups.

Moderate-risk treatment program (1 to 2 years). Up to 32 moderate-risk sex offenders serving a prison sentence of 18 months to 4 years are treated at the Southeast State Correctional Facility in Windsor. Assessments are less extensive than those for the intensive program. Core groups for the moderate-intensity program meet 4 hours per week. Participants also attend a minimum of 1 topic-specific focus group per week, and are assigned to peer groups and homework groups.

Community-based programming

The VTPSA provides community-based programming that ranges from supervision to intensive treatment.

Intensive community treatment

Released sex offenders can transfer from prison-based programs to an intensive community program in Chittenden County, Vermont's largest population area. The intensive phase is centered around groups that meet 2 times a week for 6 to 12 months. When a participant stabilizes, he transfers to a weekly treatment group for 1 to 2 years, which is followed by an aftercare maintenance group.

Standard community-based treatment

Probationers in Vermont are referred to treatment groups, averaging 8 participants, who meet for weekly 2-hour sessions over the course of approximately 2 years. Participants who have completed group treatment meet with a non-clinical aftercare maintenance group biweekly for 1 year.

Supervision

Programming for women

In Vermont, women convicted of sex offenses typically receive probation sentences. Programming is available for women while they are incarcerated. Post-release, women living in the same area are treated in groups of 3 or more. In areas where fewer than 3 need treatment, women receive individual therapy.

Vermont serves as a Resource Site for the Center for Sex Offender Management. The CSOM web notes that "Vermont was the first state to have an integrated and comprehensive statewide sex offender supervision and treatment program. It pioneered the use of relapse prevention in 1983, and currently has in place a continuum of prison and community-based programs that match services to offender risk and need levels."[2]

Prison Sex Offender Population

[2] The Center for Sex Offender Management, "Resource Sites: State of Vermont," http//www.cscom.org/pubs/vt.html. Updated June 14, 1999 (5/2/00).

Identification

The Vermont Department of Corrections identifies incarcerated sex offenders according to the criteria below.

Criteria

- Current crime is sexual in nature.
- Factual basis of a current non-sex crime conviction is sexual in nature.
- Institutional sexual misbehavior that results in a conviction of a sexual offense, or the factual basis in the affidavit.

Severity scale

The Vermont DOC has developed the Vermont Assessment of Sex Offender Risk (VASOR)[1], which is used as a severity scale for classification at the time of sentencing.

Current total adult incarcerated population: 1269 (In 1998)

Sex offender total: 362 (In 1998)

Percentage of total population identified as sex offenders: 29%

The number of sex offenders decreased in Vermont from 1994 to 1998. In 1994, sex offenders were 30.7% of the total incarcerated adult population; in 1998 sex offenders were 27% of the total population.

[1]Robert J. McGrath and Stephen Hoke, "Vermont Assessment of Sex Offender Risk" (1994), in Georgia Cumming and Maureen Buell, *Supervision of the Sex Offender* (Brandon, VT: Safer Society, 1997), 145-147.

Prison Sex Offender Treatment Program

Governance

Legislation

Legislation enacted in 1988 established the Vermont Center for the Prevention and Treatment of Sexual Abuse (VCPTSA), which coordinates victim and sex offender services statewide. The VCPTSA is the umbrella organization for the Vermont Treatment Program of Sexual Aggressors (VTPSA), which is administered by the DOC, as well as juvenile programming, which is provided by the Department of Social and Rehabilitation Services (SRS).

State Standards/Advisory Board

State-mandated identification policy

Vermont has no state-mandated identification process for sex offenders in prison.

Advisory board/sex offender treatment entity

A Multidisciplinary Policy Team meets on a monthly basis to examine and recommend policy and procedures concerning the management of the state's network of sexual abuse victim and offender services.

Stakeholders influencing the program

See above.

Program Policies

Treatment requirement

Vermont has an indeterminate sentence structure in which successful completion of treatment may lead to an early release. Incarcerated sex offenders, however, are not required to go to treatment. Identified sex offenders on parole are usually required to participate in community-based treatment programs.

Results of denial or refusal of treatment

If an offender is in denial or refuses treatment, he is subject to a reduction of time credits. The DOC does not recommend a sex offender for parole if he refuses treatment or fails to complete treatment.

Implications for identified sex offenders

See above.

Visitation policy

Offenders assigned to the sex offender program must receive prior approval from the treatment team for any visits with minors.

Program Description/Placement

Note: Information for the following program description was drawn in part from the web site of the Center for Sex Offender Management (CSOM)[2]*. Additional information was taken from articles written by Vermont program staff, as footnoted.*

Sex offender programming offered through the Vermont Center for the Prevention and Treatment of Sexual Abuse (VCPTSA) is based on cognitive behavioral/relapse prevention treatment models. Vermont program staff and treatment contractors have been developing and refining the models since 1983. The Department of Social and Rehabilitation Services (SRS) administers VCPTSA programming for juvenile sex offenders. Through the Vermont Treatment Program of Sexual Aggressors (VTPSA), administered by the DOC, VTPSA programming for adults provides a continuum of services for sex offenders in prison and on probation or parole.

Cognitive-behavioral/relapse prevention approaches used by the VCPTSA for all programming are described in a 1998 article on community-based treatment for adult males. The seven treatment goals delineated in the article include "establishing supervision conditions and networks for participants in community programming," in addition to goals that also apply to prison programming:

- Accepting responsibility
- Modifying cognitive distortions
- Developing victim empathy
- Controlling sexual arousal (through behavior therapy)
- Improving social competence

[2]The Center for Sex Offender Management, "Resource Sites: State of Vermont," http//www.cscom.org/pubs/vt.html. Updated June 14, 1999 (5/2/00).

- Developing relapse-prevention skills [1]

A recent article refers to treatment goals such as those listed above as "internal," self-control strategies, which "relied solely on the offender and therapist to identify problematic behaviors and apply appropriate coping strategies."[2] For offenders released to the community, the article describes an additional "external supervisory dimension," in the form of four elements emphasized in training supervising officers.

[1]Robert J. McGrath, Stephen E. Hoke, and John E. Vojtisek, "Cognitive-Behavioral Treatment of Sex Offenders: A Treatment Comparison and Long-Term Follow-Up Study," *Criminal Justice and Behavior,* Vol. 25 No.2, June 1998: 210-214.

[2]Georgia F. Cumming and Robert McGrath, "External Supervision: How Can It Increase the Effectiveness of Relapse Prevention?" (2000), in Richard Laws, Stephen Hudson, and Tony Ward, eds., *Remaking Relapse Prevention* (Thousand Oaks, CA: Sage, 2000), 237.

Officers:

1) Are taught the principles of relapse prevention and learn to use these to supervise each sex offender on their caseload.
2) Assist each offender in creating an informed network of individuals to assist in supporting him and monitoring his behavior in the community.
3) Refer each offender to a specialized sex offender treatment program and develop a collaborative relationship with the mental health professionals conducting the therapy.
4) Refer offenders for polygraph examinations to monitor their compliance with supervision conditions.[1]

As a bridge between the internal and external dimensions of relapse prevention for sex offenders entering the community, the VTPSA emphasizes pre-release planning. Transitional planning begins 6 months prior to release and includes assessment, developing a relapse prevention plan, and developing support networks. A parole officer assigned to the offender 3 months prior to release works with the treatment team to finalize housing, employment planning, and community-based treatment.[2]

Dedicated facility

Programming is provided in dedicated units of two adult male facilities. The intensive treatment facility houses up to 48 participants for 2 to 3 years. The moderately intensive treatment facility houses up to 32 lower risk sex offenders for programming that lasts 1 to 2 years.

Assessment or testing tools

Assessment tools used for inmate placement into the treatment program include:

- Static-99
- Rapid Risk Assessment for Sexual Offense Recidivism (RRASOR)
- Violence Risk Appraisal Guide
- Vermont Assessment for Sex Offender Risk (VASOR)
- Multiphasic Sexual Inventory (MSI)
- Penile plethysmograph
- Psychopathy Checklist—Revised (PCL-R)
- Abel/Becker Cognitive Distortion Scale
- Burt Rape Myth Attitude Scale
- Interpersonal Reactivity Index
- Wilson Sex Fantasy Questionnaire

[1] Cumming and McGrath, 238.
[2] Ibid., 243-244.

Types of offenders

The program is designed to accept the following types of offenders:

- Normal intellectual and socially functioning offenders
- Developmentally disabled

In Vermont, women convicted of sex offenses typically receive probationary sentences. Programming is available for women while they are incarcerated. Post-release, women living in the same area are treated in groups of 3 or more. In areas where fewer than 3 need treatment, women receive individual therapy.

Intake

The VTPSA takes sex offenders into the prison program according to the following criteria:

- Treatment need.
- Time to sentence discharge

The program has a waiting list of 5 to10 sex offenders.

Core curriculum

The curriculum for prison and community-based treatment programs include:

- Cognitive-behavioral relapse-prevention based therapy
- Group counseling
- Writing of prior history (journaling)
- Behavior therapy

Program structure

The program is designed only for sex offenders who are willing and amenable to treatment, and provides an open-ended structure for placing sex offenders in certain phases.

For an overview of VTPSA program structuring, see "Program Summary" at the beginning of the profile.

Post-release

A community-based component for sex offenders released from prison takes place on parole and furlough. Community treatment is based on the seven treatment goals outlined on page 5.

When placing sex offenders in the community, the DOC has encountered some non-acceptance on the part of the community, as well as difficulty in finding housing.

Completion/Failure

It is possible for an offender to complete all phases of sex offender treatment. Approximately 50% of placements complete the treatment program.

Reasons for expulsion

An offender might be expelled from the program for any of the following reasons:

- Failure to participate
- Possession of contraband
- Assaultive behaviors
- Sexual misconduct

Consequences of failure

As a consequence for failing the program, the inmate participant can be subject to loss of time toward reducing his sentence. The DOC does not recommend an offender for parole if the offender refuses treatment or fails the program.

Staff Roles and Authority

Offenders are assessed for identification and treatment planning by sex offender program staff at the facility.

Authority

Program staff can make a discretionary change to an offender's treatment need.

The state has identified security levels for prison facilities. The unit responsible for placement has the authority to place a sex offender at any facility, if the sex offender is not in the treatment program. Sex offenders in the program are placed at one of two dedicated facilities.

The unit responsible for facility placement and the program staff interact when placing sex offenders at certain facilities.

Assessment

Tests and assessment tools

To measure progress in the program, the VTPSA uses clinical interviews as well as psychological tests selected for individual offenders.

Program-developed tools for measuring offender progress

The VTPSA is developing a treatment progress scale through a grant from the National Institute of Justice.

Internal system for tracking program effectiveness

Program staff analyze recidivism data for released sex offenders. Post-release tracking of sex offenders is ongoing; in a recent study, sex offenders were tracked for up to 12 years. (See "Recidivism study" below.)

Definition of program success

The VTPSA defines program success in terms of recidivism rates, for general and technical violations as well as sexual and violent offenses.

2000 Recidivism study

A 2000 study of recidivism rates tracked all released sex offenders who had served part of a sentence of 4 or more years in prison, and so were eligible for the VTPSA intensive treatment program. The study tracked all 190 sex offenders released between March 1,1989 and April 30, 1997. Participants had been in the community for 28 to 126 months, for an average time-at-risk of 54 months. Results of the study are charted below.

PRISON TREATMENT	Number of participants	Number rearrested for a new sexual offense	Percentage rearrested for a new sexual offense
Completed treatment	52	2	3.8%
Quit or terminated from treatment	49	11	22.4%
Received no treatment	89	24	27.0%

Release Authority

Parole Board

The parole board is reluctant to release sex offenders, in response to community sentiment and out of concern for community safety. Nevertheless, most sex offenders do not discharge their sentence in prison.

Sentence discharge

The rate of release for those who discharge their sentence vs. those who go to parole is not available.

Staffing Issues

A total of 8 contracted staff members provides treatment in dedicated units of 2 facilities. The department has the discretion to set the starting salary for all program staff.

Title	Number of staff	Pay range
Counselors	5	$47,000 to $53,000
Psychologist	2	$50,000 to $68,000

Training, licensing, and certification requirements

Treatment staff must have a master's degree and must be licensed or on a licensing track.

Staffing of treatment groups

Groups of 8 to 9 participants are facilitated by 1 or 2 counselors.

Recruitment and retention

The DOC has periodically had difficulty recruiting therapists for rural area facilities. The overall program, however, has low staff turnover.

Program Costs

Total overall DOC budget: $63,000,000

Sex offender treatment program, personnel services and operating costs: $450,000
(Includes only contracted treatment staff.)

% of total DOC budget: .7%

Materials available through the NIC Information Center
1-800-877-1461

Cumming, Georgia F. and Robert McGrath. "External Supervision: How Can it Increase the Effectiveness of Relapse Prevention?" (2000). In Richard Laws, Stephen Hudson, and Tony Ward (eds.), *Remaking Relapse Prevention* (Thousand Oaks, CA: Sage, 2000), 237.

McGrath, Robert J., Stephen E. Hoke, and John E. Vojtisek. "Cognitive-Behavioral Treatment of Sex Offenders: A Treatment Comparison and Long-Term Follow-Up Study." *Criminal Justice and Behavior,* Vol. 25 No.2, June 1998: 210-214.

McGrath, Robert J., & Hoke, Stephen. "Vermont Assessment of Sex Offender Risk" (1994). In Georgia Cumming and Maureen Buell, *Supervision of the Sex Offender* (Brandon, VT: Safer Society, 1997), 145-147. A risk assessment instrument developed by DOC sex offender program staff.

Vermont Prison Treatment Program (2000). A 4-page presentation of the 2000 recidivis m study, including graphs and a 1-page summary.

Also see the case study for the Vermont Treatment Program of Sexual Aggressors (VTPSA) produced by the Center for Sex Offender Management (CSOM), on the web site at www.csom.org.

Note: Materials are housed at the NIC Information Center at the discretion of Information Center staff. If any materials listed above are not available from the Information Center, please contact the DOC directly, using the contact name provided at the top of the profile.

Virginia

Virginia Department of Corrections

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Program Administrator:
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Program Summary

The Virginia Department of Corrections has recently established sex offender programming in two forms:

Psychoeducation and group counseling
Inmates in 12 prisons have access to a 20-week psychoeducational curriculum, followed by ongoing group counseling.

Residential programming
A 48-bed intensive residential program in 1 prison lasts for 2 or more years.

Overall, the DOC has a treatment capacity for 300 sex offenders at any given time.

The program provides a cognitive behavioral based system, with an emphasis on relapse prevention.

Prison Sex Offender Population

Identification

Virginia does not identify incarcerated sex offenders differently from the general population. Sex offenders are identified according to the criteria below.

Criteria

- Current crime
- Prior sex felony convictions
- Prior misdemeanor convictions
- Factual basis of a current non-sex crime conviction
- Institutional sexual misbehavior

Severity scale

Currently, Virginia does not have a severity scale for identified sex offenders. Development of a scale is being studied by the State Sentencing Commission. The form under consideration may be used to identify predatory sex offenders for civil commitment review.

Population Status

Current total adult incarcerated population: 30,000

Sex offender total: 5,400

The sex offender total can be further broken down as noted below.

Active sex offenses	2,700
Prior felony sex offenses with current non-sex offense	2,100
Institutional sexual misbehavior	600
Total	**5,400**

Percentage of total population identified as sex offenders: 18%

The number of sex offenders stayed approximately the same from 1994 to 1999.

Prison Sex Offender Treatment Program

Governance

Legislation

There is no Virginia legislation that influences or governs the program.

State Standards/Advisory Board

State-mandated identification policy

The identification process for sex offenders in prison is state-mandated.

Advisory board/sex offender treatment entity

There is no state-mandated policy that creates a sex offender treatment advisory board, and no state-mandated policy that creates a sex offender treatment board/entity that sets standards and requirements for treatment.

Under the executive branch, the Virginia Board of Psychology in the Virginia Department of Health Professions regulates the certification for sex offender treatment staff. Authority to set standards for certifying sex offender treatment providers was added to Board responsibilities in 1998. The standards, which cover staff qualifications and licensing, apply to persons in both public and private practice.

Stakeholders influencing the program

Stakeholders outside the DOC who influence the program include:

- The legislature
- The Governor's office
- The judiciary
- The Association of Sex Offender Treatment Providers
- Survivors
- Taxpayers/the general public

Program Policies

Treatment requirement

Offenders who are identified as sex offenders and assessed for sex offender treatment are not required to go to treatment.

Results of denial or refusal of treatment

If an offender denies a sex offending problem or refuses treatment, the offender is:

- Denied privileges
- Subject to a reduction of time credits
- Restricted from a specific lower security or custody placement
- Offered a denial phase of treatment

The Virginia DOC has a written policy for refusal of treatment that applies to all types of programming.

Implications for identified sex offenders

In addition to being classified for treatment, an offender identified as a sex offender under department policy is:

- Restricted to certain security level facilities
- Excluded from outside work crews
- Expected to participate in sex offender treatment

Visitation policy

The visitation policy for offenders assigned to the sex offender program is the same as the policy for the general population.

Program Description/Placement

The newly established sex offender treatment program provides two forms of cognitive behavioral/relapse prevention programming. A 20-week psychoeducational curriculum followed by ongoing group counseling is conducted in 12 prisons. A 48-bed residential program in 1 prison lasts for 2 or more years. Overall, the DOC has a treatment capacity for 300 sex offenders at any given time.

A continuum of treatment serves released sex offenders as well as the prison population. The program is designed only for sex offenders who are willing and amenable to treatment. The open-ended program structure specifies a prerequisite for each phase.

Dedicated facility

There is no dedicated facility for the sex offender treatment program.

Assessment or testing tools

Assessment tools used for inmate placement into the treatment program include:
- Psychiatric evaluation
- ABEL Screen
- Multiphasic Sexual Inventory (MSI)
- Sexual Adjustment Inventory (SAI)
- MMPI
- Rorschach
- PLC-R
- Level of Service Inventory (LSI)
- RRASOR

Types of offenders

The program is designed to accept only normal intellectual and socially functioning male offenders.

Intake

Virginia takes sex offenders into the program according to the following criteria:
- Short time to sentence discharge
- 2 to 3 years prior to release, considering amenability

Because the program has just recently started, there is no waiting list.

Core curriculum

The curriculum for the treatment program includes:
- Basic mental health
- Educational courses
- Cognitive behavior therapy
- Individual counseling
- Group counseling
- Writing of prior history (journaling)

Post-release

In some localities, released sex offenders have access to continuum aftercare. Participation in aftercare also depends on whether the original sentence included a court order for post-release supervision. Some offenders receive intensive post-release supervision or halfway house treatment, and/or continued counseling from community providers. Although aftercare is currently structured independently, the goal is to base the structure of continuum aftercare on the prison program.

Effective January 2001, some offenders nearing release may be reviewed for civil commitment.

Sex offenders are not eligible for work release programs. The court may sentence an offender to community corrections, either in lieu of prison or post-release.

Completion/Failure

The program is too new for any data on rates of completion. Program staff anticipate more failure in the initial phase.

Reasons for expulsion

An offender might be expelled from the program for any of the following reasons:
- Failure to progress
- Poor work values

- Possession of contraband
- Assaultive behaviors
- Sexual misconduct

Consequences of failure

As a consequence for failing the program, the inmate participant can be:

- Regressed to a higher security facility
- Reclassified to a higher custody level
- Given restricted privileges
- Subject to loss of time toward reducing his sentence

Staff Roles and Authority

Case management staff at reception centers and other prisons consider the offender's eligibility and suitability for treatment, but certified staff at the program site complete the thorough evaluation of and treatment planning for each referred offender.

Authority

Program staff can make a discretionary change to either identification or treatment.

The state has identified security levels for prison facilities. Sex offenders cannot be placed in Levels I and II (lower security). The residential treatment program is located at a Level III facility.

The unit responsible for facility placement and the program staff interact when permanently assigning sex offenders to a program treatment site.

Assessment

Tests and assessment tools

To measure progress in the program, Virginia uses the following tools:

- Clinical interviews
- ABEL Screen
- MSI
- SAI
- Polygraph

Program-developed tools for measuring offender progress

The program has not developed its own set of tools for measuring offender progress.

Internal system for tracking program effectiveness

An internal system for tracking program effectiveness is currently being developed. Sex offenders will be tracked for at least 5 years after release.

Definition of program success

Program success is measured in terms of changes in assessment tool outcomes, staff evaluation of an offender's relapse prevention capabilities, and recidivism.

Release Authority

Parole Board
Faced with the risk of reoffense, the parole board is reluctant to release sex offenders.

Percentage of sex offenders who discharge their sentence: 60% to 80%

Rate of release for those who go to parole: 2% to 5% each year

Staffing Issues

A total of 6 fulltime and 1 part time staff provides treatment in the 48-bed residential program. The department does not have the discretion to set the starting salary for all program staff.

Title	Number of staff	Pay range
Counselors	1	$25,881 to $40,406
Social workers	1	$28,292 to $44,171
Clerical	1	$16,577 to $25,881
Administration (certified)	1	$44,171 to $68,961
Psychiatrist	Part-time contract	
Psychologist	2	$40,406 to $63,0832

Training, licensing, and certification requirements

Virginia DOC regulations set forth the requirements for treatment staff. The specific regulations were not provided.

Staffing of treatment groups

Groups of 10 to 12 participants are facilitated by 2 counselors.

Recruitment and retention

The program has experienced difficulty recruiting for the rural area facility, particularly staff required to have sex offender treatment/assessment expertise, which includes psychologists, social workers, and the psychiatrist.

It is too early in the program to gauge retention.

Program Costs

Total overall DOC budget: Division of Institutions, $700,000,000

Sex offender treatment program, personnel services and operating costs: $500,000
% of total DOC budget: .07%

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Materials available through the NIC Information Center
1-800-877-1461

The survey response from Virginia did not include attachments.

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Washington

Washington Department of Corrections

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Director, Sex Offender Treatment Program

Program Summary

Sex offender treatment programming was transferred by legislation from a mental health facility to the prison system in 1986. The Sex Offender Treatment Program (SOTP) provided by the Washington Department of Corrections (DOC) is a cognitive behavioral based system structured on group therapy. Sex offenders within 3 years of early release who meet other requirements are eligible for up to 6 months of introductory treatment, followed by weekly structured treatment until their release. Continuum aftercare takes place while the offender is on community supervision.

A total of 20 treatment staff provides 2 levels of treatment in 1 medium security facility, where 200 beds are allocated to the program.

Level I ***Up to 6 months***

The introductory phase of the program focuses on helping the offender take responsibility for his behavior and develop victim empathy. Participants meet for 7 to 10 hours of treatment per week.

Level II ***Until release***

Treatment interventions used in Level II include plethysmograph assessment, group psychotherapy, psychoeducational classes, and behavioral reconditioning. Offenders participate in a minimum of 18 hours of structured treatment per week.

Prison Sex Offender Population

Identification

For treatment purposes, the Washington DOC identifies incarcerated sex offenders differently from the general population, according to the criteria below.

Criteria

- Current crime
- Prior sex felony convictions
- Prior misdemeanor conviction
- Factual basis of a current non-sex crime conviction

Severity scale

For both classification and treatment purposes, Washington uses the following instruments as a severity scale for identified sex offenders:

- Minnesota SOST-R
- RRASOR
- Vermont Assessment of Sex Offender Risk (VASOR)
- STATIC-99
- PCL-R (used selectively)
- CARAT

Population Status

Current total adult incarcerated population: 14,280

Sex offender total: 3,117

Percentage of total population identified as sex offenders: 21.8%

The number of sex offenders has increased from 2,518 in 1994 to 3,117 in 1999. However, there has been a decrease in sex offenders as a percentage of the total population, from 23.7% in 1994 to 21.8% in 1999.

Prison Sex Offender Treatment Program

Governance

Legislation

Sex offender treatment
Legislation enacted in 1986 mandated the movement of sex offender treatment programming from a mental health facility to the prison system. The program is funded through the general fund.

Program assessment
The 1990 Omnibus Bill Community Protection Act assigned the assessment of state offender programs and victim programs to the Washington State Institute for Public Policy. The institute conducted a study of the SOTP in 1995. A current study, to be completed by early 2001, will compare the recidivism rates of SOTP graduates to a similar group of sex offenders who have not received treatment.

State Standards/Advisory Board

State-mandated identification policy
Washington has no state-mandated identification policy.

Advisory board/sex offender treatment entity
Boards related to the implementation of the Omnibus Bill Community Protection Act advise the sex offender program. Program assessments mandated by the Act influence the direction of the program.

For prisons, no state-mandated policy creates a sex offender treatment board/entity that sets standards and requirements for treatment. Such a board/entity does exist for treatment provided as an alternative to incarceration.

Stakeholders influencing the program

Stakeholders outside the DOC who influence the program include:
- The legislature
- The Governor's office
- The media
- The public
- The professional community

Program Policies

Treatment requirement

Offenders who are identified as sex offenders and assessed for sex offender treatment are not required to go to treatment.

Results of denial or refusal of treatment

Washington has no policy for consequences to an offender for denying a sex offending problem or refusing treatment. Any of the following may be consequences, but not as a matter of policy.

- Given a certain classification
- Denied privileges
- Subject to a reduction of time credits
- Subject to disciplinary action
- Restricted from a specific lower security or custody placement
- Offered a denial phase of treatment

Those who refuse treatment may also have more difficulty getting housing, access to work release sites, etc.

Implications for identified sex offenders

In addition to being classified for treatment, an offender identified as a sex offender under department policy is:

- Excluded from outside work crews, in some circumstances
- Restricted in specific ways on placement in work release

Visitation policy

The visitation policy for offenders assigned to the sex offender program is the same as the policy for the general population, although relevant treatment and victim concerns are considered.

Program Description/Placement

The Washington Sex Offender Treatment Program is based on cognitive behavioral treatment and social learning theory. The goals of the SOTP are to:

- Provide treatment in an environment that ensures public safety.
- Operate a clinical treatment program within the standardized parameters of offender classification and discipline.
- Reduce future sexually deviant behavior by treated offenders.
- Expand access to treatment for the developmentally disabled sex offender.
- Provide fiscal and program accountability.
- Establish pre- and post-treatment measures of offender skill acquisition and behavior change.
- Report regularly to the legislature and interested collateral parties on internal measures of program effectiveness, demographic data about who is being treated, program costs, and significant changes that are made in treatment design.

Dedicated facility

For program participants, 200 beds are allocated in an 850-bed medium security prison.

Assessment or testing tools

Assessment tools used for inmate placement into the treatment program include:

- Multiphasic Sexual Inventory
- Plethysmograph
- Approximately 20 other instruments focused on attitudes, relapse prevention knowledge and skills, etc.

Types of offenders

The program is capable of accepting the following types of offenders:

- Normal intellectual and socially functioning offenders
- CMI's
- Non-English speaking (some)
- Developmentally disabled

Women are treated on a one-to-one basis with appropriate staff.

Eligibility/amenability criteria

An offender must meet all of the following eligibility/amenability criteria to be considered for the program:

- Has been convicted of a sex offense. Offenders sentenced to death or life without parole are ineligible.
- Admits guilt for all current sex offense convictions.
- Volunteers for and demonstrates an interest in treatment.
- Has not participated in the program during a previous incarceration.

Placement criteria

The following criteria are used to determine whether an eligible/amenable offender can be placed in the SOTP:

Time left to serve. Generally, offenders are not placed in the program until they are within 3 years of their release date. Developmentally disabled offenders may be placed in the program with up to 4 years left to serve. An offender must have a minimum of 9 months left to serve from the time he is admitted into the program.

Medium custody. The offender must have a custody designation of medium or minimum.

Mental health. The offender must be free of major mental illness and must be able to participate in an emotionally demanding treatment regime.

Physical/medical issues. The offender must be physically well enough to participate in treatment and be housed in the general population.

Language. If the offender is non-English speaking or hearing impaired, the Classification Counselor contacts the Program Manager prior to referral to determine what accommodation may be made.

Intake

The Washington SOTP takes sex offenders into the program according to the following criteria:

- Placement priorities as set forth in DOC policy, with sentence structure as the biggest factor.
- Short time to supervised release.
- Short time to sentence discharge.
- Risk of reoffense.

The program has a waiting list of more than 1,200 sex offenders.

Core curriculum

The curriculum for the treatment program includes:

- Cognitive behavior therapy
- Individual counseling
- Group counseling
- Writing of prior history (journaling)

Program structure

Although the DOC program is only for the prison population, an aftercare program is available in the community for those who have been in prison-based treatment. (See "Post-release" below.) The program is designed only for sex offenders who are willing and amenable to treatment.

The Washington program is not structured around phases. Instead, treatment provides an open-ended structure for each client to progress at his pace and according to his needs and abilities.

Offenders placed in the SOTP are assigned to either Level I or Level II status:

Level I ***Up to 6 months***

As a general rule, an offender is first placed in Level I, to wait for an opening in Level II. If the offender has less than 12 months remaining on his sentence when he enters the program, he may be placed directly into Level II.

In this introductory phase, offenders participate in 7 to 10 hours of treatment per week for up to 6 months. Participants are also expected to participate in other institution work assignments or the education program.

The focus of Level I is to help participants take responsibility for their behavior and to develop victim empathy.

Level II ***Until release***

Offenders in Level II participate in a minimum of 18 hours of structured treatment per week, with additional homework assignments. Participants remain in Level II until they complete their sentence, are transferred to pre-release or work release, or are terminated voluntarily or involuntarily.

Level II has two specialized sub-components: one for offenders with substance abuse problems, and one for developmentally disabled offenders.

Treatment interventions include:

Penile plethysmograph assessment to determine the offender's sexual arousal pattern.

Group psychotherapy for 90 minutes 3 days a week, focusing on individual and interpersonal issues, coping skills, and issues related to the offender's specific deviant sexual behavior.

Psychoeducational classes, each running 2½ hours 4 hours per week, designed to teach coping strategies and widen the participant's understanding of the dynamics of sexual deviance. Where possible, these classes receive college credits. Core classes include:

- Stress management
- Anger management
- Relapse prevention
- Understanding sexual assault
- Human sexuality
- Family dynamics
- Dynamics of addiction
- Spirituality and recovery
- Interpersonal relations
- Communication skills

Behavioral reconditioning, including masturbatory satiation, covert sensitization, and olfactory aversion.

A Goal Attainment Scale, with 5 numerically weighted goals, is given to each offender once a quarter. An offender who fails to achieve an average rating on a goal may be placed on a Deficit Corrections Plan, which identifies specific behaviors that must be performed in order to comply with the goals.

Post-release

Continuum aftercare for sex offenders released from prison takes place on community supervision. The structure of the aftercare component is consistent with the prison sex offender treatment program.

SOTP participants who are approved through the normal classification process may be considered for placement in a pre-release or work release facility for the last 6 months of their sentence. Transitional aftercare services and relapse prevention treatment are provided at designated work release facilities.

When transitioning sex offenders into the community, the DOC has found that those who accept sex offenders for housing often refuse high-risk sex offenders.

Completion/Failure

It is possible for an offender to complete all phases of sex offender treatment. 90% to 95% of placements complete the facility-based treatment program.

Reasons for expulsion

An offender might be expelled from the program for any of the following reasons:

- Failure to progress
- Poor work values
- Possession of contraband
- Assaultive behaviors
- Sexual misconduct

Although sex offenders can be terminated for nonperformance or noncompliance, program staff tend to be persistent in encouraging them to participate productively.

Consequences of failure

As a consequence for failing the program, the inmate participant can be removed from the treatment unit. Other consequences may be related to termination from the program, depending upon agency policy associated with the reason for the expulsion, e.g. assaultive behaviors.

Inmates who fail the program generally serve their maximum sentence in prison. Those who are pre-released are expected to be under supervision, and are directed to go into treatment in the community.

Staff Roles and Authority

Initial screening is conducted by assessment staff at the reception center; amenable sex offenders are placed on the SOTP waiting list. All other assessments are conducted by program staff at the treatment facility.

Authority

Program staff are the only staff who define treatment needs and make treatment plans.

The state has identified security levels for prison facilities. Although the unit responsible for placement has the authority to place a sex offender at any facility, there may be some work release restrictions.

The unit responsible for facility placement and the program staff interact only when program staff call for an offender to be transferred into the treatment unit.

Assessment

Tests and assessment tools

To measure progress in the program, Washington uses psychological tests as well as treatment planning devices on a computerized database.

Program-developed tools for measuring offender progress

Washington has developed its own set of tools for measuring offender progress.

Internal system for tracking program effectiveness

The Washington DOC collects outcome data, analyzes pre- post-data, and conducts ongoing efficiency audits.

Definition of program success

The criteria for program success are:

1) No new sex or violent arrests or convictions.
2) A variety of clinical changes.
3) Increased efficiency

Released offenders are tracked indefinitely. Currently, 4% to 5% of offenders who have been released since the inception of the program have been re-convicted for sexual and violent felony offenses.

Release Authority

Parole Board

Washington's current sentencing law does not rely on a parole board to make release decisions. The sentencing judge determines the rate of earned time, and a sex offender is not released under earned time unless he has a home to live in that has been approved by community corrections. When a sex offender is released to an approved home, he is automatically placed under the supervision of community corrections.

Percentage of sex offenders who discharge their sentence: 20% to 40%
Sex offenders who do not discharge their sentence are transferred to community supervision.

Staffing Issues

A total of 27 state-employed staff provides programming in 1 facility. The department has the discretion to set the starting salary for all program staff, within pay ranges and with supervisory concurrence.

Title	Number of staff	Pay range
Counselors	18	$31,000 to $39,000
Clerical	3	$20,000 to $30,000
Administration	4	$30,000 to $80,000
Psychologist	2	$55,000 to $60,000

Training, licensing, and certification requirements

The Washington program has no training, licensing, or certification requirements for treatment staff.

Staffing of treatment groups

Groups of 10 to 12 participants are facilitated by 1 counselor.

Recruitment and retention

The program has had difficulty recruiting all levels of staff for the rural area facility. Staff tend to leave for higher paying jobs. Recruiting skilled staff is a problem, and training new staff takes a significant amount of time.

Program Costs

Total overall DOC budget: Not provided.

Sex offender treatment program, personnel services and operating costs: $1.4 million

% of total DOC budget: Not provided.

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Materials available through the NIC Information Center
1-800-877-1461

The Washington response to the survey did not include material that could be reproduced for use by the Information Center.

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Wisconsin

Department of Corrections

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Sally Tess

Program Summary

The Wisconsin Department of Corrections coordinates interdepartmental, state, and local efforts to provide a continuum of programming for treating and managing sex offenders. The legislature, the criminal justice system, and the community work together in the ongoing development of a statewide approach to reducing the impact of sex offenses on victims, families, and communities.

The Legislature

A wide range of legislation forms a judicial accountability structure for sex offenders, as well as tools and guidelines for those who treat and manage them. Recent and pending legislative initiatives provide for:

- DNA testing
- Polygraph examinations
- Pharmacological treatment
- Sentence enhancement
- Registration and community notification
- Civil commitment for sexually violent persons
- Lifetime supervision

The Criminal Justice System

The Department of Corrections houses approximately 4,000 sex offenders. Of those, 407 are receiving treatment. Sex offender programming is available at all major correctional institutions and at some minimum security correctional centers. Community programming is also available throughout the state.

Both institutional and community services are provided through contractors. The base clinical intervention strategy is group therapy, with an emphasis on cognitive-behavioral techniques including relapse prevention, cognitive distortions, and victim empathy. One or two treatment staff facilitate groups of ten to twelve sex offenders.

Programming components include a comprehensive assessment conducted at the intake program, a range of institutional programs, aftercare, and community programming:

Sex Offender Assessment Program (SOAP) staff conduct a comprehensive evaluation of all male and female sex offenders. The assessment serves as the basis for a comprehensive treatment plan. *30 days.*

The Denier Program, the only mandatory component, is an education-based, structured residential program for sex offenders who resist treatment. *12 weeks.*

Cognitive intervention programs, available throughout the system, provide a group-oriented adjunct to therapeutic intervention, either for pre-treatment or for post-treatment aftercare. *15 weeks.*

Sex Offender Treatment (SOT) provides short-term programming for offenders with a less repetitive and compulsive pattern of sexual aggression/deviancy. *22 weeks.*

Sex Offender Specialized Treatment Program (SO-SSP) participants present with documented patterns of compulsive and repetitive sexual aggression. This intensive, long-term program, housed at the Oshkosh Correctional Institution, is a 123-bed residential program. *2 to 3 years.*

Sex Offender Intensive Supervision Program (SO-ISP) staff are specially trained probation and parole agents who have controlled caseloads of identified high risk sex offenders.

Community contracted services are provided through several statewide contracts with community providers who conduct various levels of sex offender programming.

The Bureau of Offender Programs fosters statewide partnerships with other state, local and community organizations, and provides technical assistance, training, and education. The Bureau also sets state standards for the treatment of sex offenders.

The Community

The development and ongoing monitoring of programs and initiatives systematically involves state, local, and community organizations, including agencies, schools, and victims groups.

Training and Development

Wisconsin implemented the nation's first intensive post-graduate level training program designed to train clinicians in the community to assess and provide treatment services to sex offenders in the commu nity.

Prison Sex Offender Population

Identification

The Wisconsin DOC identifies incarcerated sex offenders differently from the general population, according to the criteria below.

Criteria

- Current crime
- Prior sex felony convictions
- Prior misdemeanor conviction
- Factual basis of a current non-sex crime conviction
- Designation of sex offender treatment need as determined by classification specialists

Severity scale

The Wisconsin DOC has no severity scale for identified sex offenders.

Population Status

Current total adult incarcerated population: 21,000

Sex offender total: 4,000

Percentage of total population identified as sex offenders: 19%

The number of sex offenders has increased from approximately 2,000 in 1994 to approximately 4,000 in 1999, an increase of 100%.

The increase is due to:

- Increased sex offense commitments
- Conservative release rates

Prison Sex Offender Treatment Program

Governance

Legislation

Over recent years, the Wisconsin legislature has passed a number of laws for the purpose of forming a judicial accountability structure for sex offenders. The legislation is described briefly below, under the following headings:

DNA Testing
Polygraph Examinations
Pharmacological Treatment of Sex Offenders
Sentence Enhancement
Registration and Community Notification
Sexually Violent Person Law
Lifetime Supervision

DNA Testing

Legislation passed in 1993 requires DNA testing for all individuals committed as sexually violent persons.

Polygraph Examinations

Legislation passed in 1997 provides the DOC with the necessary authority to require an offender, without informed consent, to undergo periodic polygraph examination, as required under the rules of supervision. This legislation amended earlier legislation requiring written and informed consent.

Further legislation passed in 2000 expanded the polygraph language to require polygraph examinations of sex offenders in an institutional setting.

Pharmacological Treatment of Sex Offenders

Legislation enacted in 1998 provides for mandatory pharmacological treatment of "serious child sex offenders," defined as any person who has ever been convicted of any of the following offenses involving a victim under 13 years of age at the time of the offense:

- First degree assault of a child
- Second degree assault of a child
- Repeated acts of sexual assault

The process for requiring pharmacological treatment involves the steps described below:

1) Offenders approaching release are screened to see if they meet the statutory and administrative criteria.

1) Offenders meeting those requirements are notified, and are examined by a physician to see if they are medically appropriate for treatment.

1) If the physician finds that the offender is medically appropriate, the offender receives notice of an administrative hearing.

1) The offender may waive the hearing. If the offender waives, injections begin approximately 30 days before release to supervision.

1) If the offender does not waive the hearing, a hearing examiner determines if pharmacological treatment may be required as a condition of supervision.

1) If pharmacological treatment is made a condition of supervision, the offender may be confined to give the medication a chance to work properly.

1) A DOC contract physician oversees and provides pharmacological treatment services until the offender's discharge or termination from supervision.

Consequences for an offender's failure to cooperate with any aspect of mandatory pharmacological treatment can include custody and revocation.

Sentence Enhancement

Legislation passed in 1996 doubled the penalties of first and second degree sexual assault, allowing more discretion for the sentencing court for longer sentences.

Registration and Community Notification

Legislation effective in 1997 requires felony convicted sex offenders to register with the Wisconsin Sex Offender Registration Program (SORP) for a minimum of 15 years following discharge from sentence. The act requires registration at the beginning of an offender's sentence or commitment, including probation, aftercare, supervised release, or conditional release supervision.

Offenders who have two or more separate sexual assault convictions are required to register for life.

Victims of sexual assault, members of their families, and trial witnesses who are registered in the Parole Eligibility Notification System (PENS) receive written notification of release. If they have requested it, victims also receive written notification of any changes in the registrant's residence, employment, school enrollment or use of a vehicle.

The 1997 legislation also strengthened linkages between registration and notification processes, through the following means:

Database linkage between the registry and local law enforcement. The system provides an immediate, online inquiry system for law enforcement throughout the state.

Expanded access to the registry. Previous law had restricted registry information to law enforcement. Access was expanded to include victims, non-criminal justice entities such as schools, and the general public.

Bona fide neighborhood watch programs can receive registry information in writing, for registrants living within the specific street parameters of the program.

1-800 information access. The toll-free number provides victims 24-hour direct access to select registry information. The number also provides limited, person-specific access to non-criminal justice entities and the general public.

Penalties for misuse of information. Penalty enhancements for misdemeanor and felony misuse of registry information are aimed at reducing the potential for vigilantism or harassment of any registrant or his/her family.

Immunity from liability. This provision protects public officials from civil liability for any good faith act or omission related to the release of registry information to the public.

Special Bulletin Notification. A Special Bulletin Notification (SBN) process was established as the means for the DOC to provide written notice of release and detailed offender information to the appropriate local law enforcement agencies. The law requires the DOC to issue an SBN for:

- Any offender who has been convicted of a registerable offense on two or more occasions.
- Any offender committed as a Sexually Violent Person.

The DOC also has the discretion to issue SBN's as it determines is necessary for public safety. Currently, the DOC issues discretionary SBN's on all offenders who are referred into the first step of the civil commitment process, regardless of the ultimate outcome.

Special Bulletin Supplement

The DOC, working with Dr. Anna Salter, has developed a Special Bulletin Supplement form to accompany all SBN's. While the supplement is not a risk instrument and does not assess dangerousness, it does make broad recommendations about the utility and appropriateness of various notification methods in a particular case.

The SBN supplement provides the core team a brief history and other information about offender characteristics, and notes how particular traits may indicate the increased utility and appropriateness of a particular method or scope of notification.

The supplement is advisory and informational only. It is intended to be one of many tools for making notification decisions, and its use is optional.

Through the steps described below, the SBN process gives discretion to each community for determining its own approach to community notification:

1. Approximately 30 days prior to release, the DOC sends the SBN to the appropriate local law enforcement agencies.

1. When local law enforcement receives the SBN, a "core team" meets to discuss the case. The makeup of the team varies from community to community, but usually consists of local law enforcement agencies, probation and parole agents and supervisors, victim witness coordinators, and, on occasion, other local officials.

   The core team reviews the case and determines what, if any, notification should take place, and the method and scope of any notification. The team considers factors such as risk to the community, the needs of any victims, the needs of the community, and the rehabilitative needs of the offender.

1. The DOC works closely with the local police department and county sheriff to develop a notification plan. The decision to carry out notification is solely the responsibility of local law enforcement.

1. Local law enforcement takes the lead in carrying out notification, with substantial support from the DOC.

Levels of notification

It is common practice among local communities to divide notification methods into three levels:

Level 1 involves notification within law enforcement only. Assignment to this level does not necessarily relate to an offender's dangerousness or the likelihood of reoffense, or to the seriousness of the underlying behavior.

Level 2 involves notification to individuals and agencies whose knowledge of the offender's presence will enhance public safety. This level can include methods of notification such as distribution of fliers, law enforcement "knock and talk" activities, and meetings with school administrators. Often, Level 2 notifications become de facto Level 3 notifications, when an individual or group approaches the media about an offender's release.

Level 3 involves the broadest scope of notification, through methods such as community meetings and press conferences.

While local law enforcement conducts community notification meetings, the DOC is generally heavily involved in the presentation and education aspects of the meeting. Representation at the meetings varies, but often includes the Department Registration Specialist for that area, the agent of record, the field supervisor, and someone from the regional level.

The DOC has developed a handbook entitled "Staying Safe" for use at community meetings. It is a basic guide for community members about sexual violence prevention and response.

The DOC has also developed a resource manual for law enforcement and other agencies conducting community notification and education meetings.

Legislative changes passed in 2000 expand and clarify current registration and notification laws.

Some proposed changes are designed to bring Wisconsin into compliance with Megan's Law and the Jacob Wetterling and Pam Lychner Acts. Among the proposed provisions based on federal law are:

- Expand registration to include sex offenders who are required to register in another state, as well as those convicted in a military, tribal, or federal court.
- Require the SORP to determine a registrant's term and frequency of registration.
- Require the SORP to notify other state registry programs when a registrant reports a relevant change of residence, employment, or school attendance, and to notify registrants who report a change of requirements to register in other states.
- Expand crimes subject to registration to include possession of child pornography, child sex offenders working with children, and sexual assault of a student by a school instructional staff person.
- Expand Lifetime Registration to include persons placed on lifetime supervision/monitoring, persons convicted of an aggravated sex offense, and persons ordered by the court to register for life.

The proposed legislation would also expand DOC authority and clarify current practices in areas such as those described below.

- Expand authority for the DOC to manage registrants off field supervision by obtaining a picture, fingerprints or other information through a designated DOC Specialist/Office or a local law enforcement agency.

- Give the SORP access to Department of Revenue records for purposes of verifying residence information or locating registrants who are not in compliance with the law.
- Clarify venue for providing certification documentation to the county district attorney's office when the DOC has reason to believe a registrant is not in compliance with the law.
- Increase the penalty for non-compliance.

The Wisconsin Registry Web Site, in process, is also a provision within the proposed legislative changes. The DOC would be required to create and maintain the web site, which would be designed for multiple layers of information access:

Full web site access to law enforcement would be available through secured procedures to all agencies across the state.

Controlled web site access to victims and their families would be available through the use of a Victim Identification Number (VIN), provided by the DOC's Parole Eligibility Notification System (PENS). Victims and their families would have complete registry access to the specific registrant associated with their crime. County Victim Witness Coordinators would have complete search capabilities for specific registrants.

Controlled web site access to the community, including organizations, agencies, and the general community, would be available through a public inquiry screen, for obtaining limited individual and/or group registrant information.

An open registry access page would be accessible to anyone who queries the Registry Web Site for information on cases where the registrant is determined to be in non-compliance with the law, or who is a Level 2 or 3 notification case.

An open introductory/information page would provide linkages to other query functions, information about the registration and community notification law, and statistical information and query capabilities related to the number of registrants in the system.

Sexually Violent Person Law

Law effective in 1994 created a process for indefinite civil commitment, for treatment purposes, of persons convicted, adjudicated, or committed for a sexually violent offense. Applicable offenses include those who are sexually motivated as well as those who are sexually violent.

Commitment process

1. The DOC End of Confinement Review Board (ECRB) conducts a case review that indicates the case warrants clinical evaluation.

1. A licensed psychologist conducts a Special Purpose Evaluation (SPE) that indicates the case meets the following commitment criteria:

   · The person has been convicted of a sexually violent or motivated offense.

   · The person has a mental disorder that predisposes him/her to engage in acts of sexual violence.

   · The mental disorder creates a substantial probability that he/she will engage in future acts of sexual violence.

3. The DOC Secretary refers the case to the Department of Justice, recommending commencement of commitment proceedings.

3. Probably cause is found, and the offender is transferred to the custody of the Department of Health and Family Services (DHFS).

3. A clinical evaluation conducted by a licensed DHFS psychologist indicates that the case meets all commitment criteria.

3. A commitment trial is held. Possible dispositions include:
4.
   · Dismissal
   · Commitment to supervised release
   · Commitment as an inpatient to the Wisconsin Resource Center

Lifetime Supervision

Legislation passed in 1998 provides that the court may order certain sex offenders to be placed on lifetime supervision by the DOC. Serious offenses covered in this legislation include sexual exploitation by a therapist, sexual assault, sexual assault of a child, sexual exploitation of a child, causing a child to view or listen to sexual activity, incest with a child, child enticement, soliciting a child for prostitution, possession of child pornography, exposing a child to harmful materials, and working with children after having been convicted of a serious child sex offense. The act also allows the court to impose lifetime supervision for crimes against life, bodily security, children, sexual morality or property that the court determines were sexually motivated.

Lifetime supervision begins when the offender's sentence, period of probation, or commitment to the Department of Health and Family Services ends. The offender may petition for termination of lifetime supervision if he or she has been on lifetime supervision for at least 15 years and has not been convicted of a crime.

If the DOC has reasonable grounds for believing that a person placed on lifetime supervision has violated conditions established by the court and/or rules established by the DOC, the DOC may take the person into temporary custody until an investigation determines whether the violation took place. A person convicted of a violation may be fined not more than $10,000 or imprisoned for not more than nine months or both, unless the violation was a felony offense, in which case the person may be fined not more than $10,000 or imprisoned for not more than two years or both.

State Standards/Advisory Board

State-mandated identification policy

The Wisconsin DOC has no state-mandated policy that requires an identification process for sex offenders in prison.

Advisory board/sex offender treatment entity

There is no state-mandated policy that creates an advisory board for sex offender programming.

The Bureau of Offender Programs—a bureau within the DOC created in 1995—sets state standards for the treatment of sex offenders.

Authority

Currently, the Bureau of Offender Programs sets:

- Staff qualifications
- Program group size
- Program protocol

To date, the Bureau has exercised its authority in the following ways:

- Acted to help fund new positions
- Set the qualifications of staff
- Mandated standard assessment tools
- Required a certain approach to treatment

Usefulness

Currently, the Bureau:

- Helps to fund the program
- Helps to fund professional staff
- Sets measures of program progress

Standards

The standards set by the Bureau provide for the following specific tests and treatments:

- Polygraph tests
- Chemical castration
- Group therapy
- On-going polygraphy as part of treatment

Stakeholders influencing the program

Stakeholders outside the DOC who influence the program include:

- The legislature
- The Governor's office
- The public
- Victims

Program Policies

Treatment requirement

Participation in sex offender treatment is voluntary. The exception is the mandatory Denier Program, which takes an educational approach.

Results of denial or refusal of treatment

If an offender denies a sex offending problem or refuses treatment, the offender is:

- Restricted from a specific lower security or custody placement
- Offered a denial phase of treatment

There are no written policies for refusal of sex offender treatment.

Implications for identified sex offenders

In addition to being classified for treatment, an offender identified as a sex offender under department policy is:

- Excluded from outside work crews
- Expected to participate in sex offender treatment
- Subject to possible civil commitment

Visitation policy

The visitation policy for offenders assigned to the sex offender program is more restrictive than the policy for the general population. These offenders may have no contact with a victim if the victim is a family member.

Program Description/Placement

The Wisconsin Department of Corrections Sex Offender Program provides a statewide continuum of institutional and community programming and offender management services. The DOC takes the lead in coordinating interdepartmental, state, and local efforts. Services are provided through contractors.

Programming is available at all major correctional institutions and at some minimum security correctional centers. The Oshkosh Correctional Institution is a dedicated facility, housing both the Denier Program and the intensive, residential Sex Offender Treatment Program. Community programming and management services are available throughout the state.

While the DOC provides the mandatory Denier Program for those who are resisting treatment, treatment programs are designed only for sex offenders who are willing and amenable to treatment.

The program structure specifies a prerequisite for some phases and provides an open-ended structure for placing sex offenders in other phases.

Assessment or testing tools

To assess inmates for placement in the program, staff use the norming phase of the Dynamic Battery, a tool created by program staff.

Types of offenders

The DOC offers different programs for each of the following offender groups:

- Normal intellectual and socially functioning offenders
- CMI's
- Non-English speaking
- Females
- Developmentally disabled

Intake

The Wisconsin DOC takes sex offenders into programs who are close to mandatory release, within timeframes specified by each program. The program has a waiting list of approximately 2,000 sex offenders.

Core curriculum

The curriculum for the treatment program includes:

- Cognitive behavior therapy
- Group counseling
- Writing of prior history (journaling)
- Polygraph (recently added)
-

Program structure

Wisconsin programming is structured to assess all sex offenders for placement in the appropriate program level. Assessments throughout an offender's participation in the program determine whether the offender should be moved into another program level. Assessments also inform release decisions as well as post-release programming and management.

The overall program is structured to provide a comprehensive assessment at intake, a range of institutional programs, aftercare, and community programming:

Sex Offender Assessment Program (SOAP) — *30 days*

The comprehensive evaluation conducted through SOAP assesses specific treatment needs by addressing sexual pathology, dangerousness, risk to reoffend, mental status, and AODA issues.

Inmates referred to SOAP include not only those convicted of current or past sex offenses, but also those who may have been involved in criminal sexual behavior for which they have not been charged or convicted.

SOAP moves sex offenders through the following program components:

Orientation. Inmates are required to attend orientation, although they may refuse to actively participate if they are not disruptive. In addition to psycho-educational modules, orientation covers unit procedures and expectations, treatment options, and the implications of the sexually violent persons law, Act 265 (which forbids sex offenders whose victims were children from working or volunteering with children under 16), DNA testing, and registration.

Testing. Inmates may refuse to participate in testing without penalty. Those who are willing are tested through the Shipley, Bumby, and Farrenkopf instruments. The clinician also completes a Sex Offender Risk Instrument (SORI) on offenders referred for a risk evaluation.

Individual interview. Inmates may refuse to participate in the interview without penalty.

SOAP report. In addition to SOAP testing results, the program report on each sex offender consists of a summary of the instant offense, an arrest history, a history of sexual acting out, substance abuse/mental health issues, significant background information, and programming recommendations. For inmates who have refused to participate, the report and recommendations are based on available information.

Denier Program — *12 weeks*

The Denier Program (DP) is mandatory for all sex offenders who minimize their offense, have an inappropriate motivation for treatment, or refuse treatment. For placement from the waiting list, staff give priority to inmates with a shorter time to mandatory release and to inmates who minimize their behavior over those who are in complete denial. An average of 60% of program participants become amenable to treatment by the conclusion of the program.

The 12-week DP program is a half-time assignment, with work or school programming assigned for the other half day. Groups of 12 meet 3 days per week for 1.5 to 2 hours. DP programming emphasizes thought patterns, behavior, and victim empathy through the following program components:

Lectures. The lecture series is mandatory. Each class runs approximately 1.5 hours.

Autobiography. This component is voluntary. Groups of three to six participants meet once or twice per week to complete an autobiography, writing it in sections based on a series of questions designed for discussion.

Video tapes. Attendance is mandatory. Approximately 16 videos are shown throughout the program, covering a wide range of topics that include victims, sex offenders in treatment, and dysfunctional family issues.

Inmate to inmate treatment overview. Volunteers who have completed or nearly completed their programming meet in groups for one session to discuss their assaults, treatment process, and denial issues from an offender's point of view. Participants are screened for appropriateness, and an effort is made to form a racially balanced panel of two to four volunteers.

Exit interview. At the completion of the program, all participants are interviewed for 15 to 60 minutes. Questions pertain to their offenses, denial, and criminal patterns, in addition to their view of the Denier Program.

Cognitive Intervention

Cognitive Intervention programs are available throughout the system to provide a group-oriented adjunct to therapeutic intervention, either for pre-treatment or for post-treatment care. The educationally-based programming combines criminal thinking interventions with sexual assault relapse prevention.

Sex Offender Treatment (SOT) ***22 weeks***

Sex Offender Treatment (SOT) provides short-term programming for offenders with a less repetitive and compulsive pattern of sexual aggression/deviancy. SOT programs are provided throughout the system and range from 6 months to over 1 year. Some SOT programs provide specialized treatment for target offender groups, such as rapists, child molesters, or developmentally disabled sex offenders.

Participation is limited to 12 inmates per group, who meet in group session lasting 1.5 hours. The program includes the following components:

Weekly homework in two workbooks, *Who Am I and Why Am I In Treatment?* and *How Can I Stop? Breaking my Deviant Cycle.*

Discussion and role play covering topics such as denial, human sexuality, social skills, anger management and assertiveness training.

Individual disclosure of offenses, deviant behaviors, and related criminal history.

Development of a relapse prevention plan, based on an offender understanding and documenting his/her own offense cycles. Role plays also give offenders the opportunity to practice interventions for high risk situation and behaviors.

Sex Offender Treatment Program (SOTP) ***2 to 3 years***

The Sex Offender Treatment Program (SOTP), established in 1990, provides an intensive, long-term residential program for sex offenders with documented patterns of compulsive and repetitive sexual aggression. Participants include those whose victims were very young and/or those who used a significant degree of violence.

Several criteria are used to select program participants:

- A minimum of 40 months to mandatory release if at the Oshkosh institution, or 42 months if at another institution.
- A mandatory release date not more than 25 years in the future.
- A parole eligibility date that will be reached either before entering the program or while in the program.

The program is housed at the Oshkosh Correctional Institution, in a 123-bed unit that is physically separated from other housing units. Despite separate housing, program participants interact regularly with the rest of the institution's population, through activities such as work and school assignments, recreation, health services, and chapel programs.

All staff, including correctional officers, volunteer to work in the SOTP center and participate in the programming. Staff includes:

- A Center Director
- A Clinical Director
- 3 Staff Psychologists
- 2 Social Workers
- A Program Assistant
- Correctional Officers

The program is structured around a therapeutic community designed to incorporate the treatment process into every aspect of interaction among participants and staff. Specialized treatment focuses the psychological and social factors in each offender's sexual abuse and violence, and moves participants into learning intervention skills.

The program is structured on the following components:

Psychological testing in the initial phase includes traditional paper and pencil tests as well as the plethysmograph.

Half-day work or school assignments are given to each offender during the treatment phase.

Group psychotherapy conducted by psychologists forms a cornerstone of the program. Groups of 8 to 12 meet weekly for 2-hour sessions led by at least 2 staff members. Program participants who are in the second or third workbook serve as Program Aides. Men with special needs such as low normal intellectual functioning, a history of psychotic episodes, and speech impediments attend groups conducted by psychologists with expertise in the area.

Although the content for each group varies, group work generally covers the following areas:

1) Victim empathy
2) Predatory behavior on the unit
3) Deficits in social skills
4) Full disclosure of past incidents of deviant sexual acting out
5) Discussion of plethysmograph results for individual participants
6) Self guilt that acts as a deterrent for future acting out

Group work techniques include feedback, role play, and analysis of videotaped sessions.

A behavioral component to address deviant sexual arousal patterns forms another program cornerstone.

Psycho-educational modules address issues such as anger management, assertiveness training, social skills training, victim awareness and empathy, and sexual education.

Alcohol and drug abuse treatment is available for participants who need it.

Discussion groups, autobiographies, assigned readings, and homework provide further opportunities for participants to examine their own behaviors and learn techniques for controlling them.

Community meetings centered on living skills and policy issues take place on a monthly basis.

Upon completion, the program graduate is transferred to the general population in a minimum or medium security setting.

When the individual goes on to the community, to a halfway house, or directly out on parole, he is advised to maintain contact with treatment personnel and to participate in follow-up treatment in the community that focuses on relapse prevention. At this point, program graduates are also encouraged to join a variety of support groups.

Sex Offender Specialized Supervision Program (SO-SSP)

The statewide Intensive Supervision Program develops management strategies and trains probation and parole agents for the special demands of supervising high risk sex offenders. The risk factors of the target offender include:

- Denies offense
- Resists programming interventions
- Is repetitive in both non-sexual and sexual offenses
- Shows evidence of multiple paraphilias
- Has poor social skills and a weak support network
- Shows evidence of drug/alcohol abuse or addiction

The program is structured around the following components:

Staff trained in specialized knowledge and skills necessary for identifying and managing the subtle behavior patterns that signal the sexual deviance relapse cycle and continued victimization.

Intensive standards and special rules of supervision requiring agents to perform more face-to-face contacts, frequent collateral contacts, unannounced home visits, and other supervision techniques that increase client accountability while increasing agent visibility and control over the client.

Specialized and enhanced case planning and pre-release procedures.

Controlled caseloads ranging from a minimum of 25:1 to a maximum of 30:1.

A phase system that includes a gradual reduction in level and intensity of supervision based on objective, measurable criteria. For the most part, supervision on these caseloads is time-limited.

Communication systems designed for ongoing regional and statewide coordination and problem-solving among SO-ISP agents, field supervisors, and regional management teams.

Risk assessment for identifying target/high risk sex offenders for intake or transfer into SO-ISP. A key assessment tool is the Sex Offender Risk Instrument (SORI), developed by a DOC psychologist.

Program evaluation based on a program monitoring and evaluation system established to routinely collect, analyze and disseminate information related to the quantity, quality, and effectiveness of SO-ISP services.

Post-release/Community Corrections

Sex offenders are eligible for community corrections, including probation, work release, aftercare, supervised release, or conditional release supervision. For sex offenders on parole, the Wisconsin program provides continuum aftercare, which is based on the prison program.

More than 5000 sex offenders were under community supervision in 1998.

Community Contracted Services

The DOC maintains several statewide contracts with community providers who conduct various levels of sex offender programming, including:

- Denial focus groups
- Cognitive interventions
- Group sex offender treatment
- Halfway houses
- Assessment evaluation services

State and DOC requirements for registration, notification, and intensive supervision have placed special demands on agents responsible for supervising high risk offenders in the community.

A study published in the *International Journal of Offender Therapy and Comparative Criminology*[1] describes the impact of notification on communities throughout Wisconsin and on the agents who supervise SNB offenders in those communities. The "primary goal of community protection is being served" (18) evidenced in "very low recidivism rates" (19) for SBN offenders. However, SBN supervision creates "a high cost for corrections in terms of personnel, time, and budgetary resources, particularly for agents managing the extra demands of "supervision, home visits, collateral contacts with landlords and employers, and escort of sex offenders" (18). This often means that non-SBN cases receive less attention (15).

Although the average caseload for agents participating in the survey was 25 active cases, a few agents managed as many as 40 or 50 active cases[2], especially where caseloads included a number of low-risk cases involving less intensive supervision than high-risk cases (13-14).

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[1] Zevitz, Richard, and Farkas, Mary Ann. "The Impact of Sex-Offender Community Notification on Probation/Parole in Wisconsin." *International Journal of Offender Therapy and Comparative Criminology* 44(1), 2000. The research was supported by a grant from the National Institute of Justice.

[2] Caseloads for SO-ISP agents are capped at 25. Working within budgetary constraints, field units assign sex offenders to agents who are not designated sex-offender specialists (12).

Specific areas that place significant demands on SBN agents include:

- Locating housing for probated or paroled offenders who have been subject to extensive community notification (19). Agents often encounter high resistance from potential landlords wanting to avoid public hostility, including death threats, often prompted by negative media coverage (15).
- Using labor-intensive supervision methods such as electronic monitoring, halfway house placement, and polygraph monitoring (15).
- Participating in decisions regarding levels of notification and in community education related to notification (14-15).
- Supervising and participating in treatment (15).

The researchers concluded, however, that in spite of the "heavy demands, agents and unit supervisors were found to be well trained and strongly motivated to do the job. The quality of supervision for sex offenders throughout the state is high, and the public is being well served by these professionals" (19).

Completion/Failure

It is not possible for an offender to complete all phases of sex offender treatment. Which phase has the greatest failure rate is unknown.

Reasons for expulsion

An offender might be expelled from the program for any of the following reasons:

- Failure to progress
- Possession of contraband
- Assaultive behaviors
- Sexual misconduct

Consequences of failure

As a consequence for failing the program, the inmate participant can be:

- Reclassified to a higher custody level
- Given restricted privileges

Staff Roles and Authority

Intake assessment for the program involves the assessment staff at the reception center as well as the sex offender program staff at the facility.

Authority

- Program staff can make a discretionary change to either identification or treatment.
- The state has identified security levels for prison facilities. The unit responsible for placement has the authority to place a sex offender at any facility.
- The unit responsible for facility placement and the program staff interact when placing sex offenders at certain facilities.

Assessment

Tests and assessment tools

No standardized tests are used to measure progress in the program.

Program-developed tools for measuring offender progress

The Wisconsin sex offender treatment program has developed a process of norming Dynamic Battery for measuring offender progress.

Internal system for tracking program effectiveness

The Sex Offender Intensive Specialized Program (SO-SSP) is the only component of DOC sex offender treatment and management that has an internal system for evaluating program effectiveness.

Release Authority

Parole Board

Because of the high profile of the sex offender population, the parole board is reluctant to release a sex offender.

Sentence discharge

Most sex offenders do not discharge their sentence in prison prior to release. The rates for those who discharge their sentence and those who go to parole are unknown.

Staffing Issues

Sex offender treatment and management services are provided primarily through contracts. The department does not have the discretion to set the starting salary for program staff.

Training, licensing, and certification requirements

Staff qualifications for each program component are specified in contract solicitations. Programs are primarily conducted by licensed clinical psychologists, with co-facilitation from trained social workers or psychological service associates.

Staffing of treatment groups

The DOC requires one counselor, but prefers two counselors for facilitating treatment groups of 10 to 12 offenders.

Recruitment and retention

Wisconsin reports no problems in recruiting for rural area facilities or in retaining staff.

Program Costs

Total overall DOC budget: Unknown.

Sex offender treatment program, personnel services and operating costs: Because the Wisconsin approach to sex offender programming combines the efforts of the legislature, the criminal justice system, and the community, it is difficult to estimate costs.

Materials available through the NIC Information Center 1-800-877-1461

Program description

Flow Chart for Sex Offenders Entering the Wisconsin Correctional System. A 1-page chart of sex offender progression through the system, from arrest through various program components and into aftercare or civil commitment.

Wisconsin Department of Corrections Sex Offender Program: Mission & Goals Statement and *Wisconsin Department of Corrections: Overview of Sex Offender Programs.* A 1-page mission and goals statement, attached to a 6-page program overview.

Descriptions of program components:

- *Sex Offender Assessment Program (SOAP),* 1 page.
- *Sex Offender Assessment Program (SOAP): Policies and Procedures,* 4 pages.
- *Sex Offender Treatment (SOT),* 1 page.
- *SOT Group: Detailed Outline of Group Procedures* (for a particular group), 6 pages.
- *Sex Offender Treatment: Racine Youthful Offender Correctional Facility* (outline of objectives, tasks, and written projects), 3 pages.
- *Oshkosh Correctional Institution, Middle Center Denier Program: Curriculum and Program Components,* 10 pages.
- *Sex Offender Treatment Program, Oshkosh Correctional Institution, Department of Corrections,* 5 pages.

Sex Offender Disclosure Questionnaire. State of Wisconsin Division of Program Planning and Movement. 20 pages.

Article: Sex Offenders: Management, Treatment and Community Protection, A Systems and Community Approach. Overview and Common Questions/Answers: Sex Offender Registration and Community Notification. Wisconsin Department of Corrections, Bureau of Offender Programs. 20 pages.

Overview: Sex Offender Intensive Supervision Program. Supervision Rules Handbook. Wisconsin Department of Corrections, Bureau of Offender Programs. 36 pages.

Legislation

Pharmacological Treatment of Sex Offenders: Law/Program Overview Materials and Administrative Rule. Wisconsin Department of Corrections, Bureau of Offender Programs. 6 pages, with copies of the legislation attached (5 pages).

Briefing Paper: Use of the Polygraph in the Treatment and Community Supervision of Sex Offenders. Wisconsin Department of Corrections, Bureau of Offender Programs. 5 pages.

Executive Summary: Proposed Legislative Changes of Sex Offenders Registration and Community Notification Laws. Report: Sex Offender Registry Web Site: Proposed Model. Wisconsin Department of Corrections, Bureau of Offender Programs. 19 pages.

Briefing Paper: Sexually Violent Person Law, Chapter 980. Wisconsin Department of Corrections, Bureau of Offender Programs. 14 pages.

1997 Assembly Bill 660 (Lifetime Supervision). State of Wisconsin 1997-1998 Legislature. 14 pages.

Community Notification

Zevitz, Richard G. and Farkas, Mary Ann. "The Impact of Sex-Offender Community Notification on Probation/Parole in Wisconsin." *International Journal of Offender Therapy and Comparative Criminology, 44(1), 2000: 8-21.*

Bid Requests

State of Wisconsin Department of Corrections:

- *Sex Offender Treatment Groups,* 5 pages.
- *Sex Offender Denial Focus Groups,* 5 pages.
- *Sex Offender Treatment for the Cognitively Impaired,* 5 pages.
- *Sex Offender Aftercare Treatment Groups,* 5 pages.
- *Sex Offender Assessment Services,* 8 pages.
- *Sex Offender Relapse Prevention Groups,* 4 pages.

Note: Materials are housed at the NIC Information Center at the discretion of Information Center staff. If any materials listed above are not available from the Information Center, please contact the DOC directly, using the contact name provided at the top of the profile.

Other Survey Respondents

The states listed below have formal sex offender treatment programs and completed the survey, but were unable to review draft profiles of their programs.

Georgia

Georgia Department of Corrections

Contact: Yvonne Saunders-Brown, Program Development Coordinator
Program Development Unit
Georgia Department of Corrections
2 Martin Luther King Jr. Drive SE
East Tower, Room 852
Atlanta, GA 30334-4900
Phone: (404) 656-9181
Fax: (404) 656-4819
E-mail: von5757@aol.com

Illinois

Illinois Department of Corrections

Contact: John Castro, Assistant Deputy Director
Program Services
P.O. Box 19277
Springfiled, IL 62794-9277
Phone: (217) 522-2666
Fax: (217) 557-7902
E-mail: jcastro@idoc.state.il.us

New Jersey

New Jersey Department of Corrections

Contact: Margaret Zorskey
Adult Diagnostic and Treatment Center
8 Production Way
Avenel, NJ 07001
Phone: (732) 574-2250 ex. 8003
Fax: (732) 574-2257
E-mail: N/A

West Virginia

Department of Military Affairs and Public Safety
Division of Corrections

Contact: Lonnie Kishpaugh, Sr.
Denmar Correctional Center
HC 64, Box 125

Hillsboro, WV 24946
Phone: (304) 653-4201
Fax: (304) 653-4855
E-mail: Lonnie_sr@yahoo.com

Wyoming

Wyoming Department of Corrections

Contact: Gary Starbuck
Wyoming State Honor Farm
40 Honor Farm Rd.
Riverton, WY 82301
Phone: (307) 856-9578
Fax: (307) 746-9316
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