



TREATMENT AND REENTRY PRACTICES  
FOR SEX OFFENDERS  
An Overview of States

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## Executive Summary

Over the past 15 years, the response of the criminal justice system to people who have been convicted of a sex offense has become increasingly punitive, relying heavily on incarceration. Yet, a consequent increase in criminal justice costs has led some states to reconsider their response to sex offenders. Concerns about public safety and the protection of victims remain the primary focus, but many states have also invested in treatment and reentry programs as alternatives to incarceration for some people.

Although the content and structure of treatment and reentry programs vary considerably from one jurisdiction to another, few if any resources provide criminal justice officials and policymakers an overview of these programs or a comparative assessment of their effectiveness. This report attempts to address these issues by providing an overview and analysis of existing treatment and reentry practices for sex offenders who are involved with the criminal justice system. It focuses, specifically, on four broad areas of practice: treatment in prison, treatment under community supervision, reentry programming, and community supervision. Interviews with state officials and treatment providers from 37 states that responded to our survey revealed several findings:

- In both prison and community settings, the treatment of sex offenders is generally grounded in evidence-based practices, especially cognitive-behavioral therapy. In general, treatment is much more available in the community than in institutional settings.
- In most of the participating states, community-based treatment for sex offenders is supported, at least in part, by collecting fees from those in treatment—a circumstance that may limit access to these programs.
- Standardized risk assessment tools such as the STATIC-99 are now widely used nationally in both prison- and community-based treatment programs. Needs assessment tools, especially

the ACUTE, are becoming more prevalent in community supervision.

- No reentry initiatives were found that specifically target sex offenders. Although eligible for general reentry programming in most states, people convicted of a sexual offense have few, if any, options for reentry programming that addresses their unique needs.
- Correctional institutions and community supervision agencies in most states share information about the case histories and treatment plans of sex offenders who are returning to the community from prison. Research suggests that this type of inter-agency communication can help reduce recidivism.
- In general, community supervision agencies manage risk and provide services. Research suggests that this is an effective approach to reducing recidivism.
- A limited number of states are conducting research on their own treatment, reentry, and supervision initiatives. Almost no studies have examined these programs from a cost-benefit perspective.

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## Introduction and Background

The sentencing and management of sex offenders is one of the most difficult and controversial issues facing the criminal justice system today. This is in large part due to the brutal nature of many sex crimes and the fact that many victims are children and other vulnerable people—a combination that elicits highly emotional responses from the public.

Over the past 15 years, the criminal justice system's response to people who have been convicted of a sex offense has become increasingly punitive. In 2004, more than 150,000 people were incarcerated in state prisons for sex offenses, compared with 142,000 in 2002 and 110,000 in 1999.<sup>1</sup> In many states, lengthy prison sentences are now the norm: according to one recent study, people who are incarcerated in connection with a sex offense spend about twice as long in prison as those who serve time for other crimes.<sup>2</sup> Also, an increasing number of local and state laws impose strict registration and residency requirements on people who have been convicted of a sex offense, even after they have served a prison sentence. There are now more than 636,000 registered sex offenders in the United States—one in 500 Americans.<sup>3</sup> This number has doubled in the last decade.<sup>4</sup>

The punitive response of the past 15 years is not limited to sentencing laws and stricter registration requirements: the definition of what constitutes a sex offense has also been greatly expanded. (The beginning of this expansion coincided with the 1993 passage of Megan's Law, a federal regulation that directed states to

release information to the public about known convicted sex offenders, and has continued through the passage of Jessica's Law in 2006, which introduced stricter penalties and restrictions for sex offenders.) Today, the term sex offense can include everything from child molestation to public urination.

The increasing reliance on incarceration as a response to sex offenses, together with expanded definitions of what constitutes a sex offense, has driven up criminal justice costs. This has led some states to reconsider their response to sex offenders. While concerns of public safety and the protection of victims remain the primary focus, a number of states—especially those with limited resources—have concluded that incarceration is simply not a viable long-term solution, at least not for all sex offenders.

In fact, most people who are convicted of a sex offense will be placed under community supervision at some point—either on probation immediately following sentencing or on parole after having served a jail or prison term. A 1997 study by the Bureau of Justice Statistics reports that of the approximately 234,000 adult sex offenders who are under the custody or control of correctional agencies on any given day in the United States, almost 60 percent are under some form of community supervision.<sup>5</sup> Although there has been no follow-up study in recent years, this number has likely grown.

To cope with the large number of sex offenders under community supervision, a growing number of states are investing in treatment programs. Increasingly, these programs are also functioning as alternatives to incarceration.

However, the content and structure of treatment and reentry programs vary considerably from one jurisdiction to another, and there are few resources for criminal justice officials and policymakers who would like an overview of these programs nationwide. Both the Center for Sex Offender Management and the Association for the Treatment of Sexual Abusers, an international non-profit

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<sup>1</sup> W.J. Sabol, H. Couture, and P.M. Harrison, *Prisoners in 2006* (Washington, DC: Bureau of Justice Statistics, 2006); P. M. Harrison and A. J. Beck, *Prisoners in 2004* (Washington, DC: Bureau of Justice Statistics, 2004); A. J. Beck and P. M. Harrison, *Prisoners in 2000* (Washington, DC: Bureau of Justice Statistics, 2000).

<sup>2</sup> Lawrence A. Greenfield, *Sex Offenses and Offenders: An Analysis of Data on Rape and Sexual Assault* (Washington, DC: Bureau of Justice Statistics, 1997, NCJ 163392).

<sup>3</sup> National Center for Missing & Exploited Children, *Registered Sex Offenders in the United States per 100,000 Population* (map), March 25, 2008.

<sup>4</sup> Devon B. Adams, *Summary of State Sex Offender Registries* (Washington, DC: Bureau of Justice Statistics (Fact Sheet): March 2002, NCJ 192265).

<sup>5</sup> *Ibid.*

organization, have produced publications on the treatment and management of sex offenders, but policymakers seeking to optimize their use of resources would profit from a survey of the programs that are currently in place across the United States. Similarly, their policy decisions would benefit from a comparative assessment of the effectiveness of current practices.

This report attempts to address these issues by providing an overview and analysis of existing treatment and reentry practices for sex offenders involved with the criminal justice system (as opposed to those who are civilly committed).<sup>6</sup> Drawing on information that was collected by Vera researchers from policymakers and treatment providers in the 50 states and Washington, DC, it emphasizes the structure, content, and availability of those programs and, when applicable, compares current practices to research findings. Specifically, it focuses on four broad areas of practice: treatment in prison, treatment under community supervision, reentry programming, and community supervision.<sup>7</sup>

Note that this report does not provide an exhaustive catalog of what each state is doing in terms of treatment, reentry, and community supervision, nor does it provide a comprehensive overview of the legal context in which these services are being delivered.<sup>8</sup> Rather, it aims to identify and analyze nationwide *trends* in treatment and reentry practices.

After a brief description of our methodology, we begin with a review of the latest research on treatment, reentry, and community supervision practices for sex offenders. Then, we present and analyze our findings from each of the four broad areas of practice, beginning with prison-based treatment and followed by community-based treatment, reentry programming, and

community supervision. We end with a discussion of overarching themes and conclusions.

## Methodology

Vera researchers relied on qualitative methods to collect and analyze data for this report. Data was collected over a six-month study period through phone interviews with state officials and other policymakers who manage sex offenders.

For each of the four substantive areas mentioned earlier (prison-based treatment, community-based treatment, reentry, and community supervision), Vera researchers developed detailed interview questionnaires and identified at least one potential respondent from each state (for a minimum total of four contacts per state). Most respondents either worked in the Department of Corrections or another state agency or were treatment providers. Interview questions were open ended.

The overall response rate for all four substantive areas categories across all 51 jurisdictions was 65 percent.<sup>9</sup> For each state, Vera researchers entered information into an answer template that covered all four substantive areas. Once this answer template was completed, it was sent back to the respondents to confirm that it was consistent with the information they had provided. The completed state templates are included as appendices in this report. They provide detailed information on both the treatment and reentry practices themselves as well as the context in which they were developed.

To identify larger patterns, Vera researchers conducted a qualitative data analysis. This qualitative analysis consisted in reviewing each state template and categorizing treatment and reentry practices according to topics of general interest, such as whether statewide standards exist or the number of treatment providers in a given state. These state overviews are also included in

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<sup>6</sup> Civil commitment is the court-ordered confinement and treatment of sex offenders who are deemed to represent a significant threat to public safety.

<sup>7</sup> Sex offenders in the community also receive treatment under civil commitment. However, this study focuses exclusively on treatment in the criminal justice context.

<sup>8</sup> To gain a better understanding of state legislation governing sex offender definitions, registration requirements, and sentencing practices, the Vera Institute has also issued a companion report, *The Pursuit of Safety: Sex Offender Policy in the United States*, that gives a national overview of these issues.

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<sup>9</sup> In social science research, a response rate above 50 percent is considered adequate for analysis and publishing (see Babbie 2005 for more information).

the appendices. Categorizing treatment and reentry practices in this manner provided researchers with a broad overview of the subjects.

This study has two methodological limitations. First, as is true of any study that relies on interview responses, some of those we contacted chose not to participate, with the result that there are gaps in our data. Our discussion of national trends and patterns here reflects only those states that responded to requests for phone interviews. Second, the trends identified in this report are based on information *reported* by state contacts. While Vera researchers made every effort to ensure that the information is accurate, this is a complex subject, and the open-ended nature of our interview questions left room for interpretation and (possibly) error.

## Research on Treatment, Reentry, and Community Supervision Practices

In this section, we present an overview of recent research on treatment (both in prison and in the community), reentry, and community supervision practices for sex offenders. The aim is to provide a context for the assessment of current state practices described in subsequent sections of this report.

Broadly, the research on treatment methods has consistently found that cognitive-behavioral therapy (CBT), a treatment that relies on changing thought processes to help people understand and accept responsibility for their offenses, is the most effective approach to reducing sexual and overall recidivism. (This result applies to programs that provide CBT in prison as well as those that provide it in other settings.) In addition, the research on reentry and supervision practices has uncovered two salient findings: social support is key to making a successful transition back to society, and supervision is most effective when combined with specialized sex offender treatment services. Unfortunately, there has been little cost-benefit analysis of treatment and reentry programming, which

makes it difficult to assess the financial impact of these programs.

There are, however, a number of methodological issues associated with research on sex offenders that limit the applicability of these findings. For one, it is often difficult to find a control group with which to compare program participants—a necessary step if one is to know for certain a program’s effect. Also, low baseline rates of sexual offense arrests and significant under-reporting of sexual offenses make it difficult for researchers to demonstrate statistically significant reductions in sexual offending as a result of treatment and reentry programs.<sup>10</sup>

In the remainder of this section, we discuss in more detail research as it relates to each of the four broad areas of practice identified earlier: treatment in prison, community-based treatment, reentry programming, and community supervision.

### PRISON- AND COMMUNITY-BASED TREATMENT

Treatment programs generally have three aims: First, they aim to help offenders take responsibility for their actions. Second, they aim to prevent relapse. Third, they aim to rehabilitate people who have been convicted of a sex offense.<sup>11</sup> Different programs pursue these goals in a variety of ways, ranging from CBT to chemical castration (the use of a hormonal medication such as Depo-Provera to temporarily reduce testosterone levels) to education. The appropriateness of any particular approach often depends on the nature of a person’s offending behavior: a treatment that is geared toward pedophiles, for example, may not be appropriate for an adult rapist who exhibits more general criminal tendencies.

**Treatment across settings.** A 2002 meta-analysis of 43 studies on the psychological treatment of sex offenders found that the average rate of sexual recidivism for people in treatment (12.3 percent) was statistically

<sup>10</sup> It becomes increasingly difficult to establish statistically significant differences as the number of outcome events decreases.

<sup>11</sup> Kurt Bumby, *Understanding Treatment for Adults and Juveniles Who Have Committed Sex Offenses* (Silver Spring, MD: Center for Sex Offender Management, 2006).

significantly lower than for those who did not receive treatment (16.8 percent).<sup>12</sup> The average rate of overall recidivism for those in treatment was also lower (27.9 percent, compared with 39.2 percent for people who were not in treatment).<sup>13</sup> Finally, the analysis found that CBT, which has become standard practice in almost every state, is much more effective than the treatments that were used before 1980. More recently, a review of 69 controlled outcome evaluations of sex offender treatment confirmed many documented earlier findings. It also found that treatment reduces sexual recidivism by an average of 37 percent and that hormonal therapy and CBT work best—although it was difficult to separate the effect of these treatments from other factors.<sup>14</sup> The report concluded that more rigorous studies were needed to determine the effectiveness of different treatments for different types of offenders.

**Prison-based treatment.** The research literature on the effectiveness of treatment programs for incarcerated offenders is fairly inconclusive. A 2003 study of 195 sex offenders who took part in a prison-based CBT program in Vermont found that people who completed the program were significantly less likely (5.4 percent) than those who dropped out (30.6 percent) or refused to participate (30.0 percent) to be charged with a sexual offense in a six-year follow-up period.<sup>15</sup> It also found that continuing with treatment after release from prison was significantly associated with lower recidivism of sexual offenses. However, this study did not use randomly assigned treatment or control groups, so despite the fact that researchers found no significant

differences in risk assessment scores between those who completed the program and those who did not, it is impossible to know for certain whether factors other than treatment affected the observed outcomes.<sup>16</sup>

In contrast, there are several studies which have examined specific treatment programs and concluded that they do not have a significant effect on recidivism rates.<sup>17</sup> Among these is a study in which prisoners who had volunteered to participate in California’s Sex Offender Treatment and Evaluation Project (SOTEP) were randomly assigned to either SOTEP (which employed CBT and relapse prevention, a treatment that uses cognitive and behavioral techniques to help offenders identify and change negative behavioral patterns) or a control group.<sup>18</sup> Likewise, researchers from the Washington State Institute for Public Policy (WSIPP), which is well-known for both its meta-analyses and its research on treatment for sex offenders, found that a sex offender treatment program for inmates had little effect on recidivism rates for sexual and violent offenses—despite the fact that those who participated in the program did so voluntarily and were thus likely to be amenable to treatment.<sup>19</sup>

In spite of these inconclusive results regarding prison-based treatment in general, there is some evidence that CBT in particular is effective for lowering recidivism rates. In addition to the Vermont study

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<sup>12</sup> Because meta-analyses incorporate numerous studies that measure recidivism differently, it is not possible to define recidivism more specifically.

<sup>13</sup> R.K. Hanson, A. Gordon, A.J.R. Harris, J.K. Marques, W. Murphy, V.L. Quinsey, and M.C. Seto, “First Report of the Collaborative Outcome Data Project on the Effectiveness of Psychological Treatment for Sex Offenders,” *Sexual Abuse: A Journal of Research and Treatment*, 14 (2002): 169-194.

<sup>14</sup> F. Lösel and M. Schmucker, “The Effectiveness of Treatment for Sexual Offenders: A Comprehensive Meta-Analysis,” *Journal of Experimental Criminology* 1(2005): 117-146.

<sup>15</sup> R.J. McGrath, G. Cumming, J.A. Livingston, and S. Hoke, “Outcome of a Treatment Program for Adult Sex Offenders: From Prison to Community,” *Journal of Interpersonal Violence* 18, no 1 (2003): 3-17.

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<sup>16</sup> The use of comparison groups allows researchers to assess whether or not changes in outcomes following treatment would have occurred in the absence of treatment as well. Random assignment to treatment or comparison groups provides the strongest evidence of a treatment effect because it creates two groups that are comparable except for the treatment intervention.

<sup>17</sup> A. Mander, M. Atrops, A. Barnes, and R. Munafo, *Sex Offender Treatment Program: Initial Recidivism Study* (Anchorage, AK: Alaska Department of Corrections, 1996); and V.L.E. Quinsey, G.T. Harris, M.E. Rice, and C.A. Cormier, *Violent Offenders: Appraising and Managing Risk* (Washington, DC: APA, 1998).

<sup>18</sup> J.K. Marques, M. Wiederanders, D.M. Day, C. Nelson, and A. Van Ommeren, “Effects of a Relapse Prevention Program on Sexual Recidivism: Final Results from California’s Sex Offender Treatment and Evaluation Project (SOTEP).” *Sexual Abuse: A Journal of Research and Treatment* 17 (2005): 79-107. Note that because random assignment fully controls for competing influences on recidivism, the absence of a significant difference between the two groups in this study can be interpreted as strong evidence that there was in fact no difference between them.

<sup>19</sup> L. Song, and Roxanne Lieb, *Washington State Sex Offenders: Overview of Recidivism Studies* (Olympia, WA: Washington State Institute for Public Policy, 1995).

mentioned above, a 2000 study of high-risk sex offenders who volunteered for Canada’s Clearwater Sex Offender Treatment Program, which used both CBT and a relapse prevention component, found that program participants had significantly lower reconviction rates than those in a comparison group.<sup>20</sup> Moreover, the difference in conviction rates was much larger for sexual reconvictions than for nonsexual reconvictions. Similarly, in a comprehensive meta-analysis, WSIPP researchers found that prison-based CBT reduced recidivism by an average of 14.9 percent.<sup>21</sup>

Therapeutic community programs, which emphasize group support in facilitating behavior change, have also been shown to exert a beneficial effect on sex offender recidivism. In 2003, the Colorado Division of Criminal Justice found that sex offenders who participated in their prison-based therapeutic community program were significantly less likely than sex offenders who did not participate in the program to recidivate across a number of measures.<sup>22</sup> Moreover, the Colorado study found that longer periods of treatment in the therapeutic community led to lower recidivism rates upon release. Again, though, this evaluation did not use randomly assigned treatment and control groups, nor did it match people in the two groups on the basis of characteristics that may have influenced their decision to enroll in treatment. As a result, it is not possible to attribute the observed outcomes to the program with any certainty.

With regard to the cost of prison-based treatment programs, a cost-benefit analysis by the WSIPP found that these programs, when combined with aftercare, actually *increase* costs to taxpayers by an average of

\$3,258 per participant. In contrast, treatment delivered to juveniles in an institutional setting saved an average of \$7,829 per participant.<sup>23</sup> This was the only cost-benefit analysis we uncovered in our review.

**Community-based treatment.** The research on community-based treatment programs for sex offenders suggests, fairly consistently, that these programs are effective in reducing recidivism. In one study of 1,400 sex offenders who were sentenced to probation in Minnesota, researchers found that re-arrest rates for sexual offenses for those who completed treatment (5 percent) were lower than for those who began but did not complete treatment (11 percent) and those who never entered treatment (11 percent).<sup>24</sup> The Minnesota study also found that offenders who completed treatment were less likely to be re-arrested for any new offense (13 percent versus 45 percent for those who began but did not complete treatment, and 42 percent for those who never entered treatment).

In addition, there is evidence that treatment designed to address deviant feelings and behaviors specifically related to sexual offending has an effect on both sexual and nonsexual recidivism rates above and beyond the effects of general treatment, which addresses more general mental health and behavioral issues. For example, a 1998 study found that probation supervision combined with specialized sex offender treatment, as compared with probation supervision combined with only general mental health treatment, significantly reduced overall re-arrests (for both sexual and nonsexual offenses) among a group of sex offenders in rural Vermont.<sup>25</sup> However, neither the Minnesota nor the Vermont study used random assignment, so it is not possible to conclude with any certainty that the

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<sup>20</sup> J. Looman, J. Abracen, and T. Nicholaichuk, “Recidivism among treated sexual offenders and matched controls,” *Journal of Interpersonal Violence* 15, no. 3 (2000): 279-290; Polly Phipps, Kim Korinek, Steve Aos, and Roxanne Lieb, *Research Findings on Adult Corrections Programs: A Review* (Olympia, WA: Washington State Institute for Public Policy, 1999). Throughout this section, “significance” means statistical significance.

<sup>21</sup> Steve Aos, Marna Miller, and Elizabeth Drake, *Evidence-Based Public Policy Options to Reduce Future Prison Construction, Criminal Justice Costs, and Crime Rates* (Olympia, WA: Washington State Institute for Public Policy, 2006).

<sup>22</sup> Kerry Lowden, Nicole Hetz, Linda Harrison, Diane Patrick, Kim English, and Diane Pasini-Hill, *Evaluation of Colorado’s Therapeutic Community for Sex Offenders: A Report of Findings* (Office of Research and Statistics, Division of Criminal Justice, 2003).

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<sup>23</sup> Aos, Miller, and Drake, *Evidence-Based Public Policy Options to Reduce Future Prison Construction, Criminal Justice Costs, and Crime Rates*, 2006.

<sup>24</sup> *Sex Offender Supervision: 2000 Report to the Legislature* (St. Paul, MN: Minnesota Department of Corrections, 2000).

<sup>25</sup> R.J. McGrath, S.E. Hoke, and J.E. Vojtisek, “Cognitive-Behavioral Treatment of Sex Offenders: A Treatment Comparison and Long-Term Follow-Up Study,” *Criminal Justice and Behavior* 25 (1998): 203-225.

reductions in re-arrests were due to treatment rather than other factors.

With regard to specific treatments, there is considerable evidence, grounded in methodologically sound research, that community-based CBT is effective in reducing overall recidivism. However, it remains unclear whether community-based CBT is effective in reducing *sexual* recidivism. In a systematic meta-analysis of sex offender programming that examined only those evaluations that used a well-matched comparison group, WSIPP researchers found that CBT significantly reduces recidivism (by an average of 31.2 percent across studies) among low-risk sex offenders on probation.<sup>26</sup> The WSIPP study did not, however, examine the impact of CBT on sexual recidivism.

It is difficult to assess the impact of medical treatments on sexual offending. This is primarily due to ethical restrictions that prevent researchers from randomly assigning people to procedures or treatments that are either potentially harmful or invasive. Nonetheless, there have been a handful of studies in this area. One of these, a study based on a sample of mostly pedophiles, found that people who volunteered for and were surgically castrated were significantly less likely to engage in recidivism of sexual offenses than volunteers who were not castrated.<sup>27</sup> In addition, a meta-analysis found that hormonal therapy was, on average, more effective in reducing sexual recidivism than psychosocial interventions—although other aspects of these programs may account for this effect.<sup>28</sup>

## REENTRY PROGRAMMING

Reentry programming aims to help sex offenders make the transition back into the community after they are released from prison. Although reentry in general is a major topic in the field of corrections, there has been relatively little research that focuses on the specific needs of sex offenders leaving prison. One of the few

<sup>26</sup> Steve Aos, Marna Miller, and Elizabeth Drake, *Evidence-Based Adult Corrections Programs: What Works and What Does Not* (Olympia, WA: Washington State Institute for Public Policy, 2006).

<sup>27</sup> Ibid.

<sup>28</sup> Lösel and Schmucker, 2005.

studies that addresses the subject directly began by examining the general literature on successful reentry strategies for people convicted of a wide range of offenses. Then, arguing that these reentry strategies can be applied to sex offenders so long as one takes the unique needs of sex offenders into account, it identified several key factors in the successful reentry of sex offenders:

1. Institutional and community case managers collaborate to maintain a consistent approach.
2. Manage sex offenders in prison in a way that prepares them for release.
3. Consider the benefits of discretionary release policies.
4. Have case managers actively involved in facilitating the transition.
5. Recognize victims as important stakeholders.
6. Develop a community supervision approach for sex offenders that promotes successful outcomes in addition to risk management.<sup>29</sup>

The Center for Sex Offender Management endorsed these strategies in a 2007 report.

A handful of studies have examined the impact of specific reentry models on sex offenders leaving prison. A 2005 study, for example, examined Circles of Support and Accountability (COSA), a program that originated in Canada and is becoming more prevalent in the United States. COSA encourages high-risk offenders to develop support networks in the community, consisting mostly of volunteers from faith-based organizations who visit them on a regular basis, following their release from prison. The researchers found that sex offenders who participated in COSA recidivated at a rate that was 31.6 percent lower than people in a matched group who did not participate.<sup>30</sup> Another study of COSA, this one from

<sup>29</sup> K.M. Bumby, T.B. Talbot, and M.M. Carter, “Sex Offender Reentry: Facilitating Public Safety through Successful Transition and Community Reintegration,” *Criminal Justice and Behavior* (in press).

<sup>30</sup> R.J. Wilson and J.E. Picheca, “Circles of Support and Accountability: Engaging the Community in Sexual Offender Management” in B.K. Schwartz (Ed.), *The Sex Offender: Issues in Assessment, Treatment, and Supervision of Adult and Juvenile*

2007, concluded that the program led to a 70 percent reduction in re-arrests for sexual offenses and a 57 percent reduction in re-arrests for violent offenses.<sup>31</sup>

Finally, a number of studies suggest that many sex offenders leaving prison need community support to find a place to live, as strict residency requirements often make it difficult for them to find affordable housing.<sup>32</sup>

## COMMUNITY SUPERVISION

Community supervision refers to those forms of correctional supervision that do not involve incarceration, such as probation, parole, and community corrections. (Community corrections involves monitoring offenders independently of probation and parole. In general, community corrections agencies supervise offenders who have been diverted from prison but who represent a higher risk than people on probation.) The research on community supervision is similar to that on reentry in that it stresses the importance of social bonds and community support in reducing recidivism and rehabilitating offenders.

One of the most promising models of community supervision—and perhaps the most widely known in the sex offender management community—is the containment model, an evidence-based model developed by the Colorado Division of Criminal Justice in the 1980s. The containment model is grounded in five key principles, all of which support the notion that sexual re-offending can be minimized through internal and external controls:<sup>33</sup>

1. The primary objectives of sex offender management are to enhance public safety,

ensure victim safety, and make reparation to victims.

2. Sex offender management should rely on inter-agency coordination, interdisciplinary partnership, and job specialization to provide a unified approach.
3. Offenders should be held accountable through individualized case management plans that use informal controls (which are learned and reinforced through treatment) as well as external controls (in particular the active involvement of family and law enforcement). Polygraphs should also be used to monitor these internal and external controls.
4. State and local criminal justice agencies and policymakers should work together to develop informed public policies.
5. Criminal justice agencies should develop quality control mechanisms to monitor the implementation of these strategies and to assess their effectiveness over time.

Each of these principles is grounded in the clinical treatment literature, and research on the containment model provides support for its effectiveness in reducing recidivism. Some of this research overlaps with the treatment literature discussed earlier—for example, the Colorado therapeutic community program that was found to reduce recidivism was grounded in the containment approach. In addition, a 2001 Oregon study found that people on probation and parole who took part in a program that combined treatment, polygraph monitoring, and specialized supervision were 40 percent less likely to be convicted of a new felony than people on probation and parole in a neighboring county who did not receive the same combination of services.<sup>34</sup> Other state-specific analyses have found that sex offenders who are supervised under the containment model have low

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*Populations* (pp 13.1-13.21) (Kingston, NJ: Civic Research Institute, 2005).

<sup>31</sup> R.J. Wilson, J.E. Picheca, and M. Prinzo, “Evaluating the Effectiveness of Professionally Facilitated Volunteerism in the Community-Based Management of High-Risk Sexual Offenders: Part Two—A Comparison of Recidivism Rates,” *The Howard Journal*, 46, no. 4 (2007): 327-337.

<sup>32</sup> Joan Petersilia, *When Prisoners Come Home: Parole and Prisoner Reentry* (New York, NY: New York Open Society Institute, 2003).

<sup>33</sup> K. English, S. Pullen, and L. Jones, *Managing Adult Sex Offenders in the Community: A Containment Approach* (Washington, DC: National Institute of Justice, Research in Brief, 1997).

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<sup>34</sup> K.A. England, S. Olsen, T. Zakrajsek, P. Murray, and R. Ireson, “Cognitive/Behavioral Treatment for Sexual Offenders: An Examination of Recidivism,” *Sexual Abuse: A Journal of Treatment and Practice* 13, no. 4 (2001): 223-231.

felony re-arrest rates (6 percent in one study). However, none of these state-specific studies used comparison groups, so it is difficult to attribute this outcome with any certainty to the containment model.<sup>35</sup>

Other research suggests that strong social support can play a crucial role in preventing recidivism. For example, a 2004 study of sex offenders sentenced to probation for child molestation found that people who had strong support from family and friends were less likely to have their probation status revoked for either a technical violation or a new arrest and that people with strong support whose status was revoked generally lasted longer on probation than people without such support.<sup>36</sup> The study also found that people who were employed were less likely to violate the terms of probation.<sup>37</sup> These findings are consistent with a body of research that highlights the shortcomings associated with a straight risk management approach (that is, an approach that emphasizes monitoring offenders without attempting to address their needs). According to some studies, risk management strategies have a negligible impact on recidivism rates among the *general* offender population when they are used in isolation; additional research suggests that this is true of sex offenders as well.<sup>38</sup>

On a different note, a recent study in Vermont examined the impact of polygraph techniques on recidivism rates among 208 adult male sex offenders who were both receiving treatment and under community supervision. Half of the people in this sample group were subject to polygraph monitoring. Researchers found that although significantly fewer people in the group that was subject to polygraph monitoring were charged with non-sexual violent offenses, there were no significant

differences between the two groups with respect to the number of people charged with sexual offenses; the number of people charged with sexual or violent offenses; or the number of people charged with criminal offenses in general.<sup>39</sup>

## Recent Trends in Treatment, Reentry, and Community Supervision Practices

This section summarizes recent trends in each of the four substantive areas outlined earlier—prison-based treatment, community-based treatment, reentry, and community supervision—as revealed by our survey. When applicable, we assess these trends in light of extant research. A detailed, state-by-state overview of current practices for each substantive area can be found in the appendices.

### PRISON-BASED TREATMENT

Our analysis of prison-based treatment indicates that while few states are able to provide treatment to all imprisoned sex offenders who are eligible, the treatment services that are currently in place are grounded in evidence-based approaches such as CBT and relapse prevention. There is less emphasis on drug therapy and polygraph monitoring, which have not yet been adequately evaluated by researchers. Our qualitative analysis of survey data identified four trends: the limited availability of prison-based treatment; the widespread use of evidence-based treatment; the growing use of treatment standards; and the widespread use of risk (but not needs) assessments.

**Limited availability.** Prison-based treatment for sex offenders is available in most states. In general, though, the treatment capacity of prisons and jails is quite

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<sup>35</sup> Division of Probation Services, *Special Analysis* (Denver, CO: State Court Administrators Office, Judicial Branch, 2007); M. Walsh, “Overview of the IPSO Program—Intensive Parole for Sex Offenders – in Framingham Massachusetts, Presentation by the parole board chair to the National Governors Association policy meeting on sexual offenders. November 15, 2005. San Francisco, CA.

<sup>36</sup> This includes revocations for technical violations and new arrests.

<sup>37</sup> John R. Hepburn, and Marie L. Griffin, “The Effect of Social Bonds on Successful Adjustment to Probation: An Event History Analysis,” *Criminal Justice Review*, 29, no. 1 (2004).

<sup>38</sup> Kurt Bumy, Tom Talbot, and Madeline Carter, *Managing the Challenges of Sex Offender Reentry* (Silver Spring, MD: Center for Sex Offender Management, 2007).

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<sup>39</sup> R.J. McGrath, G.E. Cumming, S.E. Hoke, and M.O. Bonn-Miller, “Outcomes in a Community Sex Offender Treatment Program: A Comparison Between Polygraphed and Matched Non-polygraphed Offenders,” *Sex Abuse* 19 (2007): 381-393.

limited, especially when compared with community-based programs. Across the 37 states that responded to our survey of prison-based treatment, we found that the percentage of imprisoned sex offenders in treatment at any given time ranged from 1 to 33 percent. Interviews with policymakers and treatment providers suggest that limited institutional capacity was the primary reason these figures were so low. Only one state (Pennsylvania) reported that treatment is available in all facilities; in contrast, 13 states reported that treatment was either unavailable altogether or available in only one facility. Our findings also suggest that it is especially difficult for female sex offenders to access treatment. Fewer than half of the participating states reported that treatment is available in at least one women’s prison. (We did not, however, directly ask about the availability of treatment in women’s prisons, so the actual number may be higher.)

In light of the limited availability of prison-based treatment programs, it is not surprising that very few states require all incarcerated sex offenders to undergo treatment. Indiana, Iowa, Missouri, and New Jersey were the only states that reported mandatory treatment in prison without any qualifiers. (In other words, all incarcerated sex offenders in those states are presumably required to undergo treatment.) Other states provide treatment to select groups of sex offenders, or offer education that does not technically qualify as treatment. Montana, for example, requires all people convicted of a sex offense to participate in a 15-week group educational program with a sex therapist prior to being screened for further treatment; Ohio mandates treatment for all medium- and high-risk sex offenders, as defined by scores on the STATIC-99 risk instrument.<sup>40</sup>

**Evidence-based treatment methods.** Our survey indicates that most prison-based treatment programs rely heavily on CBT, a treatment that, as noted earlier, is supported by research.

Very few states employ drug therapy as part of prison-based treatment on anything other than a case-by-case basis. Among those states that do administer drugs, most use anti-depressants such as selective serotonin reuptake inhibitors (SSRIs), as opposed to chemical castration or other types of hormonal therapy—the types of drug therapy that are generally associated with medical treatment of sex offenders in the research literature. Because very few studies have examined the role of anti-depressants in prison-based treatment for sex offenders, it is difficult to draw conclusions about the impact of current drug therapy practices.

While polygraphs are more prevalent than drug therapy in the context of prison-based treatment, they are hardly widespread. Fewer than half of the states that responded to our survey reported using polygraphs in some capacity in prison-based treatment programs. Unfortunately, as noted earlier, there is very little research (as of spring 2008 we were unable to find a single study) that examines the impact of polygraph monitoring on sexual recidivism.

A few states reported assigning people to different treatment programs based on their level of risk. This practice is consistent with criminological research, which shows that, in the general population of offenders, those who are higher risk achieve better outcomes when they receive more intensive programming, and those who are lower risk do better in less intensive programming.<sup>41</sup>

Finally, a number of states have treatment programs that employ either multiple treatment components or a progressive series of phases (or both). Most multi-phase programs begin with an educational component. The content and purpose of this educational component varies from program to program: In Colorado and Montana, for example, the first phase of treatment involves providing an overview of the program so that participants know what to expect before they begin. In Ohio, on the other hand, the first phase consists of a “psychoeducation” program that explains to participants

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<sup>40</sup> The STATIC-99 is an actuarial risk assessment instrument that predicts risk for sexual recidivism among adult males based on 10 factors that are stable over time.

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<sup>41</sup> D.A. Andrews and J. Bonta, *The Psychology of Criminal Conduct*. 3rd edition (Cincinnati, OH: Anderson, 2003).

the nature of their mental illness to help them prevent relapse.

**Standards for treatment.** Most states have standards that define the parameters of treatment programming, although only 15 of the 37 states that responded to our survey reported that their standards had been developed by independent bodies outside of the department of corrections. The existence of treatment standards is significant because it creates a system of accountability among criminal justice agencies and providers and encourages them to use evidence-based techniques. Independent standards provide an additional level of oversight and, thus, encourage criminal justice agencies and treatment providers to adopt responsible and effective approaches to treatment. Moreover, the fact that independent standards are usually drafted by mental health professionals and other authorities suggests that such standards are more likely to be effective than standards created by correctional officials. Among the states with standards that were created by independent, legislatively created bodies are Colorado, Connecticut, Kentucky, and Texas.<sup>42</sup> Several other states—among them Washington, Vermont, and Montana—have standards that were created by independent bodies that were not legislatively created.

**Risk and needs assessments.** A great majority of participating states use at least one actuarial risk assessment instrument for predicting sexual recidivism among people incarcerated for sex offenses. Such tools have the advantage of determining risk through statistical relationships, rather than through subjective clinical judgments. The most widely used risk assessment instrument is a standardized instrument known as the

STATIC-99. In general, standardized instruments are more common than customized instruments, though it remains unclear to what extent such standardized instruments have been validated for the particular uses individual states put them to.

Only five states (Colorado, Illinois, Utah, Vermont, and Wisconsin) reported having developed customized risk assessment tools based on statistical data drawn from local sex offender populations.<sup>43</sup> Two of the most widely recognized customized state tools are the Minnesota Sex Offender Screening Tool (MnSOST-R) and the Vermont Assessment of Sex Offender Risk (VASOR), both of which are being used in a number of other states.

Although the use of risk assessment tools is fairly widespread, only a few states use actuarial *needs* assessments in prison. (The two types of instruments serve very different purposes in the context of prison-based treatment: risk assessments are primarily used to predict the likelihood that a sex offender will recidivate; needs assessments provide information about “dynamic” factors—such as alcoholism and negative moods—that change over time. Information about dynamic factors can then be used to craft individual treatment plans with targeted interventions that can be re-evaluated over time.) Only about one-quarter of states reported using a standardized needs assessment instrument in prison settings; Vermont is the only state that has developed its own needs assessment instrument.<sup>44</sup> The Vermont instrument is distinct from other needs assessment instruments in that it can be used not only to identify possible interventions, but also to assess progress in treatment.

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<sup>42</sup> Both Delaware and New Mexico recently passed legislation to create sex offender management boards (SOMB) for the purpose of drafting treatment standards. In addition, California and West Virginia are currently developing standards tied to legislative initiatives: California has a SOMB and recently created a treatment committee, which submitted a report to the state legislature in early 2008. In West Virginia, the Department of Health and Human Resources is developing standards to meet requirements of the 2006 Child Protective Act.

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<sup>43</sup> Minnesota has one as well—the MnSOST-R—but did not participate in the study.

<sup>44</sup>The MnSOST-R includes some dynamic factors, but in this report, needs assessment instruments have been defined as those that contain ACUTE dynamic factors. Among those that are commonly recognized are the ACUTE, Vermont Treatment Needs and Progress Scale, Multiphasic Sex Inventory (MSI), Psychological Inventory of Criminal Thinking Styles (PICS), Sex Offender Need Assessment Rating (SONAR), and COMPAS.

## COMMUNITY-BASED TREATMENT

In most states, the treatment that is provided for sex offenders under community supervision is, like that which is available for incarcerated sex offenders, grounded in evidence-based approaches such as CBT. Most states also reported efforts to ensure that consistent treatment is available for people returning home from prison. In general, sex offenders in the community have greater access to treatment than those in prison, although in many states access to treatment is at least partially paid for by offender fees.

There are many different community-based treatment programs for sex offenders. At the county level, where most probation is administered, there can be considerable variation in the content and structure of these programs. To simplify the process of gathering information on community-based treatment, we focused exclusively on programs at the state level, most of which target people on parole.

**Evidence-based treatment.** As was the case for prison-based treatment programs, almost all community-based treatment programs use CBT to some extent; many also use relapse prevention, arousal control (a technique for reducing deviant sexual urges), and victim empathy (a technique that helps sex offenders become aware of the impact of their actions on victims.) Again, the prevalence of CBT is consistent with research that shows this method is effective in reducing recidivism.

Community-based treatment programs are also similar to prison-based treatment programs in their reluctance to use drug therapy on anything other than a case-by-case basis. Although officials in about half of the states that responded to our survey reported that drug therapy is sometimes used for sex offenders under community supervision, most also noted that it is not a standard component of treatment. A number of states reported using hormonal drug therapy in addition to chemical drug therapy—almost always only rarely or on a case-by-case basis.

On the other hand, the use of polygraph tests appears to be much more prevalent in community-based

programs than in prison-based programs. Thirty-two out of 36 states that responded reported using polygraphs in some capacity for sex offenders on community supervision. A few states reported using them for multiple purposes, including assessing the offender's ability to admit the full extent of his or her crime; assessing the offender's criminal history; obtaining information about victims; and assessing the extent to which an offender is complying with treatment and supervision requirements (the most common use). As noted earlier, there is little evidence that polygraphs are effective in reducing recidivism rates, so it is unclear whether or not these practices should be expanded.

**Consistency between prison-based and community-based treatment programs.** In most states, correctional institutions and community supervision agencies share information about the case histories and treatment plans of sex offenders who are returning to the community from prison. By communicating in this manner, these states aim to ensure that treatment is provided consistently during the transition period—a goal that is consistent with the unified approach to sex offender management emphasized in the containment model. The majority of states that took part in our survey reported that even in cases where a person begins treatment in prison but does not continue treatment under community supervision, prison officials and community supervision officials communicate about the person's prison-based treatment. In Montana, for example, community treatment providers generally call prison case managers to learn more about a person's treatment while in prison, while in Colorado prison-based treatment providers send treatment records on to community-based providers as a part of the standard discharge procedure.

**Greater availability but limited state funding.** Our data also suggest that treatment is more readily available under community supervision than in institutional settings. This is to be expected, given the higher risk of recidivism among offenders who re-integrate into society. All of the states that participated in our

community treatment interview reported that treatment is available in some capacity for sex offenders under community supervision; about two-thirds described the distribution of treatment providers as “statewide.”

The number of treatment providers varied greatly from one state to another, ranging from three (in both Arkansas and Washington, DC) to 427 (in Texas). There was also a great deal of variation in treatment settings. Most states contract with private providers in some capacity; some states contract with a single provider, others work with an assortment of different providers. An example of the former is Connecticut, which contracts with the Connection Inc.’s Center for the Treatment of Problem Sexual Behavior (CTPSB) to provide all treatment to people on probation and parole. (CTPSB employs a staff of 30). Examples of the latter include Washington and Ohio. In Washington, treatment is provided by both the Department of Corrections and private contractors. In Ohio, there are two types of residential programming for sex offenders in the community: halfway houses that provide sex offender-specific programming (in addition to other types of programming) for offenders on probation and parole, and community-based correctional facilities, which provide diversionary programs for low-risk sex offenders on probation.

For many community-based treatment programs, funding appears to be a significant concern. Most states reported that at least some funding comes directly from offenders; around one-quarter of states reported that offender fees are the only source of funding for community-based treatment. In these states, access to community-based treatment is at least partially dependent on the sex offender’s ability to pay for it.

## REENTRY PROGRAMMING

Given that most sex offenders who are sentenced to prison are eventually released into the community, reentry programming has recently become a topic of significant interest in the field of sex offender management. Yet, our review has revealed that reentry programming for sex offenders in the United States is

limited. Although sex offenders in most states are eligible for general reentry programs, only about a third of participating states reported that they have reentry programming that targets the specific needs of this population. In addition, the role of faith-based organizations in providing reentry programs for sex offenders is not especially prominent. On the other hand, case managers—people assigned to help sex offenders plan and carry out reentry plans—are becoming more common in prisons.

**Lack of sex-offender specific initiatives.** Especially striking was the finding that many states do not have reentry initiatives for sex offenders.<sup>45</sup> Most states reported that they provide at least some services for offenders (including sex offenders) during reentry, but only around half reported having specific reentry initiatives to coordinate the delivery of those services. None reported having a reentry initiative specifically for sex offenders. Both Colorado and Ohio reported that they use the COSA model (discussed earlier in the section on reentry programming), but because COSA focuses on post-release support, it is not, technically speaking, a reentry initiative. Finally, we found that in most states that provide services to sex offenders at some point during reentry, those services are available in all prisons throughout the state.

## Case managers in prison and community settings.

Our review also indicates that case managers—people assigned to help sex offenders plan and carry out individual reentry plans—are almost as widely available in prisons as they are in the community. This is a very positive development; as mentioned earlier, collaboration between institutional and community case managers has been identified as one of the key components of successful reentry. About half of the states we interviewed reported that some sort of case

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<sup>45</sup> For the purposes of this report, a reentry initiative is distinct from reentry programming in that it represents a comprehensive effort to provide well-coordinated services to people who are making the transition home from prison. In general, reentry initiatives regulate the provision of services both before and after release.

manager is assigned to offenders while they are still in prison. Our survey also indicates that this practice is not limited to states with a particular reentry initiative in place. Montana, for example, does not have a reentry initiative; nonetheless, probation officers begin working with offenders to prepare them for reentry about 90 days prior to release. In many states, the role of post-release case manager is filled by probation and/or parole officers, although some states (such as Pennsylvania and Utah) employ specialized case managers for that purpose.<sup>46</sup> In Washington State, some service providers begin working with offenders six to twelve months before release and continue working with them in the community.

**Role of faith-based organizations.** Our data suggest that in most jurisdictions, faith-based organizations do not play a central role in the provision of post-release reentry services for the general population of offenders. While a number of states have adopted the COSA model, which, as discussed earlier, makes extensive use of volunteers from faith-based organizations to support and monitor sex offenders returning to the community, very few states cited COSA as a reentry initiative. Indeed, the role of faith-based organizations in reentry appears difficult to measure. Most interview respondents could only estimate the involvement of faith-based organizations in very general terms (e.g., some, limited), and Vera researchers were unable to obtain precise data about the proportion of service providers that are faith-based. That said, respondents from a few states did report that faith-based organizations either play or are expected to begin to play a significant role in the provision of reentry services. In Ohio, for example, a law (HB 113) was recently passed that requires the Department of Rehabilitation and Corrections to work with faith-based organizations to develop prison-based mentorship reentry programs. Respondents from

Washington reported that at least half of all nonprofit reentry service providers are faith-based, and in Michigan, faith-based organizations play a role in the development of reentry policy through county-level reentry steering committees. In Delaware, nonprofit organizations generally do not provide services to sex offenders; however, the few that do are faith-based.

## COMMUNITY SUPERVISION

The last of the four substantive areas on which we surveyed policymakers and treatment providers was the supervision of sex offenders in the community. As in previous sections, our discussion here is limited to supervision at the state level. In some states, that means both probation and parole. In other states (such as Kansas), it also means community corrections agencies separate from probation and parole. In still other states, where probation is administered at the county-level, it means parole alone. And in a few states (Pennsylvania is an example), probation and parole are administered at both the state and county level. In order to simplify our discussion, we do not distinguish here between parole-based practices and probation-based practices on the state level. For more information on these issues, please refer to the individual state appendices.

Our review indicates that needs assessments are increasingly being administered to sex offenders under community supervision. In addition, we found that in most states, community supervision agencies pursue two goals: managing risk and providing services. Research suggests that this is an effective approach to reducing recidivism.

**Increasing use of needs assessments.** There is a growing use of needs assessment instruments for sex offenders under community supervision. One prominent example is the ACUTE, which was adapted from the Sex Offender Need Assessment Rating (another needs assessment tool) and includes seven scales of *acute*

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<sup>46</sup> In both Pennsylvania and Utah, sex offenders are assigned to a “transitional coordinator,” a parole agent charged with helping the newly released person re-integrate into the community immediately upon release from state prison. After 90 days, the person’s case is then transferred to a general parole agent.

dynamic factors, which change rapidly.<sup>47</sup> As mentioned earlier, the use of such tools is a positive development, as they can track changes in dynamic risk factors over time and modify supervision practices according to changes in risk levels. More than half of the states that responded to our survey reported that they use actuarial needs assessment tools to manage sex offenders under community supervision—a figure that is much higher than the proportion of states that use these tools in prison settings.<sup>48</sup> As previously mentioned, Vermont has developed a customized instrument that assesses both needs and treatment progress, and this instrument has recently been adopted in West Virginia as well.

In addition to needs assessments, almost all of the states we surveyed administer at least one type of actuarial *risk* assessment to sex offenders under community supervision. The STATIC-99 is the most prevalent risk assessment tool: 24 out of the 29 states we interviewed reported using it in some capacity. Only three states reported having developed customized risk assessment tools for sex offenders under community supervision, although customized tools are used more frequently in the community than in prison. The customized risk assessment tools that were developed in Colorado and Vermont, as discussed earlier, are administered both in prison and to those under community supervision. Additionally, the Iowa Department of Corrections is in the process of developing a customized tool called the ISORA 8 for sex offenders on both probation and parole.<sup>49</sup>

**Focus on treatment and monitoring.** Our review also revealed that most states have specialized provisions for

sex offenders under community supervision. Specialized provisions are supervision conditions—such as restrictions on an offender’s contact with minors—that apply specifically to sex offenders. In general, they aim to enhance community supervision and reduce exposure to cues that are likely to trigger deviant behavior. In many states, specialized provisions are reserved for specialized caseloads that include only sex offenders.<sup>50</sup> (Probation and parole officers who administer these caseloads have generally undergone specialized training.)

In addition, more than half of the states that reported back have lifetime supervision (mandatory supervision for the rest of a person’s life). In most cases, this sanction is only used for high-risk or violent sex offenders: In Iowa, for example, only people who are convicted of a Class C felony sex offense or higher are eligible for lifetime supervision.

Our review does not indicate that specialized provisions, specialized caseloads, and lifetime supervision have displaced efforts to provide services, however. As noted earlier, most of the states that responded to our survey reported that treatment has become an important part of community supervision. This finding is consistent with research showing that community supervision that combines surveillance and intensive supervision with treatment and rehabilitation services is more effective at reducing recidivism than surveillance alone, both among the general offending population and among sex offenders.<sup>51</sup>

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<sup>47</sup> ACUTE dynamic factors are distinct from stable dynamic factors, which change over longer periods of time.

<sup>48</sup> Again, needs assessment instruments are defined as those that contain ACUTE dynamic factors. These include the ACUTE, Vermont Treatment Needs and Progress Scale, Multiphasic Sex Inventory (MSI), Psychological Inventory of Criminal Thinking Styles (PICS), Sex Offender Need Assessment Rating (SONAR), and COMPAS.

<sup>49</sup> Alabama; Kansas; Montana; Washington, DC; and Wyoming also reported having customized risk assessment tools under community supervision, but they described them as general risk assessment instruments, rather than sex offender-specific.

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<sup>50</sup> Some states do not have specialized caseloads for *all* sex offenders under community supervision, but this is usually because not all jurisdictions have enough sex offenders to warrant specialized caseloads. Additionally, some states require only those sex offenders who meet certain risk or offense criteria to be supervised on specialized caseloads. For example, in Indiana, if an offender on parole is originally convicted of or has a history of at least one of a specific subset of offenses, including, rape, criminal deviant conduct, molestation, or failure to register, he or she is required to be supervised under the Sex Offender Management and Monitoring Program.

<sup>51</sup> S. Aos, P. Phipps, R. Barnoski, and R. Lieb, *Evidence-Based Adult Corrections Programs: What Works and What Does Not. Document number 06-01-1201*. (Olympia, WA: Washington State Institute for Public Policy, 2006); R.J. McGrath, G.F. Cumming, J.A. Livingston, and S.E. Hoke, “Outcome of a Treatment Program for Adult Sex Offenders: From Prison to Community,” *Journal of Interpersonal Violence*, 18 (2003): 3-17.

## Conclusions

Our findings can be summarized as follows:

- In both institutional (prison-based) and community settings, the treatment of sex offenders is generally grounded in evidence-based practices, especially cognitive-behavioral therapy (CBT). In general, treatment is much more available in the community than in institutional settings.
- In a majority of participating states, community-based treatment for sex offenders is supported, at least in part, by collecting fees from those in treatment—a circumstance that may limit access to these programs.
- Standardized risk assessment tools such as the STATIC-99 are now widely used in both prison-based and community-based treatment programs across the nation. However, a lack of data prevented us from determining the number of states that have validated these tools for their local populations.
- Needs assessment tools, especially the ACUTE, are becoming more prevalent in community supervision.
- We found no reentry initiatives that specifically target sex offenders. Although sex offenders in most states are eligible for general reentry programming, there are few reentry programs that address the unique needs of this population. One exception is Circles of Support and Accountability (COSA), a program that encourages high-risk offenders to develop support networks in the community. COSA has been piloted in several states.
- In most states, correctional institutions and community supervision agencies share information about the case histories and treatment plans of sex offenders who are returning to the community from prison.

Research suggests that this type of inter-agency communication can help reduce recidivism.

- In general, community supervision agencies both manage risk and provide services. Research suggests that this is an effective approach to reducing recidivism.
- A limited number of states are conducting research on their own treatment, reentry, and supervision initiatives. There have been almost no studies that examine these programs from a cost-benefit perspective.

The variety in treatment and reentry practices across different states (and even from one jurisdiction to another) makes it impractical to devise blanket recommendations from these findings. However, the need for more rigorous research on treatment and reentry practices for sex offenders is clear. Although the current body of research indicates that cognitive-behavioral therapy and the containment model of supervision are both effective in reducing recidivism, many questions remain unanswered: Many of the practices described in this report, for example, consist of multiple components, but it is unclear how each of the individual components affects recidivism or improves offender outcomes such as reintegration. Furthermore, there is very little research that provides a clear picture of what works for whom. Finally, it bears repeating that there is a noticeable lack of research on the cost-savings associated with treatment and reentry programs. Finding answers to these questions will help policymakers create more informed and more effective policies for the treatment and management of sex offenders.

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## Appendix A: State Overview Tables of Prison-Based Treatment<sup>52</sup>

**Table 1: Availability of Prison-Based Treatment, by State**

State	# of prisons with treatment	Program in female prison?	State treatment standard (aside from DOC)	# of sex offenders in prison	% of sex offenders in treatment
Alaska	0	-	-	-	-
Arizona	3	✓		5,216	8.6%
Arkansas	Not available	Not available		Not available	7%
California	0	-	-	Over 23,000	-
Colorado	5	✓	✓	Not available	Not available
Connecticut	5	✓	✓	Not available	1%
Delaware	1			661	Not available
Florida	0	-	-	-	-
Georgia	0	-	-	-	-
Idaho	3			1,346	8%
Illinois	7	Not available	✓	6,800	3%
Indiana	3	✓	✓	4,000	28%
Iowa	2		✓	1,396	30%
Kansas	4	✓		2,700	11%
Kentucky	5	✓	✓	2,178	20%
Maine	1			357	16%
Missouri	3	✓		Not available	Not available
Montana	1	✓	✓	580	Not available
New Hampshire	2			737	15%
New Jersey	1			685	Not available
New Mexico	3			670	16%
North Carolina	1			4,743	1.1%
Ohio	7			9,800	5%
Oklahoma	4	✓		3,500	3%
Oregon	0	-	-	-	-
Pennsylvania	All 26	✓	✓ <sup>53</sup>	6,000	20%
Rhode Island	Not available		✓	400	Not available
South Carolina	1			2,800	1.7%
South Dakota	4	✓	✓	804	13%
Texas <sup>54</sup>	3	✓	✓	26,121	2%

<sup>52</sup> The findings presented in all overview tables represent general characteristics of state practices but do not provide specific details about qualifying factors or circumstances. Please refer to individual state answer templates for more detailed information about each of the states.

<sup>53</sup> The DOC standard applies to programming for treatment in general, but Pennsylvania also has a separate set of standards governing treatment for sexually violent predators (SVP). These standards were developed by the Sex Offender Assessment Board (SOAB).

State	# of prisons with treatment	Program in female prison?	State treatment standard (aside from DOC)	# of sex offenders in prison	% of sex offenders in treatment
Utah	1		✓	1,860	Not available
Vermont	3	✓	✓	426	20%
Virginia	16			3,500	5%
Washington	2	✓	✓	3,187	6.5%
West Virginia	8	✓		5,869	Not available
Wisconsin	8			4,586	12%
Wyoming	1		✓	355	33%

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<sup>54</sup> Responses for New Jersey and Texas reflect only intensive treatment.

**Table 2: In-Prison Treatment Components, by State<sup>55</sup>**

State	Duration	CBT	Relapse prevention	Arousal control	Victim empathy	Psychoeducation	Drug therapy	Truth test
Alaska	-	-	-	-	-	-	-	-
Arizona	12-24 months	✓	✓					
Arkansas	12 months	✓						✓
California	-	-	-	-	-	-	-	-
Colorado	20-24 months	✓	✓	✓	✓	✓	✓	✓
Connecticut	12 months	✓		✓	✓		✓	
Delaware	Not available	✓						
Florida	-	-	-	-	-	-	-	-
Georgia	-	-	-	-	-	-	-	-
Idaho	26 weeks - 8 months	✓						✓
Illinois	24 months <sup>56</sup>	✓	✓	✓	✓	✓		
Indiana	2 months	✓	✓	✓		✓		✓
Iowa	14-16 months	✓			✓			✓
Kansas	14.8 months	✓	✓					✓
Kentucky	24 months	✓	✓		✓	✓		
Maine	48 months	✓		✓	✓			✓
Missouri	9-12 months	Not available	Not available	Not available	Not available	Not available	Not available	Not available
Montana	15 to 30 months							✓
New Hampshire	6 months minimum	✓	✓	✓	✓	✓	✓	✓
New Jersey	Varies	✓	✓	✓	✓		✓	
New Mexico	18 months	✓	✓	✓	✓		✓	
North Carolina	5 months	✓	✓	✓	✓			
Ohio	15-22 months	✓	✓			✓	✓	
Oklahoma	12-16 months	✓	✓	✓	✓			✓
Oregon	-	-	-	-	-	-	-	-
Pennsylvania	9 -27 months	✓	✓	✓				
Rhode Island	Varies	✓	✓					
South Carolina	20 months	✓	✓	✓	✓			
South Dakota	12 months							✓

<sup>55</sup> Table 2 lists only selected treatment components. Components were checked off if a state reported its use to some extent (however minimal). For more detail on content of programming and the frequency at which specific components are employed, please refer to individual state answer templates.

<sup>56</sup> This figure is only for two of the treatment program. For the other programs, the duration of treatment varies.

State	Duration	CBT	Relapse prevention	Arousal control	Victim empathy	Psychoeducation	Drug therapy	Truth test
Texas <sup>57</sup>	18 months	✓	✓		✓			
Utah	12-18 months	✓					✓	
Vermont	6-36 months	✓	✓	✓	✓		✓	
Virginia	2-3 years	✓	✓	✓			✓	✓
Washington	13 months	✓	✓	✓	✓		✓	
West Virginia	Varies	✓		✓	✓			
Wisconsin	6 months - 2 years	✓						✓
Wyoming	24 months	✓	✓		✓			✓

<sup>57</sup> Responses for Texas reflect only intensive treatment.

**Table 3: Assessment Tools Administered in Prison, by State<sup>58</sup>**

State	STATIC-99	RRASOR	SONAR	LSI-R	MnSOST-R	VASOR	Needs assessment	Customized tool
Arizona	✓						✓	
Arkansas	✓							
California	✓							
Colorado	✓		✓		✓		✓	✓
Connecticut	✓	✓						
Delaware				✓				
Georgia							✓	
Idaho	✓			✓				
Illinois	✓				✓			✓
Indiana	✓						✓	
Iowa <sup>59</sup>	✓			✓				
Kansas	✓			✓				
Kentucky	✓	✓						
Maine	✓	✓		✓				
Missouri	✓							
Montana	✓				✓			
New Hampshire	✓					✓		
New Mexico	✓					✓	✓	
North Carolina	✓						✓	
Ohio	✓							
Oklahoma	✓			✓				
Oregon	-	-	-	-	-	-	-	-
Pennsylvania	✓							
Rhode Island	✓							
South Dakota	✓			✓	✓			
Texas <sup>60</sup>	✓				✓		✓	
Utah								✓
Vermont	✓	✓				✓	✓	✓
Virginia	✓			✓			✓	
Washington	✓	✓		✓	✓			
West Virginia		✓			✓			
Wisconsin								✓
Wyoming	✓							

<sup>58</sup> Table 3 includes only selected risk assessment tools. Because only a limited number of states employ actuarial needs assessment tools, they were not listed separately. For more information on the use of risk and needs assessment tools, please refer to the individual state answer templates.

<sup>59</sup> Assessment tools are used but do not currently drive treatment decisions

<sup>60</sup> Responses for Texas reflect only intensive treatment.

## Appendix B: State Overview Tables of Community-Based Treatment

**Table 4: Availability and Funding of Community-Based Treatment, by State**

State	# of providers <sup>61</sup>	Statewide distribution <sup>62</sup>	State funding	Offender funding	Other funding <sup>63</sup>
Alaska	18	✓ *	✓	✓	
Arkansas	3		✓	✓	
California	Not available	Not available	✓	✓	✓
Colorado	179	✓	✓	✓	
Connecticut	16 <sup>64</sup>	✓	✓		
Delaware	Not available	✓		✓	
DC	3	✓			✓
Florida	60	✓		✓	
Georgia	34	✓		✓	
Idaho	12	✓		✓	✓
Illinois	400 <sup>65</sup>	✓	✓		✓
Indiana	45-50	✓	✓		
Iowa	15-20 <sup>66</sup>	✓ *	✓		
Kansas	13	Not available	✓	✓	
Kentucky	14 <sup>67</sup>	✓ *	✓	✓	
Maine	20	✓ *		✓	✓
Maryland	50	✓		✓	
Michigan	65	✓	✓	✓	
Missouri	56	✓ *		✓	
Montana	15	✓		✓	
New Hampshire	Not available	Not available		✓	
New Mexico	60 <sup>68</sup>		✓	✓	
North Dakota	10		✓	✓	
Ohio	6		✓		
Oklahoma	Not available	Not available	✓	✓	
Oregon	Not available	✓	✓	✓	
Pennsylvania <sup>69</sup>	25	✓	✓	✓	
South Carolina	Not available	Not available	Not available	Not available	Not available
South Dakota	7	✓	✓	✓	
Texas	427	✓	✓	✓	
Utah	Several dozen to 100 or so			✓	✓
Vermont	50	✓	✓	✓	✓
Virginia	26	✓	✓	✓	
Washington <sup>70</sup>	8 <sup>71</sup>	✓	✓	✓	
West Virginia	7 <sup>72</sup>		✓	✓	
Wyoming	15			✓	

<sup>61</sup> If a state contracts with one provider for all treatment services, the number in this column represents the number of office locations statewide (unless otherwise noted).

<sup>62</sup> States that reported statewide availability but limited or no availability in rural areas were classified as having a statewide distribution. These states are marked with an \*. States that reported localized availability are left blank.

<sup>63</sup> This includes federal, grant, insurance, and provider funding.

<sup>64</sup> This number includes only state-contracted providers.

<sup>65</sup> Two of these providers are state-sponsored, the rest are private providers.

<sup>66</sup> This estimate does not include DOC providers.

<sup>67</sup> This number only includes state-sponsored providers, not private treatment providers.

<sup>68</sup> This estimate includes juvenile providers.

<sup>69</sup> Information reflects only practices and characteristics of Sex Offender Assessment Board Programs for sexually violent predators.

<sup>70</sup> For Washington, information reflects only DOC practices, not those of private providers.

<sup>71</sup> This number includes only DOC providers. Washington also has numerous private providers.

<sup>72</sup> This number includes only DOC providers.

**Table 5: Community-Based Treatment Components, by State<sup>73</sup>**

State	Duration	CBT	Relapse prevention	Arousal control	Victim empathy	Psychoeducation	Drugs therapy	Truth test	Continuity <sup>74</sup>
Alaska	24 months	✓	✓		✓		✓		No prison treatment
Arkansas	24 months	✓					✓	✓	
California	18 months	✓	✓	✓	✓	✓	✓	✓	No prison treatment
Colorado	30-48 months	✓	✓	✓	✓	✓	✓	✓	✓
Connecticut	36 months	✓	✓	✓			✓	✓	✓
Delaware	Varies	✓					Not available	✓	
DC	18-24 months	✓					✓	✓	
Florida	30 months	✓	✓	✓	✓		✓	✓	No prison treatment
Georgia	Not available	✓	✓	✓	✓		✓	✓	No prison treatment
Idaho	30 months + aftercare	✓						✓	Varies
Illinois	24 months	✓	✓	✓	✓	✓		✓	✓
Indiana	Entire supervision	✓	✓	✓		✓		✓	✓
Iowa	Entire supervision	✓	✓				✓	✓	✓
Kansas	36 months	✓	✓					✓	✓
Kentucky	24 months	✓	✓		✓	✓		✓	✓
Maine	Up to lifetime	✓						✓	Varies
Maryland	12-24 months		✓		✓		✓		
Michigan	12 months minimum	✓	✓					✓	✓
Missouri	36-48 months	✓						✓	✓
Montana	8-48 months	✓		✓			✓	✓	✓
New Hampshire								✓	

<sup>73</sup> Table 5 lists only selected treatment components. Components were checked off if a state reported its use to some extent (however minimal). For more detail on content of programming and the frequency at which specific components are employed, please refer to individual state answer templates.

<sup>74</sup> States were coded as having continuity if they reported that programming in the community followed from prison-based programming or that there is an exchange of information between institutional and community agents.

State	Duration	CBT	Relapse prevention	Arousal control	Victim empathy	Psychoeducation	Drugs therapy	Truth test	Continuity <sup>74</sup>
New Mexico	Not available	✓	✓	✓	✓		✓	✓	
North Dakota	24 months minimum	✓	✓		✓	✓		✓	No prison treatment <sup>75</sup>
Ohio	9 months maximum	✓						✓	✓
Oregon	60 months						✓	✓	No prison treatment
Pennsylvania <sup>76</sup>	18 months	✓				✓	✓	✓	
South Dakota	36 months	✓	✓	✓			✓	✓	✓
Texas	Varies	✓	✓		✓		✓	✓	
Utah	18-36 months	✓	✓			✓		✓	✓
Vermont	24 months + 12 months aftercare	✓	✓	✓	✓		✓	✓	✓
Virginia	24 months	✓	✓					✓	✓
Washington <sup>77</sup>	23 months	✓	✓	✓	✓			✓	✓
West Virginia	24 months							✓	✓
Wyoming	Not available							✓	✓

<sup>75</sup> Most parolees in North Dakota do not receive treatment in prison. Those that do are recommended to continue with treatment on parole.

<sup>76</sup> Information reflects only practices and characteristics of Sex Offender Assessment Board Programs for sexually violent predators.

<sup>77</sup> For Washington, information reflects only DOC practices, not those of private providers.

## Appendix C: State Overview Table of Reentry Programming

**Table 6: Availability of Reentry Services, by State**

State	Pre-release services	Post-release services	# of prisons	Specialized sex offender programming	Specific state initiative	Pre-release case managers	Post-release case managers
Alaska	-	-	0	-	-	-	-
Arkansas <sup>78</sup>	✓						
California	-	-	0	-	-	-	-
Colorado	-	-	0	-	-	-	-
Connecticut	✓	✓	All	✓	✓	✓	✓
Delaware	✓		All				✓
Florida	✓	✓	Not available		✓	✓	Not available
Georgia	✓	✓	All		✓	✓	✓
Idaho	✓	✓	All	✓			✓
Indiana	✓	✓	All	✓	✓	✓	✓
Iowa	✓	✓	4 of 9	✓	✓	✓	✓
Kansas	✓	✓	All		✓	✓	✓
Massachusetts	✓	✓	All		✓	✓	✓
Michigan	✓	✓	14 out of 48	✓	✓	✓	✓
Missouri	✓	✓	11 of 20		✓	✓	✓
Montana	✓	✓	All			✓	✓
New Hampshire	✓	✓	All			✓	✓
New Mexico	✓	✓	All				✓
Ohio	✓	✓	All	✓	✓		✓
Oklahoma			All				
Oregon	✓	✓	Not available	✓	✓	✓	✓
Pennsylvania <sup>79</sup>	✓	✓	Not available			Not available	✓
Rhode Island	✓	✓	Not available		✓	✓	Not available
South Dakota	✓	✓	All	✓	✓	✓	✓
Texas			-	-	-	-	-
Utah	✓	✓	All	✓	✓	✓	✓
Vermont	✓	✓	All	✓	Not available	✓	✓
Virginia	✓	✓	All				✓

<sup>78</sup> Arkansas is in the process of creating a risk/needs assessment specifically for sex offenders—the instrument is in draft form and is not yet validated.

<sup>79</sup> Responses reflect only post-release services.

State	Pre-release services	Post-release services	# of prisons	Specialized sex offender programming	Specific state initiative	Pre-release case managers	Post-release case managers
Washington	✓	✓	All		✓	✓	✓
West Virginia	✓		All			✓	✓
Wyoming	✓	✓	All	✓	✓	✓	✓

## Appendix D: State Overview Tables of Community Supervision Practices

**Table 7: Assessment Instruments Administered on Community Supervision, by State**

State	STATIC-99	RRASOR	SONAR	LSI-R	MnSOST-R	VASOR	Needs assessment	Customized tool
Alabama							✓	✓
Alaska	✓						✓	
Arizona	✓						✓	
California	✓							
Colorado	✓			✓	✓		✓	✓
Connecticut	✓			✓				
Delaware				✓				
DC	✓						✓	✓
Georgia	✓							
Idaho	✓			✓				
Iowa	✓			✓			✓	✓
Kansas				✓				✓
Maryland	✓							
Michigan	✓						✓	
Missouri	✓							
Montana							✓	✓
New Mexico	✓							
North Dakota	✓			✓	✓		✓	
Ohio	✓						✓	
Oregon	✓						✓	
Pennsylvania	✓			✓				
South Dakota	✓							
Texas <sup>80</sup>	✓						✓	
Utah	✓			✓				
Vermont	✓			✓			✓	✓
Virginia <sup>81</sup>	✓							
Washington	✓			✓				
West Virginia							✓	
Wyoming	✓						✓	✓

<sup>80</sup> Responses for Texas reflect only intensive treatment.

<sup>81</sup> STATIC-99 is used only in related to civil commitment

**Table 8: Specialized Supervision Options for Sex Offenders in the Community, by State<sup>82</sup>**

State	Lifetime supervision option	Specialized caseloads	Caseload size	Duration of supervision
Alabama		✓	Not available	Varies
Alaska		✓	58	12 years
Arkansas	✓	✓	Not available	Not available
California		✓	20-70	3-10 years
Colorado	✓	✓	25	10 years maximum
Connecticut		✓	20-40	Varies
Delaware		✓	25	Varies
DC	✓	✓	25	2-5 years
Florida		✓	20	5-15 years
Georgia	✓	✓	160 maximum <sup>83</sup>	Not available
Idaho	✓	✓	40-75	45-64 months
Illinois	✓	✓	20	1-3 years
Indiana	✓	✓	46	10 years maximum
Iowa	✓	✓	15-30	2 years – Life
Kansas	✓	✓	35	2 years
Maryland		✓	57	2 years
Michigan	✓ (GPS)	✓	35+	Varies
Missouri	✓	✓	45 maximum	5 years
Montana	✓	✓	40	Varies
New Mexico	✓	✓	22	5-20 years
North Dakota		✓	47 maximum	Varies
Ohio	✓	✓	50-55	2-5 years
Oregon	✓	✓	Below 60	3-6 years
Pennsylvania	✓	✓	50-60	Varies
South Dakota	✓		Not available	Not available
Texas	✓	✓	10-40	Not available
Utah	✓	✓	40-80	36 months
Vermont	✓	✓	Not available	Varies
Virginia		✓	24-40	5 years
Washington	✓	✓	Not available	3 years
West Virginia	✓	✓	35-40	2 years
Wyoming	✓			Not available

<sup>82</sup> Components were checked off if a state reported its use to some extent (however minimal). For more detail on content of programming and the frequency at which specific components are employed, please refer to individual state answer templates.

<sup>83</sup> Refers to total contacts, not number of offenders, per PO.

## Appendix E: Individual State Templates

### Alabama Sex Offender Treatment & Reentry Programs

COMMUNITY SUPERVISION	
<b>Availability</b>	Yes
<b>Eligibility</b>	Not mandatory
Criteria for decisions	<ul style="list-style-type: none"> <li>• Judge determines supervision for probationers</li> <li>• Parole is based on the discretionary decision of the three member board</li> </ul>
<b>Lifetime supervision</b>	No
<b>Supervising agencies</b>	
Population	<ul style="list-style-type: none"> <li>• Probation: 1,242 (1,204 males, 38 females) (official data from Administrative Office of Courts database)</li> <li>• Parole: 183 (180 males, 3 females) (official data from Administrative Office of Courts database)</li> </ul>
<b>Funding</b>	<ul style="list-style-type: none"> <li>• State funding</li> <li>• Parolees pay \$30/month supervision fees</li> </ul>
<b>Classification system</b>	
Year implemented/updated	2001
Required for	People placed on probation and parole are classified based on a risk/needs assessment instrument
Risk levels	Low, medium, high
<b>Assessment</b>	
Purposes	Determines risk and needs
Tools	Risk and needs assessment instrument developed specifically for Alabama Board of Parole and Pardons
<b>Specialized caseloads</b>	Birmingham and Mobile will sometimes have specialized caseloads if personnel are available
Provisions	Not available
Caseload	Not available
Supervisor requirements	Not available
<b>Supervision</b>	
Length	<ul style="list-style-type: none"> <li>• No average supervision length</li> <li>• Parole sentences are for the remainder of the sentence</li> <li>• Probation sentences range from 1-15 years unless a person is sentenced under the Split Sentence Act, the period for a felony is 5 years and 2 years for a misdemeanor</li> <li>• The Alabama Sentencing Commission has a bill in this year to apply the limit to split sentences as well</li> </ul>
Services	Varies by county
Collaboration	Yes

## Alaska Sex Offender Treatment & Reentry Programs

TREATMENT—PRISON-BASED	
<b>Availability</b>	<ul style="list-style-type: none"> <li>• Approximately 5 years ago (June 2003), the Department of Corrections administration closed all the institutional treatment programs—not just for sex offenders but for substance abuse as well</li> <li>• At one point, Department of Corrections had 3 institutional programs, but the Murkowski administration did not believe that treatment worked. There was also a budget crunch</li> <li>• Current administration believes in the need to have institutional treatment and is trying to reinstitute it but it will take some time</li> <li>• Fiscal note to start programming currently before the legislature</li> </ul>
<b>State standard</b>	The Alaska Department of Corrections Standards of Care still exists and provides basic expectations for programs, should they be restarted
Developed by whom?	Not applicable
Oversight by whom?	Not applicable
TREATMENT—COMMUNITY BASED (Refers to treatment on probation and parole)	
<b>Availability</b>	Yes
Noncitizens	There is nothing prohibiting them from receiving treatment but most non-citizens tend to get deported once they are released from prison, so there is probably very few receiving treatment in the community
Gender	<ul style="list-style-type: none"> <li>• Males and females, but not many female sex offenders on probation/parole in Alaska</li> <li>• Usually females dealt with individually (not more than 5 or 6 at a time)</li> </ul>
Criteria for eligibility	<ul style="list-style-type: none"> <li>• Generally mandatory, but because of a lack of availability, many judges will not order it</li> <li>• If there is no treatment available in the community where the offender lives, the judge will not order it</li> </ul>
<b>Individualized treatment plans</b>	<ul style="list-style-type: none"> <li>• Individualized treatment plans generally decided by the treatment provider but in consultation with the parole officer</li> <li>• The treatment provider will usually have a “staffing session” with parole officers—usually there will be multiple treatment providers and parole officers—they will talk the case through and agree on a plan</li> </ul>
<b>Funding</b>	<ul style="list-style-type: none"> <li>• State funding through Department of Corrections</li> <li>• Those who can afford their own are required to pay for their own</li> </ul>
<b>Population</b>	800 statewide (estimate)
Probation	Not available
Parole	Not available
Other community corrections	Not available
<b>Percentage in treatment</b>	<ul style="list-style-type: none"> <li>• Between 25% and 30% (estimate) mainly due to a lack of resources</li> <li>• Not enough providers</li> </ul>
Probation	Not available
Parole	Not available
Other community corrections	Not available
<b>Treatment providers</b>	
Number	<ul style="list-style-type: none"> <li>• 18 statewide (official number, Department of Corrections)</li> <li>• Only 7 have full-fledged programs with group and individual and organized programs</li> <li>• 3 or 4 only do assessments</li> <li>• Some only individual work—usually not their primary work—psychologists who are brought in</li> </ul>
Distribution	<ul style="list-style-type: none"> <li>• Only in cities</li> </ul>

	<ul style="list-style-type: none"> <li>• Of the 7 main programs, 3 are in Anchorage, 1 in Fairbanks, 1 in Juneau, (3 largest cities) 1 in Kenai and 1 in Ketchikan (smaller cities but still easy to get to)</li> <li>• There is a plan to get one provider based in one of the cities to go out to Bethel on a regular basis (isolated rural community with high sexual abuse problem)</li> </ul>
Percentage with waiting list	100%
Percentage with 25% empty slots	0%
Completion rate	The range is approximately 40 to 60% (estimate)
<b>Treatment modality</b>	<ul style="list-style-type: none"> <li>• They have had standards for programs longer than any state except New Jersey—since 1988</li> <li>• While the providers vary, they are all doing cognitive behavioral therapy, relapse prevention planning, and victim empathy</li> <li>• Lots of individual planning—some domestic violence work</li> <li>• Many have substance abuse problems and providers have them get treatment for those problems elsewhere</li> </ul>
Drugs	<ul style="list-style-type: none"> <li>• Not directly</li> <li>• Make referrals to psychiatrists but it is hard to find those who will work with sex offenders—currently there are only 3 in the state</li> <li>• In the past, the drugs used tended to be anti-androgens; now there is some use of selective serotonin reuptake inhibitors (SSRIs)</li> </ul>
Truth tests	<ul style="list-style-type: none"> <li>• Statute on polygraphs but not mandated for programs</li> <li>• Logistics are still being worked out and standards have not been set yet</li> </ul>
Individualized vs. manualized	<ul style="list-style-type: none"> <li>• Closer to individualized</li> <li>• There are some core things shared but most treatment is individualized</li> </ul>
Continuity of treatment	Not applicable (no prison-based treatment)
Average duration	<ul style="list-style-type: none"> <li>• Wide variation</li> <li>• Minimum of about 18 months—used to be a year when they had prison treatment—now about two year average (estimate)</li> </ul>
<b>Data and Research</b>	Minimal
Type	<ul style="list-style-type: none"> <li>• The only treatment data is a 1997 study on men who were in institutional treatment</li> <li>• A few numbers are collected and maintained by hand on community treatment</li> <li>• No uniform data collection—trying to get things started up again but very difficult</li> </ul>
Storage	Not available
Maintenance	Not available
Evaluation	1997 study on institutional treatment
<b>REENTRY</b>	
<b>Availability</b>	Alaska Department of Corrections currently does not have an organized reentry program but is in the process of developing one
Pre-release	Not applicable
Post-release	Not applicable
Percentage of state prisons with services	Not applicable
<b>Specific initiatives</b>	
Specialized sex offender programming	<ul style="list-style-type: none"> <li>• The only thing available is two psychologists that travel to the institutions—they try to get to as many sex offenders as possible before release but usually only get to about half of them (estimate)—about 100 each year (estimate)</li> <li>• They do standard psychiatric tests and risk assessments</li> </ul>
<b>COMMUNITY SUPERVISION</b>	
<b>Availability</b>	
<b>Eligibility</b>	<ul style="list-style-type: none"> <li>• Mandatory, generally</li> <li>• Some people who were given probation or parole but were rearrested for violations go back to prison and serve out the rest of the sentence (few individuals)</li> </ul>
Criteria for decisions	Court and Parole Board
<b>Lifetime supervision</b>	No
<b>Supervising agencies</b>	<ul style="list-style-type: none"> <li>• Probation and Parole</li> <li>• Small group on furlough from institutions</li> </ul>

Population	782 total—divided between Probation and Parole (estimate)
<b>Funding</b>	State
<b>Classification system</b>	<ul style="list-style-type: none"> <li>• Risk assessment document from Minnesota or Wisconsin used for some time, though not validated for Alaska</li> <li>• Trying to implement LSI-R statewide</li> <li>• Classification is difficult—there is concern that if someone scores low, they will be overridden at a higher level</li> <li>• Officers are reluctant not to supervise someone</li> </ul>
Year implemented/updated	Not available
Required for	All those under supervision
Risk levels	Low, medium, high
<b>Assessment</b>	
Purposes	<ul style="list-style-type: none"> <li>• Trying to get probation to focus more resources and supervision on high risk and less on low risk—not yet seen as appropriate to not supervise low risk</li> </ul>
Tools	<ul style="list-style-type: none"> <li>• STATIC-99, Stable and ACUTE</li> <li>• Parole and probation officers are trained to use these instruments</li> <li>• Everyone is supervised by the same division and uses the same tools</li> </ul>
<b>Specialized caseloads</b>	
Provisions	<ul style="list-style-type: none"> <li>• Some are supervised on specialized caseloads</li> <li>• Not in all areas</li> </ul>
Caseload	Average size is 58 (estimate)
Supervisor requirements	Association for the Treatment of Sexual Abusers (ATSA) training for sexual abusers, treatment for STATIC-99 and Stable
<b>Supervision</b>	
Length	12 years (estimate)
Services	Community-based treatment, polygraphs, housing when possible, employment
Collaboration	Yes
<b>Data and Research</b>	Minimal
Type	<ul style="list-style-type: none"> <li>• The only treatment data is a 1997 study on men that were in institutional treatment</li> <li>• A few numbers are collected and maintained by hand on community treatment</li> <li>• No uniform data collection—trying to get things started up again but very difficult</li> </ul>
Storage	Not available
Maintenance	Not available
Evaluation	1997 study on institutional treatment

## Arizona Sex Offender Treatment & Reentry Programs

TREATMENT—PRISON-BASED	
<b>Availability</b>	<ul style="list-style-type: none"> <li>• In certain facilities</li> <li>• Some sex offenders are in specialty housing units, others are not</li> </ul>
<b>State standard</b>	No
Developed by whom?	Not applicable
Oversight by whom?	Not applicable
<b>Funding</b>	State
<b>Eligibility</b>	<ul style="list-style-type: none"> <li>• All are eligible but not enough staff to offer it to all at the same time</li> <li>• At some point while in prison, all sex offenders will be offered treatment</li> </ul>
Noncitizens	No
Gender	Males and females
Mentally ill	Not mandatory, but available
Criteria for eligibility	<ul style="list-style-type: none"> <li>• Not mandatory</li> <li>• Identifies inmates that will be getting out within 3/4 years and once this group is identified, they will be offered treatment</li> <li>• No offense type requirements</li> </ul>
<b>Population</b>	
Sex offenders in prison population	5,216 as of February 2008 (official, Department of Corrections)
Percentage in treatment	8.6%
<b>Programs</b>	
Prisons with programs available	<ul style="list-style-type: none"> <li>• Three:</li> <li>• One yard is for pre-treatment—offenders who go through pre-treatment for a year before treatment</li> <li>• Second yard is treatment yard (males)</li> <li>• Third yard is for females (females may be in different facilities)</li> </ul>
Average capacity	<ul style="list-style-type: none"> <li>• Can have 200 inmates in active treatment</li> <li>• 100 in pre-treatment</li> <li>• 40 females</li> </ul>
Percentage with waiting list	No waiting lists except for females
Percentage with 25% empty slots	0%
Average ratio of providers/offenders	1:40 (estimate)
Average duration	<ul style="list-style-type: none"> <li>• 1-2 years (estimate)</li> <li>• 1 year program but some may get longer</li> </ul>
Enrollment date	Anywhere from 2-3 years
Content	Cognitive behavioral therapy, relapse prevention model
• Drugs	No
• Truth tests	No
• Individualized vs. manualized	Both—curriculum followed but there is individualized treatment based on unique characteristics of certain offenders
Treatment requirement for release	No
Completion rate	80% (estimate)
<b>Provider certification</b>	Minimum of a Master's Degree in Behavioral Health
<b>Assessment</b>	
Purposes	Determine risk and needs
Tools	STATIC-99, MCMI 3; Multiphasic sex inventory
<b>Data and Research</b>	
Type	Not available
Storage	Electronic
Maintenance	Department of Corrections
Evaluation	None

## Arkansas Sex Offender Treatment & Reentry Programs

TREATMENT—PRISON-BASED	
<b>Availability</b>	Treatment is available in state prisons
<b>Funding</b>	State funded
<b>Eligibility</b>	Every sex offender housed in Arkansas Department of Correction is eligible for treatment
Noncitizens	Yes
Gender	Males and females
Mentally ill	Treatment is a voluntary program—mentally ill persons may apply and receive treatment
Criteria for eligibility	<ul style="list-style-type: none"> <li>• Everyone is eligible</li> <li>• Treatment is recommended if offenders are denied parole due to the severity of the crime, age of the victim, habitual criminality, injury to victims and if any weapons were used</li> </ul>
<b>Population</b>	
Sex offenders in prison population	Not available
Percentage in treatment	<ul style="list-style-type: none"> <li>• 235 sex offenders enroll in treatment every three months (official Department of Correction figure)</li> <li>• 45-60 graduate every three months (estimate)</li> </ul>
<b>Programs</b>	
Prisons with programs available	Not available
Average capacity	235
Percentage with waiting list	There is generally a waiting list to participate in programming (no percentage available)
Percentage with 25% empty slots	25% available at the end of a three month cycle
Average ratio of providers/offenders	Not available
Average duration	12 months (official Department of Correction figure)
Enrollment date	3 years prior to earliest transfer eligibility date
Content	Cognitive Behavioral Therapeutic Community Program
<ul style="list-style-type: none"> <li>• Drugs</li> </ul>	No drugs are administered
<ul style="list-style-type: none"> <li>• Truth tests</li> </ul>	<ul style="list-style-type: none"> <li>○ Polygraphs and voice stress tests are used</li> <li>○ Administered by the Sex Offenders Screening and Risk Assessment Program (SOSRA)</li> </ul>
<ul style="list-style-type: none"> <li>• Individualized vs. manualized</li> </ul>	The program is manualized, but does individualized treatment plans and counseling sessions with each sex offender
Treatment requirement for release	Not available
Completion rate	Not available
<b>Provider certification</b>	<ul style="list-style-type: none"> <li>• The state does not have specific standards at the current time</li> <li>• It is expected that the state will institute standards within the next two years</li> </ul>
<b>Assessment</b>	The state has a pre-assessment which provides a small amount of information to see if the inmate is interested in receiving treatment
Purposes	<ul style="list-style-type: none"> <li>• To provide a glimpse of sex offender’s criminal history</li> <li>• To assess the sex offender’s willingness to talk about his/her crime</li> </ul>
Tools	Psychosexual Life History adult male form
TREATMENT—COMMUNITY BASED (Refers to treatment on probation and parole)	
<b>Availability</b>	Yes
Noncitizens	Yes
Gender	Males and females
Criteria for eligibility	Determined by judge or parole board
<b>Individualized treatment plans</b>	<ul style="list-style-type: none"> <li>• The sentencing judge or parole board stipulated specific requirements for a sex offender’s treatment (e.g., length of time spent in treatment, type of treatment,</li> </ul>

	etc.) • Treatment providers make decisions about individual treatment plans
<b>Funding</b>	Offender-funded
<b>Population</b>	
Probation	892 (official)
Parole	825 (official)
Other community corrections	Probation and parole are consolidated under the Department of Community Corrections
<b>Percentage in treatment</b>	
Probation	80% (estimate)
Parole	15% (estimate)
Other community corrections	5% come directly from court (estimate)
<b>Treatment providers</b>	
Number	3 (estimate)
Distribution	<ul style="list-style-type: none"> <li>• Not available in all regions throughout the state</li> <li>• Available in localized areas</li> </ul>
Percentage with waiting list	1 out of the 3 treatment providers (estimate)
Percentage with 25% empty slots	2 out of the 3 treatment providers (estimate)
Completion rate	83% (estimate)
<b>Treatment modality</b>	Cognitive behavioral therapy
Drugs	1 of the 3 providers administer anti-depressant drugs and impulse control drugs
Truth tests	Yes
Individualized vs. manualized	Combination of individualized and manualized plans
Continuity of treatment	Yes
Average duration	2 years
<b>Data and Research</b>	Yes, the state is looking to profile sex offenders
Type	Demographic information, number on community supervision, number of victims, frequency, general psychosocial
Storage	Electronically
Maintenance	Department of Community Corrections and Arkansas Crime Information Center
Evaluation	In the process of using the data for evaluation
<b>COMMUNITY SUPERVISION</b>	
<b>Availability</b>	Yes
<b>Eligibility</b>	<ul style="list-style-type: none"> <li>• Community supervision is mandatory for sex offenders if they do not serve their entire sentence in prison</li> <li>• Duration of community supervision depends on how much time offender serves in prison</li> </ul>
Criteria for decisions	Eligibility for services is decided and stipulated by a sentencing judge or the parole board
<b>Lifetime supervision</b>	<ul style="list-style-type: none"> <li>• Yes</li> <li>• Eligibility requirements not available</li> </ul>
<b>Supervising agencies</b>	Probation and parole (consolidated under the Department of Community Corrections)
Population	See above for probation and parole
<b>Funding</b>	State funded
<b>Assessment</b>	<ul style="list-style-type: none"> <li>• The Sex Offender Screening and Risk Assessment (SOSRA) agency was created when the state passed legislation in 1997 that mandated community notification</li> <li>• The Division of Community Corrections conducts a risk/needs assessment when offenders are sentenced or released to community supervision. The same tool is used for all sex offenders and is not specific to the sex offender population</li> </ul>
Purposes	Assess risk when a sex offender is required to notify the community
Tools	<ul style="list-style-type: none"> <li>• STATIC-99</li> <li>• The Division of Community Corrections is working on a risk/needs assessment form specifically for sex offenders—the tool is in draft form and is not yet validated</li> </ul>
<b>Specialized caseloads</b>	

Provisions	<ul style="list-style-type: none"> <li>• Sex offenders are required to be on electronic monitoring for a specified period when first sentenced or released to community supervision</li> <li>• Sex offenders must also be placed on maximum supervision level for a specified amount of time when first sentenced or released to community supervision</li> <li>• There is a sex offender aftercare program for certain sex offenders who are subjected to more stringent supervision requirements and program participation</li> <li>• Sex offenders in the aftercare program are required to submit to polygraphs or voice stress tests every 6 months and must participate in group meetings two times a month</li> </ul>
Caseload	Not available
Supervisor requirements	<ul style="list-style-type: none"> <li>• Specialized officers are regular probation/parole officers but receive additional training on handling sex offenders</li> </ul>
<b>Supervision</b>	
Length	Not available
Services	<ul style="list-style-type: none"> <li>• Sex offenders are eligible for any services that are available through the Department of Community Corrections</li> <li>• The Department of Community Corrections offers drug treatment services and day reporting centers</li> <li>• Referrals are provided to mental health treatment, sex offender treatment, education/job training</li> </ul>
Collaboration	Yes
<b>Data and Research</b>	
Type	Department of Community Corrections has a statewide data system
Storage	Not available
Maintenance	Department of Community Corrections
Evaluation	None, data is mainly used for caseload management

## California Sex Offender Treatment & Reentry Programs

### TREATMENT—PRISON-BASED

*Prison-based treatment questions (except for those highlighted with an \*) are answered based on the proposed program but are not instituted as of yet*

<b>Availability</b>	<ul style="list-style-type: none"> <li>• No sex offender treatment programming in California prisons</li> <li>• Only treatment available is for substance abuse, but this is not specific to sex offenders—more general treatment program for which all prisoners are eligible</li> <li>• Most recently, the California Department of Corrections and Rehabilitation (CDCR) received funding from the state legislature to hire research experts to develop a sex offender treatment model program for the state’s prisons</li> <li>• Contracted out to develop a model for California at the end of summer 2007—patterned after Colorado model</li> <li>• Currently, budgeting is in process to fund this initiative, but it is unclear when the funding will actually be allocated—being developed for the current budget session, but it will more likely be approved in Fiscal Year 2008</li> </ul>
<b>Eligibility</b>	
Noncitizens	No exclusion by any background characteristics
Gender	Males and females
Mentally ill	<ul style="list-style-type: none"> <li>• Assumption is that they will be better served in mental health system but no decision yet</li> <li>• Juvenile system refers mentally ill sex offenders to the mental health system</li> </ul>
Criteria for eligibility	Not available
<b>Population</b>	
Sex offenders in prison population	*Over 23,000 (estimate)
Percentage in treatment	Not available
<b>Programs</b>	
Prisons with programs available	Not available
Average capacity	Model program has capacity of just under 500 beds (does not mean this will be the actual capacity)
Percentage with waiting list	Not available
Percentage with 25% empty slots	Not available
Average ratio of providers/offenders	Not available
Average duration	Not available
Enrollment date	Not available
Content	Cognitive behavioral therapy with relapse prevention
• Drugs	Not precluded
• Truth tests	Not available
• Individualized vs. manualized	Not available
Treatment requirement for release	Not available
Completion rate	Not available
<b>Provider certification</b>	Not sure whether or not treatment will be provided through in-house staff or through contracts with private providers
<b>Assessment</b>	<p>*STATIC-99 is official risk assessment tool for California (in probation, prison, etc.)</p> <p>*Individual agencies can use other instruments as well, but all treatment decisions are based on STATIC-99 scores</p>
Purposes	Risk assessment score will be used to determine who gets priority for prison-based treatment
Tools	<p>*Legislation commissioned a 3-member board called State Authorized Risk Assessment Tools for Sex Offenders (SARATSO), with representatives from the Department of Corrections and Rehabilitation, Department of Mental Health, and the Attorney General’s office to decide what tools to use</p> <p>*Statute lays out criteria for adoption of risk assessment tools (must be validated, cross-validated, and accepted across courts) and board is responsible for applying criteria</p>

<b>TREATMENT—COMMUNITY BASED</b> (Refers to treatment on probation and parole)	
<b>Availability</b>	<ul style="list-style-type: none"> <li>• Treatment is available, but availability varies across the state</li> <li>• Of the 58 California counties, only 31 have treatment available and only 8 use polygraph tests</li> </ul>
Noncitizens	Yes
Gender	Males and females
Criteria for eligibility	<ul style="list-style-type: none"> <li>• Not mandatory for all sex offenders</li> <li>• At the county community level, courts and probation agencies decide who is required to attend treatment</li> <li>• At the state prison level, the STATIC-99 scores determine who is required to attend treatment</li> <li>• Offenders who score 4 or higher on the STATIC-99 are placed on high-risk sex offender caseloads, and these offenders are eligible for treatment if they are supervised in areas with treatment available</li> <li>• California Department of Corrections and Rehabilitation (CDCR) pays for high-risk sex offenders to enter treatment programs for 17 months—but 500-700 sex offenders are released per month, so many do not get treatment</li> <li>• New programming pending for up to 2,700 offenders on parole statewide</li> </ul>
<b>Individualized treatment plans</b>	Treatment programs are developed by providers in conjunction with probation/parole officers
<b>Funding</b>	<ul style="list-style-type: none"> <li>• 3 levels of funding:               <ol style="list-style-type: none"> <li>1) CDCR contracts with providers around the state that pay for high-risk parolees</li> <li>2) Offenders on probation pay for treatment themselves</li> <li>3) Providers are required to take on a certain percentage of indigent clients (percentage unknown but varies by county)</li> </ol> </li> <li>• MediCAL does not help with court-mandated treatment</li> </ul>
<b>Population</b>	90,000 sex offenders in the state
Probation	12,000 sex offenders on probation (estimate)
Parole	10,000 sex offenders on parole (estimate)
Other community corrections	2 sex offenders on community supervision post-release from Colinga (estimate)
<b>Percentage in treatment</b>	<ul style="list-style-type: none"> <li>• CDCR contracts with providers to treat approximately 2,700 sex offenders per year</li> <li>• 500-700 are released per month (very small percentage of parolees served)</li> </ul>
Probation	7% of probationers
Parole	<ul style="list-style-type: none"> <li>• 1-3% of parolees receive treatment with sex offender-specific therapist</li> <li>• 2,700 slots for sex offenders that are with contracted sex offender therapists</li> <li>• All others required to participate in parole outpatient counseling—2-3 hours per month with providers that do not necessarily have training in sex offender treatment</li> </ul>
Other community corrections	Not available
<b>Treatment providers</b>	
Number	<ul style="list-style-type: none"> <li>• Number of providers is not enough for the number of sex offenders who need treatment</li> <li>• Very few of the providers that are available specialize in sex offender treatment</li> <li>• Only 3 counties have criteria for sex offender treatment providers (San Francisco, San Diego, and Orange)—funded through Center for Sex Offender Management (CSOM) grants</li> </ul>
Distribution	Not available
Percentage with waiting list	Not available
Percentage with 25% empty slots	Not available
Completion rate	Not available
<b>Treatment modality</b>	<ul style="list-style-type: none"> <li>• No state standard for treatment</li> <li>• Both the California Coalition for Sexual Offending and the Association for the Treatment of Sexual Abusers (ATSA) support the use of empirically validated approaches such as cognitive behavioral therapy, relapse prevention, etc. (not</li> </ul>

	chemical castration)
Drugs	<ul style="list-style-type: none"> <li>• Drugs are sometimes administered, depending on client</li> <li>• Medications are all voluntary—specific drug choices made by doctors</li> </ul>
Truth tests	<ul style="list-style-type: none"> <li>• Polygraphs used in 8 of 31 counties with treatment programs</li> <li>• Only 1 county has non-prosecution agreement</li> </ul>
Individualized vs. manualized	<ul style="list-style-type: none"> <li>• Individualized—there are currently no criteria for providers or certification requirements for programs</li> <li>• There are “model programs” that have been identified in the state, but their models are not required</li> <li>• Among the model programs are Sex Offender Rehabilitative Treatment Program (SORT), but there is no standard defined</li> </ul>
Continuity of treatment	There is no prison treatment, although there is a proposal for such treatment
Average duration	<ul style="list-style-type: none"> <li>• CDCR contracts for a maximum of 17 months with providers</li> <li>• This is determined by fiscal interests, not by treatment standards</li> </ul>
<b>Data and Research</b>	<ul style="list-style-type: none"> <li>• State (i.e. CDRC, probation) does not collect treatment data</li> <li>• Individual providers do, but there has not been any analysis of provider data</li> </ul>
Type	Not available
Storage	Not available
Maintenance	Not available
Evaluation	One study underway using one county’s data, but still in early phases
<b>REENTRY</b>	
<b>Availability</b>	<ul style="list-style-type: none"> <li>• No reentry programming in place right now</li> <li>• Context: 200% prison capacity; jails overcrowded as well</li> <li>• States contract with counties for jail funds—for counties to have access to jail funds, must have reentry facility</li> <li>• Goal is to have 500-bed facilities open across the state—these facilities would serve all types of offenders, but sex offenders would be housed separately</li> </ul>
Pre-release	<ul style="list-style-type: none"> <li>• There are pre-release services</li> <li>• In reality, they are not used very often</li> </ul>
Post-release	<ul style="list-style-type: none"> <li>• STATIC-99 must be administered at 3 different points for sex offenders: <ul style="list-style-type: none"> <li>○ First, during pre-sentence investigation</li> <li>○ Then again within 9 months of release from prison</li> <li>○ Finally, a third time right before discharge from parole</li> </ul> </li> <li>• Also developing a dynamic risk assessment instrument</li> </ul>
Percentage of state prisons with services	Not available
<b>Specific initiatives</b>	
Specialized sex offender programming	No
<b>Pre-release programming</b>	
Releasing authority and criteria	<ul style="list-style-type: none"> <li>• STATIC-99 administered to all sex offenders pre-release</li> <li>• The use of this tool was mandated by legislation—if a sex offender scores 4 or higher on assessment, then he/she becomes a candidate for high-risk sex offender caseload (HRSO)</li> <li>• Also screened for sexually violent predator (SVP) status via STATIC-99—if score 4 or higher and have mental disorder, then meet criteria for SVP (see dmh.ca.gov for full list of criteria)</li> </ul>
Enrollment date	Not available
Services available	<ul style="list-style-type: none"> <li>• No housing services provided in-house</li> <li>• Upon release sex offender has 6 days to find compliant housing (or register as transient/homeless)</li> </ul>
Case management	Not available
<b>Post-release services</b>	
Case management	If sex offender meets criteria for SVP then admitted to Coalinga State Hospital for mental health issues
<ul style="list-style-type: none"> <li>• Supervision</li> </ul>	Not available
<ul style="list-style-type: none"> <li>• Service coordination</li> </ul>	Not available

Nonprofit involvement	Not available
• Faith-based	Not available
• Role	Not available
Services available	Not available
<b>COMMUNITY SUPERVISION</b>	
<b>Availability</b>	Supervision under parole and probation (and conditional release program CONREP)
<b>Eligibility</b>	
Criteria for decisions	<ul style="list-style-type: none"> <li>• Mandatory for all sex offenders at state level</li> <li>• Most likely true at the county level as well (probation)—except for some misdemeanor sex offenders who are placed on summary probation (no direct contact)</li> </ul>
<b>Lifetime supervision</b>	No, but lifetime Global Positioning System (GPS) monitoring option
<b>Supervising agencies</b>	
Population	<ul style="list-style-type: none"> <li>• 7,000-8,000 sex offenders on probation, all supervised at county level (estimate)</li> <li>• 11,000 on parole, 8,000 of which are active in the state of California (estimate)</li> </ul>
<b>Funding</b>	<ul style="list-style-type: none"> <li>• County funds probation</li> <li>• State funds parole</li> </ul>
<b>Classification system</b>	<ul style="list-style-type: none"> <li>• STATIC-99 required</li> <li>• Other static tools used by individual agencies as well, but only STATIC-99 is required</li> </ul>
Year implemented/updated	<ul style="list-style-type: none"> <li>• Legislation passed in 11/2006 that required administration of STATIC-99</li> <li>• In 11/2007 board voted again to keep it officially recognized</li> </ul>
Required for	3 points described above
Risk levels	<ul style="list-style-type: none"> <li>• STATIC-99: <ol style="list-style-type: none"> <li>1. High</li> <li>2. Moderately high</li> <li>3. Medium</li> <li>4. Moderately low</li> <li>5. Low</li> </ol> </li> <li>• Risk levels vary for other tools</li> </ul>
<b>Assessment</b>	
Purposes	Not available
Tools	<ul style="list-style-type: none"> <li>• STATIC-99 used across agencies and also in civil commitment program</li> <li>• Some counties have developed own customized tool</li> </ul>
<b>Specialized caseloads</b>	<ul style="list-style-type: none"> <li>• If a county is large enough to warrant sex offender-specific caseloads, then most counties have done that</li> <li>• In rural areas, not enough sex offenders to warrant specialized caseloads</li> </ul>
Provisions	Hard to summarize probation because counties are independent
Caseload	<ul style="list-style-type: none"> <li>• Hard to summarize probation because counties are independent</li> <li>• For parole, sex offenders will always be on minimum of high supervision (70:1) <ul style="list-style-type: none"> <li>○ If on GPS, then 40:1</li> <li>○ If high risk sex offender (HRSO) at least 40:1</li> <li>○ If HRSO and GPS, then 20:1</li> </ul> </li> </ul>
Supervisor requirements	<ul style="list-style-type: none"> <li>• Nothing in statute requires additional certification for supervisors on probation or parole, but there is specialized training from academy for parole officers</li> <li>• Training requirements vary for probation officers depending on county</li> </ul>
<b>Supervision</b>	
Length	<ul style="list-style-type: none"> <li>• Up to 3 years in probation (estimate)</li> <li>• 3, 5 or 10 years for parole (depends on offense) (official numbers)</li> </ul>
Services	<ul style="list-style-type: none"> <li>• Probation: treatment available in many counties, but in northern California may have to travel to another county to get treatment <ul style="list-style-type: none"> <li>○ Other services vary</li> </ul> </li> <li>• Parole: services vary—obtained through referrals</li> </ul>
Collaboration	Discussion takes place between supervisors and service providers—more communication about sex offenders than general offenders

<b>Data and Research</b>	
Type	<ul style="list-style-type: none"> <li>• Probation has basic recidivism data (includes all revocations and arrests—needs to be broken down)</li> <li>• Parole has LEADS database</li> </ul>
Storage	Not available
Maintenance	Not available
Evaluation	None

## Colorado Sex Offender Treatment & Reentry Programs

TREATMENT—PRISON-BASED	
<b>Availability</b>	<ul style="list-style-type: none"> <li>• Only in 2-3 facilities (estimate)</li> <li>• There may be a Spanish-speaking program in a prison as well</li> </ul>
<b>State standard</b>	<ul style="list-style-type: none"> <li>• Yes—standard covers both prison and community treatment—one part of the standard specifically references prison-based treatment</li> <li>• Go to <a href="http://www.dcj.state.co.us">www.dcj.state.co.us</a> for standard—follow link for Sex Offender Management Board (SOMB)</li> </ul>
Developed by whom?	<ul style="list-style-type: none"> <li>• Sex Offender Management Board (SOMB)—established in Department of Criminal Justice (DCJ) via legislation in 1992</li> <li>• SOMB charged to develop standards and guidelines for the evaluation, treatment, and behavioral monitoring of sex offenders</li> <li>• Required to write first version of standard by 1996</li> <li>• Standard most recently updated in 2004</li> <li>• Recently revised prison-based treatment section, should be reflected in 2008</li> </ul>
Oversight by whom?	<ul style="list-style-type: none"> <li>• SOMB—also in charge of selecting providers</li> <li>• Not directly in charge of structuring treatment programs, but all providers must meet treatment standards that are in place, so indirectly influences programming</li> </ul>
<b>Funding</b>	<ul style="list-style-type: none"> <li>• State-funded through Department of Corrections (DOC)</li> <li>• The recent increase in Colorado’s prison population has led to diversion of resources away from sex offender services</li> <li>• The state has developed a criminal justice commission that is charged with introducing reforms to minimize prison growth</li> </ul>
<b>Eligibility</b>	<ul style="list-style-type: none"> <li>• Every sex offender eligible, but not everyone can get treatment when they want it because there are limited slots available at a given time</li> <li>• Offender must admit crime to participate in treatment</li> </ul>
Noncitizens	Not entirely sure, but because treatment is available for noncitizens in the community it should be available for noncitizens in prison as well
Gender	Males and females
Mentally ill	<ul style="list-style-type: none"> <li>• Handled the same way as everyone else—treatment is a voluntary program, but if an offender does not participate he/she does not get good time</li> <li>• In addition to sex offender treatment provided at selected prisons, there is also a separate mental health prison—mentally ill offenders must choose which type of treatment is more important because they cannot be in both places at once</li> </ul>
Criteria for eligibility	<ul style="list-style-type: none"> <li>• Everyone is eligible but there is a waiting list that is prioritized by release date</li> <li>• Treatment administered when an offender gets within a couple of years of release date</li> </ul>
<b>Population</b>	
Sex offenders in prison population	1,171 sex offenders under lifetime imprisonment through June 30, 2007 (official Department of Corrections number)
Percentage in treatment	<ul style="list-style-type: none"> <li>• 157 of 1,171 lifetime-imprisoned offenders (13.4%) in treatment as of 6/30/07</li> <li>• 200-300 sex offenders total estimated to be in treatment (a really rough estimate)</li> </ul>
<b>Programs</b>	<p>Treatment programming divided into Phase I and Phase II</p> <ul style="list-style-type: none"> <li>• Phase I is introduction to treatment programming</li> <li>• Phase II is a therapeutic community model for advanced sex offender treatment</li> </ul>
Prisons with programs available	<ul style="list-style-type: none"> <li>• 5 prisons (Fremont Correctional Facility, Sterling Correctional Facility, Youthful Offender System, Colorado Territorial Correctional Facility, and Colorado Women's Correctional Facility) have Phase I programming</li> <li>• 2 of these prisons also offer Phase II, in addition to one other facility (Arrowhead Correctional Facility, Colorado Women's Correctional Facility, and Youthful Offender System)</li> </ul>
Average capacity	<ul style="list-style-type: none"> <li>• When fully staffed, 700 total</li> </ul>

	<ul style="list-style-type: none"> <li>• Right now working at half capacity due to staffing problems</li> </ul>
Percentage with waiting list	100%
Percentage with 25% empty slots	0%
Average ratio of providers/offenders	<ul style="list-style-type: none"> <li>• Standards dictate maximum ratio, which is: 1:8</li> <li>• No group can exceed 12 sex offenders so absolute max is 2:12</li> </ul>
Average duration	Phase I: 8-12 months (4.6 in FY 07) Phase II: 1 year (estimate) (7.6 in FY 07)
Enrollment date	2 years prior to release (estimate)
Content	Cognitive behavioral therapy, relapse prevention, impulse control, psychoeducation, gender role socialization, etc. (19 total--in Standards Section 3)
<ul style="list-style-type: none"> <li>• Drugs</li> </ul>	<ul style="list-style-type: none"> <li>• On a case-by-case basis</li> <li>• No chemical castration</li> </ul>
<ul style="list-style-type: none"> <li>• Truth tests</li> </ul>	Polygraph used
<ul style="list-style-type: none"> <li>• Individualized vs. manualized</li> </ul>	Individualization of treatment to each offender
Treatment requirement for release	Not required, but nonparticipation can have negative impact (i.e., required for release onto lifetime supervision for offenders who would otherwise be incarcerated)
Completion rate	Not available
<b>Provider certification</b>	<ul style="list-style-type: none"> <li>• Board has a standard—outlined in Section 4 of Standards (page 43)</li> <li>• Part of standard dictates that a provider must have a certain number of clinical hours in which to co-facilitate with an experienced provider before they are allowed to facilitate on their own</li> </ul>
<b>Assessment</b>	<ul style="list-style-type: none"> <li>• Risk and needs assessment conducted at intake in DOC; reassessed along the way on supervision as well</li> <li>• Assessment mainly for treatment purposes</li> </ul>
Purposes	<ul style="list-style-type: none"> <li>• To place in treatment based on risk of sexual reoffense (to identify type of treatment that is appropriate)</li> <li>• Not specifically looking for high-risk though, etc.</li> </ul>
Tools	<ul style="list-style-type: none"> <li>• In standards—on page 23.</li> <li>• Colorado does not have a customized tool</li> </ul>
<b>Data and Research</b>	No current data from DOC but evaluation conducted in 2003
Type	<ul style="list-style-type: none"> <li>• Level of treatment completed, outcomes such as recidivism released to parole, etc.</li> <li>• Sex offender crossover behavior—offending behavior, victim patterns, etc.</li> </ul>
Storage	Case files manually entered into database
Maintenance	DOC has case files, database in Division of Criminal Justice
Evaluation	Study in 2003 looking at outcomes for Sex Offender Treatment Program (not been updated since then)
<b>TREATMENT—COMMUNITY BASED (Refers to treatment on probation and parole)</b>	
<b>Availability</b>	Yes—more availability in the community than in prison
Noncitizens	Not entirely sure, but because treatment is available for noncitizens in the community it should be available for noncitizens in prison as well
Gender	Males and females
Criteria for eligibility	<ul style="list-style-type: none"> <li>• Every sex offender eligible, but not everyone can get treatment when they want it because there are limited slots available at a given time</li> <li>• Offender must admit crime to participate in treatment</li> </ul>
<b>Individualized treatment plans</b>	<ul style="list-style-type: none"> <li>• Treatment provider is responsible for treatment</li> <li>• Team (provider, supervising officer, polygraph officer) collaborates on decisions about offenders (section 5 of standards—pg. 63)</li> </ul>
<b>Funding</b>	<ul style="list-style-type: none"> <li>• Offender-funded</li> <li>• Funding in probation and parole that can be used when there is a need; also can be used as an incentive if a district's budget permits</li> </ul>
<b>Population</b>	
Probation	<ul style="list-style-type: none"> <li>• 2,088 adults (520 lifetime), 516 juveniles (official as of June 30, 2007)</li> <li>• Numbers include both Intensive Supervision Probation (ISP) and regular supervision</li> </ul>

	<ul style="list-style-type: none"> <li>• Of 2,088 adult offenders, 1,026 are regular supervision, 1,062 are ISP</li> </ul>
Parole	Not available
Other community corrections	Not available
<b>Percentage in treatment</b>	
Probation	<ul style="list-style-type: none"> <li>• Vast majority (it is required on community supervision) (estimate)</li> <li>• Not required to be on treatment for duration of supervision (i.e. if long sentence, do not have to be in treatment for all of it)</li> <li>• Aftercare program in development</li> </ul>
Parole	Not available
Other community corrections	Not available
<b>Treatment providers</b>	
Number	As of November 1, 2007, 179 treatment providers for adults
Distribution	Majority of judicial districts, but only about half of the counties have treatment providers
Percentage with waiting list	Probably none
Percentage with 25% empty slots	Not available
Completion rate	Not available
<b>Treatment modality</b>	
Drugs	<ul style="list-style-type: none"> <li>• On a case-by-case basis</li> <li>• No chemical castration</li> </ul>
Truth tests	Polygraph used
Individualized vs. manualized	Individualization of treatment to each offender
Continuity of treatment	Yes—prison provider sends info on treatment progress to community provider
Average duration	2.5-4 years
<b>Data and Research</b>	
Type	<ul style="list-style-type: none"> <li>• Outcomes, recidivism, technical violators, etc.</li> <li>• Demographic info in DOC</li> </ul>
Storage	Electronically
Maintenance	Probation, but probably not DOC
Evaluation	None
<b>REENTRY</b>	
<b>Availability</b>	<ul style="list-style-type: none"> <li>• Most offenders do not come out into any sort of reentry program—most go onto parole and some into community corrections, but aside from supervision there is not a formal reentry initiative in place for sex offenders</li> <li>• The state also uses a shared living arrangement program for sex offenders—program is developed by providers and used by the state</li> <li>• Offenders live together, but not with supervisor—this will be assigned on a case-by-case basis</li> <li>• Circles of Support and Accountability model (COSA)—community volunteers help provide support for sex offenders (program numbers are low though)</li> <li>• COSA is a Canadian model developed in Mennonite Church</li> </ul>
Pre-release	Case managers give offenders a list of resources but do not assist them with services
Post-release	Not available
Percentage of state prisons with services	Not available
<b>COMMUNITY SUPERVISION</b>	
<b>Availability</b>	Yes—on probation, parole, and community corrections
<b>Eligibility</b>	Mandatory
Criteria for decisions	Not applicable
<b>Lifetime supervision</b>	<ul style="list-style-type: none"> <li>• Yes</li> <li>• Eligibility requirements described in Statute 18-1.3-1004 (indeterminate sentencing); eligibility determined by offense type/classification</li> </ul>
<b>Supervising agencies</b>	
Population	<ul style="list-style-type: none"> <li>• Probation estimate: on June 30, 2007—1,066 on State Probation Specialized Programs Sex Offender Intensive Supervision Program (SOISP)</li> </ul>

	<ul style="list-style-type: none"> <li>• 1,026 on non-SOISP</li> </ul>
<b>Funding</b>	<ul style="list-style-type: none"> <li>• State and local funding for probation</li> <li>• Parole funded by state</li> </ul>
<b>Classification system</b>	<ul style="list-style-type: none"> <li>• Assessment at time of sentencing to determine level of supervision (see statute for risk classification)</li> <li>• Also assessed for sexually violent predator (SVP) status</li> <li>• Additionally, probation uses the Oregon sex offender risk assessment instrument to classify people into supervision levels (minimum, medium, maximum within each regular and ISP supervision); reassess every 6 months</li> </ul>
Year implemented/updated	Sexually Violent Predator statute enacted in 1999
Required for	<ul style="list-style-type: none"> <li>• Supervision classification</li> <li>• All sex offenders required to have pre-sentence investigation report (PSI) and risk assessment at time of sentencing (release from prison)</li> </ul>
Risk levels	<ol style="list-style-type: none"> <li>1. Regular supervision</li> <li>2. ISP</li> </ol> <p>(All sex offenders on specialized caseloads though)</p> <p>Also assessed for SVP status (based on risk assessment tool developed and validated in Colorado)</p>
<b>Assessment</b>	Probationers—at sentencing; parolees assessed prior to release
Purposes	<ul style="list-style-type: none"> <li>• Risk assessment and treatment needs (e.g., assess if the person amenable to treatment)</li> <li>• Treatment progress as well (on probation, offenders reassessed every 6 months)</li> </ul>
Tools	<ul style="list-style-type: none"> <li>• Level of Service Inventory (LSI) and Oregon sex offender risk assessment for probationers (Oregon tool has not been validated in Colorado)</li> <li>• Providers use instruments listed in standards [pg 23]</li> </ul>
<b>Specialized caseloads</b>	<ul style="list-style-type: none"> <li>• Yes—on probation and parole</li> <li>• Probation has Sex Offender Intensive Supervision Program (SOISP) for felons and lifetime supervision, as well as non-SOISP specialized caseloads</li> </ul>
Provisions	<ul style="list-style-type: none"> <li>• GPS for some high-risk offenders</li> <li>• SOISP program has three phases</li> </ul>
Caseload	<ul style="list-style-type: none"> <li>• 25 cases per officer on SOISP</li> <li>• Standard of 35 cases per officer on non-SOISP caseloads, but most caseloads are much higher</li> </ul>
Supervisor requirements	<ul style="list-style-type: none"> <li>• Officers required to get specialized training</li> <li>• Two training programs for probation officers: Intro to Sex Offender Management (24 hrs), Advanced Sex Offender Management training (72 hrs)</li> <li>• Training involves sex offender-specific topics, defensive training, motivational interviewing, cognitive overview, law and liability</li> </ul>
<b>Supervision</b>	
Length	<ul style="list-style-type: none"> <li>• Varies based on sentence—sex offenders cannot be released early</li> <li>• Can be up to 10 or more years</li> </ul>
Services	On probation, services available in the following areas: treatment, polygraphs, housing, transportation dollars, emergency healthcare, clothing, food vouchers
Collaboration	Between supervision and treatment but not between supervision and other agencies (i.e. no comprehensive discussions)
<b>Data and Research</b>	
Type	<ul style="list-style-type: none"> <li>• Probation has aggregate data on intakes, pre-sentence investigations (PSI), discharges, terminations, supervision level, revocation types, violation types, risk level</li> <li>• FY 2007: 1,013 adults and 204 juveniles had PSIs</li> <li>• 15,440 total adult offenders received PSIs (7% for sex offenders)</li> <li>• 2,640 total juvenile offenders received PSIs (8% for sex offenders)</li> </ul>
Storage	Electronic probation data
Maintenance	Probation
Evaluation	9 year follow-up looking at violence and re-arrest as predicted by sex offender risk scale—was predictive

## Connecticut Sex Offender Treatment & Reentry Programs

TREATMENT—PRISON-BASED	
<b>Availability</b>	<ul style="list-style-type: none"> <li>Available in 6 facilities (including female and juvenile facilities)</li> <li>No specialized facilities for sex offenders, but these are facilities that house high-risk offenders (sex offenders are risk level 3 or higher)</li> </ul>
<b>State standard</b>	<ul style="list-style-type: none"> <li>Implemented in 2000 by Sex Offender Policy and Advisory Committee (SOPAC)</li> <li>Sets out series of treatment standards that private providers must follow (state-employed providers are exempt)</li> </ul>
Developed by whom?	SOPAC includes representatives from sex offender treatment, Department of Mental Health, Department of Children and Family Services, Judicial Department, Public Defenders, Psychiatric Security Review Board, Office of Policy & Management, Department of Mental Retardation, Sexual Abuse/Victim Advocacy (30-35 members total)
Oversight by whom?	Department of Correction (DOC) currently provides oversight, but the state is trying to put a risk board in place
<b>Funding</b>	<ul style="list-style-type: none"> <li>State-funded, through DOC</li> <li>No private contractors—DOC contracts with state employees of University of Connecticut Health Center for all treatment needs</li> <li>Because these are state employees they are not subject to treatment standards, but they tend to follow them pretty closely</li> </ul>
<b>Eligibility</b>	<ul style="list-style-type: none"> <li>Voluntary treatment—individual must acknowledge a problem sexual behavior (no ABEL or polygraph) and have ability to function in a group (cognitively and behaviorally)</li> <li>Eligibility determined in-house—not enough resources for everyone so have to prioritize who gets treatment</li> </ul>
Noncitizens	Yes
Gender	Males and females
Mentally ill	<ul style="list-style-type: none"> <li>Not required for mentally ill</li> <li>Those who are seriously mentally ill (Axis 1 disorders) go to White Inc Forensic (on grounds of state hospital)</li> </ul>
Criteria for eligibility	Not mandatory for all offenders (Supreme Court decision)
<b>Population</b>	
Sex offenders in prison population	25% of prison population (estimate)
Percentage in treatment	1% (estimate)
<b>Programs</b>	
Prisons with programs available	6
Average capacity	6 staff total
Percentage with waiting list	All except women's program
Percentage with 25% empty slots	0%
Average ratio of providers/offenders	Not available
Average duration	12 months, but varies greatly depending on where people are incarcerated and severity of risk level
Enrollment date	2+ years before release
Content	<ul style="list-style-type: none"> <li>Group-based treatment, with family sessions as an ancillary component</li> <li>Cognitive-behavioral therapy, victim empathy, arousal control</li> </ul>
<ul style="list-style-type: none"> <li>Drugs <ul style="list-style-type: none"> <li>Truth tests</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Provera and Lupron used, but more people on Prozac and other drugs</li> </ul>
<ul style="list-style-type: none"> <li>Individualized vs. manualized</li> </ul>	
Treatment requirement for release	Not required, but unlikely for someone to get parole if they do not go through treatment
Completion rate	
<b>Provider certification</b>	No certification requirements because prison treatment is administered by state

<b>Assessment</b>	
Purposes	Assessments are administered at intake (nothing administered at completion of treatment)
Tools	<ul style="list-style-type: none"> <li>• STATIC-99, RRASOR, psychopathy checklist (PCL)</li> <li>• Instruments have not been validated on Connecticut population</li> </ul>
<b>Data and Research</b>	
Type	Demographic data used mainly for tracking purposes
Storage	Paper files
Maintenance	DOC
Evaluation	None
<b>TREATMENT—COMMUNITY BASED</b> (Refers to treatment on probation and parole)	
<b>Availability</b>	<ul style="list-style-type: none"> <li>• Available on probation and parole (both are state-level)</li> <li>• Both use the same treatment provider (The Connection, Inc. Center for the Treatment of Problem Sexual Behavior)</li> </ul>
Noncitizens	Yes—but hardly happens because they are being deported
Gender	Male and female
Criteria for eligibility	<ul style="list-style-type: none"> <li>• All offenders released from prison or sentenced to probation are to be evaluated by provider</li> <li>• If provider determines that an offender does not need treatment, then he/she is dismissed from the requirement (as decided by supervisor and provider)</li> </ul>
<b>Individualized treatment plans</b>	Developed by provider
<b>Funding</b>	<ul style="list-style-type: none"> <li>• Treatment on probation funded by Judicial Department</li> <li>• Treatment on parole funded by Department of Correction, Department of Mental Health, Department of Mental Retardation</li> </ul>
<b>Population</b>	
Probation	1,600 on probation (estimate)
Parole	120 on parole (estimate)
Other community corrections	Not applicable
<b>Percentage in treatment</b>	<ul style="list-style-type: none"> <li>• 85-90% go through treatment (estimate)</li> <li>• Many complete treatment before supervision is done, so at any given time the actual percentage in treatment will be lower</li> </ul>
Probation	Not available
Parole	Not available
Other community corrections	Not available
<b>Treatment providers</b>	<ul style="list-style-type: none"> <li>• State contracts with one group to administer treatment to probationers and parolees (The Connection Inc, Center for the Treatment of Problem Sexual Behavior [CTPSB])</li> <li>• Contract has been in place for about 20 years.</li> <li>• CTPSB employs a staff of 30 to do cognitive-behavioral treatment in community</li> <li>• There are times when an offender receives treatment from another provider, though. This usually happens under the following circumstances: <ul style="list-style-type: none"> <li>○ Attorney cuts deal in court</li> <li>○ Risk level is too low to warrant using CTPSB resources</li> <li>○ Offender failed with CTPSB and court gave another chance</li> <li>○ CTPSB full in certain programming area</li> </ul> </li> </ul>
Number	<ul style="list-style-type: none"> <li>• 25 providers in-house</li> <li>• 3 other programs statewide that see offenders (account for about 300 clients)</li> <li>• Another dozen providers who do group treatment</li> </ul>
Distribution	Statewide (16 sites around state)
Percentage with waiting list	No waiting list—as numbers increase, size of program increases
Percentage with 25% empty slots	Not applicable
Completion rate	72% (estimate)
<b>Treatment modality</b>	<ul style="list-style-type: none"> <li>• Group-based treatment</li> <li>• Cognitive behavioral therapy, relapse prevention, arousal control (through medication), pro-social skill-building</li> </ul>

	<ul style="list-style-type: none"> <li>• Programming based on risk level (low, medium, high, each with different curriculum)</li> </ul>
Drugs	Yes
Truth tests	<ul style="list-style-type: none"> <li>• Yes—polygraphs (sexual history, maintenance and monitoring, and instant offense)</li> <li>• CTPSB will work with clients up to 6 months regardless of whether or not they deny the offense—they are terminated if fail instant offense test after 6 months</li> </ul>
Individualized vs. manualized	<ul style="list-style-type: none"> <li>• Manualized within risk level but not done in workbook style</li> <li>• Individual treatment plans completed</li> </ul>
Continuity of treatment	<ul style="list-style-type: none"> <li>• Information sharing between prison and community supervision, but programming is not continuous</li> <li>• Part of the reason is that the majority of people who come from prison have not had any treatment programming</li> </ul>
Average duration	Average of 3 years (estimate)
<b>Data and Research</b>	
Type	Not available
Storage	Electronic
Maintenance	<ul style="list-style-type: none"> <li>• CTPSB</li> <li>• Probation/Parole</li> </ul>
Evaluation	Submit reports to funders but they are not available to the public
<b>REENTRY</b>	
<b>Availability</b>	
Pre-release	Yes
Post-release	Yes
Percentage of state prisons with services	<ul style="list-style-type: none"> <li>• 100% of facilities have some type of reentry services—required by the state</li> <li>• 9 facilities provide very specific reentry skills</li> <li>• 6 facilities have job centers in conjunction with Department of Labor—where offenders have access to jobs, develop resume, mock interviews, referrals</li> </ul>
<b>Specific initiatives</b>	<ul style="list-style-type: none"> <li>• Comprehensive statewide reentry plan – developed by State Office of Planning and Management and Criminal Justice Policy Advisory Committee</li> <li>• Overseen by State Office of Planning and Management</li> <li>• Governing board: Criminal Justice Policy Advisory Committee (multi-agency advisory)</li> </ul>
Specialized sex offender programming	Yes, but not residential
<b>Eligibility</b>	
Population	Everyone eligible under Offender Accountability Plan
<ul style="list-style-type: none"> <li>• Pre-release</li> </ul>	Do not track by offense type
<ul style="list-style-type: none"> <li>• Post-release</li> </ul>	Do not track by offense type
<b>State standard?</b>	No—reentry is voluntary
Developed by whom?	Not available
Oversight by whom?	Not available
<b>Funding</b>	<ul style="list-style-type: none"> <li>• Department of Correction (DOC)</li> <li>• Probation</li> </ul>
<b>Pre-release programming</b>	
Releasing authority and criteria	<ol style="list-style-type: none"> <li>1. Board of Pardons and Parole (discretionary release for terms of greater than 2 years)</li> <li>2. Commissioner of Corrections (for those with terms less than 2 years)</li> </ol> <ul style="list-style-type: none"> <li>• Criteria: based on objective measurement (Salient Factor Score) and warden’s decision (exercised on case-by-case basis)—done by contracted evaluation services</li> <li>• DOC does not include sex offenders in eligibility for discretionary release</li> <li>• Risk assessment instruments are used pre- and post-release: <ul style="list-style-type: none"> <li>○ Pre-release: STATIC 99, SOSP III (Sex Offender Screening Protocol – adjusted actuarial)—give overall risk assessment (high moderate, low</li> </ul> </li> </ul>

	<ul style="list-style-type: none"> <li>○ moderate, low)</li> <li>○ Post release: RRASOR, STATIC-99, VASOR, Screening for Pedophilic Interest, VRAG, LSI-R</li> <li>○ For specific dynamic risk: Stable and ACUTE 2007, ABEL Assessment of Sexual Interest, polygraph examinations</li> </ul>
Enrollment date	<ul style="list-style-type: none"> <li>• Reentry planning starts at intake</li> <li>• Individual programs usually begin 1 year or less before release</li> </ul>
Services available	<ul style="list-style-type: none"> <li>• Transitional video workbook program (provides concrete reentry services, i.e. where is the Department of Motor Vehicles, jobs, Social Security, benefits, clothing, where to get licenses, etc)</li> <li>• Fingers in the Community–DOC Reentry Programs <ul style="list-style-type: none"> <li>○ 8 facilities (700 offenders to date)–cognitive-behavioral therapy, addiction services/relapse prevention, complete workgroup</li> </ul> </li> <li>• Education Department–22 session reentry preparation program where offenders go through mock interviews, practice filling out job applications online, learn how to access schools in community, receive continuing education <ul style="list-style-type: none"> <li>○ Complete workgroup and action plan</li> </ul> </li> </ul>
Case management	<ul style="list-style-type: none"> <li>• Correctional counselors for general reentry needs</li> <li>• Teams meet as well</li> </ul>
<b>Post-release services</b>	
Case management	Special management units (8 parole officers statewide)
○ Supervision	Not available
○ Service coordination	<ul style="list-style-type: none"> <li>• Once individual has been released to community, correctional counselors have no further obligation</li> <li>• Parole officer gets parole summary and packet of information</li> <li>• Post-release supervisors also coordinate post-release services</li> </ul>
Nonprofit involvement	<ul style="list-style-type: none"> <li>• Nonprofit agencies serve as primary evaluation and treatment specialists</li> <li>• Involved in all reentry services</li> </ul>
• Faith-based	10% (estimate)
• Role	Provide housing services, outpatient treatment, anger management, mental health services, mentoring
Services available	<ul style="list-style-type: none"> <li>• Sex offenders have access to all non-residential programs that are available to other offenders (employment, drug/alcohol)</li> <li>• Some restrictions for residential/half-way houses</li> </ul>
<b>Data and Research</b>	None
Type	Not available
Storage	Not available
Maintenance	Not available
Evaluation	Not available
<b>COMMUNITY SUPERVISION</b>	
<b>Availability</b>	Probation and Parole are both state-level functions
<b>Eligibility</b>	<ul style="list-style-type: none"> <li>• Not mandatory for sex offenders</li> <li>• 2 sentences to community supervision: <ol style="list-style-type: none"> <li>1) Straight suspended sentence—for example, 10 years execution suspended 10 years probation. The offender is sentenced directly to probation, but if at any time during his probation the court determines that a violation has occurred, the offender can be sent to a correctional facility and serve the original 10 years</li> <li>2) Split-sentence Policy—for example, 10 years execution suspended after 5 years and 10 years probation. The offender serves 5 years in a correctional facility and then starts his 10 year probation period. If at any time during his probation, the court determines that a violation has occurred, the offender can be sent back to the correctional facility to complete the remaining 5 years that were originally suspended</li> </ol> </li> </ul>
Criteria for decisions	Judicial decisions

<b>Lifetime supervision</b>	No, but there is a 35-year probation for 8-9 statutory offenses (including sexual assault in 1 <sup>st</sup> degree, risk of injury to minor, etc)
<b>Supervising agencies</b>	<ul style="list-style-type: none"> <li>• Probation and Parole</li> <li>• Also Special Parole—if an offender is sentenced to special parole they can only serve a maximum of 5 years, including time spent in prison for violations, etc. (i.e. time does not stop at any point)</li> <li>• Cannot have Special Parole and probation at the same time for the same charge</li> </ul>
Population	<ul style="list-style-type: none"> <li>• Probation: 1,162 high/medium risk sex offenders as of January 1, 2008 (official estimate from CMIS)</li> <li>• Parole: 150 (estimate)</li> </ul>
<b>Funding</b>	<ul style="list-style-type: none"> <li>• DOC for parole</li> <li>• Judicial for probation</li> </ul>
<b>Classification system</b>	<ul style="list-style-type: none"> <li>• Classification into risk levels using static and dynamic scores (University of Connecticut Health uses STATIC-99 and RRASOR; probation officers use LSI-R)</li> <li>• Offenders reassessed every 3 months using dynamic and acute actuarial scores</li> </ul>
Year implemented/updated	<ul style="list-style-type: none"> <li>• First implemented in 1995</li> <li>• Updated in 2005</li> <li>• In process of being updated again</li> </ul>
Required for	All sex offenders
Risk levels	High, medium
<b>Assessment</b>	
Purposes	<ul style="list-style-type: none"> <li>• Risk/needs classification</li> <li>• Determination of treatment and supervision protocol</li> </ul>
Tools	
<b>Specialized caseloads</b>	In both probation and parole
Provisions	<ul style="list-style-type: none"> <li>• Smaller caseloads</li> <li>• Collaboration between victim’s advocate, probation officers, and treatment providers</li> <li>• By statute, judge can impose electronic monitoring, GPS</li> </ul>
Caseload	<ul style="list-style-type: none"> <li>• 40 on probation (estimate)</li> <li>• 20 on parole (estimate)</li> </ul>
Supervisor requirements	<ul style="list-style-type: none"> <li>• At least 2 years experience preferred (if not then team up with more experienced supervisor)</li> <li>• Bachelor’s of Science degree</li> <li>• Probation officers sit in on treatment groups as regularly as possible</li> <li>• Officers participate in specialized training (32 hours initial)</li> </ul>
<b>Supervision</b>	
Length	<ul style="list-style-type: none"> <li>• 10 years for probation</li> <li>• Parole varies depending on how much time is owed</li> </ul>
Services	<ul style="list-style-type: none"> <li>• Same services that are available to general population, plus weekly specialized sex offender counseling</li> <li>• Treatment includes rehabilitation and reasoning (taking responsibility for actions)</li> <li>• AIC programs help with job placement, vocational training, substance programs</li> </ul>
Collaboration	Yes—most offices have one team meeting per month (group meeting between all officers and all treatment providers, along with victim advocates, to go through all cases)
<b>Data and Research</b>	
Type	<ul style="list-style-type: none"> <li>• CMIS system</li> <li>• If individual is on sex offender registry with conviction in past ten years, can be classified as a sex offender</li> </ul>
Storage	Electronic
Maintenance	Probation data maintained by Court Support Services Division (CSSD)
Evaluation	No

## Delaware Sex Offender Treatment & Reentry Programs

TREATMENT—PRISON-BASED	
<b>Availability</b>	Treatment only in 1 prison (Delaware Correctional Center) out of 4 in the state (1 women's facility, 3 men's facilities)
<b>State standard</b>	<ul style="list-style-type: none"> <li>State just passed legislation to create Sex Department of Correction (DOC) might have Sex Offender Management Board (SOMB), and part of that legislation requires the development of standards across prison and community—not in existence yet</li> </ul>
Developed by whom?	Legislation passed at end of 2007
Oversight by whom?	DOC oversees prison treatment to date, but SOMB will take it over in the future
<b>Funding</b>	Stated funded through DOC
<b>Eligibility</b>	Available for all sex offenders, but due to lack of resources/space not everyone gets it
Noncitizens	Probably
Gender	Males
Mentally ill	Eligible for the same types of treatment as other sex offenders
Criteria for eligibility	Not applicable
<b>Population</b>	
Sex offenders in prison population	661 as of April 21, 2008
Percentage in treatment	Not available
<b>Programs</b>	
Prisons with programs available	1
Average capacity	300
Percentage with waiting list	Usually a waiting list of 100
Percentage with 25% empty slots	0%
Average ratio of providers/offenders	1:150
Average duration	24 months
Enrollment date	Usually begin treatment within 2 years of release date—ideally is 6 months prior to release
Content	Cognitive-behavioral therapy
o Drugs	Not used unless individual is involved in mental health treatment (diagnosed through mental health board)
o Truth tests	Probably not
o Individualized vs. manualized	Mixture
Treatment requirement for release	No—unless structured this way by sentencing order
Completion rate	Not available
<b>Provider certification</b>	<ul style="list-style-type: none"> <li>None currently, but there will be once a SOMB is established</li> <li>Correctional counselors administer treatment in prisons</li> </ul>
<b>Assessment</b>	
Purposes	For risk more than needs, but just submitted grant to Bureau of Justice Assistance for needs assessment
Tools	<ul style="list-style-type: none"> <li>LSI-R (in community corrections too)</li> <li>In process of validating it</li> </ul>
<b>Data and Research</b>	Yes—DACS system
Type	Demographic data, program completion
Storage	Electronic
Maintenance	DOC
Evaluation	No evaluations on sex offender treatment, just substance abuse
TREATMENT—COMMUNITY BASED (Refers to treatment on probation and parole)	
<b>Availability</b>	Available through private providers, but limited availability
Noncitizens	Probably
Gender	Males and females

Criteria for eligibility	Not mandatory right now, but may become mandatory under new legislation
<b>Individualized treatment plans</b>	Developed by provider
<b>Funding</b>	Offender fees
<b>Population</b>	<ul style="list-style-type: none"> <li>• Probation and Parole are consolidated</li> <li>• 839 as of December 2007 (estimate)</li> </ul>
Probation	As above
Parole	As above
Other community corrections	Not applicable
<b>Percentage in treatment</b>	28% as of December 2007 (estimate)
Probation	As above
Parole	As above
Other community corrections	Not applicable
<b>Treatment providers</b>	
Number	1 private contractor with multiple offices
Distribution	Statewide
Percentage with waiting list	Not available
Percentage with 25% empty slots	Not available
Completion rate	Not available
<b>Treatment modality</b>	Cognitive-behavioral therapy
Drugs	Not used as part of sex offender treatment—but some offenders may go to private providers on their own, and these providers may use drugs
Truth tests	Polygraph used
Individualized vs. manualized	Mixture but more individualized
Continuity of treatment	Probably not
Average duration	Varies
<b>Data and Research</b>	Can track those that go to treatment, but only private providers have specifics on treatment program
Type	Not available
Storage	Not available
Maintenance	Not available
Evaluation	Not available
<b>REENTRY</b>	
<b>Availability</b>	
Pre-release	<ul style="list-style-type: none"> <li>• No reentry initiative, but there are pre-release programs</li> <li>• Offenders may or may not see a counselor</li> <li>• No needs assessment</li> <li>• Reentry subcommittee looks at points in system where improvements are needed</li> <li>• 500 total served in a year (estimate)</li> </ul>
Post-release	No
Percentage of state prisons with services	100%
<b>Specific initiatives</b>	
Specialized sex offender programming	No—but sex offenders have access to general pre-release services described below
<b>Eligibility</b>	
Population	Not available
<ul style="list-style-type: none"> <li>• Pre-release</li> <li>• Post-release</li> </ul>	<p>All sex offenders are eligible for pre-release services</p> <p>Not applicable</p>
<b>State standard?</b>	No, but there are policies within the Department of Correction (DOC)
Developed by whom?	Not applicable
Oversight by whom?	Not applicable
<b>Funding</b>	State-funded through DOC
<b>Pre-release programming</b>	
Releasing authority and criteria	<ul style="list-style-type: none"> <li>• Delaware has truth-in-sentencing—offenders serve 85% of sentence (recalculated for good time)</li> <li>• Parole Board is the authority for cases that came before truth-in-sentencing</li> </ul>
Enrollment date	<ul style="list-style-type: none"> <li>• Varies by prison, but generally services begin when an offender has 2 years or</li> </ul>

	<p>less left in sentence</p> <ul style="list-style-type: none"> <li>• Try to begin as close to release date as possible</li> </ul>
Services available	<ul style="list-style-type: none"> <li>• Life skills, anger management, cognitive-behavioral therapy, father readiness, career readiness, budgeting, decision-making strategies</li> <li>• Specific services vary across prisons</li> </ul>
Case management	None
<b>Post-release services</b>	Not applicable
Case management	Not applicable
○ Supervision	Not applicable
○ Service coordination	Not applicable
Nonprofit involvement	<ul style="list-style-type: none"> <li>• There are a number of local nonprofits that do post-release reentry services—most do not work directly with sex offender but a few do (under 10 slots available for sex offenders across the state)</li> <li>• Nonprofits do not coordinate with state officials in service delivery</li> </ul>
○ Faith-based	The only nonprofits that serve sex offenders are faith-based
• Role	<ul style="list-style-type: none"> <li>• Case management—help offenders find housing, employment, etc.</li> <li>• Mentoring/support</li> <li>• Transportation services</li> </ul>
Services available	Services are available for 6 months to 1 year
<b>Data and Research</b>	
Type	Not available
Storage	Not available
Maintenance	<ul style="list-style-type: none"> <li>• DOC has data on individuals in pre-release programming</li> <li>• Nonprofits maintain info on post-release services</li> </ul>
Evaluation	None—some nonprofits do their own research, but none on sex offenders
<b>COMMUNITY SUPERVISION</b>	
<b>Availability</b>	Yes—under consolidated probation and parole
<b>Eligibility</b>	<ul style="list-style-type: none"> <li>• Not mandatory for sex offenders, depends on sentence</li> <li>• Most sex offenders are required to be supervised in the community</li> </ul>
Criteria for decisions	Judicial decision under sentencing guidelines
<b>Lifetime supervision</b>	No
<b>Supervising agencies</b>	
Population	Not available
<b>Funding</b>	State-funded through DOC
<b>Classification system</b>	Not available
Year implemented/updated	Not available
Required for	Not available
Risk levels	Not available
<b>Assessment</b>	
Purposes	To assess risk
Tools	LSI-R
<b>Specialized caseloads</b>	Yes
Provisions	<ul style="list-style-type: none"> <li>• Just passed legislation to put sex offenders on GPS</li> <li>• In addition to standard conditions of supervision, sex offenders may be subject to the following: <ol style="list-style-type: none"> <li>1. Participate in sex offender assessment, evaluation, and treatment as determined by the Department of Correction. The offenders will be financially responsible for all examinations and treatment unless the Department of Correction finds the offender is financially unable to pay</li> <li>2. Prohibit access or possession of sexually explicit and/or obscene material unless approved by the Probation Officer</li> <li>3. Comply with all statutory requirements imposed upon individuals convicted of a sex offense including but not limited to compliance with 11 Del. Code Section 8510 requiring the submission of photographs, fingerprints and identification, sex offender registration (11 Del. Code Section 4120),</li> </ol> </li> </ul>

	<p>community notification (11 Del. Code Section 4121), and DNA collection (29 Del. Code Section 4713) and limitations regarding contact with school zones (11 Del. Code Section 1112)</p> <ol style="list-style-type: none"> <li>4. Prohibit contact or residing with children under the age of 18 unless approved by the Probation Officer</li> <li>5. Prohibit access, possession or control over or use of a computer device, modem or network interface device. Any device or storage medium of an offender whose use has been approved by the Department of Correction is subject to random examination by the Probation Officer to determine compliance with this requirement. Using a computer modem or network interface device for any purpose which might further sexual activity is strictly prohibited. If violation of this provision is found, the Department of Correction may seize the computer, related equipment and storage devices</li> <li>6. To require submission to polygraph testing to assist in the treatment and supervision of the offender. The failure of a polygraph test alone may not be a basis to violate the offender's probation</li> <li>7. Require no contact with the victim of the crime unless otherwise approved by the Probation Officer</li> </ol>
Caseload	25 (estimate)
Supervisor requirements	Specialized training through the Center for Sex Offender Management
<b>Supervision</b>	
Length	Varies by individual depending on sentence handed down
Services	<ul style="list-style-type: none"> <li>• Nonprofits provide most services</li> <li>• Sex offenders have access to services for general offender population such as education, vocational trainings, etc.—but there is nothing specifically geared toward sex offenders</li> <li>• Housing services are more difficult to provide because sex offenders are not eligible for Section 8 housing</li> </ul>
Collaboration	<ul style="list-style-type: none"> <li>• Depends on probation officer</li> <li>• Not much collaboration with service providers, but goal of SOMB is to tighten relations</li> </ul>
<b>Data and Research</b>	
Type	Demographics
Storage	Electronically
Maintenance	Probation-- Supervisor of sex offender unit keeps data on clients
Evaluation	No

## Florida Sex Offender Treatment & Reentry Programs

TREATMENT—PRISON-BASED	
<b>Availability</b>	<ul style="list-style-type: none"> <li>No formally sanctioned sex offender treatment in prison</li> <li>There is some informal treatment in prison, but very limited – some clinicians may do informal treatment</li> </ul>
TREATMENT—COMMUNITY BASED (Refers to treatment on probation and parole)	
<b>Availability</b>	
Noncitizens	Yes
Gender	Males and females
Criteria for eligibility	Mandatory for those with specified sex offenses: Lewd or Lascivious Offenses committed upon or in the presence of persons less than 16 years of age; Sexual Performance by a child; Selling or Buying of Minors (according to 948.30)
<b>Individualized treatment plans</b>	By private treatment providers
<b>Funding</b>	Individual
<b>Population</b>	
Probation	1,076
Parole	Not available
Other community corrections	142 on Community Control
<b>Treatment providers</b>	
Number	60 programs
Distribution	Statewide
Percentage with waiting list	0%
Percentage with 25% empty slots	0%
Completion rate	Not available
<b>Treatment modality</b>	<ul style="list-style-type: none"> <li>Most programs are cognitive behavioral therapy, relapse prevention, arousal reconditioning, victim empathy, cognitive behavioral therapy to lower negative mood states, relationships</li> <li>Above varies because there is no standard. Legislation 948.30 required qualified practitioner to provide treatment for sex offenders</li> <li>People are urged to go to programs where therapists are members of Association for the Treatment of Sexual Abusers (ATSA)</li> </ul>
Drugs	Yes—anti-androgen law enacted in 1997 (Chemical Castration law 1997), but probably very rarely used
Truth tests	Yes—standard condition for sex offender probation
Individualized vs. manualized	Individualized
Continuity of treatment	Not applicable (no prison-based treatment)
Average duration	2.5 years
<b>Data and Research</b>	No
Type	Not applicable
Storage	Not applicable
Maintenance	Not applicable
Evaluation	Not applicable
REENTRY	
<b>Availability</b>	
Pre-release	Yes
Post-release	Yes
Percentage of state prisons with services	Not available
<b>Specific initiatives</b>	Serious and Violent Reentry Initiative
Specialized sex offender programming	No
<b>Eligibility</b>	

Population	Anybody released from prison is eligible
• Pre-release	Not available
• Post-release	Not available
<b>Funding</b>	State Department of Corrections
<b>Pre-release programming</b>	
Releasing authority and criteria	<ul style="list-style-type: none"> <li>Florida Parole Commissions</li> <li>Based on sentencing guidelines, which are determined upon sentencing (determines release date)</li> </ul>
Enrollment date	Upon entry to prison (discharge planning, education, vocational training, counseling on attitudes about supervision—currently pilot program to bring this to county jail—and education about conditions)
Services available	Not available
Case management	Sex offenders have specialized probation officers
<b>Post-release services</b>	
Case management	Professional correctional specialists
• Supervision	<ul style="list-style-type: none"> <li>Not same as prison case manager</li> <li>Information exchanged on as-needed basis, but this probably very rarely happens</li> <li>Link in prison is classification officer</li> </ul>
• Service coordination	Not available
Nonprofit involvement	Yes, but not for sex offenders
• Faith-based	Not available
• Role	Nonprofits offer full continuum of services: residential, outpatient counseling, food banks, employment assistance, etc.
Services available	Not available
<b>Data and Research</b>	Yes
Type	Entire status: employment, treatment, housing, etc
Storage	Electronic
Maintenance	Department of Corrections
Evaluation	Yes
<b>COMMUNITY SUPERVISION</b>	
<b>Availability</b>	Yes
<b>Eligibility</b>	Not everyone is eligible
Criteria for decisions	<ul style="list-style-type: none"> <li>Anybody who meets criteria as sexual offender or sexual predator and placed on community supervision on sex offense gets these conditions</li> <li>Court/judge determines</li> </ul>
<b>Lifetime supervision</b>	No
<b>Funding</b>	State
<b>Classification system</b>	Risk classification based solely on conviction
Year implemented/updated	Not available
Required for	All
Risk levels	Sexual predator (for those convicted of 1 <sup>st</sup> degree or 2 separate 2 <sup>nd</sup> degree) and sex offender
<b>Assessment</b>	Mental health evaluation, assessment of risk
Purposes	Risk assessment
Tools	Not available
<b>Specialized caseloads</b>	Yes
Provisions	Senior staff, specialized training
Caseload	Up to 20 per officer
Supervisor requirements	Not available
<b>Supervision</b>	
Length	Varies—most from 5 to 15 years
Services	No formal services—up to offender and probation/parole officer to link with state programs for employment, etc.
Collaboration	<ul style="list-style-type: none"> <li>No case manager, just parole/probation officer</li> <li>Up to their discretion how much case management activity they do</li> </ul>

	<ul style="list-style-type: none"> <li>• Frequent contact with therapist, etc.</li> </ul>
<b>Data and Research</b>	Yes
Type	Not available
Storage	Electronic
Maintenance	Department of Corrections
Evaluation	Yes

## Georgia Sex Offender Treatment & Reentry Programs

TREATMENT—COMMUNITY BASED (Refers to treatment on probation and parole)	
<b>Availability</b>	
Noncitizens	Yes
Gender	Males and females
Criteria for eligibility	Sentencing judges decide during the sentencing if the special condition of sex offender treatment will be imposed
<b>Individualized treatment plans</b>	Sentencing judges decide during the sentencing, but treatment providers also make the determination if left to them by the judges
<b>Funding</b>	Offender-funded
<b>Population</b>	
Probation	6,022 (official)
Parole	Not available
Other community corrections	Not applicable
<b>Percentage in treatment</b>	
Probation	72.7% (official, poll of the field)
Parole	Not available
Other community corrections	Not applicable
<b>Treatment providers</b>	
Number	34
Distribution	Statewide
Percentage with waiting list	0%
Percentage with 25% empty slots	Not available
Completion rate	Not available
<b>Treatment modality</b>	Denial, sexual arousal control, cognitive restructuring, relapse prevention, knowledge and skill, family and other social support network, empathy enhancement, interpersonal skills training, emotional management, contact with children, family reunification and visitation
Drugs	Chemical castration, if ordered by judge
Truth tests	Polygraphs
Individualized vs. manualized	Both—treatment providers have to follow minimum guidelines but they are allowed flexibility within those minimum guidelines
Continuity of treatment	Not applicable (no prison-based treatment)
Average duration	Not available
<b>Data and Research</b>	None collected
Type	Not applicable
Storage	Not applicable
Maintenance	Not applicable
Evaluation	Not applicable
REENTRY	
<b>Availability</b>	
Pre-release	Yes
Post-release	Yes
Percentage of state prisons with services	100% (official, scorecard, data warehouse)
<b>Specific initiatives</b>	<ul style="list-style-type: none"> <li>• National Institute of Correction’s Transition from Prison to the Community Initiative (<a href="http://www.nicic.org/TPCGeorgia">http://www.nicic.org/TPCGeorgia</a>)</li> <li>• Fatherhood Initiative</li> <li>• Serious and Violent Offender Reentry Initiative (SVORI)</li> <li>• Georgia Reentry Impact Project (GRIP)</li> </ul>
Specialized sex offender programming	No
<b>Eligibility</b>	<ul style="list-style-type: none"> <li>• All offenders are eligible for reentry services</li> <li>• Certain initiatives exclude sex offenders</li> </ul>

Population	<ul style="list-style-type: none"> <li>• 118 in the Reentry Skills-Building Program</li> <li>• 59 in In House Transitional Centers</li> <li>• 2 in Transitional Centers</li> <li>• All of above are official numbers, DOC database</li> </ul>
<ul style="list-style-type: none"> <li>• Pre-release</li> </ul>	Not available
<ul style="list-style-type: none"> <li>• Post-release</li> </ul>	Not available
<b>State standard?</b>	No, but currently developing Standard Operation Procedures for Reentry
Developed by whom?	Not applicable
Oversight by whom?	Operation, Planning and Development Division
<b>Pre-release programming</b>	
Releasing authority and criteria	<ul style="list-style-type: none"> <li>• State Board of Pardons and Paroles</li> <li>• Criteria: nature of offense, past criminal history, victim statements, pre-sentence investigations</li> </ul>
Enrollment date	At intake
Services available	<ul style="list-style-type: none"> <li>• In-house transition centers, building cognitive skills, vocational education, and substance abuse treatment, PIE (prison industry enhancement) programs—job skills training (<a href="http://www.nicic.org/TPCGeorgia">http://www.nicic.org/TPCGeorgia</a>), support and services to fathers</li> <li>• Drug treatment, sex offender treatment referrals</li> </ul>
Case management	<ul style="list-style-type: none"> <li>• Counselors are assigned to inmates upon entry to a facility</li> <li>• When on probation/parole, a specialized officer is assigned</li> </ul>
<b>Post-release services</b>	
Case management	<ul style="list-style-type: none"> <li>• Not same case manager as in prison</li> <li>• After they are released they are assigned to a specialized probation/parole officer who has been trained in the offender's needs</li> </ul>
<ul style="list-style-type: none"> <li>• Supervision</li> </ul>	Not available
<ul style="list-style-type: none"> <li>• Service coordination</li> </ul>	Parole/probation officer refers treatment that meets specific needs
Nonprofit involvement	Yes
<ul style="list-style-type: none"> <li>• Faith-based</li> </ul>	50% (estimate)
<ul style="list-style-type: none"> <li>• Role</li> </ul>	No-cost or reduced fees for treatment, residential, food and job assistance.
Services available	<ul style="list-style-type: none"> <li>• State and local agencies and community service providers offer assistance with employment, housing and other needs</li> <li>• Services available at least through probation/parole</li> </ul>
<b>Data and Research</b>	
Type	Class and program completion
Storage	Offender tracking system
Maintenance	Department of Corrections
Evaluation	Yes
<b>COMMUNITY SUPERVISION</b>	
<b>Availability</b>	Yes
<b>Eligibility</b>	<ul style="list-style-type: none"> <li>• Not mandatory</li> <li>• Determined by State Law or Judges Order</li> </ul>
Criteria for decisions	Community supervision is determined by the sentencing judge or the Georgia Board of Pardons and Parole
<b>Lifetime supervision</b>	Yes, offenders may receive lifetime supervision for the following offenses: Kidnapping (when victim is under 14), Rape, Aggravated Sodomy, Aggravated Child Molestation, Aggravated Sexual Battery
<b>Supervising agencies</b>	Sex offenders on probation are supervised by Specialized Supervision Officers who only deal with sex offenders and receive training on the supervision of those offenders
Population	<ul style="list-style-type: none"> <li>• 6,022 on probation (official)</li> <li>• Number not available for parole</li> </ul>
<b>Funding</b>	State
<b>Classification system</b>	Yes
Year implemented/updated	Not available

Required for	<ul style="list-style-type: none"> <li>• All offenders required by law to register.</li> <li>• All cases that were originally charged with an offense required to register by O.C.G.A. 42-1-12, but were reduced to a non-registerable offense</li> <li>• Any offender sentenced for an offense required by O.C.G.A. 42-1-12 to register, but is not required to register due to date of conviction (or FOA status)</li> <li>• All cases court-ordered to attend sex offender treatment and/or undergo a sex offender evaluation</li> </ul>
Risk levels	Standard, Medium, High, Max
<b>Assessment</b>	Yes
Purposes	To determine the offender's propensity to re-offend
Tools	STATIC-99
<b>Specialized caseloads</b>	Yes
Provisions	Reduced caseload and contacts, additional special conditions
Caseload	<ul style="list-style-type: none"> <li>• Based on contacts</li> <li>• Officer can not exceed 160 total contacts per month</li> <li>• Contacts include face to face contacts, collateral contacts (someone other than the offender, treatment providers, family, other law enforcement)</li> </ul>
Supervisor requirements	Basic Sex Offender Management Training (new officers), annual Sex Offender Management Training
<b>Supervision</b>	
Length	Not available
Services	Sex Offender Treatment, Georgia Department of Labor
Collaboration	<ul style="list-style-type: none"> <li>• Yes, they are given points of contact with each respective Sheriff's Office</li> <li>• Department also partners with all levels of law enforcement (i.e. Georgia Department of Family and Children's Services)</li> </ul>
<b>Data and Research</b>	
Type	Total number of offenders, types of offenses, revocations
Storage	SCRIBE – Department's database
Maintenance	Georgia Department of Correction's Office of Planning and Analysis
Evaluation	Study on child sex offenders

## Idaho Sex Offender Treatment & Reentry Programs

TREATMENT—PRISON-BASED	
<b>Availability</b>	Pre-treatment is available in some of the medium custody facilities
<b>State standard</b>	Yes
Developed by whom?	Association for the Treatment of Sexual Abusers (ATSA) providers
Oversight by whom?	Department of Corrections (DOC)
<b>Funding</b>	State-funded through the Department of Corrections
<b>Eligibility</b>	All sex offenders are eligible
Noncitizens	Are eligible as long as there is no Immigration and Naturalization Service (INS) hold
Gender	Males only
Mentally ill	<ul style="list-style-type: none"> <li>• Mentally ill offenders are eligible for treatment</li> <li>• May be excluded as a result of a psychological evaluation</li> </ul>
Criteria for eligibility	<ul style="list-style-type: none"> <li>• Must be within 1 year of parole hearing date</li> <li>• Must agree to a degree of the offense (i.e. take responsibility)</li> <li>• Must have a psychological evaluation</li> <li>• Must agree to treatment</li> </ul>
<b>Population</b>	
Sex offenders in prison population	1,346 (official DOC number)
Percentage in treatment	<ul style="list-style-type: none"> <li>• 19% of sex offenders are in institutional programs and education</li> <li>• 8% of sex offenders are in sex offender-specific treatment/cognitive self-change programs</li> </ul>
<b>Programs</b>	
Prisons with programs available	3 of 6 prisons have some treatment available
Average capacity	12-15 beds
Percentage with waiting list	100% (estimate)
Percentage with 25% empty slots	0% (estimate)
Average ratio of providers/offenders	1:12 (estimate)
Average duration	<ul style="list-style-type: none"> <li>• Sex Offender Treatment Phase I: 8 months</li> <li>• Moral Recognition Therapy: 26 weeks</li> <li>• Cognitive Self-Change Phase I: Not available</li> </ul>
Enrollment date	6-12 months prior to release (official DOC)
Content	Cognitive behavioral therapy
• Drugs	No
• Truth tests	Polygraph used
• Individualized vs. manualized	Blend
Treatment requirement for release	Not required
Completion rate	85% (official DOC)
<b>Provider certification</b>	<ul style="list-style-type: none"> <li>• ATS-certified</li> <li>• Master's level psychology or social work degree</li> <li>• State license</li> <li>• 20 Continuing Education Units per year</li> </ul>
<b>Assessment</b>	
Purposes	<ul style="list-style-type: none"> <li>• To define risks and needs</li> <li>• Treatability</li> </ul>
Tools	<ul style="list-style-type: none"> <li>• Psychological Assessments</li> <li>• Personal Inventory</li> <li>• MnSOST</li> <li>• Static-99</li> <li>• LSI-R</li> </ul>
<b>Data and Research</b>	
Type	Some data is collected but the type was not specified

Storage	Central Integrated System
Maintenance	DOC
Evaluation	No
<b>TREATMENT—COMMUNITY BASED</b> (Refers to treatment on probation and parole)	
<b>Availability</b>	
Noncitizens	Yes
Gender	Males and females
Criteria for eligibility	<ul style="list-style-type: none"> <li>• Sentencing Authority makes decisions about treatment</li> <li>• If the Sentencing Authority decrees that someone is not supervised as a sex offender, then he/she is not eligible for treatment</li> </ul>
<b>Individualized treatment plans</b>	<ul style="list-style-type: none"> <li>• DOC</li> <li>• Treatment providers</li> </ul>
<b>Funding</b>	<ul style="list-style-type: none"> <li>• Offender-funded</li> <li>• Some grant money available</li> </ul>
<b>Population</b>	
Probation	728 (official)
Parole	260 (official)
Other community corrections	Not applicable
<b>Percentage in treatment</b>	Numbers are not available for all districts – the numbers below apply to the Boise area (District 4) which manages one-third of all sex offenders on community supervision
Probation	94%
Parole	94%
Other community corrections	Not applicable
<b>Treatment providers</b>	
Number	12 (estimate)
Distribution	All 7 districts have providers
Percentage with waiting list	0%
Percentage with 25% empty slots	0% (estimate)
Completion rate	Not available
<b>Treatment modality</b>	
Drugs	Some medical management
Truth tests	Polygraph used
Individualized vs. manualized	Blend
Continuity of treatment	<ul style="list-style-type: none"> <li>• It depends on a variety of factors</li> <li>• Some start over while some have to go back to the beginning</li> </ul>
Average duration	<ul style="list-style-type: none"> <li>• 2.5 years</li> <li>• Aftercare is ongoing (in District 4, lasts for the entire supervision period)</li> </ul>
<b>Data and Research</b>	
Type	Some data is collected but the type was not specified
Storage	Central Integrated System
Maintenance	DOC
Evaluation	No
<b>REENTRY</b>	
<b>Availability</b>	
Pre-release	Yes
Post-release	Yes
Percentage of state prisons with services	Not available
<b>Specific initiatives</b>	<ul style="list-style-type: none"> <li>• Nothing specifically for sex offenders</li> <li>• Reentry plays a small role in the work of the Idaho Criminal Justice Council, a group put together by the Governor’s Office</li> <li>• The legislature recently committed \$4.5 million to work on reentry substance abuse issues</li> </ul>
Specialized sex offender programming	Yes

<b>Eligibility</b>	
Population	<ul style="list-style-type: none"> <li>All sex offenders are eligible</li> <li>Services are not mandatory</li> </ul>
<ul style="list-style-type: none"> <li>Pre-release</li> </ul>	<ul style="list-style-type: none"> <li>19% of sex offenders are in institutional programs and education</li> <li>8% of sex offenders are in sex offender-specific treatment/cognitive self-change programs</li> </ul>
<ul style="list-style-type: none"> <li>Post-release</li> </ul>	<ul style="list-style-type: none"> <li>24% are in internal programs</li> <li>External programs are not included so the total number who participate in reentry programs is likely higher</li> </ul>
<b>State standard?</b>	No
Developed by whom?	Not applicable
Oversight by whom?	Not applicable
<b>Funding</b>	<ul style="list-style-type: none"> <li>Grant programs</li> <li>State (very little)</li> <li>Offenders</li> <li>Providers</li> </ul>
<b>Pre-release programming</b>	
Releasing authority and criteria	<ul style="list-style-type: none"> <li>Parole Commission</li> <li>Criteria: time served, behavior, treatment attended</li> <li>Parole Commission does not use assessment tools but will look at the results of assessments done by DOC</li> </ul>
Enrollment date	6 months to 1 year (official)
Services available	<ul style="list-style-type: none"> <li>Sex Offender Treatment Phase – pre-treatment</li> <li>Pre-release Classes</li> <li>Polygraph</li> </ul>
Case management	<ul style="list-style-type: none"> <li>Each offender is assigned a manager upon entry to the prison</li> <li>The case worker usually changes as they move from facility to facility</li> <li>Many are social workers, but they do not have to be licensed</li> <li>There are no case workers specific to sex offenders</li> </ul>
<b>Post-release services</b>	
Case management	Not the same case manager as in prison
<ul style="list-style-type: none"> <li>Supervision</li> </ul>	Sex Offender Specialized Caseload Officers (probation and parole officers)
<ul style="list-style-type: none"> <li>Service coordination</li> </ul>	File sharing, internal data sharing, and communication including by email about cases
Nonprofit involvement	Yes
<ul style="list-style-type: none"> <li>Faith-based</li> </ul>	<ul style="list-style-type: none"> <li>A small percentage of nonprofits are faith-based</li> <li>There is one organization based in Boise that plays an important role</li> </ul>
<ul style="list-style-type: none"> <li>Role</li> </ul>	<ul style="list-style-type: none"> <li>Generally they oversee their own programs</li> <li>Mainly offer help with housing (shelters and homes), clothing, job training etc.</li> </ul>
Services available	<ul style="list-style-type: none"> <li>Vocational rehabilitation</li> <li>Drug and alcohol treatment</li> <li>Cognitive core programming</li> <li>Transitional funds for housing</li> <li>Assistance with polygraph</li> <li>Anything else that offenders are eligible for as long as it doesn't violate anything in their sex offender agreement</li> </ul>
<b>Data and Research</b>	
Type	Some data is collected but the type was not specified
Storage	Central Integrated System
Maintenance	DOC
Evaluation	No
<b>COMMUNITY SUPERVISION</b>	
<b>Availability</b>	Yes
<b>Eligibility</b>	Not mandatory

Criteria for decisions	<ul style="list-style-type: none"> <li>• Whether they are released to parole or because time expired</li> <li>• Although rare, Judge may not order sex offender treatment</li> <li>• Determined by court or Parole Commission</li> </ul>
<b>Lifetime supervision</b>	Yes, for those receiving life sentences
<b>Supervising agencies</b>	Probation and Parole
Population	Probation: 728 (official) Parole: 260 (official)
<b>Funding</b>	<ul style="list-style-type: none"> <li>• Offenders (through cost of supervision)</li> <li>• State</li> <li>• Some Grant Programs</li> </ul>
<b>Classification system</b>	Yes
Year implemented/updated	Modified in February 2007
Required for	All offenders
Risk levels	Levels 1, 2, and 3 (with 3 being the highest)
<b>Assessment</b>	Yes
Purposes	<ul style="list-style-type: none"> <li>• Risk, needs, and treatability</li> </ul>
Tools	<ul style="list-style-type: none"> <li>• LSI-R</li> <li>• RRASOR</li> <li>• STATIC-99</li> <li>• Treatment and Progress Scale (TPS)</li> </ul>
<b>Specialized caseloads</b>	Yes
Provisions	Additional Training – higher standards
Caseload	<ul style="list-style-type: none"> <li>• 40-75 (estimate)</li> <li>• If the supervising officer is new, the numbers will be kept lower</li> <li>• Number depends on the risk levels of the offenders supervised</li> </ul>
Supervisor requirements	20 hours of special sex offender training annually in addition to the 40 hours all officers are required to complete
<b>Supervision</b>	
Length	<ul style="list-style-type: none"> <li>• Between FY2000 and 2007, there were 1,278 sex offenders released from felony probation: 51% completed supervision and were discharged, spending an average of 64 months on supervision prior to discharge; 19% failed and were sent to retained jurisdiction (intermediate program lasting 120 days); 30% were revoked and sent to prison</li> <li>• Between FY2000 and 2007, there were 661 sex offenders released from felony probation: 34% completed supervision and were discharged, spending an average of 45 months on supervision prior to discharge; 66% violated parole and were committed to parole violator status by Board (63% of these were revoked and the remaining reinstated)</li> </ul>
Services	<ul style="list-style-type: none"> <li>• Vocational rehabilitation</li> <li>• Drug and alcohol treatment</li> <li>• Cognitive core programming</li> <li>• Transitional funds for housing</li> <li>• Assistance with polygraph</li> <li>• Anything else that offenders are eligible for as long as it does not violate anything in their sex offender agreement</li> </ul>
Collaboration	Frequent collaboration
<b>Data and Research</b>	
Type	Some data is collected but the type was not specified
Storage	Central Integrated System
Maintenance	DOC
Evaluation	No

## Illinois Sex Offender Treatment & Reentry Programs

TREATMENT—PRISON-BASED	
<b>Availability</b>	<ul style="list-style-type: none"> <li>• In 7 facilities throughout the state</li> <li>• There are no specialized sex offender facilities; however, approximately 75% of the inmates at Big Muddy Correctional Facility are sex offenders. This facility also houses offenders who have been civilly committed as Sexually Dangerous</li> </ul>
<b>State standard</b>	Yes, the Illinois Sex Offender Management Board produces the standards
Developed by whom?	Sex Offender Management Board developed all the standards and are based on the Colorado Sex Offender Management Board and Association for Treatment of Sexual Abusers (ATSA) standards
Oversight by whom?	Sex Offender Management Board
<b>Funding</b>	State funded
<b>Eligibility</b>	<ul style="list-style-type: none"> <li>• Every sex offender is eligible for treatment if they want it</li> <li>• Participation in treatment is voluntary</li> </ul>
Noncitizens	Yes
Gender	<ul style="list-style-type: none"> <li>• Males and females</li> <li>• Since there are a low number of female sex offenders, females mainly participate in individual treatment</li> </ul>
Mentally ill	Handled the same way as everyone else—treatment is a voluntary program so mentally ill sex offenders are not required to receive treatment
Criteria for eligibility	Must admit or partially admit to sex offense in order to be eligible to receive treatment
<b>Population</b>	
Sex offenders in prison population	6,800 sex offenders in prison (estimate)
Percentage in treatment	3% in treatment (estimate)
<b>Programs</b>	
Prisons with programs available	<ul style="list-style-type: none"> <li>• 7 prisons (names of all prisons not specified)</li> </ul>
Average capacity	<ul style="list-style-type: none"> <li>• Varies from program to program</li> <li>• At Big Muddy River Correctional Facility the capacity is 93 sex offenders</li> <li>• At Graham Correctional Center the capacity is 50 offenders</li> <li>• The other 5 facilities have about 10 slots available at each site</li> </ul>
Percentage with waiting list	Almost all programs have waiting lists
Percentage with 25% empty slots	0%
Average ratio of providers/offenders	<ul style="list-style-type: none"> <li>• No more than 10-12 individuals should participate in a group treatment session</li> <li>• Sometimes there is one provider and some groups have co-therapists</li> <li>• The group size should not exceed 12 regardless of the number of therapists</li> </ul>
Average duration	<ul style="list-style-type: none"> <li>○ In the two larger programs listed above, treatment typically lasts for 2 years (estimate)</li> <li>○ The treatment duration at the five smaller programs varies</li> </ul>
Enrollment date	In the two larger programs listed above, treatment begins approximately 2 years prior to an offender's release and usually no more than five years prior to the release date
Content	Cognitive behavioral therapy, arousal control techniques, relapse prevention, victim empathy, and psychoeducation programs
<ul style="list-style-type: none"> <li>• Drugs</li> </ul>	Not administered in prison-based treatment, but are sometimes administered in the state's civil commitment program
<ul style="list-style-type: none"> <li>• Truth tests</li> </ul>	No
<ul style="list-style-type: none"> <li>• Individualized vs. manualized</li> </ul>	Follows a basic manualized model, but treatment providers tailor the treatment to make it specific to the offender's needs and crime
Treatment requirement for release	Not required for release because treatment is completely voluntary
Completion rate	Not available
<b>Provider certification</b>	<ul style="list-style-type: none"> <li>• The Illinois Sex Offender Management Board sets the standards for treatment providers</li> <li>• In order to be approved to provide sex offender treatment, an applicant must: a) hold</li> </ul>

	a bachelor's degree or higher in social work, psychology, marriage and family therapy, counseling, psychiatry, or other coursework within which degree the applicant can verify successful completion of coursework in assessment, social problems, abnormal psychology, counseling skills, or similar therapeutic discipline; b) have 400 hours of supervised experience in the treatment of sex offenders in the last 4 years, at least 200 of which are face-to-face therapy with sex offenders; and c) have at least 40 hours documented training in the specialty of sex offender assessment/treatment/management
<b>Assessment</b>	Offenders assessed for treatment needs
Purposes	<ul style="list-style-type: none"> <li>To understand an offender's offense history, readiness for treatment, cognitive abilities and risk factors</li> <li>The Department of Corrections also conducts pre-release evaluations—this evaluation looks at how successful a parolee would be on supervision (e.g., is there family support, does the offender have a place to live, etc.)</li> <li>The pre-release report incorporates both static and dynamic factors of the offender</li> </ul>
Tools	<ul style="list-style-type: none"> <li>STATIC-99, MnSOST-R</li> <li>There is also an Illinois-specific assessment</li> </ul>
<b>Data and Research</b>	Collect data on which offenders return to prison on violations and victims violations
Type	Not available
Storage	Not available
Maintenance	Not available
Evaluation	No evaluations have been conducted
<b>TREATMENT—COMMUNITY BASED (Refers to treatment on parole)</b>	
<b>Availability</b>	<ul style="list-style-type: none"> <li>Yes, there are two offices where the Illinois Department of Corrections provides sex offender treatment—one in Chicago and one in East St. Louis—these programs are funded by the Illinois Department of Corrections</li> <li>The state also has a contractual program in Carbondale</li> <li>The state does not have programs in other areas—offenders who live in other areas have to go to private treatment providers</li> </ul>
Noncitizens	Yes, for those who are not deported
Gender	Males and females
Criteria for eligibility	Not available
<b>Individualized treatment plans</b>	<ul style="list-style-type: none"> <li>Treatment providers make decisions about individualized treatment plans—whether it be a state or privately funded program</li> <li>The parole agent and the treatment provider work together within a containment model to create the treatment plan</li> </ul>
<b>Funding</b>	Combination of state and private funding
<b>Population</b>	
Probation	Not applicable
Parole	1,100 (estimate)
Other community corrections	Not applicable
<b>Percentage in treatment</b>	
Probation	Not applicable
Parole	<ul style="list-style-type: none"> <li>85% in treatment</li> <li>The 15% who are not in treatment either have some intense levels of mental illness that prevent them from being able to participate in treatment or may have just been released from prison and have yet to be evaluated for treatment</li> <li>Also, some areas of the state (remote and rural) do not have qualified treatment providers to conduct sex offender-specific therapy</li> </ul>
Other community corrections	Not applicable
<b>Treatment providers</b>	
Number	400 (estimate)
Distribution	Located throughout the state
Percentage with waiting list	Not available
Percentage with 25% empty slots	Not available

Completion rate	Not available
<b>Treatment modality</b>	<ul style="list-style-type: none"> <li>• Similar to in-prison treatment</li> <li>• Community-based treatment also includes some adjunct family therapy and individual counseling if appropriate</li> </ul>
Drugs	Not available
Truth tests	Polygraphs are administered
Individualized vs. manualized	Same as in-prison treatment (combination of individualized and manualized plans)
Continuity of treatment	<ul style="list-style-type: none"> <li>• There is an effort to coordinate treatment as offenders transition into the community</li> <li>• Offenders sign a release for therapists to provide information about their treatment to the parole department and to community treatment providers</li> </ul>
Average duration	2 years (estimate)
<b>Data and Research</b>	Minimal data is collected by the Illinois Department of Corrections because a majority of the offenders are in private programs
Type	Not applicable
Storage	Not applicable
Maintenance	Not applicable
Evaluation	Not applicable
<b>COMMUNITY SUPERVISION</b> (refers to parole)	
<b>Availability</b>	Yes
<b>Eligibility</b>	Mandatory
Criteria for decisions	Not available
<b>Lifetime supervision</b>	<ul style="list-style-type: none"> <li>• For offenders convicted of Predatory Criminal Sexual Assault, Aggravated Criminal Sexual Assault, and Criminal Sexual Assault and were convicted on or after December 13, 2005</li> <li>• The Prisoner Review Board decides on length of parole for these offenders and it can range from 3 years to life</li> </ul>
<b>Supervising agencies</b>	
Population	See above for parole
<b>Funding</b>	State-funded
<b>Assessment</b>	Community treatment providers conduct an assessment when an offender enrolls in treatment
Purposes	To assess level of risk, need for treatment, level of service provided
Tools	Varies by provider
<b>Specialized caseloads</b>	Yes
Provisions	Offenders on specialized caseloads have very specific conditions of parole including electronic detention, Global Positioning System (GPS) monitoring, residency restrictions, and strict provisions for contact with children
Caseload	20 cases per officer on average
Supervisor requirements	<ul style="list-style-type: none"> <li>• Officers required to participate in 80 hours of training on sex offender supervision</li> <li>• Provides information on sex offender treatment, community sex offender management strategies, legislation specific to sex offenders, surveillance, victim issues, etc.</li> <li>• Ongoing training is provided after the 80 hours</li> </ul>
<b>Supervision</b>	
Length	<ul style="list-style-type: none"> <li>• Duration of parole</li> <li>• Generally 1-3 years, but can extend to lifetime as indicated above</li> </ul>
Services	Not available
Collaboration	<ul style="list-style-type: none"> <li>• Supervisors work with treatment staff as a part of the department's containment team model</li> <li>• The department tries to get as many people involved to provide wraparound services for offenders</li> </ul>
<b>Data and Research</b>	
Type	<ul style="list-style-type: none"> <li>• Maintain data on recidivism</li> <li>• Do not collect any data at the individual level</li> </ul>
Storage	Not available

Maintenance	Not available
Evaluation	Not available

## Indiana Sex Offender Treatment & Reentry Programs

TREATMENT—PRISON-BASED	
<b>Availability</b>	<ul style="list-style-type: none"> <li>• Treatment is available in three correctional facilities: Plainfield Correctional Facility, Miami Correctional Facility, Rockville Correctional Facility (female facility)</li> <li>• All services are provided by Liberty Behavioral Health (LBH)—private contractor that has been providing services to sex offenders since 1999</li> <li>• Liberty contract covers prison-based and community-based treatment (continuous program)</li> <li>• Other offenders have access to treatment as well, but not in main group program</li> </ul>
<b>State standard</b>	Liberty Behavioral Health has a list of performance indicators in contract with state
Developed by whom?	Liberty Behavioral Health
Oversight by whom?	Department of Corrections (DOC)
<b>Funding</b>	State-funded through DOC
<b>Eligibility</b>	Available to all sex offenders
Noncitizens	Yes (even those not in the country legally)
Gender	Males and females
Mentally ill	<ul style="list-style-type: none"> <li>• Dealt with on an individual basis</li> <li>• If mental illness precludes an individual from receiving treatment, then he/she does not receive it</li> <li>• All others are eligible</li> </ul>
Criteria for eligibility	<ul style="list-style-type: none"> <li>• Prison-based treatment is mandated by statute: offenders who refuse to participate could receive a discipline report and hearing</li> <li>• If offender is found at hearing to be in violation of disciplinary code, and continues to refuse treatment, he/she could lose earned credit time and have restrictions on visitation</li> </ul>
<b>Population</b>	
Sex offenders in prison population	4,000 (estimate)
Percentage in treatment	<ul style="list-style-type: none"> <li>• At any given time, there are 1,000 in treatment at Plainfield, but only 100 in treatment at Miami</li> <li>• Long-term plan is to implement the new program in both prisons so that both can accommodate 1,000 patients at a time</li> <li>• Everyone is seen in some capacity before they are released, but not intensively at one facility</li> </ul>
<b>Programs</b>	
Prisons with programs available	3 (2 male, 1 female)
Average capacity	Not available
Percentage with waiting list	Not available
Percentage with 25% empty slots	Not available
Average ratio of providers/offenders	Each provider has group of about 10 offenders (estimate)
Average duration	<ul style="list-style-type: none"> <li>• 2 months (18 hours per week)</li> <li>• Over the next year, when everyone in facilities gets treatment, duration will be length of stay</li> </ul>
Enrollment date	Varies—sometimes right before release
Content	Cognitive-behavioral therapy with relapse prevention, arousal management, interpersonal skills, psychoeducational component
<ul style="list-style-type: none"> <li>• Drugs</li> </ul>	No
<ul style="list-style-type: none"> <li>• Truth tests</li> </ul>	Polygraph
<ul style="list-style-type: none"> <li>• Individualized vs. manualized</li> </ul>	Manualized within risk groups (i.e. low risk gets less treatment than high risk)
Treatment requirement for release	No
Completion rate	Not available
<b>Provider certification</b>	<ul style="list-style-type: none"> <li>• 2 levels of providers:</li> </ul>

	<ol style="list-style-type: none"> <li>1. Counselor 1: must be licensed as a mental health provider</li> <li>2. Counselor 2: not required to be licensed, but must have degree in social work/psychology or sex offender treatment experience</li> </ol> <ul style="list-style-type: none"> <li>• Counselor 1 works with higher risk offenders</li> <li>• Counselor 2 conducts psychoeducation groups and process groups</li> </ul>
<b>Assessment</b>	
Purposes	Risk assessment and other treatment needs
Tools	<ul style="list-style-type: none"> <li>• STATIC-99 used for risk assessment</li> <li>• MSI-II, psychological inventory of criminal thinking styles (PICS) conducted at intake for treatment needs</li> <li>• STABLE occasionally used for risk assessment</li> <li>• STABLE and STATIC actuarial</li> <li>• PICS and MSI have been validated</li> </ul>
<b>Data and Research</b>	
Type	<ul style="list-style-type: none"> <li>• LBH has utilization data (i.e. individual is in treatment, individual refused treatment), but not much data on progress</li> <li>• No demographic data (although DOC probably keeps that)</li> </ul>
Storage	Paper and electronic
Maintenance	<ul style="list-style-type: none"> <li>• Liberty Health</li> <li>• Sometimes in department databases</li> <li>• DOC maintains some records</li> </ul>
Evaluation	Recidivism data on men released into community-based treatment
<b>TREATMENT—COMMUNITY BASED</b> (Refers to treatment on parole)	
<b>Availability</b>	<ul style="list-style-type: none"> <li>• Liberty Behavioral Health contracts with the DOC to provide prison and community-based treatment to sex offenders—community treatment is consistent with the parameters of prison treatment</li> <li>• Mandatory for all sex offenders on parole</li> </ul>
Noncitizens	Not available
Gender	Not available
Criteria for eligibility	Not available
<b>Individualized treatment plans</b>	Not available
<b>Funding</b>	State funded through DOC
<b>Population</b>	
Probation	Not available
Parole	Currently 700 parolees (estimate)
Other community corrections	Not applicable
<b>Percentage in treatment</b>	
Probation	Not available
Parole	98% (estimate)
Other community corrections	Not applicable
<b>Treatment providers</b>	Liberty Behavioral Health subcontracts with providers across the state, who go through credential process to ensure that they meet treatment standards
Number	45-50 (estimate)
Distribution	Statewide
Percentage with waiting list	0%
Percentage with 25% empty slots	Not available
Completion rate	Not available
<b>Treatment modality</b>	Cognitive-behavioral therapy with relapse prevention, arousal management, interpersonal skills, psychoeducational component
Drugs	No
Truth tests	Polygraph
Individualized vs. manualized	Manualized within risk groups (i.e. low risk gets less treatment than high risk)
Continuity of treatment	Not available
Average duration	Treatment lasts as long as supervision

<b>Data and Research</b>	<ul style="list-style-type: none"> <li>• LBH has utilization data (i.e. individual is in treatment, individual refused treatment), but not much data on progress</li> <li>• No demographic data (although DOC probably keeps that)</li> </ul>
Type	Paper and electronic
Storage	<ul style="list-style-type: none"> <li>• Liberty Health</li> <li>• Sometimes in department databases</li> <li>• DOC maintains some records</li> </ul>
Maintenance	Recidivism data on men released into community-based treatment
Evaluation	Annual recidivism study examines how many parolees violate or recidivate with new sex crime
<b>REENTRY</b>	
<b>Availability</b>	
Pre-release	Yes
Post-release	Yes—Community Transition Program, Work Release, Community Corrections, Parole and Probation Supervision
Percentage of state prisons with services	100% (official statistic, from pre-release reentry programs)
<b>Specific initiatives</b>	Transition From Prison to Community Initiative (TPCI)
Specialized sex offender programming	<ul style="list-style-type: none"> <li>• Yes—sex offender treatment is mandated and if sex offender refuses then disciplinary action is taken</li> <li>• As part of treatment, offender is required to plan for release—this includes education on residence restriction and registration responsibilities</li> </ul>
<b>Eligibility</b>	Participation is required for all sex offenders
Population	
<ul style="list-style-type: none"> <li>• Pre-release</li> </ul>	500 sex offenders within 6 months of release (estimate from Indiana Department of Corrections Planning Division)
<ul style="list-style-type: none"> <li>• Post-release</li> </ul>	725 sex offenders under parole eligible for post-release (estimate from Indiana Department of Corrections Planning Division)
<b>State standard?</b>	Yes
Developed by whom?	Department of Corrections Policy and Statute
Oversight by whom?	Director of Reentry and the Indiana Department of Corrections (IDOC) Executive Staff
<b>Funding</b>	State funded, majority comes through IDOC budget
<b>Pre-release programming</b>	
Releasing authority and criteria	<ul style="list-style-type: none"> <li>• Indiana Department of Corrections—based on state statute</li> <li>• STATIC-99 is risk indicator</li> </ul>
Enrollment date	Evaluations and assessments begin at intake
Services available	Education, placement planning, sex offender-specific treatment
Case management	<ul style="list-style-type: none"> <li>• Case managers are IDOC employees that are members of the Unit Team Offender Management system used by IDOC</li> <li>• Assigned upon arrival in correctional facility</li> </ul>
<b>Post-release services</b>	
Case management	Not available
<ul style="list-style-type: none"> <li>○ Supervision</li> </ul>	<ul style="list-style-type: none"> <li>• Parole supervision provided by IDOC, while probation and community corrections provided by courts</li> <li>• Different case managers than those assigned in prison, but unit team will hand off to community supervision team when offender is released to supervision</li> <li>• Parole supervision and containment team (treatment) have access to reentry accountability plan and treatment summary report</li> </ul>
<ul style="list-style-type: none"> <li>• Service coordination</li> </ul>	Post-release supervisors also coordinate services
Nonprofit involvement	Limited participation
<ul style="list-style-type: none"> <li>• Faith-based</li> </ul>	Not available
<ul style="list-style-type: none"> <li>• Role</li> </ul>	Not available
Services available	<ul style="list-style-type: none"> <li>• Treatment, polygraph, financial assistance, referral services for employment, housing assistance, medical services, mental health services</li> <li>• While on parole, the offender will be monitored by the containment team, and as</li> </ul>

	the offender becomes stable and adjusted in the community fewer services are needed
<b>COMMUNITY SUPERVISION (Refers to Parole)</b>	
<b>Availability</b>	Yes
<b>Eligibility</b>	<ul style="list-style-type: none"> <li>• Not mandatory for sex offenders to be on parole—function of the sentence imposed by the court</li> <li>• If an offender comes to the DOC with suspended time that offender may not be on parole—due to the probation sentence (suspended time)</li> <li>• If an offender is given a straight executed sentence then he comes to parole—this is the majority of cases</li> <li>• If certain types of sex offenders are released onto parole, they must be supervised in a specialized Sex Offender Management Program (SOMP—see below)</li> </ul>
Criteria for decisions	<ul style="list-style-type: none"> <li>• If sex offender is released onto parole for one of the following crimes, must be supervised in SOMP: Rape, Criminal Deviant Conduct, Molesting, Exploitation, Pornography, Sexual Battery, Sexual Misconduct with a Minor, Incest, Public Indecency, Prostitution with a Minor, Failure to Register as a Sex Offender (this list is not exhaustive)</li> <li>• In addition, if released onto parole for non-sexual offense but have history of one of the above offenses, placed on SOMP</li> <li>• If sex offender maxes out in prison, not required to be on post-release supervision</li> </ul>
<b>Lifetime supervision</b>	Yes—but brand new and only one person on it
<b>Supervising agencies</b>	Parole
Population	Not available
<b>Funding</b>	State
<b>Classification system</b>	Yes
Year implemented/updated	Not available
Required for	All sex offenders released onto parole
Risk levels	Low, medium, high
<b>Assessment</b>	
Purposes	Assess risk
Tools	<ul style="list-style-type: none"> <li>• STATIC-99 while in institutional facility</li> <li>• Parole uses stable tally sheet within first 30 days of release and once every 6 months, and acute tally done every face-to-face visit (both are mandatory)</li> </ul>
<b>Specialized caseloads</b>	Yes
Provisions	<ul style="list-style-type: none"> <li>• More face-to-face visits and collateral contacts</li> <li>• Some are supervised on GPS</li> <li>• More contact between agent and counselor</li> </ul>
Caseload	<ul style="list-style-type: none"> <li>• 46 on specialized caseload in Evansville, but not every office has specialized caseloads</li> <li>• Some sex offenders get placed in regular caseloads, but supervisor must have specialized training</li> </ul>
Supervisor requirements	<ul style="list-style-type: none"> <li>• 3-day training</li> <li>• Shadow specialized agent before get own caseload</li> <li>• Yearly continuing education</li> </ul>
<b>Supervision</b>	
Length	Depends a lot on the initial sentence, but can be supervised for up to ten years if sentence does not prohibit it
Services	Sex offenders have access to all services available to general offender population, plus sex offender counseling
Collaboration	Yes—with employment agencies and other service agencies
<b>Data and Research</b>	
Type	<ul style="list-style-type: none"> <li>• Individual offices maintain own data</li> <li>• Also centralized data repository for the state</li> <li>• Data on risk levels, employment, demographic information, etc.</li> </ul>
Storage	Electronic

Maintenance	Parole offices
Evaluation	Evansville Parole Office is conducting a GPS study

## Iowa Sex Offender Treatment & Reentry Programs

TREATMENT—PRISON-BASED	
<b>Availability</b>	<ul style="list-style-type: none"> <li>• Available in 2 facilities</li> <li>• Mount Pleasant houses most of the treatment programs</li> <li>• Department of Corrections (DOC) has just opened a satellite program in another facility—at the moment it is very small as it is brand new</li> </ul>
<b>State standard</b>	Yes
Developed by whom?	Iowa Association for the Treatment of Sexual Abusers (ATSA)
Oversight by whom?	Not available
<b>Funding</b>	State-funded through the DOC
<b>Eligibility</b>	
Noncitizens	Yes
Gender	Males and females
Mentally ill	Yes
Criteria for eligibility	Mandatory for all sex offenders
<b>Population</b>	
Sex offenders in prison population	1,396 statewide (including 650 in Mount Pleasant)
Percentage in treatment	30%
<b>Programs</b>	
Prisons with programs available	2 prisons
Average capacity	<ul style="list-style-type: none"> <li>• Standard Sex Offender Treatment Program (SOTP): 281 beds</li> <li>• Short-term Programming: 25 beds</li> <li>• Spanish Speaking: 15 beds</li> <li>• Special Needs: 63 beds</li> <li>• New Satellite Program: 25 beds (all special needs)</li> </ul>
Percentage with waiting list	Usually 100, but because it is new the Satellite Program currently has no waiting list
Percentage with 25% empty slots	0
Average ratio of providers/offenders	1:25
Average duration	14-16 months
Enrollment date	24-30 months prior to release
Content	Cognitive behavioral therapy with victim empathy, anger management, relationships
• Drugs	No
• Truth tests	Polygraphs used extensively
• Individualized vs. manualized	Manualized
Treatment requirement for release	Yes
Completion rate	35%
<b>Provider certification</b>	Not available
<b>Assessment</b>	<ul style="list-style-type: none"> <li>• Not currently</li> <li>• LSI-R and STATIC-99 are used but they do not drive treatment</li> <li>• The mere fact of having committed a sex offense or that there was a sexual component to an offense determines treatment</li> <li>• Moving towards using tools for dosage etc.</li> </ul>
Purposes	Not applicable
Tools	Not applicable
<b>Data and Research</b>	
Type	Not available
Storage	Iowa Corrections Offender Network (ICON)
Maintenance	DOC
Evaluation	No
TREATMENT—COMMUNITY BASED (Refers to treatment on probation and parole)	
<b>Availability</b>	Yes

Noncitizens	Yes
Gender	<ul style="list-style-type: none"> <li>• Males and females</li> <li>• There are fewer females so treatment is slightly different—more individual and less group treatment</li> </ul>
Criteria for eligibility	Generally treatment is mandatory but some may be precluded due to physical limitations
<b>Individualized treatment plans</b>	<ul style="list-style-type: none"> <li>• There are 8 districts and each runs their own programs (there are similarities and differences)</li> <li>• The 8<sup>th</sup> district (and some others) use treatment teams</li> <li>• Other districts have community treatment providers and those provides make decisions themselves</li> </ul>
<b>Funding</b>	<ul style="list-style-type: none"> <li>• State-funded</li> <li>• Each district provides services that the state reimburses them for</li> </ul>
<b>Population</b>	<ul style="list-style-type: none"> <li>• 860 (estimate)—mostly probationers</li> <li>• In 2006, there were 856</li> </ul>
Probation	Not available
Parole	100 (estimate)
Other community corrections	Not applicable
<b>Percentage in treatment</b>	<ul style="list-style-type: none"> <li>• Out of 856 in 2006, 607 (71%) were in treatment</li> <li>• Reasons why someone might be in treatment include disability/mental health, not being on supervision for current sex offense, treatment not required by court</li> </ul>
Probation	Not available
Parole	Not available
Other community corrections	Not applicable
<b>Treatment providers</b>	
Number	<ul style="list-style-type: none"> <li>• DOC runs a lot of programs itself</li> <li>• 15-20 external providers</li> </ul>
Distribution	Mostly in urban areas Some offenders are required to travel to attend programs
Percentage with waiting list	<ul style="list-style-type: none"> <li>• For DOC programs, no waiting lists, but there may be a wait for counseling services</li> <li>• Information not available for external providers</li> </ul>
Percentage with 25% empty slots	Not available
Completion rate	<ul style="list-style-type: none"> <li>• Not available</li> <li>• Usually people are in treatment the entire time they are on supervision—if they fail to complete, they are returned to prison</li> </ul>
<b>Treatment modality</b>	<ul style="list-style-type: none"> <li>• Cognitive behavioral therapy-based but currently use a relapse model</li> <li>• Starting to change to a Good Life model</li> <li>• Each district will decide what they want to do</li> <li>• They use a modified National Institute of Corrections (NIC) curriculum</li> </ul>
Drugs	<ul style="list-style-type: none"> <li>• Seldom used</li> <li>• Iowa does have a hormonal treatment law but it is seldom ordered by courts</li> </ul>
Truth tests	Polygraphs used extensively
Individualized vs. manualized	In most districts, more individualized but there is a standard curriculum that is supposed to be followed
Continuity of treatment	Yes
Average duration	Most districts require treatment or maintenance for the entire period of supervision
<b>Data and Research</b>	
Type	
Storage	Iowa Corrections Offender Network (ICON)
Maintenance	DOC
Evaluation	No
<b>REENTRY</b>	
<b>Availability</b>	

Pre-release	Yes
Post-release	Yes
Percentage of state prisons with services	4 of 9 facilities
<b>Specific initiatives</b>	Modeled after NIC Transition from Prison to the Community
Specialized sex offender programming	Yes, some
<b>Eligibility</b>	Offenders serving life sentences are ineligible
Population	Not available
• Pre-release	Not available
• Post-release	Not available
<b>State standard?</b>	No, case management policy
Developed by whom?	DOC
Oversight by whom?	DOC
<b>Funding</b>	State-funded through DOC
<b>Pre-release programming</b>	
Releasing authority and criteria	<ul style="list-style-type: none"> <li>• Iowa Board of Parole</li> <li>• Criteria: Use own risk assessment and rely on case manager's progress reports which utilize some combination of LIS-R, RRASOR, and STATIC-99</li> </ul>
Enrollment date	<ul style="list-style-type: none"> <li>• Philosophically, at admission</li> <li>• Realistically, focused on a transition period beginning 6 months from release which is when much of the programming/services take place</li> </ul>
Services available	<ul style="list-style-type: none"> <li>• Treatment program itself</li> <li>• Gradual and structured release—move to minimum security and work release before release to the community</li> </ul>
Case management	Yes, specially trained case managers assigned at admission
<b>Post-release services</b>	
Case management	Specially trained probation and parole officers in each district, different from the ones in prison
• Supervision	Yes
• Service coordination	Yes, written and the same database is used in prison and outside so all those records are available (progress reports, risk assessments, etc.)
Nonprofit involvement	Some involvement
• Faith-based	No official number but some are involved
• Role	<ul style="list-style-type: none"> <li>• Circles of Support</li> <li>• Mentoring</li> </ul>
Services available	<ul style="list-style-type: none"> <li>• Continuing Treatment</li> <li>• Polygraph</li> <li>• GPS</li> <li>• Employment</li> <li>• Mental health services if needed</li> <li>• Move people to parole or back to institution if relapse concerns</li> </ul>
<b>Data and Research</b>	
Type	
Storage	Iowa Corrections Offender Network (ICON)
Maintenance	DOC
Evaluation	No
<b>COMMUNITY SUPERVISION</b>	
<b>Availability</b>	Yes
<b>Eligibility</b>	Mandatory for all sex offenders when ordered by the court
Criteria for decisions	Not applicable
<b>Lifetime supervision</b>	Yes, for those whose offense is a C Felony or above
<b>Supervising agencies</b>	
Population	<ul style="list-style-type: none"> <li>• Probation : Traditional—399; Interstate Compact—28</li> <li>• Parole : Traditional—28; Interstate Compact—9</li> <li>• State Work Release (supervised by Probation/Parole Officer): 10</li> </ul>

<b>Funding</b>	<ul style="list-style-type: none"> <li>• State funding through DOC</li> <li>• Offender supervision fees</li> </ul>
<b>Classification system</b>	
Year implemented/updated	<ul style="list-style-type: none"> <li>• Iowa Risk Assessment: started in 1982; modified in 1986 and 1991</li> <li>• STATIC-99: started in 1999</li> <li>• LSI-R: started in 2000</li> </ul>
Required for	All sex offenders
Risk levels	Low, Medium and High
<b>Assessment</b>	
Purposes	<ul style="list-style-type: none"> <li>• Determine amenability for treatment</li> <li>• Evaluate their level of risk to recidivate, both specifically for sexual offending and general recidivism.</li> <li>• Provide treatment and supervision staff with client specific risk/need areas from which to base treatment intervention</li> </ul>
Tools	<ul style="list-style-type: none"> <li>• Used to assess risk in the psychosexual evaluation: LSI-R, Jesness, STATIC-99, ISORA 8 (currently in the research phase of development), MMPI-2, STABLE 2000 / 2004, ACUTE 2000 / 2004, SVR-20, PCL-R, Marlow Crowne Social Desirability Scale (MCSDS), Shipley Institute of Living Scale-R, Michigan Alcoholism Screening Test</li> <li>• Used to assess risk during treatment: Polygraph, Penile Plethysmograph, Burt Rape Myths Acceptance Scale, Bumby Cognitive Distortion, Nowicki-Strickland Internal / External Scale, Stages of Change Scale, Abel &amp; Becker Cognitions Scale, Wilson Sexual Fantasy Questionnaire, Carich-Adkerson Victim Empathy &amp; Remorse Self-Report Inventory</li> <li>• Used to assess ongoing levels of risk: Polygraph, STABLE 2000, Pre and Post-test of curriculum material</li> <li>• Own customized tool—ISORA 8 (currently in research/validation phase of development)</li> </ul>
<b>Specialized caseloads</b>	
Provisions	Series of special conditions including mandatory electronic monitoring
Caseload	15-30, varies by district
Supervisor requirements	<ul style="list-style-type: none"> <li>• Iowa ATSA certification</li> <li>• Training or knowledge about sex offender specific laws in Iowa</li> </ul>
<b>Supervision</b>	
Length	2 years to Life
Services	<ul style="list-style-type: none"> <li>• Group sex offender treatment</li> <li>• Individual treatment, if needed.</li> <li>• Couples therapy, if requested</li> <li>• Family reunification</li> <li>• Psychological testing</li> <li>• Job Club (job seeking services)</li> <li>• Referrals to substance abuse treatment and services</li> </ul>
Collaboration	<ul style="list-style-type: none"> <li>• Yes</li> <li>• Agents frequently consult with outside treatment providers, facilitators at group homes and staff at local residential facilities</li> <li>• Agents also often work closely with employers to enable continued treatment without interfering with employment</li> </ul>
<b>Data and Research</b>	
Type	Rates of recidivism and characteristics correlated with recidivism
Storage	Iowa Corrections Offender Network (ICON)
Maintenance	DOC
Evaluation	No

## Kansas Sex Offender Treatment & Reentry Programs

TREATMENT—PRISON-BASED	
<b>Availability</b>	Yes
<b>State standard</b>	<ul style="list-style-type: none"> <li>• Department of Corrections offers a grant to program to provide services</li> <li>• One organization provides all services</li> </ul>
Developed by whom?	<ul style="list-style-type: none"> <li>• Douglas County Citizens Committee on Alcoholism (DCCCA) set standard through application</li> <li>• Department of Corrections can provide the standard</li> </ul>
Oversight by whom?	<ul style="list-style-type: none"> <li>• Deputy Secretary of Programs, Research, Support &amp; Staff Development, Department of Corrections</li> <li>• Conducts audits</li> </ul>
<b>Funding</b>	Department of Corrections
<b>Eligibility</b>	Only certain sex offenders
Noncitizens	Yes
Gender	Males and females
Mentally ill	Yes
Criteria for eligibility	Not available
<b>Population</b>	
Sex offenders in prison population	2,700 (estimate)
Percentage in treatment	11%
<b>Programs</b>	
Prisons with programs available	Lansing Correctional Facility, Hutchinson Correctional Facility, Norton Correctional Facility, Topeka Correctional Facility (women's)
Average capacity	Capacity by prison: <ul style="list-style-type: none"> <li>• Lansing: 140</li> <li>• Hutchinson: 120</li> <li>• Norton: 40</li> <li>• Topeka: 12</li> </ul>
Percentage with waiting list	100%
Percentage with 25% empty slots	100%
Average ratio of providers/offenders	1:20
Average duration	15 months
Enrollment date	36 months
Content	Cognitive behavior modification, relapse prevention, Good Lives Model
<ul style="list-style-type: none"> <li>• Drugs</li> </ul>	No
<ul style="list-style-type: none"> <li>• Truth tests</li> </ul>	Polygraph, penile plethysmograph, visual reaction time
<ul style="list-style-type: none"> <li>• Individualized vs. manualized</li> </ul>	Individualized
Treatment requirement for release	<ul style="list-style-type: none"> <li>• Under previous law, offenders are not paroled until they complete treatment</li> <li>• Under current law, offenders can refuse treatment</li> </ul>
Completion rate	95%
<b>Provider certification</b>	<ul style="list-style-type: none"> <li>• Master's Degree or higher in Social Work, Psychology, Marriage/Family Counseling, or counseling certification</li> <li>• Continued review and training required</li> </ul>
<b>Assessment</b>	
Purposes	Not available
Tools	<ul style="list-style-type: none"> <li>• MMPI, STATIC-99, LSI, Psychological Assessment</li> <li>• No tool specific for the state</li> </ul>
<b>Data and Research</b>	
Type	Demographic, completion rates, termination rate/reason, utilization, recidivism (reconviction or sex offense or return to institution in three years)
Storage	OMIS (Department of Corrections data system)
Maintenance	Department of Corrections

Evaluation	<ul style="list-style-type: none"> <li>• Annually by Department of Corrections</li> <li>• Annual Program Review</li> </ul>
<b>TREATMENT—COMMUNITY BASED</b> (Refers to treatment on probation and parole)	
<b>Availability</b>	Yes
Noncitizens	Yes
Gender	Males and females
Criteria for eligibility	Mandatory
<b>Individualized treatment plans</b>	Plan is initially made in the institution—then out-patient providers reassess
<b>Funding</b>	Department of Corrections and offender co-pay
<b>Population</b>	750 (estimate)
Probation	40 (estimate)
Parole	700 (estimate)
Other CC	10 (estimate)
<b>Percentage in treatment</b>	75%
Probation	Not available
Parole	Not available
Other CC	Not available
<b>Treatment providers</b>	
Number	1—the Douglas County Citizens Committee on Alcoholism (has state contract)
Distribution	13 outpatient offices within 50 miles of all offenders
Percentage with waiting list	0%
Percentage with 25% empty slots	0%
Completion rate	Not available (difficult to measure because offenders undergo contact review and may go in and out of treatment depending on Risk Assessment and Responsivity Rate)
<b>Treatment modality</b>	Cognitive behavioral modification, relapse prevention, Good Lives Model, risk reduction, successful living plan
Drugs	No
Truth tests	Polygraph, penile plethysmograph, visual reaction time
Individualized vs. manualized	Individualized
Continuity of treatment	Yes
Average duration	36 months
<b>Data and Research</b>	
Type	Demographic, completion (release from treatment), revocation reason, end of sentence
Storage	TOADS data system
Maintenance	Department of Corrections
Evaluation	Annual Program Evaluation Report
<b>REENTRY</b>	
<b>Availability</b>	<ul style="list-style-type: none"> <li>• Available to all offenders</li> <li>• Targeted to those who are high risk and will be entering major urban areas</li> <li>• Pilots sites in Topeka, Wichita, and Kansas City</li> </ul>
Pre-release	Yes
Post-release	Yes
Percentage of state prisons with services	All 8 facilities
<b>Specific initiatives</b>	Working with the National Institution of Corrections, JEHT Foundation, and the Council on State Governments
Specialized sex offender programming	No, program depends on LSI-R score
<b>Eligibility</b>	<ul style="list-style-type: none"> <li>• Eligible: Any inmate who scores high LSI-R score with 1 year to serve</li> <li>• Ineligible: Any inmate who scores in the low to moderate range or any inmate with less than nine months to serve</li> </ul>
Population	Not available
<ul style="list-style-type: none"> <li>• Pre-release</li> <li>• Post-release</li> </ul>	300 (estimate)
	Less than 25% of those who score as high risk

<b>Funding</b>	<ul style="list-style-type: none"> <li>• State, JEHT Foundation</li> <li>• National Institute of Corrections provides technical assistance</li> </ul>
<b>Pre-release programming</b>	
Releasing authority and criteria	<ul style="list-style-type: none"> <li>• Sentenced under indeterminate sentencing: Parole Board makes decisions and sets forth criteria</li> <li>• Sentenced under determinate sentencing: determine in statute</li> </ul>
Enrollment date	One year prior to release date
Services available	Depending on LSI-R score: employment, housing, mental health treatment, substance abuse treatment
Case management	<ul style="list-style-type: none"> <li>• Reentry case managers are available in each prison</li> <li>• Assigned to prisoners one year prior to release date</li> <li>• Coordinate with parole officers after release for a minimum of six months</li> </ul>
<b>Post-release services</b>	
Case management	Parole officer in coordination with reentry case manager and Douglas County Citizens Committee on Alcoholism (DCCCA)
<ul style="list-style-type: none"> <li>• Supervision</li> </ul>	Not available
<ul style="list-style-type: none"> <li>• Service coordination</li> </ul>	Douglas County Citizens Committee on Alcoholism (DCCCA)
Nonprofit involvement	Yes
<ul style="list-style-type: none"> <li>• Faith-based</li> </ul>	Not available
<ul style="list-style-type: none"> <li>• Role</li> </ul>	Assistance-based community services
Services available	Treatment from Douglas County Citizens Committee on Alcoholism (DCCCA)
<b>Data and Research</b>	
Type	Assessment, case management notes
Storage	TOADS
Maintenance	Department of Corrections
Evaluation	Yes, but not sex offender-specific
<b>COMMUNITY SUPERVISION</b>	
<b>Availability</b>	Yes
<b>Eligibility</b>	Mandatory as sentenced
Criteria for decisions	Not available
<b>Lifetime supervision</b>	Yes, for certain offenders sentenced after July 2007 (defined in statute)
<b>Supervising agencies</b>	Probation, Parole/Post-Release Supervision, and Community Corrections
Population	<ul style="list-style-type: none"> <li>• Parole/Post-Release Supervision: 1,512 (estimate)</li> <li>• Community Corrections: 1,500</li> </ul>
<b>Funding</b>	<ul style="list-style-type: none"> <li>• Department of Corrections funds Parole and Community Corrections</li> <li>• Judiciary funds Probation</li> </ul>
<b>Classification system</b>	<ul style="list-style-type: none"> <li>• Classification of offenders in prison is done through a validated classification instrument</li> <li>• Classification of offenders on community supervision is done using the LSI-R</li> <li>• Sex offenders are managed based on diagnostic tools used by treatment provider who shares the recommendations for risk management and community supervision with the supervising parole officer</li> <li>• Probationary supervision is based on order from the court, which may include information from a community provider assessment of the sex offender and recommendations for supervision/risk management</li> </ul>
Year implemented/updated	<ul style="list-style-type: none"> <li>• Department of Corrections implemented the LSI-R in 2003</li> <li>• Community Corrections implemented the LSI-R in 2004</li> <li>• Probation is slated to implement the LSI-R in 2009</li> </ul>
Required for	All inmates
Risk levels	Low, moderate, high
<b>Assessment</b>	Reassessment of sex offenders occurs whenever there is a change in status/risk level based on behaviors demonstrated by the offender or at regular intervals beginning at intake, six months later and then annually unless changes occur to require a reassessment

Purposes	<ul style="list-style-type: none"> <li>• To determine risk and needs</li> <li>• Assist case management</li> </ul>
Tools	LSI-R and Douglas County Citizens Committee on Alcoholism (DCCCA) tools
<b>Specialized caseloads</b>	<ul style="list-style-type: none"> <li>• Yes, wherever possible</li> <li>• Not in rural areas</li> </ul>
Provisions	Not available
Caseload	35
Supervisor requirements	Team case management, handling behavior, noticing triggers, when to use electronic monitoring
<b>Supervision</b>	
Length	<ul style="list-style-type: none"> <li>• 2 years on average</li> <li>• Supervision terms for post-release from prison are based on sentence</li> <li>• Supervision length may be as long as a lifetime or as short as one year depending on time served and sentence structure</li> </ul>
Services	Same as regular offenders
Collaboration	<ul style="list-style-type: none"> <li>• Yes, there is a reentry manager</li> </ul>
<b>Data and Research</b>	
Type	Assessment, case notes
Storage	TOADS
Maintenance	Department of Corrections
Evaluation	Yes, but not sex offender-specific

## Kentucky Sex Offender Treatment & Reentry Programs

TREATMENT—PRISON-BASED	
<b>Availability</b>	<ul style="list-style-type: none"> <li>In 5 correctional facilities: Kentucky State Reformatory, Luther Lockett Correctional Complex, Western Kentucky Correctional Complex, Kentucky State Penitentiary and the Kentucky Correctional Institute for women</li> <li>4 of the above are men's facilities and 1 is a women's facility</li> <li>These are not specialized facilities, they are for the general population</li> </ul>
<b>State standard</b>	Yes
Developed by whom?	<ul style="list-style-type: none"> <li>Developed by statute KRS 197.400-440</li> <li>Established a specialized sex offender program for state prisons</li> </ul>
Oversight by whom?	Provided by the Department of Corrections Licensed Psychologist Program Administrator
<b>Funding</b>	State-funded
<b>Eligibility</b>	<ul style="list-style-type: none"> <li>Treatment is generally available for all sex offenders</li> <li>The only sex offenders who are not eligible to receive treatment are those diagnosed with mental retardation and/or offenders with an active psychosis</li> <li>Lifers or death row inmates may not be eligible because of their length of stay in prison</li> <li>A person may reject treatment or may not be admitted into treatment if s/he does not admit to committing the sex offense</li> </ul>
Noncitizens	Yes, noncitizens get treatment, but may be deported after serving their sentence
Gender	Males and females
Mentally ill	Mentally ill inmates who are treated and are not diagnosed with an active psychosis are eligible for treatment
Criteria for eligibility	<ul style="list-style-type: none"> <li>Not mandatory—individuals can refuse treatment</li> <li>Treatment is tied to inmates' good time and seeing the parole board</li> </ul>
<b>Population</b>	
Sex offenders in prison population	2,178 at the end of 2007 (estimate)
Percentage in treatment	<ul style="list-style-type: none"> <li>20% (at any given point in time)</li> <li>Eventually almost all sex offenders in prison will at least attempt treatment</li> </ul>
<b>Programs</b>	
Prisons with programs available	5 prisons (listed above)
Average capacity	165 (estimate)
Percentage with waiting list	Approximately 40-50 people are waiting to get into treatment at anytime
Percentage with 25% empty slots	0%
Average ratio of providers/offenders	50:1 (as stipulated in statute)
Average duration	2 years (estimate)
Enrollment date	Have to be within 4 years of earliest possible release date—this is the reason why lifers and death row inmates may not receive treatment as listed above (estimate)
Content	<p>Cognitive behavioral therapy, relapse prevention</p> <p>There are two phases of treatment:</p> <ul style="list-style-type: none"> <li>During Phase I offenders participate in the following therapy sessions/groups: psychoeducational, family patterns, human sexuality, social skills</li> <li>During Phase II offenders participate in the following therapy sessions/groups: basic ownership, autobiography, advanced ownership, victim personalization, relapse prevention planning</li> </ul>
<ul style="list-style-type: none"> <li>Drugs</li> </ul>	No, drugs are not administered
<ul style="list-style-type: none"> <li>Truth tests</li> </ul>	No polygraphs or voice tests are administered
<ul style="list-style-type: none"> <li>Individualized vs. manualized</li> </ul>	<ul style="list-style-type: none"> <li>Blend of both individualized and manualized treatment plans</li> <li>The department has manuals to standardize treatment, but it is trying to shift to more individualized plans</li> </ul>

Treatment requirement for release	<ul style="list-style-type: none"> <li>• Not required, but participation in treatment is tied to good time and when the offender sees the parole board</li> <li>• If the offender refuses treatment, s/he would serve their full sentence</li> <li>• Post-release registration is tied to the initial conviction and is not influenced by treatment outcome</li> </ul>
Completion rate	70% (estimate)
<b>Provider certification</b>	<ul style="list-style-type: none"> <li>• Treatment providers in prison generally have a bachelor's degree</li> <li>• The Sex Offender Risk Assessment Advisory Board (SORAAB) conducts a training every spring and the department head requires that staff attend the training—but participation in the training is not mandatory based on department regulations or statute</li> </ul>
<b>Assessment</b>	<ul style="list-style-type: none"> <li>• Prior to sentencing, the Sex Offender Risk Assessment Unit, which covers the entire state, conducts a Comprehensive Sex Offender Pre-Sentence Evaluation (CSOPE) which is conducted by psychologists and is done in addition to a regular pre-sentence investigation report</li> <li>• This information is shared with the Department of Corrections Sex Offender Treatment Program</li> </ul>
Purposes	<ul style="list-style-type: none"> <li>• To assess risk</li> <li>• To assess amenability to treatment</li> </ul>
Tools	<ul style="list-style-type: none"> <li>• STATIC-99, MnSOST, RRASOR, VRAG, PCL-R</li> <li>• Kentucky does not have a customized tool</li> </ul>
<b>Data and Research</b>	Two separate data systems: demographic and program evaluation
Type	Administrative data
Storage	Not available
Maintenance	Not available
Evaluation	<ul style="list-style-type: none"> <li>• Study on the state's program conducted in 1997 and a follow-up in 2000 that showed the program was effective (Barnes and Peterson)</li> <li>• Above study was included in Hanson's meta-analysis report in 2002</li> </ul>
<b>TREATMENT—COMMUNITY BASED</b> (Refers to treatment on probation and parole)	
<b>Availability</b>	Yes
Noncitizens	No
Gender	Males and females
Criteria for eligibility	<ul style="list-style-type: none"> <li>• Treatment is mandatory—if offenders do not participate they can be revoked</li> <li>• Stipulated in probation/parole processes statute</li> </ul>
<b>Individualized treatment plans</b>	<ul style="list-style-type: none"> <li>• Treatment provider is responsible for treatment</li> <li>• Treatment provider and the probation/parole officer are a part of a team and they share information back and forth with each other about each case</li> </ul>
<b>Funding</b>	<ul style="list-style-type: none"> <li>• State funded</li> <li>• In the past few years the Department of Corrections has started to collect nominal fees (\$5/month for indigent offenders and \$20/month for non-indigent) from the individuals receiving treatment</li> </ul>
<b>Population</b>	
Probation	<ul style="list-style-type: none"> <li>• 1,200 (estimate)</li> <li>• Above number includes probation and parole but the vast majority are on probation</li> <li>• Very few sex offenders are paroled each year</li> </ul>
Parole	See above
Other community corrections	Not applicable
<b>Percentage in treatment</b>	
Probation	35% (estimate)
Parole	Not applicable
Other community corrections	Not applicable
<b>Treatment providers</b>	
Number	<ul style="list-style-type: none"> <li>• 14 state-sponsored providers (official Department of Corrections number)</li> <li>• Above number does not include private providers</li> </ul>

Distribution	Treatment providers are generally available statewide with the exception of two regions
Percentage with waiting list	No waiting lists for state providers because they would be referred to private providers if they did not have availability
Percentage with 25% empty slots	0%
Completion rate	60% (estimate)
<b>Treatment modality</b>	<ul style="list-style-type: none"> <li>• Same as prison—only additional components are partner alert sessions where offenders bring a support partner to group</li> <li>• The support partner works with the offender and speaks to any warning signs</li> </ul>
Drugs	No
Truth tests	Polygraphs
Individualized vs. manualized	Same as in-prison treatment
Continuity of treatment	Yes, community providers conduct an assessment of where the offender is at in terms of treatment progress so as not to duplicate what has already been done in prison
Average duration	30 months (estimate)
<b>Data and Research</b>	Two separate data systems: demographic and program evaluation
Type	Administrative data
Storage	Not available
Maintenance	Not available
Evaluation	<ul style="list-style-type: none"> <li>• Study on the state’s program conducted in 1997 and a follow-up in 2000 that showed the program was effective (Barnes and Peterson)</li> <li>• Above study was included in Hanson’s meta-analysis report in 2002</li> </ul>
<b>REENTRY</b>	
<b>Availability</b>	<ul style="list-style-type: none"> <li>• There is reentry programming in the state but nothing systematic in place</li> <li>• The reentry programming is currently undergoing an extreme evaluation</li> </ul>
Pre-release	<ul style="list-style-type: none"> <li>• Some pre-release services available—availability depends on the institution</li> <li>• In some institutions a veterans’ program comes in and talks about services available to veterans when released from prison</li> <li>• The social security office also speaks to inmates about how to apply for disability, etc.</li> </ul>
Post-release	Not available
Percentage of state prisons with services	Not available
<b>Specific initiatives</b>	
Specialized sex offender programming	<ul style="list-style-type: none"> <li>• No specialized sex offender program</li> <li>• There was some emergency assistance funding that was provided for sex offender management services and problems associated with residency restrictions but the money is going to be gone by the end of the summer 2008</li> </ul>
<b>Eligibility</b>	Anyone serving in a state institution
Population	Not available
• Pre-release	Not available
• Post-release	Not available
<b>State standard?</b>	No state standard for reentry programming
Developed by whom?	Not applicable
Oversight by whom?	Not applicable
<b>Funding</b>	Not applicable—there really is no funding
<b>Pre-release programming</b>	
Releasing authority and criteria	<ul style="list-style-type: none"> <li>• Parole board is the releasing authority</li> <li>• Criteria not available</li> </ul>
Enrollment date	3 months prior to release (estimate)
Services available	Not available
Case management	<ul style="list-style-type: none"> <li>• Every inmate has a case manager (not specific to reentry)</li> <li>• State employs pre-release coordinators who run “prison to street” programs</li> </ul>
<b>Post-release services</b>	
Case management	Not available
• Supervision	Not available

• Service coordination	Not available
Nonprofit involvement	Minimal
• Faith-based	Some—mostly occurs in more urban parts of the state
• Role	Not available
Services available	<ul style="list-style-type: none"> <li>• Same services that are available for the general offending population</li> <li>• Sex offenders participate in sex offender treatment</li> </ul>
<b>COMMUNITY SUPERVISION</b>	
<b>Availability</b>	<ul style="list-style-type: none"> <li>• Yes—probation, parole, sex offender conditional discharge</li> <li>• Sex offender conditional discharge means that the offender is released on his/her minimum expiration date and then is supervised in the community for a period of 5 years—during this 5 year period, the offender participates in treatment as well</li> </ul>
<b>Eligibility</b>	Community supervision is not mandatory if the offender serves the full sentence
Criteria for decisions	Not available
<b>Lifetime supervision</b>	No
<b>Supervising agencies</b>	Probation, parole, conditional discharge
Population	<ul style="list-style-type: none"> <li>• 1,419 as of March 2008 (official number, Department of Corrections monthly data entry summary)</li> </ul>
<b>Funding</b>	<ul style="list-style-type: none"> <li>• State pays for community supervision</li> <li>• Sliding scale for treatment</li> <li>• Private programs charge different amounts</li> </ul>
<b>Classification system</b>	Yes
Year implemented/updated	Not available
Required for	All offenders
Risk levels	<ul style="list-style-type: none"> <li>• For sex offenders: high, moderate, low</li> <li>• Other offenders: all of the above and administrative level of supervision—sex offenders are generally not at this level</li> </ul>
<b>Assessment</b>	<ul style="list-style-type: none"> <li>• Assessed when community supervision begins</li> <li>• Information from in-prison treatment staff is passed onto community supervision agents</li> </ul>
Purposes	Not available
Tools	Same tool used for sex offenders as other offenders—tool does not have a name but has been validated
<b>Specialized caseloads</b>	Yes—it has been in place for 2 years
Provisions	<ul style="list-style-type: none"> <li>• Higher level of supervision</li> <li>• Smaller caseloads</li> </ul>
Caseload	<ul style="list-style-type: none"> <li>• 65 cases per officer (estimate)</li> <li>• Standard of 35 cases per officer on non-SOISP caseloads, but most caseloads are much higher</li> </ul>
Supervisor requirements	The state is in the process of getting policies approved for preliminary training and some additional training for officers
<b>Supervision</b>	
Length	4-5 years (estimate)
Services	<ul style="list-style-type: none"> <li>• Sex offender treatment</li> <li>• Referrals made for vocational training and other services</li> </ul>
Collaboration	Collaboration is a critical element—case managers collaborate with in-prison treatment staff, private providers, state-sponsored providers, etc.
<b>Data and Research</b>	
Type	<ul style="list-style-type: none"> <li>• No individual data is stored</li> <li>• The department transferred to a unified case management system about two years ago—still in a state of transition</li> </ul>
Storage	Not available
Maintenance	Not available
Evaluation	Not available

## Maine Sex Offender Treatment & Reentry Programs

TREATMENT—PRISON-BASED	
<b>Availability</b>	<ul style="list-style-type: none"> <li>• 60 bed Therapeutic Community (only sex offenders in one facility)</li> <li>• It is available to all prisoners but if they are accepted they must be transferred to that facility</li> </ul>
<b>State standard</b>	No
Developed by whom?	Not applicable
Oversight by whom?	Department of Corrections (DOC) tries to follow Association for the Treatment of Sexual Abusers (ATSA) guidelines
<b>Funding</b>	State-funded through DOC
<b>Eligibility</b>	
Noncitizens	Yes
Gender	<ul style="list-style-type: none"> <li>• Males only</li> <li>• There are only 150 females in total incarcerated statewide so not a critical mass of sex offenders</li> </ul>
Mentally ill	Same process as other offenders—offered unless the illness precludes appropriate treatment
Criteria for eligibility	<ul style="list-style-type: none"> <li>• Medium custody facility so not available for anyone who is closed custody</li> <li>• If part of case plan, becomes mandatory (after screening and assessment) if they meet custody classification</li> <li>• Not compelled—right to refuse but subject to sanctions if refuse treatment that is mandated in their case plan (e.g. not eligible for community programs, paid jobs, furloughs etc.)</li> </ul>
<b>Population</b>	
Sex offenders in prison population	357 (official)
Percentage in treatment	16% (official)
<b>Programs</b>	
Prisons with programs available	1
Average capacity	60 beds
Percentage with waiting list	100%
Percentage with 25% empty slots	0%
Average ratio of providers/offenders	1:15
Average duration	48 months
Enrollment date	48 months prior to release – try to time it so there is transition to community after program completed
Content	<ul style="list-style-type: none"> <li>• Cognitive behavioral therapy with some victim empathy, biofeedback, arousal control</li> <li>• Use both groups and individual treatment (in tandem)</li> </ul>
<ul style="list-style-type: none"> <li>• Drugs</li> </ul>	Historically no, but not ruled out
<ul style="list-style-type: none"> <li>• Truth tests</li> </ul>	Polygraphs
<ul style="list-style-type: none"> <li>• Individualized vs. manualized</li> </ul>	Manualized
Treatment requirement for release	<ul style="list-style-type: none"> <li>• No, because of determinate sentencing</li> <li>• No impact on classification but might in the future—legislature is looking at it (along with other aspects of sex offender laws and policies)</li> </ul>
Completion rate	Too early to tell (only in operation for 3 years)
<b>Provider certification</b>	<ul style="list-style-type: none"> <li>• Have to be licensed clinicians</li> <li>• Director is a PhD psychiatrist and the rest have Master’s degrees or higher</li> <li>• No certification required</li> <li>• Attend annual ATSA conferences</li> <li>• Ongoing in-service work</li> </ul>
<b>Assessment</b>	Yes
Purposes	Risk, needs and responsivity

Tools	<ul style="list-style-type: none"> <li>• STATIC 99</li> <li>• RRASOR</li> <li>• LSI-R</li> </ul>
<b>Data and Research</b>	A significant amount is collected and/or the provider has been asked to collect
Type	<ul style="list-style-type: none"> <li>• Admissions and terminations</li> <li>• Average number of participants, number of group sessions, number of prisoners dropping out, or refusing treatment, number of readmissions, phase of treatment, number of successful completions</li> <li>• Staffing vacancies, number of aftercare groups conducted, number of releases to community, number of prisoners in transition to community, number of prisoners participating in reentry who were released, number of transition plans submitted to parole officer, number of those returned by parole officer, number of comprehensive assessments</li> <li>• Some individual level factors, number and seriousness of disciplinary reports</li> <li>• Compare intensive phase with pre-program behavior</li> <li>• Number of sex offenders successfully integrated into the community, number of program completers compared with non-completers who re-offend—sex offenses and non-sex offenses</li> </ul>
Storage	Electronic
Maintenance	DOC and provider (kept separately)
Evaluation	None
<b>TREATMENT—COMMUNITY BASED</b> (Refers to treatment on probation and parole)	
<b>Availability</b>	
Noncitizens	Yes
Gender	Males and females
Criteria for eligibility	<ul style="list-style-type: none"> <li>• Not mandatory—at the court’s discretion</li> <li>• No parole but split sentence with probation (judicial parole) and court decides the conditions of supervision</li> </ul>
<b>Individualized treatment plans</b>	Collaboration between probation/parole officer and treatment and containment team (made up of law enforcement, victims’ services, etc.)
<b>Funding</b>	<ul style="list-style-type: none"> <li>• Primarily offender funded</li> <li>• Some federal funding designated for indigents now that childless adults no longer eligible for Medicaid</li> </ul>
<b>Population</b>	
Probation	692 (official)
Parole	Not applicable
Other community corrections	Not applicable
<b>Percentage in treatment</b>	
Probation	95-98% (estimate from probation/parole officers)
Parole	Not applicable
Other community corrections	Not applicable
<b>Treatment providers</b>	
Number	20 (estimate)
Distribution	Available in different regions but there are certain rural areas where services are not available
Percentage with waiting list	Not available
Percentage with 25% empty slots	Not available
Completion rate	Not available
<b>Treatment modality</b>	<ul style="list-style-type: none"> <li>• Varies by program</li> <li>• Some of them are evidence-based with manualized curriculums and cognitive behavioral therapy while others are not</li> <li>• They try to refer to the better programs but that’s not always possible</li> </ul>
Drugs	Not to his knowledge
Truth tests	Polygraphs
Individualized vs. manualized	Manualized (some)

Continuity of treatment	<ul style="list-style-type: none"> <li>• Generally</li> <li>• One of the benefits they have is that the largest community provider is the same company that does the prison-based treatment</li> </ul>
Average duration	<ul style="list-style-type: none"> <li>• Varies—lifetime for some</li> <li>• Some will continue treatment when their probation period ends</li> </ul>
<b>Data and Research</b>	Not collected—no capacity
Type	Not applicable
Storage	Not applicable
Maintenance	Not applicable
Evaluation	Not applicable

## Maryland Sex Offender Treatment & Reentry Programs

<b>TREATMENT—COMMUNITY BASED</b> (Refers to treatment on probation and parole)	
<b>Availability</b>	<ul style="list-style-type: none"> <li>Treatment is provided to offenders in the community, but there is little that the state pays for and provides</li> <li>When a court order requires an individual to get treatment, it is the responsibility of the probation/parole agent or the individual to find the appropriate treatment/resource</li> </ul>
Noncitizens	Not sure
Gender	Males and females
Criteria for eligibility	<ul style="list-style-type: none"> <li>Determined by judge or parole board</li> <li>Both the judge and the parole board can add specific stipulations about treatment</li> </ul>
<b>Individualized treatment plans</b>	<ul style="list-style-type: none"> <li>Treatment plans are conducted by the treatment provider</li> <li>The state does not tell providers how to do the work</li> </ul>
<b>Funding</b>	<ul style="list-style-type: none"> <li>Majority of treatment is paid for by the individual</li> <li>The state funds one small out-patient program—the Special Offender Clinic that is now 27 years old and was originally focused on domestic violence</li> </ul>
<b>Population</b>	
Probation	1,000-1,500—accounts for both parole and probation (estimate)
Parole	See above
Other community corrections	Not applicable
<b>Percentage in treatment</b>	
Probation	20%—accounts for both parole and probation (estimate)
Parole	See above
Other community corrections	Not applicable
<b>Treatment providers</b>	
Number	50
Distribution	<ul style="list-style-type: none"> <li>Treatment available throughout the state but more concentrated in certain areas</li> <li>12-15 (of the 23 counties in the state) have at least one provider (estimate)</li> </ul>
Percentage with waiting list	Baltimore county may have a waiting list but in other places it is unlikely
Percentage with 25% empty slots	0%
Completion rate	65% (not an average of all programs throughout the state)
<b>Treatment modality</b>	Relapse prevention, victim empathy, healthy sexuality
Drugs	<ul style="list-style-type: none"> <li>Only one program in the state administers anti-androgen medications</li> <li>If patients are in need of medication, they are referred to the above provider for a prescription</li> </ul>
Truth tests	No
Individualized vs. manualized	Combination of individualized and manualized plans
Continuity of treatment	Very little treatment is available in prison so there is practically nothing to match
Average duration	<ul style="list-style-type: none"> <li>1-2 years for adults (estimate)</li> <li>2 years for adolescents (estimate)</li> </ul>
<b>COMMUNITY SUPERVISION</b>	
<b>Availability</b>	Yes—probation and parole
<b>Eligibility</b>	<ul style="list-style-type: none"> <li>Judges and parole commissioners</li> <li>Legislative stipulations</li> </ul>
Criteria for decisions	Not available
<b>Lifetime supervision</b>	No
<b>Supervising agencies</b>	Probation and parole (consolidated under the Division of Parole and Probation)
Population	<ul style="list-style-type: none"> <li>Parole: 97</li> <li>Probation: 1,325</li> <li>Other: 519 (probation before judgment, pretrial, etc.)</li> <li>All above are official Division of Parole and Probation numbers</li> </ul>

<b>Funding</b>	<ul style="list-style-type: none"> <li>• State funded</li> <li>• Offender pays a fee</li> </ul>
<b>Assessment</b>	<ul style="list-style-type: none"> <li>• The Sex Offender Screening and Risk Assessment (SOSRA) agency was created when the state passed legislation in 1997 that mandated community notification</li> <li>• The Division of Community Corrections conducts a risk/needs assessment when offenders are sentenced or released to community supervision. The same tool is used for all sex offenders and is not specific to the sex offender population</li> </ul>
<b>Classification system</b>	
Year implemented/updated	2007
Required for	Not available
Risk levels	<ul style="list-style-type: none"> <li>• Levels 1, 2, 3 (1 and 2 intensive) 3 is intermediate</li> <li>• Specific to sex offenders</li> </ul>
Purposes	<ul style="list-style-type: none"> <li>• To provide information on when to enhance treatment and supervision</li> <li>• Determine risk</li> </ul>
Tools	<ul style="list-style-type: none"> <li>• STATIC-99 for the first 30 days</li> <li>• ACUTE completed every 90 days thereafter</li> </ul>
<b>Specialized caseloads</b>	Yes
Provisions	Enhanced supervision
Caseload	57 (estimate)
Supervisor requirements	Undergo training in the Collaborative Offender Management and Enforced Treatment
<b>Supervision</b>	
Length	35 months (estimate)
Services	<ul style="list-style-type: none"> <li>• Sex offender treatment, drug treatment, education/GED, job placement, mental health treatment</li> <li>• Refer sex offenders for transitional housing</li> </ul>
Collaboration	<ul style="list-style-type: none"> <li>• Yes—there is team called COMET that follows the containment model</li> <li>• Team includes parole/probation agents, supervisors, state’s attorney, Baltimore City Police Department Sex Offender Unit and treatment providers—soon to include polygraphers as well</li> </ul>

## Massachusetts Sex Offender Treatment & Reentry Programs

REENTRY (Refers to state-level practices)	
<b>Availability</b>	<ul style="list-style-type: none"> <li>• Reentry services involve the Department of Corrections (DOC), parole, and local jails</li> <li>• DOC and parole initiatives are coordinated at the state level</li> <li>• Practices vary at the local level—different sheriff agencies do different things</li> </ul>
Pre-release	Yes
Post-release	Yes—8 reentry centers focused in urban areas
Percentage of state prisons with services	100%—every state facility has reentry programming
<b>Specific initiatives</b>	Parole initiative is “Regional Reentry Centers”
Specialized sex offender programming	Yes—Intensive Parole for Sex Offenders (IPSO)
<b>Eligibility</b>	<ul style="list-style-type: none"> <li>• Everyone who discharges from state prison is offered the services of a reentry center (except for those discharged with probation only and youths)—but this is voluntary, not required</li> <li>• Reentry centers target state offenders with no supervision ties, county offenders with no supervision ties, and offenders coming out on parole</li> <li>• Sex offenders are not eligible for transitional housing services</li> </ul>
Population	
<ul style="list-style-type: none"> <li>• Pre-release</li> </ul>	Not available
<ul style="list-style-type: none"> <li>• Post-release</li> </ul>	Not available
<b>State standard?</b>	Two independent state standards (DOC/parole)—but they are coordinated
Developed by whom?	Individually developed, but each agency participates in the other’s process
Oversight by whom?	Executive Office of Public Safety
<b>Funding</b>	<ul style="list-style-type: none"> <li>• Primarily state-funded, but supplemented by grants</li> <li>• In 2004, MA received funding from VOTIS (Violent Offender Truth in Sentencing) and SVORI (Serious and Violent Offender Reentry Initiative)</li> </ul>
<b>Pre-release programming</b>	Mainly provided by DOC, except for employment portfolio
Releasing authority and criteria	<ul style="list-style-type: none"> <li>• Parole Board (all members appointed by Governor);</li> <li>• Decisions based on 2 criteria:               <ol style="list-style-type: none"> <li>1. Is release compatible with community safety?</li> <li>2. What is the risk for recidivism? (in process of validating COMPAS for Massachusetts)</li> </ol> </li> </ul>
Enrollment date	6 months prior to release or time permitting
Services available	<ul style="list-style-type: none"> <li>• Employment portfolio</li> <li>• Discharge planning based on individual needs</li> <li>• Must have approved home plan and approved work plan before release</li> </ul>
Case management	<ul style="list-style-type: none"> <li>• Team approach</li> <li>• Parole and DOC case managers</li> </ul>
<b>Post-release services</b>	
Case management	Parole officers and probation officers (or both)
o Supervision	Parole officers and probation officers (or both)
o Service coordination	<ul style="list-style-type: none"> <li>• Information exchange between DOC and parole</li> <li>• Parole officers play a role in service coordination as well</li> </ul>
Nonprofit involvement	Yes
o Faith-based	Involved in service delivery for sex offenders, but do not comprise a large proportion of service providers for sex offenders
o Role	Service delivery—housing, transportation
Services available	<ul style="list-style-type: none"> <li>• Reentry centers are not residential—just day treatment</li> <li>• Two reentry officers in each center</li> <li>• Services include employment assistance (including portfolio development), vocational, substance abuse, mental health, transportation, child support mediation sessions, help obtaining state identification)</li> </ul>

	<ul style="list-style-type: none"> <li>• Housing program does not serve sex offenders though</li> <li>• If reentry centers cannot provide services, give referrals to other community organizations</li> </ul>
<b>Data and Research</b>	
Type	Demographics, offenses, recidivism, substance abuse, mental health, housing sustainability
Storage	Electronic
Maintenance	Parole—has many university partners as well
Evaluation	IPSO mandated evaluation

## Michigan Sex Offender Treatment & Reentry Programs

<b>TREATMENT—COMMUNITY BASED</b> (Refers to treatment on probation and parole)	
<b>Availability</b>	On probation and parole
Noncitizens	Yes, if not being deported
Gender	Males and females
Criteria for eligibility	<ul style="list-style-type: none"> <li>• For probationers, dependent on whether judge orders it (rare for judge not to order it)</li> <li>• Mandatory for parolees</li> </ul>
<b>Individualized treatment plans</b>	<ul style="list-style-type: none"> <li>• Yearlong treatment is required by state standard</li> <li>• Must do assessment—treatment is individualized to an extent within the template</li> </ul>
<b>Funding</b>	<ul style="list-style-type: none"> <li>• Department of Corrections (DOC) funding</li> <li>• Co-pay system whereby offender pays portion—this is a sliding scale where offenders pay based on their income</li> </ul>
<b>Population</b>	
Probation	Approximately 3,000 (rough estimate)
Parole	950
Other community corrections	Not applicable
<b>Percentage in treatment</b>	
Probation	All sex offenders will be in treatment at some point, but it may not be funded by DOC
Parole	All sex offenders on parole required to attend treatment
Other community corrections	Not applicable
<b>Treatment providers</b>	All locally-based
Number	65
Distribution	Less availability in rural areas because do not have much of a sex offender population or providers in these areas
Percentage with waiting list	No waiting due to lack of funding
Percentage with 25% empty slots	Not available
Completion rate	77% of parolees (official statistic but dated) 68% of probationers (official statistic but dated)
<b>Treatment modality</b>	Relapse prevention, cognitive-behavioral therapy
Drugs	No chemicals or drugs
Truth tests	<ul style="list-style-type: none"> <li>• Polygraph exams are used in Detroit, Kalamazoo, Muskegon, and Flint—but not statewide</li> <li>• Primarily maintenance exams</li> </ul>
Individualized vs. manualized	<ul style="list-style-type: none"> <li>• Individualized within the state template</li> <li>• All must develop relapse prevention plan, identify triggers and thinking errors, etc.</li> </ul>
Continuity of treatment	Community treatment is consistent with prison-based treatment and meant to pick up where prison treatment left off
Average duration	At least a year
<b>Data and Research</b>	Beginning in October 2008, the state will develop a systematic model of data collection
Type	Not available
Storage	Not available
Maintenance	Not available
Evaluation	<ul style="list-style-type: none"> <li>• No studies on treatment, but there has been a polygraph study that has not yet been released</li> <li>• Study is a randomized design and found that the polygraph did not deter new offenses</li> </ul>
<b>REENTRY</b>	

<b>Availability</b>	<ul style="list-style-type: none"> <li>• Reentry efforts began in 2003</li> <li>• Culminated in Michigan Prisoner Reentry Initiative (MPRI)—an inter-departmental collaboration</li> <li>• Reentry is statewide but not fully implemented for all three phases, which means that percentages and numbers will increase gradually over time</li> <li>• Once the initiative is up to scale, every prisoner will be in MPRI from the point of reception to prison</li> <li>• Content of programming will vary by risk level—goal is a system that is responsive to individuals</li> </ul>
Pre-release	Yes—particularly in in-reach facilities, which house moderate and high-risk offenders
Post-release	Yes
Percentage of state prisons with services	<ul style="list-style-type: none"> <li>• 14 in-reach facilities out of 48 prisons</li> <li>• Transition 60% of returning prisoner population</li> </ul>
<b>Specific initiatives</b>	<ul style="list-style-type: none"> <li>• MPRI—3 phase process: <ol style="list-style-type: none"> <li>1. Phase I: Lasts until positive parole decision—this is when assessments are done</li> <li>2. Phase II: Transferred to special facility before release to develop unified case plan</li> <li>3. Phase III: Release</li> </ol> </li> <li>• Parole Board decides who is moderate to high risk and thus eligible for in-reach</li> <li>• Once in in-reach, get assessment by COMPAS (eventually COMPAS will be used to assess risk level)</li> </ul>
Specialized sex offender programming	Yes—sex offender treatment (6 month cognitive-behavioral therapy mandatory for all sex offenders)
<b>Eligibility</b>	About half of sex offenders in prison are eligible for sex offender programming (the rest are too far removed or already had it)
Population	
<ul style="list-style-type: none"> <li>• Pre-release</li> </ul>	<ul style="list-style-type: none"> <li>• At any given time, at least 750 sex offenders are in formal treatment</li> <li>• Can simultaneously be involved in other training as well</li> </ul>
<ul style="list-style-type: none"> <li>• Post-release</li> </ul>	Almost all offenders under supervision are in treatment
<b>State standard?</b>	Minimum standards for MPRI—built in as conditions of funding
Developed by whom?	Not Available
Oversight by whom?	Planning Community Development Administration and Correctional Facilities Administration
<b>Funding</b>	
<b>Pre-release programming</b>	Phase I being launched with women’s program first
Releasing authority and criteria	<ul style="list-style-type: none"> <li>• Parole Board (part of DOC) is releasing authority</li> <li>• Decisions informed by Michigan Parole Guidelines instrument—not developed as risk instrument, but has been validated against recidivism criteria <ul style="list-style-type: none"> <li>◦ Sorts into low, average, and high probability of parole.</li> </ul> </li> <li>• Rest of decision based on case review and interview</li> <li>• In process of incorporating COMPAS into release decisions</li> </ul>
Enrollment date	Transferred to in-reach prison 60 days prior to release
Services available	<ul style="list-style-type: none"> <li>• Cognitive-behavioral therapy, and other services as needed</li> <li>• Special program for youths adjudicated as juveniles (will be able to do Phase I/Phase II)</li> <li>• Launching new program for offenders with medical illness</li> </ul>
Case management	<ul style="list-style-type: none"> <li>• Assistant Resident Unit Supervisors manage cases during Phase I</li> <li>• Institutional Parole agents manage cases during Phase II (in-reach facilities)</li> </ul>
<b>Post-release services</b>	<ul style="list-style-type: none"> <li>• Phase III delivered upon release onto parole; \$33 million for reentry</li> <li>• MPRI not domain-specific—funds can be used for anything</li> <li>• CASOM being piloted in Kalamazoo County</li> </ul>

	<ul style="list-style-type: none"> <li>• Available for duration of parole—especially MPRI</li> <li>• If there is an ongoing need for services, offenders are referred to agencies that can provide care (typical parole term is 2 years)</li> </ul>
Case management	<ul style="list-style-type: none"> <li>• Collaborative case management team—cross-training for case managers and community providers</li> <li>• Parole agent is lead case manager</li> <li>• Reentry steering committees also exist at the county or multi-county level</li> <li>• Case management review at least every 6 months</li> </ul>
<ul style="list-style-type: none"> <li>• Supervision</li> </ul>	Specialized caseloads for sex offenders
<ul style="list-style-type: none"> <li>• Service coordination</li> </ul>	Not Available
Nonprofit involvement	<ul style="list-style-type: none"> <li>• 18 administrative agencies administer funds to local jurisdictions</li> <li>• Selection is based on how closely practices conform to evidence-based practices</li> <li>• Nonprofits provide most services (very few state-sponsored services)</li> </ul>
<ul style="list-style-type: none"> <li>• Faith-based</li> </ul>	25% (estimate)
<ul style="list-style-type: none"> <li>• Role</li> </ul>	<ul style="list-style-type: none"> <li>• Service delivery</li> <li>• Also involved in policy—faith-based providers sit on reentry steering committees</li> </ul>
Services available	<ul style="list-style-type: none"> <li>• Phase III delivered upon release onto parole</li> <li>• Services provided as needed through contracts with local agencies</li> <li>• Working to standardize treatment</li> <li>• There will be a Corrections Program Checklist beginning in 2009</li> </ul>
<b>Data and Research</b>	
Type	<ul style="list-style-type: none"> <li>• CMIS is the current system—only picks people up when they go to prison</li> <li>• All data will be moved to OMNI—which begins at court disposition</li> <li>• OMNI is the primary data base for the Department—contains everything in CMIS and additional data</li> <li>• Data available include comprehensive criminal histories, behavioral misconduct, training, educational assessment, MMPI, demographics, family background, release date, parole decisions, performance</li> </ul>
Storage	Electronic
Maintenance	DOC maintains OMNI and CMIS
Evaluation	Used for tracking but have not done evaluations due to lack of resources
<b>COMMUNITY SUPERVISION</b>	
Availability	<ul style="list-style-type: none"> <li>• Available but not mandatory</li> <li>• Supervision under consolidated probation and parole administration</li> </ul>
Eligibility	<ul style="list-style-type: none"> <li>• Determined by judges</li> <li>• Mandatory incarceration for Criminal Sexual Conduct in 2<sup>nd</sup> Degree, and Criminal Sexual Conduct in 3<sup>rd</sup> degree</li> <li>• No mandatory post-release supervision for sex offenders</li> </ul>
Criteria for decisions	
Lifetime supervision	<ul style="list-style-type: none"> <li>• Amendment just passed to Michigan Compiled Law (MCL) 771.2a.—offenders convicted of certain listed offenses must be on probation for a minimum of 5 years</li> <li>• Also recent legislation that requires, for offenses committed on or after August 28, 2006, lifetime electronic monitoring of paroled or discharged sex offenders who are sentenced to prison for MCL 750.520b, Criminal Sexual Conduct (CSC) in the first degree, or MCL 750.520c(1)(a), CSC in the sentencing degree (including conspiracy)</li> <li>• Under this new legislation, lifetime electronic monitoring is also required for individuals convicted for MCL 750.520c, CSC in the third degree, if the offender was 17 years of age or older and the victim was less than 13 years of age at the time of offense (including conspiracy)</li> </ul>
Supervising agencies	Probation and Parole (consolidated)
Population	5,004 probationers and parolees serving on sex offense or with a history of sexual offending (official statistic from month-end report in 2005)
Funding	General state funds through DOC

<b>Classification system</b>	<ul style="list-style-type: none"> <li>• No sex-offender specific tools to classify sex offenders into risk level—but Probation and Parole has grant from Center for Sex Offender Management (CSOM) to pilot VASOR in one county</li> <li>• Currently use COMPAS (but no sex offender-specific tool)</li> </ul>
Year implemented/updated	<ul style="list-style-type: none"> <li>• 1970s</li> <li>• Sex offender-specific tools being piloted now</li> </ul>
Required for	Referrals and assessments
Risk levels	Sex offenders automatically go to maximum supervision, regardless of what risk assessment tools show
<b>Assessment</b>	
Purposes	Determine supervision level
Tools	<ul style="list-style-type: none"> <li>• VASOR, COMPASS, STATIC-99</li> <li>• Polygraph used for initial community supervision assessment, history, compliance/maintenance</li> </ul>
<b>Specialized caseloads</b>	<ul style="list-style-type: none"> <li>• Yes—if there are enough sex offenders in an area to make up a caseload (mostly urban areas)</li> <li>• In smaller rural areas, there are specialized caseloads, but they contain a mix of sex offenders and other offenders</li> </ul>
Provisions	<ul style="list-style-type: none"> <li>• GPS, electronic monitoring on parole</li> <li>• Polygraph used in three counties that cover a substantial portion of the supervision population</li> </ul>
Caseload	35+ for specialized sex offender caseloads
Supervisor requirements	<ul style="list-style-type: none"> <li>• Polygraph examiners go through special training for sex offenders</li> <li>• Supervision agents are selected for specialized caseloads based on interest—receive additional training and GPS training</li> </ul>
<b>Supervision</b>	
Length	Depends on sentence (determined by judge and Parole Board)
Services	<ul style="list-style-type: none"> <li>• Treatment, but not much else—depends on the area</li> <li>• MPRI forms collaborative groups with communities—work with parolees to address criminogenic needs</li> </ul>
Collaboration	Referrals to services, but restrictions on housing make it difficult to provide assistance
<b>Data and Research</b>	
Type	Not available
Storage	Not available
Maintenance	Not available
Evaluation	<ul style="list-style-type: none"> <li>• Study on polygraph and group treatment will be completed in September 2008—examines effect of these combined services on violation behavior</li> <li>• Also piloting VASOR in Probation and Parole—funded through Center for Sex Offender Management</li> </ul>

## Missouri Sex Offender Treatment & Reentry Programs

TREATMENT—PRISON-BASED	
<b>Availability</b>	State law mandates treatment in the prison
<b>State standard</b>	
Developed by whom?	New provider
Oversight by whom?	Department of Corrections (DOC)
<b>Funding</b>	State funded through DOC
<b>Eligibility</b>	
Noncitizens	Not available
Gender	Males and females
Mentally ill	Yes
Criteria for eligibility	State law mandates treatment in the prison
<b>Population</b>	
Sex offenders in prison population	Not available
Percentage in treatment	Not available
<b>Programs</b>	
Prisons with programs available	<ul style="list-style-type: none"> <li>• 3 (2 male, 1 female)</li> <li>• Farmington has the largest portion of sex offenders: Missouri Sex Offender Program (MOSOP)</li> <li>• Vandalia: Women’s Eastern Reception Center</li> <li>• Bontair Facility: Eastern Reception</li> </ul>
Average capacity	Not available
Percentage with waiting list	100%
Percentage with 25% empty slots	0%
Average ratio of providers/offenders	Not available
Average duration	MOSOP—9 months to 1 year
Enrollment date	18 months before release date
Content	
• Drugs	No
• Truth tests	No
• Individualized vs. manualized	Manualized
Treatment requirement for release	Yes
Completion rate	Not available
<b>Provider certification</b>	Not available
<b>Assessment</b>	Yes—but no customized tool
Purposes	Risk assessment, identify level of deviancy and victim preference
Tools	STATIC 99, Hair Psychopathy, Abel Screen
<b>Data and Research</b>	
Type	Not available
Storage	Not available
Maintenance	Not available
Evaluation	Not available
TREATMENT—COMMUNITY BASED (Refers to treatment on probation and parole)	
<b>Availability</b>	
Noncitizens	Yes
Gender	Males and females
Criteria for eligibility	Mandatory for all sex offenders
<b>Individualized treatment plans</b>	Containment model—therapist and parole officer work together
<b>Funding</b>	Mainly the sex offenders themselves
<b>Population</b>	
Probation	Not available

Parole	Not available
Other community corrections	Not available
<b>Percentage in treatment</b>	
Probation	95% (estimate)—varies statewide
Parole	As above
Other community corrections	As above
<b>Treatment providers</b>	
Number	56 that have been approved by the DOC
Distribution	<ul style="list-style-type: none"> <li>• Concentrated in metropolitan areas</li> <li>• Many in St. Louis—fewer in rural areas</li> </ul>
Percentage with waiting list	None (estimate)
Percentage with 25% empty slots	Not available
Completion rate	Not available
<b>Treatment modality</b>	Cognitive behavioral therapy
Drugs	No
Truth tests	Polygraphs
Individualized vs. manualized	More individualized
Continuity of treatment	Yes, community therapists have access to MOSOP records in prison
Average duration	3-4 years, but sometimes up to five years (estimate)
<b>Data and Research</b>	
Type	Not available
Storage	Not available
Maintenance	Not available
Evaluation	Not available
<b>REENTRY</b>	
<b>Availability</b>	
Pre-release	Yes—many services
Post-release	<ul style="list-style-type: none"> <li>• In some areas</li> <li>• Kansas City and St. Louis initiatives</li> <li>• There is a lot of partnering with faith-based organizations</li> </ul>
Percentage of state prisons with services	<ul style="list-style-type: none"> <li>• 11 of 20 institutions currently have it (low and medium security)</li> <li>• Moving towards expanding to all institutions</li> </ul>
<b>Specific initiatives</b>	<ul style="list-style-type: none"> <li>• Since 2004, reentry has been done by the DOC</li> <li>• With an inter-agency team, the DOC tailored the National Institute of Corrections Transition from Prison to the Community Initiative model to Missouri’s needs</li> <li>• Governor signed Executive Order in 2006 making the team permanent—with charge of integrating practices and principles across state government</li> <li>• Currently called Missouri Reentry Process (MRP)</li> </ul>
Specialized sex offender programming	No, can only access same reentry services as other offenders
<b>Eligibility</b>	All sex offenders
Population	Not available
<ul style="list-style-type: none"> <li>• Pre-release</li> </ul>	Not available
<ul style="list-style-type: none"> <li>• Post-release</li> </ul>	Not available
<b>State standard?</b>	
Developed by whom?	DOC and some outside contractors developed core programming
Oversight by whom?	State MRP Steering Team – state agencies, community providers, ex-offenders, law enforcement, etc.
<b>Funding</b>	DOC funds pre-release programming
<b>Pre-release programming</b>	
Releasing authority and criteria	<ul style="list-style-type: none"> <li>• Parole Board</li> <li>• Decisions based on pre-release plans, victims issues, Missouri DOC risk/needs scale</li> </ul>
Enrollment date	<ul style="list-style-type: none"> <li>• Move into transitional phase six months prior to release—usually relocated to transitional housing unit/wing</li> </ul>

	<ul style="list-style-type: none"> <li>When services expanded to all institutions, higher security inmates will be offered services too (currently no access to transitional units)</li> </ul>
Services available	Transition planning in the areas of employment, soft and hard skills, parenting, cognitive skills, etc.
Case management	<ul style="list-style-type: none"> <li>Case manager assigned when person begins prison sentence</li> <li>Assigned a new case manager and team when he/she moves into transitional stage</li> </ul>
<b>Post-release services</b>	No specific post-release programs
Case management	
<ul style="list-style-type: none"> <li>Supervision</li> </ul>	Parole officers
<ul style="list-style-type: none"> <li>Service coordination</li> </ul>	Parole officer is under DOC so receive a lot of information from prison case managers—including Transitional Accountability Plan
Nonprofit involvement	<ul style="list-style-type: none"> <li>In the last five years, they have really become increasingly involved</li> <li>Currently substantially involved</li> </ul>
<ul style="list-style-type: none"> <li>Faith-based</li> </ul>	High level of involvement from faith-based organizations (estimate)
<ul style="list-style-type: none"> <li>Role</li> </ul>	Direct services including mentoring, some case management, housing, etc.
Services available	<ul style="list-style-type: none"> <li>No services funded by DOC</li> <li>One project in St Louis that provides services to those who complete sentence without any post-release supervision</li> </ul>
<b>Data and Research</b>	
Type	Data on all offenders including return rates, etc.
Storage	Electronic
Maintenance	DOC
Evaluation	<ul style="list-style-type: none"> <li>No—but may be developing a report card with outcomes</li> <li>Sex offenders will be one category in the report card</li> </ul>
<b>COMMUNITY SUPERVISION</b>	
<b>Availability</b>	Yes
<b>Eligibility</b>	
Criteria for decisions	Mandatory for all sex offenders
<b>Lifetime supervision</b>	Yes – for a specific population that will be coming out on parole (all are still incarcerated)
<b>Supervising agencies</b>	Probation and parole
Population	Not available
<b>Funding</b>	<ul style="list-style-type: none"> <li>Intervention fee paid by all those supervised including sex offenders</li> <li>Also DOC funding</li> </ul>
<b>Classification system</b>	
Year implemented/updated	<ul style="list-style-type: none"> <li>Risk system was developed at least 19 years ago</li> <li>Needs system has been updated more recently</li> </ul>
Required for	All sex offenders
Risk levels	Minimum, regular, enhanced—sex offenders always regular level or higher Dangerous Felons classification as well—includes some sex offenders (sodomy, forcible rape)
<b>Assessment</b>	
Purposes	Risk assessment
Tools	<ul style="list-style-type: none"> <li>STATIC-99 for offenders going through Sentencing Assessment Report</li> <li>Providers use own assessment tools for those in treatment</li> </ul>
<b>Specialized caseloads</b>	
Provisions	<ul style="list-style-type: none"> <li>In many areas</li> <li>Not in some of the rural areas because not feasible</li> </ul>
Caseload	45 maximum
Supervisor requirements	<ul style="list-style-type: none"> <li>DOC is currently developing journeyman training—based on typology, etc.</li> <li>Quarterly meetings between officers and providers</li> <li>Encourage and support any outside trainings on sex offenders</li> </ul>
<b>Supervision</b>	
Length	<ul style="list-style-type: none"> <li>5 years for probation</li> </ul>

	<ul style="list-style-type: none"> <li>• Not available for parole</li> </ul>
Services	Electronic Monitoring, GPS, Community Supervision Centers, Residential Center, mandatory treatment, family groups
Collaboration	Yes—important component of Missouri supervision
<b>Data and Research</b>	
Type	Not available
Storage	Not available
Maintenance	Not available
Evaluation	Not available

## Montana Sex Offender Treatment & Reentry Programs

TREATMENT—PRISON-BASED	
<b>Availability</b>	<ul style="list-style-type: none"> <li>• Available in Montana state prison</li> <li>• No treatment in regional prisons</li> </ul>
<b>State standard</b>	Yes
Developed by whom?	Montana State Offender Treatment Association (MSOTA)
Oversight by whom?	Montana State Offender Treatment Association (MSOTA)
<b>Funding</b>	Montana Department of Corrections
<b>Eligibility</b>	
Noncitizens	Yes, although most are deported before treatment commences
Gender	<ul style="list-style-type: none"> <li>• Mostly males</li> <li>• Fewer than 10 female sex offenders in Montana Women’s Prison</li> </ul>
Mentally ill	Participate in a special needs sex offender group
Criteria for eligibility	<ul style="list-style-type: none"> <li>• Available for all sex offenders</li> <li>• Mandatory for all sex offenders to complete Phase I (16 week educational group)</li> </ul>
<b>Population</b>	
Sex offenders in prison population	580 (official)
Percentage in treatment	Not available
<b>Programs</b>	
Prisons with programs available	1—Montana State Prison
Average capacity	Not available
Percentage with waiting list	Not available
Percentage with 25% empty slots	Not available
Average ratio of providers/offenders	1:7-8
Average duration	Phase I: 16 weeks Phase II: open-ended (usually 15 to 30 months)
Enrollment date	Prioritized by earliest potential release dates
Content	Not available
<ul style="list-style-type: none"> <li>• Drugs</li> </ul>	No—drugs are only available 2 weeks before leaving treatment
<ul style="list-style-type: none"> <li>• Truth tests</li> </ul>	32 polygraphs per year under contract
<ul style="list-style-type: none"> <li>• Individualized vs. manualized</li> </ul>	Both—therapist tailors treatment to individual needs
Treatment requirement for release	<ul style="list-style-type: none"> <li>• Yes—for releases onto probation and parole</li> <li>• Completion of program not always a factor in post-release classification—Parole board decides using risk instruments</li> </ul>
Completion rate	<ul style="list-style-type: none"> <li>• 30% of entries</li> <li>• About 50 per year complete Phase II</li> <li>• 90% of those in Phase I are required to complete Phase II (estimate)</li> </ul>
<b>Provider certification</b>	<ul style="list-style-type: none"> <li>• Must be licensed by Montana State Offender Treatment Association</li> <li>• Must have master’s degree in social work, psychology, or counseling and appropriate state license to perform mental health therapy</li> <li>• Must complete 2,000 hours of supervised experience in evaluation and treatment of a sex offender</li> <li>• Must pass written and oral exams and submit work samples reviewed by membership committee</li> </ul>
<b>Assessment</b>	
Purposes	<ul style="list-style-type: none"> <li>• Assess risk</li> <li>• Community notification</li> </ul>
Tools	Static-99, MnSOST-R
<b>Data and Research</b>	
Type	Completion of treatment, reincarceration, etc
Storage	Electronic
Maintenance	Department of Corrections

Evaluation	Treatment evaluations
<b>COMMUNITY-BASED TREATMENT</b>	
<b>Availability</b>	
Noncitizens	Yes
Gender	Males and females
Criteria for eligibility	<ul style="list-style-type: none"> <li>• Not mandatory but majority go into community treatment</li> <li>• If an individual goes through Phase I, II, and III in prison treatment, may not need community treatment</li> </ul>
<b>Individualized treatment plans</b>	Developed by treatment provider and probation officer
<b>Funding</b>	Offender
<b>Population</b>	
Probation	621 (official as of 3/20/08)
Parole	93 (official as of 3/20/08)
Other community corrections	2 on Department of Corrections Intensive Supervision Probation (ISP) (official as of 3/20/08)
<b>Treatment providers</b>	
Number	15 active licensed providers
Distribution	Statewide
Percentage with waiting list	0%
Percentage with 25% empty slots	0%
Completion rate	Not available
<b>Treatment modality</b>	<ul style="list-style-type: none"> <li>• Cognitive-behavioral therapy, arousal therapy, etc</li> <li>• No set treatment modality</li> </ul>
Drugs	Available but rarely used
Truth tests	Montana Sex Offender Treatment Association requires all sex offenders do polygraph once every 12 months
Individualized vs. manualized	Both
Continuity of treatment	Yes—treatment providers usually receive information on treatment in prison from the institution
Average duration	8 months to 4 years
<b>Data and Research</b>	
Type	Demographics, etc
Storage	Electronic
Maintenance	Montana Department of Corrections
Evaluation	No formal studies
<b>REENTRY</b>	
<b>Availability</b>	
Pre-release	Yes
Post-release	Yes
Percentage of state prisons with services	100%
<b>Specific initiatives</b>	No
Specialized sex offender programming	No
<b>Eligibility</b>	All sex offenders are eligible
Population	
<ul style="list-style-type: none"> <li>• Pre-release</li> </ul>	Not available
<ul style="list-style-type: none"> <li>• Post-release</li> </ul>	Not available
<b>State standard?</b>	No
Developed by whom?	Not applicable
Oversight by whom?	Not applicable
<b>Funding</b>	Department of Corrections
<b>Pre-release programming</b>	
Releasing authority and criteria	<ul style="list-style-type: none"> <li>• Parole Board</li> <li>• Decisions based on offender's compliance with court conditions (treatment, GED, chemical dependency treatment, etc) and assessment tools (MnSOST-R, STATIC-</li> </ul>

	99)
Enrollment date	<ul style="list-style-type: none"> <li>• Preparation starts at intake</li> <li>• Most services begin upon release</li> </ul>
Services available	<ul style="list-style-type: none"> <li>• 2 pre-release centers accept sex offenders</li> <li>• Private centers are similar to regular prerelease</li> </ul>
Case management	Probation officers in prison help with transition (about 90 days prior to release)
<b>Post-release services</b>	
Case management	
<ul style="list-style-type: none"> <li>• Supervision</li> </ul>	<ul style="list-style-type: none"> <li>• Probation officers—not same as prison case manager</li> <li>• Probation officers receive information on risk level, treatment completed in prison, treatment needs in community</li> </ul>
<ul style="list-style-type: none"> <li>• Service coordination</li> </ul>	<ul style="list-style-type: none"> <li>• Post-release supervisors coordinate services for sex offenders</li> <li>• Some work closely with sex offender therapists in community, but varies by location</li> </ul>
Nonprofit involvement	Yes
<ul style="list-style-type: none"> <li>• Faith-based</li> </ul>	Majority are not faith-based
<ul style="list-style-type: none"> <li>• Role</li> </ul>	Not available
Services available	Services available, but for a limited time
<b>Data and Research</b>	
Type	Not available
Storage	Not available
Maintenance	Not available
Evaluation	Not available
<b>COMMUNITY SUPERVISION</b>	
<b>Availability</b>	Yes
<b>Eligibility</b>	Not mandatory
Criteria for decisions	Sex offenders under parole, probation or conditional release are supervised
<b>Lifetime supervision</b>	Yes—for sex offenders who qualify under state statute MCA 45-5-503 (4)(b) and 45-5-507 (5) (b)
<b>Supervising agencies</b>	
Population	<ul style="list-style-type: none"> <li>• Probation: 621 (official as of 3/20/08)</li> <li>• Parole: 93 (official as of 3/20/08)</li> <li>• Other: 2 on Department of Corrections Intensive Supervision Probation, (official as of 3/20/08)</li> </ul>
<b>Funding</b>	Montana State Legislature
<b>Classification system</b>	
Year implemented/updated	Tier-level system enacted by Montana Legislature in 1997
Required for	All offenders required to register
Risk levels	<ul style="list-style-type: none"> <li>• Tier 1 (low risk)</li> <li>• Tier 2 (moderate risk)</li> <li>• Tier 3 (high risk or sexually violent predator)</li> </ul>
<b>Assessment</b>	
Purposes	<ul style="list-style-type: none"> <li>• To determine appropriate supervision level and to assist supervising officer in identifying needs</li> <li>• Sex offenders reassessed every 6 months</li> </ul>
Tools	<ul style="list-style-type: none"> <li>• Standard risk/needs assessment developed by Department of Corrections</li> <li>• Not sex-offender specific tool</li> <li>• Same tools used by parole and probation</li> </ul>
<b>Specialized caseloads</b>	Yes
Provisions	<ul style="list-style-type: none"> <li>• Officers receive additional training</li> <li>• Work with treatment providers, law enforcement, family members, and employers to ensure more appropriate supervision for offender</li> </ul>
Caseload	Should be 40, but can be higher in certain areas of state
Supervisor requirements	Officers encouraged to attend specialized training for sex offender supervision

<b>Supervision</b>	
Length	Varies
Services	<ul style="list-style-type: none"> <li>• Most sex offenders required to attend sex offender treatment or aftercare in community</li> <li>• Employment and housing assistance</li> </ul>
Collaboration	Case managers encouraged to work with treatment providers, employers, law enforcement officials, family members, and anyone involved with sex offenders in community
<b>Data and Research</b>	
Type	Demographics
Storage	Electronic
Maintenance	Montana Department of Corrections
Evaluation	No formal studies

## New Hampshire Sex Offender Treatment & Reentry Programs

TREATMENT—PRISON-BASED	
<b>Availability</b>	Available only in specialized facilities for sex offenders
<b>State standard</b>	No
Developed by whom?	Not applicable
Oversight by whom?	Not applicable
<b>Funding</b>	State
<b>Eligibility</b>	
Noncitizens	Yes
Gender	Males and females
Mentally ill	Yes, but not required
Criteria for eligibility	<ul style="list-style-type: none"> <li>• Not mandatory for all sex offenders, but they are unlikely to be paroled if they do not complete recommended form of treatment</li> <li>• Determined through actuarial risk assessments, court/sentencing recommendations</li> </ul>
<b>Population</b>	
Sex offenders in prison population	737 (estimate)
Percentage in treatment	15%
<b>Programs</b>	
Prisons with programs available	2
Average capacity	<ul style="list-style-type: none"> <li>• 72 in intensive treatment</li> <li>• 12 in cognitive-behavioral therapy</li> <li>• 12 in relapse prevention</li> <li>• 3 in female facility</li> </ul>
Percentage with waiting list	50% (estimate)
Percentage with 25% empty slots	0% (official)
Average ratio of providers/offenders	1:22
Average duration	<ul style="list-style-type: none"> <li>• About 18 months for intensive treatment</li> <li>• 6 months for cognitive-behavioral therapy</li> <li>• Female group and relapse prevention are open-ended</li> </ul>
Enrollment date	Approximately 24 months prior to release date
Content	Process-oriented groups, psychoeducational groups, cognitive-behavioral therapy, relapse prevention, victim empathy training, arousal control, social skills training, sexual education/awareness, individualized treatment planning
• Drugs	Only medication for mental health issues available
• Truth tests	Polygraphs
• Individualized vs. manualized	Individualized
Treatment requirement for release	<ul style="list-style-type: none"> <li>• No, but individuals who do not complete treatment are unlikely to be paroled</li> <li>• Not a factor in post-release classification</li> </ul>
Completion rate	Not available
<b>Provider certification</b>	<ul style="list-style-type: none"> <li>• Masters degree and 2 years post graduate experience</li> <li>• Sex offender-specific training and experience</li> </ul>
<b>Assessment</b>	
Purposes	Assess risk level, treatment planning, assess individual needs
Tools	Clinical interview, actuarial risk assessment, dynamic risk assessment, STATIC-99, TNPS, VASOR (Vermont Assessment of Sex Offender Risk)
<b>Data and Research</b>	
Type	Not available
Storage	Not available
Maintenance	Not available
Evaluation	Not available

## COMMUNITY-BASED TREATMENT

<b>Availability</b>	
Noncitizens	Yes
Gender	Males and females
Criteria for eligibility	<ul style="list-style-type: none"> <li>• Not mandatory for all sex offenders</li> <li>• Court or Parole Board order or Parole/Probation Officer makes decisions</li> </ul>
<b>Individualized treatment plans</b>	Treatment providers decides treatment plan—sometimes with input of parole/probation officers
<b>Funding</b>	Offender
<b>Population</b>	597 total (estimate)
Probation	Not available
Parole	Not available
Other	Not available
<b>Treatment modality</b>	Not available
Drugs	Not available
Truth tests	Polygraphs
Individualized vs. manualized	Both
Continuity of treatment	Depends on treatment provider
Average duration	Not available
<b>Data and Research</b>	
Type	Not applicable
Storage	Not applicable
Maintenance	Not applicable
Evaluation	Not applicable

## REENTRY

<b>Availability</b>	
Pre-release	Yes
Post-release	Yes
Percentage of state prisons with services	100%
<b>Specific initiatives</b>	No
Specialized sex offender programming	No
<b>Eligibility</b>	All releasing offenders have access to case counselors/case managers to assist with release plans
Population	
<ul style="list-style-type: none"> <li>• Pre-release</li> </ul>	Not available
<ul style="list-style-type: none"> <li>• Post-release</li> </ul>	Not available
<b>Pre-release programming</b>	
Releasing authority and criteria	<ul style="list-style-type: none"> <li>• Parole Board</li> <li>• Release decisions based on institutional behavior, program completion, risk to public, minimum parole date</li> </ul>
Enrollment date	2 months prior to release date
Services available	Access to same services as other offenders
Case management	Case managers assigned based on housing unit
<b>Post-release services</b>	
Case management	<ul style="list-style-type: none"> <li>• Probation/parole Officers supervise sex offenders in reentry programs after release from prison</li> </ul>
<ul style="list-style-type: none"> <li>• Supervision</li> </ul>	Probation/parole officer
<ul style="list-style-type: none"> <li>• Service coordination</li> </ul>	Probation/parole officer receives information regarding housing, employment, education, program requirements
Nonprofit involvement	Yes, but limited
<ul style="list-style-type: none"> <li>• Faith-based</li> </ul>	Not available
<ul style="list-style-type: none"> <li>• Role</li> </ul>	Some provide transitional living arrangements (28-day programs)
Services available	Services available until the maximum sentence date
<b>Data and Research</b>	

Type	Not applicable
Storage	Not applicable
Maintenance	Not applicable
Evaluation	Not applicable
<b>COMMUNITY SUPERVISION</b>	
<b>Availability</b>	Yes
<b>Eligibility</b>	Not mandatory
Criteria for decisions	Judge or Parole Board decides
<b>Lifetime supervision</b>	Yes—for those convicted of aggravated felonious sexual assault with victim under 13 years of age
<b>Supervising agencies</b>	
Population	597 total
<b>Funding</b>	State
<b>Assessment</b>	
Purposes	To ascertain level of supervision and to develop a case plan
Tools	<ul style="list-style-type: none"> <li>• LSI-R, RRASOR</li> <li>• Same tools used by parole and probation</li> </ul>
<b>Specialized caseloads</b>	No
Provisions	Not applicable
Caseload	Not applicable
Supervisor requirements	Not applicable
<b>Supervision</b>	
Length	<ul style="list-style-type: none"> <li>• Varies by offense classification (misdemeanor or felony)</li> <li>• 2 years average for misdemeanor</li> <li>• 5 years average for felony</li> <li>• May be longer for parolees</li> </ul>
Services	Outpatient sex offender treatment
Collaboration	Yes—probation/parole officers make referrals for treatment, monitor progress in treatment, and exchange information with treatment providers
<b>Data and Research</b>	
Type	Demographic, physical, offense, sentencing, supervisory notes, status
Storage	Electronic
Maintenance	New Hampshire Department of Corrections
Evaluation	No

## New Jersey Sex Offender Treatment & Reentry Programs

TREATMENT—PRISON-BASED	
<b>Availability</b>	Treatment provided in Adult Diagnostic and Treatment Center—accepts only compulsive and repetitive sex offenders
<b>State standard</b>	No
Developed by whom?	Not applicable
Oversight by whom?	Not applicable
<b>Funding</b>	<ul style="list-style-type: none"> <li>• Department of Corrections</li> <li>• Subcontracts</li> </ul>
<b>Eligibility</b>	
Noncitizens	Yes
Gender	Males and females
Mentally ill	Available but not required
Criteria for eligibility	Available for all sex offenders as long as they are amenable, willing, compulsive, and repetitive
<b>Population</b>	
Sex offenders in prison population	685 (official)
Percentage in treatment	Not available
<b>Programs</b>	
Prisons with programs available	<ul style="list-style-type: none"> <li>• 1 sex offender facility for males</li> <li>• Another facility that treats female sex offenders (Edna Mahan Correctional Facility)</li> </ul>
Average capacity	Not available
Percentage with waiting list	0%
Percentage with 25% empty slots	0%
Average ratio of providers/offenders	1:40 (estimate)
Average duration	Varies (several months to several decades)
Enrollment date	Intake
Content	Integrated treatment model includes relapse prevention, cognitive-behavioral therapy, victim empathy, social skills, arousal reconditioning, therapeutic community
• Drugs	<ul style="list-style-type: none"> <li>• Some on anti-androgens</li> <li>• Small number on SSRIs</li> </ul>
• Truth tests	None
• Individualized vs. manualized	Individualized
Treatment requirement for release	No
Completion rate	Not applicable
<b>Provider certification</b>	<ul style="list-style-type: none"> <li>• Master's degree or higher in psychology or Master's degree in social work</li> <li>• No certification required</li> <li>• Continued training for social workers</li> </ul>
<b>Assessment</b>	
Purposes	For sentencing
Tools	<ul style="list-style-type: none"> <li>• Personality Assessment Inventory, House-Tree-Person, Shipley Institute of Living Scale</li> <li>• No customized state tool</li> </ul>
<b>Data and Research</b>	
Type	Not applicable
Storage	Not applicable
Maintenance	Not applicable
Evaluation	Not applicable

## North Carolina Sex Offender Treatment & Reentry Programs

TREATMENT—PRISON-BASED	
<b>Availability</b>	One prison-based program
<b>State standard</b>	No
Developed by whom?	Not applicable
Oversight by whom?	Not applicable
<b>Funding</b>	Department of Corrections
<b>Eligibility</b>	
Noncitizens	Yes
Gender	Males only
Mentally ill	Not required, but can attend if they are stable
Criteria for eligibility	Optional and voluntary for those who admit to sex offense
<b>Population</b>	
Sex offenders in prison population	4,743 as of 2/29/08 (official)
Percentage in treatment	Not available
<b>Programs</b>	
Prisons with programs available	1
Average capacity	56 per year (official)
Percentage with waiting list	100% (about 250 individuals on waiting list)
Percentage with 25% empty slots	None
Average ratio of providers/offenders	1:8 (official)
Average duration	5 months
Enrollment date	Varies
Content	Cognitive-behavioral therapy, relapse prevention, arousal control, behavior modification, empathy training, skill building
• Drugs	No
• Truth tests	No
• Individualized vs. manualized	Both
Treatment requirement for release	Not available
Completion rate	95% of eligible offenders completed (official)
<b>Provider certification</b>	<ul style="list-style-type: none"> <li>• No certification, but standards</li> <li>• Must be licensed in North Carolina</li> <li>• Therapists must be able to do group therapy, work with inmates, and be willing to train in sex offender specific treatment for several years</li> </ul>
<b>Assessment</b>	
Purposes	To provide background information and devise individual treatment plans
Tools	<ul style="list-style-type: none"> <li>• STATIC-99, MSI</li> <li>• State-developed tool: A Personal History Inventory (instrument used to gather information and guide an interview)</li> </ul>
<b>Data and Research</b>	
Type	Test results
Storage	Paper and electronic
Maintenance	Sexual Offender Accountability and Responsibility (SOAR) program
Evaluation	No

## North Dakota Sex Offender Treatment & Reentry Programs

TREATMENT—PRISON-BASED	
<b>Assessment</b>	
Purposes	Not available
Tools	MnSOST-R and STATIC-99 were validated on the prison and probation populations in 2003
TREATMENT—COMMUNITY BASED (Refers to treatment on probation and parole)	
<b>Availability</b>	<ul style="list-style-type: none"> <li>• Human Service Centers (under Department of Health and Human Services) treat low and moderate risk offenders</li> <li>• Rule-CPC program (under Department of Human Services) treats high risk offenders               <ul style="list-style-type: none"> <li>• Provided through contract with Massachusetts counseling business</li> </ul> </li> </ul>
Noncitizens	Yes—unless deported
Gender	Available for males, but not much available for females
Criteria for eligibility	<ul style="list-style-type: none"> <li>• Not mandatory—must be court-ordered or have conditions of supervision amended</li> <li>• Probation—probation officers will usually recommend that sex offender conditions be imposed during pre-sentence investigation, but judges do not have to abide by it</li> <li>• Parole—parolees must participate in sex offender treatment program, but most sex offenders in prison are not paroled</li> </ul>
<b>Individualized treatment plans</b>	<ul style="list-style-type: none"> <li>• Therapist makes individualized treatment plan in conjunction with probation officer</li> <li>• The Stable and LSI-R are reassessed every 6 months. The ACUTE is completed on a monthly basis</li> <li>• Stable factors reassessed every 6 months</li> </ul>
<b>Funding</b>	<ul style="list-style-type: none"> <li>• Treatment provided by the Human Service Centers is funded by the State</li> <li>• Offenders are charged on a sliding fee scale</li> <li>• Rule-CPC funded through a grant provided to the Department of Human Services</li> <li>• No charge for offenders participating in Rule-CPC programming</li> </ul>
<b>Population</b>	
Probation	350 (estimate)
Parole	Less than 10—most sex offenders are not paroled
Other community corrections	<ul style="list-style-type: none"> <li>• Community Service Agencies in the state may supervise misdemeanor cases</li> <li>• One Community Service Agency has 5 or fewer misdemeanor sex offenders on their caseload</li> </ul>
<b>Percentage in treatment</b>	
Probation	50 (estimate)
Parole	Not available
Other community corrections	<ul style="list-style-type: none"> <li>• More than 50 high risk sex offenders and/or those with adult victims involved in treatment with Rule-CPC</li> <li>• Number of sex offenders involved in treatment programs through the regional human service centers not available</li> </ul>
<b>Treatment providers</b>	
Number	<ul style="list-style-type: none"> <li>• 5 human service regions provide treatment to all sex offenders except for high risk offender and those with adult victims</li> <li>• Rule-CPC: 5 locations in North Dakota with local therapists</li> </ul>
Distribution	<p>In most populated areas:</p> <ul style="list-style-type: none"> <li>• Human Service Centers—Fargo, Bismarck, Dickinson, Minot, Grand Forks</li> <li>• Rule-CPC—Fargo, Jamestown, Bismarck, Minot, Grand Forks</li> </ul>
Percentage with waiting list	<ul style="list-style-type: none"> <li>• No waiting list for Rule-CPC</li> </ul>

	<ul style="list-style-type: none"> <li>Probably short waiting list for Human Service Centers</li> </ul>
Percentage with 25% empty slots	Not available
Completion rate	<ul style="list-style-type: none"> <li>Only a few offenders in Rule-CPC have been revoked</li> <li>Human Service Centers—completion rate not available</li> </ul>
<b>Treatment modality</b>	<ul style="list-style-type: none"> <li>Rule-CPC includes cognitive-behavioral therapy, educational program, relapse prevention, victim empathy</li> <li>Human Service Centers include cognitive-behavioral therapy, relapse prevention</li> <li>Also an educational program in at least one Human Service Center for sex offenders who do not need intensive outpatient treatment</li> </ul>
Drugs	No, but will be available soon
Truth tests	<ul style="list-style-type: none"> <li>Human Service Centers use polygraphs</li> <li>Rule-CPC uses polygraphs and plethysmographs</li> </ul>
Individualized vs. manualized	Individualized
Continuity of treatment	<ul style="list-style-type: none"> <li>Most sex offenders in prison do not receive parole</li> <li>If an offender was in a prison treatment program, he/she is often referred to the Human Service Center for follow-up treatment</li> <li>Community and prison treatment are more similar than dissimilar</li> </ul>
Average duration	At least a couple of years
<b>Data and Research</b>	
Type	Number of referrals, number involved in treatment programming, treatment progress, demographics
Storage	Electronic and paper
Maintenance	Rule-CPC and Human Service Centers
Evaluation	<ul style="list-style-type: none"> <li>Too soon to evaluate Rule-CPC</li> <li>Individual Human Service Centers may be doing own evaluations</li> </ul>
<b>COMMUNITY SUPERVISION</b>	
<b>Availability</b>	Yes
<b>Eligibility</b>	Very few sex offenders are paroled
Criteria for decisions	Not available
<b>Lifetime supervision</b>	No
<b>Supervising agencies</b>	Probation and parole
Population	<ul style="list-style-type: none"> <li>Very few sex offenders on parole</li> <li>350 on probation (estimate)</li> </ul>
<b>Funding</b>	State
<b>Classification system</b>	
Year implemented/updated	Implemented in 1990's
Required for	All sex offenders
Risk levels	<ul style="list-style-type: none"> <li>Low, moderate, and high risk</li> <li>Risk is determined by the SORAC committee (reports to Attorney General)</li> <li>Parole/probation officers use the MnSOST-R, STATIC 99 to determine risk levels. They also use the Stable and ACUTE to assess risk and implement a case supervision plan to address the areas of risk.</li> </ul>
<b>Assessment</b>	
Purposes	<ul style="list-style-type: none"> <li>Treatment and programming decisions, community notification, level of supervision, placement on GPS, etc</li> <li>SORAC committee has overwrite authority on assessment scores</li> </ul>
Tools	<ul style="list-style-type: none"> <li>MnSOST-R, STATIC 99, Stable, ACUTE, LSI-R</li> <li>Stable and LSI-R administered every 6 months</li> <li>ACUTE administered every month</li> </ul>
<b>Specialized caseloads</b>	<ul style="list-style-type: none"> <li>7 sex offender specialists who only supervise sex offenders</li> <li>In rural areas, one officer is assigned to have all sex offenders on caseload, but majority of caseload is non-sex offender</li> </ul>
Provisions	<ul style="list-style-type: none"> <li>20 specialized sex offender conditions in addition to 25 general conditions</li> <li>Sex offender conditions include no contact with minors, no loitering, etc</li> </ul>

Caseload	30-40
Supervisor requirements	Training (minimum of 800 hours) and 5 years experience in field
<b>Supervision</b>	
Length	Varies
Services	Treatment, vocational training, chemical dependency treatment, psychiatric services, employment through job services
Collaboration	<ul style="list-style-type: none"> <li>• Yes—between case managers and HSC</li> <li>• Also Sex Offender Containment Task Forces in Fargo, Jamestown, Bismarck, Minot, and Grand Forks</li> <li>• Task forces were originally set up by the DOCR to determine which sex offenders would need to be placed on GPS but they now play a role in systemic decisions and information sharing</li> <li>• Task forces usually include representatives from law enforcement, parole/probation officers, state attorney, victim advocates, treatment providers, social services, etc</li> </ul>
<b>Data and Research</b>	
Type	Demographic, court orders
Storage	Electronic
Maintenance	<ul style="list-style-type: none"> <li>• Probation, Courts, and Department of Corrections have different systems</li> <li>• Also centralized data system</li> <li>• DOCSTARS</li> </ul>
Evaluation	<ul style="list-style-type: none"> <li>• CPAI (Correctional Programs Assessment Inventory)</li> <li>• No evaluations of sex offender treatment programs in the community</li> </ul>

## Oklahoma Sex Offender Treatment & Reentry Programs

TREATMENT—PRISON-BASED	
<b>Availability</b>	Available
<b>State standard</b>	No
Developed by whom?	Not applicable
Oversight by whom?	Not applicable
<b>Funding</b>	State funding through Department of Corrections
<b>Eligibility</b>	
Noncitizens	Deportable detainees not prioritized because of limited slots
Gender	Males and females
Mentally ill	<ul style="list-style-type: none"> <li>• Not mandatory but could be sentenced with stipulation that if treatment is completed ,he/she can be released onto probation early</li> <li>• Program at medium male facility for developmentally disabled mentally ill</li> <li>• Intermediate Mental Health Unit for those who are severely mentally ill—focuses on stabilizing mental health</li> </ul>
Criteria for eligibility	Voluntary
<b>Population</b>	
Sex offenders in prison population	3,500 (estimate)
Percentage in treatment	3%
<b>Programs</b>	
Prisons with programs available	4 facilities (2 male, 2 female)
Average capacity	<ul style="list-style-type: none"> <li>• Males: 80</li> <li>• Females: 10</li> </ul>
Percentage with waiting list	100%
Percentage with 25% empty slots	0%
Average ratio of providers/offenders	<ul style="list-style-type: none"> <li>• Male facilities: 1:20 or 1:40 depending on facility</li> <li>• Female facilities: 1:10</li> </ul>
Average duration	<ul style="list-style-type: none"> <li>• Males: 12-16 months</li> <li>• Females: not available</li> </ul>
Enrollment date	12-16 months prior to release date
Content	Cognitive-behavioral therapy, arousal control, relapse prevention, contingency planning, role plays, victim empathy (limited)
• Drugs	No
• Truth tests	Polygraphs
• Individualized vs. manualized	Manualized
Treatment requirement for release	No
Completion rate	25% (estimate)
<b>Provider certification</b>	All staff, including community corrections staff, must be Licensed Professional Counselors, Licensed Behavioral Practitioners, Licensed Clinical Social Workers
<b>Assessment</b>	
Purposes	<ul style="list-style-type: none"> <li>• Assess risk, develop case plans, and monitor treatment progress (assessment starts in local jails before sending individuals to prison)</li> <li>• Once in sex offender program, tools also inform treatment planning</li> </ul>
Tools	<ul style="list-style-type: none"> <li>• Psycho-social assessments, LSI-R, STATIC-99, Buss-Durkee, arousal checklists</li> </ul>
<b>Data and Research</b>	
Type	<ul style="list-style-type: none"> <li>• Collect information within programs on instruments to assess progress in treatment</li> <li>• Department of Corrections collects program participation data (i.e., what kind of treatment, when completed, what type of termination, etc), and demographics</li> </ul>
Storage	Electronic
Maintenance	Department of Corrections
Evaluation	Survival analysis after release into community (both general offenders and sex offenders)

## REENTRY

<b>REENTRY</b>	
<b>Availability</b>	
Pre-release	Yes
Post-release	Yes
Percentage of state prisons with services	100% have at least some pre-release services
<b>Specific initiatives</b>	No
Specialized sex offender programming	Specialized caseloads that work with other service providers and groups
<b>Eligibility</b>	All sex offenders
Population	Not available
• Pre-release	Not available
• Post-release	Not available
<b>Pre-release programming</b>	
Releasing authority and criteria	Not available
Enrollment date	Not available
Services available	Ensure that all inmates have identification, Medicaid, employment services
Case management	Not available

## Oregon Sex Offender Treatment & Reentry Programs

TREATMENT—PRISON-BASED	
<b>Availability</b>	Not available
<b>Population</b>	
Sex offenders in prison population	4,165 (official as of 3/08)
Percentage in treatment	Not available
COMMUNITY-BASED TREATMENT	
<b>Availability</b>	
Noncitizens	Yes
Gender	Males and females
Criteria for eligibility	Not available
<b>Individualized treatment plans</b>	Parole officers, Parole Board, Local Supervisory Authority decide on plans
<b>Funding</b>	State and mostly offender
<b>Population</b>	4,322 (official as of 11/07)
Probation	Not available
Parole	Not available
Other community corrections	Not available
<b>Percentage in treatment</b>	99%, since treatment is ongoing
Probation	Not available
Parole	Not available
Other community corrections	Not available
<b>Treatment providers</b>	
Number	Numerous
Distribution	Statewide
Percentage with waiting list	Not available
Percentage with 25% empty slots	Not available
Completion rate	Not available—for each individual, completion occurs when supervision expires
<b>Treatment modality</b>	Containment approach—partnership between parole officer, therapist, and polygraphist
Drugs	<ul style="list-style-type: none"> <li>• Piloting Depo Provera, but very rarely used</li> <li>• SSRIs are more commonly used</li> </ul>
Truth tests	Polygraph testing is mandatory for every offender every 6 months and more often if issues arise
Individualized vs. manualized	Not available
Continuity of treatment	Not applicable (no prison-based program)
Average duration	5 years
<b>Data and Research</b>	
Type	Any data that is needed can be extracted
Storage	Electronic
Maintenance	Prison and community corrections share the same system
Evaluation	Evaluations of recidivism, success, etc
REENTRY	
<b>Availability</b>	
Pre-release	Yes
Post-release	Yes
Percentage of state prisons with services	Not available
<b>Specific initiatives</b>	Yes—National Institute of Corrections Transition from Prison to the Community (TPC) Initiative
Specialized sex offender programming	Yes
<b>Eligibility</b>	Sex offenders with a score of 6 or higher on STATIC-99 are eligible for reentry

	services
Population	Approximately 60
• Pre-release	Not available
• Post-release	Not available
<b>State standard?</b>	Yes
Developed by whom?	Not available
Oversight by whom?	National Institute of Corrections Transition from Prison to the Community
<b>Funding</b>	Department of Corrections and Community Corrections agencies
<b>Pre-release programming</b>	
Releasing authority and criteria	Determinate and indeterminate sentencing
Enrollment date	At least 6 months prior to release date
Services available	Not available
Case management	Yes
<b>Post-release services</b>	
Case management	<ul style="list-style-type: none"> <li>• Parole officer—not prison case manager</li> <li>• Exchange of information between managers</li> </ul>
• Supervision	Not available
• Service coordination	Not available
Nonprofit involvement	Yes
• Faith-based	Not available
• Role	Not available
Services available	Not available
<b>Data and Research</b>	
Type	Housing, employment, education, release plan, program entry, participation in cognitive programs, participation in alcohol/drug programs, program completion, supervision completion
Storage	Not available
Maintenance	Oregon Department of Corrections
Evaluation	Not available
<b>COMMUNITY SUPERVISION</b>	
<b>Availability</b>	Yes
<b>Eligibility</b>	Community supervision is mandatory
Criteria for decisions	Not available
<b>Lifetime supervision</b>	Yes—for offenders classified as sexually violent and dangerous
<b>Supervising agencies</b>	Not available
Population	Not available
<b>Funding</b>	Combination of state, local, levy, and offender funds (varies by county)
<b>Classification system</b>	
Year implemented/updated	<ul style="list-style-type: none"> <li>• Use of Stable/ACUTE tools began on 12/1/07</li> <li>• Use of STATIC-99 began in 2004</li> </ul>
Required for	Individuals sentenced for Sodomy I, Sex Abuse I, Rape I, Unlawful Sexual Penetration (any degrees or attempts), Public Indecency, Private Indecency, and On-Line Corruption of a Child
Risk levels	Not available
<b>Assessment</b>	
Purposes	Not available
Tools	<ul style="list-style-type: none"> <li>• Stable/ACUTE sex offender assessment tool and STATIC-99</li> <li>• Same tools used by parole and probation</li> </ul>
<b>Specialized caseloads</b>	Yes, generally
Provisions	<ul style="list-style-type: none"> <li>• Specialized training for officers</li> <li>• Membership and participation in the Sex Offender Supervision Network, which establishes statewide protocol—comprised of sex offender parole officers, therapists, institution counselors, etc</li> </ul>
Caseload	Varies, but mostly below 60 (estimate)

Supervisor requirements	Not available
<b>Supervision</b>	
Length	<ul style="list-style-type: none"> <li>• 5-6 years for probation (official)</li> <li>• 3 years for post-prison supervision (official)</li> </ul>
Services	Probation, parole, and post-prison supervision
Collaboration	Yes
<b>Data and Research</b>	
Type	Not available
Storage	Not available
Maintenance	Not available
Evaluation	Not available

## Pennsylvania Sex Offender Treatment & Reentry Programs

TREATMENT—PRISON-BASED	
<b>Availability</b>	<ul style="list-style-type: none"> <li>Available in all prison facilities excluding boot camp (26 total)</li> </ul>
<b>State standard</b>	No
Developed by whom?	Not applicable
Oversight by whom?	Department of Corrections standard for programming
<b>Funding</b>	State
<b>Eligibility</b>	
Noncitizens	Yes
Gender	Males and females
Mentally ill	<ul style="list-style-type: none"> <li>Treatment program depends on level of functioning</li> <li>Special needs programming available for impaired offenders (including those with mental retardation and other disabilities)</li> </ul>
Criteria for eligibility	<ul style="list-style-type: none"> <li>Available to all sex offenders, including those with special needs</li> <li>Offenders placed in treatment based on willingness to participate</li> <li>Prioritize individuals who are closest to minimum expiration date</li> </ul>
<b>Population</b>	
Sex offenders in prison population	<ul style="list-style-type: none"> <li>About 14% of population (6,000) is serving time for a sex offense (estimate)</li> <li>At any given time 5,995-6,015 with a current sex offense (official)</li> <li>When factor in offenders with prior sex offenses, about 20% are sex offenders (estimate)</li> </ul>
Percentage in treatment	<ul style="list-style-type: none"> <li>About 35-40% of sex offenders choose not to participate (usually those with short sentences)</li> <li>At any given time, 20% in treatment</li> </ul>
<b>Programs</b>	
Prisons with programs available	All (26)
Average capacity	<ul style="list-style-type: none"> <li>Varies by risk level of program</li> <li>Approximately 100 per program (1100 total at any given time)</li> </ul>
Percentage with waiting list	Not available
Percentage with 25% empty slots	Not available
Average ratio of providers/offenders	1:300 (including non-sex offenders)
Average duration	<ul style="list-style-type: none"> <li>Low risk: 9 months</li> <li>Moderate-high risk: 27 months</li> <li>Therapeutic community: 1 year</li> </ul>
Enrollment date	Standard is to start the number of months that program lasts before earliest release date
Content	<ul style="list-style-type: none"> <li>Use Medlin model</li> <li>7 modules total—grounded in cognitive-behavioral therapy, arousal control, relapse prevention, etc</li> <li>Offender accumulates points based on quality of participation</li> <li>2 levels of programming—one for moderate-high risk, one for low risk</li> <li>All 7 modules for moderate-high risk</li> <li>3 modules for low risk</li> </ul>
• Drugs	No
• Truth tests	No
• Individualized vs. manualized	Manualized, although moving toward individualized in therapeutic communities
Treatment requirement for release	Treatment required for parole
Completion rate	50%
<b>Provider certification</b>	<ul style="list-style-type: none"> <li>Programming run by psychological services staff</li> <li>No certification required, but training program must be completed within 6 months of start</li> </ul>

<b>Assessment</b>	
Purposes	<ul style="list-style-type: none"> <li>• Get baseline risk with STATIC-99</li> <li>• May adjust level depending on other risk factors not included in STATIC-99</li> </ul>
Tools	STATIC-99
<b>Data and Research</b>	
Type	<ul style="list-style-type: none"> <li>• Tracks treatment participation, who is on waiting list, and who has refused treatment</li> <li>• Includes demographics, criminal history</li> </ul>
Storage	Not applicable
Maintenance	Not applicable
Evaluation	Not yet
<b>TREATMENT—COMMUNITY BASED (Refers to treatment on probation and parole)</b>	
<b>Availability</b>	
Noncitizens	Not available
Gender	Males and females
Criteria for eligibility	<ul style="list-style-type: none"> <li>• Mandatory in some counties but not others</li> <li>• Criteria for eligibility also varies by county</li> <li>• All sex offenders referred for evaluation at state level and treatment if indicated by evaluation</li> </ul>
<b>Individualized treatment plans</b>	<ul style="list-style-type: none"> <li>• Only state standards for treatment of sexually violent predators—set out by Sex Offender Assessment Board (SOAB)</li> <li>• Sexually violent predators required to attend treatment once a month for life</li> <li>• SOAB standards call for collaborative effort between providers and case managers</li> <li>• Aside from treatment for sexually violent predators, practices vary by county</li> </ul>
<b>Funding</b>	<ul style="list-style-type: none"> <li>• Mostly offender</li> <li>• Some system-funded programs</li> </ul>
<b>Treatment providers</b>	<i>The information below reflects only SOAB-approved programs for sexually violent predators</i>
Number	<ul style="list-style-type: none"> <li>• 25 providers approved by SOAB; some have programs in multiple counties, but SOAB has not approved providers in all 67 counties</li> <li>• Other providers treat sex offenders who are not sexually violent predators, but SOAB is not authorized to audit these providers</li> </ul>
Distribution	Statewide
Percentage with waiting list	1 provider with waiting list
Percentage with 25% empty slots	Not available
Completion rate	Not available
<b>Treatment modality</b>	<i>This information reflects only SOAB-approved programs</i> <ul style="list-style-type: none"> <li>• All providers approved by SOAB use cognitive-behavioral therapy (standards apply to both state and county supervision)</li> <li>• Most have psychoeducational component and group modality</li> <li>• 2-3 SOAB-approved programs have psychiatrists on staff so no need to collaborate with anyone for medication administration</li> </ul>
Drugs	Yes, may be part of the program
Truth tests	Polygraph
Individualized vs. manualized	Individualized
Continuity of treatment	<ul style="list-style-type: none"> <li>• Information exchange does not occur routinely, but prison and community corrections treatment professionals are working to establish a system of file-sharing to promote continuity of care</li> <li>• Medlin model used in prison, but most community providers do not use it</li> </ul>
Average duration	Varies, about 18 months
<b>Data and Research</b>	
Type	Not available
Storage	Electronic
Maintenance	<ul style="list-style-type: none"> <li>• SOAB has database of convicted sex offenders assessed since 1996</li> <li>• Data is currently being transferred to web-based application hosted by the</li> </ul>

	<p>Pennsylvania Justice Network</p> <ul style="list-style-type: none"> <li>• This will allow for analysis of sex offender data</li> </ul>
Evaluation	No
<b>REENTRY</b> (Refers to state parole practices)	
<b>Availability</b>	<ul style="list-style-type: none"> <li>• Reentry courts in two counties (York and Lackawanna)—modeled after drug courts</li> <li>• Program will likely expand to other counties</li> </ul>
Pre-release	Not available
Post-release	Yes
Percentage of state prisons with services	Not available
<b>Specific initiatives</b>	Not available
Specialized sex offender programming	Identified by Department of Corrections on “hard-to-place” list
<b>Eligibility</b>	All sex offenders are eligible
Population	Not available
• Pre-release	Not available
• Post-release	Not available
<b>State standard?</b>	<ul style="list-style-type: none"> <li>• No official state criteria</li> <li>• Board of Probation and Parole works with Department of Corrections to maintain unofficial standards</li> </ul>
Developed by whom?	Board of Pardons and Parole and Department of Corrections
Oversight by whom?	Board of Pardons and Parole and Department of Corrections
<b>Funding</b>	<ul style="list-style-type: none"> <li>• State</li> <li>• Philadelphia also has grant funding from Blueprint project for employment reentry programming for medium and high risk offenders—building maintenance program teaches vocational skills</li> </ul>
<b>Post-release services</b>	
Case management	<ul style="list-style-type: none"> <li>• Transitional Coordinator Parole Agents supervise newly released state prison cases for up to 90 days before they are transferred to general caseload—agents help with transition to community supervision, parole condition compliance, accessing benefits and finding employment</li> <li>• Also Assessment, Sanctioning and Community Resource Agents—do not carry caseloads are experts in assessments (LSI-R and STATIC-99), identify additional community resources, ensure that graduated sanctions are utilized, and conduct cognitive-behavioral education offender groups</li> </ul>
• Supervision	Mainly parole but some state probation
○ Service coordination	<ul style="list-style-type: none"> <li>• Parole agent becomes part of treatment team for offender</li> <li>• Institutional parole agents provide information on treatment history and current needs of offender to field parole supervision staff—to be used in Transitional Accountability Plan</li> </ul>
Nonprofit involvement	Some nonprofits in Philadelphia--mainly faith-based
• Faith-based	In Philadelphia, most nonprofit service providers are faith-based
• Role	<ul style="list-style-type: none"> <li>• Mainly mentoring</li> <li>• Organization in Berks County that provides housing assistance</li> </ul>
Services available	<ul style="list-style-type: none"> <li>• Referrals for life skills cognitive-behavioral therapy program, anger management, drug and alcohol treatment</li> <li>• Parole is starting to do cognitive groups</li> <li>• Crossroads Curriculum—offered by National Curriculum Training Institute (NCTI) and approved by the American Probation and Parole Association</li> <li>• Several Parole Agents trained and certified by NCTI to facilitate offender groups in over 20 subject areas that include life skills, domestic violence, anger management, felony offenses, etc</li> </ul>
<b>Data and Research</b>	
Type	Assessments, supervision fees, treatment referrals, employment, housing stability, technical parole violations, successful parole outcomes
Storage	Electronic

Maintenance	Research Division of Parole Board
Evaluation	Not yet—but reports that track outcomes
<b>COMMUNITY SUPERVISION</b> (Refers to probation and parole)	
<b>Availability</b>	Yes
<b>Eligibility</b>	Not mandatory—depends on sentence
Criteria for decisions	Not available
<b>Lifetime supervision</b>	Yes
<b>Supervising agencies</b>	Probation and Parole (state and county)
Population	
<b>Funding</b>	<ul style="list-style-type: none"> <li>• State supervision is state-funded</li> <li>• County supervision is county-funded</li> <li>• County probation departments also have grant-in-aid from state</li> </ul>
<b>Classification system</b>	
Year implemented/updated	2000 (estimate)
Required for	All offenders
Risk levels	Low, medium, high, enhanced
<b>Assessment</b>	
Purposes	<ul style="list-style-type: none"> <li>• Classify offenders into risk levels and supervision levels</li> <li>• Supervision staff can override assessment risk level recommendation, but sex offenders cannot be supervised below medium level</li> <li>• The supervision level directs number of contacts, urine tests, etc required each month</li> </ul>
Tools	STATIC-99, LSI-R
<b>Specialized caseloads</b>	Yes
Provisions	Sex offender protocol
Caseload	50-60
Supervisor requirements	<ul style="list-style-type: none"> <li>• Trained by SOAB (part of Parole Board)</li> <li>• Trained by Center for Sex Offender Management</li> </ul>
<b>Supervision</b>	
Length	Depends on sentence
Services	Not available
Collaboration	Not available
<b>Data and Research</b>	
Type	Assessments, supervision fees, treatment referrals, employment, housing stability, technical parole violations, successful parole outcomes
Storage	Electronic
Maintenance	Research Division of Parole Board
Evaluation	Not yet—but reports that track outcomes

## Rhode Island Sex Offender Treatment & Reentry Programs

TREATMENT—PRISON-BASED	
<b>Availability</b>	<ul style="list-style-type: none"> <li>• Program in medium security facility, where most sex offenders serve majority of sentence</li> <li>• Due to staff limitations, intervention at other security levels is limited to program orientation, evaluation, and time limited educational classes</li> </ul>
<b>State standard</b>	Yes
Developed by whom?	Guidelines developed by Rhode Island Sex Offender Task Force/Center for Sex Offender Management (CSOM) (based on Colorado guidelines)
Oversight by whom?	Department of Corrections, Director of Behavioral Health
<b>Funding</b>	State
<b>Eligibility</b>	
Noncitizens	Yes
Gender	<ul style="list-style-type: none"> <li>• Primarily males</li> <li>• Not enough females to operate program</li> <li>• Females who meet program criteria are provided individual time-limited interventions if available</li> </ul>
Mentally ill	May participate if illness is managed
Criteria for eligibility	<ul style="list-style-type: none"> <li>• Not mandatory for all sex offenders</li> <li>• Some are ordered by sentencing court to attend sex offender treatment</li> <li>• Parole Board guidelines require successful participation in treatment to qualify for serious parole consideration</li> </ul>
<b>Population</b>	
Sex offenders in prison population	<ul style="list-style-type: none"> <li>• 400 sentenced (estimate)</li> <li>• 50 pre-trial (estimate)</li> </ul>
Percentage in treatment	<ul style="list-style-type: none"> <li>• 84 slots available for ongoing treatment in medium security specialized unit</li> <li>• 6 slots available in maximum security unit psychoeducational class</li> </ul>
<b>Programs</b>	
Prisons with programs available	Not available
Average capacity	Not available
Percentage with waiting list	None
Percentage with 25% empty slots	Not available
Average ratio of providers/offenders	<ul style="list-style-type: none"> <li>• 1 full-time provider</li> <li>• Volunteer staff provide classes for program participants</li> </ul>
Average duration	Depends on severity of offense, criminal record, risk level, cooperativeness, progress, length of sentence
Enrollment date	As soon as space is available
Content	Relapse prevention, cognitive distortion, identifying and changing interpersonal contributing factors to crimes, assertiveness/skill building, etc
<ul style="list-style-type: none"> <li>• Drugs</li> </ul>	No—medication only available for mental illness
<ul style="list-style-type: none"> <li>• Truth tests</li> </ul>	No
<ul style="list-style-type: none"> <li>• Individualized vs. manualized</li> </ul>	Individualized
Treatment requirement for release	<ul style="list-style-type: none"> <li>• No—treatment is ongoing into community recovery</li> <li>• For release, sex offender must demonstrate substantive change in contributing factors to crimes and adequate level of awareness</li> </ul>
Completion rate	<ul style="list-style-type: none"> <li>• No formal completion</li> <li>• Average number of parole releases per year is 6 (estimate)</li> </ul>
<b>Provider certification</b>	No formal licensing or certification requirements
<b>Assessment</b>	
Purposes	Not available
Tools	STATIC-99 used over course of program
<b>Data and Research</b>	

Type	Recidivism
Storage	Not available
Maintenance	Sex Offender Treatment Program (SOTP)
Evaluation	Not available
<b>TREATMENT—COMMUNITY BASED</b> (Refers to treatment on probation and parole)	
<b>Availability</b>	Yes
Noncitizens	Not available
Gender	Males and females
Criteria for eligibility	Not available
<b>REENTRY</b>	
<b>Availability</b>	
Pre-release	Yes
Post-release	Yes
Percentage of state prisons with services	Not available
<b>Specific initiatives</b>	Yes, - National Institute of Corrections Transition from Prison to the Community (TPC) Initiative
Specialized sex offender programming	No—awaiting approval for funding to provide reentry classes to sex offenders who refuse to participate in Sex Offender Treatment Program
<b>Eligibility</b>	All offenders who participate in the Sex Offender Treatment Program are eligible
Population	Not available
• Pre-release	Not available
• Post-release	Not available
<b>Pre-release programming</b>	
Releasing authority and criteria	<ul style="list-style-type: none"> <li>• Parole Board</li> <li>• STATIC-00, Sex Offender Treatment Program reports factor into release decisions</li> </ul>
Enrollment date	Approximately one year prior to release date
Services available	Not available
Case management	Yes—discharge planner
<b>COMMUNITY SUPERVISION</b>	
<b>Supervision</b>	
Length	Not available
Services	Employment, education, housing, treatment, and other community needs
Collaboration	Yes—with discharge planners

## South Carolina Sex Offender Treatment & Reentry Programs

TREATMENT—PRISON-BASED	
<b>Availability</b>	Available in one treatment facility
<b>Funding</b>	State
<b>Eligibility</b>	
Noncitizens	Yes
Gender	Males only
Mentally ill	No
Criteria for eligibility	<ul style="list-style-type: none"> <li>• Not mandatory for all sex offenders</li> <li>• Available to all sex offenders who meet the following criteria: <ul style="list-style-type: none"> <li>○ Offender must be within 5 years of release date</li> <li>○ Offender must be sentenced for an offense that is reviewable by the Sexual Violent Predator Act</li> <li>○ Offender must be free in system for three years</li> <li>○ Offender must be able to read at a 5<sup>th</sup> grade level or higher</li> <li>○ Offender must be ambulatory (unit on 2<sup>nd</sup> floor—not wheelchair accessible)</li> <li>○ Offender’s mental health status must be stable</li> </ul> </li> </ul>
<b>Population</b>	
Sex offenders in prison population	2,800 (estimate)
Percentage in treatment	1.7%
<b>Programs</b>	
Prisons with programs available	1
Average capacity	46
Percentage with waiting list	100%
Percentage with 25% empty slots	Not available
Average ratio of providers/offenders	1:46
Average duration	20 months (official)
Enrollment date	36 months, average
Content	<ul style="list-style-type: none"> <li>• Phase 1: education</li> <li>• Phase 2: cognitive-behavioral therapy (assault cycle groups, arousal reconditioning, relationship skills, victim empathy, relapse prevention)</li> </ul>
<ul style="list-style-type: none"> <li>• Drugs</li> </ul>	No
<ul style="list-style-type: none"> <li>• Truth tests</li> </ul>	No
<ul style="list-style-type: none"> <li>• Individualized vs. manualized</li> </ul>	Manualized
Treatment requirement for release	No
Completion rate	70%
<b>Provider certification</b>	Bachelor’s degree and continuing training
<b>Assessment</b>	
Purposes	Not applicable
Tools	Not applicable
<b>Data and Research</b>	
Type	Not applicable
Storage	Not applicable
Maintenance	Not applicable
Evaluation	Not applicable

## South Dakota Sex Offender Treatment & Reentry Programs

TREATMENT—PRISON-BASED	
<b>Availability</b>	<ul style="list-style-type: none"> <li>• 3 main facilities for adult males</li> <li>• Available in women’s prison as well</li> </ul>
<b>State standard</b>	<ul style="list-style-type: none"> <li>• Standardized program but standards not legislatively mandated</li> <li>• No Sex Offender Management Board</li> </ul>
Developed by whom?	Not applicable
Oversight by whom?	Not applicable
<b>Funding</b>	State
<b>Eligibility</b>	
Noncitizens	No
Gender	Males and females
Mentally ill	<ul style="list-style-type: none"> <li>• If person is mentally competent than can participate</li> <li>• If person needs treatment for mental illness, that is prioritized over sex offender treatment</li> <li>• Special needs sex offenders are maintained</li> </ul>
Criteria for eligibility	<ul style="list-style-type: none"> <li>• Must be part of intensive treatment plan</li> <li>• Both convicted sex offenders and cases that plead down from sex offenses are screened for mandatory treatment</li> <li>• Treatment excludes individuals on hold in Immigration and Customs Enforcement facilities, individuals with a life sentence, single misdemeanor cases, individuals with 6 years or longer between sex offenses</li> </ul>
<b>Population</b>	
Sex offenders in prison population	<ul style="list-style-type: none"> <li>• 804 total (official as of 4/1/08)</li> <li>• 493 convicted of sex offense, 311 who pleaded down from sex offense (official)</li> </ul>
Percentage in treatment	13%
<b>Programs</b>	
Prisons with programs available	4 (1 is women’s prison)
Average capacity	<ul style="list-style-type: none"> <li>• 60 at low-medium (estimate)</li> <li>• 30 at high-medium (estimate)</li> <li>• 10 at maximum security (estimate)</li> </ul>
Percentage with waiting list	0%
Percentage with 25% empty slots	Not available
Average ratio of providers/offenders	1:10
Average duration	12 months (official)
Enrollment date	12 months (official)
Content	Not available
<ul style="list-style-type: none"> <li>• Drugs</li> </ul>	Not available
<ul style="list-style-type: none"> <li>• Truth tests</li> </ul>	Polygraphs
<ul style="list-style-type: none"> <li>• Individualized vs. manualized</li> </ul>	Not available
Treatment requirement for release	No
Completion rate	Not available
<b>Provider certification</b>	Licensing is not required
<b>Assessment</b>	
Purposes	To decide treatment regimen (low, moderate, high, and extreme)
Tools	LSI-R, ABEL, PSCAN
<b>Data and Research</b>	
Type	Demographics, crime codes, treatment completion, risk levels, info on victims, etc
Storage	Electronic
Maintenance	Sex Offender Management Program (SOMP)
Evaluation	Numbers are reported

<b>TREATMENT—COMMUNITY BASED</b> (Refers to treatment on probation and parole)	
<b>Availability</b>	
Noncitizens	No
Gender	Males and females
Criteria for eligibility	<ul style="list-style-type: none"> <li>• Mandatory for sex offenders under community supervision if assessed as needing it</li> <li>• If current offense is sex offense, then offender will most likely be required to attend treatment</li> <li>• Department of Corrections (DOC) and SOMP decide eligibility</li> </ul>
<b>Individualized treatment plans</b>	SOMP staff
<b>Funding</b>	State, offender
<b>Population</b>	
Probation	Not available
Parole	225
Other community corrections	Not available
<b>Percentage in treatment</b>	
Probation	Not available
Parole	56%
Other community corrections	Not available
<b>Treatment providers</b>	
Number	7 providers—some provide services in more than 1 community
Distribution	Statewide
Percentage with waiting list	Not available
Percentage with 25% empty slots	Not available
Completion rate	36 of 225 completed as of last month
<b>Treatment modality</b>	<ul style="list-style-type: none"> <li>• Level 1—cognitive restructuring, relapse prevention, weekly groups, ABEL assessment, polygraph monitoring, arousal control techniques, some GPS, psychopharmacological and/or chemical interventions</li> <li>• Level 2—cognitive restructuring, relapse prevention, weekly or biweekly groups, polygraph monitoring</li> </ul>
Drugs	Yes
Truth tests	Polygraphs
Individualized vs. manualized	Not available
Continuity of treatment	Yes
Average duration	36 months
<b>Data and Research</b>	
Type	Not applicable
Storage	Not applicable
Maintenance	Not applicable
Evaluation	Not applicable
<b>REENTRY</b>	
<b>Availability</b>	
Pre-release	Yes
Post-release	Yes
Percentage of state prisons with services	100%
<b>Specific initiatives</b>	Yes, through Department of Education
Specialized sex offender programming	<ul style="list-style-type: none"> <li>• Yes—through STOP program</li> <li>• Modules include family history, sexual terminology, sexual anatomy and diagramming, disclosure assignments</li> </ul>
<b>Eligibility</b>	All sex offenders entering community are eligible
Population	22 total
<ul style="list-style-type: none"> <li>• Pre-release</li> <li>• Post-release</li> </ul>	7 (technically on parole but still housed in prison) 15 (in minimum custody unit)
<b>State standard?</b>	<ul style="list-style-type: none"> <li>• Community Transition Program</li> </ul>

	<ul style="list-style-type: none"> <li>• Work with difficult to transition, those without families</li> <li>• Teach basic survival skills (6 weeks of classroom education), then job assistance through trustee facility</li> </ul>
Developed by whom?	Not available
Oversight by whom?	Department of Corrections, Board of Pardons and Parole, SOMP
<b>Funding</b>	State, grants
<b>Pre-release programming</b>	
Releasing authority and criteria	<ul style="list-style-type: none"> <li>• Board of Pardons and Paroles</li> <li>• Department of Corrections makes decisions for sex offenders not released onto parole</li> <li>• Release decisions based on risk level—assessed using LSI-R, RRASOR, STATIC-99, ABEL, MnSOST-R</li> </ul>
Enrollment date	2 months prior to release date
Services available	<ul style="list-style-type: none"> <li>• Depends on risk level and living situation upon release</li> <li>• Alcohol/drug treatment, mental health, etc</li> </ul>
Case management	Transitional case managers
<b>Post-release services</b>	
Case management	<ul style="list-style-type: none"> <li>• Parole services case manager—not same as prison case manager</li> <li>• Prison case manager passes entire file to parole case manager upon release</li> </ul>
<ul style="list-style-type: none"> <li>• Supervision</li> </ul>	Not available
<ul style="list-style-type: none"> <li>• Service coordination</li> </ul>	Yes
Nonprofit involvement	No
<ul style="list-style-type: none"> <li>• Faith-based</li> </ul>	Not applicable
<ul style="list-style-type: none"> <li>• Role</li> </ul>	Not applicable
Services available	<ul style="list-style-type: none"> <li>• Individual and group counseling, polygraph testing, assessment, personality tests</li> <li>• Available until discharge</li> </ul>
<b>Data and Research</b>	
Type	Demographics, crime code, treatment compliance, treatment of days in contacting treatment provider
Storage	Electronic—Parole Adult Tracking System (PATS)
Maintenance	Board of Pardons and Parole
Evaluation	Yes
<b>COMMUNITY SUPERVISION (Refers to Parole)</b>	
<b>Availability</b>	Yes
<b>Eligibility</b>	Supervision is mandatory
Criteria for decisions	Not applicable
<b>Lifetime supervision</b>	<ul style="list-style-type: none"> <li>• Yes—all sex offenders are eligible</li> <li>• Decisions not necessarily based on offense severity</li> <li>• Some are under registration laws and residence laws for lifetime</li> </ul>
<b>Supervising agencies</b>	Parole
Population	225 on parole
<b>Funding</b>	State
<b>Classification system</b>	
Year implemented/updated	Not available
Required for	All sex offenders
Risk levels	<ul style="list-style-type: none"> <li>• Intensive, maximum, moderate, minimum, and paper only (just a monthly progress report)</li> <li>• Sex offenders can only get about mid range</li> </ul>
<b>Assessment</b>	Yes
Purposes	To assess changes in risk level, classification
Tools	<ul style="list-style-type: none"> <li>• ABEL, STATIC-99</li> <li>• MnSOST-R</li> <li>• Community Risk Assessment Scale</li> </ul>
<b>Specialized caseloads</b>	Some parole officers carry sex offenders on caseload, but retain non-sex offenders as

	well
Provisions	Experienced staff
Caseload	Not available
Supervisor requirements	Additional training
<b>Supervision</b>	
Length	5 years (estimate)
Services	Group counseling, individual counseling, reassessments, polygraphs, mental health services
Collaboration	Yes
<b>Data and Research</b>	
Type	Not applicable
Storage	Not applicable
Maintenance	Not applicable
Evaluation	Not applicable

## Texas Sex Offender Treatment & Reentry Programs

TREATMENT—PRISON-BASED	
<b>Availability</b>	<ul style="list-style-type: none"> <li>• Available in 3 facilities—2 male, 1 female</li> <li>• Prisoners move from other facilities to specialized facilities for treatment</li> <li>• 2 programs:               <ul style="list-style-type: none"> <li>○ 18-month intensive treatment</li> <li>○ 4-month education program for low risk offenders</li> </ul> </li> </ul>
<b>State standard</b>	Treatment standards have existed since the early 1990's
Developed by whom?	<ul style="list-style-type: none"> <li>• Council on Sex Offender Treatment (CSOT, 7-member board)</li> <li>• Developed by cooperative effort of different agencies</li> <li>• CSOT responsible for licensing sex offender treatment providers in the state</li> </ul>
Oversight by whom?	<ul style="list-style-type: none"> <li>• CSOT—continual review process</li> <li>• 3 revision processes since 1997, but no direct oversight of agencies</li> </ul>
<b>Funding</b>	State
<b>Eligibility</b>	
Noncitizens	Yes, unless they have an order of deportation
Gender	Males and females
Mentally ill	Ineligible if in special care facility, but otherwise eligible
Criteria for eligibility	<ul style="list-style-type: none"> <li>• Offenders in minimum custody with a current sex offense</li> <li>• If selected for treatment, it is required</li> </ul>
<b>Population</b>	
Sex offenders in prison population	<ul style="list-style-type: none"> <li>• 26,121 with current sex offense (official as of July 2007)</li> <li>• 34,078 with current or prior sex offense (official as of July 2007)</li> </ul>
Percentage in treatment	<ul style="list-style-type: none"> <li>• 484 treatment beds</li> <li>• 111 education beds</li> <li>• 28 beds for female offenders</li> </ul>
<b>Programs</b>	
Prisons with programs available	3 (1 women's)
Average capacity	<ul style="list-style-type: none"> <li>• Male prisons: 204 beds; 252 beds</li> <li>• Female prison: 28 beds</li> </ul>
Percentage with waiting list	100%
Percentage with 25% empty slots	0%
Average ratio of providers/offenders	1:25 (estimate)
Average duration	<ul style="list-style-type: none"> <li>• 18 months for treatment program</li> <li>• 4 months for education program</li> </ul>
Enrollment date	Eligible within last 18-24 months before release date
Content	<ul style="list-style-type: none"> <li>• Accepting responsibility for deviant behavior, victim empathy, cognitive-behavioral therapy, relapse prevention</li> <li>• Education program curriculum includes topics such as healthy sexuality, cognitive restructuring, etc</li> </ul>
<ul style="list-style-type: none"> <li>• Drugs</li> </ul>	No
<ul style="list-style-type: none"> <li>• Truth tests</li> </ul>	No
<ul style="list-style-type: none"> <li>• Individualized vs. manualized</li> </ul>	General structure within which individual programs are created
Treatment requirement for release	Depends on offender release type—Board of Pardons and Parole may vote that offender must successfully complete assigned treatment program in order to be released by specified date
Completion rate	In last 2 fiscal years, 83% of offenders who entered treatment successfully completed it or were still successfully completing treatment at time of treatment
<b>Provider certification</b>	<ul style="list-style-type: none"> <li>• Must receive license—Department of Corrections has until 2010 to comply</li> <li>• Must have another mental health license (Master's level or higher)</li> <li>• Must complete certain number of hours of specialized training</li> </ul>

<b>Assessment</b>	All sex offenders are assessed (including those in civil commitment)
Purposes	<ul style="list-style-type: none"> <li>• At treatment, used to get a snapshot of individual risk and needs</li> <li>• At civil commitment, used to determine whether or not further evaluation is needed</li> <li>• In general, tools used for risk assessment</li> </ul>
Tools	<ul style="list-style-type: none"> <li>• At treatment—PAI (Personality Assessment Inventory—standardized for incarcerated offenders), clinical interview, MnSOST, STATIC-99, MSI, Sex offender incomplete sentence blank</li> <li>• For registration—since 1999 Texas has used STATIC-99, but moving toward a dynamic instrument that incorporates STATIC-99, PCLR (hair psychopathy checklist), LSI-R</li> <li>• All tools have been validated</li> </ul>
<b>Data and Research</b>	
Type	Demographics, offense, evaluation, length of time in treatment, treatment components, custody information, disciplinary issues
Storage	Electronic
Maintenance	Department of Corrections
Evaluation	Criminal Justice Policy Council study looks at impact of programming State auditor's report measures recidivism for sex offenders in treatment
<b>TREATMENT—COMMUNITY BASED</b> (Refers to treatment on probation, parole/mandatory supervision, and civil commitment)	
<b>Availability</b>	
Noncitizens	Yes
Gender	Males and females
Criteria for eligibility	<ul style="list-style-type: none"> <li>• Mandatory for all sex offenders under community supervision</li> <li>• Texas is only state with outpatient civil commitment</li> </ul>
<b>Individualized treatment plans</b>	State standardized plan tailored to individual needs
<b>Funding</b>	<ul style="list-style-type: none"> <li>• Probation/Parole—offenders required to pay for services</li> <li>• Civil commitment—Department of State Health Services</li> </ul>
<b>Population</b>	
Probation	Not available
Parole	3,773 (official as of 10/2007)
Other community corrections	Civil commitment—35 of 84 sexually violent predators being treatment in the community
<b>Treatment providers</b>	
Number	427 providers licensed by DSHS (must have license to treat sex offenders)
Distribution	Statewide, but more providers in metropolitan areas than rural areas
Percentage with waiting list	0%
Percentage with 25% empty slots	All have slots available
Completion rate	Not available
<b>Treatment modality</b>	<ul style="list-style-type: none"> <li>• State standard requires arousal control, cognitive-behavioral therapy, sexual offense sequence and reoffense prevention, victim empathy, increasing social competency, comorbid diagnosis, support system, adjunct therapy if needed</li> <li>• Civil commitment employs assessments at onset and release using STATIC-99, MnSOST-R, PCLR</li> </ul>
Drugs	<ul style="list-style-type: none"> <li>• Biomedical approaches can be used (especially with sexually violent predators)</li> <li>• SSRIs, Depo Provera used most frequently</li> <li>• Chemical/physical castration used upon offender request</li> </ul>
Truth tests	<ul style="list-style-type: none"> <li>• 4 types of polygraph tests—Instant offense, maintenance, monitoring, sexual history</li> <li>• Plethysmographs used in civil commitment</li> </ul>
Individualized vs. manualized	Both—general state standard is individualized to offender needs
Continuity of treatment	<ul style="list-style-type: none"> <li>• Most sex offenders do not receive treatment in prison</li> <li>• For those that have, there is an effort to make it continuous</li> </ul>
Average duration	Varies—average for probationer is 1 year to 4 years
<b>Data and Research</b>	

Type	Not applicable
Storage	Not applicable
Maintenance	Agencies maintain own data
Evaluation	<ul style="list-style-type: none"> <li>• 2005 legislation requires Council to study tools that best predict sex offender recidivism</li> <li>• Study based on probationers with sex offenses and 5-10 years of supervision</li> <li>• Results should be available by 2009</li> </ul>
<b>REENTRY</b>	
<b>Availability</b>	Reentry programming for sex offenders limited to pre-release treatment
<b>COMMUNITY SUPERVISION</b> (refers to probation and parole)	
<b>Availability</b>	Yes
<b>Eligibility</b>	Parole—depends on sentence
Criteria for decisions	Not available
<b>Lifetime supervision</b>	Yes, but only if offender gets lifetime sentence and is paroled
<b>Supervising agencies</b>	Probation (county-level) and parole (state-level)
Population	<ul style="list-style-type: none"> <li>• Probation—12,910 sex offenders as of 8/31/06</li> <li>• Parole—see above</li> </ul>
<b>Funding</b>	<ul style="list-style-type: none"> <li>• Probation—county-funded</li> <li>• Parole—state-funded</li> </ul>
<b>Classification system</b>	<ul style="list-style-type: none"> <li>• Use STATIC-99 for classification until new system is in place</li> </ul>
Year implemented/updated	2003
Required for	<ul style="list-style-type: none"> <li>• All sex offenders supervised on specialized caseload</li> <li>• Risk assessment mandated for registration and supervision purposes</li> </ul>
Risk levels	<ul style="list-style-type: none"> <li>• 3 tiers (all higher than standard supervision): <ul style="list-style-type: none"> <li>• Low: 2 face-to-face contacts, 2 collateral contacts (treatment provider, spouse)</li> <li>• Medium: 3 face-to-face contacts, 2 collateral contacts</li> <li>• High: 4 face-to-face contacts, 2 collateral contacts</li> </ul> </li> <li>• Also Super Intensive Supervision Program (SISP)—includes non-sex offenders as well (requires 6 face-to-face contacts, 2 collateral contacts, monitoring component—GPS, active or passive)</li> </ul>
<b>Assessment</b>	
Purposes	Registration and supervision
Tools	STATIC-99
<b>Specialized caseloads</b>	Yes
Provisions	Treatment, no contact with victim or children, no entry in child safety zones, no entry, polygraph, other discretionary provisions
Caseload	30:1 (40:1 for SISP)
Supervisor requirements	<ul style="list-style-type: none"> <li>• 40 hours of training (special training for SISP)</li> <li>• No additional certification requirements</li> </ul>
<b>Supervision</b>	
Length	Not available
Services	<ul style="list-style-type: none"> <li>• Most required to attend treatment—halfway houses, education (for offenders below certain education level)</li> <li>• Referrals to substance abuse services, family violence services, etc.</li> </ul>
Collaboration	Yes—between case manager, treatment provider, polygraph tester
<b>Data and Research</b>	
Type	Demographics, offense, conditions, etc.
Storage	Electronic
Maintenance	Parole Division has Offender Information Management System
Evaluation	Policy council does descriptive analysis

## Utah Sex Offender Treatment & Reentry Programs

TREATMENT—PRISON-BASED	
<b>Availability</b>	Available in certain facilities
<b>State standard</b>	Yes
Developed by whom?	Association for the Treatment of Sexual Abusers (ATSA)
Oversight by whom?	<ul style="list-style-type: none"> <li>• Legislature and multi-disciplinary Sex Offender Task Force</li> <li>• Prison programming staff oversees actual prison treatment programming</li> </ul>
<b>Funding</b>	Not available
<b>Eligibility</b>	
Noncitizens	Yes, but depends on deportation status
Gender	Males and females (as needed for females)
Mentally ill	Yes
Criteria for eligibility	<ul style="list-style-type: none"> <li>• Mandatory for all sex offenders</li> <li>• Small group of offenders (i.e. third degree felons) are assessed as not needing treatment</li> </ul>
<b>Population</b>	
Sex offenders in prison population	1,860 (official as of 8/07)
Percentage in treatment	Not available
<b>Programs</b>	
Prisons with programs available	1 prison, 1 county jail
Average capacity	<ul style="list-style-type: none"> <li>• 222 currently enrolled</li> <li>• 55 will be enrolled within next few months</li> </ul>
Percentage with waiting list	1 (1,351 currently waiting, excluding those on INS and those not flagged yet)
Percentage with 25% empty slots	Not available
Average ratio of providers/offenders	1:232
Average duration	12-18 months
Enrollment date	18 months prior to release date
Content	Cognitive-behavioral therapy (group only)
<ul style="list-style-type: none"> <li>• Drugs</li> </ul>	<ul style="list-style-type: none"> <li>• Impulse control drugs can be administered, but are very rarely used</li> <li>• Psychotropic drugs available for mental illness</li> </ul>
<ul style="list-style-type: none"> <li>• Truth tests</li> </ul>	No, but trying to implement polygraphs in prison
<ul style="list-style-type: none"> <li>• Individualized vs. manualized</li> </ul>	Both—core requirements for all, but therapist may tailor treatment to individual
Treatment requirement for release	Yes—unless determined as ready to continue in a less restrictive program
Completion rate	<ul style="list-style-type: none"> <li>• 70 graduates in 2007</li> <li>• Most who did not complete the treatment program still had their needs successfully met</li> </ul>
<b>Provider certification</b>	<ul style="list-style-type: none"> <li>• Standards for treatment providers certified by Task Force—reviewed every 3 years</li> <li>• Continuing training—10 hours per year minimum</li> </ul>
<b>Assessment</b>	
Purposes	To determine whether the offender is willing and ready for treatment, to determine academic ability
Tools	<ul style="list-style-type: none"> <li>• State-developed tool for pre-treatment assessment</li> <li>• Plan to implement psychosexual evaluation</li> </ul>
TREATMENT—COMMUNITY BASED (Refers to treatment on probation and parole)	
<b>Availability</b>	
Noncitizens	Yes
Gender	Males and females
Criteria for eligibility	Not mandatory for all sex offenders, but almost all cases require evaluation and treatment
<b>Individualized treatment plans</b>	<ul style="list-style-type: none"> <li>• Usually the provider</li> <li>• Court or Parole Board can order an “intensive” course of treatment for certain</li> </ul>

	offenses
<b>Funding</b>	<ul style="list-style-type: none"> <li>• Offender pays for private treatment</li> <li>• If offender cannot afford to pay in private sector, there are a couple of state programs in heavily populated areas (such as Salt Lake County) that can assist</li> </ul>
<b>Population</b>	
Probation	842 (official)
Parole	725 (official)
Other community corrections	Not available
<b>Treatment providers</b>	
Number	About 100 licensed providers (estimate)
Distribution	Statewide, but few in rural areas
Percentage with waiting list	Four half-way houses with inpatient sex offender programs are likely to have waiting lists
Percentage with 25% empty slots	Not available
Completion rate	Not available
<b>Treatment modality</b>	<ul style="list-style-type: none"> <li>• Cognitive-behavioral approach with relapse prevention</li> <li>• Individual, group, and psychoeducational sessions</li> </ul>
Drugs	No, but psychotropic drugs are available for those with mental illness
Truth tests	Polygraphs required as part of treatment and community supervision
Individualized vs. manualized	Individualized
Continuity of treatment	Yes—prison providers complete a termination summary on progress of the offender for community providers
Average duration	18-36 months (estimate)
<b>Data and Research</b>	
Type	Basic data
Storage	Electronic
Maintenance	Utah Department of Corrections has F-Track system
Evaluation	Not available
<b>REENTRY</b>	
<b>Availability</b>	
Pre-release	Yes
Post-release	Yes
Percentage of state prisons with services	100%
<b>Specific initiatives</b>	<ul style="list-style-type: none"> <li>• Participant in National Institute of Corrections study called Women Offender Caseload Management Model (WOCMM) for female inmates</li> <li>• Women’s prison has program called Your Parole Requires Extensive Preparation (Y-PREP)</li> <li>• Men’s and Women’s Summit groups incorporate services from community programs and volunteer services across state</li> <li>• Transition Parole Agents provide a higher level of service for parolees during first 90 days of release</li> </ul>
Specialized sex offender programming	Yes, initiative to lower recidivism
<b>Eligibility</b>	
Population	All offenders released onto parole
• Pre-release	Not available
• Post-release	Not available
<b>Funding</b>	<ul style="list-style-type: none"> <li>• State</li> <li>• Offender pays for treatment in community whenever possible</li> </ul>
<b>Pre-release programming</b>	
Releasing authority and criteria	<ul style="list-style-type: none"> <li>• Utah Board of Pardons and Parole</li> <li>• Release decisions based on Criminal History Assessment Matrix, severity of crime, victims, time served, programming completed while incarcerated, good behavior, assessment scores</li> <li>• Assessment tools used are Criminal History Assessment Matrix, STATIC-99, MnSOST-R</li> </ul>

Enrollment date	Release services begin 3-6 months prior to release date
Services available	If sex offender required to complete Community Correctional Center program, offered transitional housing at Community Correctional Center
Case management	Institutional Parole Officers assigned 6 months prior to release
<b>Post-release services</b>	
Case management	Transitional Parole Officers for 90 days (or until stable)—then transferred to standard parole officers, halfway houses, intense supervised parole
• Supervision	Specialized parole officers—receive information in case file, programming information, parole agreement, any disciplinary action, etc
• Service coordination	Not available
Nonprofit involvement	Yes
• Faith-based	10% of nonprofits that provide reentry services are faith-based (estimate)
• Role	Service provision
Services available	Housing, employment services, treatment programming, counseling
<b>Data and Research</b>	
Type	Information on recidivism
Storage	Electronic
Maintenance	Department of Corrections
Evaluation	Yes – to evaluate recidivism
<b>COMMUNITY SUPERVISION</b>	
<b>Availability</b>	Yes
<b>Eligibility</b>	Not mandatory, but will be required in most cases
Criteria for decisions	<ul style="list-style-type: none"> <li>• Judges and Parole Board decide</li> <li>• Have the option of requiring incarceration until end of sentence, but community supervision is utilized in almost all cases</li> </ul>
<b>Lifetime supervision</b>	Option is available
<b>Supervising agencies</b>	
Population	<ul style="list-style-type: none"> <li>• Probation—842 (official)</li> <li>• Parole—725 (official)</li> </ul>
<b>Funding</b>	State
<b>Classification system</b>	
Year implemented/updated	Around 2003
Required for	All sex offenders
Risk levels	<ul style="list-style-type: none"> <li>• Intensive, High, Moderate, Low</li> <li>• All sex offenders are held to highest level of supervision for first year of community supervision</li> <li>• Reductions in standards may be requested after first year</li> </ul>
<b>Assessment</b>	
Purposes	Measure improvement in dynamic areas (work, personal relationships, treatment, financial, etc)
Tools	<ul style="list-style-type: none"> <li>• Assessed every 6 months with LSI (only measuring traditional risks, not sex offender risk)</li> <li>• Department of Corrections does not formally utilize any tool designed to measure specific sexual risk</li> <li>• Providers use own risk assessment tools</li> </ul>
<b>Specialized caseloads</b>	
Provisions	<ul style="list-style-type: none"> <li>• Specific training in sex offender management</li> <li>• Smaller caseloads</li> </ul>
Caseload	40-80, depending on location (estimate)
Supervisor requirements	Ongoing training available in highly populated areas but not rural areas
<b>Supervision</b>	
Length	<ul style="list-style-type: none"> <li>• Probation—average of 36 months but ranges from 1 to 5 years (estimate)</li> <li>• Parole—3 years to lifetime supervision (estimate)</li> </ul>
Services	Treatment with private providers or with state providers (for low income offenders)
Collaboration	Yes—parole officers work closely with individual and group therapists, other local

	law enforcement, prosecutors, defense lawyers, victim reparations case managers, social workers, Child Services workers, local government leaders, legislators, media, community groups, sex offender registration authorities, etc
<b>Data and Research</b>	
Type	<ul style="list-style-type: none"> <li>• Vehicle information, family, health, education status, DNA, scars/marks, date of birth, legal status, employment</li> <li>• Sex offender-specific data—nature of offense, age of victim, victim approach, offense location, sexual behavior, physical description, voice sound, etc</li> </ul>
Storage	• Electronic correctional databases—F-Track and O-Track
Maintenance	Department of Corrections
Evaluation	Yes

## Vermont Sex Offender Treatment & Reentry Programs

TREATMENT—PRISON-BASED	
<b>Availability</b>	<ul style="list-style-type: none"> <li>• Two facilities offer treatment for males—sex offenders transferred into these facilities for treatment</li> <li>• One facility for females</li> </ul>
<b>State standard</b>	Yes
Developed by whom?	<ul style="list-style-type: none"> <li>• No sex offender treatment board</li> <li>• Program started in 1982 with inpatient treatment providers and some out-patient treatment providers</li> </ul>
Oversight by whom?	<ul style="list-style-type: none"> <li>• Department of Corrections has decision-making authority</li> <li>• Covers correctional facilities, probation, parole (all are located in Department of Corrections)</li> </ul>
<b>Funding</b>	State
<b>Eligibility</b>	
Noncitizens	Yes—except for people who are about to be extradited
Gender	Males and females
Mentally ill	<ul style="list-style-type: none"> <li>• Participate in group treatment with non-mentally ill sex offenders</li> <li>• Also individualized program for offenders who cannot handle group environment</li> </ul>
Criteria for eligibility	<ul style="list-style-type: none"> <li>• Must be convicted of sexual offense or sexually related offense, must take some degree of responsibility for offense, must be open to treatment, and must not have detainer</li> <li>• Entry is prioritized by minimum release date</li> <li>• Offenders are divided into 3 levels of programming based on risk/need: <ul style="list-style-type: none"> <li>○ Low risk—6 months</li> <li>○ Moderate risk—12-18 months</li> <li>○ High/Violent—24-36 months</li> </ul> </li> </ul>
<b>Population</b>	
Sex offenders in prison population	426 (official as of 6/30/07)
Percentage in treatment	<ul style="list-style-type: none"> <li>• 83 (estimate)</li> <li>• Females on an as needed basis</li> </ul>
<b>Programs</b>	
Prisons with programs available	<ul style="list-style-type: none"> <li>• 2 male facilities</li> <li>• 1 female facility</li> </ul>
Average capacity	90 (total capacity for all 3 programs)
Percentage with waiting list	Not available
Percentage with 25% empty slots	Not available
Average ratio of providers/offenders	Varies by program—6.5 clinicians
Average duration	<ul style="list-style-type: none"> <li>• Low risk—6 months</li> <li>• Moderate risk—14 months</li> <li>• High/violent risk—24 months</li> </ul>
Enrollment date	Calculated by subtracting duration of treatment from minimum release date
Content	Cognitive-behavioral therapy, relapse prevention, victim empathy, arousal conditioning, etc
<ul style="list-style-type: none"> <li>• Drugs</li> </ul>	SSRIs and Luperon
<ul style="list-style-type: none"> <li>• Truth tests</li> </ul>	No
<ul style="list-style-type: none"> <li>• Individualized vs. manualized</li> </ul>	Manualized
Treatment requirement for release	Corrections will not recommend parole at minimum release date unless treated
Completion rate	<ul style="list-style-type: none"> <li>• Total completion rate since 1996 (all 3 levels): 69% (official)</li> <li>• 2002 high risk—74%</li> <li>• 2003 moderate risk—74%</li> </ul>
<b>Provider certification</b>	All providers must have Master's degree in social work/psychology, but no special requirements for treating sex offenders.

<b>Assessment</b>	
Purposes	Risk assessment, treatment progress
Tools	<ul style="list-style-type: none"> <li>• Risk assessed using RRASOR, STATIC-99, Vermont Assessment of Sex Offender Risk (VASOR—state customized tool)</li> <li>• For moderate-high risk sex offenders, also use PCLR (psychopathy checklist) for intensive program (LSI of 23 or higher)</li> <li>• Abel and Becker cognitive distortion scale, BURT rapist attitude scale, Michigan alcohol screen test, Wilson sex fantasy questionnaire, penile plethysmograph</li> <li>• Vermont also has state customized treatment progress scale for evaluating dynamic factors</li> </ul>
<b>Data and Research</b>	
Type	Demographics, risk scores, treatment progress scores
Storage	Electronic and paper files
Maintenance	Department of Corrections
Evaluation	Community- and prison-based treatment evaluations
<b>TREATMENT—COMMUNITY BASED (Refers to treatment on probation and parole)</b>	
<b>Availability</b>	Mandatory (98% of sex offenders on probation and 100% on parole required to participate)
Noncitizens	Yes
Gender	Males and females
Criteria for eligibility	Must take responsibility for the sexual offense
<b>Individualized treatment plans</b>	Provider determines risk level, but guidelines determine substance of program
<b>Funding</b>	Offender, insurance, state
<b>Population</b>	
Probation	601 (official as of 6/30/07)
Parole	52 (official as of 6/30/07)
Other community corrections	Furlough status—109 (official as of 6/30/07)
<b>Percentage in treatment</b>	<ul style="list-style-type: none"> <li>• About 350 offenders in treatment at any given time (estimate)</li> <li>• A lot of offenders have completed treatment and remain on supervision so this does not reflect the percentage of supervisees that participate in treatment</li> </ul>
Probation	Not available
Parole	Not available
Other CC	Not available
<b>Treatment providers</b>	
Number	12 (estimate)
Distribution	Statewide
Percentage with waiting list	0%
Percentage with 25% empty slots	0%
Completion rate	Not available
<b>Treatment modality</b>	Same as prison treatment
Drugs	Yes
Truth tests	Polygraph used to determine compliance with supervision requirements
Individualized vs. manualized	Manualized
Continuity of treatment	Yes
Average duration	24 months followed by 1 year of aftercare (for both probationers and parolees)
<b>Data and Research</b>	
Type	Same as prison-based treatment
Storage	Electronic and paper
Maintenance	Department of Corrections
Evaluation	Yes
<b>REENTRY</b>	
<b>Availability</b>	
Pre-release	Yes
Post-release	Yes (but no halfway houses for sex offenders)

Percentage of state prisons with services	100%
<b>Specific initiatives</b>	Not available
Specialized sex offender programming	Yes—Community Justice Program, but no longer funded
<b>Eligibility</b>	
Population	<ul style="list-style-type: none"> <li>Any sex offender who has gone through treatment is eligible</li> <li>94 on furlough in June 2007</li> </ul>
<ul style="list-style-type: none"> <li>Pre-release</li> </ul>	Not available
<ul style="list-style-type: none"> <li>Post-release</li> </ul>	Not available
<b>State standard?</b>	All programs are same
Developed by whom?	Department of Corrections
Oversight by whom?	Department of Corrections
<b>Funding</b>	State
<b>Pre-release programming</b>	
Releasing authority and criteria	Department of Corrections has authority to release on furlough
Enrollment date	6 months prior to anticipated release date
Services available	<ul style="list-style-type: none"> <li>Main focus is to develop social support system</li> <li>Also housing, employment services</li> </ul>
Case management	<ul style="list-style-type: none"> <li>Case manager assigned at intake</li> <li>Each prison has a designated case manager</li> </ul>
<b>Post-release services</b>	
Case management	Probation/parole officers—collaborate with prison case manager
<ul style="list-style-type: none"> <li>Supervision</li> </ul>	Probation/parole officers
<ul style="list-style-type: none"> <li>Service coordination</li> </ul>	Not available
Nonprofit involvement	Some
<ul style="list-style-type: none"> <li>Faith-based</li> </ul>	Yes
<ul style="list-style-type: none"> <li>Role</li> </ul>	Service providers (some have shelters)
Services available	<ul style="list-style-type: none"> <li>Housing, social support, rehabilitation services</li> <li>No halfway houses—Department of Corrections funding can be used to help with initial housing costs if necessary</li> </ul>
<b>Data and Research</b>	
Type	Not applicable
Storage	Not applicable
Maintenance	Not applicable
Evaluation	Not applicable
<b>COMMUNITY SUPERVISION</b>	
<b>Availability</b>	Yes
<b>Eligibility</b>	Mandatory for all sex offenders
Criteria for decisions	Not applicable
<b>Lifetime supervision</b>	Yes—determined by court
<b>Supervising agencies</b>	Probation and parole (parole officers supervise furlough)
Population	Not available
<b>Funding</b>	State
<b>Classification system</b>	
Year implemented/updated	Not available
Required for	Not available
Risk levels	Low-moderate, moderate-high, high
<b>Assessment</b>	
Purposes	Assess risk, treatment progress
Tools	Same tools used as in prison-based treatment
<b>Specialized caseloads</b>	Yes
Provisions	Polygraph, but no GPS or electronic monitoring
Caseload	Not available
Supervisor requirements	Specialized training
<b>Supervision</b>	
Length	Varies

Services	<ul style="list-style-type: none"> <li>• Housing, social support, rehabilitation services</li> <li>• No halfway houses, but Department of Corrections funding can be used to help with initial housing costs if necessary</li> </ul>
Collaboration	Not available

**Virginia Sex Offender  
Treatment & Reentry Programs**

<b>TREATMENT—PRISON-BASED</b>	
<b>Availability</b>	<ul style="list-style-type: none"> <li>• One intensive residential treatment program for medium to high risk sex offenders (SORT)</li> <li>• 15 designated sites provide less intensive services</li> </ul>
<b>State standard</b>	No
Developed by whom?	Not applicable

Oversight by whom?	Department of Corrections (DOC)
<b>Funding</b>	<ul style="list-style-type: none"> <li>Residential program is on a specific legislative budget</li> <li>The rest is funded by DOC</li> </ul>
<b>Eligibility</b>	
Noncitizens	Yes
Gender	<ul style="list-style-type: none"> <li>Only males have access to residential treatment</li> <li>Limited treatment for females</li> </ul>
Mentally ill	Screened for stability before entering treatment
Criteria for eligibility	<ul style="list-style-type: none"> <li>Intensive program—eligibility based on time in system, medium to high risk of re-offense, behavior record</li> <li>Other programs—everyone is screened</li> <li>Once eligible, treatment is compulsory—lose ability to earn good time if refuse</li> </ul>
<b>Population</b>	
Sex offenders in prison population	3,500 (estimate)
Percentage in treatment	<ul style="list-style-type: none"> <li>20% in some sort of programming (estimate)</li> <li>Probably only 5% in sex offender-specific programming (estimate)</li> </ul>
<b>Programs</b>	
Prisons with programs available	16
Average capacity	<ul style="list-style-type: none"> <li>SORT—78 active, 42 pending</li> <li>Other programs—8-12 per group, 1 group per facility</li> </ul>
Percentage with waiting list	100% (estimate)
Percentage with 25% empty slots	0% (estimate)
Average ratio of providers/offenders	<ul style="list-style-type: none"> <li>SORT– 1:11 (includes mental health professionals, social workers, risk assessment administrators)</li> <li>Varies for other programs</li> </ul>
Average duration	<ul style="list-style-type: none"> <li>SORT–2-3 years (estimate), with maximum of 6 years</li> <li>Other programs—up to one year, but new groups will be 12-18 weeks</li> </ul>
Enrollment date	<ul style="list-style-type: none"> <li>SORT—preference is to begin 3-6 years before release date</li> <li>Other programs vary</li> </ul>
Content	SORT—relapse prevention, covert sensitization, cognitive-behavioral therapy, arousal control
<ul style="list-style-type: none"> <li>Drugs</li> </ul>	<ul style="list-style-type: none"> <li>Only in SORT—use SSRIs, but not very often (only 4 of 52 admissions in 2007 received SSRIs)</li> </ul>
<ul style="list-style-type: none"> <li>Truth tests</li> </ul>	Polygraphs used only in SORT
<ul style="list-style-type: none"> <li>Individualized vs. manualized</li> </ul>	SORT is individualized
Treatment requirement for release	Not available
Completion rate	<ul style="list-style-type: none"> <li>62% in 2007</li> <li>Of 50 discharged cases—1 administrative removal, 28 paroled, 4 refused programming, 11 treatment removals/expulsions, 3 removals for security reasons, 3 sexually violent predators were civilly committed</li> </ul>
<b>Provider certification</b>	<ul style="list-style-type: none"> <li>Qualified Mental Health Practitioners</li> <li>In general, master’s level education</li> <li>If working with sex offenders, must be state-certified (or working on it), or under the supervision of someone who is certified</li> <li>Must be certified within a year of start date in residential program</li> <li>Department of Corrections has American Correctional Association standards as well –40 hours of training a year</li> </ul>
<b>Assessment</b>	
Purposes	<ul style="list-style-type: none"> <li>SORT—pre-screening to assess risk level <ul style="list-style-type: none"> <li>If medium to high risk, assessed for risk and needs</li> </ul> </li> <li>Other programs—to prioritize cases, assess sexual interest</li> <li>Some clinical override allowed</li> </ul>
Tools	<ul style="list-style-type: none"> <li>SORT—Stable (but staff only use as guideline)</li> <li>Other programs—STATIC-99, LSI-R, MSI, MMPI</li> </ul>
<b>Data and Research</b>	

Type	Not available
Storage	Electronic
Maintenance	Department of Research and Development
Evaluation	Process evaluation on SORT
<b>TREATMENT—COMMUNITY BASED</b> (Refers to treatment on probation and parole)	
<b>Availability</b>	
Noncitizens	Yes—but most of the time they would be detained by Immigration and Customs Enforcement
Gender	Males and females
Criteria for eligibility	Most sex offenders must successfully complete treatment as a condition of their probation
<b>Individualized treatment plans</b>	Parole officer and treatment provider make treatment decisions, sometimes with input from others
<b>Funding</b>	<ul style="list-style-type: none"> <li>• DOC</li> <li>• Co-pay from offenders in some districts</li> </ul>
<b>Population</b>	2,400 as of March 4, 2008 (estimate)
Probation	Not available
Parole	Not available
Other community corrections	Not available
<b>Percentage in treatment</b>	Not available
Probation	Not available
Parole	Not available
Other community corrections	Not available
<b>Treatment providers</b>	
Number	New contract began in October 2007—26 providers on contract
Distribution	Statewide
Percentage with waiting list	Some
Percentage with 25% empty slots	Not available
Completion rate	Not available
<b>Treatment modality</b>	Cognitive-behavioral therapy, relapse prevention
Drugs	No
Truth tests	Polygraphs
Individualized vs. manualized	<ul style="list-style-type: none"> <li>• Treatment plans should be individualized</li> <li>• Some group treatment is manualized</li> </ul>
Continuity of treatment	Only one prison treatment program (SORT)—if individual released from SORT then community treatment is consistent
Average duration	Varies
<b>Data and Research</b>	
Type	Yes
Storage	Electronic
Maintenance	DOC—Research and Evaluation Department
Evaluation	Some analysis in containment sites
<b>REENTRY</b>	
<b>Availability</b>	
Pre-release	Yes
Post-release	Yes—most are provided by non-governmental agencies through Department of Criminal Justice Services funding
Percentage of state prisons with services	<ul style="list-style-type: none"> <li>• All have programming to an extent</li> <li>• Productive Citizenship offered in all facilities but there are waiting lists so not all inmates will receive it</li> </ul>
<b>Specific initiatives</b>	<ul style="list-style-type: none"> <li>• Virginia Reentry Policy Academy (established in June 2006)</li> <li>• Outgrowth of work with National Governor's Association</li> </ul>
Specialized sex offender programming	No
<b>Eligibility</b>	All sex offenders are eligible

Population	Not available
• Pre-release	Not available
• Post-release	Not available
<b>State standard?</b>	No—but under development by the Sex Offender Steering Committee (SOSC)
Developed by whom?	Not applicable
Oversight by whom?	Not applicable
<b>Funding</b>	Pre-release—State general funds Post-release—Department of Criminal Justice Services
<b>Pre-release programming</b>	
Releasing authority and criteria	<ul style="list-style-type: none"> <li>• For those sentenced pre-1995, Parole Board is releasing authority</li> <li>• Offenders sentenced since 1995—released by DOC when time completed</li> <li>• Upon release, sex offenders are assessed using the STATIC-99 to determine whether or not they should be considered for civil commitment</li> </ul>
Enrollment date	<ul style="list-style-type: none"> <li>• Depends on availability</li> <li>• Want to begin prioritizing people who are near release date</li> </ul>
Services available	<ul style="list-style-type: none"> <li>• Productive Citizenship curriculum has 15 sessions—general introduction, communication and problem solving, values, dealing with emotion, healthy living, healthy sexuality, employment, banking and money management, securing housing and transportation, family matter, active parenting, family legal issues, substance abuse, resources ad referral, and making it on supervision</li> <li>• Breaking Barriers workshop—based on cognitive-behavioral model</li> <li>• Sex Offender Awareness Program (SOAP)—15-session psychoeducational program offered at designated sites</li> </ul>
Case management	Institutional counselors assigned at admission
<b>Post-release services</b>	
Case management	Containment model in 17 sites
○ Supervision	District parole officer—works with other agencies
○ Service coordination	<ul style="list-style-type: none"> <li>• Collaboration on home plan for sex offender—counselor sends updated home plan to parole officer through community release unit</li> <li>• Also 5 reentry specialists who work in institution and community setting</li> </ul>
Nonprofit involvement	Yes
○ Faith-based	DOC may contract with faith-based services if they comply with program standards
○ Role	Provide referrals to other agencies—mainly for employment services (interview skills, life skills, help purchase job-related equipment, transportation, etc.)
Services available	See above
<b>Data and Research</b>	
Type	<ul style="list-style-type: none"> <li>• Offender-Based State Correctional Information System contains data on program participation</li> <li>• EIS is where counselors enter home plans</li> <li>• In process of developing a system that interfaces data between agencies</li> </ul>
Storage	Electronic
Maintenance	DOC
Evaluation	Research and Management Section does some analysis
<b>COMMUNITY SUPERVISION</b>	
<b>Availability</b>	Yes
<b>Eligibility</b>	Majority of sex offenders are under some type of supervision
Criteria for decisions	<ul style="list-style-type: none"> <li>• Determined at sentencing</li> <li>• Parole was abolished in 1999—majority of currently supervised sex offenders entered supervision since then</li> </ul>
<b>Lifetime supervision</b>	No
<b>Supervising agencies</b>	Probation and Parole
Population	2,400
<b>Funding</b>	DOC
<b>Classification system</b>	Not based on risk
Year implemented/updated	Not available

Required for	Not available
Risk levels	Not available
<b>Assessment</b>	
Purposes	Assess risk
Tools	All sex offenders released from prison with a predicate offense for Civil Commitment are assessed using the STATIC-99
<b>Specialized caseloads</b>	In some larger districts
Provisions	Not available
Caseload	<ul style="list-style-type: none"> <li>• Varies by district</li> <li>• Senior should carry no more than 24 cases</li> <li>• Field officers should carry no more than 40 cases</li> </ul>
Supervisor requirements	Required to complete courses that include Introduction to Supervision of Sex Offenders, Supervision Practices in the Community, Self-Defense
<b>Supervision</b>	
Length	5 years average (estimate)
Services	Substance abuse services, sex offender treatment, polygraph, job training
Collaboration	Yes
<b>Data and Research</b>	
Type	Yes
Storage	Electronic
Maintenance	DOC–Research and Evaluation Department
Evaluation	As described above

**Washington, DC  
Sex Offender  
Treatment & Reentry Programs**

<b>TREATMENT—COMMUNITY BASED</b> (Refers to treatment on probation and parole)	
<b>Availability</b>	Yes
Noncitizens	Yes
Gender	Males and females
Criteria for eligibility	<ul style="list-style-type: none"> <li>• Not mandatory</li> <li>• Decisions about treatment are based on assessments of risk and needs</li> <li>• All offenders are referred for assessment with a provider based on criminal history and the provider assesses whether or not treatment is necessary</li> </ul>
<b>Funding</b>	Federal funding
<b>Population</b>	500 on probation and parole (estimate)
Probation	
Parole	
Other CC	
<b>Percentage in treatment</b>	65-70% (estimate)
Probation	
Parole	
Other CC	
<b>Treatment providers</b>	
Number	Three contracted providers
Distribution	Not available
Percentage with waiting list	0%
Percentage with 25% empty slots	0%
Completion rate	Not available
<b>Treatment modality</b>	<ul style="list-style-type: none"> <li>• Supervise under containment model including supervision, treatment, monitoring and polygraph</li> <li>• Cognitive behavioral treatment</li> <li>• Provider services must be consistent with Association for the Treatment of Sexual Abusers and Center for Sex Offender Management approach</li> </ul>
Drugs	Available on an as needed basis but not widely used
Truth tests	Polygraphs used in assessment and throughout treatment process
Individualized vs. manualized	Individualized
Continuity of treatment	<ul style="list-style-type: none"> <li>• Limited information from Bureau of Prisons</li> <li>• Court Services Offender Supervision Agency starts fresh with their own assessments and treatment plans</li> </ul>
Average duration	18-24 months
<b>Data and Research</b>	
Type	<ul style="list-style-type: none"> <li>• Collect information on demographics</li> <li>• Beginning to track treatment characteristics</li> </ul>
Storage	Electronic
Maintenance	Court Services Offender Supervision Agency
Evaluation	None
<b>COMMUNITY SUPERVISION</b>	
<b>Availability</b>	<ul style="list-style-type: none"> <li>• Court Services Offender Supervision Agency supervises all offenders placed on probation by the Superior Court of the District of Columbia</li> <li>• Parole pursuant to the District of Columbia Code</li> </ul>
<b>Eligibility</b>	<ul style="list-style-type: none"> <li>• Not mandatory, depends on sentencing</li> <li>• If probation case does not finish treatment, there is the option of getting probation extended to complete treatment</li> </ul>
Criteria for decisions	Judicial discretion

<b>Lifetime supervision</b>	<ul style="list-style-type: none"> <li>• Probation: 5 year limit</li> <li>• Lifetime supervision is an option for parole</li> </ul>
<b>Supervising agencies</b>	Court Services Offender Supervision Agency supervises all offenders placed on probation
Population	500 on probation and parole (estimate)
<b>Funding</b>	Federal funding (refers to adult probation and parole only)
<b>Classification system</b>	
Year implemented/updated	District of Columbia has its own auto screener since 2004 (for risk and needs)
Required for	All sex offenders
Risk levels	Two different systems: <ul style="list-style-type: none"> <li>• For registration: A, B, C, D</li> <li>• For supervision: Intensive, Maximum, Medium, or Minimum</li> </ul>
<b>Assessment</b>	
Purposes	For registration and supervision
Tools	<ul style="list-style-type: none"> <li>• Auto screener looks at dynamic and static needs</li> <li>• It is in the process of being validated</li> </ul>
<b>Specialized caseloads</b>	Yes
Provisions	<ul style="list-style-type: none"> <li>• Global Positioning System (GPS), Electronic Monitoring, computer search conditions, special conditions around contact with minors</li> <li>• Conditions vary by releasing authority or based on assessment outcome</li> <li>• No standardized list</li> </ul>
Caseload	1:25
Supervisor requirements	Receive special training
<b>Supervision</b>	
Length	<ul style="list-style-type: none"> <li>• Probation: 2 years (estimate)</li> <li>• Parole: 5 years (estimate)</li> </ul>
Services	<ul style="list-style-type: none"> <li>• Vocational Occupation Unit provides GED, vocational skills, life skills, domestic violence treatment</li> <li>• Treatment referred to outside agency</li> <li>• Mental health services provide through the Department of Mental Health</li> </ul>
Collaboration	Yes

## Washington Sex Offender Treatment & Reentry Programs

TREATMENT—PRISON-BASED	
<b>Availability</b>	
<b>State standard</b>	No management board—but standard in place for programs and outcomes measured
Developed by whom?	Not applicable
Oversight by whom?	Not applicable
<b>Funding</b>	Legislature
<b>Eligibility</b>	Available for all sex offenders but not all sex offenders receive treatment due to limited resources
Noncitizens	Yes
Gender	Male and females
Mentally ill	Available to them but they are not required to participate
Criteria for eligibility	<ul style="list-style-type: none"> <li>• Decisions about who to place in treatment are based on risk assessment scores on RRASOR, MnSOST-R, and STATIC-99</li> <li>• Offender must also have minimum of 12 months left to serve</li> </ul>
<b>Population</b>	
Sex offenders in prison population	3,187 of 18,209 state prisoners (17.5%) were sentenced for sex offenses (official)
Percentage in treatment	<ul style="list-style-type: none"> <li>• 200 active treatment beds full for males</li> <li>• 8-10 women in treatment</li> <li>• Treatment extends outside of prison as well—currently about 15% of the total treatment population is still in prison (official)</li> </ul>
<b>Programs</b>	
Prisons with programs available	Two (one male, one female)
Average capacity	<ul style="list-style-type: none"> <li>• 200 for males</li> <li>• 8-10 for females</li> </ul>
Percentage with waiting list	Both prisons have a waiting list
Percentage with 25% empty slots	0%
Average ratio of providers/offenders	1:13 (official)
Average duration	13 months average (for both males and females)
Enrollment date	20 months prior to earliest release date (official)
Content	<ul style="list-style-type: none"> <li>• Relapse prevention, cognitive-behavioral therapy, arousal reconditioning, victim empathy (limited), plethysmograph</li> <li>• Both group and individual treatment</li> <li>• Intake plans based on risk and needs</li> </ul>
○ Drugs	Medication provided when necessary, but not through sex offender treatment program
○ Truth tests	No polygraphs
○ Individualized vs. manualized	Individualized
Treatment requirement for release	<ul style="list-style-type: none"> <li>• Offenders under the Indeterminate Sentence Review Board (ISRB) are required to attend treatment, but other sex offenders are not</li> <li>• For sex offenders in general, participation in treatment may influence parole board decision</li> </ul>
Completion rate	92% (official)
<b>Provider certification</b>	<ul style="list-style-type: none"> <li>• No certification or registration requirement for treatment providers, but it may come up in legislation this year</li> <li>• Currently there are minimum qualifications which reflect community standards for certified sex offender providers</li> </ul>
<b>Assessment</b>	
Purposes	<ul style="list-style-type: none"> <li>• Prioritize individuals for treatment</li> <li>• Identify notification level for each offender</li> </ul>
Tools	LSI-R, STATIC-99, RRASOR, MnSOST-R
<b>Data and Research</b>	

Type	Demographics, completion rates, time in treatment—mainly for tracking purposes
Storage	Electronic
Maintenance	Department of Corrections (DOC)
Evaluation	Washington State Institute for Public Policy conducts evaluations for the state
<b>TREATMENT—COMMUNITY BASED</b> (Refers to treatment on probation and parole)	
<b>Availability</b>	3 types of community-based treatment: 1. Treatment continues from prison in DOC program 2. Treatment by private providers paid for by DOC 3. Treatment by private providers paid for by offender
Noncitizens	Yes—unless deported
Gender	Males and females
Criteria for eligibility	<ul style="list-style-type: none"> <li>• If treated in prison, expected to continue treatment in the community</li> <li>• Most offenders have treatment as stipulation in sentence</li> </ul>
<b>Individualized treatment plans</b>	Provider makes decisions about length of treatment, etc.
<b>Funding</b>	Three streams: 1. Legislative funding to continue with prison treatment program 2. DOC funding for treatment from private providers 3. Offenders pay on their own
<b>Population</b>	Probation and parole are consolidated
Probation	Not applicable
Parole	Not applicable
Other community corrections	Community Corrections—3,344 of 27,650 cases (12.1%) are sex offenders (estimate)
<b>Percentage in treatment</b>	
Probation	Not applicable
Parole	Not applicable
Other community corrections	30% (estimate)
<b>Treatment providers</b>	<ul style="list-style-type: none"> <li>• Private providers must be certified to serve sex offenders</li> <li>• Also must have continuing education, tests, etc</li> </ul>
Number	<ul style="list-style-type: none"> <li>• For DOC program that continues from prison treatment—eight state staff with one supervisor</li> <li>• Private providers are numerous</li> </ul>
Distribution	Statewide
Percentage with waiting list	Not available
Percentage with 25% empty slots	Not available
Completion rate	Not available
<b>Treatment modality</b>	<ul style="list-style-type: none"> <li>• For DOC program that continues from prison treatment—content is same as in prison</li> <li>• Content varies among private providers (applies to all subheadings in this category)</li> </ul>
Drugs	No drugs for DOC program
Truth tests	DOC uses polygraph and plethysmograph
Individualized vs. manualized	DOC is individualized
Continuity of treatment	Yes (for DOC program)
Average duration	23 months (estimate)
<b>Data and Research</b>	See prison-based treatment
Type	See prison-based treatment
Storage	See prison-based treatment
Maintenance	See prison-based treatment
Evaluation	See prison-based treatment
<b>REENTRY</b>	
<b>Availability</b>	
Pre-release	Yes
Post-release	Yes
Percentage of state prisons with services	Every facility offers some reentry programming

<b>Specific initiatives</b>	<ul style="list-style-type: none"> <li>Legislature and DOC each have an initiative—DOC initiative is called The Reentry Initiative</li> <li>DOC recently received \$25 million from the legislature to enhance services and change reentry programming</li> </ul>
Specialized sex offender programming	General reentry programming applies to sex offenders, but there is a special focus on better managing sex offenders
<b>Eligibility</b>	
Population	All offenders
<ul style="list-style-type: none"> <li>Pre-release</li> </ul>	Not available
<ul style="list-style-type: none"> <li>Post-release</li> </ul>	Not available
<b>State standard?</b>	Yes—in development
Developed by whom?	DOC
Oversight by whom?	DOC, legislature
<b>Funding</b>	Legislative funding
<b>Pre-release programming</b>	
Releasing authority and criteria	<ul style="list-style-type: none"> <li>2 authorities: <ol style="list-style-type: none"> <li>DOC</li> <li>ISRB—has jurisdiction over some offenders with offenses prior to 1984 (only about 140 offenders left in system)</li> </ol> </li> <li>In 2001 new legislation created determinate-plus sentencing for persistent sex offenders—ISRB determines release for these offenders based on instruments listed in prison section and polygraph test</li> </ul>
Enrollment date	<ul style="list-style-type: none"> <li>In theory, pre-release programming starts the day the offender begins his/her sentence</li> <li>Mandated to start as early as 2 years prior to release</li> </ul>
Services available	<ul style="list-style-type: none"> <li>Life skills, job assistance, family services, substance abuse services, mental health programming</li> <li>Content of programming varies by the security level of the facility—maximum security prisons focus more on violence reduction</li> <li>Family-based programming is restricted in certain situations</li> </ul>
Case management	<ul style="list-style-type: none"> <li>Classification counselors assigned in prison</li> <li>Assigned 18-20 months before earliest release date</li> </ul>
<b>Post-release services</b>	
Case management	<ul style="list-style-type: none"> <li>Community Corrections officer manages post-release cases</li> <li>Some service providers come into prison to work with offender 6-12 months before release, and they continue after release as well (this includes treatment providers, reentry specialists, mental health providers)</li> </ul>
Supervision	Community Corrections/Parole
<ul style="list-style-type: none"> <li>Service coordination</li> </ul>	<ul style="list-style-type: none"> <li>Information sharing between pre- and post-prison case managers</li> <li>Providers coordinate services</li> </ul>
Nonprofit involvement	Yes
<ul style="list-style-type: none"> <li>Faith-based</li> </ul>	At least half of nonprofits who provide reentry services are faith-based (estimate)
<ul style="list-style-type: none"> <li>Role</li> </ul>	<ul style="list-style-type: none"> <li>Sexual assault advocates—involved in placement and reentry</li> <li>Others offer specific services, including housing services</li> </ul>
Services available	Same services that are available to all offenders—life skills, chemical dependency, resume development, etc
<b>Data and Research</b>	
Type	Starting to collect data on new reentry initiative—but data is limited at this point
Storage	DOC
Maintenance	Electronic
Evaluation	Not available
<b>COMMUNITY SUPERVISION</b>	
<b>Availability</b>	Yes
<b>Eligibility</b>	<ul style="list-style-type: none"> <li>Depends on when they were sentenced</li> <li>Offenders sentenced after 1990 are supervised post-release</li> </ul>

Criteria for decisions	Not applicable
<b>Lifetime supervision</b>	Yes
<b>Supervising agencies</b>	Community Corrections (Probation/Parole)—supervises only felons
Population	3,333 sex offenders (7.8% of total population) (official)
<b>Funding</b>	Legislature
<b>Classification system</b>	
Year implemented/updated	There will be new risk instrument in the spring of 2008
Required for	<ul style="list-style-type: none"> <li>• All sex offenders coming from institutions into the community</li> <li>• Classification also required for sex offenders who go straight onto probation, but done by local law enforcement</li> </ul>
Risk levels	<ul style="list-style-type: none"> <li>• Notification: Level 1: in-family offender, information not released to media, just local law enforcement Level 2: moderate risk—can be released on statewide registry Level 3: high risk—media release, direct mailings</li> <li>• Cutpoints for each level are based on actuarial assessments (LSI-R, MnSOST-R, RRASOR, STATIC-99)</li> </ul>
<b>Assessment</b>	
Purposes	Risk classification, registration and notification requirements, determine who is predatory
Tools	Same tools as in prison
<b>Specialized caseloads</b>	<ul style="list-style-type: none"> <li>• In urban areas, where populations are more dense, they have specialized caseloads</li> <li>• No specialized caseloads in rural areas because not enough sex offenders under supervision</li> </ul>
Provisions	More supervision, GPS
Caseload	Varies
Supervisor requirements	No additional certification—but sex offender supervisors receive additional training
<b>Supervision</b>	
Length	<ul style="list-style-type: none"> <li>• Three years on average (official number)</li> <li>• Determinate-plus cases will be lifetime supervision</li> </ul>
Services	Treatment, cognitive-behavioral therapy, mental health programs, job services, life skills
Collaboration	Yes
<b>Data and Research</b>	
Type	<ul style="list-style-type: none"> <li>• Monitoring and tracking data available</li> <li>• Trying to supplement this data with acute information on homelessness, etc. (collected through hand surveys)</li> </ul>
Storage	DOC
Maintenance	Electronic
Evaluation	Yes—through Government Accountability and Performance program

## West Virginia Sex Offender Treatment & Reentry Programs

TREATMENT—PRISON-BASED	
<b>Availability</b>	Yes
<b>State standard</b>	Standard being developed by Department of Health and Human Resources (DHHR) in compliance with the Child Protective Act passed in 10/06
Developed by whom?	Not applicable
Oversight by whom?	Not applicable
<b>Funding</b>	Through contract services
<b>Eligibility</b>	Available for all sex offenders
Noncitizens	Yes
Gender	Males and females
Mentally ill	Yes
Criteria for eligibility	<ul style="list-style-type: none"> <li>• Not mandatory for all sex offenders</li> <li>• Phase 1 recommended for all sex offenders as part of Individualized Program Plan</li> </ul>
<b>Population</b>	
Sex offenders in prison population	5,869 (estimate)
Percentage in treatment	Not available
<b>Programs</b>	
Prisons with programs available	8 (official, Department of Programs)
Average capacity	12 (official, Program Mentor/Department in-house standard from programming)
Percentage with waiting list	90% (estimate)
Percentage with 25% empty slots	10% (estimate)
Average ratio of providers/offenders	1:12 (estimate)
Average duration	4 phases <ul style="list-style-type: none"> <li>• Phase 2: ongoing until granted parole or within 6 months of discharge</li> <li>• Phase 3: starts when granted parole within mandatory holding period or when offender is within 6 months of discharging sentence</li> </ul>
Enrollment date	Over one year—often more (estimate)
Content	Cognitive behavioral therapy, arousal control, victim empathy, sexual education, social skills, anger management, legal issues including registry requirements, motivation for offense
<ul style="list-style-type: none"> <li>• Drugs</li> </ul>	No
<ul style="list-style-type: none"> <li>• Truth tests</li> </ul>	No
<ul style="list-style-type: none"> <li>• Individualized vs. manualized</li> </ul>	Manualized
Treatment requirement for release	No
Completion rate	46.9% (official, 2006-2007 Annual Report)
<b>Provider certification</b>	<ul style="list-style-type: none"> <li>• Provider must be employed by West Virginia Department of Corrections or contracted service provider</li> <li>• Department of Corrections certifies providers</li> <li>• Includes continuing review</li> <li>• Includes continuing training—all providers must attend mandatory 32 hours annual training and are encouraged to attend the 2 day follow-up retreat</li> </ul>
<b>Assessment</b>	Sex offenders not assessed for treatment—assessed during classification
Purposes	For inclusion in psychological evaluation
Tools	RRASOR, MnSOST
<b>Data and Research</b>	
Type	Enrollment/completion stats
Storage	Electronic
Maintenance	West Virginia Department of Corrections
Evaluation	None
<b>TREATMENT—COMMUNITY BASED</b> (Refers to treatment on probation and parole)	

<b>Availability</b>	
Noncitizens	Yes
Gender	Males and females
Criteria for eligibility	Mandatory for all sex offenders until released by provider
<b>Individualized treatment plans</b>	Contract providers
<b>Funding</b>	<ul style="list-style-type: none"> <li>• Sex offender management fund</li> <li>• Supervision fees</li> <li>• Private pay</li> </ul>
<b>Population</b>	(Following numbers are for Department of Corrections only)
Probation	49 (estimate)
Parole	77 (estimate)
Other community corrections	Not applicable
<b>Percentage in treatment</b>	100% of those supervised by Department of Corrections
Probation	100%
Parole	100%
Other community corrections	Not applicable
<b>Treatment providers</b>	
Number	Exact number not available—Department of Corrections employs 7 contract providers
Distribution	Localized, only available in larger cities
Percentage with waiting list	None (official, contractual documents)
Percentage with 25% empty slots	None (official, contractual documents)
Completion rate	Not available
<b>Treatment modality</b>	
Drugs	No
Truth tests	Yes
Individualized vs. manualized	Not available
Continuity of treatment	Yes
Average duration	2 years in parole, could be longer if they do not successfully complete the program
<b>REENTRY</b>	
<b>Availability</b>	
Pre-release	Yes
Post-release	Yes
Percentage of state prisons with services	100%
<b>Specific initiatives</b>	No
Specialized sex offender programming	No
<b>Pre-release programming</b>	
Releasing authority and criteria	<ul style="list-style-type: none"> <li>• West Virginia Parole Board</li> <li>• Criteria decision based on criminal history and behavior while in prison</li> </ul>
Enrollment date	6 months
Services available	Three levels of sex offender classes offered
Case management	All prisoners are assigned case workers, whether they take programming or not
<b>Post-release services</b>	
Case management	If on parole, then parole officers
<ul style="list-style-type: none"> <li>• Supervision</li> </ul>	Not available
<ul style="list-style-type: none"> <li>• Service coordination</li> </ul>	Not available
Nonprofit involvement	Yes
<ul style="list-style-type: none"> <li>• Faith-based</li> </ul>	Not available
<ul style="list-style-type: none"> <li>• Role</li> </ul>	Medical issues, mentoring
Services available	While on parole, they can get sex offender counseling
<b>Data and Research</b>	Yes
Type	Program attendance
Storage	Electronic
Maintenance	Department of Corrections
Evaluation	Not available

## COMMUNITY SUPERVISION

<b>Availability</b>	Yes
<b>Eligibility</b>	Not mandatory
Criteria for decisions	<ul style="list-style-type: none"> <li>• No supervision for prisoners who discharge their sentences</li> <li>• West Virginia State Judges or those states sending offenders to West Virginia decide</li> </ul>
<b>Lifetime supervision</b>	Yes, for sexually violent predators
<b>Supervising agencies</b>	Enhanced supervision, electronic monitoring, polygraph, treatment
Population	<ul style="list-style-type: none"> <li>• Total: 126</li> <li>• Probation: 49 (estimate)</li> <li>• Parole: 77 (estimate)</li> </ul>
<b>Funding</b>	Sex offender management fund, parole supervision fees collected
<b>Classification system</b>	Yes
Year implemented/updated	<ul style="list-style-type: none"> <li>• Implemented 2006</li> <li>• Modified August 2007</li> </ul>
Required for	All
Risk levels	Low, moderate, high
<b>Assessment</b>	Yes
Purposes	Assess risk and treatment
Tools	SOTNPS by treatment provider
<b>Specialized caseloads</b>	Yes
Provisions	Increased contacts, electronic monitoring, polygraph, mandated treatment
Caseload	35-40, estimate
Supervisor requirements	Electronic monitoring, sex offender policy
<b>Supervision</b>	
Length	2 years (estimate)
Services	Treatment and counseling either by agency contracted staff or private pay providers
Collaboration	Yes
<b>Data and Research</b>	
Type	Records of polygraphs and results, electronic monitoring duration, treatment and completion
Storage	Electronic
Maintenance	Department of Corrections for Department of Corrections offenders
Evaluation	Yes, evaluation compliance to sex offender specific laws and policy

## Wisconsin Sex Offender Treatment & Reentry Programs

TREATMENT—PRISON-BASED	
<b>Availability</b>	Yes, in certain facilities (treatment and program facilities)
<b>State standard</b>	Yes
Developed by whom?	Not available
Oversight by whom?	Not available
<b>Funding</b>	State
<b>Eligibility</b>	<ul style="list-style-type: none"> <li>• Not available for all sex offenders</li> <li>• For some, recommend lower level of treatment in community (i.e. education, after-care); higher risk offenders are eligible</li> </ul>
Noncitizens	Yes
Gender	Males and females
Mentally ill	Not required
Criteria for eligibility	<ul style="list-style-type: none"> <li>• Recommended for some</li> <li>• Sex offenders have the option of refusing</li> </ul>
<b>Population</b>	
Sex offenders in prison population	As of April 18, 2008, 4,600, or 20-25% of prison population for hands-on offense (estimate)
Percentage in treatment	<ul style="list-style-type: none"> <li>• About 12% (based on official data but estimate)</li> <li>• Does not count people who are in for life sentences (treatment only starts within last 5 years of sentence) or offenders who refuse treatment</li> </ul>
<b>Programs</b>	
Prisons with programs available	8 facilities
Average capacity	12 offenders per program—there may be multiple programs per facility
Percentage with waiting list	100%
Percentage with 25% empty slots	0%
Average ratio of providers/offenders	1:6 (2:12)
Average duration	From 6 months to 2 years
Enrollment date	<ul style="list-style-type: none"> <li>• Shorter term: within about 36 months</li> <li>• Longer term: within about 5 years before sentence is complete</li> </ul>
Content	Cognitive behavioral therapy, Thornton’s approach
• Drugs	No, though psychotropics available to treat mental illness
• Truth tests	Yes, polygraphs in 2 of the programs (both are from long term programs)
• Individualized vs. manualized	Manualized
Treatment requirement for release	No
Completion rate	<ul style="list-style-type: none"> <li>• Short term: 80-85%</li> <li>• Long term: 80%</li> </ul>
<b>Provider certification</b>	None required
<b>Assessment</b>	
Purposes	To determine risk level and pervasiveness—this will determine course of treatment (short term versus long term)
Tools	None—in house assessment procedure based on PRASOR and STATIC-99
<b>Data and Research</b>	
Type	Varies between programs
Storage	Varies between programs
Maintenance	Varies between programs
Evaluation	Margaret Alexander, 1999
REENTRY	
<b>Availability</b>	<ul style="list-style-type: none"> <li>• Reentry is a philosophy—not a program</li> <li>• Technically, everything the Department does from the point of intake through discharge is to prepare offenders for reentry</li> </ul>

Pre-release	<ul style="list-style-type: none"> <li>• Pre-release curriculum offered to all inmates <ul style="list-style-type: none"> <li>◦ Has 10 modules: wellness, health, personal development, family support, education, employment, financial literacy, housing, transportation, transitional preparation</li> </ul> </li> <li>• Provides inmates with portfolios to store critical documents (resumes, identification, etc.)</li> <li>• 5 year strategic business plan: assessment, case planning, program and intervention, data collection and measurement, and organization and philosophy</li> </ul>
Post-release	Yes
Percentage of state prisons with services	<ul style="list-style-type: none"> <li>• 100%</li> <li>• Approximately 23,000 adult males (unified correction system; includes total inmate population male and female adults—sex offenders comprise 20% of total population)</li> </ul>
<b>Specific initiatives</b>	<ul style="list-style-type: none"> <li>• Reentry Initiative</li> <li>• Strategic Business Plan (what we need to do for next 5 years)</li> <li>• Initiatives with Department of Transportation</li> <li>• Department of Health and Family Services – focusing on specific population like women with children</li> <li>• Department of Workforce Development,</li> <li>• Process for offenders to apply for food share benefits, mentor programs, identification programs, linkages to Social Security Administration (SSA), driver’s license initiatives, employment programs, etc.</li> <li>• Public information document</li> </ul>
Specialized sex offender programming	<ul style="list-style-type: none"> <li>• Services individualized for inmates based on risk and need</li> <li>• Curriculum offered to sex offenders but are tailored to sex offender risk and needs</li> <li>• Notification and registration services provided</li> </ul>
<b>Eligibility</b>	Everyone eligible
Population	100% of sex offenders are in reentry programs
<ul style="list-style-type: none"> <li>• Pre-release</li> </ul>	Not available
<ul style="list-style-type: none"> <li>• Post-release</li> </ul>	Not available
<b>State standard?</b>	<ul style="list-style-type: none"> <li>• Policies and procedures cover both institution and community corrections</li> <li>• Relationship with SSA, Department of Veteran Affairs—there are standards for all treatment programs in institutions</li> <li>• Some are Executive Directives from Secretary of Department, Administrator of Adult Institutions, Community Corrections Administrative Directives, signed by administrator</li> </ul>
Developed by whom?	Varies
Oversight by whom?	Varies
<b>Funding</b>	State, volunteer partnerships, federal grants (no funding for sex offenders through federal grants)
<b>Pre-release programming</b>	
Releasing authority and criteria	<ul style="list-style-type: none"> <li>• Parole Commission (under old law) and courts (with the passing of truth in sentencing)</li> <li>• Criteria based on release dates</li> <li>• Tools used: RRASOR, STATIC-99, MnSOST</li> </ul>
Enrollment date	At intake
Services available	<ul style="list-style-type: none"> <li>• Drug treatment, housing, cognitive behavioral therapy, sex offender treatment program</li> <li>• Evidenced-based practices—intensive sex offender treatment</li> <li>• Intervention strategies geared towards relapse prevention related to directing prisoner to reentry</li> <li>• All treatment is centered around relapse prevention</li> </ul>
Case management	<ul style="list-style-type: none"> <li>• All inmates have social workers</li> <li>• All inmates not released via Maximum Discharge have agent assigned to them upon release</li> <li>• Multidisciplinary team managing</li> </ul>

<b>Post-release services</b>	
Case management	Case managers
• Supervision	Exchange of information
• Service coordination	Yes
Nonprofit involvement	Yes
• Faith-based	Not available
• Role	Varies
Services available	Group therapy, individual therapy, sex education/sexual values clarification/sexual dysfunction prevention, social skills training, assertiveness training, cognitive restructuring, victim impact/victimization awareness, covert sensitization, masturbatory satiation, relapse prevention.
<b>Data and Research</b>	Yes
Type	Demographics, case, assessment, criminal history, sex offender registry, psychosocial
Storage	Not available
Maintenance	Not available
Evaluation	Yes
<b>COMMUNITY SUPERVISION</b>	
<b>Availability</b>	Yes
<b>Eligibility</b>	<ul style="list-style-type: none"> <li>• Not mandatory—under old law, some offenders come out on parole upon completing sentence</li> <li>• Under new law there is always a period of supervision</li> </ul>
Criteria for decisions	Not available
<b>Lifetime supervision</b>	<ul style="list-style-type: none"> <li>• Yes, law passed in 1997</li> <li>• Some based on conviction</li> </ul>
<b>Supervising agencies</b>	
Population	<ul style="list-style-type: none"> <li>• 5,093 under active supervision and on registry</li> <li>• Sex offenders supervised based on behavior, not on registry</li> <li>• 7,200 are sex offenders—in those not just required to register</li> <li>• Probation: 3 out of 4</li> <li>• Parole: 1 out of 4</li> </ul>
<b>Funding</b>	State
<b>Classification system</b>	Only type of classification is notification levels (only certain sex offenders require notification)
Year implemented/updated	Not available
Required for	Not available
Risk levels	Not available
<b>Assessment</b>	
Purposes	Supervision and risk of reoffending
Tools	RRASOR, STATIC-99, MnSOST

## Wyoming Sex Offender Treatment & Reentry Programs

TREATMENT—PRISON-BASED	
<b>Availability</b>	<ul style="list-style-type: none"> <li>• Yes—at male facilities</li> <li>• No discrete female sex offender treatment program because of low numbers</li> <li>• Evaluation is only service available at women’s prison</li> </ul>
<b>State standard</b>	
Developed by whom?	Association for Treatment of Sexual Abusers (ATSA)
Oversight by whom?	Wyoming Department of Corrections
<b>Funding</b>	Wyoming Department of Corrections
<b>Eligibility</b>	<ul style="list-style-type: none"> <li>• Available for all sex offenders</li> <li>• Some sex offenders are incarcerated in out-of-state facilities—treatment is not available for those offenders incarcerated out-of-state</li> </ul>
Noncitizens	Yes (if Immigration and Customs Enforcement does not immediately pick them up)
Gender	<ul style="list-style-type: none"> <li>• Males are eligible</li> <li>• Evaluation only for females, and on individualized bases due to mental health evaluation</li> <li>• For female offenders, parole has requirement to seek treatment</li> </ul>
Mentally ill	Yes—with consultation with mental health staff and ongoing coordination
Criteria for eligibility	<ul style="list-style-type: none"> <li>• Not mandatory for all sex offenders—only if they are assessed as needing it is treatment required</li> <li>• Criteria not necessarily based on index offense (i.e. if convicted of sex offense in past, then evaluated through sex offender specific evaluation—includes STATIC-99)</li> <li>• If offenders refuse, it affects their parole status</li> </ul>
<b>Population</b>	
Sex offenders in prison population	355 (official from MIS based on sentencing and treatment data)
Percentage in treatment	33%
<b>Programs</b>	
Prisons with programs available	3 (official)
Average capacity	Total between 210 and 230 (the 3 facilities have capacity for 75, 60, and 75)
Percentage with waiting list	0%
Percentage with 25% empty slots	0%
Average ratio of providers/offenders	<ul style="list-style-type: none"> <li>• About 1:55 in one facility</li> <li>• 1:35 at other facility</li> </ul>
Average duration	About 24 months
Enrollment date	Within 2 years of projected release date
Content	Cognitive behavioral therapy, relapse prevention, workbook component, core treatment component, reentry transition stage, Robert Longo workbook (Who am I and Why am I in Treatment), understanding offense cycle, relapse prevention planning, release planning, victim empathy, work issues, men’s identity issues, domestic violence, managing stress, substance abuse, human sexuality
<ul style="list-style-type: none"> <li>• Drugs</li> </ul>	No; psychotropics available to treat mental illness
<ul style="list-style-type: none"> <li>• Truth tests</li> </ul>	Yes – polygraphs and plethysmograph
<ul style="list-style-type: none"> <li>• Individualized vs. manualized</li> </ul>	Manualized
Treatment requirement for release	Technically no, but does affect parole status
Completion rate	Not available
<b>Provider certification</b>	<ul style="list-style-type: none"> <li>• No legislatively created standard</li> <li>• Requirements: advanced degrees, license, background, 2,000 hours of sex offender clinical experience, 500 hours in sex offender specific evaluation, 1,000 hours in sex offender specific provision of treatment</li> <li>• Continuing training: 40 hours of sex offender specific continuing education per year</li> </ul>

<b>Assessment</b>	
Purposes	Assess risk and treatment need
Tools	<ul style="list-style-type: none"> <li>• STATIC-99, intake interview, structured clinical interview, official version of crime, NCIC checks</li> <li>• General: memory, reading test, head injury; ABEL screen, plethysmograph, polygraph, HARE, MILAN, California Psychological Inventory, WAIS, etc</li> </ul>
<b>Data and Research</b>	<ul style="list-style-type: none"> <li>• No data specific sex offender information collected</li> <li>• Currently implementing new probation and parole database</li> </ul>
Type	Basic demographic, treatment involvement, response to treatment
Storage	<ul style="list-style-type: none"> <li>• Electronic</li> <li>• Paper files for specific sex offender information</li> </ul>
Maintenance	Wyoming Department of Corrections
Evaluation	<ul style="list-style-type: none"> <li>• Generally, yes—no sex offender specific</li> <li>• 2000/2001 needs assessment done for sex offender</li> </ul>
<b>TREATMENT—COMMUNITY BASED (Refers to treatment on probation and parole)</b>	
<b>Availability</b>	Available, however sex offender specific treatment is not readily available in all districts (depends on rural areas, population, service availability)
Noncitizens	Yes
Gender	Males and females
Criteria for eligibility	<ul style="list-style-type: none"> <li>• Not mandatory for sex offender under community supervision</li> <li>• Judge makes determination</li> </ul>
<b>Individualized treatment plans</b>	Developed by mental health provider in conjunction with supervising agency
<b>Funding</b>	Offenders are responsible for payment—based on sliding scale
<b>Population</b>	
Probation	245 (official, by field count)
Parole	50 (official, by field count)
Other community corrections	Not applicable
<b>Percentage in treatment</b>	
Probation	61.6% (official)
Parole	58% (official)
Other community corrections	Not applicable
<b>Treatment providers</b>	
Number	<ul style="list-style-type: none"> <li>• 15 have sex offender specific treatment programs, operational and localized and associated with community mental health centers</li> <li>• Official number, internal survey</li> </ul>
Distribution	Localized and associated with community mental health centers
Percentage with waiting list	Not available
Percentage with 25% empty slots	Not available
Completion rate	Not available
<b>Treatment modality</b>	<ul style="list-style-type: none"> <li>• Group/individual treatment options</li> <li>• Sex offender treatment are usually individual treatment</li> </ul>
Drugs	No drugs administered, though psychotropics available to treat mental illness
Truth tests	Yes
Individualized vs. manualized	Individualized
Continuity of treatment	Yes, available upon parole plan
Average duration	Not available
<b>Data and Research</b>	<ul style="list-style-type: none"> <li>• No data specific sex offender information collected</li> <li>• Currently implementing new probation and parole database</li> </ul>
Type	Basic demographic, treatment involvement, response to treatment
Storage	<ul style="list-style-type: none"> <li>• Electronic</li> <li>• Paper files for specific sex offender information</li> </ul>
Maintenance	Wyoming Department of Corrections
Evaluation	<ul style="list-style-type: none"> <li>• Generally, yes—no sex offender specific</li> <li>• 2000/2001 needs assessment done for sex offender</li> </ul>

## REENTRY

REENTRY	
<b>Availability</b>	
Pre-release	Yes
Post-release	Yes
Percentage of state prisons with services	100% (3 facilities)
<b>Specific initiatives</b>	<ul style="list-style-type: none"> <li>• Series of Violent Offenders and Prisoner Reentry</li> <li>• Housing placement and additional forensic evaluation for higher risk</li> <li>• Several staff initiatives developed as result of first 2 initiatives—really identifying higher risk offenders, specifically sex offender population</li> </ul>
Specialized sex offender programming	Yes
<b>Eligibility</b>	<ul style="list-style-type: none"> <li>• Technically all are eligible for parole, based on need</li> <li>• Prioritize high risk and high need</li> </ul>
Population	Not available
• Pre-release	Not available
• Post-release	Not available
<b>State standard?</b>	No, but guidelines developed
Developed by whom?	Not applicable
Oversight by whom?	Not applicable
<b>Funding</b>	State and federal grants
<b>Pre-release programming</b>	
Releasing authority and criteria	<ul style="list-style-type: none"> <li>• Wyoming Parole Board</li> <li>• Criteria: served appropriate amount of sentence, demonstrated adaptive changes</li> <li>• Assessment tools: STATIC-99, COMPASS, status reports</li> </ul>
Enrollment date	At least 1 year prior to reentry
Services available	Reentry specific programming (housing, vocational, facilitating continuity of formal treatment programs – substance abuse, mental health treatment, identification cards, SSI, rehabilitation)
Case management	Yes, for higher risk they have an additional higher risk case manager
<b>Post-release services</b>	
Case management	<ul style="list-style-type: none"> <li>• Upon release, field services (if have additional parole), if they do not have parole but have needs in community then provide connections to community providers, but not necessarily followed up</li> <li>• Joint reentry initiative—Department of Health and Department of Corrections—serious and mentally ill offenders identified a year out, ongoing case management, representative of Department of Health, services maintained</li> <li>• Department of Health follows offenders for 3 months after</li> </ul>
• Supervision	No prison case manager
• Service coordination	Yes, exchange of information
Nonprofit involvement	Yes
• Faith-based	Very small percentage (maybe 5%)
• Role	Direct service provision
Services available	Mental health, substance abuse, sex offender treatment, job service
<b>Data and Research</b>	<ul style="list-style-type: none"> <li>• No data specific sex offender information collected</li> <li>• Currently implementing new probation and parole database</li> </ul>
Type	Basic demographic, treatment involvement, response to treatment
Storage	<ul style="list-style-type: none"> <li>• Electronic</li> <li>• Paper files for specific sex offender information</li> </ul>
Maintenance	Wyoming Department of Corrections
Evaluation	<ul style="list-style-type: none"> <li>• Generally, yes—no sex offender specific</li> <li>• 2000/2001 needs assessment done for sex offender</li> </ul>
COMMUNITY SUPERVISION	
<b>Availability</b>	Yes
<b>Eligibility</b>	Community supervision not mandatory

Criteria for decisions	<ul style="list-style-type: none"> <li>• Made by local district court</li> <li>• Department of Corrections Field Services make pre-sentence reports</li> </ul>
<b>Lifetime supervision</b>	<ul style="list-style-type: none"> <li>• Yes</li> <li>• Based upon offense and determined by sentencing court</li> </ul>
<b>Supervising agencies</b>	
Population	<ul style="list-style-type: none"> <li>• Probation: 245 (official)</li> <li>• Parole: 50 (official)</li> </ul>
<b>Funding</b>	State
<b>Classification system</b>	
Year implemented/updated	Sex offender specific instrument—effective 2007
Required for	All, unless sex offense is not classified offense—would not be required to be supervised
Risk levels	High, medium and low
<b>Assessment</b>	Yes
Purposes	Supervision strategy
Tools	<ul style="list-style-type: none"> <li>• Jackson County, STATIC-99, psychosexual evaluation, COMPAS</li> <li>• Jackson County and COMPAS also used by parole/probation</li> </ul>
<b>Specialized caseloads</b>	<ul style="list-style-type: none"> <li>• Not across department</li> <li>• In 2 offices, but these also have regular cases on caseload</li> </ul>
Provisions	Not available
Caseload	Not available
Supervisor requirements	Not available
<b>Supervision</b>	
Length	Not available
Services	<ul style="list-style-type: none"> <li>• Sex offender specific treatment not available in all areas of Wyoming</li> <li>• Based on low population, service availability, size of state</li> </ul>
Collaboration	Yes
<b>Data and Research</b>	<ul style="list-style-type: none"> <li>• No data specific sex offender information collected</li> <li>• Currently implementing new probation and parole database</li> </ul>
Type	Basic demographic, treatment involvement, response to treatment
Storage	<ul style="list-style-type: none"> <li>• Electronic</li> <li>• Paper files for specific sex offender information</li> </ul>
Maintenance	Wyoming Department of Corrections
Evaluation	<ul style="list-style-type: none"> <li>• Generally, yes—no sex offender specific</li> <li>• 2000/2001 needs assessment done for sex offender</li> </ul>