

290 REGISTRANTS SUBJECT TO CIVIL COMMITMENT



SVPs, MDOs, NGIs & DDs



IDENTIFY, TREAT, RE-ENTER

Referral & commitment process

Treatment curriculum, participation levels, duration & completion rates

Transition strategies



POPULATION LOCATION

- SVPs @ CSH,
1000+ \$170,000 yr
- MDOs, NGIs & MDSOs @ MSH,
PSH, NSH, ASH & CSH
400+ \$130,000 yr
- DDs @ PDC
- Conditional Release Programs



SVP POPULATION

- 1997 CDCR released 3,577 290s to parole
- 752 or 21% (of 3,577) referred to DMH
- 307 released to parole, neg rec rev
- 256 released to parole, neg clin eval
- 23 DA reject
- 21 released no PC found
- 7 released from commitment program
- Net, 4% of number of 290s released to parole (138)



SVP POPULATION

- 2002 CDCR released 4,204 290s to parole
- 626 or 15% (of 4,204) referred to DMH
- 230 released to parole, neg rec rev
- 209 released to parole, neg clin eval
- 15 DA reject
- 5 released no PC found
- 10 released from commitment program
- Net, 4% of number of 290s released to parole (157)



SEX OFFENDER MANAGEMENT

ENSURE THAT POLICIES

that affect the

ALLOCATION of LIMITED RESOURCES

are consistent with

PRIORITIES



RECENT POLICY CHANGES

- ... effect, if any, on reallocation of resources
- SVP, Jessica's Law
- MDO, People v. Starr (2003)

106 Cal.App.4th 1202

JESSICA'S LAW

...operative 11/8/06

- Expanded the number of qualifying offenses
- Decreased the number of victims from two to one
- Maintained “indeterminate” term of commitment of SB 1128, 9/20/06



SVP - SOCP

	<u>1'99-10'06</u>	<u>11'06-6'09</u>
■ CDCR to DMH	48 per month	650 per month
■ DMH Rec Rev Neg	25 per month	495 per month
■ DMH Rec Rev Pos	23 per month	156 per month
■ 1254% increase in referrals from CDCR to DMH		
■ DMH record review		
Pre-JL	48% positive, requiring clinical evaluation	
Post	24% positive, notwithstanding, 465% increase	



SVP - SOCP

	<u>1'99-10'06</u>	<u>11'06-6'09</u>
■ Clin Eval Neg	15 per month	142 per month
■ Clin Eval Pos	<u>8 per month</u>	<u>11 per month</u>
	23 per month	153 per month
■ Each person evaluated, costs minimum of \$7,000, plus expenses up to \$14,000, plus expenses		
■ MONTHLY expense of evaluations, on average, from at least		
	\$161,000	to \$1,064,000



SVP - SOCP

1'99-10'06

11'06-6'09

- Positive clinical findings 35% 7%
- Negative clinical findings 65% 93%

- Petitions filed 7 per month 10 per month



SVP – Jessica's Law

Impact on Referral process:

1. Increased DMH record review burden by 1250%
2. Shifted winnowing process to costly stage, clinical evaluation



SVP – Jessica's Law

Impact on Commitment process:

	<u>1'99-10'06</u>	<u>11'06-6'09</u>
■ Petition Filed	7 per month	10 per month
■ PC Not Found	<1 per month	<1 per month
■ PC Found	6 per month	7 per month
■ Committed	>4 per month	<3 per month



SVP – Jessica's Law

Impact on Commitment process:

Thus far, two years and eight months into implementation
no increase in commitments (indeed a drop)

May reflect two year term of commitment being changed
to an indeterminate term, to some degree

Besides drastic increases in DMH expenses, Court costs
and representation claims per SB 90 from the DA & PD
should increase with an increase in filings



SVP – Jessica's Law

Impact on Commitment process:

1. Increased petitions filed by 3 per month
2. Increased Probable Cause findings by 1 per month
3. Thus far, no increase in monthly commitments
4. Significantly increased DMH monthly expenses, especially clinical evaluation costs



SVP – Jessica's Law

Effectively, two victim requirement correlated with duration of behavior for purposes of substantiating a diagnosis



SVP – Jessica's Law

- For 3 more “potential” committees per month,
- DMH spends \$1 million more each month for initial clinical evaluations costs alone
- Appropriate allocation of limited resources?



MDO – People v. Starr (2003)

- Requisite “severe mental disorder” includes paraphilia, pedophilia
- MDO commitment requires 90 days of treatment in last year before release to parole for particular SMD (Sheek)
- No SO treatment in CDCR, limited impact on MDO population of 290s



SVP – SOCP

- Treatment curriculum, participation levels, duration & completion rates



SOCP – Treatment Curriculum

Meta-Analysis of Effectiveness of Treatment for Sexual Offenders: Risk, Need, and Responsivity (RNR)

Hanson, Bourgon, Helmus & Hodgson 2009

23 studies,

3,121 treated compared to 3,625 untreated

8+ % lower SO recidivism by treated



SOCP – Treatment Curriculum

- Relapse Prevention Treatment, modeled after SOTEP
- SOTEP found not effective in reducing recidivism (Hanson Meta '09)
- Being refined...



Risk, Need and Responsivity

- Risk – interventions should be proportional to the offenders' risk of recidivism
- “Must engage high risk offenders in the process of changing their criminogenic needs”
- RNR most effective model, Hanson et al



Risk, Need and Responsivity

- Need – target characteristics that are related to reoffending

(eg sexual preoccupation, sexual deviancy, low self-control, grievance thinking & lack of meaningful intimate relationships with adults)



Risk, Need and Responsivity

- 80% programs target offense responsibility, victim empathy & social skills not related to reoffense
- SOCP curriculum...?



Risk, Need and Responsivity

- Responsivity – delivered in a manner that is likely to engage the offenders
- Stronger treatment effects ...“Must engage high risk offenders in the process of changing their criminogenic needs”



SOCP- Treatment Participation

- As of 1'09,
912 committed @ CSH (294 & 616)

Phase II	Phase III	Phase IV	Phase V
179	28	4	6
20%	3%	.4%	.7%
Total 24%			



SOCP- Treatment Completion

- Since 1'06, as of 1'09:

15 Completed Phases I – IV

2 of those have been

unconditionally released

8 awaiting placement in Conrep

8 under auspices of Conrep



SOCP- Treatment Completion

- Awaiting compilation of more definitive numbers over the years
- “Predictors of Sexual Recidivism”
1998 & 2004 Meta-Analyses
 - Motivation & Length of treatment not correlated w/ recidivism; indeed, only “drop out” correlated



SOCP- Treatment Participation

- On August 31, 2009, conducting an anonymous, voluntary survey of CSH SVP population, addressing the issue:
- Essentially, what would it take to get you to participate in treatment?



SOCP- Treatment Participation

- **VOLUNTARY, ANONYMOUS SURVEY**
- **OF PATIENTS AT COALINGA STATE HOSPITAL**

- Are you presently participating in the Phase Program (other than Phase I)?
- Yes No (circle one)

- If "yes," what should be done to improve upon the program?

Con't.



SOCP- Treatment Participation

- If “no,” have you ever participated in the Phase Program (other than Phase I)?
- Yes No (circle one)
- If “yes,” why did you stop participating?

Con't.



SOCP- Treatment Participation

- What would it take for you to participate in a hospital treatment program?
- (For example, some combination of set time frame of treatment, objective testing results e.g. PPG, polygraph, etc., and/or particular terms and conditions of release, that would cause you to participate in treatment?)



SOCP- Treatment Participation

- DMH has an affirmative obligation to treat the SVP population and to try to obtain cooperation of the patients in treatment (WIC 6606)



SOCP- Treatment Participation

- *Seling v. Young* (2001) 531 US 250
Due process guarantee that conditions and duration of confinement bear some reasonable relation to purpose of commitment
- State law cause of action if punitive as applied, but no right to Habeas Corpus Writ for individual dismissal



TRANSITION STRATEGIES

- Awaiting numbers...