

NYS Sex Offender Management and Treatment Act

*An Overview of NYS Strict and Intensive
Supervision and Treatment (SIST)*

Presentation at the
Sex Offender Civil Commitment in Minnesota:
Challenges and Opportunities Symposium
January 19, 2012

Naomi J. Freeman, Ph.D., Director, Bureau of Sex Offender
Evaluation and Treatment, NYS Office of Mental Health

Noel C. Thomas, MA, SIST Coordinator, Bureau of Sex Offender
Evaluation and Treatment, NYS Office of Mental Health

Agenda

- ◉ Overview/History of SOMTA
- ◉ Strict and Intensive Supervision and Treatment (community-based program)
- ◉ Lessons Learned
- ◉ Questions

NYS Article 10: Civil Management

- New York State enacted the Sex Offender Management and Treatment Act (SOMTA) in 2007
 - > Article 10 – amended MHL
 - Created current civil management program
- Enacted April 13, 2007

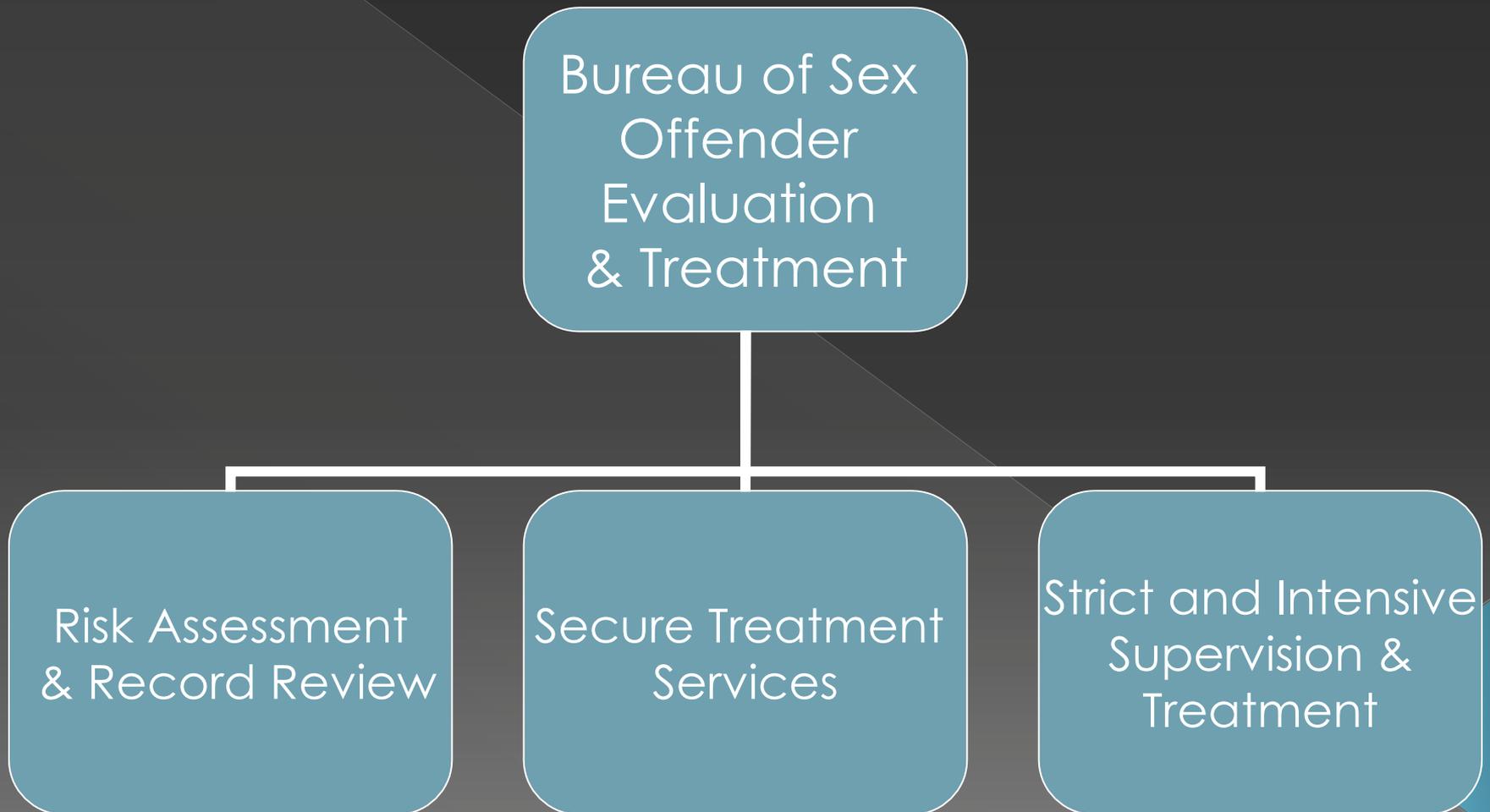
SOMTA: Legislative Findings

- Recidivistic sex offenders pose a danger and require comprehensive services
- Some sex offenders with mental abnormalities may require long-term, specialized care
- In extreme cases, confinement will need to be extended to ensure treatment and protect the public

SOMTA: Legislative Findings Cont.

- ◉ Some sex offenders may require SIST – civil confinement should only be one element in a range of responses
- ◉ System designed for treatment and protection – should be based on the most accurate scientific understanding available, including validated risk assessment instruments

OMH Structure to Implement SOMTA



NYS Article 10: Qualifying Offenders

- Sex offenders with a pending release date on a qualifying offense from an agency with jurisdiction
 - > All felony sexual offenses
 - > Designated felonies that are sexually motivated (e.g., robbery, burglary, murder)
- Agencies with jurisdiction: DOCS, Parole, OMH, OPWDD

NYS Article 10: Overview of Risk Assessment Process

- ◎ Risk assessment and record review (RARR)
 - > Based on empirical risk assessment research
 - > Highest risk offenders get a psychiatric exam
 - > Highest risk offenders found to have a mental abnormality related to risk of sexual recidivism get recommended for civil management
 - Approximately 3.5% of all qualifying offenders
- ◎ Two possibilities for management:
 - > Strict and Intensive Supervision and Treatment (SIST; in the community)
 - > Confinement (in an OMH secure treatment facility)

Article 10 Trial Process

- ◉ Right to jury trial
- ◉ Burden of proof = clear and convincing evidence
 - > Detained sex offender who suffers from a mental abnormality
- ◉ If MA, Judge determines confinement or SIST
 - > Dangerousness standard

Dangerousness Standard

(may include such factors as...)

- ◉ Committed sexual offense while on supervision and/or while in sex offender treatment
- ◉ Committed sex offense while incarcerated and/or in a highly structured environment
- ◉ Offender has made statements of intent to re-offend sexually
- ◉ Currently/recently sexually preoccupied
- ◉ Evidence of multiple offenses after treatment completion
- ◉ History of sexual offending with no observable pre-offense set-up (impulsive or highly-skilled planner), possibly resulting in community supervision efforts having a difficult time recognizing/interrupting the offender if they were to sexually re-offend
- ◉ Significant level of harm
- ◉ Significant frequency of sex offending pattern
- ◉ Currently/active psychiatric symptoms related to sexual offending
- ◉ Static-99 score

SIST Placements (as of 1/6/12)

- ◎ Two ways ordered to SIST ($n = 114$)
 - > Original court determination (i.e., bypass civil confinement) ($n = 94$)
 - > Released from civil confinement and placed on SIST ($n = 20$)
- ◎ Decisions not static
 - > SIST placements violate and return to prison or civilly confined
 - > Civilly confined individuals released to SIST

Strict and Intensive Supervision and Treatment (SIST)

(Community-Based Civil Management)

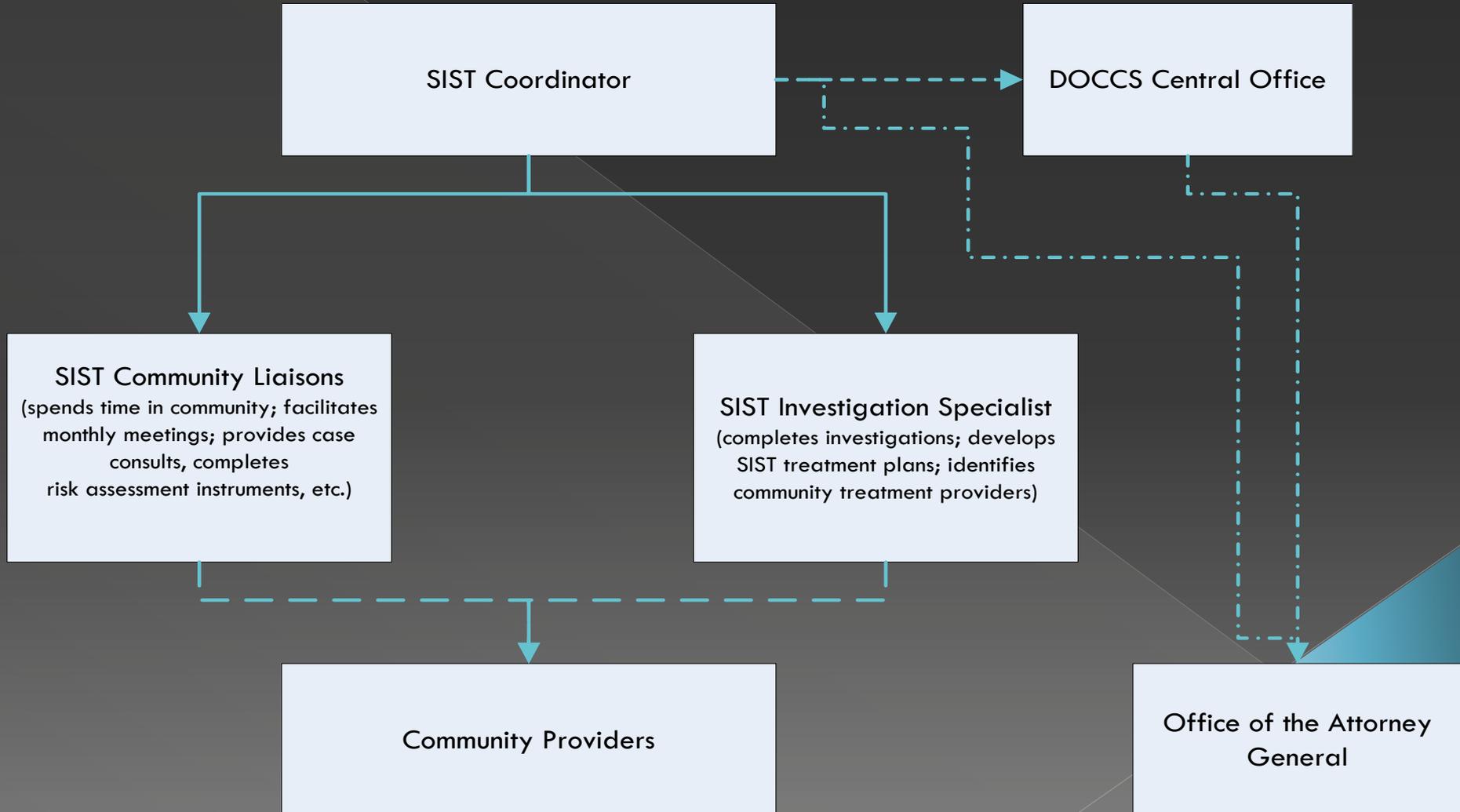
Strict and Intensive Supervision and Treatment (SIST)

- Regimen of supervision and treatment in the community
- Ordered by Court when a detained sex offender has been found to suffer from a mental abnormality but has not been found to be a dangerous sex offender **requiring confinement** in a secure treatment facility

Strict and Intensive Supervision and Treatment (SIST)

- ◉ Civil status
- ◉ Supervision and treatment services provided to manage a respondent's risk to sexually reoffend
- ◉ Community Supervision (i.e., Parole) and OMH collaborate to develop and implement highly coordinated, structured approach to the community management
 - > Containment model

OMH SIST Organization Structure



SIST Investigation: Supervision and Treatment Planning

- ◉ OMH identifies respondent's treatment needs
- ◉ Community Supervision identifies supervision needs
- ◉ Discuss potential community issues:
 - > Residence availability
 - > Treatment availability
 - > Frequency/duration of treatment services
 - > Physical and medical issues requiring attention

SIST Investigation: Supervision Considerations

Community Supervision investigates proposed residence for community placement and determines:

- > Any victim issues
- > Conflicts with any local laws/regulations prohibiting residence
- > Public safety issues
- > Level of support for the respondent's placement and service needs
- > Transportation difficulties
- > Prior history of violence
- > Absconding
- > Compliance with supervision and treatment
- > Other pertinent risk factors

SIST Investigation: Treatment Considerations

- Frequency/intensity of sex offender treatment and where necessary:
 - Mental Health Services
 - Case Management Services
 - Substance Abuse Treatment
 - Anger Management
 - Medical Services
 - Transportation needs

SIST Investigation Cont.

- ◉ Once potential residence and treatment providers are identified, case issues are discussed with all parties including the current treatment provider
- ◉ OMH forwards referral materials to community providers and discusses reporting and payment issues with identified providers; obtains agreements to service provision
 - OMH is payee of last resort for sex offender treatment services

SIST Release Planning

- ◉ Court order received from OAG
- ◉ Timeline for release varies generally 3-4 weeks
- ◉ Community Supervision confirms residence availability; sets up transportation plan
 - The inability of offenders to secure affordable and adequate housing and employment is among the most significant barriers to effective reentry
- ◉ OMH arranges appointments with community providers and verifies first appointments take place
- ◉ Any medication issues are addressed – 2 week supply & prescription provided upon release

SIST Supervision:

Examples of Supervision Conditions

- ◉ Minimum requirements of 6 face to face contacts per month
- ◉ Minimum six collateral contacts per month
- ◉ If DSS housing, provision of notice to local Commissioner
- ◉ Active GPS required; restrictions on movement
- ◉ Polygraph
- ◉ Limit or deny internet access
- ◉ Prohibition on victim contacts or persons of similar victim typology
- ◉ Release of information agreement
- ◉ Specified course of treatment compliance
- ◉ Coordination with treatment providers
- ◉ Substance Abuse Testing
- ◉ Caseload size 10:1

Case Monitoring: SIST Monthly Meetings

- All members participate in a monthly interagency meeting:
 - > Treatment providers
 - > Parole Officer
 - > OMH SIST Community Treatment Development Specialist (i.e., SIST Liaisons)
 - > Other appropriate participants
- Significant time and resources are devoted to monitoring cases
- Issues related to community supervision and treatment progress (sex offender, mental health, substance abuse, and/or medical) are discussed
- Discuss individual's overall safety in the community and treatment needs

Case Monitoring

- SIST Liaisons complete Stable-2007 & Acute-2007
- Team work and coordination integral part of the case monitoring process
- Through ongoing collaboration and coordination, the team is able to make recommendations for adjustment to the supervision and/or treatment plan to remain consistent with the individual's needs

OMH Support to SIST Community Providers

- ◉ OMH provides support:
 - > Risk assessment tools
 - > Training
 - Lunch and Learns
 - > Case consultation
 - > Program consultation
 - > Listserv-network with other providers
 - > Treatment funds
 - > Transportation needs

SIST Violation Process

- Serious or repeated violations of SIST conditions = taken into custody and a psychiatric evaluation is ordered
- Psychiatric evaluation must be conducted within 5-days
- Failure to file a petition within the 5-day time frame does not affect the validity of the petition or any subsequent action
- Purpose of psychiatric evaluation to determine whether modifications are needed to the SIST Order (e.g., supervision and/or treatment plan), or whether the individual is a dangerous sex offender in need of confinement

SIST Violations per Year

(as of 9/30/11)

Year	Parole & SIST Status		SIST Only Status	
	Sexual* Violation	Technical Violation	Sexual* Violation	Technical Violation
2007	1	1	0	1
2008	1	3	4	17
2009	0	16	2	15
2010	2	3	3	12
2011	0	5	2	10
Total	4	28	11	55

* Only 2 SIST respondents were charged with a sexual crime.

SIST Numbers (as of 1/6/12)

- Total SIST Orders – 114
 - > Active SIST Orders – 82
 - > In the community – 58
- Violators – 68 (107 violations)
 - > Violators in the community – 18
 - > Violators confined – 28

Effectiveness of SIST

- Petition to revoke a SIST order or modify the conditions of SIST should not be construed as a failure of the containment model
- Such actions represent early interventions in which the team quickly responds to problem behaviors which, if left unchecked, may contribute to offender relapse

NYS Civil Management: OMH Estimated Costs

- ◎ Secure treatment
 - > \$175,000 per year per respondent
- ◎ SIST
 - > \$30,000 per respondent per year (for treatment reimbursed by OMH and supervision provided by Parole)

Lessons Learned: Building Collaborations

- Importance of building collaboration
 - > When SOMTA first enacted, series of in-person meetings with stakeholder agencies
 - > Developed working relationship with Community Supervision
- Daily communication with Community Supervision

Lessons Learned:

Working with Community Providers

- ◉ In-person meetings/training (OMH and Community Supervision) around the state with:
 - > Sex offender community treatment providers
 - > Community Supervision field offices
 - > County mental health clinics
 - > Case management agencies
 - > Substance abuse clinics
 - > County executives

Lessons Learned:

Working with Community Providers

- ◎ Problem Solving with resistant agencies
 - > Developed scheduling systems – 1st or last appointment of the day
 - > Rotating referrals – all referrals don't go to same clinic
 - > Open communication with providers/counties
 - > Helping address fears – education regarding specific offender returning to community under SIST
 - Suggestions regarding appropriate therapist to work with offender
 - Reassurance that addressing mental health needs = not treating sex offending behaviors

Lessons Learned (Cont)

- Replaced Graduated Sanctions with Graduated Responses
 - > Focus on helping the offender transition successfully and remain in the community
 - > Education to CJ agencies on importance of trying to keep offenders safely in the community
- Case conferencing with OMH Bureau Chief Psychologist, Community Providers, Community Supervision
- Clear policies, expectations, procedures
- Referral packet information
 - > Increased information available to local providers
 - > Reintegration conference calls

Questions?

- ◎ Contact information:

- > Naomi J. Freeman, Ph.D. (Bureau Director)
 - naomi.freeman@omh.ny.gov
- > Noel C. Thomas, MA (SIST Coordinator)
 - Noel.C.Thomas@omh.ny.gov