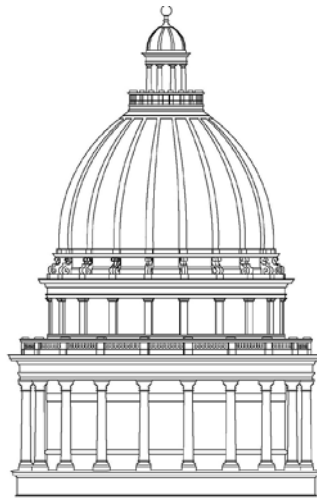


REPORT TO THE
UTAH LEGISLATURE

Number 2017-04



**A Performance Audit of the
Sex Offender Treatment Program**

April 2017

Office of the
LEGISLATIVE AUDITOR GENERAL
State of Utah



STATE OF UTAH

Office of the Legislative Auditor General

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AUDITOR GENERAL

April 2017

TO: THE UTAH STATE LEGISLATURE

Transmitted herewith is our report, **A Performance Audit of the Sex Offender Treatment Program** (Report #2017-04). A digest is found on the blue pages located at the front of the report. The objectives and scope of the audit are explained in the Introduction.

We will be happy to meet with appropriate legislative committees, individual legislators, and other state officials to discuss any item contained in the report in order to facilitate the implementation of the recommendations.

Sincerely,

John M. Schaff, CIA
Auditor General

JMS/lm

Digest of A Performance Audit of the Sex Offender Treatment Program

Because of the irrefutable harm that sexual offenses cause their victims and the fear it generates, an offender's subsequent reoffending is of great public concern. The prevention of future sexual crimes relies heavily on effective treatment to reduce recidivism. For this purpose, the Utah Department of Corrections (UDC) manages the Sex Offender Treatment Program (SOTP) at the Utah State Prison (prison) located in Draper and contracts sex offender treatment in two county jails. Utah's Board of Pardons and Parole (BOP) has releasing authority and generally requires successful completion of the SOTP before releasing offenders on parole.

Chapter II SOTP Has Poor Management and Oversight

Weak Oversight Contributes To Program Deficiencies. The division's failure to monitor and hold SOTP management accountable has allowed program deficiencies to continue. SOTP is not in compliance with several statutes that require they use the most current evidence-based practices, and that they establish goals and performance measures. Also concerning, SOTP management failed to implement many recommendations made by the Utah Criminal Justice Center (UCJC), and the division failed to monitor SOTP's implementation of those recommendations. More consistent communication between SOTP management and the division is needed to help the division monitor the progress of SOTP. It is important to note that a new division director was hired in May 2016.

Management Does Not Track Program Performance. SOTP management does not track program performance, which is an important aspect of good management. This information can help inform management of the efficiency and effectiveness of the program. SOTP should create performance goals and a process to evaluate those goals. In addition, SOTP should develop a formalized process to ensure the same quality of treatment is provided at all locations and by all therapists. Neither the division nor SOTP management have established performance measures, an evaluation process, or a formalized process to evaluate consistency of treatment.

Management Has Not Utilized Resources Efficiently or Effectively. SOTP management squandered opportunities to treat additional sex offenders by not using existing resources. The inefficient and ineffective use of staff and allocated positions reduced the number of offenders who could be treated at any given time and contributed to sex offender waitlists and costs.

Chapter III Treatment Model Needs Updating

SOTP Treatment Model is Not in Compliance with Statute. SOTP fails to comply with statute that requires the program to use “the most current best practices ... by recognized scientific research.”¹ According to the 2014 UCJC evaluation of SOTP, the curriculum used, and the program itself, lacks scientific evidence that they reduce recidivism. This evaluation also recommended that SOTP incorporate more evidence-based practices like those based on Risk, Needs, and Responsivity (RNR) to maximize the effectiveness of the program.

SOTP Needs More Timely And Effective Assessments. Assessment tools help decision makers make informed decisions on sex offender treatment, including what type of treatment is needed for an offender and where treatment should be provided (prison vs. community). SOTP currently administers various assessments including those related to sex offense recidivism and deviant sexual arousal. However, SOTP has not fully implemented evidenced-based practices recommended by UCJC. SOTP does not administer pre and post assessments, nor do they effectively use static risk assessments. The latter deficiency has the potential to make low-risk sex offenders worse. In addition, SOTP’s use of a sexual arousal assessment is inconsistent with other states and lacks policy.

SOTP Lacks Specialized Treatment For Offenders with Disabilities. Due to disabilities, some sex offenders can be removed and reenter SOTP multiple times, lengthening their stay in prison. A sample of ten sex offenders with disabilities shows that they have a difficult time completing SOTP, despite some accommodations made for their learning and mental health disabilities. Evidence-based practices recommend that treatment be delivered in a manner that is responsive to the individual’s learning style and cognitive abilities to ensure maximum treatment effectiveness. This lack of adequate accommodations for offenders with disabilities is concerning to advocacy groups and led to a settled law suit.

Chapter IV Program Efficiencies Can Improve Treatment Backlog

Delays Due to Inefficient Use of Resources Increase Overall Costs and Length of Stays. Sufficient and effective sex offender treatment is essential to ensure public safety and prevent future sexual offenses. However, SOTP’s inefficient use of resources contributed to a waitlist of offenders awaiting treatment which delays their parole dates. In fiscal year 2016, waitlist delays cost an estimated \$678,000. These costs and delays will likely continue

¹ *Utah Code* 64-13-25(1)(d)(ii)

to grow if SOTP does not address program deficiencies. However, maximizing the use of current resources can decrease the waitlist, saving the state money. Until SOTP eliminates inefficiencies, evaluating the need for additional funding to address the backlog would not be prudent.

Treating Low-Risk Offenders Less Intensively or Outside of Prison Will Reduce Waitlist and Costs. Evidence-based practices show that sex offenders with different levels of risk of reoffending should be treated differently. However, BOP generally requires that sex offenders, regardless of risk, receive the same treatment in prison. This leads to an inefficient use of limited funding because low-risk offenders may receive minimal to no benefit from intensive treatment in prison. Requiring low-risk offenders to receive less intensive treatment in prison or offender-paid treatment in the community represents opportunities for reducing the waitlist and its costs. Though BOP and SOTP are reportedly making progress in this area, SOTP and BOP need to adopt policies on how assessed risk influences treatment intensity and setting. Ultimately, only BOP has the authority to parole sex offenders.

REPORT TO THE UTAH LEGISLATURE

Report No. 2017-04

A Performance Audit of the Sex Offender Treatment Program

April 2017

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Chapter I

Introduction

Because of the irrefutable harm that sexual offenses cause their victims and the fear it generates, an offender's subsequent reoffending is of great public concern. The prevention of future sexual crimes relies heavily on effective treatment to reduce recidivism. For this purpose, the Utah Department of Corrections (UDC or Corrections) manages the Sex Offender Treatment Program (SOTP or the program) at the Utah State Prison (prison) located in Draper and contracts sex offender treatment in two county jails. Utah's Board of Pardons and Parole (BOP or board) has releasing authority and generally requires successful completion of the SOTP before releasing offenders on parole.

Recidivism rates for sex offenders are typically lower than rates for other offenders, with the recidivism rate for paroled UDC sex offenders who have committed at least one new crime, reported to be six percent. In this audit, we examined the impact SOTP has on reducing sex offender recidivism and identify ways to maximize the reduction of recidivism. This report also reviews concerns with the overall management and efficiency of SOTP's operations. These efficiency concerns should be addressed before determining whether additional funds are needed to deal with the current backlog in sex offender treatment.

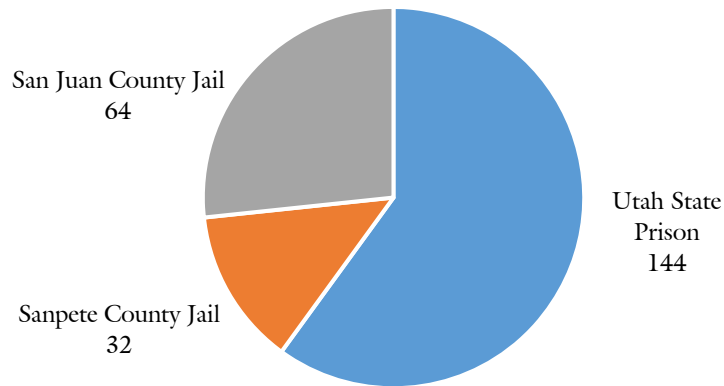
Sex Offender Treatment for State Inmates is Offered at the Prison and County Jails

UDC provides sex offender treatment under the Institutional Programming Division at the prison, and contracts out sex offender treatment to Sanpete County Jail in Manti and San Juan County Jail in Monticello. Corrections also provides sex offender treatment at Community Correctional Centers (CCCs), also known as half-way houses, located in Salt Lake City and Ogden for paroled sex offenders.

Figure 1.1 shows that SOTP can currently provide treatment for 240 people in three prison system locations.

Prevention of future sexual crimes relies heavily on effective treatment.

Figure 1.1 SOTP has the Capacity to Treat 240 Sex Offenders at a Time. Sixty percent (144) of sex offenders are treated at the prison.



Source: UDC

Those inmates with medical concerns are typically treated at the prison, which contains 60 percent of the treatment capacity. Outside the prison system, Adult Probation and Parole treat another fifty sex offenders in the CCCs. Our audit reviewed the sex offender treatment offered at all locations.

Utah's SOTP Exists to Prevent Future Sexual Offenses

Most sexual offenders will eventually be released from prison. To prevent future sexual offenses, SOTP provides tools to help offenders manage and change their illegal behaviors. Completing SOTP is generally a requirement to be paroled, but must be entered voluntarily. SOTP is currently a one-size-fits-all program, with all offenders receiving similar classes, assignments, and treatment duration.

The Board of Pardons Determines Treatment And Release of Sex Offenders

BOP is the releasing authority for all state inmates. Because of Utah's indeterminate sentencing structure, the board has considerable discretion over when to release inmates. For example, the basic sentence terms are:

- Zero to five years for third-degree felonies
- One to fifteen years for second-degree felonies
- And a minimum of five years to life for first-degree felonies

Most sex offender treatment occurs at the prison.

Generally, offenders must complete treatment before they can be paroled.

The board generally requires that sex offenders successfully complete sex offender treatment in prison before they will be considered for parole. However, a few are paroled to CCCs to complete sex offender treatment.

Currently there is a backlog of sex offenders awaiting treatment. Because of this backlog, a number of sex offenders were not able to enter treatment in time to complete it by their board rehearing date, lengthening their incarceration. In Chapter IV, we look at the costs associated with this backlog in treatment, as well as the potential of providing less treatment to low-risk sex offenders or releasing them to receive treatment in the community by a certified private provider.

Most sex offenders who complete SOTP in prison or at a CCC are generally required to complete sex offender aftercare treatment in the community as a condition of parole. This treatment is paid for by the offender and includes group and individual therapy provided by an approved provider.

SOTP Is Currently a One-Size-Fits-All Program

Sex offenders, regardless of their risk level, are required to complete similar classes and assignments with treatment typically lasting 18 months. Sex offender treatment involves up to four hours of group therapy a week with a therapist. Groups are composed of eight offenders who also meet without their therapist for an additional 2 hours of group meetings each week to go over set assignments. Psychoeducational classes such as Thinking Errors, Anger Management, and Relapse Prevention are also part of treatment. The focus of treatment includes

...self-awareness, accepting responsibility for their crimes, victim empathy, understanding deviant sexual behavior is controllable, the offender's understanding of their deviant sexual cycle, the dynamics of their sexual behavior, arousal patterns and relapse prevention skills.

Treatment backlog leads to longer incarceration for offenders.

Sex offender treatment is delivered through group therapy.

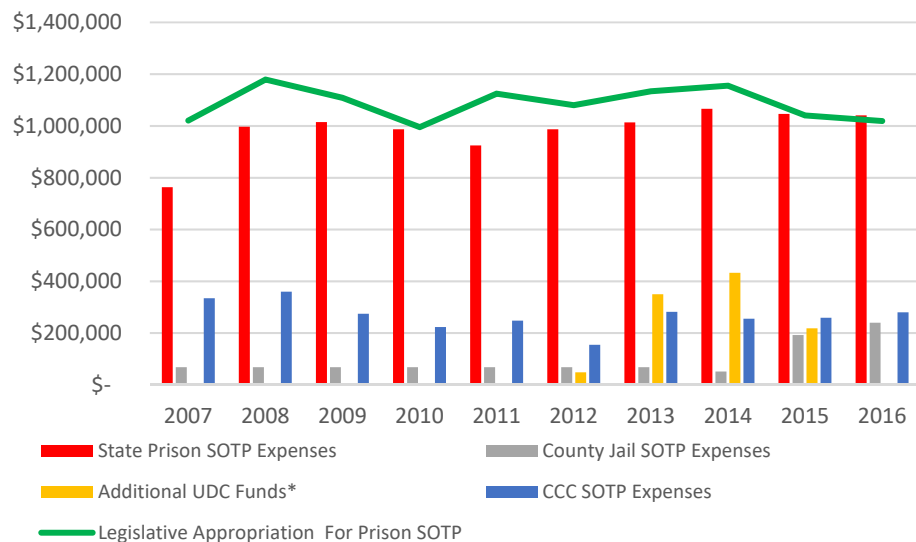
Treatment is more effective when it addresses individual offender needs.

The treatment program is a one-size-fits-all program, with little variation based on individual needs or an inmate's risk of recidivism. Evidence-based practices show treatment is much more effective when it addresses the individual needs and learning styles of the offender. However, SOTP's one-size-fits-all program does not have this flexibility, as will be discussed in Chapter III. No individualized treatment is provided at the prison. Reviewing the consistency of treatment provided by therapists is another concern looked at in Chapter II.

Expenses are Growing While Specific SOTP Appropriations Remain Level

Over the last ten years, SOTP's primary funding was a General Fund Appropriation designated for sex offender treatment that ranged from \$1 to \$1.2 million, shown by the green line in Figure 1.2.

Figure 1.2 Total SOTP Expenditures from 2007 to 2016. UDC has used non-lapsing and other programing funds to supplement sex offender treatment in prison.



Source: UDC and FINET

*Unspent programming funds and \$200,000 in non-lapsing funds in 2013

This programming appropriation was used to fund sex offender treatment at the prison with expenses shown by the red bars. UDC management says that expenses did not always match what was budgeted due to the need to find savings during the recession, and the difficulty over the years in hiring and keeping a third psychologist.

Sex offender treatment funds also come from several additional sources. Sex offender treatment in the CCC's, shown by the blue bars, averaged \$267,000 annually over the past ten years with funding coming from Adult Probation and Parole. Funding for county SOTP currently comes from the Inmate Placement Program. County Jail SOTP expenses shown by the grey bars were level, funding one therapist in San Juan County Jail, until fiscal year 2015 when two more therapists were added. One therapist was hired at San Juan County Jail and one at Sanpete County Jail.

UDC recognized the need for increased program capacity. From 2012 to 2015, Corrections used programming and non-lapsing funds (shown by the gold bars in Figure 1.2) to contract for six additional sex offender therapists. This temporary, supplemental funding was accounted for separately. Total expenses for sex offender treatment have grown from a low of \$1.165 million in fiscal year 2007 to \$1.56 million in fiscal year 2016. However, the impact of inflation has decreased the overall buying power of sex offender funding (further discussed in Chapter IV).

SOTP currently has a backlog of sex offenders waiting to enter the program. In this report, we identify efficiencies that can further decrease the backlog, such as: using therapist resources more efficiently, treating low-risk offenders in the community, and administering treatment dosages by risk level. These efficiencies should be addressed before additional resource needs are evaluated.

Studies Show Sex Offender Treatment Can Further Reduce Recidivism of Sex Offenders

Research shows sex offender treatment can effectively reduce sexual recidivism and increase public safety. A 2010 U.S. Department of Justice report analyzed many studies on the effectiveness of sex offender treatment programs and found significant differences between the recidivism rates of treated and untreated sex offenders. It reported that recidivism rates are also much better for those sex offenders who completed treatment than those who dropped out. A 2009 review of many such studies by Public Safety Canada showed a 76 percent decrease in sexual reconviction rates for treated offenders compared to untreated offenders. However, not all sex offender

Treatment in the counties expanded in 2015.

Eliminating inefficiencies can decrease the backlog of sex offenders awaiting treatment.

Effective treatment leads to fewer sexual reoffenses.

**Low-risk offenders
may benefit more from
community treatment.**

treatment programs are the same, and those that incorporate evidence-based practices have a greater impact in reducing recidivism.

The Association for the Treatment of Sexual Abusers is a international organization that promotes evidence-based practice in sex offender treatment and management. They state that programs not incorporating evidence-based treatment approaches are less likely to reduce sexual recidivism. As will be discussed in Chapter III, incorporating more evidence-based practices into SOTP's current program will maximize the program's effectiveness in reducing recidivism for sexual offenders.

Not all sex offender treatment needs to be administered while the offenders are in prison. Research by the Utah Commission on Criminal and Juvenile Justice shows that treatment can be more effective in the community. The benefits of treating low-risk sex offenders in a community setting are further discussed in Chapter IV.

Audit Scope and Objectives

We were asked to review the efficiency and effectiveness of SOTP offered by UDC and look at the processes used to determine when and where offenders receive treatment. As part of the request we also reviewed the effectiveness of using community treatment versus in prison treatment, the removal and transfer process for sex offender treatment, the impact of the treatment backlog on length of stays, and the communication between the BOP and UDC. The following chapters address risk areas and offer recommendations.

- **Chapter II** – This chapter highlights concerns with the management of SOTP, non-compliance with statute, measuring performance, and inefficiencies in resource use.
- **Chapter III** – This chapter reviews the need to update the current treatment model, conduct more effective assessments, and provide more services sex offenders with disabilities can complete treatment.
- **Chapter IV** – This chapter reviews cost of delays in treatment, efficiency of operations, treating low-risk sex offenders in community settings or less intensively, and SOTP communication with BOP.

Chapter II

SOTP Has Poor Management and Oversight

Poor management and oversight from the Institutional Programming Division (division) and within the sex offender treatment program (SOTP or program) has contributed to significant deficiencies. These deficiencies include:

- Failure to follow statute
- Failure to address recommendations identified in previous reviews
- Poor communication between SOTP and the division

In addition to these deficiencies, SOTP management failed to establish measurable goals and performance metrics. This failure limits management's ability to evaluate the efficiency and effectiveness of the program, providing no objective information for the division to monitor their progress. Finally, SOTP and the division need to ensure that employees are given duties related to providing therapy, and that job vacancies are advertised at competitive salaries to better use existing resources and allotted positions.

Weak Oversight Contributes To Program Deficiencies

The division's failure to monitor and hold SOTP management accountable has allowed program deficiencies to continue. SOTP is not in compliance with several statutes that require they use the most current evidence-based practices, and that they establish goals and performance measures. Also concerning, SOTP management failed to implement many recommendations made by the Utah Criminal Justice Center (UCJC)², and the division failed to monitor SOTP's implementation of those recommendations. More consistent communication between SOTP management and the division is

Insufficient oversight of SOTP contributed to non-compliance with statute and the failure to implement recommendations from evaluations.

² UCJC is a collaborative partnership between the University of Utah and the Utah Commission on Criminal and Juvenile Justice that supports interdisciplinary research, teaching, and training in the areas of criminal and juvenile justice.

needed to help the division monitor the progress of SOTP. It is important to note that a new division director was hired in May 2016.

UDC is Not in Compliance with Statute

Currently, the Utah Department of Corrections (UDC) and SOTP are not in full compliance with statute. *Utah Code* 64-13-25 requires:

- SOTP standards be evidence based
- An internal audit every three years
- The creation of performance goals and evaluation based on those goals

Division management should monitor SOTP to ensure they are in compliance with all statutes.

Statute Requires Sex Offender Treatment Standards Based on the Most Current Evidence-Based Practices. Some of SOTP's curriculum is over 15 years old, and the program lacks many current evidence-based practices. Statute mandates that "the standards shall require the use of the most current best practices demonstrated by recognized scientific research to address an offender's criminal risk factors."³

In 2014, a UCJC review of SOTP found that the current group curriculum and program lacked studies supporting its effectiveness at reducing recidivism. It also recommended SOTP incorporate more evidence-based practices into their program. In Chapter III of this report, we further address the need for more evidence-based practices in SOTP.

Statute Requires SOTP Should Have an Internal Audit Every Three Years. The last internal audit involving SOTP was performed in 2011. This was an audit of the division and was not specific to SOTP. *Utah Code* states, "At least every three years, the department shall internally audit all programs for compliance with established standards."⁴ Although an external evaluation was commissioned by the Utah Commission on Criminal and Juvenile Justice in 2014, this was not an internal audit. The division should ensure that SOTP uses

SOTP has not updated the program in over eight years.

Statute requires an internal audit of SOTP every three years. SOTP's last internal audit was completed in 2011.

³ *Utah Code* 64-13-25(1)(d)(ii)

⁴ *Utah Code* 64-13-25(2)(a)

internal audits and other evaluations as tools to drive improvements in SOTP.

Statute Requires Performance Goals and Their Evaluation.

Currently, SOTP management does not have performance goals or measures. *Utah Code* states:

The department shall establish performance goals and outcome measurements for all programs that are subject to the minimum standards established under this section and shall collect data to analyze and evaluate whether the goals and measurements are attained.⁵

While the division follows one annual SOTP measure (completion rates compared to funding), the absence of performance goals and measures limits the amount of information management can use to monitor progress.

The division and SOTP management should work together to ensure all statutes are followed. In addition to the lack of statutory oversight, the division and SOTP management failed to address concerns raised by internal and external evaluations.

SOTP Management Has Not Addressed Concerns From Two Previous Reports

SOTP has had the opportunity to benefit from independent program evaluations, but has failed to implement evaluation recommendations. In recent years, UCJC and UDC internal auditors have found areas for program improvement. Many of the recommendations made in these examinations mirror our concerns. However, SOTP management has not addressed the concerns found in these reports.

Management Has Not Addressed Recommendations from a 2014 SOTP Evaluation. In 2014, the Utah Commission on Criminal and Juvenile Justice commissioned UCJC to complete a review of SOTP based on the Correctional Program Checklist. This review contains 39 recommendations for SOTP. We found little evidence that the SOTP director or division management attempted to fully implement the recommendations. Many of the recommendations

The division only follows one annual performance measure.

Recommendation from the 2014 UCJC evaluation were not fully implemented.

⁵ *Utah Code* 64-13-25(4)

The division has not implemented recommendations from a 2011 internal audit.

found in this evaluation will be addressed throughout this report, such as the need for increased oversight by the SOTP director, improved evaluations, and updating the program to match evidence-based practices. SOTP and division management should take steps to implement these recommendations to improve the program.

The Division Has Not Implemented Recommendations from a 2011 Internal Audit. In 2011, UDC internal auditors performed an audit of the division and provided two recommendations. They recommended that:

- The division should develop a systematic evaluation scheme that extends from the inception of the program to its completion.
- The division ... should regularly evaluate the success or failure of inmate and offender programs to maximize efficiency in resource allocation.

While previous division management stated they supported the recommendations, we find no evidence of SOTP implementation. Neither division nor SOTP management regularly track and evaluate SOTP. Currently, the division tracks one measure of SOTP performance (completion rates compared to funding), which is not sufficient to evaluate the operations of a program. In addition, we find the lack of division oversight concerning, and will address it in detail throughout this report. Issues include: lack of peer reviews and performance measures, utilization of SOTP resources, implementation of evidence-based practices, and a growing SOTP waitlist.

Communication Between Levels of Management Not Sufficient

One concern is the lack of formal communication between SOTP management and the division. The Institute of Internal Auditors (IIA) states that:

Breakdowns in communication are often the root cause of control deficiencies. When there are barriers in the

communication process, misunderstandings, inefficiencies, mistrust, and conflict occur among individuals and groups.

Typically, formal, regular meetings help facilitate this communication by creating expectations, providing regular updates, and addressing concerns. Unfortunately, SOTP staff meetings occur at the same time as the division director's leadership meetings. This prevents the SOTP director from attending the division directors' meetings, limiting contact. It has been reported that most issues are communicated via email.

We also have concerns with performance evaluations of the SOTP director. Division management indicated that expectations outlined in the SOTP director's performance plans have been met. However, after review, we found that expectations were not met. For example, one plan indicated that the SOTP director would establish performance criteria and develop and update the program. The performance review for the SOTP director indicated that SOTP was using evidence-based practices; however, we found this is not the case. Inaccurate performance evaluations are concerning because they indicate that division management is not providing the SOTP director proper feedback or holding the director accountable. Steps must be taken to improve communication and accountability. The IIA lists the following as effective governance principles:

- Establish a governing policy for the operation of key activities of the organization.
- Set and enforce clear lines of responsibility and accountability throughout the organization.
- Secure appropriate oversight by management, including establishment and maintenance of a strong set of internal controls.

UDC should ensure these principles are instituted in their governance of SOTP. Policies are needed to ensure regular monitoring and oversight.

SOTP director failed to meet regularly with the division director.

Performance evaluations do not accurately reflect actual performance.

Management Does Not Track Program Performance

SOTP management does not track program performance, which is an important aspect of good management. This information can help inform management of the efficiency and effectiveness of the program. SOTP should create performance goals and a process to evaluate those goals. In addition, SOTP should develop a formalized process to ensure the same quality of treatment is provided at all locations and by all therapists. Neither the division nor SOTP management have established performance measures, an evaluation process, or a formalized process to evaluate consistency of treatment.

SOTP Needs Performance Goals And an Evaluation Process

SOTP does not have a process to continually evaluate the program. A key component of good management is planning and evaluation. Evaluating performance of a program can help guide decision making, improve accountability, and help improve effectiveness. Figure 2.1 illustrates how performance measures and evaluations can be incorporated into the management process.

SOTP does not have a process to continually evaluate the program.

Figure 2.1 Performance Measures and An Evaluation Process Should Be Incorporated into the Management Process. Setting goals and evaluating those goals can help improve the operations of a program.



Source: Auditor Chart

Mission statements and strategic plans help describe long-term goals, and clearly identify what the program does. Agencies can then set goals and objectives that help the program or organization accomplish their mission and strategic plan. With measurable goals and objectives, management can continually monitor performance and evaluate what is being done to accomplish the task. The evaluation process allows management to make changes to ensure the program is efficient and effective.

SOTP does not have formal measurable goals or a strategic plan for the program. Performance measures and continual evaluations provide historical information to help the division and SOTP ensure the program operates effectively. Currently, the division follows only one SOTP performance measure, completion rates compared to funding. This is not sufficient to ensure SOTP is operating efficiently and effectively.

UDC has the capability to provide evaluation information; however, management has not utilized this resource. With the data provided by Research and Planning at UDC, we calculated numerous program statistics for the last three years, including:

- Completion rates
- Removal rates
- Number of inmates requiring treatment
- Number of inmates entering treatment each year

For example, we found that on average, just over 42 percent of inmates are removed from treatment. We conducted a review and found that SOTP is justified in the removal of inmates. While removals are generally the fault of the inmate, SOTP could review why some inmates are removed and implement changes in the program to help inmates stay in treatment. Removals from SOTP affect SOTP's ability to reduce the waitlist. After inmates are removed, they reappear on the waitlist before reentering. This further lengthens the waitlist. If more inmates were successful their first time in SOTP, it would reduce the waitlist and help ensure inmates receive needed treatment prior to their release.

Surrounding states report low removal rates from treatment. Washington stated their removal rate was between seven and eight percent. Idaho stated they have made changes to their program to reduce the number of inmates removed from their programs.

UDC has the capability to provide evaluation information, but SOTP management has not utilized this resource.

SOTP removes 42 percent of inmates who enter the program.

Surrounding states have lower removal rates than Utah.

Colorado has stated removals are improved and were down to 30⁶ inmates in 2016 (in a program that has 500 treatment slots), and Idaho has almost no removals. In comparison, SOTP's removal rate of 42 percent appears high. UDC and SOTP should decide appropriate measures and benchmarks to evaluate the effectiveness and efficiency of the treatment of sex offenders.

In addition, we believe it would be beneficial for SOTP to track the number of inmates requiring treatment and the number of inmates entering treatment each year. This information can help inform SOTP management of future capacity needs and enable them to keep pace with future rehearing dates. As of October 2016, 116 inmates awaiting treatment had a scheduled rehearing in 2018 that requires them to complete SOTP by that date. These individuals should have entered SOTP at least 18 months prior to their rehearing date in order to complete the program on time. Analyzing this information can help management understand whether they currently have the resources to provide sufficient treatment.

SOTP Needs a Formalized Peer Review Process

In addition to the lack of performance measures and an evaluation process, SOTP management does not engage in a consistent peer review process to ensure treatment operates consistently across all locations (prison and county jails) and therapists. There is no formalized process for reviewing treatment quality by therapists or treatment locations. SOTP should develop a formalized process to ensure the same quality of treatment is provided at all locations and by all therapists.

Formal reviews of therapists and treatment locations can reveal differences in treatment. It is important to understand these differences to ensure any deviations are clinically acceptable. Figure 2.2 shows how treatment lengths differ among treatment locations.

SOTP does not engage in a consistent peer review process for therapists.

⁶ Colorado did not provide their exact removal rate nor were we able to calculate this rate since we did not know the number of inmates who entered treatment. However, given the program has 500 treatment slots, removing only 30 inmates from treatment would likely result in a low removal rate.

Figure 2.2 There are Differences in Length of Treatment Between the Various Locations. On average, it takes 17.9 months to complete SOTP at the prison, 17.4 months in Sanpete County Jail, and 13.7 months in San Juan County Jail.

Location	Less than 12 Months	Between 12 and 18 Months	Greater than 18 Months
Prison	8 %	49 %	43 %
Sanpete County Jail	0	71	29
San Juan County Jail	19	77	3

Source: SOTP data

Note – Data only includes successful completions of SOTP.

While the differences in treatment time are not an indication of ineffective treatment, SOTP should be aware of any outcome differences among treatment locations. For example, inmates at San Juan County Jail complete SOTP on average 4 months quicker than the other locations. SOTP should be aware that therapy differs by location and understand why this is happening.

The SOTP director has not been consistent in visiting and reviewing the treatment at the county jails. This is very concerning as the 2014 UCJC evaluation recommended that:

- The program director meet at least bi-monthly with the therapists at the county jails
- The program director provide clinical supervision on a consistent basis
- All staff members be formally assessed at least annually

While there is some evidence that the director has been in contact with the county jails, this contact is not part of a formal process to ensure consistent and effective treatment is being provided. SOTP should develop a formalized process to review all treatment locations and therapists. To the credit of the new Director of the Institutional Programming Division, a peer review worksheet has been created to be used quarterly. While we support this effort, the process needs to be adopted in formal policy, and the peer review worksheets used need to be treatment program specific.

Inmates at San Juan County Jail complete SOTP four months quicker than all other treatment locations.

There is no formal review process to ensure consistent and effective treatment is being provided.

Management Has Not Utilized Resources Efficiently or Effectively

SOTP management squandered opportunities to treat additional sex offenders by not using existing resources. The inefficient and ineffective use of staff and allocated positions reduced the number of offenders who could be treated at any given time and contributed to sex offender waitlists and costs.

The number of sex offenders SOTP can treat at any given time depends on available treatment resources and how efficiently they are used. SOTP currently has eight staff positions that should be conducting therapy. However, one therapist performs duties in support of therapy but does not treat offenders, and one psychologist position has been vacant since August 2016. SOTP management and the division need to better use existing resources by ensuring employees are given duties related to providing therapy and job vacancies are advertised at competitive salaries. Issues related to other therapist tasks and turnover also affect the amount of treatment that can be administered, the offender waitlist, and associated costs.

Therapist FTE Not Currently Utilized for Offender Therapy

One full time equivalent (FTE) therapist position does not have a caseload of sex offenders. The lack of therapy caseload by the one therapist⁷ is inconsistent with UDC's performance expectations for the individual and contributes to the number of offenders waiting to receive treatment. Management should address this situation to more effectively use existing resources.

Employing a therapist who has not provided any group therapy for five years indicates mismanagement by SOTP. The therapist was granted telecommuting privileges in 2011 for three days a week, which makes it difficult, but not impossible, to carry a caseload of sex offenders. SOTP reports this therapist performs various duties in lieu of providing direct therapy. These duties include teaching psychoeducational classes, tracking offenders in prison, training other therapists, and producing reports for the Board of Pardons and Parole

One full time therapist position does not provide any group therapy.

⁷ This position is one of five sex offender therapist positions in the program.

(BOP). However, the therapist has not taught a psychoeducational class since May 2016.

The therapist could treat offenders during the two days worked at the prison but does not. The facility where the therapist works may have sufficient room scheduling flexibility to allow all the therapist's groups to be scheduled on the two days the therapist is present. Giving this therapist a caseload would enable SOTP to treat up to 32 additional sex offenders at any given time.⁸ SOTP should ensure their limited therapist resources are dedicated to treating offenders.

Non-Competitive Pay for Psychologists Limits Program Capacity

SOTP employs two psychologists in addition to sex offender therapists, with an open position for a third psychologist. Psychologists at SOTP maintain a caseload of one to two groups of eight offenders each. They also administer psychosexual evaluations and complete side projects. SOTP has struggled to hire new psychologists, likely due to non-competitive pay.

SOTP's difficulty hiring psychologist dates to at least 2015. A November 2015 job posting for a psychologist only had two applicants, ultimately resulting in a successful hire. SOTP received one application that met minimum qualifications (out of seven submitted) for a current psychologist position that has been accepting applications since June 2016. SOTP currently has the lowest and third lowest paid psychologists among 14 psychologists employed by the state⁹, all in positions requiring the same level of work experience. This problem can be illustrated by comparing pay ranges for SOTP and the Utah State Hospital, the primary employer of state psychologists in Utah. Figure 2.3 compares the pay ranges for psychologists at SOTP and the State Hospital¹⁰ as well as their hourly wages.

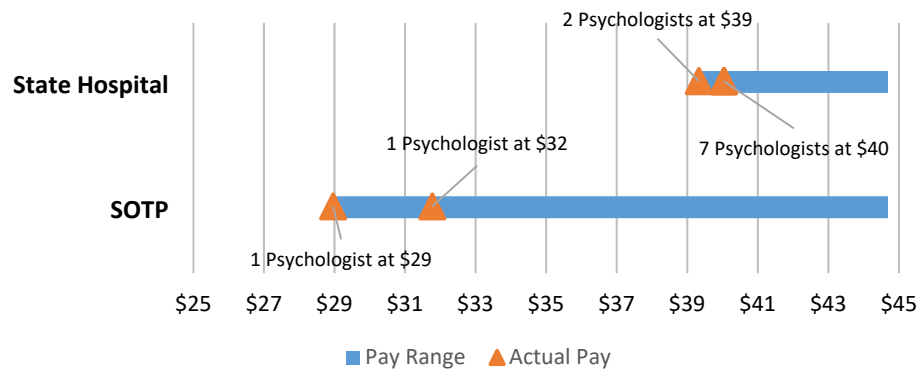
SOTP has been unable to fill a psychologist position since June 2016.

⁸ Having a caseload of 32 offenders in this instance would be difficult due the telecommuting arrangement.

⁹ The 14 psychologists are employed by the State Hospital and UDC. Nine psychologists work at the State Hospital while five work at UDC (two in SOTP, three in other areas of UDC).

¹⁰ The State Hospital employs nine psychologists, two at \$39.33 per hour and seven at \$40.04 per hour.

Figure 2.3 Pay Range for SOTP Psychologists Compared to State Hospital. The State Hospital has nine psychologists, all paid at a higher wage than the two SOTP psychologists.



Source: DHRM data and psychologist job postings

SOTP psychologists are paid well below State Hospital psychologists.

Both SOTP psychologists are paid below the low end of the pay range for psychologists at the State Hospital for jobs requiring similar work experience. SOTP and UDC should work with the Department of Human Resource Management to determine competitive pay for psychologists. Depending on the results of the compensation study, psychologist pay may need to be increased to attract qualified applicants and increase the number of sex offenders who can be treated at any given time.

Other Therapist Tasks Limit Treatment Hours

Most therapist time is not spent on direct therapy. While these other tasks support therapy and decision makers at BOP, they likely take time away from additional treatment.¹¹ Many of these supplemental tasks involve BOP-requested reports. SOTP and BOP should evaluate the balance between therapy and tasks that support therapy and when each type of BOP report is necessary. This is closely connected with issues concerning communication between SOTP and BOP, which are discussed in Chapter IV.

In a 40-hour work week, each SOTP therapist at the prison provides approximately 12 hours of group therapy.¹² The remainder of

¹¹ Additional treatment time could include longer or additional group sessions, or individual treatment.

¹² The 12 hours of group therapy includes 1.5 hour sessions per group, 2 sessions per group a week, and 4 groups total per therapist.

their time is spent writing group notes, reviewing offender assignments, administering risk assessments, drafting BOP reports, and other miscellaneous tasks. SOTP therapists have voiced concerns about BOP reports taking up increasing amounts of their work time, crowding out other tasks that relate more directly to therapy. On average, SOTP completes approximately 35 BOP-requested reports a month. SOTP estimates each report can take between one and four hours to complete, depending on the type of report and the amount of support work that is needed.

BOP and SOTP have discussed BOP reports in the past, addressing issues related to when certain reports should be used. However, no BOP policy exists for the type of reports or information they request from SOTP. SOTP has policies related to BOP reports; however, the policies do not provide guidance for all report types. The amount of time dedicated to these reports, combined with a lack of policy, is concerning in light of the sex offender waitlist and associated costs. SOTP and BOP need to assess the value of other therapist tasks, including BOP reports, and develop policies governing these activities to maximize the effective use of therapist time.

Use of Contract Therapists Raises Concerns

SOTP primarily uses contract therapists to provide sex offender therapy at the prison.¹³ While this arrangement may allow greater flexibility, contracting for therapy could lead to problems involving turnover and fewer offenders treated. Both issues lead to longer waitlists and additional costs. Therapist contracting costs are similar to hiring state employees but may lead to decreased therapist morale. SOTP and UDC should evaluate the costs and benefits of hiring state employees instead of contracting.

Contracting for Therapists May Increase Therapist Turnover. Using a contractor introduces problems when the contract comes to an end because of the possibility of turnover in therapist staff if another therapy contractor is chosen.¹⁴ Having a contract termination date can also contribute to therapist turnover before the contract goes

SOTP and BOP need to develop policies to maximize the effective use of therapist time.

SOTP uses contract therapists to provide sex offender treatment at the prison.

¹³ SOTP contracts with Intermountain Specialized Abuse Treatment Center.

¹⁴ A similar situation occurred after a temporary expansion of the number of SOTP contract therapists between 2012 and 2015. Six therapists left at approximately the same time when funding ended. This led to treatment delays.

out for bids. SOTP reports one of their contract therapists recently left for another job due to anxiety caused by the possibility of the contract ending. Any therapist turnover, complete or partial, can delay offender treatment and lead to longer waits and higher costs.

Contracting for Therapists Creates Inefficiencies. One of the contract therapists has a caseload of three groups instead of the standard four because the therapist manages contract billing and other administrative duties related to the contract. In addition, the SOTP director provides oversight over the contract, potentially taking time away from other duties. The contract directly decreased program capacity by at least one group (eight offenders). Therapist turnover, especially turnover associated with choosing a different therapy contractor, also contributes to program inefficiencies. SOTP reports offender treatment progress is temporarily slowed when a therapist leaves. The new therapist must develop relationships with offenders on their caseload and understand individual offender needs.

SOTP Could Hire State Employees for the Same Cost As Contracting For Therapy. The SOTP director stated SOTP started using contract therapist because of difficulties in attracting applicants for therapist positions. SOTP spent \$352,000 on the contract in fiscal year 2015 and \$334,000 in fiscal year 2016. These amounts are likely similar to the cost of hiring state employees. Figure 2.4 shows the estimated cost to hire four therapists at three different pay levels.¹⁵

Current contract costs are likely similar to the cost of hiring therapists as state employees.

Figure 2.4 The Cost of Hiring State Employees Is Likely Similar To Contracting. The cost for four therapists depends on exact salaries chosen.

Pay Level	Annual Salary	All Benefits	Total Cost to UDC*	Total Cost of Four Therapists
Min	\$ 42,640	\$ 24,794	\$ 73,860	\$ 295,441
Average	53,662	27,001	88,750	355,002
Max	71,427	30,558	112,749	450,996

Source: DHRM data

* Total cost includes annual salary, benefits, and all other costs paid by the employer

Total therapist compensation would likely increase if contractors were hired as state employees, but cost the state similar amounts. This is due to overhead associated with contracting with a private company.

¹⁵ These pay levels are derived from all current state-employed licensed clinical therapists in other departments.

Hiring employees could also improve morale by addressing complaints voiced by contract therapists about currently not receiving health benefits.

Recommendations

1. We recommend that the Sex Offender Treatment Program and the Institutional Programming Division review and implement recommendations from the Utah Criminal Justice Center evaluation.
2. We recommend that the Sex Offender Treatment Program and the Institutional Programming Division clearly define their governance and oversight roles in policy.
3. We recommend that the Sex Offender Treatment Program and the Institutional Programming Division create a strategic plan with goals, objectives, performance measures, and an evaluation process.
4. We recommend that the Sex Offender Treatment Program fully utilize existing therapist resources for therapy.
5. We recommend that the Utah Department of Corrections work with the Department of Human Resource Management to determine competitive pay to retain and hire psychologists.
6. We recommend that the Institutional Programming Division and the Sex Offender Treatment Program work with the Board of Pardons and Parole to assess the value of therapist tasks, including Board of Pardons and Parole requested reports, that take time away from direct therapy.
7. We recommend that the Sex Offender Treatment Program work with the Board of Pardons and Parole to develop policies to govern information requests and associated reports.
8. We recommend that the Institutional Programming Division evaluate the costs and benefits of hiring full time therapists instead of contracting for therapy.

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Chapter III

Treatment Model Needs Updating

Our review of the Sex Offender Treatment Program's (SOTP) treatment model found that it needs updating. Specifically, we found that:

- SOTP's treatment model is not in compliance with statute. A 2014 review by the Utah Criminal Justice Center (UCJC) concluded that the SOTP curriculum lacked scientific research supporting its ability to reduce recidivism. The review also recommended that SOTP incorporate several evidence-based practices which management has failed to implement.
- More timely, effective assessments are needed to improve treatment outcomes. Assessment tools help decision makers determine what type of treatment is needed and whether treatment should occur in prison or the community.
- SOTP needs to address specialized treatment for offenders with disabilities. Our review shows that sex offenders with disabilities can have difficulty completing SOTP, thus increasing their length of incarceration. The lack of accommodation for sex offenders with disabilities has contributed to a lawsuit and garnered the attention of advocacy groups.

In this chapter, we highlight a few of the more pertinent evidence-based practices recognized by standard setting organizations. Some practices that should be incorporated into SOTP are based on the risk, needs, and responsivity model (RNR) and the effective use of assessments.

SOTP curriculum lacks scientific research supporting its ability to reduce recidivism.

Offenders with disabilities can have difficulty completing SOTP, increasing their length of incarceration.

SOTP Treatment Model is Not in Compliance with Statute

SOTP fails to comply with statute that requires the program to use “the most current best practices ... by recognized scientific research.”¹⁶ According to the 2014 UCJC evaluation of SOTP, the curriculum used, and the program itself, lack scientific evidence that they reduce recidivism. This evaluation also recommended that SOTP incorporate more evidence-based practices like those based on RNR to maximize the effectiveness of the program.

Evidence-based practices are those treatment methods that have scientific studies to verify their effectiveness at reducing offender recidivism. We agree with UCJC that by not including current evidence-based practices or validating the effectiveness of the current program, the impact of SOTP’s treatment is unknown. By including more evidence-based practices like some surrounding states have done, SOTP can maximize the program’s ability to reduce recidivism. Even after being made aware of these deficiencies in their program, SOTP management has failed to update their program to include more evidence-based practices.

Management Failed to Include Current Evidence-Based Practices in Accordance with Statute

SOTP’s group treatment curriculum has neither outside nor internal scientific studies verifying its effectiveness at reducing recidivism. The treatment program also lacks many verified treatment practices for effective interventions. This lack of scientifically verified treatment practices demonstrates that the program does not satisfy the statutory requirement that offender treatment use “the most current best practices ... by recognized scientific research:”

UCJC highlighted this lack of scientific support for SOTP’s curriculum and identified a number of evidence-based treatment protocols the program should incorporate. The report recommended that SOTP conduct a literature review and adopt an evidence-based curriculum, or if SOTP desires, continue using the current curriculum with adjustments if it is validated. The director of UCJC told us that since SOTP lacks any studies showing the program reduces recidivism,

The impact of SOTP’s treatment is unknown.

After being made aware of deficiencies, SOTP management failed to update their program.

¹⁶ *Utah Code* 64-13-25(1)(d)(ii)

“... [the program] could be making sex offenders worse. We simply don’t know.”

SOTP began implementing two recommendations from the UCJC report. SOTP management reports having conducted literature reviews, but continue to use the same un-validated curriculum. SOTP also partially implemented the use of a dynamic risk assessment, but we have concerns with this effort which will be discussed later in this chapter. Despite these two partial implementations, many evidence-based practices recommended in the UCJC report have not been fully implemented in the past two years. As will be explained in Chapter IV, some of these evidence-based practices could have improved the efficiency of the program and helped reduce the treatment waitlist.

Incorporating More Evidence-Based Practices Will Maximize the Effectiveness of SOTP

UCJC recommendations were based on a 2004 document published by the National Institute of Corrections which identifies eight proven principles for treating offenders. Figure 3.1 highlights three of these principles collectively referred to as RNR, is a model for delivering treatment.

**Risk, needs, and
responsivity is a model
for delivering
treatment.**

Figure 3.1 SOTP Does Not Use RNR Principles in Their Treatment. SOTP’s one size-fits-all program does not provide the individualized treatment RNR requires.

Principle	Basic Definition	SOTP
Risk	Match treatment dosage to risk level of reoffending	All risk levels receive 300+ hours of group therapy
Needs	Treatment should be individualized and target dynamic risk factors	One-size-fits all treatment, no individual therapy
Responsivity	Interventions should be matched to an individual's learning ability	A treatment group for mentally ill, no group treatment for cognitively disabled

Source: Association for the Treatment of Sex Abusers and auditor observation

The following is a discussion of the three principles shown in Figure 3.1 and how they can lend value to SOTP.

Evidence shows that giving low-risk offenders 300+ hours of treatment can increase risk of reoffence.

A DOJ report states one-size-fits-all treatment program are ineffective.

Risk: The risk principle requires that offenders be assessed their risk of reoffence. Once the level of risk is determined (low, medium, or high), the amount or dosage of treatment is likewise determined, with high-risk offenders receiving more treatment. This increases efficiencies by placing resources where they can have the greatest impact. SOTP does assess inmates for risk of reoffending; however, SOTP requires all inmates, regardless of risk level, to go through the same 300+ hour treatment program. A program with over 300 hours of therapy would be considered intensive and more appropriate for high risk offenders only. Evidence shows that giving low-risk offenders intensive treatment can increase risk of reoffence.

Needs: The needs principle requires that treatment be individualized to target an offender's risk factors. These are changeable factors like substance abuse or antisocial lifestyles that impact offending but can be changed over time. SOTP does not tailor treatment to individuals but has a one-size-fits-all program with little variation based on an individual's needs. A 2008 U.S. Department of Justice report on strategies for sex offender treatment says that "[one-size-fits-all] strategies will not be effective" because of the great diversity of sex offenders.

Responsivity: Finally, the responsivity principle states that treatment is most effective if treatment interventions match an individual's learning styles and capabilities of the offender. For a sex offender who is cognitively disabled¹⁷ to fully grasp treatment concepts, treatment must be tailored to their learning abilities. SOTP does provide a sex offender treatment group for the mentally ill, but, they do not tailor treatment to meet the needs of the cognitively disabled to help them successfully complete the program.¹⁸

The Association for the Treatment of Sexual Abusers (ATSA) strongly recommends incorporating evidence-based treatment principles such as RNR into sex offender treatment programs:

¹⁷ A United States Department of Justice report defines cognitive disability as a "broad term used to describe a variety of medical conditions affecting different types of mental tasks, such as problem solving, reading comprehension, attention, and remembering."

¹⁸ The needs of the cognitively disabled will be discussed in detail later in this chapter.

...treatment programs that follow an evidence-based model of change ... and follow the three principles of risk, need and responsivity (RNR) have demonstrated greater reductions in recidivism compared to programs that do not.

There are some aspects of RNR that SOTP could have implemented with current funding levels that would have improved the efficiency and effectiveness of the program.

Surrounding States Incorporate More Evidence-Based Treatment Practices

Our survey of surrounding states and Minnesota¹⁹ revealed that state corrections sex-offender treatment programs vary greatly. However, as Figure 3.2 shows, Utah’s SOTP lacks important treatment protocols.

Figure 3.2 Comparison of SOTP Treatment Practices Among Sampled States. Utah lacks important evidence-based treatment practices.

Treatment Practices	UT	CO	AZ	ID	MN
Practices based on RNR		X	X*	X	X
Pre and Post Assessments		X		X	X

Source: Auditor Survey
*AZ separates sex offenders by risk level and treats them separately where possible

Effective treatment practices help determine how much treatment is given to an offender, the interventions needed, and how it is evaluated. The four other states in the figure recognized the need to include practices based on RNR. Also, three states use pre and post assessments as part of their treatment procedures. We agree with the UCJC study that SOTP’s failure to include these practices demonstrates the program has not been keeping up with the most current best practices recognized by scientific research.

SOTP could have implemented practices based on RNR without additional funding.

SOTP lacks many evidence-based treatment practices.

¹⁹ An area specialist from the National Council of State Legislatures identified Minnesota as a best practice state.

SOTP Needs More Timely And Effective Assessments

Assessment tools inform decisions on sex offender treatment and where it should be provided.

Assessment tools help decision makers make informed decisions on sex offender treatment, including what type of treatment is needed for an offender and where treatment should be provided (prison vs. community). SOTP currently administers various assessments including those related to sex offense recidivism and deviant sexual arousal. However, SOTP has not fully implemented evidenced-based practices recommended by UCJC. SOTP does not administer pre and post assessments, nor do they effectively use static risk assessments. The latter deficiency has the potential to make low-risk sex offenders worse. In addition, SOTP's use of a sexual arousal assessment is inconsistent with other states and lacks policy.

SOTP Management Failed to Fully Implement a Pre and Post Dynamic Assessment Tool

UCJC recommended that SOTP begin using a dynamic risk assessment tool.

SOTP has partially implemented UCJC's recommendation that SOTP begin using a dynamic risk assessment tool.²⁰ SOTP currently relies on the therapist's professional opinion to determine the impact of treatment. However, evidence-based practices recommend a pre and post assessment using a dynamic risk assessment tool to identify criminogenic factors that should be addressed in treatment. This tool can then be used to assess whether treatment has helped reduce those factors. Combined with a therapist's professional opinion, a dynamic risk assessment provides a necessary objective measure of a sex offender's progress in treatment.

Criminogenic factors are variables that can change over a period of months and are a central focus of sex offense specific treatment. A dynamic risk assessment tool can identify those criminogenic factors that need to be addressed. The criminogenic factors most significantly related to recidivism are:

²⁰ A dynamic risk assessment tool like the Stable 2007 measures risk factors that can be slow to change like deviant sexual arousal, sexual preoccupations, and antisocial attitudes.

- Deviant sexual arousal, preferences, or interests
- Sexual preoccupations
- Antisocial attitudes, activities, and peers
- Intimacy deficits and conflicts in intimate relationships
- Attitudes supportive of offender behavior

Ongoing assessment of these factors (typically every six months) helps treatment professionals determine whether the treatment is reducing an offender's likelihood to reoffend.

SOTP has started using a dynamic risk assessment tool six months into treatment. However, it is not consistently administered at the end of treatment to verify if criminogenic factors have been reduced. SOTP's failure to consistently conduct a post assessment negates the effectiveness of the instrument to measure impact of treatment.

Static Risk Is Assessed But Used Ineffectively, Lacks Policy

SOTP reportedly administers static risk assessments prior to an offender's original hearing before the Board of Pardons and Parole. Static risk assessments measure unchanging factors that affect the risk of sexual recidivism. However, the results of these risk assessments are not used according to evidence-based practices nor are risk assessments governed by SOTP policy.

SOTP's ability to implement RNR depends on their ability to differentiate between different sex offenders' risk of sexual recidivism. SOTP has static risk information for almost all sex offenders currently in treatment²¹, but this information is not used effectively. Unlike other states, Utah generally does not use risk levels to determine where offenders receive treatment (prison vs. community) or how much treatment they receive.²²

Recidivism risk information could be used to put low-risk and high-risk offenders in separate therapy groups. This would improve therapy outcomes because combining low- and high-risk offenders in a group can increase the risk of re-offense for low-risk offenders. In addition, risk assessment results could be used to determine the

SOTP's failure to consistently conduct a post assessment negates the effectiveness of the instrument to measure impact of treatment.

Utah generally does not use risk levels to determine where offenders receive treatment or how much treatment they receive.

Combining low- and high-risk offenders in a group can increase the risk of re-offense for low-risk offenders.

²¹ This risk was measured on the Static 99R and Static 2002R assessments.

²² Sex offender's amount of treatment as it relates to low-risk offenders is discussed in Chapter IV.

amount of treatment needed for sex offenders, with low-risk offenders generally receiving less treatment than high-risk offenders. SOTP is not doing either one though they are best practices and would not require additional resources. SOTP also has no policies related to the static risk assessments they use. SOTP and the Institutional Programming Division should develop policies related to when static risk assessment results are administered and how they are used.

Use of Sexual Arousal Assessment Is Inconsistent With Other States, Lacks Policy

SOTP uses the penile plethysmograph (PPG) on male sex offenders to measure sexual interest and deviant sexual arousal, important factors when targeting treatment. However, current practices are not consistent with other states, and the PPG, as currently administered, appears to be ineffective at measuring sexual arousal patterns. SOTP's PPG usefulness is limited, as the majority of tests have inconclusive results. SOTP should assess the utility of the PPG and adopt best practices as well as create policy governing sexual interest assessments.

The goal of the PPG is to elicit a reaction to auditory stimulus and can provide a therapist relevant information on an offender. The results guide future therapy. As there are various sexual scenarios in the PPG, some of which would be considered deviant and others which are not, a conclusive or valid response is not a bad thing. Conclusive results provide valuable insight into an offender's sexual interests, deviant or otherwise, while inconclusive results provide minimal information to therapists. Results of the PPG are considered conclusive and valid if there is a clear, statistically significant arousal pattern in response to stimuli.²³

Other States Do Not Use the PPG. Four of the five states surveyed no longer use the PPG. Colorado, Washington, Arizona, and Idaho do not use it while Minnesota only uses it occasionally, in specific circumstances per established policies. When Minnesota does use the PPG, their sex offender treatment program uses both audio and visual stimuli to elicit a reaction and measure sexual arousal. Utah

²³ The PPG includes audio cues an offender listens to while a computer monitors their breathing, perspiration, and penile tumescence or strength of erection. These inputs are used to determine whether offenders are sexually aroused by different types of sexual scenarios involving other parties of varying ages and genders.

The PPG is used to measure male sexual interest and deviant sexual arousal.

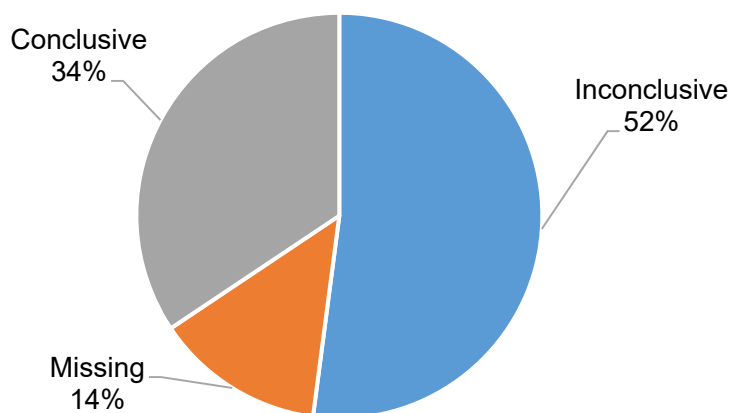
Conclusive PPG results provide valuable insight for therapists.

Adding a visual component to the PPG could increase it's effectiveness.

reportedly stopped using visual cues as part of the PPG in the 1990s when ATSA established guidelines prohibiting the use of nude images as part of the PPG. At the time, the PPG visual component included nude images of individuals of varying ages and genders. Alternative images of clothed individuals were created in the intervening years. If SOTP chooses to continue using the PPG, it should consider developing and implementing policies for usage of visual components to potentially decrease the number of inconclusive results.

PPG Results Are Often Inconclusive. More than half of PPG results are inconclusive and have minimal value to SOTP. Therapists cannot use inconclusive results to assess risk or identify risk factors such as specific deviant arousal patterns. Figure 3.3 shows the PPG results for 96 offenders who most recently completed SOTP.²⁴

Figure 3.3 Most SOTP PPGs Have Inconclusive Results. A sample of 96 offenders shows the PPG is not leading to informative results, wasting SOTP resources.



Source: Utah Department of Corrections sex offender inmate data and documents

The majority of the sampled PPGs did not have conclusive results. The time it takes to administer the PPG adds to this problem. SOTP reports it takes two hours on average to administer a PPG and up to three hours to interpret and write a report. This is in addition to the hardship placed on offenders due to the intrusive nature of the assessment. SOTP administered 216 PPGs between calendar years 2015 and 2016.

²⁴ Auditors took a sample of 100 offenders who recently completed SOTP. However, 4 of them could not be tested because they were either female or not mentally competent, and 13 were missing PPGs.

Most SOTP PPGs have inconclusive results limiting the usefulness of the test.

Inconclusive PPG results provide minimal useful information for SOTP therapist.

The Timing and Selection of Offenders to Receive the PPG is Unclear. A small portion of sampled offenders who completed SOTP did not complete a PPG. Of the 96 sampled offenders, 13 did not complete a PPG. SOTP reports their current practice is to administer the PPG to all male sex offenders. However, it does not appear they are doing this. SOTP at the Utah State Prison and in the counties administered 65 PPGs in calendar year 2016. In that same year, 106 offenders completed the program and 233 offenders, on average, were in treatment.²⁵ SOTP does not have policies to formally implement their stated practice of administering the PPG to all male offenders. This is a sharp contrast to both Minnesota's SOTP and sex offender treatment that occurs in Utah communities. Minnesota administers the PPG only to sex offenders who deny deviant sexual arousal. Utah community providers are required to do the PPG as part of a psychosexual evaluation before offenders begin treatment. Follow up PPGs are done as needed. If SOTP chooses to continue using the PPG, the organization should develop policies on when the PPG is administered and who should receive it.

SOTP Lacks Specialized Treatment For Offenders with Disabilities

Due to disabilities, some sex offenders can be removed and reenter SOTP multiple times, lengthening their stay in prison. A sample of ten sex offenders with disabilities shows that they have a difficult time completing SOTP, despite some accommodations made for their learning and mental health disabilities. Evidence-based practices recommend that treatment be delivered in a manner that is responsive to the individual's learning style and cognitive abilities to ensure maximum treatment effectiveness. This lack of adequate accommodations for offenders with disabilities is concerning to advocacy groups and led to a settled law suit.

Due to disabilities, some sex offenders can be removed and reenter SOTP multiple times, lengthening their stay in prison.

²⁵ Some of these offenders are likely female and cannot be tested by the PPG. However, females represent a very low percentage of all incarcerated sex offenders.

Lack of Specialized Treatment for Offenders With Cognitive Disabilities Lengthens their Stay

Our sample of ten currently incarcerated sex offenders with disabilities shows that the length of incarceration can increase because they have a difficult time completing the program. SOTP makes some accommodations to help offenders with disabilities complete the program. For example:

- A treatment group is available for the mentally ill
- Tutors are provided to help with reading and comprehending assignments
- Assignments can be delivered verbally

However, as Figure 3.4 shows, these accommodations were insufficient for most of the offenders with disabilities chosen for our sample. Most of those sampled have been in sex offender treatment several times and failed.

Figure 3.4 A Sample of Sex Offenders Shows that Disabilities Can Contribute to Increased Length of Incarceration. Cognitive and mental health concerns represent most of the disabilities in our sample.

Offender	Disability	Accommodations Made*	Did Disability Increase Incarceration?
1	Cognitive Disability	None Identified	Contributed
2	Cognitive Disability	Yes	Contributed
3	Cognitive Disability	None Identified	Contributed
4	Mental Health Concerns	None Identified	Contributed
5	Mental Health Concerns	None Identified	Contributed
6	Mental Health Concerns	Yes	Contributed
7	Mental Health Concerns	Yes	Contributed
8	Cognitive Disability	Yes	Not Clear
9	Mental Health Concerns	None Identified	Not Clear
10	Visual Impairment	Yes	No

Source: Auditor Analysis of offender records

*Accommodations made: group help, tutors, ADA scribe, verbal assignments, specialized program, psychiatric services

SOTP makes some accommodations to help offenders with disabilities.

Up to 90 percent of a selected sampled of sex offenders with disabilities stayed in prison longer due to their disabilities.

SOTP's one-size-fits-all approach does not have the flexibility to tailor treatment to those with cognitive disabilities or mental illness.

The review of offender documents in Figure 3.4 shows that in seven out of ten cases, the clinicians believed that the inmate's disability made it difficult for them to complete treatment. In two other cases, it was not clear whether their disability increased their incarceration time, but it may have. This would mean 90 percent of our sample spent more time incarcerated due to disabilities. Clinicians often noted that a more tailored program may be needed to help inmates with disabilities internalize the treatment goals. SOTP staff agree that certain individuals, especially those with cognitive disabilities, will need group treatment tailored to their learning abilities, but they say creating and staffing such a group will require resources they do not have.

Offenders with Disabilities Need Specialized Treatment

SOTP does not currently tailor programs to help those with cognitive disabilities or those who do not speak English. However, they do provide treatment groups tailored to the mentally ill. The RNR principle of responsivity indicates that treatment needs to be delivered in a manner that is responsive to the individual's learning styles and cognitive abilities. This may entail tailoring treatment to the language, intelligence, culture and personality style of the offender to ensure maximum effectiveness. Three of the four other states we looked at (Colorado, Idaho and Minnesota) have specially designed treatment groups or other accommodations for the cognitively disabled. Some also provide interpreters for those who do not speak English. SOTP's one-size-fits-all approach does not have the flexibility to tailor treatment to those with cognitive disabilities or mental illness.

A Recent Lawsuit and Concerned Advocacy Groups Highlight the Need for More Accommodations for Sex Offenders with Disabilities. Recently, the Utah Department of Corrections (UDC) settled a lawsuit for \$60,000 involving a sex offender who sued UDC for the lack of treatment accommodations for his disability. The Disability Law Center, the American Civil Liberties Union, and the Utah Prisoner Advocate Network have all expressed concern about the lack of treatment tailored to inmates with disabilities to allow them to complete sex offender treatment and be paroled in a timely manner. Creating more tailored treatment for sex offenders with disabilities would help avoid future lawsuits and reduce the length of stays for these offenders.

UDC needs to evaluate the accommodations sex offenders with disabilities will need to successfully complete sex offender treatment. This may require creating a separate curriculum and group for inmates with cognitive disabilities as well as increasing the use of tutors and interpreters. Some of these accommodations may require increased funding due to the additional resource requirements needed to treat those with cognitive disabilities. UDC has expressed desire to create a program for offenders with cognitive disabilities and reports working with the Disability Law Center to resolve their concerns.

Some accommodations may require additional funding.

Recommendations

1. We recommend that the Institutional Programming Division establish policies to ensure the Sex Offender Treatment Program stays current with evidence-based practices.
2. We recommend that the Sex Offender Treatment Program seek to implement risk, needs, and responsivity principles.
3. We recommend that the Institutional Programming Division and the Sex Offender Treatment Program develop policies that address when static and dynamic risk assessments are administered and how they are used.
4. We recommend that the Sex Offender Treatment Program evaluate current practices for measuring sexual arousal pattern.
5. We recommend that Utah Department of Corrections establish policies and programs for the treatment of sexual offenders with disabilities.

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Chapter IV

Program Efficiencies Can Improve Treatment Backlog

Many sex offenders experience delays in their parole dates due to entering treatment late. We found that:

- Delays due to inefficient use of resources increases overall costs and length of stays. The estimated cost of these delays is nearly \$678,000 for fiscal year 2016, with the cost potentially rising to \$780,000 in fiscal year 2017. The Sex Offender Treatment Program (SOTP or program) could reduce the waitlist and associated costs by eliminating program inefficiencies, thereby increasing the number of offenders who can receive treatment.
- Treating low-risk offenders less intensively or outside of prison should also reduce the waitlist and cost of housing prisoners. This concept is supported by best practices, and requires coordinated effort by SOTP and the Board of Pardons and Parole (BOP).

Until SOTP eliminates these inefficiencies and coordinates with BOP on low-risk offender treatment, evaluating the need for additional funding to address the backlog would not be prudent.

Delays Due to Inefficient Use of Resources Increase Overall Costs and Length of Stays

Sufficient and effective sex offender treatment is essential to ensure public safety and prevent future sexual offenses. However, SOTP's inefficient use of resources contributed to a waitlist of offenders awaiting treatment which delays their parole dates. In fiscal year 2016, waitlist delays cost an estimated \$678,000. These costs and delays will likely continue to grow if SOTP does not address program deficiencies. However, maximizing the use of current resources can decrease the waitlist, saving the state money.

Several inmates and families have expressed concern to legislators and our office that their family members are spending more time in prison because of the treatment backlog. We found this extended

Delays in entering treatment lead to longer prison stays and additional costs.

Treatment delays led to \$678,000 in estimated additional costs in fiscal year 2016.

prison time to be occurring. In addition, the Utah Prisoner Advocate Network and the American Civil Liberties Union have expressed concerns that parole dates are extended because of the backlog and lack of treatment slots for sex offenders.

SOTP Treatment Backlog Increases Overall Costs

During the original hearing for an inmate, BOP sets a rehearing date and determines whether sex offender treatment is required. When treatment is needed, a rehearing date is set with the expectation that the offender complete treatment prior to that date. If an inmate successfully completes SOTP, and all else is in order, a parole date is generally set during the subsequent rehearing. However, when an inmate is not able to complete SOTP in time for their rehearing date, a new rehearing date is set, likely delaying their parole date until the inmate can complete SOTP. This delay can extend an inmate's stay in prison, increasing the costs of incarceration to the state.

Offenders Are Not Finishing SOTP Before Their Rehearing Dates, Leading to Additional Costs. Offenders, on average, complete SOTP in just under 18 months. This means that inmates will need to enter SOTP at least 18 months prior to their rehearing date. We reviewed those inmates who entered SOTP for the first time in fiscal years 2015 and 2016, comparing their estimated completion date²⁶ to their rehearing date. We then determined whether inmates entered the program with sufficient time to complete SOTP prior to their rehearing.

Figure 4.1 shows the estimated cost²⁷ of the delays for fiscal years 2015 and 2016. These estimates are calculated by multiplying the daily cost at the Utah State Prison (prison) or county jail by the estimated days delayed. These numbers are only estimates and not actual costs. Actual costs may vary due to removal from SOTP, or completion of SOTP sooner or later than 18 months.

²⁶ Completion date is estimated by adding 18 months to an inmate's entry date into SOTP. Inmates that were previously removed from SOTP are not included in this analysis.

²⁷ The cost only includes variable expenses and not cost of buildings or prison staff, which are fixed.

BOP rehearing dates are set with an expectation of SOTP completion.

Offenders, on average, complete SOTP in 18 months.

Entering SOTP less than 18 months before a rehearing date leads to delays and additional costs.

Figure 4.1 Estimated Cost of Delays Due to Late Starts in SOTP. The cost to the state has been increasing since 2015.

Treatment Location	Estimated Cost (FY15)	Estimated Cost (FY16)	Projected Cost (FY17)
Prison	\$ 69,027	\$ 377,810	\$ 383,044
San Juan County Jail	207,195	199,215	150,081
Sanpete County Jail	86,184	100,890	246,012
Total	\$ 362,406	\$ 677,915	\$ 779,137

Source: Auditor calculations from UDC data.

Note – Costs include medical, food, laundry, and mail for the Utah State Prison and the Inmate Placement Program billing rates for San Juan and Sanpete County Jails (\$21.99 Draper Prison and \$57 for County Jails). The cost for county jails is higher than at the prison since UDC pays the full contract rate when an inmate is housed in a county jail. Additional savings can possibly be realized by avoiding the need for additional bed space at the new prison by reducing delays.

From fiscal year 2015 to fiscal year 2016, the estimated cost of delays increased by almost 100 percent, from \$362,000 to \$678,000. We project the cost of delays will also increase in fiscal year 2017, reaching nearly \$780,000 in total costs.

Most of the Backlog Occurs at the Prison. In fiscal year 2016, 56 percent²⁸ of the inmates who entered SOTP in the prison entered late.²⁹ In comparison, 44 percent of inmates in Sanpete County Jail and 23 percent of inmates in San Juan County Jail entered late. However, 30 percent of inmates completed SOTP early³⁰ at San Juan County Jail.

Figure 4.2 shows the increase in days delayed until a release decision can be made by BOP. Projections are based on those who have already entered SOTP during fiscal year 2017 and those currently awaiting treatment. Estimates in Figure 4.2 were calculated by taking the difference between the rehearing date and the estimated completion date.

The estimated cost of delays grew from \$362,000 to \$678,000 between fiscal years 2015 and 2016.

Delays caused by the backlog are most prominent at the prison.

²⁸ Only includes inmates who entered treatment for the first time.

²⁹ We define late as offenders entering treatment fewer than 17 months prior to their rehearing date.

³⁰ We define early as offenders completing treatment more than a year prior to their rehearing date.

Figure 4.2 Estimated Delays for Inmate Release Decisions.
Days delayed at the prison have increased drastically since fiscal year 2015.

Treatment Location	Estimated Days Delayed FY15	Estimated Days Delay FY16	Projected Days Delayed FY17
Prison	3,139	17,181	17,419
San Juan County Jail	3,635	3,495	2,633
Sanpete County Jail	1,512	1,770	4,316
Total	8,286	22,446	24,368

Source: Auditor calculations from UDC Data

Note – Estimates are based on difference between the estimated completion and the actual rehearing dates.

These delays burden inmates and their families as they wait longer for required treatment before they can be eligible for parole. In fiscal year 2016, the total estimated days delayed were over 22,000, nearly 3 times the days delayed in fiscal year 2015.

The Waitlist Will Continue to Grow Under Current Operations. Under the current use of resources, SOTP will be unable to reduce the waitlist. According to SOTP data, as of October 2016 a total of 83 inmates were awaiting treatment who should have already been enrolled in SOTP. Also, an additional 116 inmates should be enrolled in the program by the end of 2017. Given that on average 114 individuals complete treatment each year, SOTP will be unable to reduce the waitlist as it currently operates.

Maximizing Current Resources Can Further Decrease Backlog

As mentioned in Chapter II, SOTP has not fully utilized all resources available for the treatment of inmates. SOTP has been unable to hire a third psychologist likely due to low pay, and an SOTP therapist does not provide any direct therapy. This affects SOTP's ability to reduce the current waitlist. Given the current caseloads for therapists and psychologists, hiring another psychologist and ensuring all therapists maintain a full caseload would increase SOTP capacity by adding up to 48 inmates.³¹ This increase would result in 27 additional inmates completing SOTP each year, based on current completion rates.

³¹ Having all therapists maintain a full caseload will add up to 32 slots for treatment. Hiring a third psychologist would add up to 16 slots for treatment.

Program inefficiencies decrease the number of offenders who can be treated.

In addition to SOTP's failure to utilize all resources, a recent change in treatment location at the prison may affect the waitlist. In August of 2015, SOTP moved to the Promontory facility as part of the effort to consolidate facilities. There are multiple treatment locations at the prison, but 120 of the 144 treatment slots are now at Promontory. SOTP shares half of the space at this facility with the substance abuse treatment program.

The move to the new facility, however, may have negatively impacted SOTP by reducing treatment hours. Since the move to Promontory, SOTP has reduced the length of group therapy sessions from 2 hours to 1½ hours because of limited treatment room availability. Group sessions at San Juan County Jail, Sanpete County Jail, and all other facilities at the prison run for 2 hours. While SOTP has not been at Promontory for enough time to document the actual effect of reducing group session time, SOTP management has reported that it will increase treatment stays by six months. This increase would cost nearly \$4,000³² per inmate in the program and add additional stress to the waitlist.

If the time to complete SOTP does increase, the Utah Department of Corrections (UDC) should ensure better utilization of rooms at Promontory, including scheduling therapy at night and on weekends. Staff at SOTP appear reluctant to work nights and weekends, stating, "Therapists did not go to graduate school so they could work nights and weekends." The practice of working only during the day is contrary to what happens at Community Correctional Centers in Utah (halfway houses) where most group and individual therapy is done on nights and weekends. UDC should use available evening and weekend hours to ensure the time to complete SOTP is not extended due to the move to Promontory.

The Need for Additional Resources Depends on Future Program Changes. In addition to improving the use of current resources, program changes related to low-risk sex offenders can further improve efficiency. As discussed later in this chapter, SOTP can provide less intensive treatment to low-risk offenders in prison. BOP can also require that some or all low-risk offenders receive sex offender treatment in the community rather than in prison. Even with

SOTP changed facilities at the prison in 2015.

SOTP reports the move to the Promontory facility will increase program length by six months.

Treating low-risk offenders less intensively will free up resources and decrease the waitlist.

³² The cost only includes variable expenses and not cost of buildings or prison staff, which are fixed

SOTP should first address inefficiencies before requesting additional funding.

better utilization of resources and program improvements, SOTP may not be able to eliminate the waitlist. SOTP should first address inefficiencies and program improvements before requesting additional funding for more therapists. Once these issues are addressed, SOTP should evaluate future needs based on the waitlist, current treatment capacity, and inflow of inmates needing treatment. However, more resources will likely be needed to provide treatment for offenders with cognitive disabilities³³ and improve psychologist pay competitiveness.

Concerns Have Been Raised About the Funding for Sex Offender Treatment. Figure 4.3 shows that funding per sex offender peaked in fiscal year 2008 at \$733 and fell to \$577 per offender in fiscal year 2016. These numbers are adjusted for inflation.

Figure 4.3 SOTP Funding Per Sex Offender Has Remained Below Pre-Recession Level. Funding per offender has stayed relatively constant in recent years.



Source: UDC data

Note: SOTP funding is comprised of appropriated funds for treatment at the prison and actual reimbursement amounts paid to county jails for treatment. All values are in 2016 dollars based on the US CPI.

In addition to the decrease in funding per offender, total treatment capacity has increased at county treatment locations during this same time.³⁴ While the slow growth in funding may have contributed to

Funding per offender has decreased, and the number of treatment slots has increased.

³³ A United States Department of Justice report defines cognitive disability as a “broad term used to describe a variety of medical conditions affecting different types of mental tasks, such as problem solving, reading comprehension, attention, and remembering.”

³⁴ The corresponding increase in county funding is shown in Figure 1.2 in Chapter I.

SOTP's inability to prevent a waitlist from growing, SOTP should take more action to better use the resources allocated to them.

Treating Low-Risk Offenders Less Intensively or Outside Prison Will Reduce Waitlist and Costs

Evidence-based practices show that sex offenders with different levels of risk of reoffending should be treated differently. However, BOP generally requires that sex offenders, regardless of risk, receive the same treatment in prison. This leads to an inefficient use of limited funding because low-risk offenders may receive minimal to no benefit from intensive treatment in prison. Requiring low-risk offenders³⁵ to receive less intensive treatment in prison or offender-paid treatment³⁶ in the community represents opportunities for reducing the waitlist and its costs. Though BOP and SOTP are reportedly making progress in this area, SOTP and BOP need to adopt policies on how assessed risk influences treatment intensity and setting. Ultimately, only BOP has the authority to parole sex offenders.

Intensive treatment for low-risk sex offenders is an inefficient use of limited resources.

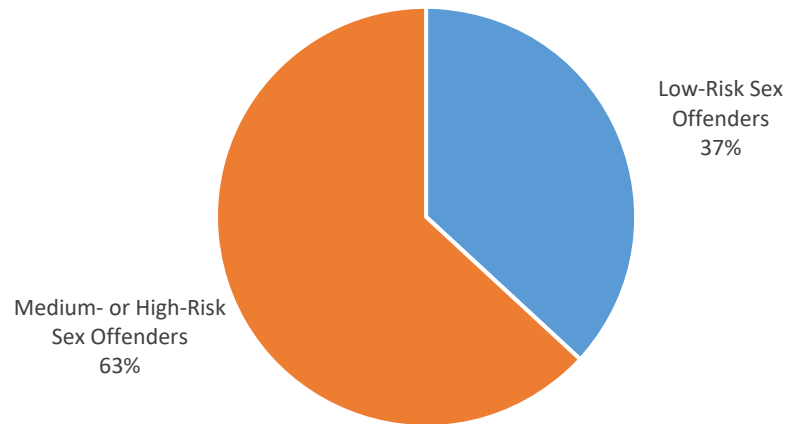
Over One Third of Offenders Currently in Treatment Are Low Risk

We compiled risk assessment information for all offenders currently in treatment in prison. Of those offenders, 73 offenders, or 37 percent, could be considered low risk according to validated risk assessments conducted by SOTP. Figure 4.4 shows how the number of low-risk offenders compares to the overall population currently in treatment.

³⁵ According to the risk assessments used, a low-risk offender is generally older, has stable relationships, and does not have prior convictions. These assessments, however, have limitations. They are only valid for male, adult offenders who have offended against another person. They cannot be used for offenders convicted of child pornography crimes or female offenders, two groups that represent a small percentage of offenders.

³⁶ Sex offenders are generally required to receive sex offender treatment or aftercare in the community as a condition of parole. This is paid for by the sex offender. Treating low-risk offenders in the community and not in prison would not increase costs to offenders because the low-risk offenders would have to pay for this treatment either way as a condition of parole.

Figure 4.4 Low-Risk Sex Offenders Represent a Significant Portion of All Sex Offenders Currently in Treatment. Low-risk SOTP inmates have low predicted sexual reoffense rates.



Source: SOTP inmate data and treatment records

Low-risk sex offenders represent a significant portion of offenders currently in treatment. In 2015, SOTP conducted a similar survey of offenders in treatment and found 34 percent were low risk. A recent study by SOTP and the Institutional Programming Division to document risk for all incarcerated sex offenders found approximately one third to be low risk. Our review supports the findings of these two studies. Other states have found their low-risk sex offenders represent up to 75 percent of all their incarcerated sex offenders.

Treating low-risk sex offenders less intensively in prison or paroling them to receive treatment in the community could reduce the waitlist by up to one-third. This would have an immediate and future impact on the waitlist, reducing the number of sex offenders needing intensive treatment in prison. Although these low-risk offenders would have to pay for their own treatment in the community (if paroled in lieu of prison treatment), this is not an additional burden. Most sex offenders are required to receive treatment after leaving prison (even if they completed SOTP in prison) and generally must pay for it themselves. This is consistent with other states' practices.

Best Practices Indicate Intensively Treating Low-Risk Offenders in Prison May Be Counterproductive

In Utah, sex offenders are required to finish intensive sex offender treatment in prison before parole, regardless of risk level. However, other states and industry-recognized best practices suggest treating

Multiple studies have found about one third of Utah sex offenders in prison are considered low risk.

Generally, offenders pay for their own treatment when paroled to the community.

low-risk sex offenders intensively in prison is associated with worse outcomes than treating them less intensively or outside of prison. Evidence-based principles say low-risk offenders should receive fewer resources and less treatment than high-risk offenders.

Other States Minimally Treat Low-Risk Offenders. Colorado and Idaho report that they provide shorter, less intensive treatment to low-risk sex offenders in prison. Taking this principle further, Washington and Minnesota choose not to treat low-risk sex offenders in prison. Offenders in these two states receive SOTP in the community instead of prison.

Research Supports Treating Low-Risk Sex Offenders Less Intensively. Research has shown that intensively treating low-risk offenders in prison has minimal effect or even a negative impact. According to the March 2013 issue of Current Psychiatry Reports:

Sexual offenders vary in the risk they pose to the community. For some, the risk of sexual recidivism is sufficiently low that it is indistinguishable from the risk of sexual crimes among general offenders with no recorded history of sexual crime. ... For such low-risk sexual offenders ..., interventions cannot be expected to further reduce their risk and may even make them worse. Consequently, treatment for low-risk offenders should focus on goals other than sexual recidivism reduction, such as family reintegration, intimacy deficits, or shame. For some cases any specialized sexual offender treatment [should not be used], and they would be better served by routine criminal justice interventions, such as regular supervision while in the community.

Other research found similar results. An article that reviewed the effectiveness of sex offender treatment in the journal Aggression and Violent Behavior stated:

...the most intensive treatment should be offered to the highest risk offenders with little to no treatment being offered to low-risk offender because they are less likely to re-offend even without treatment. Research has demonstrated reductions in recidivism among high-risk offenders only when high intensity treatment is offered and

Low-risk offenders in Washington and Minnesota do not receive treatment in prison.

Treating low-risk offenders in prison has minimal effect or even a negative impact.

when low-risk offenders were offered intensive treatment, this had either a minimal or negative impact.

The October 2016 Utah Justice Reinvestment Initiative Annual Report states that:

- Supervision should be focused on the risk level of the individual offender
- Treatment should be focused on the needs of the individual offender
- Treatment is more effective in the community

These are general principles that can be applied to all offenders, including sex offenders.

Taken together, these research articles and government report indicate intensive sex offender treatment in prison for low-risk sex offenders is inefficient and ineffective. There is widespread recognition that low-risk offenders should be treated less intensively than high risk offenders. SOTP is aware of this research and is working with BOP towards implementing it. According to BOP, lack of information on sex offender risk prevented BOP from treating offenders differently. A recent effort by SOTP to complete risk assessments makes it possible for BOP to mandate sex offender treatment based on offender risk.

Implementation Requires Policy, Formalized Communication Between SOTP and BOP

With the help of SOTP, BOP is beginning to evaluate low-risk sex offenders for possible parole. Effective communication between the two groups enabled this shift in practice. However, no policies govern the interaction between SOTP and BOP or the disposition of low-risk sex offenders.

BOP has an employee who serves as the primary liaison to SOTP, attending SOTP staff meetings. SOTP provides BOP with offender specific information in the form of BOP reports so they can make decisions related to future hearings and parole. Continued communication is crucial because the two organizations cannot operate independently—many decisions are based on decisions or opinions of the other organization. In practice, BOP determines which

Intensive sex offender treatment for low-risk offenders in prison is inefficient and ineffective.

SOTP and BOP should continue jointly addressing low-risk offender treatment and develop policies.

offenders require sex offender treatment, and SOTP provides information to BOP necessary for informed parole decisions.

BOP and SOTP have discussed practices for BOP reports (addressed in Chapter II) and have begun working together to look at paroling low-risk offenders to community sex offender treatment. However, there are no policies in place to ensure continued communication and interaction between the two organizations. BOP and SOTP should develop policies that govern their formal relationship to ensure continued collaboration on issues that affect both organizations.

Recommendations

1. We recommend that the Sex Offender Treatment Program address inefficiencies and program improvements before evaluating future resource needs.
2. We recommend that the Sex Offender Treatment Program maximize the use of therapeutic resources to increase group therapy hours at their Promontory facility.
3. We recommend the Board of Pardons and Parole develop policies consistent with evidence-based principles for low-risk sex offenders that addresses type of treatment needed and whether treatment is received in prison or the community.
4. We recommend the Board of Pardons and Parole develop policies addressing communication with the Sex Offender Treatment Program and future collaboration.

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Agency Responses

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State of Utah

GARY R. HERBERT
Governor

SPENCER J. COX
Lieutenant Governor

Utah Department of Corrections

Executive Office

ROLLIN COOK
Executive Director

March 23, 2017

Rollin Cook, Executive Director
Utah Department of Corrections
14717 S. Minuteman Drive
Draper, UT 84020

John Schaff, Legislative Auditor General
Office of the Legislative Auditor General
W315 Utah State Capitol Complex
Salt Lake City, UT 84114-5315

Dear Mr. Schaff,

Regarding: A Performance Audit of the Sex Offender Treatment Program 2017-04

The Utah Department of Corrections (UDC) and the Division of Institutional Programming (IPD) are grateful to the Legislative Auditor General's Office and its many staff who contributed to this review. The resulting recommendations will undoubtedly benefit the Sex Offender Treatment Program (SOTP) and those whom it strives to serve with the goal of making our communities safer.

EXECUTIVE SUMMARY

The Institutional Programming Division Director Victor Kersey was appointed to the position of IPD Director in May of 2016. He was previously employed as an Assistant Warden of Programs and Psychologist Administrator with the Illinois Department of Juvenile Justice where he served for 13 years. Prior to his tenure in the aforementioned roles, he served as a SOTP Psychologist, SOTP Supervisor and Clinical Director, where he provided treatment, assessment and evaluative reports.

Following Director Kersey's appointment, Institutional Programming Division's first priority was to create an audit instrument to review all Substance Abuse Treatment Programs (SATP) with UDC as well as those in the county jails. Upon completion of those audits, IPD turned their attention to the SOTP and in November of 2016, discovered that there were fundamental flaws in the program. Given the experience of IPD Director Kersey in this arena, he facilitated a review of the current program; however, that review was placed on hold when the program came under

a legislative audit. It was the Department's position that the observations and recommendation from this review; would provide detailed guidance on the future direction of the program.

Specific response to the recommendations of the audit is outlined below:

Chapter II

Recommendation 1

We recommend that the Sex Offender Treatment Program and the Institutional Programming Division review and implement recommendations from the Utah Criminal Justice Center evaluation.

Response

IPD is currently exploring four possible Evidence-Based Programs (EBP) to secure and implement into the UDC SOTP. The first program is the Good Lives/Self-Regulation Models that accommodate those offenders with intellectual disabilities. This program also offers a pre-treatment/low-risk module for those offenders that either has lengthy sentences awaiting approval for SOTP admission, or those that simply do not qualify for an intensive residential treatment program. The second program is that published by the Naval Consolidated Brig Miramar for moderate to high and high risk sexual offenders, as this would potentially be our core curriculum. The third program would serve as a pre-treatment/low risk module/curriculum for those offenders that have minimal needs for treatment or those that have lengthy sentences and extensive wait times for admission in the core program. The fourth program would serve as an aftercare/follow-up treatment program for those offenders that have completed all facets of the core program. Finally, the Division and the SOTP management are reviewing the recommendations made by the Utah Criminal Justice Center (UCJC), by developing a staff training and implementation plan.

Recommendation 2

We recommend that the Sex Offender Treatment Program and the Institutional Programming Division clearly define their governance and oversight roles in policy.

Response

A governance and oversight plan has been executed regarding communication and supervision that requires weekly meetings between the Treatment Programs Deputy Warden and the SOTP Administrator and bi-weekly meetings between the Treatment Programs Deputy Warden and the Director of Programming. IPD has developed an SOTP audit instrument that will encompass all facets of the program including, but not limited to: processes, assessments, staffing, program curriculum and modified therapeutic community practices. Performance measures will be established following the audit which is scheduled for April 24th and 25th of 2017. An audit of the San Juan and Sanpete County Jail SOTPs has been scheduled for May 18th and 19th of 2017 as well. IPD has developed a new program description, a clearly defined treatment model and core program elements that include, but are not limited to: risk assessment, individualized treatment plans, monitoring treatment progress, targeting criminogenic needs, clinical supervision, cognitive-behavioral therapy (CBT), modified therapeutic community, and treatment protocols. New and standardized definitions have been established for the following

program outcomes: completion, withdrawal, incompleteness/suspension, expulsion, and reapplication. A Peer Review Tool and procedure was established in November of 2016; however, the SOTP has not yet implemented. The SOTP Administrator will be establishing a peer review monthly schedule using the UDC Peer Review Tool beginning April 1, 2017. Upon completion of the three SOTP audits, a standard will be set into place in terms of program duration, screening and admission, suspension, expulsion processes, and reapplication.

Recommendation 3

We recommend that the Sex Offender Treatment Program and the Institutional Division of Programming create a strategic plan with goals, objectives, performance measures, and an evaluation process.

Response

A 13-page Corrective Action Plan has been created that includes, but is not limited to: Development of program objectives; Evaluation of actuarial instruments; Re-definition of Treatment Program Administrator, Psychologist and Clinical Therapist responsibilities/expectations; SOTP Description and philosophy; SOTP operations; Development of phases of treatment; Development of treatment clusters; Development of program outcome measures (pre and post assessments and annual program audits); Re-definition of admission, suspension and expulsion practices and procedures; and, Development of a modified therapeutic community.

Recommendation 4

We recommend the Sex Offender Treatment Program fully utilize existing therapist resources for therapy.

Response

IPD has redefined positional expectations for the following: Program Director, Psychologists, and Licensed Clinical Therapists (LCT). Upon the redesign of the treatment program, the format by which services are delivered (i.e. groups, individual therapy, assessments and report writing) will reflect a greater sense of productivity and an increase in services. IPD is currently redefining the role of one full-time equivalent/employee (FTE) LCT who works 24 hours from home while establishing strict parameters and a means of accountability. This LCT will be expected to maintain a small caseload while providing group and individual therapy services.

Recommendation 5

We recommend the Utah Department of Corrections work with the Department of Human Resource Management (DHRM) to determine competitive pay to retain and hire psychologists.

Response

The job posting for the Psychologist vacancy has been modified to reflect the following: *Salary ranges specified reflect a minimum starting and top of range dollar amount. Actual rate per hour will be determined by evaluation of qualifications and skills of the individual and the availability of monies through budget and grants or by following DHRM rule.* Additionally, IPD has suggested and requested that we under fill the Psychologist vacancy with a candidate who possesses a Doctorate degree, but does not currently hold a license with the condition that

obtaining such; must be accomplished within 24 months of the date of hire. IPD is conducting a position audit of the contract providers to determine whether the continuation of the contract is fiscally responsible and programmatically effective.

Recommendation 6

We recommend the Institutional Programming Division and the Sex Offender Treatment Program work with the Board of Pardons and Parole to assess the value of therapist tasks, including Board of Pardons and Parole requested reports – that take time away from direct therapy.

Response

The IPD Director has met with the BOPP in an attempt to outline and define the roles of each staff member of the SOTP. Specifically defined, was the documents for verification, reports, assessments and evaluations required by the BOPP in an effort to reduce the amount of administrative time spent generating and processing potentially unnecessary forms. This is a work and relationship in progress.

Recommendation 7

We recommend the Sex Offender Treatment Program work with the Board of Pardons and Parole to develop policies to govern information requests and associated reports.

Response

Please refer to response 6.

Recommendation 8

We recommend the Sex Offender Treatment Program evaluate the costs and benefits of hiring full time therapists instead of contracting for therapy.

Response

The IPD Director began evaluating this possibility in November of 2016. Given that the IPD budget cannot support such a transition, efforts ceased until such time that IPD and DHRM can conduct a cost benefit analysis and identify whether such a transition is cost effective and beneficial to the program.

Chapter III

Recommendation 1

We recommend the Institutional Programming Division establish policies that ensure the Sex Offender Treatment Program stays current with evidence-based practices.

Response

As previously indicated, IPD is currently conducting a review of the UCJC evaluation and its recommendations for its immediate application. Second, the exploration of multiple, evidence-based treatment programs are under review for applicability, cost and implementation, and we would expect to have a new program in place within six months. Additionally, the introduction of an annual program audit of the three SOTPs will serve as a responsible body to ensure

treatment efficacy, program effectiveness and best practices. The introduction of a new program will lend to data collection for program effectiveness, efficacy and potential reduction in risk.

Recommendation 2

We recommend that the Sex Offender Treatment Program seek to implement risk, needs, and responsivity principles.

Response

As UCJC indicated, there is a need for scientific support for the SOTP and each of the three programs being explored provide that evidence. Specific to the Risk, Needs and Responsivity (RNR) the plan is as follows: Risk – Individualized treatment plans will be developed and implemented specific to offender’s risk and need. The core of the SOTP will be 10-12 hours per week over 18-24 months, totaling no less than 780 hours in the capacity of individual and group therapy. Needs – The program will be individualized and specific to offender needs and no longer a one-size-fits-all program. Responsivity – Identification and development of an intellectually disabled SOTP for men is underway using the Good Lives and/or Self-Regulation Models. IPDs first objective is to ensure that all SOTP staff have been trained and certified in the facilitation and interpretation of the LS/RNR for implementation in individual treatment planning. Currently, no SOTP staff have been trained; however, all SOTP staff will be attending certification training on 10/11 April 2017. Although the use of the STATIC and STABLE risk assessments are necessary for sexual risk and recidivism, the LS/RNR provides valuable criminogenic and treatment planning information and shall be utilized as well.

Recommendation 3

We recommend that the Institutional Programming Division and the Sex Offender Treatment Program develop policies that address when static and dynamic risk assessment are administered and how they are used.

Response

IPD is establishing a system/protocol to ensure that all SOTP offenders receive pre and post risk assessments. This process will allow the program to collect the necessary data on risk reduction and program effectiveness. Risk levels are widely used in SOTPs throughout the country and the adoption of which is being reviewed in cooperation with the BOPP. This is a timely process that can only be determined using an actuarial risk assessment. Policies and procedures will be established requiring the implementation of this practice in the SOTP. As previously indicated, the development of three separate programs for the intellectually disabled, low risk and pre-treatment and core for moderate and high risk offenders is underway so as to separate the populations by risk and cognitive ability. A cursory review of all policies and procedures will be conducted to determine applicability and value.

Recommendation 4

We recommend the Sex Offender Treatment Program evaluate current practices for measuring sexual arousal patterns.

Response

IPD is reviewing the use of the penile plethysmograph (PPG) given its history of inconclusiveness and the notion that it is not widely used in many SOTPs. Alternative instruments are being considered as a replacement to the PPG, specifically, the Abel Assessment for Sexual Interests -3 and the Visual Reaction Time (VRT). This instrument is an empirically validated comprehensive evaluation and treatment system with objective and self-report measures. The cost for implementation and administration is significantly lower (\$79 per test) and results are generally received within five minutes of processing, thereby reducing significant interpretation times.

Recommendation 5

We recommend that Utah Department of Corrections establish policies and programs for the treatment of disabled sexual offenders.

Response

IPD is currently exploring the use and implementation of the Good Lives and/or Self-Regulation Models for the treatment of sex offenders with intellectual disabilities. The aforementioned programs are evidence-based and commonly and widely used for this population.

Chapter IV**Recommendation 1**

We recommend that the Sex Offender Treatment Program address inefficiencies and program improvements before evaluating future resource needs.

Response

Through an expansion of services by introducing programs for pre-treatment/low risk; intellectually disabled, core; and, aftercare/follow-up, we believe that this will not only increase the number of offenders in treatment, but it will also reduce the extensive waitlist. More importantly, with the introduction of additional programming, it will significantly reduce the overall period of incarceration for convicted sexual offenders upon completion of treatment programming. Improved communication with the BOPP is underway. For example, if an offender has a rehearing date set, it is our recommendation that said date not be set for a period of less than 24 months so as to allow the offender sufficient time to complete the program. In the event the offender completes the program before the rehearing date, then a request to the BOPP can be made to modify the previously set date. Identification and placement procedures require fine-tuning, inasmuch that we need to improve the Reception and Orientation (R&O) process that includes an initial risk assessment within the first 30-60 days of an offender's commitment. This process will streamline the review and placement process while ensuring that offenders are programmed in a timely manner thereby reducing the waitlist. In part, the reduction of treatment hours can be attributed to space allocation. We will collectively identify alternative spaces for treatment programming and develop a partnership with the Division of Prison Operations to assist with offender movement.

Recommendation 2

We recommend the Sex Offender Treatment Program maximize the use of therapeutic resources to increase group therapy hours at their Promontory facility.

Response

IPD is currently reviewing the use of a bifurcated schedule which is being used in the SATP and appears to be effective. The SOTP must provide services beyond a Monday through Friday 8-4 standard and explore evening groups and individual therapy opportunities.

Recommendation 3

We recommend the Board of Pardons develop policies consistent with evidence-based practice for low risk sex offenders that address type of treatment needed and whether treatment is received in prison or the community.

Response

Refer to BOPP's response.

Recommendation 4

We recommend the Board of Pardons and Parole develop policies addressing communication with the Sex Offender Treatment Program and future collaboration.

Response

As previously mentioned, the IPD is currently exploring the introduction of a pre-treatment/low risk SOTP curriculum. Additionally, the IPD Director has opened the lines of communication with the BOPP regarding our low risk sex offender population and provided them with a comprehensive list in October of 2016. The BOPP has been reviewing that list and considering other options for treatment such as those found in the community, Community Corrections Centers, etc. The IPD plans to continue to build upon this relationship so as to reduce the waitlist and match offenders to the applicable and appropriate level of care.

In conclusion, there are a number of other areas being explored with the expectation of full implementation over the next six months. Those areas include, but may not be limited to developing specific phases of treatment in line with an evidence-based treatment program that yields measureable outcome possibilities so as to identify offender efficacy and program effectiveness. Treatment clusters shall be established specific to psycho-educational modules and process groups. New procedures shall be written specific to admission, suspension and expulsion practices in addition to reapplication procedures that are in line with best practices. Removal of harsh punitive measures will also be a part of this process. It is imperative that the program has an Offender SOTP Manual which outlines the full scope of the SOTP. We envision this process taking place in R & O and/or the pre-treatment phase of the program so that the SOTP receives a stable, well-informed and amenable offender for treatment. Finally, the introduction of an onsite aftercare or follow-up services program is necessary. This program will include, but may not be limited to, individual counseling or psychotherapy, process groups, aftercare groups and community meetings within the Therapeutic Community venue.

There are three personnel-related changes for immediate implementation: The first was the removal and transfer of the current SOTP Director which was executed on March 16, 2017. The SOTP Director has been largely ineffective over the past few years and it is the position of the IPD Director that this change will positively impact the culture and direction of the program. Second, an adjustment in positional titles largely under each of our treatment programs appears necessary. The SOTP Director's official pay title is Therapist Supervisor and the reference to "Program Director" does not match the positional duties and responsibilities when compared to programs in other states. As of April 1, 2017, the IPD Director will be changing each therapeutic program director's title to: Treatment Program Administrator. Third, the Deputy Warden who oversees the operations and supervision of each program will be referred to as, Treatment Programs Director. There are significant differences in responsibilities and expectations from an administrator and director. The Institutional Programming Division believes these changes are necessary and will more clearly define the roles responsibilities of these positions.

Sincerely,

A handwritten signature in dark ink, appearing to read "Rollin Cook". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

Rollin Cook
Executive Director

Angela F. Micklos
Chair
Robert S. Yeates
Vice-Chair



Chyleen A. Arbon
Member
Clark A. Harms
Member
Denise M. Porter
Member

STATE OF UTAH
BOARD OF PARDONS AND PAROLE

March 24, 2017

John M. Schaff, CIA
Auditor General
Office of the Legislative Auditor General
Salt Lake City, UT 84114

Dear Mr. Schaff:

The Board acknowledges the professionalism of the Legislative Auditor General staff and appreciates the thoroughness of the audit. Although the audit was directed at the sex offender treatment program which is overseen by the Department of Corrections (Department), the Board serves a crucial role by ordering assessments and treatment, and determining the timing of prison release. We agree that a collaborative relationship between the Board and the Department is essential to providing the best possible service to the people of Utah.

The audit made several recommendations specific to the Board as outlined below with our response.

Chapter 2

6. Recommend that the Institutional Programming Division and the Sex Offender Treatment Program work with the Board of Pardons and Parole to assess the value of therapist tasks, including Board of Pardons and Parole requested reports, that take time away from direct therapy.

7. Recommend that the Sex Offender Treatment Program work with the Board of Pardons and Parole to develop policies to govern information requests and associated reports.

The Board supports working with the Department to ensure that release decisions are based on critical information, while maximizing the ability of therapists to engage in evidence-based treatment. The Board will collaborate with the Department to develop policies consistent with this goal.

Chapter 4

3. Recommend the Board of Pardons and Parole develop policies consistent with evidence-based principles for low-risk sex offenders that addresses type of treatment needed and whether treatment is received in prison or the community.

4. Recommend the Board of Pardons and Parole develop policies addressing communication with the Sex Offender Treatment Program and future collaboration.

The Board will work with the Department to establish policies for the consideration of low risk offenders that might be safely and effectively treated in the community. These policies must be grounded in evidence-based practices and allow for quality assessment information in order to maintain public safety and facilitate effective offender treatment.

We appreciate your efforts to define opportunities for improvement. Thank you for the report and helpful recommendations.

Sincerely,



Angela F. Micklos
Board Chair