



Joint Legislative Council
Special Committee on Supervised Release and Discharge
August 8, 2012

Department of Health Services - Wisconsin Sexually Violent Persons Program
Sand Ridge Secure Treatment Center

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Overview of Presentation

- Discharge: criteria, historical experience and trends
- Supervised Release: criteria, historical experience and trends
- Assessing for sexual re-offense risk

What is Discharge?

- Court determines:
 - Person no longer meets Chapter 980 commitment criteria, i.e., no longer likely (more likely than not) to commit future acts of sexual violence

What is Supervised Release?

- Court determines:
 - Person has made significant progress in treatment
 - Substantially probable the person will not engage in sexual violence while on Supervised Release
 - Treatment to meet person's needs, and treatment provider, are reasonably available
 - Person can be expected to comply with treatment requirements and Supervised Release rules

What is Significant Progress in Treatment?

- Person has:
 - Meaningfully participated in treatment
 - Participated sufficiently to allow identification of specific treatment needs and demonstrated willingness to work on addressing these needs
 - Demonstrated understanding of thoughts, attitudes, emotions, behaviors and sexual arousal linked to sexual offending, and identify when these occur
 - Demonstrated sufficiently sustained change in thoughts, attitudes, emotions and behaviors and sufficient management of sexual arousal such that with continued treatment, the change could be maintained

What happens when a patient is Discharged?

- Since no longer a Sexually Violent Person, no longer under the care, custody and control of the Department of Health Services (DHS)
- A minority still under the control of the Department of Corrections (DOC)
- Law enforcement determines community notification
- Lifetime passive GPS while in Wisconsin
- Lifetime sex offender registrant

What happens when a patient is granted Supervised Release?

- Court orders DHS to prepare comprehensive Supervised Release Plan
- Significant community transition planning and preparation with patient at Sand Ridge Secure Treatment Center (SRSTC), including transfer to Transitional Living Unit at SRSTC
- With coordination and approval of DOC, residence is located and leased
- Statutory restrictions during first year in community
 - Direct supervision escorts at all times away from home
 - Allowed out only for basic living needs, treatment, religion and employment

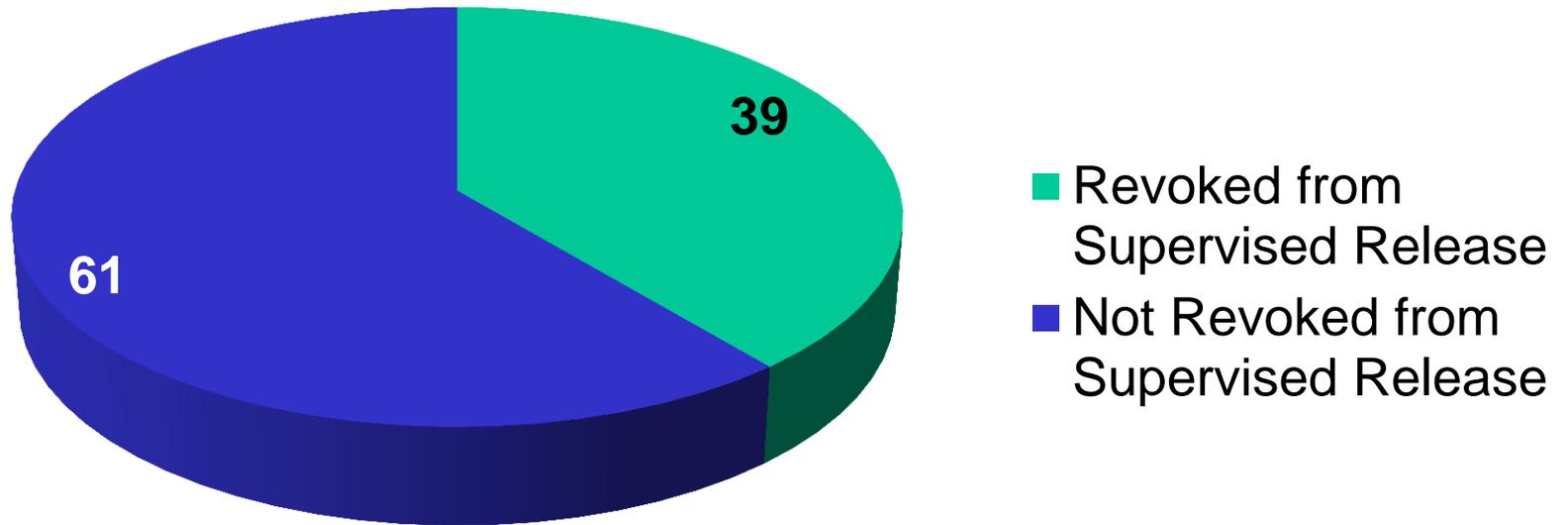
Supervised Release, continued

- Supervised by DHS Supervised Release Specialist, DOC Agent, escorts and monitors
- Active GPS monitoring
- Extensive strict rules compliance required
- Treatment required
- All aspects of life closely monitored, including whereabouts, property, contacts, financial activities, etc.

Supervised Release, continued

- Random visits by escorts, monitors
- Polygraph testing for rules compliance and treatment issues required
- Violations can result in revocation of Supervised Release, requiring return to SRSTC, or alternative to revocation requiring demonstration of progress before returning to Supervised Release

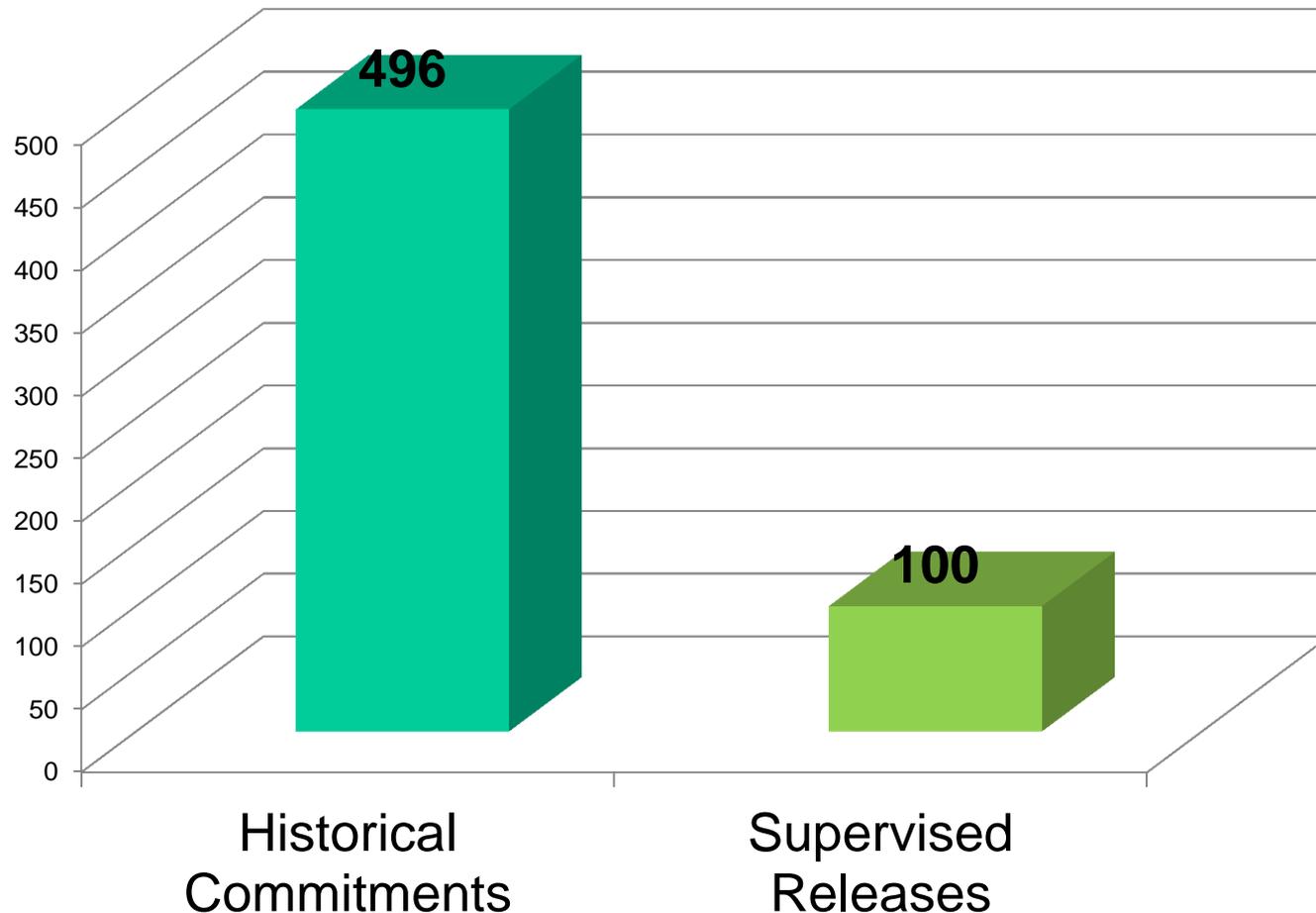
Supervised Release Revocations



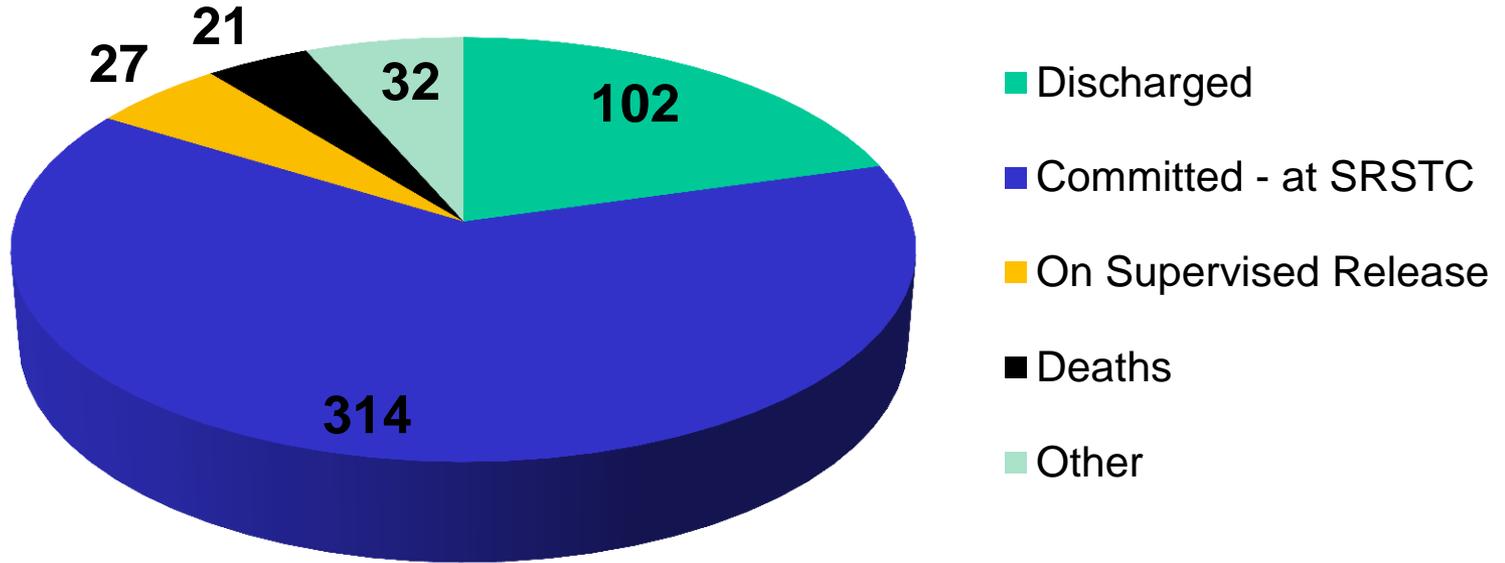
Why are patients revoked from Supervised Release?

- Not new offenses; typically multiple rules violations
 - Unapproved contacts or activities
 - Possession of unapproved items
 - Lying, providing inaccurate information
 - Unapproved sexual behavior
 - Inadequate participation in treatment
 - Threats to self or others
 - Financial violations
 - Failure to comply with assessment procedures

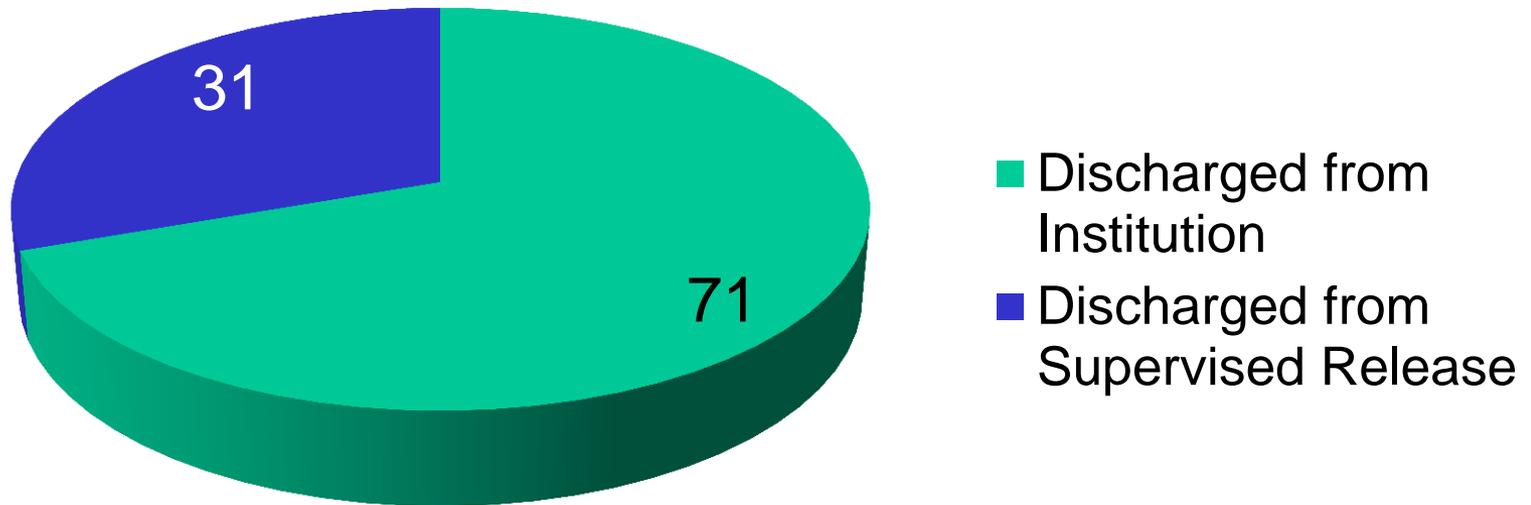
How many Supervised Releases have occurred over history of program?



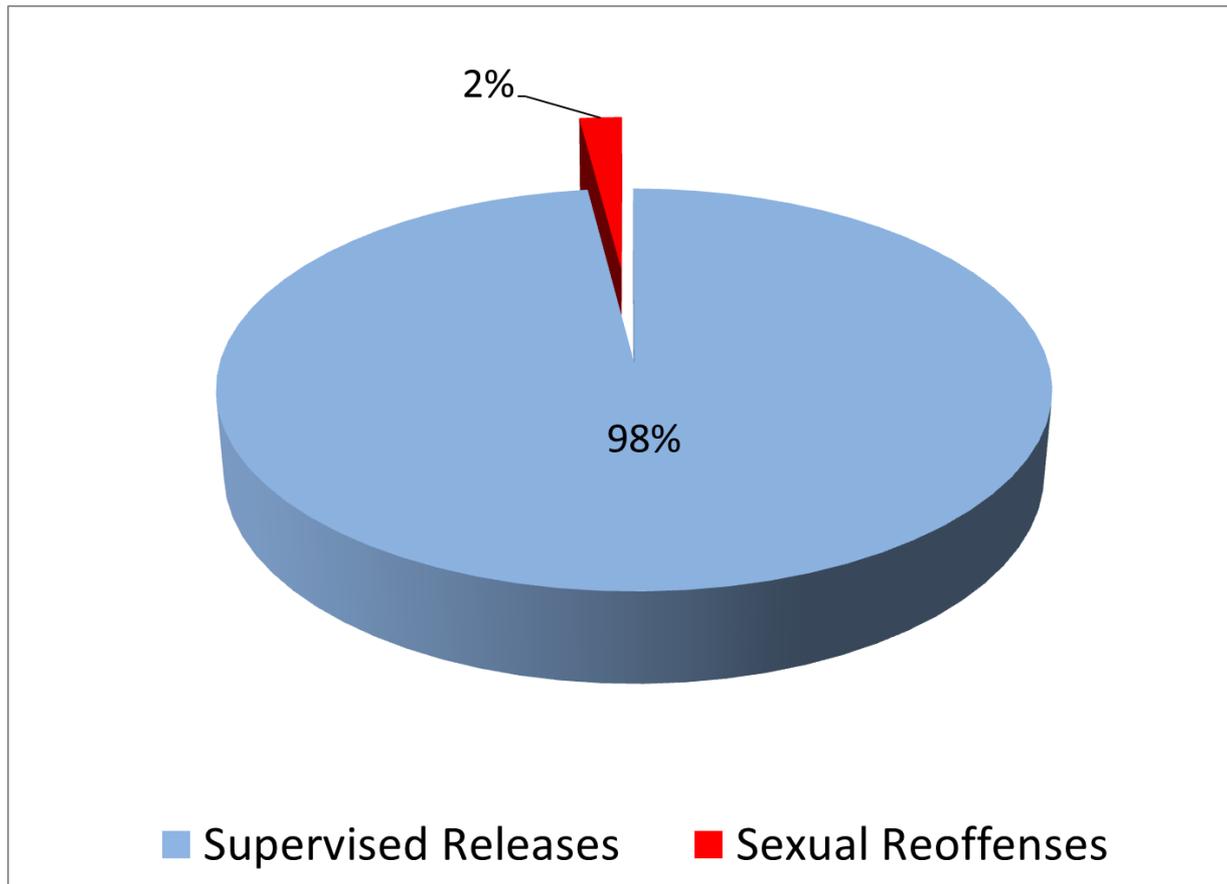
Current Status of Patients Over History of Program



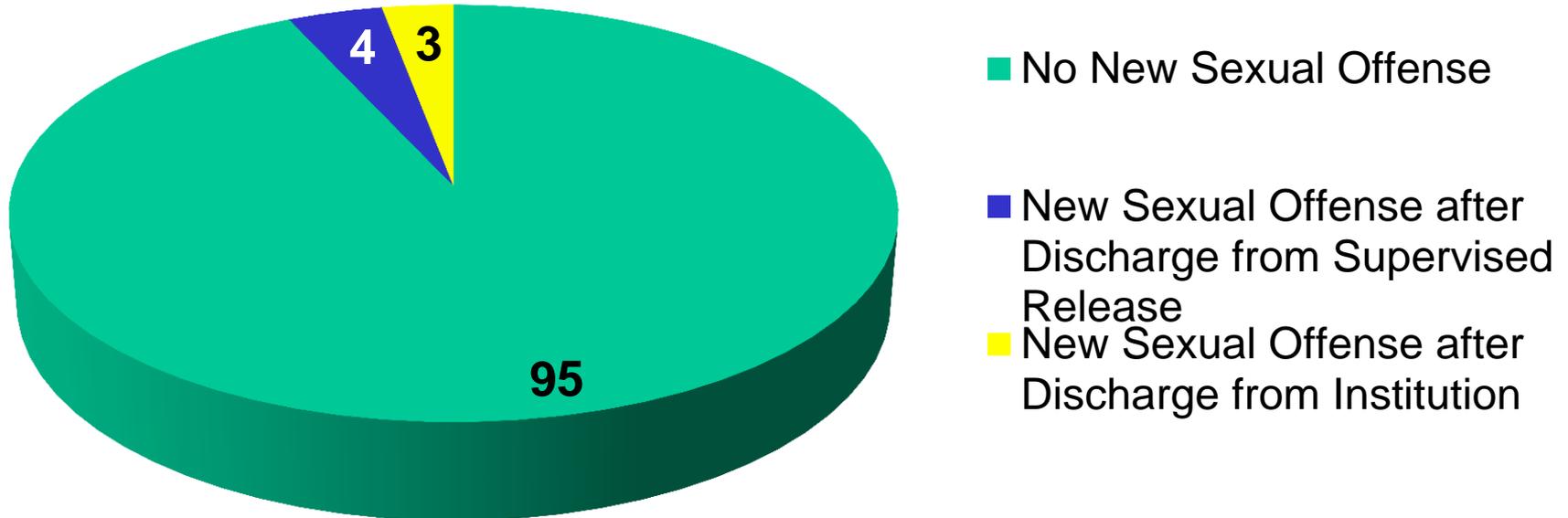
Of all discharges, how many were from the institution and how many from Supervised Release?



What is the re-offense rate of Supervised Release?



Of all the discharges, how many had new sexual re-offenses?



Assessing Risk for Re-Offense

- SRSTC Evaluation Unit and Treatment Evaluators
 - Task is to apply research findings and professional knowledge and experience to assess likelihood of sexual re-offending in Chapter 980 patients and those being considered for commitment

Brief history of sexual re-offense risk assessment

- Clinical judgment
- Actuarial assessment
- Current method: actuarial assessment plus relevant adjustments

Current actuarial instruments

- Static-99, published 2000
- Static-99R, introduced 2009, published 2011
- Hanson, R.K, and Thornton, D. (2000) Improving Risk Assessment for Sexual Offenders: A Comparison of Three Actuarial Scales. *Law and Human Behaviour*, 24, 119-136.
- Helmus, L., Thornton, D., Hanson, R. K., & Babchishin, K. M. (2011). Improving the predictive accuracy of Static-99 and Static-2002 with older sex offenders: Revised age weights. *Sexual Abuse: A Journal of Research and Treatment*. Advance online publication. doi:10.1177/1079063211409951

<http://www.static99.org/pdfdocs/st-99rworkbookwithsamplesandsummaries.pdf>

Static-99R items

- Age at release (18-35, 35-40, 40-60, 60+) -3 to +1
- Ever lived with lover +1
- Index non-sexual violence convictions +1
- Prior non-sexual violence convictions +1
- Prior sex offenses 0 to +3
- Prior sentencing dates +1
- Any convictions for non-contact sex offenses +1
- Any unrelated victims +1
- Any stranger victims +1
- Any male victims +1

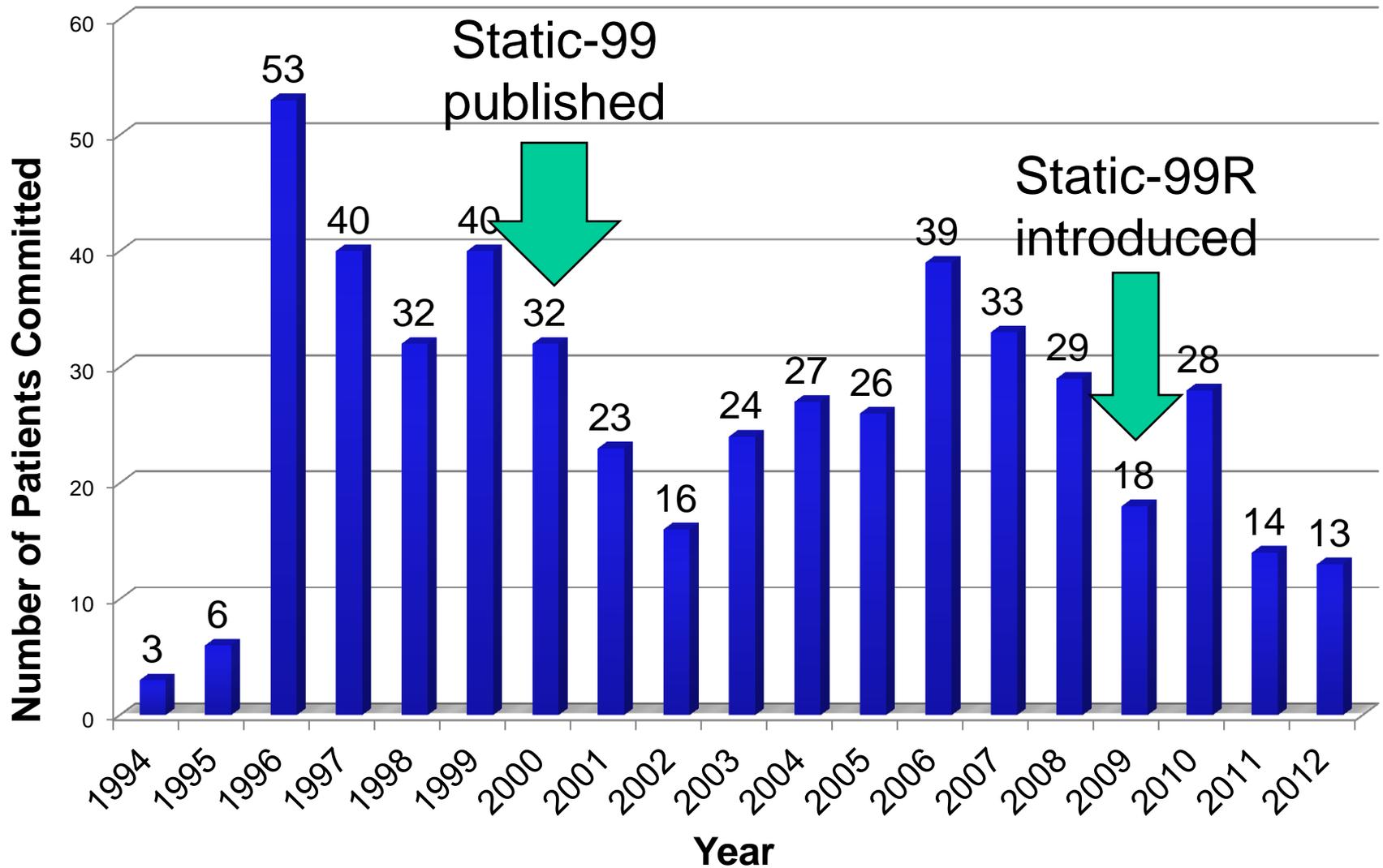
Recent changes in knowledge

- Reduction in base rates of re-offending
- Recognition of different base rates in different samples
- Realization of inability to predict re-offending in juvenile-only offenders
- Effect of age on recidivism
- Improved assessment of dynamic variables

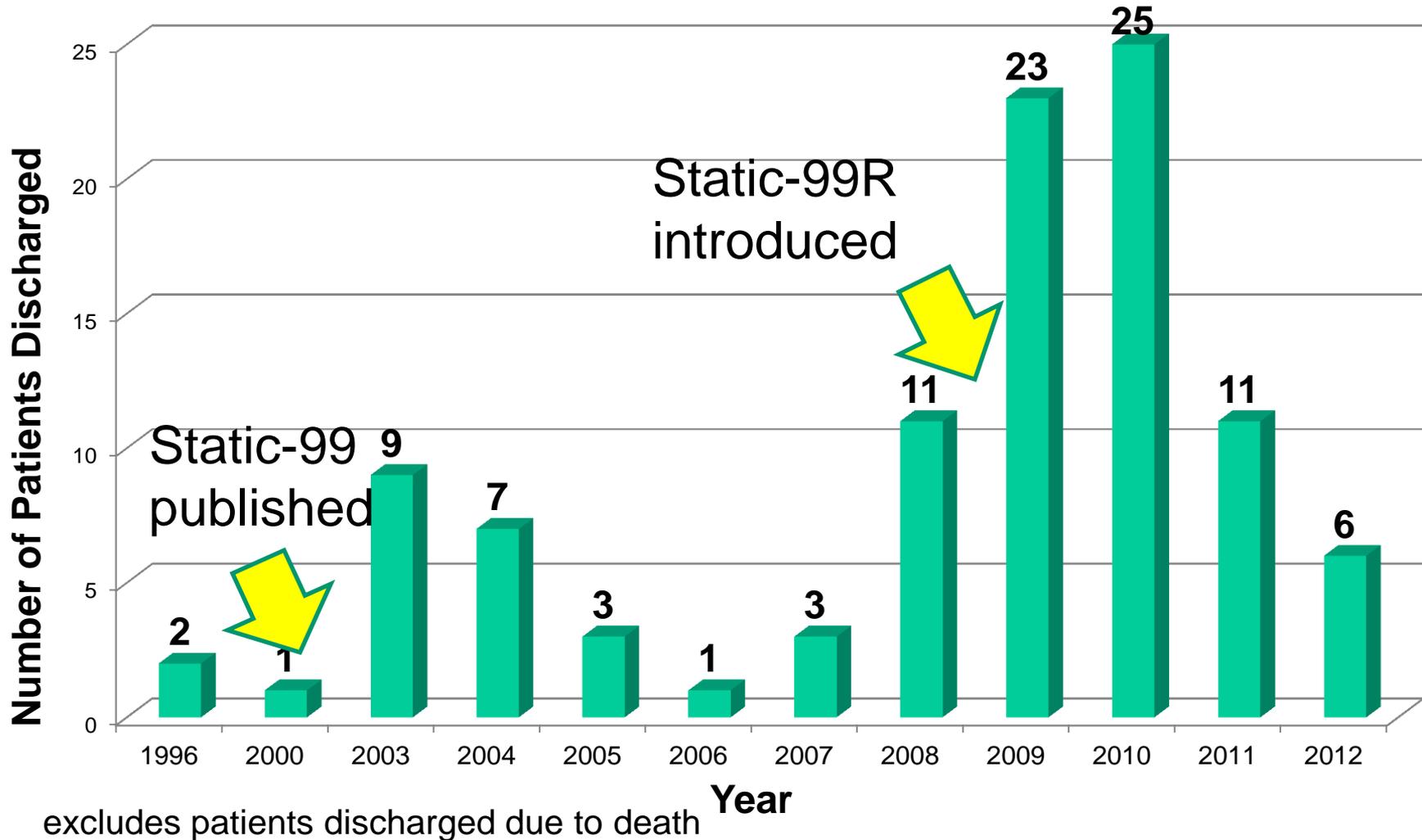
Effects of new knowledge

- Adjustment of percentages of likelihood of re-offending due to reduction in recidivism base rates
- Use of sample matching
- Fewer juvenile-only commitments
- Fewer over age 60 commitments
- Refinement of dynamic variable assessment, new assessment instruments

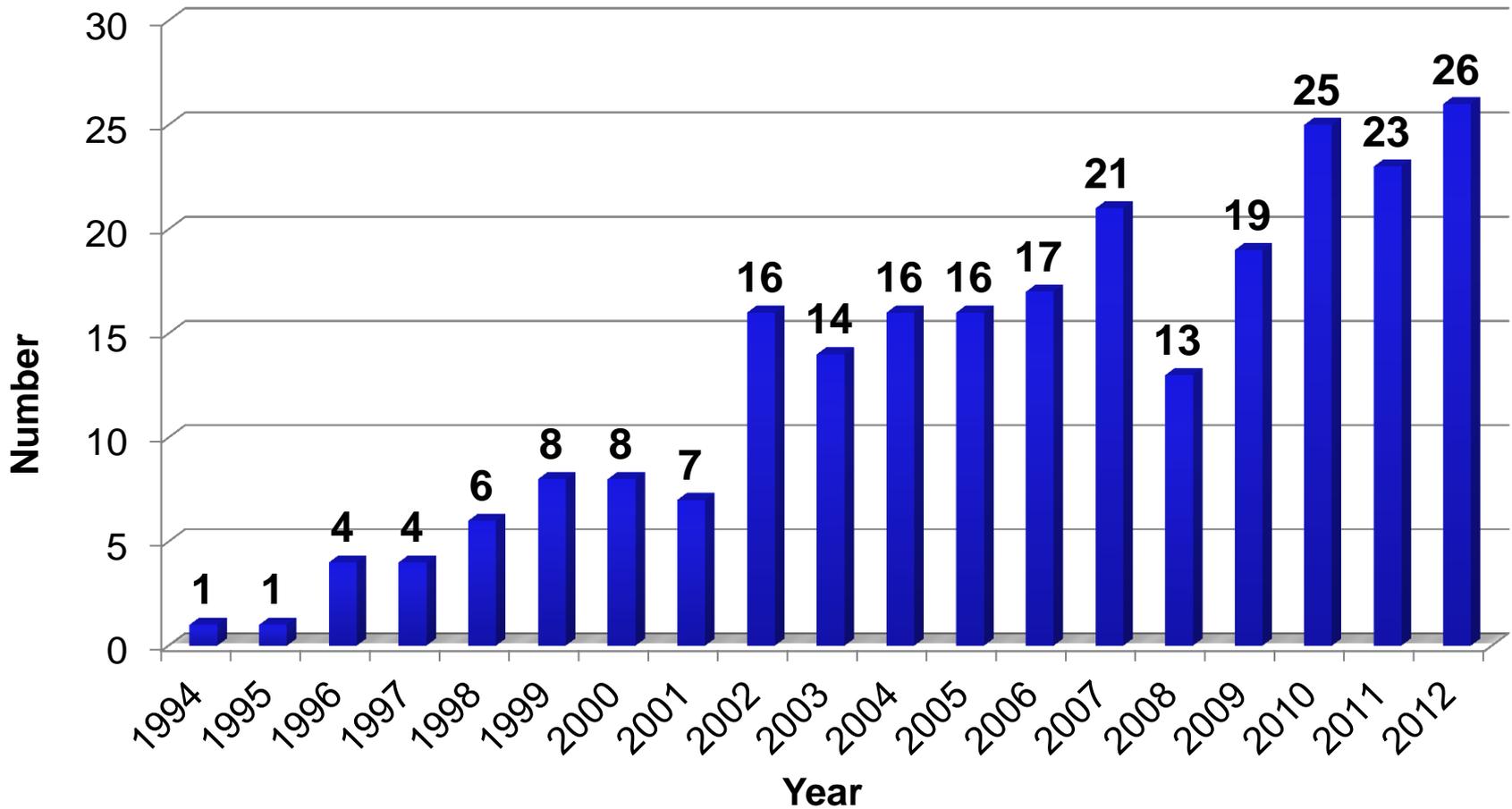
Historical Commitments by Year



Historical Discharges by Year



Supervised Release Population



Summary and conclusions

- Most SVP re-offenses have occurred after discharge, few on Supervised Release
- Therefore, much poorer community protection from discharge than from Supervised Release
- Fundamental problem when discharge is easier for civilly committed patients to obtain than Supervised Release

Summary and conclusions, cont.

- Should Supervised Release be a required step before discharge?
- Should there be a minimum period during which a client must remain successfully on Supervised Release before discharge?
- Regarding re-offense risk assessment, evaluation methods will continue to evolve, with slower, finer-tuning adjustments made based on new research findings