Part One: Statement of the Problem

Scope of the Problem. Among their peers, youthful sex offenders, ages 18-25, experienced a 41.7 percent unsuccessful closure rate for sex offender treatment—a 13 percent higher rate than adult sex offenders, over age 25, who were supervised by the Eighth Judicial District Department of Correctional Services (Eighth District). The problem is exacerbated by a legislative mandate imposing additional long-term special sentences for many sex offenders, which will require extended specialized treatment and supervision plans in community corrections to accommodate the anticipated growth within this population in the face of limited resources. Sometimes referred to as transition-aged or emerging adults,¹ the target population has unique and ongoing developmental needs that lie outside the scope of recognized treatment standards for adult sex offenders. Specifically, those needs are associated with ongoing brain development in areas that affect personality, cognitive aptitudes, moral reasoning, impulsivity, and problem solving.² For many youths, this transition period to adulthood is also fraught with anxiety, frustration and risky identity-seeking behaviors. Under the best of circumstances, they are prone to making poor choices. While some researchers may debate the validity of recognizing a newly identified population- and instead ascribe those behavioral factors to immaturity or individuals experiencing an extended adolescence- evidence suggests that, regardless of the label, those underlying characteristics can contribute to criminal behaviors and subsequent involvement with the criminal justice system. Once involved in the judicial system and suddenly bearing the extra burden of legal obligations, treatment and supervisory requirements, as well as social isolation and labeling, those problems are magnified. Those combined stressors can undermine the

¹ Center for Sex Offender Management (2014). Transition-Aged Individuals who have Committed Sex Offenses: Considerations for the Emerging Adult Population. Silver Spring, MD: Bumby, K. and Gilligan, L.

² Creeden, K. (2013). Taking a developmental approach to treating juvenile sexual behavior problems. *International Journal of Behavioral Consultation and Therapy, 8* (3-4), 12-16

successful completion of the sex offender treatment program and thus probation and parole in the community. The result is often incarceration. Currently, three treatment tracks make up the sex offender treatment program: regular adult, special needs, and maintenance. The program tracks are for all ages of sex offenders. The only age-related delineation is in a statutory group reserved for the so-called "Romeo and Juliet" cases. Given the developmental needs of the emerging adult population, evidence-based principles suggest that it is inadvisable to mix this transitioning population with *any* track designed for older high-risk sex offenders, thus, avoiding a single, standardized treatment model ineffective in reducing recidivism among sex offenders.³ Moreover, in the face of limited resources, and in the interest of public safety, there is a need for a long-term supervision strategy to address the stated problem of a growing sex offender population. In Iowa, a 2005 legislative mandate⁴ requires additional 10-year or lifetime special sentences for many sex offenders upon the conclusion of regular probation and parole. Accordingly, sex offenders receiving treatment in the community are expected to double in the next two years while the number of lifetime special sentences will triple over the next seven years.⁵ To address the concerns related to the youthful sex offender population, there is a clear need for a treatment model that utilizes the evidence-based principles of validated need and risk assessments, specialized caseloads, seamless supervision, judicial immediacy in handling violations and sanctions, and a long-term intensive supervision plan. Size and Democratic *Makeup of Population.* The Eighth District serves a socio-economically depressed rural population spanning 14 counties in southeast Iowa. According to Iowa census data from 2013, the total population is 270,160, or 8.7 percent of the state population. Covering 6,841 square

³ Hanson, R.K., Bourgon G., Helmus L., & Hodgson S. (2009). The principles of effective correctional treatment also apply to sexual offenders: A meta-analysis. *Criminal Justice and Behavior*, *36*(9), 865-891.

⁴ State of Iowa Code Chapter 903B

⁵ Iowa Sex Offender Research Council Report to the Iowa General Assembly. January, 2014.

miles, the population density is 39.49 per square mile compared to the state average of 55.36. Due to both the expansive and rural nature of the district, this pilot project will target only seven of the 14 counties that have a combined population or 153,927, or 5 percent of the state population. The total square miles of those seven rural counties is 3,258.88 with a population density of 48.57 per square mile. According to figures provided by Iowa Workforce Development (IWD), the overall 2014 unemployment rate for the target counties was 5.1 percent. For the targeted youthful population, the average spikes to 17 percent, although IWD data does reflect a slightly expanded cohort that includes youth ages 16 to 25. The median household income is \$46,918.30 with 14 percent of the population living below the poverty level. The demographic profile is 93.8 percent white, 2.2 percent African American, 2.2 percent Asian, 5.2 percent Hispanic, and 0.3 percent American Indian and Alaska Native. As of March 18, 2015, the total Iowa offender population for community-based corrections totaled 31,521, according to the Iowa Department of Corrections (IDOC) website. In the Eighth District, the current total offender population is 3,071 with the following demographic profile: 90 percent white, eight percent black, and two percent comprising other races. Seventy-two percent are male. Organizational Structure of Supervising Agency. The Eighth District is composed of two sub-districts: 8A and 8B. Each offers a full range of residential and field supervision services for pretrial offenders, probationers and parolees that include standard probation and parole as well as a low-risk supervision program. A residential correctional facility is located in each of the two regions. In addition, a special services division offers treatment programs such as the Sex Offender Treatment Program, two Drug Courts, the Mental Health Supervision Program, and the Iowa Domestic Abuse Program. Peripheral special services programs include a Reentry Program, the Victim and Restorative Justice Services Initiative, and the High-Risk Unit. The district

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leadership team consists of a director, assistant director, one administrative officer, two executive officers, one systems administrator, one personnel specialist and one administrative assistant. In addition, there are two residential managers and one residential supervisor who supervise 33 full and part-time residential officers. Three probation and parole supervisors supervise 43 full-time probation and parole officers, three community treatment coordinators and one psychologist. In total, including clerical and support staff, there are 108 employees. The staff to supervise ratio is approximately 74:1. Ideally, specialized caseloads are limited to 25 offenders, but in reality that number can range from 35 to 40 with the recent implementation of seamless supervision practices. *Evidence-Based Strategies*. The Eighth District has an established history of integrating evidence-based practices into its overall mission to protect communities and provide offenders opportunities to make meaningful changes in their lives. The district operates three intensive treatment programs with reduced specialized caseloads based on the treatment court model, and a reentry program. Most recently, in 2014, the seamless supervision model was implemented to ensure continuity and fidelity across field and residential services as well as special services. In addition, staff receives continuing education in practices such as motivational interviewing and use of assessment instruments. The use of validated assessments to determine treatment needs and risk levels is standard case management protocol, as well as the ongoing evaluation of those instruments as reflected in the recent decision to phase out the LSI-R in favor of the DRAOR. For this project, the following validated assessment instruments will be used: STATIC 99, STABLE, ISORA-8, ACUTE-2007, SAI, and DRAOR. Violations and Recidivism Baselines. Youthful offenders, ages 18-25 and receiving sex offender treatment in the Eighth District, experienced a 41.7 percent unsuccessful closure rate between the years 2011 and 2014, which is 13 percent higher than the rate among adult sex offenders over

age 25. For grant reporting purposes, specific unsuccessful closure categories include noncompliance/behavioral issues, absconded/escaped, revocation, refused treatment, terminated/voluntary return to jail or prison, and jail or residential placement. During the reporting period, the sex offender treatment program served 693 adult probationers and parolees in the community. For comparison purposes, two age-related subsets were identified within that population: youthful clients ages 25 and under and clients ages 26 and above. Of the total number of sex offenders served, 173, or 25 percent, comprise the younger cohort. During that reporting period, 35.7 percent, or 45, of those youthful clients were removed from sex offender treatment and classified as unsuccessful. Compared to the overall unsuccessful closure rate of 32.3 percent for all sex offenders in the district, this represents an overall 3.4 percent higher closure rate for members of the younger cohort. Even more dramatic is the difference in the failure rates within each population subset. For clients ages 18 to 25, the unsuccessful closure rate was 41.7 percent when compared peer to peer—13 percent higher than the 28.7 percent unsuccessful closure rate among those ages 26 and over. Overall recidivism data published by IDOC appears to support the problem associated with the youthful population in general. The recidivism rate is defined as the percent of offenders who return to prison within three years of release due to new convictions or technical returns.⁶ While the recidivism rate for all offenders has been on the decline in Iowa since 2009,⁷ the rate for the under age 25 population is on the rise. When comparing offenders under age 25 to those ages 25 to 54, the younger cohort experienced increasing recidivism rates of 33.4 percent in the year 2013, and 35.3 percent in 2014, compared to their elders' declining rates of 29.2 percent and 28.3 percent, respectively.⁸ Empirical and anecdotal evidence suggest that the difference in treatment failure rates may be

⁶ Iowa Department of Corrections. 2014. Research in Brief: Prison Recidivism FY2014 ⁷ Ibid.

⁸ Ibid.

related to the number of technical field rule violations due to adolescent-like behaviors associated with the emerging adult population. Typically, technical field rule violations associated with this group include curfew, drug and alcohol use, internet and social media infractions, maintaining employment and a suitable residence, missed appointments, sex offender registry registration, and contact with minors. If not addressed, the growing number of violations can ultimately lead to removal from the sex offender treatment program, new offenses, revocation, and incarceration, which ultimately leads to higher recidivism rates. A 2013 IDOC report indicates a 35.4 percent recidivism rate among all aged sex offenders who did not complete or participate in sex offender treatment while in prison compared to a 16.7 percent recidivism rate among successful completers.⁹ Those numbers are cause for concern among community-based sex offender treatment professionals as well. Fees Charged to the Target *Population.* Each youthful sex offender will be charged the standard \$300 supervision fee. However, a programming incentive will be offered to the target population through a reduction of treatment fees. Adult sex offenders are charged \$625 every six months to offset costs related to drug and alcohol testing, electronic or GPS monitoring, polygraph examinations, and contract group facilitators. For youthful sex offenders, treatment fees will be delayed during the first six months to allow clients to adjust to treatment and supervision requirements without feeling overwhelmed. This incentive also lessens the financial pressures on a population that struggles to find and maintain gainful employment, or who may be attending school. After six months, each offender will be charged only \$300 every six months. If treatment is completed within two years and clients are moved to the 12-month maintenance and aftercare program, the fee is reduced to \$300 annually. Failure to complete the program in the prescribed period, or the accumulation of

⁹ Prell, L 2013. Sex Offender Treatment Completers More Successful. Iowa Department of Corrections.

violations can result in the fee being increased to the standard rate for adult sex offenders.

Effectiveness and Efficiency. This project will improve the delivery of intensive treatment and supervision services in the Eighth District by indentifying the unique needs of a sex offender population subset through the use of valid risk and needs assessments and then utilizing other evidence-based strategies such as age-appropriate specialized treatment and supervision tracks, seamless supervision, and collaboration with other state agencies and community partners. Mobility is a key factor in delivering those services to a rural, somewhat isolated population covering seven counties in southeast Iowa. For this project, both the probation and parole officer and the high-risk unit officer will maintain flexible schedules and different office locations on a rotating basis to provide offenders easier access to services. The same strategy will be employed in assigning treatment group locations. Ease of access will be further support by the Iowa Judiciary Branch, which has agreed to assign a judge, or judges, to conduct monthly court sessions in two different locations. IWD, a state agency offers employment training and related services designed specifically for a youthful population and community partner Optimae Life Services, a counseling agency both have offices located in multiple locations within the sevencounty area to maximize the delivery of services. *Inability to Fund Program Adequately*

Without Federal Assistance. Although the state of Iowa recently increased funding statewide for probation and parole officers to accommodate the anticipated growing number of sex offenders released to the community, the Eighth District received funding for only one such position. While that position does provide some caseload relief, it certainly does not allow for the implementation of the proposed pilot program. Funding is and will always remain a challenge. For example, although state workers recently negotiated raises over the next two years in a new collective bargaining agreement, legislators are indicating that they will not fund those increases.

That possibility could force layoffs or the diversion of funds from the respective districts' general budgets to offset the costs, thus further curtailing already limiting resources.

Program Design and Implementation

Timeline. See attachment. *Project Goals*. The project goals are to: 1.) increase the number of participants successfully completing the youthful sex offender treatment program; 2.) reduce the number of technical field rule violations; 3.) reduce the number of new crimes, of a sexual nature or otherwise; and 4) reduce the recidivism rate. Screening and Eligibility. YSOTP is designed for *all* youthful sex offenders, ages 18 to 25, court ordered to pretrial, probation, or parole supervision. Structure of the Program. The following core personnel are required: a roving PPO III certified by the Iowa Board for the Treatment of Sexual Abusers (IBTSA), an HRU officer with IBTSA training and a flexible work schedule, and a specially assigned judge or judges. Peripheral staff and contract treatment personnel will assist with facilitating statutory, special needs, and high-risk (for repeat and high-deviancy offenders) curricula, individual psychological counseling, the procurement of health insurance, assistance in obtaining employment or an education, and assessing the need for substance abuse treatment and mental health services as part of a pre-treatment protocol. *Program Length.* The four-phase program will adhere to the following schedule: 1.) Assessment, completed within 60 days of entering program; 2.) Treatment and Supervision, 24 months; 3.) Maintenance and Aftercare, 12 months; and 4.) Longterm Supervision, up to10 years or lifetime for those serving special sentences. Program Phases. Assessment: As stated, the STATIC 99, STABLE, ISORA-8, ACUTE-2007, SAI, and DRAOR instruments will determine any pre-treatment needs or the appropriate treatment track assignment in conjunction with staff interviews, substance abuse and mental health screenings, and a review of the offense and a sexual history. Clients who are assessed as treatment resistant will be

redirected to a cognitive-based individualized treatment group to overcome any barriers to participation in treatment. Clients presenting with mental health or substance abuse diagnoses will be referred to local treatment providers to address those issues prior to entering a treatment track. All clients will complete a 12-week cognitive-based class, Reasoning Skills, which focuses on critical thinking, problem solving and decision-making. All groups are designed to be openended to prevent any unnecessary delays related to access. *Treatment and Supervision:* The program will offer three age-delineated treatment tracks in addition to individual counseling as needed. The three tracks are statutory, special needs, or high-risk for repeat offenders and those with a high level of deviancy. Curricula will vary for each track: the Accelerated Sex Offender Treatment Program for Statutory-Type Offenders will be used with the statutory group, RESPECT for the special needs group, and NAVCON Brig for high-risk offenders. Clients will attend weekly treatment groups and monthly court sessions. Polygraph examinations will be administered every six months. Supervision restrictions will be enforced through progressive sanctions and incrementally reduced based on clients' success. Maintenance and Aftercare: Clients will attend monthly treatment and support groups (more if desired) focused on maintaining a balanced lifestyle and remaining vigilant of risk factors that may contribute to reoffending. Clients will meet with the PPO III monthly and attend quarterly court sessions. Polygraph examinations will be conducted at least once per year and the HRU officer will continue to conduct random home checks. Long-Term Supervision: Clients will continue to meet with the PPO III at the case manager's discretion and be subject to random home searches, but will not attend treatment groups or be subject to GPS monitoring. Court sessions will be limited to twice a year barring any violations. Other Programming. Life Skills Workshops: Program facilitators will offer a series of workshops focused on healthy relationships, communication,

conflict resolution, and maintaining healthy emotional and physical boundaries. *Employment* Services and Education: IWD is committed to offering employment services and training for the target population. Southeastern Community College offers comprehensive services in preparation for GED testing and establishing goals toward a post-secondary education. *Removal* from Program. Clients may be removed from YSOTP for violating treatment or supervision requirements, ongoing drug or alcohol use, obtaining new charges or absconding, or any other serious violation including threatening, disruptive, or assaultive behavior. *Number of Clients* **Receiving Services.** Upon full implementation, the project will serve 25-30 clients annually. Use of Grant Funds. Grant funds will be used to hire two full-time officers and a contract treatment specialist in addition to securing the services of the research partner. Other expenditures include the comprehensive cost of national and state-based training, user fees related to curricula, computer equipment, and the cost of refitting an existing state vehicle to meet law enforcement standards. The cost of the vehicle will not be grant funded as required by the grantor. See the attached budgets for a detailed breakdown of all expenses. Enroll uninsured probationers and *parolees into health insurance plans.* The Eighth District is well positioned to assist the target population in obtaining health insurance, or accessing other local, state, and federal funding options for medical care, as well as mental health and substance abuse treatment. Reentry currently coordinates all health insurance Coordinator enrollment through the State Medicaid Expansion and the Affordable Care Act. is also SSI/SSDI Outreach Access and Recovery (S.O.A.R.) Certified. Those same services will be provided without drawing down grant funding. **Collaboration.** The Eighth District has a long history of collaborating with the judiciary branch, local and state mental health and substance abuse treatment providers, and prosecuting and defense attorneys in its existing specialized

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programming for offenders. For this project, please see the attached letters of support and commitment from ______, of the applicant agency; _______, of Iowa District Eight; ______, of Optimae Life Services; ______, of the partnering ______, of the partnering

research agency, Iowa Division of Criminal and Juvenile Justice Planning (CJJP).

Part Three: Capabilities and Competencies

Personnel. The following individuals will be the primary members of the YSOTP treatment team: *Program Coordinator*, **(resume attached)**, will facilitate the initial YSOTP team training and program development meetings, negotiate and write service contracts, and coordinate program activities with the partnering district judge. In addition, **()** will oversee the development of policy and procedure manuals, oversee program data collection and reporting procedures. The program coordinator will also be responsible for hiring and supervising the following grant-funded positions: a probation and parole officer (PPO III), a high risk unit (HRU) officer, and a contract sex offender treatment specialist; Judge, **()**

(resume attached) will provide judicial oversight by assigning a specific judge or judges to hold monthly specialty court sessions for youthful sex offenders to review their progress, field rule violations, and to provide encouragement or impose immediate court sanctions when necessary; a <u>PPO III</u> (to be hired), will be certified by the Iowa Board for the Treatment of Sex Abusers (IBTSA), and will supervise clients through weekly face-to-face meetings, random UAs, home visits with the HRU officer to meet with offenders and their families or support persons to explain the program and build rapport, employment verification, classroom attendance and treatment participation. In addition, the PPO III will provide individual progress reports for all team meetings and court proceedings; a <u>HRU Officer</u> (to be hired), will be law-enforcement certified and receive IBTSA training. The officer will attend team meetings and court sessions and will conduct curfew checks, drug and alcohol testing, and home searches. Coupled with the IBTSA training, this position is designed to be more treatment friendly in minimizing the sometimes intimidating "law enforcement presence" by driving an unmarked law-enforcement equipped vehicle and wearing less formal attire; and

licensed clinical supervisor and therapist and a longtime co-facilitator of adult sex offender treatment groups and individual counseling in the Eighth District. To ensure competency and professional development, treatment team members will receive ongoing IBSTA training and continuing education related to the state sex offender registry and evidence-based practices of seamless supervision, validated risk and needs assessments, and motivational interviewing.

Contract Treatment Specialist, (resume attached), of Optimae Life Services, a

Qualifications of Research Partner. CJJP, established within Iowa Code, chapter 216A, subchapter 9, serves as the statistical analysis center for the State of Iowa with responsibility for coordinating with data resource agencies to provide data and analytical information to federal, state, and local governments, and assist agencies in the use of criminal and juvenile justice data. While access to data has been established across various state agencies, CJJP will work with all entities involved in this project to execute any necessary data sharing agreements and develop on-going processes and protocols for information sharing. The evaluator will review data and identify indicators to measure the effectiveness of the process. Most of the necessary data are available through the Iowa Justice Data Warehouse (JDW). Information within the JDW is received from several agencies, including the courts, corrections, and human services. Information from the JDW can be utilized for various ad hoc reporting needs, as well. *Key Research Staff.*

evaluator for this project. responsibilities will include data collection, analysis, and evaluation. (resume attached) will provide oversight for all research and evaluation aspects for the project. This will include supervision of data collection, analysis and identification and gathering of additional data for evaluation. Attached is CJJP's required statement of Research and Evaluation Independence and Integrity.

Part Four: Plan for Collecting Performance Measures Data

Data Collection. The majority of data used to complete the outcome evaluation will be collected electronically. Offenders will be identified utilizing the IDOC Iowa Corrections Offender Network (ICON). The ICON system will also supply offender demographics as well as some recidivism outcomes such as technical violations. The Justice Data Warehouse (JDW) will be utilized to assess the following recidivism outcomes: any new conviction, new felony conviction, new felony sex conviction, and any new sex conviction. Recidivism outcomes will be observed for all cohorts at one-year tracking periods. Recidivism outcomes will be observed for the earlier cohorts at three-year tracking lengths, contingent upon contracting. Data collected via exit interviews, conducted by project staff, will also be included as part of the final analysis. *Client Data Sharing and Confidentiality.* Release of information forms for the research partner CJJP, as well as all collaborating service providers will be signed by clients to ensure information sharing needed for treatment, supervision and data distribution.

Part Five: Impact/Outcomes, Evaluation and Sustainment

Preliminary Evaluation Plan. CJJP will conduct a process and outcome evaluation for the YSOTP. The *process evaluation* will utilize an empirical analysis to examine the extent to which the program was implemented with fidelity to the YSOTP model. The *outcome evaluation* will utilize a quasi-experimental design evaluating variations in recidivism between the treatment and

comparison groups. CJJP will secure permission from its Institutional Review Board (IRB) to conduct this study and will be responsible for collecting, maintaining, securing, and reporting project-related data. *The Process Evaluation*. Research Questions: 1.) Was the YSOTP model implemented with fidelity? 2.) Were the tasks of the probation and parole officer and high-risk unit officer consistent with the expectations set forth in the YSOTP model? 3.) Was the delivery and utilization of assessments consistent with the YSOTP model? 4.) Were the treatment provisions consistent with the YSOTP model? 5.) Did the program provide treatment to the intended group of offenders for the YSOTP model? Answers to the above will help expand the research base necessary to determine factors critical to the success of the project, as well as identify any issues or barriers that are inhibiting the desired outcomes of recidivism reduction. *Methodology and Outcome Measures.* Data used to perform the process evaluation will be empirical and include staff interviews and review of program materials and service delivery. *The* **Outcome Evaluation.** Research Questions: Does participation in YSOTP reduce recidivism? Various types of recidivism will be explored and are expected to include 1.) technical violations; 2.) revocation; 3.) any new conviction; 4.) any new felony conviction; 5.) any new felony sex conviction; and f.) any new sex conviction. <u>Methodology and Outcome Measures</u>. The outcome evaluation will utilize a quasi-experimental group design. The target population for this study will include adults that began community supervision during FY2016-FY2018 for a sex offense conviction. The treatment group will include offenders, ages 18 to 25, participating in or successfully completed the YSOTP during this period. The sample size of the program participant group will be dependent upon referrals and the number of eligible candidates¹⁰, although the Eighth District anticipates 25 to 30 YSOTP participants annually. Given sufficient

¹⁰Given sufficient figures, the 8th Judicial District would also like to examine outcome measures separately for the following offenders within the treatment group: those supervised for statutory offenses, offenders with special needs, high risk offenders, and offenders receiving individual therapy.

sample sizes, expectations are to observe recidivism differences amongst three comparison groups: 1.) Offenders who were referred and never participated or who unsuccessfully completed YSOTP; 2.) Sex offenders in the Eighth District who were 26 and above at start of community supervision and, therefore, not eligible for YSOTP; and 3.) A comparable group of sex offenders (ages 18-25 vs. ages 26+) supervised in other districts. Data Reporting. CJJP will generate progress reports every six months. The progress reports will identify the number of offenders referred to programming and their closure status. CJJP also anticipates reporting recidivism outcomes amongst participants. While certain aspects of the *outcome evaluation* will be conducted throughout the life of the grant, a comprehensive evaluation report will be provided by the end of the grant cycle. Pending available funding past the grant cycle, the evaluation would be completed approximately 18 months from program closure to allow for the examination of one full year of recidivism amongst offenders who entered programing during year-three. If funding is not available, recidivism amongst offenders who entered programing during year-three will then be limited to the timeframe of the grant. In this case, the final six months of the grant cycle will be utilized to analyze recidivism outcomes and prepare and deliver the final analysis. The applicant understands and will comply with all BJA reporting requirements. Sustainability Plan. The District has a long history of sustaining effective grantinitiated programs. Current programs still in operation and supported by other post-grant funding streams include the Victim and Restorative Justice Services Initiative, two Drug Courts, and the Mental Health Supervision Program. In addition, there is strong support for enhanced and innovative sex offender treatment and supervision options in the Iowa Legislature, Governor's Office, IDOC, and local communities.