THE DIVISION OF JUVENILE REHABILITATION SEX OFFENDER TREATMENT PROGRAM: DEVELOPMENT, DESIGN, AND EVALUATION ISSUES

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and

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AUGUST 1991

Juvenile Offender Research Unit
Management Services Division
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Department of Social and Health Services
Olympia, Washington

s study was funded by the Washington State Institute for Public Policy
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EXECUTIVE SUMMARY

Presented in this report are the results of a process and formative evaluation study of the Washington State Division of Juvenile Rehabilitation (DJR) juvenile sex offender treatment program. The study was funded by the state legislature through the Washington Institute for Public Policy and conducted by the Department of Social and Health Services (DSHS) Juvenile Offender Research Unit (JORU). It began in February 1991 and was completed June 1991.

The report findings include:

- DJR has provided treatment to juvenile sex offenders for over a decade. Individual programs and staff have received national recognition for their pioneering work in the area of sex offender treatment.

- Despite the experience of individual staff and facilities in providing treatment to sex offenders, DJR has historically been without a clearly articulated, coordinated, and consistently implemented system-wide sex offender treatment program. Only recently has there been a significant effort to develop a coordinated and integrated approach to sex offender treatment which goes beyond DJR's "offense specific" model for basic custody and treatment services.

- The lack of program coordination and consistency is, in part, an outgrowth of a fundamentally decentralized service delivery system. Although there is a DJR administrator in charge of sex offender treatment programs, this position has no direct authority over treatment staff. Responsibility for the development and implementation of treatment programs is carried out at the facility or community level.

- There is inadequate coordination between treatment sites and no centralized accountability for treatment. Quality and quantity of treatment is very much a function of interest at the local level and, as a consequence, treatment comfort and the level of expertise is spread unevenly across DJR facilities and regions.

- The current level of DJR staffing does not allow enough time for individual counseling by qualified sex offender therapists. This is a result of overall staffing levels, the requirement that DJR staff provide both treatment and custody, and the lack of training in the specialized field of sex offender treatment.

- The levels of specialized training, experience and education of DJR line staff are low in comparison to that required in most specialized sex offender treatment programs (e.g., SSODA requirements). This is a function of the lack of internal standards for specialized treatment and the policy of spreading training resources thinly in order to train large numbers of staff. Standards for education and specialized expertise should be developed if staff are expected to provide specialized treatment beyond the basic offense specific treatment model.

Critical issues affecting the quality of sex offender treatment in DJR include:

- staffing levels which limit in-house treatment to offense specific counseling
- under-utilization of purchased services from private providers
- the main-streaming of sex offenders
- unwillingness to establish minimal criteria (e.g., length of sentence, amenability to treatment, etc.) for treatment to maximize the impact of limited treatment resources
- coordination between institutions and community-based programs
- an absence of systematically collected treatment data for program oversight and accountability

Recommendations include:

- Current planning efforts to develop a division-wide sex offender treatment model should be continued

- Treatment should be centralized within and across facilities to increase economy of scale

- DJR should establish internal minimum education and training standards for those providing specialized treatment services

- The position of DJR sex offender coordinator should be given greater authority to manage the sex offender treatment program

- Resources should be allocated for routine and systematic data collection to enhance program oversight and accountability

- Data collection should include outcome measures that reflect overall treatment goals

- The ongoing implementation of these and other changes in the DJR sex offender program should be monitored through the use of process evaluation

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Barbara Felver of the Institute for Public Policy reviewed the final draft of the report.

PREFACE

This report and its recommendations are the work of the authors and do not necessarily reflect the official position of the Department of Social and Health Services or the Division of Juvenile Rehabilitation.

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INTRODUCTION

Described in this report are the results of a study of the Washington State Division of Juvenile Rehabilitation (DJR) juvenile sex offender treatment program. The study was funded by the state legislature through the Washington State Institute for Public Policy (WSIPP) under the Community Protection Act of 1990. It was conducted by the state Department of Social and Health Services (DSHS) Juvenile Offender Research Unit (JORU). The study began in February and was completed in June, 1991.

The initial goal of the project was to develop an evaluation design which would allow a methodologically rigorous assessment of the impact of the DJR treatment model for juvenile sex offenders. It was anticipated that the final product would include either an experimental or quasi-experimental evaluation design employing random assignment to control and experimental groups. Such a design, combined with adequate sample sizes, would provide sufficient statistical power to detect moderate sized effects on the key program outcome measure: sexual reoffending.

While the original intent was to develop a rigorous evaluation design, it became apparent during a series of meetings with DJR sex offender treatment staff and administrators that such a design was impractical. Although DJR has been providing treatment to juvenile sex offenders for over a decade and its staff and programs have received national recognition for their pioneering work with juvenile sex offenders, at the time the study commenced, there was no coordinated, consistent, and clearly defined treatment model in use across DJR facilities. Rather, the DJR treatment program could be best described as a patchwork quilt of local expertise and interventions. The absence of a stable, consistent treatment program precluded the development of the kind of evaluation design originally envisioned.

The need for more consistent treatment across the continuum of residential programs had been recognized to a degree by DJR management during the drafting of the Community Protection Act of 1990. With its passage, DJR made the commitment to use enhanced funding from the Community Protection Act to increase the quality and coordination of treatment for sex offenders in its custody. With the approval of the granting agency, the research staff agreed to refocus the project to assist DJR sex offender specialists and administrators in the process of clarifying and specifying the key elements of the treatment model.

The nature of the study was modified from the development of an evaluation design to a combination of formative and process evaluation. In a formative evaluation, the evaluators work with the program managers as they develop a program. Information and comments provided by evaluators during the course of a formative evaluation often result in changes in the final program design. In a process evaluation, the researchers analyze data on the process of implementation of the program model. Since in this case sex offender treatment has been ongoing in DJR for over a decade, it was felt that it was also appropriate both to assist in the specification of a

treatment model and to collect and analyze data on the current implementation of sex offender treatment within DJR.

The remaining sections of this report describe the results of the formative and process evaluation of sex offender treatment in DJR. Included in the report are an overview of the Division and its programs, the characteristics of DJR sex offenders, the impact of the Community Protection Act on DJR sex offender treatment, current sex offender treatment within DJR, the development of a standard DJR treatment model, and a review of the issues related to sex offender treatment within DJR.

OVERVIEW OF DJR PROGRAMS AND SERVICES

This section of the report describes DJR's programs and its organizational structure. It presents programs as they are defined by DJR. Later sections of this report analyze the actual implementation of sex offender treatment.

The Washington State Division of Juvenile Rehabilitation (DJR) provides custody, treatment, and supervision of youths adjudicated for offenses that would be crimes if committed by adults. Under the state juvenile code, the juvenile system has jurisdiction over offenders up to age 18. Jurisdiction may be extended to age 21, provided the offender comes under court jurisdiction prior to age 18. DJR provides residential programs for youths committed to its custody by county juvenile courts and parole supervision of youths released from its facilities. DJR also funds treatment programs designed to reduce commitments to state facilities.

DJR provides a variety of residential programs for youths sentenced to more than 30 days confinement. The division operates five institutions. Its institutional programs include three training schools (Green Hill School, Maple Lane School, and Echo Glen Children's Center), and two forestry camps (Naselle and Mission Creek).

DJR also operates and/or contracts with public and private agencies for additional residential programs. These include seven state operated group homes, private group home beds, and programs operated under contract by counties. The county programs rely on county detention centers for their residential components.

In addition to its residential programs, DJR operates or contracts for non-residential treatment programs for juvenile offenders. These programs include community diagnostic programs which assess youths committed to state facilities, detention based inpatient substance abuse treatment, and learning centers which provide alternative educational programs for juvenile offenders.

Initial Placement

The initial placement of youths committed to DJR is made by one of fifteen regional Community

Diagnostic Programs. Placement at DJR facilities is based on treatment needs, gender, security risk, age, and space availability. Typically, security considerations and the availability of beds outweigh other factors including treatment considerations. For example, only the three training schools are equipped to provide "Level 1" or maximum security; these facilities are the only placement options for Level 1 offenders. Similarly, Echo Glen Children's Center (EGCC) is the only DJR operated program accepting females. As a result, there are only three placement options for Level 1 offenders and only one for females.[1]

Within the limits of security and bed availability, placement decisions are also affected by informal "institutional reputations." For example, Echo Glen is generally recognized as specializing in programs for the younger male offender and sex offenders; as a result, diagnostic programs make an effort to place high risk, younger male offenders and younger sex offenders at Echo Glen. On the other hand, Green Hill School (GHS) specializes in programs for the older, more seriously delinquent, sophisticated male offender. Mission Creek Youth Camp (MCYC) offers a special job training program for older offenders who are expected to be emancipated on release. While these reputational factors are not formally recognized in the placement process, they are often considered in making placement decisions.

The Organization of DJR Custody and Treatment

DJR provides both custody and treatment to youths committed to its facilities. Basic custody services provided at all DJR facilities include security, routine health and dental care, education, and recreation opportunities. DJR utilizes an offense-specific counseling model to provide basic treatment to all youths in its facilities. Every facility also provides some job or vocational training opportunity for residents. Additional treatment opportunities vary in availability from facility to facility.

DJR line and supervisory staff are responsible for delivery of basic custody and treatment services. DJR's "Juvenile Rehabilitation Counselor" (JRC) and "Juvenile Rehabilitation Supervisor" (JRS) job classifications are not differentiated between custody and treatment responsibilities; all staff are expected to provide both. Since the same staff are expected to provide treatment and maintain security, the amount of treatment actually provided is often affected by variables that affect the need for security activities (overcrowding, escapes, vacations, etc.).

Custody Levels and Security

DJR manages its residential population through the use of a four-tiered security level system. Security levels are defined on the basis of both the physical facility (e.g., security windows) and the level of staff supervision. Level 1, the highest or maximum level of security, is available only at the three training schools. Levels 2 and 3 (medium security) are available at the training

[1] DJR has the option to place females in private group homes on a case by case basis. However, this is on an exception basis; Echo Glen is the only DJR operated facility serving females.

schools, two forestry camps, and in residential programs in county detention centers. Level 4 (minimum security) is available at all facilities, including group homes.

Youths in Level 1 reside in self-contained, secure living units. Youths in Levels 2 and 3 are allowed to leave their living units for program activities (e.g., school). Youths in Level 4 typically reside in group homes and are allowed to participate in community activities (e.g., school, work) without direct supervision.

Initial security level is a function of the offender's offense and length of sentence. The longer the sentence and/or the greater the severity of the offense, the higher the initial level of security. Security level changes after admission are governed by the principle of keeping youth in the least restrictive setting consistent with maintaining adequate security. The DJR security guidelines presume a gradual transition from the initial security level to minimum security, although in practice this does not always occur.

Treatment Services

DJR relies on an offense-specific counseling to provide basic treatment services. Offense-specific counseling is the development, implementation and monitoring of an individualized treatment plan which focuses on specific risk factors. The plan is designed to address a youth's particular pattern of offending and encourage the youth to make positive changes in his/her life. It is the responsibility of each youth's counselor to develop a plan for the youth and monitor the youth's progress accordingly.

DJR has adopted specific guidelines for offense-specific counseling. All DJR caseload carrying staff, including those at state and private group homes and DJR regional offices, are expected to follow these guidelines.

Special treatment programs are also available at DJR facilities for offenders with 'special needs.' For example, Echo Glen and Maple Lane each operate a specialized living unit for substance abuse treatment and mental health treatment. In addition, Parke Creek Group Home provides a 60-day substance abuse treatment program. Naselle Youth Camp provides an outpatient (day) treatment program for substance abuse. Echo Glen, Green Hill, Maple Lane and Naselle provide specialized group and individual counseling for sex offenders.

Youths in DJR facilities are also able to participate in campus-wide group treatment programs. Programs offered vary from facility to facility, but typically include victim awareness, anger management, and social skills classes. These programs are used to supplement the treatment provided through offense-specific counseling.

DJR requirements for the academic training of its staff are limited. Both JRC positions, which provide the bulk of treatment within the DJR organizational model, and JRS supervisory positions require a B.A. degree. In addition to these academic requirements, DJR staff are also required to take an 80-hour training curriculum during their first year of employment; additional in-service

training opportunities are available to staff who have completed the basic training requirement.

Sex Offender Treatment in DJR

Historically, DJR has relied heavily on staff initiative to develop special programs for sex offenders. The general approach to program development in this area has been to encourage case load carrying staff to take courses in sex offender treatment techniques and so create a pool of expertise at each location.

Since 1982, a DJR headquarters administrator has been responsible for the coordination of sex offender programs. This position, however, has functioned primarily as facilitator for program staff and a liaison between staff at DJR headquarters and in the field. The program administrator does not have direct authority over the staff who are implementing sex offender treatment programs in the field.

As a result of this decentralized organizational model and scarce resources for treatment, sex offender treatment at each of the DJR facilities has evolved independently with limited coordination between treatment programs. Treatment programs at individual facilities are administered and controlled at that level. Further, institutional and community-based programs report through separate organizational chains of command, decreasing opportunities for coordination and complicating transition when youths are transferred between community based and institutional programs.

The decentralized control over the delivery of sex offender treatment has been recognized as limiting accountability and the level of consistency across programs. While one of the effects of the Community Protection Act has been to focus attention on the need for greater program oversight, coordination, and uniform treatment standards, DJR sex offender treatment remains fundamentally decentralized.

As a result of the organization of sex offender treatment in DJR, the nature, quality, and quantity of treatment remains very much a function of interest at the local level. That level of interest has varied significantly. For example, traditionally Echo Glen Children's Center has been seen within and outside of DJR as the DJR facility for juvenile sex offenders. That reputation has been earned in part as a result of personal interest on the part of individual administrators and staff at that facility. On the other hand, the level of programming and expertise at other facilities has waxed and waned with turnover in staff and administrators. As a result, while all DJR facilities theoretically provide sex offender treatment, the comfort level and expertise are spread unevenly. In some facilities this means that sex offender treatment is limited to that which is provided as part of the basic offense-specific treatment program.

CHARACTERISTICS OF DJR SEX OFFENDERS

At any one time, roughly one out of five juveniles under DJR custody or supervision has a current or a prior sex offense. Data on the characteristics of the sex offender population on May 1, 1991 were collected as part of the study and are presented in Tables 1 and 2. On that date, there were 298 sex offenders under DJR custody or supervision.[2] Almost all (99%) were male. Although those located in residential facilities (i.e., excluding parole) were housed across the residential continuum, most resided in DJR institutions (55%).

Demographic and Offense Patterns

Table 1 presents the age, gender, and ethnic distributions for all sex offenders under DJR residential or parole supervision on May 1, 1991. The age at commitment ranged from 10 to 17 years. The sex offender population average age of admission of 14.5 years is significantly younger than the general DJR population which averages 15.3 at admission. Similarly, 78 percent of the sex offenders in the sample were white, a percentage significantly higher than the 59 percent of the general DJR population that is white. Finally, only four of 298 (1.3 percent) of sex offenders in the sample were female, again a figure significantly below the 6.5 percent of the general DJR population which is female.[3]

Table 1 also presents the distributions and number of current and prior offenses for the sex offender population. The typical sex offender in the DJR population differs in terms of criminal history from the general DJR population. For example, while similar proportions of the sex offenders and general population had only one commitment offense (63.8 percent and 66.8 percent, respectively), 44.3 percent of the sex offenders had no prior offenses compared to 20.6 percent of the DJR population.

The data in Table 1 show that sex offenders in the DJR population differ in significant ways from the general DJR population. They are younger at commitment, are more likely to be male and white, and less likely to have a criminal history.

Table 2 presents the number, percent of the population, average age, and most common sex offense, by location, for DJR sex offenders in residence or paroled May 1, 1991. According to these data, the average age is 16 years. Those placed at Echo Glen Children's Center, however, are generally younger. Their average age is 14 years. The three most common sex offenses across all facilities are Rape of a Child 1 (29.5 percent), Child Molestation 1 (24.5 percent), and Indecent Liberties (20.1 percent). These offenses account for almost three quarters of all sex offenses committed by this group (74.1 percent).

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[2] The definition used to identify the sample, i.e., a conviction for a sex offense, is conservative. Additional youths were receiving treatment as sex offenders as a result of self-disclosed offenses that had not resulted in a conviction.

[3] General population figures were for the population on parole and in residential programs on July 19, 1991.

TABLE 1

DEMOGRAPHIC AND OFFENSE CHARACTERISTICS OF SEX OFFENDERS UNDER DJR RESIDENTIAL AND PAROLE SUPERVISION ON MAY 1, 1991

Age at Commitment	(N)	Percent
10-12	40	13.4
13	45	15.1
14	57	19.1
15	59	19.8
16	55	18.5
17	42	14.1

Race/Ethnicity	(N)	Percent
White	233	78.2
African-American	31	10.4
Native American	13	4.4
Hispanic	12	4.0
Asian American	5	1.7
Other	4	1.3

Gender	(N)	Percent
Male	294	98.7
Female	4	1.3

Current Offenses	(N)	Prior Offenses	(N)
-	-	0	132
1	190	1	39
2	80	2	28
3	18	3	19
4 or more	10	4 or more	80

TABLE 2

CHARACTERISTICS OF DJR OFFENDERS WITH CURRENT OR PRIOR SEX OFFENSES, MAY 1, 1991

Location	Number	Percent of Offenders	Average Age	Most Common Sex Offense
State Operated Institutions				
Maple Lane	34	16	16.9	Rape of a Child 1
Green Hill	25	20	17.6	Rape of a Child 1
Echo Glen	77	46	14.3	Rape of a Child 1
Mission Creek	0	N/A	N/A	N/A
Naselle	27	22	16.5	Child Molestation 1
State Operated Group Homes				
State Group Homes	7	7	17.4	Indecent Liberties
Private/County Contracted Residential Facilities				
Region 1	5	13	16.0	Indecent Liberties Rape of a Child 1
Region 2	3	23	15.7	Child Molestation 1
Region 3	0	0	N/A	N/A
Region 4	3	17	15.3	Rape of a Child 1
Region 5	0	N/A	N/A	N/A
Region 6	4	19	16.5	Child Molestation 1 Incest 1 Indecent Liberties Rape of a Child 1
Parole Supervision (Non-Residential)				
Region 1 Parole	12	24	16.3	Rape of a Child 1
Region 2 Parole	22	38	16.9	Rape of a Child 1
Region 3 Parole	14	32	16.6	Child Molestation 1
Region 4 Parole	18	18	16.6	Child Molestation 1
Region 5 Parole	29	27	16.8	Child Molestation 1
Region 6 Parole	18	28	16.6	Rape of a Child 1
Totals	298	22	16.1	Rape of a Child 1

Movement of Sex Offenders

Data were also collected on transfers of sex offenders between facilities after commitment. As a general rule, sex offenders committed to DJR were seldom transferred to other facilities. Presented in Table 3 are data on the movements of juvenile sex offenders released from DJR facilities or alternative placement programs from April 1990 through March 1991. These data show that eighty-six percent were initially placed in institutions and that sixty-six percent of all sex offenders completed their entire sentence at the location where they were initially placed.

Even those sex offenders who were moved, were moved infrequently. The average number of moves excluding temporary assignments for those who were transferred was 1.3. Of those who moved, 43.6 percent were transferred to an institution, 10.9 percent were transferred to a youth camp, and 45.5 percent were transferred to a state group home or alternative placement in the community by the time of their release.

The net direction of this movement is what would be expected. Most of those who moved, moved from a more restrictive setting to an equal or less restrictive setting. Thus, regions and group homes had net gains, and institutions and camps had net losses. The sole exception to this pattern was Maple Lane which received a number of sex offenders from the other institutions.

TABLE 3

MOVEMENT BETWEEN DJR FACILITIES FOR JUVENILE SEX OFFENDERS RELEASED, APRIL 1, 1990 THROUGH MARCH 31, 1991

Location	Offenders Initially Placed In	Percent Released Without Transfer	Net Gain In Offenders (By Transfer)	Offenders Released From
Maple Lane	20	60.0	3	23
Green Hill	11	36.4	-5	6
Echo Glen	63	73.0	-6	57
Mission Creek	6	16.7	-4	2
Naselle	39	56.4	-12	27
Regions	20	95.0	9	29
State Group Homes	3	100.0	15	18
Total	162	66.0	0	162

These data indicate that despite DJR's philosophy of moving youths to the least restrictive setting consistent with community safety, most sex offenders begin and end their confinement in the most restrictive (institutional) setting.

Data were also collected on the lengths of stay[4] of juvenile sex offenders sentenced to DJR. Data on length of stay are presented using the median and the range between the fifth and ninety-fifth percentiles. Data are arrayed by location for juvenile sex offenders released from DJR facilities between April 1, 1990 and March 31, 1991 and are presented in Table 4.[5]

TABLE 4

LENGTH OF STAY BY LOCATION FOR JUVENILE SEX OFFENDERS RELEASED FROM DJR FACILITIES, APRIL 1, 1990 THROUGH MARCH 31, 1991

Location	Length of Stay (Days)		
	Median	5th Percentile	95th Percentile
Maple Lane	208	53	648
Green Hill	225	11	797
Echo Glen	290	54	665
Mission Creek	171	49	411
Naselle	162	31	318
Regions	121	2	279
State Group Homes	147	42	461

The length of time that sex offenders are confined to DJR facilities before parole is highly variable. Overall, the median length of stay for juvenile sex offenders released from DJR facilities between April 1, 1990 and March 31, 1991 was 180 days or roughly 6 months. Ninety percent had lengths of stay between 31 and 624 days (1 month to a little over 20 months). As might be expected, median lengths of stay for sex offenders at more restrictive settings were longer than those for sex offenders at less restrictive settings. Regardless of setting, median length of stay for sex offenders at DJR facilities was less than a year. It varied by location from 4.0 months at private groups homes to 9.5 months at Echo Glen.

COMMUNITY PROTECTION ACT

This section of the report reviews the provisions of the Act which affected the DJR treatment

[4] "Length of stay" is operationally defined as the net amount of time an offender spent at a facility. This measure should not be confused with "length of sentence," which is the minimum (or maximum) sentence assigned by the juvenile court. Factors such as credit for time in detention prior to disposition and time spent in other residential facilities typically produce lengths of stay shorter than the corresponding length of sentence. However, under Washington's presumptive sentencing system, all offenders serve at least their minimum sentence.

[5] These statistics were used because they minimize the effect of extreme scores. The distribution of length of stay includes some very small and very large values which would distort the values for the simple mean and range if they were used. The median is the middle score in a distribution; 50 percent of scores are higher and 50 percent are lower than the median. The range between the fifth and ninety-fifth percentile includes the "middle" ninety percent of all scores.

program and assesses the degree to which provisions of the Act have been implemented.

Legislative Background

In 1989, a series of heinous crimes by sex offenders prompted the Washington State legislature to review sanctions and treatment programs for sexual offenders. Early the next year, the legislature passed the Community Protection Act which both increased penalties for sexual offenses and provided additional funds for treatment programs.

Major Provisions

Four major provisions in the Act related directly to DJR sex offender treatment programs. They include:

- ❑ the creation of the Special Sex Offender Disposition Alternative (SSODA)
- ❑ increases in the length of parole for juvenile sex offenders
- ❑ increased funding for juvenile sex offender parole supervision, treatment and assessment; enhanced services for sex offenders at DJR facilities
- ❑ the creation of a special living unit for sex offenders at one of the facilities (Echo Glen Children's Center)

Special Sex Offender Disposition Alternative (SSODA)

The Special Sex Offender Disposition Alternative (SSODA) permits a juvenile court judge to suspend the sentence of a first time juvenile sex offender and place the offender under community supervision for up to two years. Offenders sentenced under SSODA are required to participate in sex offender treatment with state certified therapists. SSODA was intended to avoid confining first time juvenile sex offenders in DJR facilities where they would be in contact with more delinquent youth. SSODA was also seen as an opportunity to provide intensive early treatment intervention in the hopes of reducing the number of first time sex offenders who recidivate.

The Community Protection Act provided funds for the assessments and treatment that were anticipated under the SSODA program. The amount of funds were based on projections of the number of sex offenders who would be eligible for the program. While initial estimates of the number of the potential SSODA caseload were as high as 410, the final appropriated level was a caseload of 270 by July 1, 1991.

Increased Terms of Parole

Under terms of the Community Protection Act, the maximum term of parole for juvenile sex offenders was increased from 18 months to 24 months. DJR was provided with additional funding to pay for the anticipated increase in workload.

Enhanced Treatment/Coordination

The Legislature appropriated 2.211 million dollars for juvenile sex offender treatment. In addition to the SSODA program (1,046,000 dollars), funds were appropriated for DJR parole services and community treatment coordination (881,000 dollars), and enhancements within DJR residential programs (284,000 dollars).

DJR allotted the non-SSODA funds to the purchase of outside provider services, staff training, the development of resource libraries, and the hiring of nine sex offender specialists. Funds for one specialist were allotted by DJR to each region and to Maple Lane School (MLS), Green Hill School (GHS), and Naselle Youth Camp (NCY), respectively. The sex offender specialist positions were intended to provide staff training, program coordination, and sex offender treatment.

The allotment of funds provided under the Act was based on DJR's perception of the needs and roles of the different programs involved. For example, no funds were allotted by DJR to hire sex offender specialists for Echo Glen Children's Center (EGCC) and Mission Creek Youth Camp (MCYC). Mission Creek is a small facility that has established programs for older offenders about to be released. The decision was made not to invest significant resources in specialized sex offender treatment at this facility, but to direct sex offenders to the other facilities for treatment.

Funds were also appropriated and allotted to establish a specialized intensive treatment program for sex offenders. The program is located at Echo Glen which has a long-standing specialized sex offender treatment program. An entire living unit (16 beds) will be set aside for specialized treatment. Funds were allotted for enhanced staffing of the unit and for the development of a behavioral lab with the capability of conducting plethysmograph assessments of juvenile offenders.[6]

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[6] The plethysmograph is a phallometric device used to measure the level of sexual arousal. In the typical plethysmograph assessment, the subject is seated alone in a small room. The subject fits a latex loop around his penis. The loop contains a conductive material and is connected to electronic measurement equipment in an adjacent room. The subject is exposed to various sexual stimuli (audio tapes, slides, videotapes). Changes in tumescence alter the conductivity of the material in the latex loop. These changes are recorded by the electronic equipment, producing a physical record of the level of arousal as measured by changes in the diameter of the penis. The primary advantages of the plethysmograph technique are that it allows an objective measure of arousal and that it can detect levels of arousal below the level of subjective awareness.

Expenditure of Community Protection Act Funds

The legislature appropriated 2.211 million dollars for enhancements to treatment and supervision within DJR. Tables 5, 6 and 7 present data on the funds appropriated for enhanced DJR sex offender treatment under the Community Protection Act, how the funds were allotted by DJR,[7] the amounts spent, and the end-of-biennium balances by location and budget unit.

Altogether, the regions received 1,927,000 dollars for enhanced sex offender treatment. Over half of this sum was dedicated to expenditures associated with the SSODA program. Institutions and camps received roughly one-seventh that amount, 284,000 dollars.

The data in Table 5 indicate that the Community Protection Act funds for the regions were allotted in rough approximation to the percent at-risk population in each location. The balances for each region are quite large. As of August 1991, end of biennium expenditure figures indicate that the regions spent only 21 percent of the funds appropriated.

Special Sex Offender Disposition Alternative (SSODA)

While initial projections for SSODA caseloads were as high as 410 per year,[8] SSODA caseloads were 93 on March 1, 1991, below initial projections. The primary explanation for the lag in caseloads on SSODA involved the unanticipated length of the "pipeline" which would be required before offenders could actually enter treatment. For example, it took much longer than expected for youths to be processed by the courts and actually placed in SSODA, in some cases in excess of 11 months.

Several different factors produced these delays. The legislation applied to offenses committed after June 1990. Since many sex offenses are not reported for weeks and sometimes months after they happen, the start date of the legislation and the delays related to reporting, investigating and prosecuting offenses limited the number of offenders in SSODA treatment during the first nine months of the fiscal year. Other offenders who might have been eligible for SSODA continued to receive services through other programs (e.g., Consolidated Juvenile Services).

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[7] In the budget language of state bureaucracy, the legislature "appropriates" funds for programs. In some cases, the appropriations are fairly detailed and limits are placed on how the funds can be spent. In these cases, the funds are referred to as "provisoed." Whether provisoed or not, state agencies take the appropriated funds and "allot" them to specific budget categories such equipment, travel, salaries and benefits, etc. These allotments are then reviewed by the Office of Financial Management (OFM). Actual expenditures are then tracked against allotments. In this sense, allotments reflect the specific manner in which an agency has budgeted funds that have been appropriated for a more general purpose. Since these allotments are only "expenditure plans," small deviations in actual expenditures are routine. Large deviations may reflect unanticipated changes in circumstances or inaccurate estimates of future needs.

[8] DSHS Fiscal Note Request # 90-340, January 25, 1990.

TABLE 5

COMMUNITY PROTECTION ACT ALLOTMENTS AND EXPENDITURES FOR COMMUNITY PROGRAMS, JULY 1989 THROUGH JUNE 1991

Location/Budget Unit	Percent Of At-Risk Population	Amount Allotted ($1,000)	Percent Of Appropriated Funds	Expenditures ($1,000)	Biennium Balance ($1,000)
Region 1					
Court Ordered Evaluation & SSODA	13.5	154.9	14.8	50.2	104.7
Outpatient Treatment on Parole		104.7	14.8	30.6	74.2
Sex Offender Specialist		26.6	15.6	4.2	22.4
Region 2					
Court Ordered Evaluation & SSODA	9.4	104.0	9.9	34.8	69.2
Outpatient Treatment on Parole		76.0	10.7	14.7	61.3
Sex Offender Specialist		21.9	12.8	5.1	16.8
Region 3					
Court Ordered Evaluation & SSODA	15.4	149.8	14.3	6.5	143.3
Outpatient Treatment on Parole		103.0	14.5	40.0	63.0
Sex Offender Specialist		26.5	15.5	0	26.5
Region 4					
Court Ordered Evaluation & SSODA	29.0	295.6	28.3	52.0	243.6
Outpatient Treatment on Parole		195.2	27.5	14.3	180.9
Sex Offender Specialist		39.7	23.2	0	39.7
Region 5					
Court Ordered Evaluation & SSODA	16.3	167.5	16.0	65.1	102.4
Outpatient Treatment on Parole		116.1	16.3	34.4	81.7
Sex Offender Specialist		27.9	16.3	0	27.9
Region 6					
Court Ordered Evaluation & SSODA	16.4	174.4	16.7	24.7	149.7
Outpatient Treatment on Parole		115.0	16.2	20.7	94.2
Sex Offender Specialist		28.3	16.5	0.8	27.5
TOTAL					
Court Order Evaluation & SSODA		1,046		233.2	812.8
Outpatient Treatment on Parole		710		154.7	555.3
Regional Sex Offender Specialists		171		10.2	160.8
Grand Total		1,927		398.1	1,528.9

Even considering the delays and other pipeline problems, the SSODA caseload may have been overestimated at 270 for June 30, 1991. By July 1, 1991, there were only an additional 64 youth "pending" (i.e., having completed assessments but not yet assigned to SSODA) in addition to the 93 cases already assigned. Among the factors that may continue to hold SSODA caseloads

below anticipated levels is the lack of state certified providers in all counties[9] and advice from defense attorneys to youths to decline to participate in SSODA.[10]

Increased Parole Supervision

The Community Protection Act included provisions for extending the term of parole to 24 months. While previous statutes allowed up to eighteen months of parole supervision, DJR policy was to base parole supervision on the length of sentence. These guidelines provided a maximum of 12 months parole. The average length of parole prior to the CPA legislation was 23 weeks. Thus the CPA legislation mandated a significant increase in parole terms for sex offenders.

There was a significant increase in both the number of offenders on parole and the average length of parole supervision coinciding with the implementation of the CPA. For example, in fiscal year 1990, the average length of parole was 158 days; in fiscal year 1991 the figure increased 11 percent to 175 days. Similarly, the number of youths on parole increased 26 percent from 336 in July 1989 to 422 in July 1991.

Enhanced DJR Treatment - Regions

The gaps between allotments and expenditures as shown in DJR community programs (Table 5) and institutions (Tables 6 and 7) reflect a variety of start up problems encountered as DJR tried to expand and enhance treatment programs for juvenile sex offenders.

The start up problem is illustrated by the case of DJR regional sex offender specialists. The CPA provided and DJR allotted funds for 3 full time regional sex offender specialist positions to coordinate treatment. DJR combined these funds with additional appropriated funds for parole supervision to allow each of its six regions to hire specialist/parole counselor. However, these sex offender specialists weren't hired until late Fiscal 1991. For example, as of June 30, 1991, sex offender specialists had only been hired in Regions 1, 2, 4, and 5. As a result, 94 percent of the funds allotted for these positions were projected to be unspent.

Enhanced DJR Treatment - Institutions

Tables 6 and 7 detail how funds appropriated by the legislature under the Community Protection Act were allotted and spent by DJR in its residential programs. Table 6 provides a summary of the allotments and expenditures, by budget unit. Table 7 provides a facility by facility breakdown of allotments and expenditures by budget unit.

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[9]A total of 20 therapists were certified as of July 27, 1991. All but three of these were from King, Pierce, Snohomish or Thurston county.

[10]This area may see significant controversy in the future. As defense attorneys recommend against SSODA and its 24 months of treatment, courts will be under pressure to "influence" offenders to volunteer for SSODA, perhaps by threatening to use the manifest injustice provisions of the juvenile code to give sentences beyond the standard range to those refusing to participate in SSODA.

Table 6 summarizes the allotment of the 284 thousand dollars appropriated for DJR institutional programs under the Community Protection Act. The bulk of the funding was allotted to "goods and services." This was done under the anticipation that assessments and treatment for DJR sex offenders would be purchased from private agencies. Of the 134 thousand dollars allotted for "goods and services," about 41 percent was not spent as allotted. Similar surpluses remained in wages, salaries and benefits at the end of the biennium. Were it not for significant expenditures beyond the allotted figures for travel and equipment, DJR would have ended the biennium with a significant budget surplus in its institutional CPA funds.

TABLE 6

COMMUNITY PROTECTION ACT APPROPRIATIONS AND EXPENDITURES FOR DJR INSTITUTIONS AND CAMPS, JULY 1989 THROUGH JUNE 1991

Budget Unit	Total Appropriation ($1,000)	DJR Allotment ($1,000)	Percent Allotted By Unit	Expenditures ($1,000)	Biennium Balance ($1,000)
Wages and Salaries		94.0	33.1	75.9	18.0
Employee Benefits		24.4	8.6	18.3	6.1
Goods and Services		134.1	47.2	92.9	41.2
Travel		11.3	4.0	16.9	-5.6
Equipment		20.2	7.1	80.0	-59.8
Total	284.0	284.0	100.0	284.0	0.0

The allotment of CPA funds to DJR institutions is presented in Table 7. Roughly 42 percent of the funds appropriated for institutions and camps was allotted to wages and benefits for three sex offender specialists at Maple Lane, Green Hill, and Naselle. Another 47 percent of the funds was allotted to the purchase of goods and services, such as, books and video tapes for the resource libraries, training, and the services of outside providers. Four percent of the funds was allotted to travel and 7 percent was allotted to equipment.

Wages and Benefits

Like the regions, DJR institutions ended the biennium with significant funds allotted to wages and benefits unspent. Again, like the regions the surplus is related to delays in hiring. Funds were allotted for three sex offender specialists (MLS, GHS, NYC). These positions were not filled until late into the biennium.

Although Echo Glen was not allocated funds for wages and benefits, it spent funds in these categories. These expenditures may reflect the hiring of a supervisor for the sex offender living unit. Echo Glen also spent on travel, although it was not allotted any funds in this category.

TABLE 7

COMMUNITY PROTECTION ACT ALLOTMENTS FOR DJR INSTITUTIONS AND CAMPS, BY BUDGET UNIT, JULY 1989 THROUGH JUNE 1991

Location/Budget Unit	Amount Allotted ($)	Percent of Total	Expenditures ($1,000)	Biennium Balance ($1,000)
Maple Lane				
Wages and Salaries	31.3	33.3	28.6	2.7
Employee Benefits	8.1	33.3	6.8	1.4
Goods and Services	33.6	25.1	18.1	15.5
Travel	3.8	33.3	1.7	2.1
Equipment	3.4	16.8	15.8	-12.4
Total	80.2	28.2	71.0	9.2
Green Hill				
Wages and Salaries	31.3	33.3	28.0	3.3
Employee Benefits	8.1	33.3	7.3	0.9
Goods and Services	33.6	25.1	23.6	10.0
Travel	3.8	33.3	3.6	0.2
Equipment	3.4	16.8	20.2	-16.8
Total	80.2	28.2	82.6	-2.4
Echo Glen				
Wages and Salaries	0	0.0	4.2	-4.2
Employee Benefits	0	0.0	0.4	-0.4
Goods and Services	31.3	23.4	14.6	16.7
Travel	0	0.0	5.7	-5.7
Equipment	10.0	49.6	15.0	-5.0
Total	41.3	14.6	39.9	1.4
Mission Creek				
Goods and Services	2.0	1.5	1.2	0.8
Equipment	0	0.0	0.9	-0.9
Total	2.0	0.7	2.1	-0.1
Naselle				
Wages and Salaries	31.3	33.3	15.1	16.3
Employee Benefits	8.1	33.3	3.9	4.2
Goods and Services	33.6	25.1	35.4	-1.8
Travel	3.8	33.3	6.0	-2.2
Equipment	3.4	16.8	28.0	-24.6
Total	80.2	28.2	88.3	-8.1
TOTAL	284.0	100.0	284.0	0.0

This expenditure may be in part expenses associated sending staff to California for training on how to use the plethysmograph.

Equipment

Echo Glen received 50 percent of the funds (10,000 dollars) allotted to institutions and camps for the purchase of equipment. It spent half again that amount. In part, these expenditures reflect the purchase of plethysmograph equipment. This equipment is intended for use by the youth placed in the sex offender living unit. The other institutions and camps also overspent their allotments for equipment. This may be due in part to the low level of funds initially allotted in this category. Equipment expenditures are frequently for office furniture and computer equipment for new staff and resource libraries.

Goods and Services

Excluding Mission Creek, the amount allotted for goods and services was fairly evenly divided among the remaining four institutions. The category of goods and services represents expenditures for training, the purchase small items such as books and videos, and outside provider services. Expenditures for travel are often associated with training. Note that neither Echo Glen nor Mission Creek received funds for travel, but Maple Lane, Green Hill, and Naselle did. This may indicate an assumption about the additional amounts to be spent on training at the facilities assigned sex offender specialists.

Travel

A small percentage of the CPA funds was allotted for travel. Three institutions overspent these budgeted amounts (Echo Glen, Mission Creek, and Naselle). These dollars were intended to aid in the training of staff, training which often involves per diem and travel expense.

Summary

As a general rule, DJR facilities overspent their equipment allotments and underspent their allotments for goods and services. Only the large expenditures on equipment prevented even larger budget surpluses resulting from unspent funds allotted to goods and services. Basically, the DJR residential facilities were simply unable to contract for enough treatment to spend the funds allotted to them from the CPA.

TREATMENT ISSUES AND PLANNING

This section of the report addresses major treatment issues in the delivery of sex offender treatment within DJR. Our comments and recommendations are based on analysis of available data, participation in efforts to define the DJR sex offender treatment model, and a critical review

of DJR sex offender treatment programs.

Four major issues are addressed, each of which we feel is essential for an effective treatment program. These issues are:

- ❑ Treatment Model
- ❑ Training
- ❑ Resources
- ❑ Management/Accountability

Treatment Model

The first requirement for an effective treatment program is to have a treatment model. The treatment model should be theory based and clearly articulated. The interventions specified in the model should be measurable. Above all, the expected short and long term outcomes of each intervention should be specified in objective measurable terms.

During the course of meetings with DJR treatment staff and administrators, it became clear that DJR did not have a treatment model as described above. This is not to say that they did not provide treatment or that their treatment was ineffective. But there was no clearly articulated, coordinated and consistent approach to sex offender treatment within the division. Instead, as described earlier, treatment in DJR was decentralized and eclectic. As a result, the type and intensity of treatment provided within DJR depends very much on the facility and counselor assigned. Unfortunately, the initial placement of offenders is driven primarily by security level and population pressures, rather than by an in-depth assessment of treatment needs. As a result, the intensity and appropriateness of the treatment provided is often a product of chance.

Since the passage of the Community Protect Act, DJR sex offender treatment has been under review. There is a perceived need within DJR for greater program oversight, coordination, and uniform treatment standards. Planning to meet these needs has focused on developing a division-wide model of sex offender treatment and plans to collect data for evaluation purposes. These plans are still in development and no final decisions are expected until late this year. The following section describes the issues involved in establishing a division-wide model of sex offender treatment and the proposed model.

Training

The present system of treatment at DJR facilities assumes that each counselor is equally prepared to work with sex offenders. This represents a substantial commitment to continuous staff training. The commitment to provide training to all staff may not be cost effective, however, in light of the high turnover rate for these positions. Department of Personnel data for calendar year

1990 indicates that the typical Juvenile Rehabilitation Counselor 2 (JRC 2) at an institution or camp will remain in the same position without transfer or promotion for roughly three years. The overall turnover rate, excluding transfers and promotions, for JRC 2's at camps and institutions in 1990 was 28 percent. Thus, the commitment to train all staff in sex offender treatment carries with it an ongoing need to continually train new staff.

The level of education and training of individuals providing sex offender treatment is a key variable in the quality of that treatment. As part of this study, a survey of the educational and training background of DJR staff involved in treatment of juvenile sex offenders was conducted in June, 1991. A total of 28 supervisors and 88 staff were surveyed. Table 8 presents data from this survey.

TABLE 8

DJR TREATMENT STAFF EDUCATION AND SEX OFFENDER TREATMENT TRAINING [a], MAY 1991

Location	Supervisory Staff		Counseling Staff	
	Highest Academic Degree	Average Specialized Training Hours	Highest Academic Degree	Average Specialized Training Hours
Maple Lane	N=8 BA/BS=88% MA/MS=12%	312.5 [b]	N=24 HS/AA=25% BA/BS=71% JD=1%	20.5
Green Hill	N=8 HS/AA=13% BA/BS=50% MA/MS=37%	27.1	N=17 HS/AA=29% BA/BS=65% MA/MS=6%	14.7
Echo Glen	N=8 BA/BS=25% MA/MS=75%	45.1	N=37 HS/AA=27% BA/BS=62% MA/MS=11%	14.9
Naselle	N=4 BA/BS=100%	47.6	N=10 HS/AA=10% BA/BS=80% MA/MS=10%	45.3

'E:

a) The data on hours of training are for training specific to treating sex offenders only. These figures do not represent the total hours of training that these staff may have had.

b) The sex offender specialist at this facility reported having over 500 hours of sex offender treatment training. The data were missing for six of the remaining seven supervisors at this site.

As Table 8 illustrates, an additional problem with the DJR model is that not all staff responsible for providing sex offender treatment have appropriate levels of education and training. For example, state certification requirements for private therapists require a masters level education and specialized training in sex offender treatment, in addition to 2,000 hours of supervised experience providing sex offender treatment. Although this requirement is waived for DJR staff, it provides a useful benchmark. In comparison, from ten to 29 percent of DJR counselors with sex offenders on their caseloads have only a high school or AA degree. The average number of hours of specialized training ranges from 15 to 45. Thus many state staff responsible for sex offender treatment would fail to come close to the minimum requirements for certification.

A possible solution to the training dilemma is to remove sex offenders from the general offender population and concentrate them in special living units. Only the staff assigned to these units would be required to have a high degree of knowledge about sex offender issues and treatment. Training dollars would be focused on a much smaller group. The downside of this proposal is that it reduces the number of living units available to the 80 percent of DJR residents who are not sex offenders. Already there are special living units at DJR facilities for residents in need of maximum security, mental health treatment, and substance abuse treatment.

Resources

Adequate resources are always a key to providing effective treatment programs. In reviewing the DJR sex offender treatment program, we addressed the resource issue on two levels. First, how much treatment is currently provided to sex offenders. Second, could the delivery of treatment be reorganized to make more effective use of resources.

A survey of the amount and types of treatment being provided to sex offenders in DJR was completed in June 1991 (See Appendix A for a copy of the survey instrument). Data were collected from all staff assigned as counselors to sex offenders and from supervisors and administrators responsible for the delivery of sex offender treatment.[11] These staff were asked to provide information on the amount and type of treatment provided to each offender in the past 30 days.

Table 9 summarizes the results of this survey. A total of 153 sex offenders in DJR custody were identified. The figure ranged from 26 at Green Hill to 66 at Echo Glen. Staff reported providing a total of 809 individual counseling hours, an average of 5.3 per offender.

Table 9 also shows the amount of group counseling provided. For example, 105 hours of group counseling were provided at Naselle Youth Camp in the 30 days prior to the survey. The comparable figures at Maple Lane, Echo Glen, and Green Hill were 90, 87, and 76, respectively.

[11] The following methodology was used. An initial list of all offenders in DJR residential programs was constructed using the DJR client tracking system. This list was then sent to the DJR treatment coordinators at each institution and regional office. They augmented the list with any additional youths known to be receiving sex offender treatment (e.g., those with no sex offense adjudication). The counselors assigned to these youths were then identified and asked to indicate the amount and types of treatment (individual counseling, family counseling, group counseling, assessment, and aftercare) that they had provided in the past 30 days.

TABLE 9

DIRECT SEX OFFENDER TREATMENT HOURS AT DJR FACILITIES, MAY 1991

Location	Number of Sex Offenders [a]	Individual Counseling	Individual Counseling Hours/ Offender	Other Direct Treatment Hours			
				Group	Family	Assessment	Aftercare
Maple Lane	32	228	7.1	90	0	22	8
Green Hill	26	138	5.3	76	0	80	0
Echo Glen	66	275	4.2	87	7	33	0
Naselle	29	168	5.8	105	0	0	0
Total	153	809	5.3	358	7	135	8

NOTE:

a) Differences between the number of sex offenders presented in Table 1 and the number of sex offenders presented in this table are due to different sources of data and different ways of counting sex offenders. Data on sex offenders presented in Table 1 were extracted from DJR's central information system and apply to sex offenders with current or prior sex offenses on their records as of May 1, 1991. The data presented in this table were obtained from the records at each facility during the contact person interview and apply to all DJR residents receiving sex offender treatment during the previous 30 days. Some of the residents counted in this table may not have a record of an adjudicated sex offense, but are known sex offenders.

The respondents reported providing negligible family counseling. Green Hill, Echo Glen and Maple Lane provided 80, 33 and 22 hours of assessment, respectively.

Tables 10 and 11 provide details on the amount and types of treatment provided at different DJR facilities. Table 10 describes the therapy groups at specific facilities. Table 11 describes the types of in-house services at each facility. The in-house services listed are those which are specifically targeted for sex offenders and do not include facility-wide services (e.g., anger management group therapy) which may be available to sex offenders as well as other offenders in a facility.

As these tables show, while there are a variety of treatment groups going on in different DJR facilities, the options in any one facility are limited, particularly in the number of offenders who can be accommodated. Similarly, the amount of individual counseling provided sex offenders in DJR is very limited. On the average, it amounts to little over one hour per week. These data illustrate the limits to treatment imposed by current staffing levels in DJR.

One possible solution is to increase the use of outside providers to provide specialized treatment. This "purchase of services" is currently being utilized on a limited basis. Table 12 outlines purchases of services within DJR institutional programs. This may prove an effective avenue to maximize resources, provided adequate numbers of qualified providers are available. A second alternative for DJR to improve the level of treatment for its sex offenders involves reorganizing

the delivery of that treatment. The following subsection presents several options for reorganization.

Management/Accountability

Although the lack of a consistent theoretical model, training needs and resource problems within DJR residential facilities limit the amount of direct service provided, these are not the only issues limiting the effectiveness of DJR's sex offender treatment program. The organization and management of treatment is also an important factor deserving review. In particular, there are four factors which in our view work against maximizing treatment within the current level of resources. These factors include:

- ❑ mainstreaming within and across facilities
- ❑ lack of specific measurable goals
- ❑ coordination of treatment
- ❑ program oversight

TABLE 10

IN-HOUSE GROUP THERAPY SERVICES OFFERED BY DJR, MAY 1991

Location	Type	Number	Member-ship	Simul-taneous Enroll-ment	Average Size
Maple Lane	General Therapy Group	2	open	no	8-9
Green Hill	Skills Training Victim Awareness Disclosure Group	1 1 1	open open open	yes	8-10
Echo Glen	General Therapy Group Sex Offenders Achieving Recovery	6 1	closed open	yes	5-9
Naselle	General Therapy Group Victim Awareness Group	1 1	closed open	yes	10-14

Mainstreaming Vs. Specialization

DJR has historically mainstreamed its sex offenders. Sex offenders can and are placed across the DJR residential continuum. Within facilities, they may be placed in an open living unit. Whether by chance or by plan, mainstreaming has the effect of spreading training and treatment resources thinly across DJR programs, rather than concentrating them in a few sites. We believe that by focusing the treatment of sex offenders in a few sites, DJR could better maximize its

resources. Echo Glen, which de facto specializes in sex offenders, is a good example of the benefits that can accrue to specializing. Echo Glen has been able to develop a substantial pool of sex offender treatment expertise in part because such a high percentage of its population is composed of sex offenders.

DJR has apparently recently shifted its informal policy on mainstreaming sex offenders. The CPA legislation funded a specialized treatment unit for sex offenders at Echo Glen. Additional units are also being considered at Naselle, Maple Lane, and Green Hill. However, this move to partially specialize raises additional issues. What will be the relationship between treatment for sex offenders within the special living units and treatment for sex offenders within the general DJR population? How will residents be selected for the special treatment unit?

The Community Protection Act authorized the establishment of a specialized sex offender treatment program in a residential unit at Echo Glen. The rated capacity of living units at Echo Glen is 16 beds which can be increased to 22 if necessary. Echo is considering a second specialized unit. Forty-four sex offenders represent roughly two-thirds of the sex offenders residing at any time at Echo Glen or two of seven sex offenders placed at institutions and youth camps in general. The concentration of most sex offenders in specialized units again raises the question of the utility of training all DJR staff to provide sex offense treatment.

Measurable Goals

Although each offender in DJR has a treatment plan, little is done to systematically establish and monitor treatment goals. Instead, most treatment goals, are couched in general terms (e.g., increase victim empathy). We believe that the DJR sex offender treatment program could be significantly improved if staff and management focused on the establishment of realistic, time limited, and measurable treatment goals. We believe particularly strongly that hard decisions need to be made concerning the point where treatment for the sake of treatment should be curtailed so that the resources can be used more productively elsewhere. This is particularly true for "short sentenced youth," i.e., those who will be in residential facilities for a very short period of time, a period of confinement probably inadequate for effective treatment. For these youths, it may be more realistic and cost effective to defer treatment until they are released to parole supervision.

Coordination of Treatment

Consistency and continuity are basic treatment issues confronting DJR. The DJR service delivery system is geographically and administratively fragmented. The present system of services has evolved independently at each location. There is little coordination of services between locations and the content of services differs by location. As sex offenders are moved through the DJR system, they often begin treatment anew at each location and each location presents that treatment in a slightly different form.

TABLE 11

IN-HOUSE SERVICES FOR DJR SEX OFFENDERS, MAY 1991

Location	In-house Services			
	Type	Frequency	Length of Sessions (minutes)	Participation
Maple Lane	assessment individual counseling [a] group therapy family counseling	n/a weekly weekly at least once	n/a 60 90 variable	n/a all some some
Green Hill	assessment individual counseling group therapy	n/a weekly weekly	n/a 60 60	n/a all some
Echo Glen	assessment individual counseling group therapy family counseling behavioral therapy	n/a weekly weekly at least once weekly	n/a 60 50-90 variable 30-60	n/a all some some some
Mission Creek	individual counseling [b]	weekly	60	all
Naselle	individual counseling group therapy family counseling	weekly 1-2 / week at least once	90 180-210 variable	all some some
Regions	diagnostic/assessment [c] individual counseling [d]	n/a weekly	n/a 30-45	variable some
State Group Homes[e]	individual counseling family counseling [f]	1-2 / week variable [f]	30-60 variable [f]	some some

NOTES:

a) Individual counseling offered by DJR staff is typically "offense specific counseling" as described in the section on DJR programs and services.

b) No sex offenders were placed at Mission Creek at the time of the interviews. However, it is possible that sex offenders may be transferred to Mission Creek from time to time to participate in the programs offered at this facility. In such a case, these offenders would be assigned a counselor who would begin a program of offense specific counseling.

c) Regions 1 and 2 have regional diagnostic centers run by DJR staff which provide most (over 75 percent) of the diagnostic and assessment services for sex offenders in these areas. Diagnostic and assessment services in Regions 3, 4, 5, and 6 are purchased through Consolidated Juvenile Services. With few exceptions all sex offenders are assessed at least once when paroled. Reported participation rates are from 95 to 100 percent.

d) One of the primary responsibilities of DJR regional offices is to establish links with local providers for juvenile offender services. Even parole supervision is contracted to county probation offices in 29 of the 39 counties. The individual counseling indicated here is an exceptional circumstance reported in Region 2 and offered to only 2 individuals.

e) DJR (state) operated group homes did not report providing in-house sex offender treatment programs at the time of the survey. DJR contracts with private group homes, two of which (Toutle River Group Home and Griffin Home) offer in-house services.

f) Family counseling services are offered by all group homes. Participation is voluntary and not all families chose to participate.

TABLE 12

PURCHASED SERVICES FOR DJR SEX OFFENDERS, MAY 1991

Location	Purchased Services			
	Type	No. of Contractors	Frequency	Participation
Maple Lane	diagnostic/assessment polygraph [a] plethysmograph [a]	2	n/a 2-3 times once	some all some
Green Hill	diagnostic/assessment polygraph plethysmograph	3	n/a once once	all all some
Echo Glen	polygraph plethysmograph		once once	some some
Naselle	diagnostic/assessment polygraph plethysmograph	2	n/a 2-3 times 1-2 times	some all some
State Group Homes	diagnostic/assessment treatment polygraph plethysmograph	1-3 1-3	n/a n/a n/a n/a	variable [f] variable [g] variable [h] variable [h]
DJR Regions (Diagnostic, parole and CJS)	diagnostic/assessment [b] treatment polygraph plethysmograph	1-8 2-8	n/a n/a 1-2 times n/a	variable [b] variable [c] variable [d] variable [e]

NOTES:

a) Polygraph and plethysmograph services are a subset of assessment services. They are presented separately in this table, because, they represent the most technically sophisticated services used in sex offender treatment and, in the case of the plethysmograph, the most controversial.

b) Diagnostic and assessment services in Regions 3, 4, 5, and 6 are purchased either through Consolidated Juvenile Services or from private providers. Regions 1 and 2 have regional diagnostic centers run by DJR staff which provide most (over 75 percent) of the diagnostic and assessment services for sex offenders in these areas. All sex offenders on parole are offered these services and most participate.

c) The success of regions in linking sex offenders to treatment services in the community is variable. All sex offenders are offered this service, but participation rates, at the time of the interview, ranged from a low of 60 percent in Region 2 to 100 percent in Regions 1, 3, and 5. Barriers to treatment include client resistance, travel time, and scheduling conflicts (e.g., treatment vs. work and school).

d) Polygraph services are available in all regions except Region 2. These services are generally provided based on the recommendation of an offender's therapist.

e) Plethysmograph services are available in all regions except Region 2. In those regions where it is available, it is offered based on the recommendation of an offender's therapist. In the case of Regions 1 and 3, no therapist has yet recommended plethysmograph services.

f) Some state group homes (e.g., Oakridge, Ridgeview) with ready access to providers purchase assessment services as a matter of policy.

g) All state group homes purchase treatment services from local providers.

h) Only Oakridge Group Home reported contracting for either polygraph or plethysmograph services.

The decision whether to focus treatment while juvenile sex offenders are in DJR residential facilities or when they are in the community on parole supervision is a key issue for shorter sentenced youth. The data on sex offender movements presented in the section on DJR sex offenders, indicate that 50 percent of DJR sex offenders will remain at DJR facilities for six months or less. These same sex offenders are likely to remain in community supervision for up to 24 months. This raises questions about what can realistically be accomplished at each location given variable lengths of time for treatment, how can treatment be coordinated between locations, and how can consistency in treatment and quality of care be assured among multiple treatment sites.

DJR treatment is contracted or subcontracted through county sex offender treatment projects with private providers while offenders are on parole. Coordination of care and the establishment of uniform treatment standards in this setting require the cooperation of a great many people: private providers, county administrators, as well as, DJR staff. At present, there is no effective mechanism to transfer information about treatment between sites and few questions are asked about the content of treatment. DJR will need to become more involved in the coordination of care on the local level and establish a mechanism for greater oversight of that care.

Program Oversight

This paper described earlier the decentralized nature of the DJR system. This can be a particular issue when youths are transferred between the institutional and community components of DJR (e.g., from institution to group home or from institution to parole). The two main issues involve the lack of a single treatment model and the coordination problems resulting from the bifurcation of authority (DJR institutions report to a Deputy Director, the community programs to another). DJR has tried to improve this by giving responsibility for sex offender treatment to a headquarters administrator, but at this point that individual has no line authority and is organizationally under a third deputy director. Somehow DJR needs to increase centralized coordination and accountability for its sex offender treatment.

THE DJR SEX OFFENDER TREATMENT MODEL

This section of the report addresses the current status of the on-going effort by DJR to develop a single, consistent, theory based treatment model for its sex offender program.

Early this year, the Sex Offender Treatment Coordinator's committee began planning to establish Division-wide standards for sex offender treatment. This includes the development of a treatment model to be implemented throughout the DJR system and a uniform set of assessment tests for treatment and program evaluation purposes.

The development of a treatment model began with the identification of those treatment components that the committee agreed all sex offenders should have, and those treatment

components that the committee agreed should be available on an as needed basis for special subclasses of sex offenders. The result of this process is the following list of proposed 'Core' and 'Elective' treatment components:[12]

- **Core components:**
  - Sex Education/Positive Sexuality
  - Defining and Taking Responsibility for Victimizing
  - Victim Empathy
  - Family Support/Education
  - Relapse Prevention
- **Elective components:**
  - Sexual Abuse Therapy (Survivor's Group)
  - Decreased Deviant Arousal
  - Increase Appropriate Arousal

The proposed treatment components are to be provided in addition to offense specific counseling and other in-house treatment services available to DJR residents, such as, vocational training, drug and alcohol counseling, anger management, social skills training, and mental health treatment.

It is expected that the treatment components will be offered in the context of group counseling. Currently, the committee is developing curricula for the treatment components listed above. Mastery tests of the educational material presented as part of the treatment components will be a part of these curricula. The mastery tests will measure the offender's understanding of information presented and will be used as one measure of the effectiveness of the program.

The program of assessment tests currently being considered by the committee is a battery of two standard psychological profile tests (possibly the Minnesota Multiphasic Personality Index (MMPI) and the Shipley Institute of Living Scale), a sexual history questionnaire (possibly the Multiphasic Sex Inventory (MSI)), and an adolescent cognition scale to measure attitude change. Some of the considerations in selecting these tests were face validity, widespread use, and cost. The schedule of testing being considered at this time is for all the tests to be administered first within 60 days of confinement and the cognition scale to be administered again at release from institutional confinement, release from parole, and at nine months after parole.

Coordination of treatment requires both facilitators and a uniform system of data collection which will inform providers of an offender's progress in treatment. The committee is currently considering developing a standard report which will function as a 'treatment transcript.' The

[12] The DJR treatment model being developed by DJR sex offender treatment coordinators was still under administrative review within DJR at the time of this report. The core elements listed were those of the most recent draft.

report will document an offender's progress through the treatment model and his/her mastery test scores. The sex offender specialists are logical candidates to facilitate the flow of communication between providers and with families of sex offenders.

Treatment oversight also requires the collection of data. At present, however, no resources are set aside for either the development or the maintenance of a data collection system. The need for an automated system of data collection to track treatment across DJR facilities is critical if treatment is to be monitored and accountable. The results of the one time survey of treatment reported here provides interesting data but provides less reliable data than a computerized system. We recommend that such a system be implemented as soon as possible.

Of the four DJR camps and institutions that offer sex offender treatment at least four are considering creating special sex offender treatment units; Maple Lane School, Naselle Youth Camp, Green Hill School, and Echo Glen (EGCC). The two units at Echo Glen will be labeled Intensive Sex Offender Treatment (ISOT) units.

The ISOT units will have selective intake criteria based on age, length of confinement, willingness to undergo polygraph testing, number of victims, deviant arousal, and ability to participate in group activities. The treatment offered in the units will differ from the general DJR treatment model in that there will be an effort to create a therapeutic milieu for the residents and the residents will have access to the more experimental treatments, such as, behavioral therapy. Experimental treatments will be available to only a selected few sex offenders outside the ISOT units.

Other than these differences, the ISOT units will follow the proposed DJR treatment model. As an indication of how the DJR treatment model might be implemented at the other institutions and camps, it is currently proposed that the ISOT units have two therapy groups; a beginning group which will present educational material, such as, positive sexuality and parenting skills, and a process group which will cover more personal issues, such as, taking responsibility for victimizing behavior, victim awareness, and relapse prevention.

RECOMMENDATIONS ON FUTURE EVALUATION OF THE DJR PROGRAM

This section of the report discusses possible options for future evaluation of the DJR sex offender treatment program.

The DJR sex offender treatment program has been in flux since the Community Protection Act was passed. An evaluation of treatment effectiveness at this time would be inappropriate since the program has not stabilized. A continued process evaluation, however, is feasible if resources can be found for data collection and priority is given to completing the DJR sex offender treatment model.

Process Evaluation

We believe it would be useful to continue the ongoing process evaluation. That process evaluation would continue our efforts to work cooperatively with the DJR Sex Offender Treatment Coordinators' committee to develop operational measures of treatment progress and include them in the treatment model currently under development within DJR.

These measures include:

1) mastery tests of the educational elements of the treatment components to measure comprehension;

2) "milestones"or measures of completion of major components of phases of treatment (e.g., "development of a relapse prevention plan");

3) repeated measures of a cognition scale to assess attitude change;

We also recommend the active involvement of outside researchers in the development of a data collection system that will include information on treatment for monitoring and oversight purposes, as well as treatment purposes. We have completed some work on this area and believe that it should be continued as a high priority.

Finally, a continuation of the process evaluation would answer the questions: 'What is being done?', 'Is it being done according to plan' and 'Is it being done consistently?' It would also provide information to further clarify the treatment needs of DJR sex offenders by answering the question, 'What amount of services is feasible within a set length of stay?'.

In summary, we recommend that a process evaluation design be considered for the evaluation of the DJR sex offender program. For this purpose, we also recommend that priority be given to completing the DJR sex offender treatment model and that resources be found for a sex offender treatment data collection system.

APPENDIX A:

SURVEY OF DJR SEX OFFENDER TREATMENT PROGRAMS

DATE:

FACILITY:

CONTACT PERSON:

SURVEY OF DIVISION OF JUVENILE REHABILITATION SEX OFFENDER TREATMENT PROGRAMS
May 1, 1991

PART I: SERVICES

Circle the correct answers or fill in the blanks.

1. Do you contract with outside providers for sex offender diagnostic and/or assessment services?

1. yes 2. no

If yes, continue with question 2, otherwise skip to question 5.

2. What percent of sex offenders at your location receive diagnostic and/or assessment services from outside providers during the year?

_____ %

If the above percent is less than 100, continue with question 3, otherwise skip to question 4.

3. If less than 100% of sex offenders at your location are referred to outside providers for assessment and/or diagnostic services, what are some of the reasons for deciding which sex offenders will be referred?

_____

_____

_____

_____

4. How many outside providers do you regularly contract with for these services?

_____ (number)

5. Do you contract with outside providers for sex offender rehabilitation services?

1. yes 2. no

If yes, continue with question 6, otherwise skip to question 9 on page 2.

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6. What percent of sex offenders at your location receive rehabilitation services from outside providers during the year?

_____ %

If the above percent is less than 100, continue with question 7; otherwise skip to question 8.

7. If less than 100% of sex offenders at your location are referred to outside providers for treatment services, what are some of the reasons for deciding which sex offenders will be referred?

_____

_____

_____

_____

8. How many outside providers do you regularly contract with for these services?

_____ (number)

9. Do you offer any treatment services to sex offenders in-house?
1. yes 2. no

If you answered yes, continue with question 10; otherwise skip to question 44 on page 7.

10. Do you offer individual counseling?

1. yes 2. no

If yes, continue with question 11, otherwise skip to question 18 on page 3.

11. How often?

_____ times/month

12. How long is each session?

_____ minutes

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13. Is this service offered continuously while the offender is in your care or is it time-limited?

1. continuous 2. time-limited

If time-limited, continue with question 14, otherwise skip to question 15.

14. If this service is time limited, what is the typical length of time that the service is offered?

_____ weeks

15. Is this treatment offered to all or some sex offenders?

1. all 2. some

If some, continue with question 16, otherwise skip to question 17.

16. If this treatment is offered to only some, what are some of the reasons for including or excluding sex offenders from this treatment?

_____

_____

_____

_____

17. Do your counselors have only sex offenders on their caseloads or do they counsel other types of offenders?

1. only sex offenders 2. caseloads include other offenders

18. Do you offer group therapy?

1. yes 2. no

If yes, continue with question 19, otherwise skip to question 31 on page 5.

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19. Is this treatment offered to all or some sex offenders?

1. all 2. some

If some, continue with question 20, otherwise skip to question 21.

20. If this treatment is offered to only some, what are some of the reasons for including or excluding sex offenders from this treatment?

_____

_____

_____

_____

21. Is there more than one sex offender group in operation at any time during the year?

1. yes 2. no

If yes, continue with question 22, otherwise skip to question 23.

22. If so, how many groups?

_____ (number)

23. Do you offer group therapy devoted to specific treatment components? For example, is a separate group offered for victim awareness and another for accepting responsibility for offending, or do all groups offered at your location cover the same material?

1. groups devoted to treatment components

2. all groups cover the same material

If you offer groups devoted to specific treatment components, continue with question 24, otherwise skip to question 25.

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24. If you offer groups devoted to specific treatment components, what are their titles?

_____

_____

_____

_____

25. Is membership in the groups open or closed?

1. open 2. closed

26. May a sex offender be enrolled in more than one group at a time?

1. yes 2. no

27. On average, how often do groups meet?

_____ times per month

28. Over what length of time will a group continue to meet?

_____ weeks

29. On average, how long will a group session last?

_____ minutes

30. What is the average size of these groups?

_____ average number of members

31. Do you offer family therapy?

1. yes 2. no

If yes, continue with question 32, otherwise skip to question 37 on page 6.

32. Typically, how often will family members meet with the therapist?

_____ times/month

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33. Typically, for what period of time will a family receive this service?

_____ weeks

34. On average, how long is each session?

_____ minutes

35. Is this treatment offered to all or some sex offenders?

1. all 2. some

If some, continue with question 36, otherwise skip to question 37.

36. If this treatment is offered to only some, what are some of the reasons for including or excluding the families of sex offenders from this treatment?

_____

_____

_____

_____

37. Do you offer behavioral therapies?

1. yes 2. no

If yes, continue with question 38, otherwise skip to question 44 on page 7.

38. Is this treatment offered to all or some sex offenders?

1. all 2. some

If some, continue with question 39, otherwise skip to question 40.

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39. If this treatment is offered to only some, what are some of the reasons for including or excluding sex offenders from this treatment?

_____

_____

_____

_____

40. What particular behavioral therapies do you most commonly use?

_____

_____

_____

_____

41. Typically, over what length of time are these treatments administered?

_____ weeks

42. On average, how many times a month will behavioral treatment sessions be offered to a sex offender?

_____ number/month

43. How long are these sessions?

_____ minutes

44. Do you provide polygraph services in-house?

1. yes 2. no

If no, continue with question 45, otherwise skip to question 46.

45. If not, do you contract for these services with an outside provider?

1. yes 2. no

If yes, continue with question 46, otherwise skip to question 49.

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46. Is this service provided to all or some sex offenders?

1. all 2. some

If some, continue with question 47, otherwise skip to question 48.

47. If this service is provided to only some, what are some of the criteria for deciding which sex offender will receive this service?

_____

_____

_____

_____

48. Typically, how often would a sex offender be referred for this service or how often would this service be administered in-house?

_____ times/year

49. Do you provide plethysmograph services in-house?

1. yes 2. no

If no, continue with question 50, otherwise skip to question 51.

50. If not, do you contract for these services with an outside provider?

1. yes 2. no

If yes, continue with question 51, otherwise skip to question 54.

51. Is this service provided to all or some sex offenders?

1. all 2. some

If some, continue with question 52, otherwise skip to question 53.

SURVEY OF DJR SEX OFFENDER TREATMENT PROGRAMS
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52. If this service is provided to only some, what are some of the criteria for deciding which sex offender will receive this service?

_____

_____

_____

_____

53. Typically, how often would a sex offender be referred for this service or how often would this service be administered in-house?

_____ times/year

54. Have you ever placed a sex offender in a private or state group home?

1. yes 2. no

If yes, continue with question 55, otherwise skip to the end

55. If you have placed sex offenders in a private or state group home, what is/are the name(s) of these facilities?

_____

_____

_____

_____

THE END OF PART I

IF YOU ANSWERED YES TO QUESTION 9, PLEASE CONTINUE WITH PARTS II AND III

THANK YOU

DATE:

FACILITY:

CONTACT PERSON:

SURVEY OF DIVISION OF JUVENILE REHABILITATION SEX OFFENDER TREATMENT PROGRAMS
May 1, 1991

PART II. STAFF EDUCATION AND CASELOADS

NAMES:	POSITION:		EDUCATION:		SEX OFFENDER CASELOAD LIST BY SERIAL NUMBER	SPECIALIZED SEX OFFENDER TREATMENT	
	TITLE:	CLASS:	DEGREE:	FIELD:		TYPE:	HOURS WORKED LAST 30 DAYS:

SURVEY OF DIVISION OF JUVENILE REHABILITATION SEX OFFENDER TREATMENT PROGRAMS
May 1, 1991

INSTRUCTIONS FOR COMPLETING PART II: STAFF EDUCATION AND CASELOADS FORM

1. STAFF EDUCATION AND CASELOADS. These data are to be collected for the following persons:

   a. Those who at the time of the interview, have a sex offender on their caseloads, or have primary responsibility for sex offender assessment, individual sex offender counseling, or conducting group therapy sessions for sex offenders.

   b. Those who at the time of the interview directly supervise the persons who do the above.

2. Complete the following sections for each person who meets the above criteria:

   a. NAME. Below this header, write the first name, middle initial, and last name of the person in question.

   b. POSITION TITLE. Below this header on the same line as the person's name, write that person's job title. You may use the following abbreviations: JRA for juvenile rehabilitation administrator, JRS for juvenile rehabilitation supervisor, and JRC for juvenile rehabilitation counselor.

   c. POSITION CLASS. Below this header on the same line as the person's name, write that person's job class, e.g., 1, 2, or 3.

   d. EDUCATION DEGREE. Below this header beginning on the same line as the person's name, list the initials of all the academic degrees that this person has received, one below the other.

   e. EDUCATION FIELD. Below this header on the lines corresponding to the academic degrees previously listed, list the field in which this degree was received, e.g., psychology, social work, etc.

   f. SEX OFFENDER CASELOAD LIST BY SERIAL NUMBER. Below this header on the same line as the person's name, list the types of specialized sex offender treatments that this person provided (e.g., holding scheduled counseling sessions, leading group therapy sessions, or conducting assessment interviews) during the preceding month.

   h. SPECIALIZED SEX OFFENDER TREATMENT HOURS WORKED THE LAST 30 DAYS: Below this header on the same line as each SPECIALIZED SEX OFFENDER TREATMENT TYPE, list the number of hours during the preceding month that this person was engaged in providing the treatment.

PAGE ____ OF _____

DATE:
FACILITY:
CONTACT PERSON:

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PART III: TRAINING

TRAINING		
NAME OF STAFF:		
TRAINING COURSE TITLE:	HOURS:	DATE:

INSTRUCTIONS:

A. NAME OF STAFF. On this line, write the first name, middle initial, and last name of a staff person who has received sex offender specific training.

B. TRAINING COURSE TITLE. Below this header list the titles of all the sex offender specific training courses that this person has taken excluding those associated with his/her academic training. Do not include generic training in counseling unless the course was specifically related to sex offenders.

C. TRAINING HOURS. Below this header, across from each course title, write the number of hours of training associated with each of the courses listed under TRAINING COURSE TITLE.

D. TRAINING DATE. Below this header, across from each course title, write the date of the training if known.