

**White Paper**

**Sex Offender Management Programming  
in the Alaska Department of Corrections**

**March 22, 2016**



Alaska has the highest rate of sexual assault in the country. Offenders convicted of sexual crimes make up 15.3% of Alaska's total prisoner population—about 725 inmates on any given day. 99.3% of sex offenders in Alaska are male; Alaska Native men make up approximately 45% of the sex offender population and 75% of participants in the high-risk program in Juneau are Alaska Native. Approximately 60-70% of Alaskan sex offenses involve crimes against children.

The Alaska Department of Corrections (ADOC) uses the Containment Supervision Model for management of sex offenders. The Containment Model is the best evidence-based practice for the supervision of sex offenders and the most successful at reducing sex crime recidivism. The Containment Model uses specially trained probation/parole officers, polygraph testing and focused cognitive-behavioral sex offender treatment. Cognitive Behavioral Therapy (CBT) is an evidence-based structured approach to treatment which promotes prosocial behavior and challenges negative or deviant thought patterns in order to alter unwanted behavior patterns.

Intensity of treatment and length of supervision are the key factors associated with successful management of sex offenders. While sex offender Containment does not eliminate an offender's propensity for sexual victimization, it does provide a method for managing and preventing the behaviors while on supervision. This suggests, and research supports, that long periods of supervision are critical to protecting communities from sexual predators. Research shows that sex offenders who remain free of violent offenses for eight years see a 50% drop in recidivism. Moderate risk sex offenders who have no violent offenses for 14 years are no more likely to commit a sexual offense than anyone else in the community; and for high risk offenders they are no more likely than anyone else to commit a sexual crime after 17 years without a violent offense. For low risk offenders, their risk at release is the same as the general population (Harris & Hanson, 2012).

Approximately 100 ADOC offenders annually undergo extensive psychosexual assessments in order for the Department to assess risk and make treatment recommendations. The Department uses nationally recognized evidence-based risk assessment tools for sex offenders as well as personality testing, violence and psychopathy scales. Although there is a long wait list for treatment, those who pose the greatest risk to the community are given priority in an effort to provide intensive treatment while they are incarcerated. Offenders who refuse treatment lose good time or have their probation/parole revoked.

Upon release, offenders are classified using additional evidence-based risk assessments that aid in determining the appropriate level of supervision. Criminogenic targets are identified which allows containment teams to focus resources on the highest risk offenders who are statistically more likely to sexually or violently reoffend. Sex offenders may be released to Community Residential Centers (CRCs) but, with the exception of the program in Bethel, they must leave the CRC for sex offender treatment. In order for a sex offender to be accepted by the CRC, they must enter a community treatment program within seven days of arrival at the CRC.

There is a common misperception that sex offender treatment does not work. Although this may have been true 30 years ago, the shift from sex offender treatment to treatment and containment has dramatically improved outcomes. Requiring polygraph testing for the

supervision of sex offenders and in conjunction with cognitive-behavioral therapy has had a significant impact on sexual recidivism. Nationally, the recidivism rate for sex offenders is approximately 5%. Alaska has the highest sexual assault rate in the country but the recidivism rate of program complete offenders is 3%.

- Total who completed SO programming: 102
- Recidivism rate for any new offense: 31%
- Recidivism rate for new sex offenses: 3%

*Note: These numbers are from 2011 & 2012 program cohorts and represent convictions within three years of program completion.*

The program completion rate for sex offenders from the 2011 & 2012 cohorts was 54%. Due to the length of treatment, some offenders find it difficult to complete treatment their first time through but with additional attempts at treatment, most offenders eventually successfully complete programming. Discharges from treatment are often due to repeated technical violations or engaging in high risk behaviors such as aggression toward staff or program participants, inappropriate sexual behaviors, or drug or alcohol use. It is important to note that even those who participated in but did not complete sex offender programming showed a significant drop in recidivism for all crimes; a rate of 44% versus 63% for the general population.

Prison-based sex offender programs are located in Lemon Creek Correctional Center (Juneau), Palmer Correctional Center and Hiland Mountain Correctional Center in Eagle River. In-custody Sex Offender Management Programming (SOMP) includes evidence-based cognitive behavioral therapy focused on addressing criminal thinking, deviant fantasies and behaviors and the development of prosocial skills.

**Institutional Sex Offender Management Program, Juneau** – The ISOMP at Lemon Creek is an evidence-based therapeutic community using a cognitive-behavioral, relapse prevention model. This 24 to 36 month program is designed for offenders at high risk to reoffend and high risk for violence. Offenders meet four times a week for group therapy, twice a week for intensive individual therapy and undergo polygraph testing. Because this is a therapeutic community, offenders’ behaviors are always being assessed and they receive constant feedback. The Lemon Creek program may have as many as 30 offenders on the waitlist; placement on the list is determined by their level of risk and anticipated release date. ADOC is in the process of adding a second 24-bed housing module for sex offenders at Lemon Creek which would double our capacity for treatment. We anticipate this program opening in May, 2016. Thirty-eight offenders received treatment at the Lemon Creek program in FY15.

- Daily capacity 24
- LCCC SOMP total served in FY16 thru 12/31/15 31
- LCCC SOMP total cost in FY16 thru 12/31/15 \$259,375
- LCCC SOMP average cost per participant \$8367

**Institutional Sex Offender Management Program, Palmer** – The ISOMP at Palmer Correctional Center was temporarily closed when the contract provider resigned in mid-2015. ADOC has signed a new contract and the program should reopen in April, 2016. The Palmer ISOMP has a

daily capacity of 24, is 18 to 24 months long and addresses the needs of minimum and medium risk offenders with low risk for violence. Groups are held once a week, participants meet monthly for individual sessions and they submit to polygraph testing at least twice during treatment. The Palmer ISOMP served 32 offenders in FY14 and 41 offenders in FY15 before closing.

**Bethel Tundra Center Sex Offender Management Program** – The Yukon-Kuskokwim-Delta has the highest concentration of sex offenders anywhere in the country. The Tundra Center CRC program is for Alaska Native men from the Yukon-Kuskokwim Delta and uses interpreters for the men who primarily speak Yupik. Offenders are housed at the Tundra Center and receive programming that is more intense than other community sex offender treatment with twice weekly groups, intensive homework, victim impact classes and restorative justice aspects such as subsistence activities for the local battered women's shelter (participants fish for the center, collect firewood, provide maintenance services, etc.). The culturally specific materials mirror those from Canada's programming for their First Nation or Aboriginal populations and involve storytelling passed down from elders. Elders in the community are used as mentors and the local tribal association serves in an advisory capacity to the program. Participants in the Tundra Center program are also required to submit to regular polygraph testing. Twenty-five offenders were served in the Tundra Center program in FY15.

- Daily capacity 20
- Bethel SOMP total served in FY16 thru 12/31/15 26
- Bethel SOMP total cost in FY16 thru 12/31/15 \$163,421
- Bethel SOMP average cost per participant \$6285

*NOTE: Program cost includes one ADOC staff and a contract treatment provider who travels to Bethel 3 weeks out of the month.*

**Hiland Mountain Female Sex Offender Program** – The female sex offender program at HMCC has a capacity to treat up to 12 women but the average census remains low as female sex offenders are rare. This program is 18 to 24 months long and provides intensive cognitive-behavioral therapy to women but differs significantly from male treatment due to the unique characteristics and special needs of the female sex offender population. The HMCC program provides more one-on-one treatment than group therapy and includes treatment for their own past victimization. Participants in the program are also polygraphed at least twice during treatment. Three women were served in the HMCC program in FY15.

- Daily capacity 12
- HMCC FSOMP total served in FY16 thru 12/31/15 1
- HMCC FSOMP total cost in FY16 thru 12/31/15 \$748
- HMCC FSOMP average cost per participant \$748

**Community Sex Offender Management Program** – All convicted sex offenders on community supervision who have been ordered by the court or the parole board to participate in sex offender treatment are managed within ADOC's Containment Model. Community sex offender treatment is conducted by state certified contract therapists in Anchorage, Fairbanks, Juneau,

Kenai and Bethel. A waitlist for these services is usually 90 to 120 days with higher risk offenders given priority access. Community treatment consists of intensive CBT group and individual therapy and is done in conjunction with probation/parole supervision, polygraph monitoring and safety nets to ensure the best possible outcomes. Participants attend weekly groups and meet for individual therapy once a month. Participants do not pay for group treatment but must pay a percentage of their monthly individual session fees. An offender will not be denied treatment if they are unable to pay.

An important component of community supervision is the offender's safety net. Safety net members are volunteers who are trained to recognize high risk behaviors and warning signs of relapse; they provide additional support and guidance to offenders in the community. Safety net members must be approved by the containment team and sign an agreement to report high risk behaviors.

Community treatment averages 18 to 24 months. Upon completion of treatment, the team and the offender develop a relapse prevention plan to aid the offender as he progresses through probation/parole post-treatment. A sex offender may be ordered back into treatment at the discretion of the probation or parole officer. 361 offenders were served by community providers in FY15.

- Community SOMP total served in FY16 thru 12/31/15 307
- Community SOMP total cost in FY16 thru 12/31/15 \$334,908
- Community SOMP average cost per participant \$1091

*NOTE: 55 offenders were self-pay in FY16 thru 12/31/15.*

**Polygraphs** – By statute every sex offender on probation or parole for a sexual crime must submit to regular polygraph testing. The state contracts with a certified polygrapher for all testing. Polygraphs are administered when entering sex offender treatment and then again at least twice per year while the offender is on probation/parole—more often if they fail a test or when high risk behaviors are discovered. Polygraphs, in conjunction with treatment, provide much more information than polygraphs or treatment alone. Despite common belief, polygraphs are exceptionally difficult to beat and admissions made during polygraph testing are confirmed through collateral information or retesting.

Polygraphs are critical for effective sex offender management. Polygraphs help gauge risk to the community and evaluate risk of victim contact. They act as a deterrent as offenders know they will be polygraphed so they avoid deviant behaviors in anticipation of questioning; polygraphs are used to help the containment team learn about victimology and identify potential victim pools that should be avoided; polygraphs bring attention to aberrant thoughts and behaviors early in the assault cycle so that corrective action can be taken before the behavior escalates and contact is made; polygraphs aid in evaluating treatment effectiveness and compliance with probation/parole conditions.

If an offender fails a polygraph, another polygraph is scheduled within 90 days. During this time, the team determines why the offender failed and incorporates additional safeguards into the

offender's supervision such as electronic monitoring, curfews, and/or movement logs. Polygraphs provide a window into the thinking patterns and planning attempts of a sex offender and help the containment team navigate their extremely skilled manipulation efforts. 812 polygraphs were administered in FY2015.

- Total # of polygraphs administered in FY16 thru 12/31/15 410
- Polygraph Total Cost in FY16 thru 12/31/15 \$173,462
- Polygraph cost per participant \$423