

**STATE OF NEW HAMPSHIRE
OFFICE OF LEGISLATIVE BUDGET ASSISTANT - AUDIT DIVISION**

**PROPOSED SCOPE STATEMENT
PERFORMANCE AUDIT OF SEXUAL OFFENDER TREATMENT PROGRAM**

In April 2016, the Fiscal Committee approved a joint Legislative Performance Audit and Oversight Committee recommendation to conduct a performance audit of Sexual Offender Treatment program (SOT) within the Department of Corrections (DOC). We held an entrance conference with the DOC that same month.

Background

The DOC's policy requires it to "provide all sexual offenders with access to appropriate sexual offender treatment services" based on their clinical needs, to "eliminate sexual victimization through responsible and ethical treatment of incarcerated offenders." While DOC policies do not specify a timeframe, DOC personnel generally conduct a risk and needs assessment within two years of inmate minimum release dates (minimum) and enroll them into the SOT within 18 months of their minimums. Due to the timing of services and other factors, sexual offenders sentenced to long terms of incarceration may remain in prison for years before receiving an initial SOT assessment.

A contractor provides female offenders individualized treatment at the New Hampshire Correctional Facility for Women, while male offenders receive treatment through DOC staff at the New Hampshire State Prison for Men (NHSP/M) in Concord. Inmates residing in the Northern New Hampshire Correctional Facility in Berlin are moved to the NHSP/M for services.

Sexual Offender Treatment Process

Like other inmates, sexual offenders entering prison either as first time offenders or parole violators are processed through the prison's Reception and Diagnostics Unit, where their offenses are flagged as sexual-based crimes. Inmates convicted of these crimes are placed on a list with other sexual offenders needing treatment and prioritized for an initial assessment based on their minimums. As inmates approach two years of their minimum, SOT staff assess them for the types and level of services to address their treatment needs. Based on their risk factors and other treatment needs, offenders are placed into one of two treatment models, community treatment or Intensive Sexual Offender Treatment (ISOT) which is offered in a therapeutic community setting within the NHSP/M.

Community Treatment

Sexual offenders assessed as presenting a low to moderate risk of re-offending and meeting other criteria are generally placed in the community treatment model. Offenders placed in community treatment are required to attend group therapy sessions bi-weekly or monthly depending on their treatment needs and, upon release from prison, are required to obtain and pay for treatment through DOC-approved therapists outside of the prison.

Usually, offenders placed in community treatment are first time sexual offenders with no prior criminal history, have short sentences, and have not had multiple disciplinary reports while in prison. Additionally, they must not have been court-ordered to complete a sexual offender treatment program in prison and their offenses must not include penetration of any type. Finally, offenders must have a strong outside community support system and access to a sexual offender treatment provider.

**STATE OF NEW HAMPSHIRE
OFFICE OF LEGISLATIVE BUDGET ASSISTANT - AUDIT DIVISION**

**PROPOSED SCOPE STATEMENT
PERFORMANCE AUDIT OF SEXUAL OFFENDER TREATMENT PROGRAM**

Intensive Sexual Offender Treatment In The Therapeutic Community

Offenders not meeting the community treatment criteria, or those assessed as presenting a moderate to high risk of re-offending, are placed in the Intensive Sexual Offender Treatment (ISOT) program. They include those convicted of a prior sexual offense, have a moderate to extensive criminal history, previously enrolled in the SOT, or used force to commit sexual assault. Offenders minimizing or denying their offenses, with poor social skills or emotional issues, or with strongly ingrained cognitive distortions are also placed in the ISOT. These offenders participate in a therapeutic community where they reside in a pod containing 96 beds and follow a self-paced curriculum consisting of the following components.

- *Orientation and Readiness* prepares inmates for the SOT community by introducing them to program expectations and familiarizing them with the treatment process. This phase prepares inmates for intensive treatment by enhancing social, communication, self-help, and emotional regulation skills; creates treatment goals; and introduces group therapy concepts. Clinicians develop a diagnosis and treatment plan, as well as assess inmate cognitive abilities. Inmates must demonstrate they understand the treatment process and demonstrate motivation to continue to the next phase.
- *Core and Cycle*, the primary ISOT treatment stage, consists of group therapy sessions several times weekly. It is task-based, allowing inmates to internalize principles at their own pace and can last a few months to over a year. Inmates learn to identify irrational beliefs and cognitive distortions fueling their behavior, identify boundaries, accept responsibility for their behavior, develop alternative coping strategies, and control deviant fantasies and arousal. They also learn to identify triggers and high-risk situations which can lead to negative behavior, as well as pre-emptively avoiding occurrences through proactive decision-making.
- *Maintenance* focuses on helping inmates develop relapse prevention plans and requires inmates to create a contract summarizing their offending cycle, outline risk factors which may lead them to re-offend; and identify a support system for when they are released from prison.

Before being discharged from ISOT, an inmate's case is brought before the Administrative Review Committee (ARC), consisting of non-SOT clinicians who perform an external review to ensure treatment goals are satisfactorily met. Inmates remain in the therapeutic community while awaiting the ARC's review and continue to attend group sessions. If the ARC determines treatment goals are met, it recommends outside treatment options to the Adult Parole Board. However, if the ARC determines goals have not been met, it may recommend the inmate remain in the ISOT.

- *Aftercare* allows inmates additional opportunities to practice skills acquired during treatment through weekly or monthly group sessions until their release from prison. If treatment goals are not maintained or the inmate shows signs of sexual inappropriateness, they may be returned to the ISOT for additional

**STATE OF NEW HAMPSHIRE
OFFICE OF LEGISLATIVE BUDGET ASSISTANT - AUDIT DIVISION**

**PROPOSED SCOPE STATEMENT
PERFORMANCE AUDIT OF SEXUAL OFFENDER TREATMENT PROGRAM**

services. Once released from prison, inmates must obtain additional aftercare services through DOC-approved providers.

Sexual Offender Population

Unaudited data provided by the DOC indicates 752 sexual offenders were housed in the State’s prison system on May 31, 2016, with 304 offenders within 24 months of, or already exceeding, their minimums. According to unaudited data, an additional 448 sexual offenders were not within two years of their minimums as of May 31, 2016. Table 1 shows the 304 sexual offenders within 24 months of or exceeding their minimums, including those enrolled in ISOT, community treatment, those who declined treatment, and inmates awaiting assessment.

Table 1

Unaudited Information On Sexual Offenders Within 24 Months Of, Or Exceeding, Their Minimum Parole Date; May 31, 2016

	Male	Female	Total
Sexual Offenders	303	1	304
<i>Intensive Sexual Offender Treatment</i>	176	0	176
<i>Enrolled</i>	113	0	113
<i>Completed Successfully</i>	12	0	12
<i>Removed from Program¹</i>	17	0	17
<i>Other²</i>	34	0	34
<i>Community Treatment</i>	40	0	40
<i>Declined Treatment</i>	37	0	37
<i>No Treatment Needed</i>	28	0	28
<i>Not Yet Assessed</i>	22	1	23

Notes:

¹Inmates may be removed for various reasons including disciplinary issues, non-participation, or voluntary withdrawal from the program.

²“Other” includes inmates who participated in, but are no longer enrolled in ISOT, or there was no additional information available.

Source: LBA analysis of unaudited DOC data.

**STATE OF NEW HAMPSHIRE
OFFICE OF LEGISLATIVE BUDGET ASSISTANT - AUDIT DIVISION**

**PROPOSED SCOPE STATEMENT
PERFORMANCE AUDIT OF SEXUAL OFFENDER TREATMENT PROGRAM**

Audit Scope

This performance audit will focus on the following question: *Did the DOC efficiently and effectively provide sexual offender treatment to inmates from State fiscal years 2014 to 2016?* Specifically, we will determine:

- *whether the DOC assessed and enrolled inmates in the Sexual Offender Treatment program (SOT) in a timeframe to promote completion prior to their minimum release dates;*
- *what factors may have prevented inmates from completing the SOT program prior to their minimum release dates;*
- *whether SOT was delivered efficiently and effectively; and*
- *areas where delays and backlogs may occur within SOT.*

Less than one percent of sexual offenders are female and these services are provided by a contractor; therefore, our audit will focus on SOT offered at the NHSP/M.

To address these objectives, we plan to:

- review relevant State laws, administrative rules, policies, procedures, and guidelines;
- interview key DOC personnel and external stakeholders;
- review similar audits, evaluations, and guidance from other states, academia, and professional associations;
- review and analyze applicable DOC data and records; and
- compare DOC practices to relevant guidelines and accepted practices.

We anticipate completing this audit and presenting the final report to the Fiscal Committee in the Fall of 2016.