



Offer #401-HHS-014 Civil Commitment Unit for Sexual Offenders

This offer includes the following appropriations: Civil Commitment Unit for Sexual Offenders

Contact: Karalyn Kuhns, kkuhns@dhs.state.ia.us (515)281-6003

Program Description:

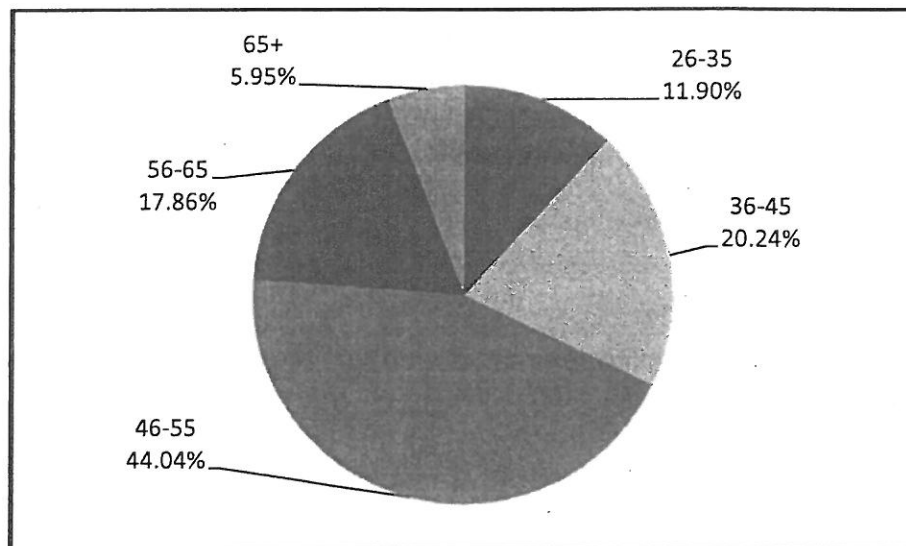
Who:

The Civil Commitment Unit for Sexual Offenders (CCUSO) provides a secure, long term, and highly structured environment for the treatment of sexually violent predators. Patients have served their prison terms but in a separate civil trial were found likely to commit further violent sexual offenses.

Admission to the CCUSO program involves multiple professional and legal procedural reviews, and is only an option for those individuals who have been convicted of a sexually violent offense and suffer from a mental abnormality that predisposes them to commit sexually violent offenses.

At the beginning of SFY 2012 there were 84 patients in the program. DHS projects by the end of SFY 2012 there will be 90 patients and 96 patients by the end of SFY 2013. Of the current CCUSO population, 23.81% are 56 years of age or older.

Age of CCUSO Patients



Of the current population, 85.7% are currently receiving prescriptions to address medical conditions, and 31% are receiving prescriptions (not including antidepressants) to address psychiatric conditions. Many CCUSO patients receive treatment for arthritis, diabetes, obesity, liver failure, hypertension, high cholesterol, and other related conditions. Additionally, 64% of the population suffers from heart disease.

There are currently eight patients in the fifth, discharge phase of the treatment program. Twelve patients have been dismissed from the program on judicial orders or trials.

What:

The five-phase treatment program includes:

- Group and individual therapy, including victim empathy and strategies to prevent relapse
- Educational programming for patients who do not have the basic skills needed to fully participate in therapy
- Physiological assessments to measure and verify results of treatment strategies
- Transition and discharge planning, and supervision for patients who have completed all five treatment phases, if so ordered by a court.

CCUSO utilizes ten treatment areas to assess progress:

Treatment Areas	
1. Disclosure	6. Cognitive Coping Skills
2. Insight	7. Sexual Behavior
3. Personal Victimization	8. Relapse Prevention
4. Victim Empathy	9. Intimacy Skills
5. Leisure Skills/Hygiene	10. Problem Solving

PHASE I (14.29% of population at end of SFY 2011) – Orientation and Assessment: Patients develop a clear understanding of program expectations and rules and undergo complete psychological testing. In order to progress to the next phase, patients must admit to some sexual offense or have a “clean polygraph”, complete relaxation and basic cognitive skills training, and demonstrate good behavior for 30 days.

PHASE II (40.48% of population at end of SFY 2011) – Core Phase: The goal of this phase is education. Patients complete four quarters of classes that teach the concepts and skills to help them control sexual impulses. In order to progress to the next phase, patients must pass polygraph exams relating to sexual disorders, demonstrate good behavior for 90 days, and have no ratings (in each of the ten treatment areas) lower than 3 out of a possible 8 on their last review.

PHASE III (21.43% of population at end of SFY 2011) – Advanced Phase: the goal of this phase is successful application of basic principles and insights. Patients work on applying the principles and concepts learned in Phase II and on achieving the goals established in their individual treatment plan. In order to progress to the next phase, patients must pass “specific offense polygraphs” if requested, complete “Victim Sheets” and “Victim Letters,” demonstrate good behavior for four months, and have no ratings (in each of the ten treatment areas) lower than 5 out of a possible 8 on their last review.

PHASE IV (14.29% of population at end of SFY 2011) – Honor Phase: The goal of this phase is maturation and refinement of skills in preparation for release. Patients are expected to demonstrate a high level of cooperation, insight, motivation, and application of previously taught principles, should model appropriate behavior for other patients and be able to facilitate group discussions. To progress to the next phase, patients must complete a detailed relapse prevention plan, pass a polygraph exam relating to sexual behaviors, demonstrate good behavior for six months, and have no ratings (in each of the ten treatment areas) less than 8 out of a possible 8 on their last review.

PHASE V (9.52% of population at end of SFY 2011) – Transition Phase: The goal of this phase is successful completion of transition from CCUSO to the community; promotion to phase five requires an order by the committing court. The first part of phase five requires the patient to live in the CCUSO secure apartment setting within the facility. Patients will gradually be given increasing opportunities to go on passes and live in progressively less restrictive settings with close monitoring and clinical assessment of progress.

Having met the requirements for successful completion of the first part of phase five, patients must maintain housing in a halfway house or residential facility outside the CCUSO grounds for six months to one year without violating rules or their relapse prevention plan, successfully maintain employment, attend weekly support therapy groups and individual counseling, fulfill all requirements of the release contract for at least two years, and pass random physiological assessments requested by transitional counselors.

Having met the requirements for successful completion of the second part of phase five, CCUSO staff will recommend release to the committing court. Final discharge from the program requires an order by the committing court.

As the program continues to mature, phase five is projected to become more resource intensive as an increasing number of patients successfully complete the first four phases and/or the courts place patients into the transitional phase. Providing the necessary supervision to insure public safety on trips into the community, travel to and from worksites, etc., requires more staff time as staff may accompany a single transition patient into the community, whereas the same staff could monitor several patients on a living unit.

Providing these opportunities to patients to demonstrate their newly-acquired skills in the community is a legal and treatment-required activity. It has been a cornerstone in State and Federal court decisions that have upheld the constitutionality of this and other civil commitment programs.

How:**Service Delivery**

CCUSO provides services within a 24/7 secure facility and has a total of 89.5 staff Full Time Equivalent (FTEs) in SFY 2012 with salaries of approximately \$6.9 million.

Service Support

Each facility receives technical assistance and guidance from staff in General Administration regarding corporate oversight and program support, financial accountability, infrastructure, legal services, and information technology.

Results Achieved:

Result:	SFY 2011 Actual Level	SFY 2012 Projected Level	SFY 2013 Offer Level
Number committed on June 30 th	84	90	96
Patients who demonstrate progress in treatment by moving to next phase	31.3%	32%	32%

Sustaining service delivery assumes the level of funding requested in the offer as well as full funding of salary adjustment. If funding is insufficient in either area, results to be achieved will need to be modified to reflect the impact.

Impact of Proposed Budget on Results:**Current Results:**

This offer provides access to highly specialized, extended-term treatment services in a secure residential setting designed to address the specific treatment needs of civilly committed individuals and provide motivation for behavior change. There are five treatment phases providing cognitive-behavior therapy as well as a five-level system that provides increased privileges and responsibilities to motivate patients to participate in treatment and to remain free of problematic behaviors.

Legal Requirements:**Federal:**

None.

State:

The Department of Human Services is required to operate the CCUSO program in order to provide a secure treatment program for sexually violent predators as mandated by the provisions of Chapter 229A of the Code of Iowa. The statute requires DHS provide treatment services within a secure setting to all individuals who are civilly committed to the program as violent sexual predators. The Department does not have the authority to deny admissions. The ability to provide adequate treatment services has been a critical factor in both State and Federal Court decisions that upheld the constitutionality of civil commitment programs for violent sexual predators.

FACILITY	PATIENT	COMMITMENT STATUS	TRANSFER DATE	AUTHORIZATION	ASSISTANCE TO DOC	COMMENTS
Cherokee	1	229	3/9/2009 to IMCC	Cherokee County Attorney arranged transfer	NA	Admitted to CMHI under 229 on 9/28/08. Assaultive behavior began 11/28/08. Charges filed for assault of healthcare worker. Court sentenced to two years at IMCC, 708.1, 708.3A, 903.1.
Cherokee	2	229 to CMHI 812 to IMCC	10/08/2009 to Cherokee County Jail 2/17/2010 to IMCC under 812	Cherokee County		Admitted to CMHI 7/16/09. Assaultive behavior began 8/4/09 with charges filed in Cherokee County. Also had assault charges in Pott and BV Counties. By 9/29/09 8 MHI assaults and 3 in Pott Co. Attorney requested 812 eval; 4 th on wait list. 10/22/09 assaulted inmate at jail. IMCC found Pt. #2 to be not competent.
Independence	3	812	3/24/2010 from IMCC to IMHI 4/30/2010 from IMHI to IMCC	Scott County Jail indicated IMCC approved admission	3 days meds	Admitted 3/24/2010. Became violent and unmanageable. Requested transfer back to IMCC.
Independence	4	229	12/6/2010			From 9/1/10 to 12/6/10 behavior downhill; requesting more prn; aggressive/assaultive to peers and staff; called 911 multiple times and threatening; threatened attorney and President; assaulted >10 people in this time. Sentenced to jail for 7 years 1 month on 12/6/2010.

FACILITY	PATIENT	COMMITMENT STATUS	TRANSFER DATE	AUTHORIZATION	ASSISTANCE TO DOC	COMMENTS
Clarinda	5	Rule 2 (RCP)	12/27/2008 from IMCC	Judge authorized transfer at request of IMCC to have JO placed in a MH facility	NA	IMCC had Pt. #5 as an RCP committed for evaluation. IMCC determined Pt. #5 not able to go to community but did not need further TX at IMCC so sent to Clarinda. Placed in community facility 4-30-2009.
Independence	6	812	3/24/2010 from IMCC to IMHI 4/30/2010 from IMHI to IMCC	Scott County Jail indicated IMCC approved admission	3 days meds	Admitted 3/24/2010. Became violent and unmanageable. Requested transfer back to IMCC.
Eldora	EC	Convicted of first degree murder, first degree sexual abuse, second degree sexual abuse, child endangerment-bodily injury in adult court; sentenced to two life sentences plus thirty years without parole	12/22/2010 from DOC to STS	Contractual agreement between DOC and DHS	STS is not charging DOC for cost of care including medications but has the option to do so.	DHS will house until no longer feasible or until 18 th birthday (January 2013), whichever comes first. DOC required to pay for medical costs, staff for medical transport and supervision when needed. STS may bill for medications or other services.

Other:

WRC is currently evaluating two individuals that IMCC would like to transfer to DHS. Mount Pleasant's last transfer to IMCC was January 206.