

Family and Friends of SPTP Residents and Other Concerned Citizens

Sexual Predator Treatment Program Issues Revised Draft – November 13, 2014

Position: *The Kansas Legislature and KDADS must act to correct deficiencies in the current Sexual Predator Treatment Program (SPTP) and should support more cost effective alternatives that ensure quality and measurable outcomes while providing a path toward integration of residents in the community. Individualized treatment should be provided based on professionally conducted assessments of each offender. Community-based transitional resources should be developed to provide for ongoing treatment, monitoring and support upon release. The legislature should require KDADS to conduct a review of the SPTP by independent, external consultants and to report back to the legislature in 2016.*

The Problem: The SPTP being provided by KDADS at Larned State Hospital including the transition programs at Osawatomie and Parsons State Hospitals is ineffective and substandard, a waste of money, and a negative influence on other mental health and corrections programs.

- The state has been pouring more and more money into this ineffective and substandard program. The current price tag is over \$80,000 per year per patient. The total annual budgeted amount for the program in FY 2014 was \$19.3 million and the Governor's proposed expenditure for FY 15 is \$23 million. The program has grown from 16 residents in 1998 to 248 as of September 2014 and is growing at the rate of 18-20 per year.
- At Larned State Hospital, there continues to be a lack of qualified professional staff and a general shortage of unit staff who also lack effective training and supervision. To date job fairs to fill vacant positions have not been successful.
- Ineffectiveness of the program is apparent from the results. Only one resident has ever successfully completed treatment and returned to the community. The resident population has grown to more than 250 and growing by 18-20 per year.
- Residents experience the hopelessness of a program which has failed to deliver adequate treatment and the possibility for a life outside the institution. For example, there is no emphasis on literacy or educational advancement.
- There is a lack of effective involvement of family members.
- There is limited individualized behavioral health and behavior modification treatment, inadequate attention to medical needs. There are large numbers of unresolved complaints from patients and their families regarding the inadequacy of professional mental health and medical services.

Why this matters: Our tax dollars should be used to achieve cost-effective outcomes that meet constitutional requirements.

The bottom line: Because we do not have an evidence-based treatment program, state funds are being wasted. The constitutionality of the current SPTP program is called into question creating a liability for the state of Kansas. Quick, visible, and appropriate action is desperately needed.

Need more information? Drill deeper into this issue on the back of this page.

The following references are useful sources of additional information:

- Effective SPTP practices - "It would cost considerably less, and provide the same degree of protection to the public, to monitor sexually violent predators closely in the community (as we do with parolees who committed other serious crimes) and where appropriate to require them to enroll in mental health treatment using community resources. Several states, including Texas, already do this, with good results." (Barbara Moses, Director of the Civil Rights and Constitutional Litigation Clinic at Seton Hall University School of Law, August 5, 2013)
- Standards of care that are relevant - "Each staff member though of varying degrees of skill, competence, and personality, have one thing in common, they are all overworked . . . The SPTP is always understaffed, every day. Nearly every single staff member is forced to work many hours of overtime. Though, when this problem was identified by the 2013 Legislative Post Audit Committee, the Larned State Hospital administration indicated that they had fixed this problem. They falsely claimed there had been a significant reduction in overtime hours. In fact, numerous staff have quit or were fired since the post audit." (*SPTP View from Within* by an anonymous patient)
- There are programs that could benefit from reallocating this funding to produce better results such as Community Mental Health Centers - "'The way it's set up, there's no back door,' said David Wiebe, former Executive Director at the Johnson County Mental Health Center. 'So the program keeps expanding and keeps taking more - and - more money out of the State Hospitals' budget and the resources available to the Community Mental Health Centers.'" (*The Great Bend Tribune*, December 8, 2012)
- According to the *2013 KDOC Key Indicators Report* only 3.5% of sex offenders released in 2008 were convicted of new offenses of any type in a five year period.
- SPTP in its current form as a detriment to the legitimacy of other state programs - "Civil commitment is being used as a de facto tool to prosecute sex offenders for imagined future crimes - things they might do in the future but have not actually done. The term *sexually violent predator* is a purely legal imputation. But, there is no such thing as a sexually violent predator as recognized by the medical community. . . They face a potentially life-long sentence in the form of commitment to what is, in effect, a prison for sex offenders masquerading as a treatment facility." (Citizens United for Rehabilitation of Errants)
- "This isn't about rehabilitation. It's about keeping people locked up. It's a sham." (Dr. Stephen Feinstein, former Superintendent at Osawatomie State Hospital)
- Sen. Carolyn McGinn and Rep. Mark Rhoades expressed concern in 2012 about the expanding population at the SPTP. Rhoades stated that it is fatalistic to assume the only out is in a casket, which is why the Division of Legislative Post Audit has been asked to scrutinize treatment issues at the program and analyze best practices to reshape the state's program.
- Rep. Marvin Kleeb stated in 2013 that the legislature should consider moving the treatment program to an urban area to draw on a larger pool of potential employees. He also stated that residents of the program have paid their debt to society and should expect to be rehabilitated with the opportunity to leave the program.
- The constitutionality of the civil commitment program continues to be an issue that is being tested by residents and their attorneys.