

Considerations for the Legislature:
The Proposed Cancellation of
Contractor Services
for
Sex Offender Treatment

Sex Offender Treatment

The balance of research is clear about three things:

- First, on its own, punishing this population doesn't make them safer.
- Second, treatment with an expert can make them safer.
- Finally, the expert treatment in collaboration with community supports makes them even safer.

The Proposal as Described to Contractors...

- Eliminate 2 Contracted RIS Coordinators
- Reduce Contracted Risk Interventionists
- Create 4 Regional State Employees
 - Master's Level Clinicians
 - Providing SO Assessment
 - Providing SO Treatment
 - Providing "Other Assessment"
 - "Support" Regional Contracted Interventionists
 - Reporting to Program Services Chief
- Align ~4 Regional Contractors
 - Bachelor Level (or Greater) Interventionists
 - Providing Risk Reduction Programing to High-Risk General Population
 - Qty. As needed/Region
 - Reporting to Program Services Chief

Highly Specialized In What We Do!

Expertise in many areas, honed by experience:

- Psychology
- Human Development
- Criminology
- Sexuality
- Personality
- Assessment
- Counseling Techniques
- Law
- Vocational support

Current Roster of Contract Providers

- Experienced!
 - Of the six clinicians involved in treatment, five of us have many years of experience working with this specialized population.
- Young!
 - A few are in our 40's.
 - The others are younger!
- Enthusiastic!
 - We work hard and our clients are appreciative of the service they get.
- Cheap!
 - Contractors give you more bang for your buck!
- Creative!
 - We don't just work 9 to 5. We support clients when they are in crisis outside of State office hours.
 - We solve problems daily!

****None of us prefer to be a State employee!****

Exceptional Outcomes!

- **Current treatment in combination with supervision is working.**
- Hanson et al. conducted a meta-analysis of 23 recidivism outcome studies and determined an average sexual recidivism rate of **10.9 percent** for treated individuals, based on average follow up of 4.7 years.
- A cursory record review for ECS found that of 54 individuals who completed treatment and were reviewed at 4½ year follow up, only 3 sexually recidivated. A raw score of **5.6 percent**.
- This small sample represents a sexual recidivism rate of nearly **half the expected rate.**
- **If it's not broke, don't fix it!** The Current system is working!

[Recidivism of Adult Sexual Offenders \(ojp.gov\)](http://ojp.gov)

Hanson, R.K., Bourgon, G., Helmus, L. & Hodgson, S. (2009). *A Meta-Analysis of the Effectiveness of Treatment for Sex Offenders: Risk, Need and Responsivity*. Ottawa, ON: Public Safety Canada.

Annual Financial Considerations

- Proposed Employee Annual Cost of Labor x 4
\$62,400-\$83,200 x 145% x 4 \$361,920-\$482,560

Based on current classifications and pay scale

****Comparable in other states, the range \$75k-\$110k****

- Actual SOT Contractors' Total Annual Cost
≈\$55,000 (ECS) + ≈ \$25,000 (JTT) + ≈ \$20,000 (CMC) = -\$100,000

- (92% State Coverage)*
- What's the vacancy rate for our Designated Mental Health Agencies?*

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- Increased Spending of Real Dollars with the Proposed Plan** **\$261,920-\$382,560**

The Department does not need to reallocate work crew employee payroll. They could eliminate those employee costs from the budget and get far greater savings.

If money is a concern for the Executive Branch and the Legislature, then this plan is flawed.

Employee Status Is Not A Big Juicy Carrot!

- The new positions will have no room for growth.
- Financial/Benefit compensation cannot compete with the private sector.
- Our autonomy would be considerably restricted.
- Little incentive to be the best.
- There will be no opportunities for overtime.
- There will be no opportunities for 'moonlighting.'
- We could be ordered to complete duties as assigned.

A Different Model...

- If the legislature is concerned about individuals paying a co-pay, they might choose to consider the Domestic Violence Program model and pay a flat rate.
 - $180 \text{ Supervised Individuals} \times \$50 \text{ per session} \times 50 \text{ Weeks} = \$450,000$
 - $\$450\text{k} < \740k budget for contractors
 - $\$450\text{k} < \483k , the end range for Employee Labor Costs
- Simplify the contract process so it's not so ominous.

Addressing Commissioner Deml's & Director Calver's Testimony

- All but one office is covered.
- Services in NW, NE, & SE Regions are delivered in person .
- Services are delivered using a telehealth hybrid model in RUPP & MIPP.
 - Clients are provided with contractor iPads for use at the offices, accommodating for their legal restrictions.
 - Telehealth is widely used across the country to serve this population, in part because of national provider shortages.
- There is no wait list. There has not been a waitlist in well over a year.
 - Changing delivery will likely create waitlists.

Addressing Commissioner Deml's, & Director Calver's Testimony, cont.

- An RFP for the Northeast Kingdom has not been posted since the passing their provider in 2020.
- I have never been approached about recruitment or retention.
- The DOC has subsidized the cost for intake evaluations for only a handful of ECS clients over the past 8 years. These evaluations are a requirement of the contract.
- Commissioner, “The program has not been successful in fifteen years.”
 - It was not long ago when other State and Foreign Officials routinely traveled to the state prison and community programs to get a better understanding of our widely regarded, integrated program.

Addressing Statements/Questions Raised By Legislators

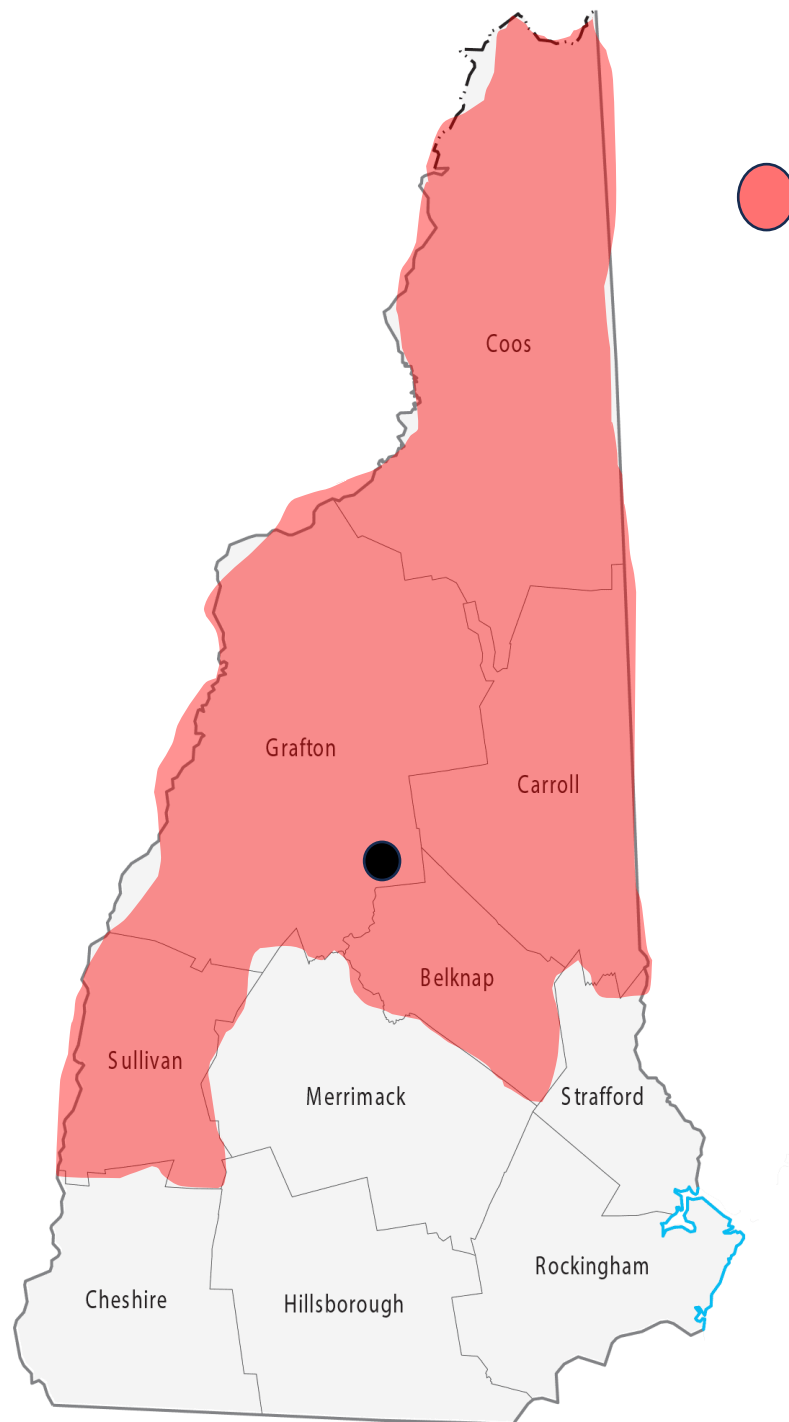
- There are other experts out there...
 - Yes, there are experts who provide testimony and assessment, but not experts who deliver treatment.
 - We could use more of them as well.
 - I've been told there is currently a nine-month backlog for court ordered evaluations.
 - There simply are not many people interested in the work due to its incredible challenges.
 - The Howard Center is contracting with ECS, located in WRJ, to deliver telehealth services, because they don't have local options for this population.
 - New Hampshire has ONE provider in all of Coos, Grafton, Sullivan, Carroll, and Belknap Counties!
 - [A shortage of Colorado's sex offender therapists prompts public safety concerns | Colorado Public Radio \(cpr.org\)](#)



Ample Coverage



One Provider



Addressing Statements/Questions Raised By Legislators, cont.

- Why are we upset?
 - We care about things being done well.
 - Because this idea does **NOT** improve services.
 - We believe our communities, our children, our vulnerable will be less safe with this plan.
 - We do not see this working out for Vermont.

Clearing up Confusion

It is concerning to me that there was so much confusion about what/where/how services are being delivered.

- Coverage IS being met for nearly all offices.
 - The Northeast Kingdom is covered. In person. Which I happily accept.
- Telehealth is used in conjunction with in-person services in only two offices.
- Contractors invoice on flat rates per service delivered.
 - Flat rate for treatment, and additional rates for collaboration, consultation, testimony, etc.
 - Co-Pays are not a consideration of invoicing. That model changed 4 years ago.
- Contractors were presented that this plan would also include a reduction in Interventionist and Coordinator contracts. The internal plan appears to be much more sweeping than what is being represented to the Legislature.

Other Considerations, Cont.

- The NE Region of the State has not had program interventionists for years.
 - This has led to considerable disenfranchisement from front line staff re: program services.
- ECS is the only interventionist in the SE Region.
- SSCF has only one interventionist and cannot meet demand for services at this time.
- Who will provide interventionist services in the NE and SE regions if there already is an identified shortage of qualified and interested individuals?
- Will the Department be seeking employee positions for all contracts in the future?

Other Considerations, Cont.

- The plan removes professionals from the limited pool of resources that Vermont currently has.
- Does this create civil liberty issues?
- Do the boundaries between supervision and treatment get blurred?
- Will this plan lead to further growth of Program Services and an ever-growing budget?
 - Mental Health
 - Parent Education
 - Anger Management Training
 - Domestic Violence Treatment
 - Substance Use Treatment
- What are the legal costs for increasing exposure and defending the State's clinical decisions?
- Does this create an equity issue?