

To: Legislative Post Audit Committee  
From: Kari Bruffett, Secretary  
Date: April 28, 2015  
Subject: LPA Audit of the Sexual Predator Treatment Program

Chairman Barker and members of the Committee:

Thank you for the opportunity to be here today. With me is Dr. Thomas Kinlen, Superintendent of Larned State Hospital (LSH), and Dr. Michael Dixon, the new Chief Forensic Psychologist for the Sexual Predator Treatment Program (SPTP). Between the three of us, we will be happy to answer any questions you may have.

As many of you know, the SPTP, housed at LSH, was designed to:

- Provide a secure environment to protect the public from sexually violent predators housed at SPTP and
- Provide treatment to those individuals who have been civilly committed by the courts to SPTP.

Since KDADS assumed management of the State hospital system almost three years ago, we have worked diligently to identify and address changes that need to be made to SPTP. Many of those changes came as a result of KDADS' own Task Force, appointed in December 2012. That Task Force was drawn from many disciplines and included representatives from KDADS, SPTP, Kansas Department of Corrections, consumer groups and other stakeholders. Over a period of almost a year, Task Force members heard testimony from clinicians, administrators, corrections, prosecutors for the Attorney General's office, community professionals, private practice attorneys, independent forensic psychologists, children's programs and other interested organizations. The primary purpose of the Task Force was to research, review, and provide recommendations to the Secretary regarding best practices in state models, treatment, staff orientation, and juvenile prevention for violent sexual offense programs in the United States. The Task Force completed its work with a written report in November 2013.

KDADS, in conjunction with LSH, then created a Post-Task Force Internal Committee to ensure implementation of the Task Force recommendations, some of which have been completed and others are in process. The Post-Task Force Internal Committee is comprised of clinical and program staff from KDADS, LSH, SPTP and the two reintegration facilities. The team has met monthly since January 2014. Over the course of a year, the committee initiated in-depth discussions with six states that have sexual predator treatment programs, including Washington and Wisconsin which were also utilized by the LPA. Other states with whom KDADS contacted were Arizona, California, Missouri and Texas. KDADS' discussion with these six states focused primarily on population size, research-based treatment options, alternative programming for individuals with intellectual, developmental or other types of disabilities, risk assessments, how to keep residents engaged and motivated in treatment, reintegration processes, staff recruitment and retention, and issues related to governance. Representatives from these states asked questions about Kansas' program and explained how programs operated in their states. Kansas' program benefitted from these discussions and has proceeded to implement a number of processes, procedures, and ideas gleaned from other state programs. For example, KDADS staff are currently updating and revising handbooks, manuals and supervision tools, and implementing recommended treatment modalities.

KDADS has also responded to changes recommended by the legislature in the first part of this Legislative Post Audit (LPA) process, with a committee report two years ago. That 2013 performance audit focused primarily on program management necessary to ensure the safety and well-being of program staff and offenders. We have previously testified regarding our implementation of those recommendations.

As we continue to seek ways to improve SPTP, we would like to thank the LPA staff for their work on this second performance audit. We appreciate the time and commitment they expended, and recognize the difficulty in evaluating a specialized treatment program for sexually violent predators within a limited timeframe and resources. While KDADS concurs with many of their findings, there are some areas where I'd like to provide additional context.

It is important to note that the LPA report relies heavily on data from only three states out of the twenty offering sexual predator treatment programs. The report lacks comparison of statutory commitment and discharge criteria, which vary widely between states and are an essential framework for comparing treatment programs. LPA acknowledges there are no universal best practices for the treatment of sexually violent predators and many other programs are faced with similar treatment issues as Kansas.

I would like to emphasize that the options outlined in the report would require a combination of legislative, executive and community support as well as additional funding. Specific to your role as legislators, some options provided by LPA would require statutory changes in terms of where SPTP residents may be housed, court approval for conditional release to community programs, and tolerance that an SPTP resident may re-offend upon assessment of "low-risk" as opposed to the "virtually no risk." Moreover, only one option provided by LPA alleges a result that would reduce the overall resident population, by placing certain predators in the community.

As outlined in this testimony, LSH and KDADS have been actively engaged in a process to improve the SPTP, and that process did not halt for the audit. As a result, there are some areas where the LPA has offered conclusions that we dispute in part because program improvements have been implemented in the meantime. To discuss those in more detail, I will defer to Dr. Kinlen and Dr. Dixon.

In summary, KDADS disputes the following issues:

- The LPA's assertion that residents are not given assessments. Residents are assessed immediately before and upon entry to the program and are periodically reassessed thereafter.
- The LPA's finding that the program lacks individualized treatment. While the residents progress through predefined phases, each resident is provided individual treatment for their specific mental abnormality or disorder through individualized treatment plans and therapeutic assignments.
- The LPA's assertions that the annual review process fails to meet statutory criteria. An annual examination is performed by clinical staff on each resident to determine whether the resident continues to meet the criteria for commitment in accordance with statutory requirements.
- The LPA's assertion that SPTP is not abiding by recommended practices for treatment of residents with intellectual or developmental disabilities (I/DD). The treatment provided is comparable to many other states' programs, which also modify the pace of treatment.
- The LPA's assertion that greater emphasis is placed on non-clinical requirements to advance in the program. While the program utilizes psychoeducational courses along with activity therapy, these are components of the overall comprehensive treatment process.
- The LPA's finding that the educational and rehabilitative services the program currently offers may not be statutorily adequate. While the program does not object to providing GED courses or substance abuse rehabilitation within available funds, Kansas statutes do not specifically require these services.

I will explain each of these areas in greater detail.

1. Kansas' treatment model includes regular assessments.

Each assessment takes into account the presence of factors that could affect the treatment of the resident. This quarter, as a result of the Post-Task Force work, additional assessment and objective measurement tools are being incorporated into the Comprehensive Integrated Treatment Plans. I'd be happy to go into further detail during questions, but we are now using a statistically-derived dynamic measure designed to aid clinicians in assessing risk, treatment and supervision needs. This new tool will assist treatment staff in identifying specific, objective, measurable goals for each resident.

2. Individual treatment is a key component of Kansas' program.

While residents progress through predefined phases, each is provided individual treatment. SPTP clinical staff prepare a comprehensive integrated treatment plan for each every resident. The treatment plan is developed based on the resident's individual mental abnormality or personality disorder and any behavioral or treatment concerns regarding the resident. In

addition, residents complete a number of therapeutic tasks, including journaling and a relapse prevention plan, which are specific to their individual treatment needs.

3. Kansas has a comprehensive annual review process.

The annual examination has always been and continues to be administered pursuant to statute (K.S.A. 59-29a08). However, its components are not static and will change in accordance with evolving standards of practice. In February 2015, modifications were made to the annual review process and changes are ongoing.

As a result of recommendations from the Post-Task Force Internal Committee, SPTP created a new position of Chief Forensic Psychologist, and I'm pleased that Dr. Dixon can be with us today. Dr. Dixon is a licensed psychologist and has both forensic experience and familiarity with the treatment of sexually violent predators in programs throughout the nation. The primary responsibility of the Chief Forensic Psychologist is to oversee the annual evaluation process, personally conduct annual evaluations of residents prior to requested court hearings, prepare forensic reports for submission to courts, and be available to testify at annual review hearings. Dr. Dixon has no assigned therapeutic duties at LSH so that professional independence can be maintained as recommended by the LPA report.

In addition to personnel, additional assessment tools have recently been added to the annual review process. Dr. Dixon and LSH administration have worked with evaluators to ensure that a thorough clinical interview is performed on each resident. The evaluators are performing mental status exams and assessing the continued presence of psychiatric conditions and or mental abnormalities that increase the risk of reoffending. Within a month, each annual exam will also contain additional risk assessments and specific personality testing will become more routine.

4. Kansas' program identifies and modifies treatment for individuals with disabilities.

As noted previously, I/DD is factored into the development of an individual's treatment plan. SPTP offers a slower paced treatment option, called the parallel program, for I/DD individuals. Nearly all of the residents in the parallel program are housed on the same unit to aid in treatment and to provide additional protection for these residents. While KDADS is not necessarily opposed to making LPA-recommended changes, the report acknowledges that other state programs offer similar treatment and in order to separately house these residents, a new facility would have to be built in a different community and additional staff would need to be hired and specifically trained.

5. SPTP emphasizes both clinical and non-clinical requirements for program progression.

Psychoeducational courses, such as anger management, relationship skills, relapse prevention, budgeting, stress management, and strategies for motivation, along with activity therapy sessions are key components of the treatment process. They assist residents in accumulating and maintaining social skills that are necessary for successful community reintegration. Residents are also provided individual and group therapy sessions.

6. Residents have opportunities through SPTP to develop skills necessary for reintegration.

The current SPTP curriculum is designed to provide residents with the necessary skills and resources to successfully progress to the reintegration facility. Last month, the Post-Task Force Internal Committee identified additional curriculum enhancements. New courses will be offered to increase the residents' readiness to eventually transition back into the community. By June 30, 2015, we will reassess and make programming modifications as needed regarding work and life related skills.

Thank you again for the opportunity to address the Committee. We will stand for questions.