NCJTC- Fox Valley | Advanced Techniques For Supervision And Monitoring Of Sex Offenders

Welcome, everyone, to the National Criminal Justice Training Center webinar. Our topic today is "Advanced Techniques for Supervision and Monitoring of Registered Sex Offenders." Presenters for today's session include Christopher Lobanov-Rostovsky, Dr. Kirk Johnson, Paul Fuentes, and Lea Geurts. My name is Joann Joy, and I will be serving as your moderator. We are so fortunate to have several senior policy advisors with the SMART Office in attendance.

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Let's practice a poll question with a simple poll. This will also give us a snapshot of who is joining us today. How long have you been working in SORNA? As you can see, your options are zero to three years, three to five, five to eight, eight or more, or I currently do not work in SORNA. Please make your selection. As you can see by our results, over half of our attendees have been in the SORNA world from zero to three years with the next largest chunk being five to eight years.

I'd like to welcome you again to our webinar. I'm pleased to introduce to you our presenters for today. Chris Lobanov-Rostovsky is a licensed clinical social worker with over 30 years of experience working in the area of sex offender management and treatment. He currently works for the Colorado Department of Public Safety as the program director for the Colorado Sex Offender Management Board and is an associate for NCJTC.

Dr. Kirk Johnson is a licensed psychologist and certified sex offender treatment provider. He founded the Vancouver Guidance Clinic, which has provided a variety of forensic and clinical psychological services for over 30 years. He is also an associate for NCJTC. His expertise includes forensic psychology, legal competency, criminal responsibility, child custody, and sex offender evaluation and treatment.

Paul Fuentes is a senior associate with the National Criminal Justice Training Center. He serves as a court administrator for the Cheyenne and Arapaho tribes. Paul has contributed to the overall growth of justice services offered by the tribes by way of successful grant writing and program development. Paul oversees the judicial branch, which includes tribal court, healing to wellness court, probation office, sex offender registry program, and the legal aid program.

Lea Geurts is a project coordinator with the National Criminal Justice Training Center of Fox Valley Technical College, providing training and technical assistance for tribal granteers. Lea has over 15 years of experience working in tribal justice programs in probation, court administration, SORNA, and tribal justice system planning. We are pleased to have all of you with us today.

Before we begin the presentation, we want to begin by opening in a good way. Let us take a moment of silence to clear our thoughts and center our focus on the important work ahead of us today. I will now turn the time over to our presenters. Chris, the time is now yours.

Thank you so much, Joann, for moderating today and for that lovely introduction for all of us as presenters. It's an honor for all of us to be with you here today. We truly wish it was in person. We miss you all and really look forward to hopefully being able to see you in the future and to be on site with you again. But for now, I guess our voices will have to suffice.

So today, we're going to be talking about advanced techniques. And these advanced techniques are things-- I want to be very clear up front that these advanced techniques have grown out of the work that we have done with tribal communities related to SORNA. SORNA requirements talk about things you need to do in setting up your registry. And we have been addressing those during the course of these various webinars that we've had.

The first two, the intro to the SORNA program and then more advanced and how do you sustain your SORNA program were very specific to work on SORNA. And so if any attendees have not heard those, they are recorded and available for your listening. The last two, the one that we did last week and this week, are things where we are looking at beginning to go beyond the SORNA program and things for those who have well-established SORNA programs, things you can do to enhance community and victim safety within your communities.

And so this is part of something that the SMART Office has been supporting. We're very appreciative of the work of the SMART Office and recognizing that SORNA is one component of community and victim safety, but there are other things that can be done as well. So I just want to be very clear upfront that these are things that you can be doing to supplement or enhance your SORNA program, but they are not part of the core SORNA requirements. And we are also aware that a number of people have been tuning into these webinars that may not have SORNA requirements. And so these are things that you can certainly do even if the SORNA requirements are being, say, handled by the state in which the tribal community is located.

So with that, I will now talk a little bit about what we have been doing related to these advanced supervision and monitoring techniques. The idea here is that going beyond the SORNA program can have a number of benefits for the community. First and foremost, obviously, again, we want to make sure that the community is as safe as we can help it to be to protect children, to protect families, to protect victims, to protect our communities. And in doing that, we need to keep offenders accountable, and we need to ensure that they are being managed and supervised and monitored correctly. And so the things that we're going to be talking about today are some strategies that you can employ or you can work with some of your collaborating tribal agencies to gain greater offender accountability and to provide for that safety within the community.

One of the things that we've been talking along all the way through about is this real importance of multidisciplinary and multi-agency collaboration. And so I think identifying these advanced supervision and monitoring strategies and the risk information is really critical to all tribal agency partners. And so this is something that really can enhance that collaborative process. And what it allows us to do is to keep focus on those offenders, particularly those offenders who present the highest level of risk and is a concern to the community.

When we have a list of registrants, not all registrants are the same. And so we want to put our resources into those that are most concerning and have the highest risk and dangerousness to the community and then provide, finally, I think, that doing these types of things allows for an opportunity for us to have dialogue with the community and to ensure that the community is aware of what's going on. And it also allows hopefully for offenders to be able to reintegrate within the community and participate in cultural activities, ceremonies, and things like that in a very safe and healthy way. We're going to now go back to a poll. So, Joann, I will turn that back to you.

Thank you, Chris. And here we have our next poll question. How do you verify sex offender registration information? Please choose all that apply to your situation. Our choices are in-person office registration, regular house checks, compliance surveys, community contact, lastly, other or not involved with registration of sex offenders. Please make your selection.

We can see by our results that we have approximately 84% that conduct in-person office registration. The next two largest categories complete regular checks and through community contact. I'll turn it back over to you, Chris.

Thank you, Joann. And that's very helpful information. We appreciate you participating in the polls.

Normally in doing these presentations, we would be able to engage with you, the audience, and be able to tailor what we're doing. But we're using these polling questions as a way of being able to do that. So thank you for taking the time to share that information. And yes, I think certainly through our basic SORNA operations, we can certainly do some of what we're doing here in terms of monitoring offenders and ensuring they're accountable. But then in some of the other options that were suggested there in terms of community contact and other things like that, those are additional sort of beyond SORNA ways of ensuring that accountability and providing for that safety for the community.

So in terms of what we're going to be talking about in our time with you today, we're going to go through and talk about what an assessment process looks like. We're going to talk about that generally and then in terms of how to assess risk. Then we're going to talk about the risk, need, responsivity, correctional model. This what we call RNR model is a great evidence-based model for us to monitor and supervise offenders. And it gives us some really helpful research supported information. So we'll go through that with you.

Then we're going to talk about specific risk factors. They're listed as static and dynamic. And we'll define that in just a moment here in terms of what they are. So looking at what are those risk factors, what things would you be seeing within your registrants that would suggest someone is at greater risk for another sex offense? And that's what we're really talking about here in terms of risk is risk to do it again, because we want to know if an offender is beginning to move back in that direction again.

And what can we do then to intervene? And what types of assessments are out there? And what is their applicability particularly in Native American communities? Because a lot of times, assessment tools may or may not have that applicability. And so we want to make sure that we're using culturally sensitive and relevant tools. And so we'll talk about that.

And then we're going to talk a little bit specifically about supervising and monitoring and what kinds of strategies can be used to supervise and monitor, again, above and beyond the SORNA program, how to use your resources to focus on that risk, and what things you can specifically do or what things your tribal partner agencies can do. And we're going to talk about an initiative that we were able to work on over a number of years with a number of our partners. And I saw on the list that there are a few of those partners out there today. So hello to you.

But what we call our CSNAP program and initiative was developing a strategy for offenders and registrants as they reintegrate back into the community to ensure accountability and to provide for

the safety of the community as they come back to the community hopefully in a good way. And it can be a component of a reentry program. And so we'll talk about reentry a little bit and share with you an example of an Alaska native initiative that occurred, as well as we have Paul Fuentes on the phone. And Paul was a participant in that. And so Paul can share what happened with their journey in Cheyenne and Arapaho tribe.

So that is the outline for today. So what we're beginning now and getting into it-- what we're going to be doing is talking about how do you get this information, what information do you need, and what can you do with it? And so you're going to see as we begin to talk about assessment and risk assessment that we need certain critical information to be able to do these assessments. I know a lot of times, unfortunately, when registrants come to your tribal communities that you may not get much information. You may not even get a police report or information about the offensive conviction. And you may not get information from, say, whether this person has had treatment previously or if they're under supervision. You may not get risk assessment or supervision information.

And so we would encourage you to begin to think about what information you might need in order to be able to assess risk and how can you get that information developing those relationships with those other agencies-- federal, state, local, and other tribal partners-- and gathering this information. What information do you need? And then talking a little bit about how that implicates the risk for the individual offenders as they return to our community.

So the first thing we're going to do is talk a little bit about the assessment process. And so to do that, I'm going to invite my very good friend Dr. Kirk Johnson-- who we're very pleased was able to make it today-- and ask Dr. Johnson if he would be willing to talk with us a little bit about his work in terms of doing assessments and then with specific emphasis obviously on how risk assessment is incorporated. Dr. Johnson?

Thank you, Chris. And thank everybody for being here. Good morning or good afternoon, depending on where you are as we do the webinar today. I am going to be talking initially about doing assessments of sex offenders. It is something that has been part of my practice since approximately 1985 or so. So I've been doing this for a bit both in terms of adults who commit sexual crimes and adolescents who commit sexual crimes.

So the whole purpose of a good assessment is, of course, to understand, to inform not only yourself, to inform the client at times and to inform the referring individual, and to predict behavior, also to identify treatment targets. So I'm going to talk about how I do that. This is going to take you through a typical assessment case in my practice, an adult assessment case, and the procedures that I specifically utilize, which I think are relatively standard in many situations across the country.

First of all, I need, of course, point out that when we're dealing with individuals that have committed a sexual crime, the whole focus of the evaluation is not just on general psychological functioning. But there's a special emphasis on sexual functioning, whether or not there is the presence of a sexual disorder, and importantly, what factors may be present that the individual represents a possible sexual risk to others. So some of the instruments we use in the assessment are general psychological instruments. And some of the testing instruments we use are more specific to the issue of sexual functioning and sexual dangerousness.

So first of all, let me just talk about where the information comes from here. Normally, in a psychological evaluation, you're depending on information from your client with regards to their history, to their background, to all of the primary areas of their life. There's a problem in doing that with individuals, of course, that are referred for sexual crimes because they may not always provide accurate information.

So it's really important not just to do a good clinical interview and history but to have collateral data. And in my experience, that's often been difficult for individuals on Indian lands to get adequate collateral data. But to the extent to which that may be available, that would include things like police reports, previous evaluation, any assessments that have been done-- for instance, in a prison setting. I'm often in contact with people that have been involved in supervising an offender. And sometimes, depending upon age, I will be actually interviewing parents also. That would be in the case of a juvenile offender.

But the criminal history is something that has to be obtained. It's important to get criminal history because some of the instruments that we use in an assessment depend upon good criminal history. And, again, you can't just ask for that. You have to get that from a reliable source.

Victim statements. Very important to have good victim statements if available because that really helps when I'm interviewing an offender to let them know that I have a way of checking what they're saying to me. Offenders minimize, and offenders are, of course, not always truthful. So those statements help in confronting some of that misrepresentation.

Just as a polygraph, a good history is augmented by a polygraph that may be part of the assessment. But there are different kinds of polygraphs that get done. But for my purposes, a full sexual history polygraph, again, provides me with a way to check what is being told to me by the offender him or herself. In fact, in the state of Washington, when we do evaluations for individuals charged with sexual crimes that are in the process of adjudication, a polygraph is expected and required by the prosecutors of the case. That's not always true depending on your jurisdiction, but it's very typical in our state.

So those are sources of information. And then let me talk for a moment about the psychological testing process. Psychological testing involves general psychological tests. In the battery that I do, I use two general tests that are used both for offenders and non-offenders as a part of an overall psych eval. One is the Minnesota Multiphasic Personality Inventory, and another is called the Millon Multiaxial Clinical Inventory. Those are two tests, one for major psychopathology and one for what really are called personality level disorders or character or logical disturbance.

It's important to do that testing because I want to know not just about sexual history, sexual functioning, and aspects of the crime, but I need to have some additional information about their overall psychological functioning. For instance, if I'm evaluating somebody and I give them an MMPI and his score pattern suggests the presence of an impulse control disorder-- for instance, a bipolar disorder-- that's important to know because one has to manage that kind of a disorder in order to effectively provide treatment and reduce risk. So having access to those general instruments is an important part of the process.

Now, beyond the general psychological testing that is done, then you can get into more specific type testing that may be directed directly at issues of sexual functioning. Typically, that type of testing involves either an instrument called the penile plethysmograph, which directly measures penile tumescence after the presentation of certain auditory and visual stimuli, and/or another procedure tests a visual reaction time.

Probably the best known test of visual reaction time is the Abel Assessment for Sexual Interest. And what that involves is essentially measuring the time that an individual actually attends to visual stimuli. No surprise here people tend to look at things they find sexually interesting longer than things they find sexually uninteresting or disgusting. So that measurement is taken.

So these instruments provide some objective measure of sexual interest or arousal. And why is it important to have that? Well, when I'm dealing with an offender-- and let's say their victim is a nineyear-old female child-- they will often tell me that that doesn't represent a primary area of sexual interest, and it was all a big accident or misunderstanding or some such thing, and it has nothing to do with what I find sexually attractive. Well, in fact, if it's documented and/or established that they do have sexual interest in that age and gender category, that informs treatment and also is relevant related to issues of risk.

These, by the way-- these two measures are fairly controversial. First of all, the penile plethysmograph, as you may guess, is quite intrusive because it involves placing a gauge on the penis and then measuring penile tumescence. That's never any fun for anybody and quite intrusive. The Abel Assessment is less intrusive, but it has its own problems.

But the important thing is that all of these measures, which always have some areas of some level of error in the measurement, give us an idea beyond the individual self report. Because if we're just depending upon their self report, we're not necessarily going to get accurate information. So it's important not just to ask, but it's important to also test.

The other instruments that I use in an assessment are instruments that are designed more specifically to assess risk. I use the instruments that we'll be talking about a little bit later in terms of identifying specific factors that are related to the individual's risk for re-offence. And we'll be spending some time with that as the webinar goes on today.

One of the important aspects of doing an assessment is to provide information to the referring authority so that that referring authority can make good decisions. It's important from your point of view to get this information so you're able to identify what are the needs of the individual, what level of risk are they at, and how do I create treatment targets for them? Without that basic data, you really don't know what you're dealing with.

And you can't always just depend upon a description of what the actual offense was to inform risk. I can certainly recall cases where the actual offense was very, very minor. Recalling one case where it was a fairly minor burglary, but an alert prosecutor thought there might have been some sexual motivation. He had the individual fully assessed in my office. And it turns out that this individual actually went into the residence with specific rape fantasies for a 14-year-old child that was there who happened to not be in the residence at the time, thank goodness, or she would have been a victim of an aggressive rape. We would have known none of that unless a good assessment had been done that involved multiple sources of data.

So I think that's my kind of brief overview of an assessment process. And I think as the webinar goes on, we'll have an opportunity to respond to some questions later. Chris, I'll send it back to you.

Thank you so much, Kirk. We appreciate very much you sharing what you do. And it's such an

important part of this supervision and monitoring of the clients, the offenders to have this information. And so for the tribal partners out there, you might check to see if an evaluation has ever been done and to try and obtain a copy of an evaluation. These evaluations can be very helpful in providing critical information, as Dr. Johnson was just saying, in terms of your supervision and management and monitoring of the registrants. And so to get that information can be very helpful to you.

The one thing that I would offer as a disclaimer or a caution is that also, though, beware that these things can become dated at some point. So if somebody does an assessment at the time of sentencing and then goes and does a period of time in prison, the information in the assessment may be somewhat outdated. I think it's still important to get a hold of it and look at it for baseline data and information. But if they've had treatment while they were in prison or if other risk factors have presented themselves, you may need to take it with a grain of salt. So that would be the one thing I would just offer you to think about.

So as we continue forward here, now I would like to talk to you a little bit about how to begin to incorporate this risk assessment and from information into what you do in terms of monitoring and supervising the registrants. And so this is a very seminal kind of theory of criminology that has been developed by Don Andrews and James Bond. They're a couple of Canadian fellows. And what they talk about is that our interventions need to take into account three different principles-- the principles of risk, which Dr. Johnson was just alluding to, the principle of need, and the principle of responsivity. And so let me talk to you a little bit about how this fits.

This theory of criminology was really developed for all criminals. So it's not just a sex offender specific theory. But it has been researched and tested and shown that if we apply these principles to the sex offending population that it shows benefits.

So interventions that follow these three principles-- there is research to support how often that they re-offend or the likelihood of re-offending can be reduced. And that's what we're trying to do through our supervision and monitoring strategies is to reduce and prevent to the extent that we can risk and recidivism. And we know that ultimately the choice to repeat a sex crime is to the offender. But if there's things that we can do to intervene to minimize the likelihood of that, then that's a good thing.

So in terms of these principles what do they tell us the risk principle tells us who should we be targeting for the intervention. So who presents with risk, how much risk do they present with, and what should we do about it then follows from that. The need principle talks about what things do we specifically need to be targeting our interventions for. So if we're supervising and monitoring offenders, what things are we supervising and monitoring to? What things are we're trying to prevent from happening? What places would be risk situations where we would maybe want to think about limiting an offender's access? Et cetera.

So in looking at these needs, those are the things that can be targeted for the supervision and monitoring. As Dr. Johnson mentioned, those would also be the things that would be targeted as part of treatment. And so if a registrant has had treatment or is having treatment, targeting those specific needs would be the things that would give us the most benefit in terms of using the likelihood that the offender is going to commit another sex crime.

So the responsivity principle talks to us about it's not enough just to identify the risk and do something about it. But we have to do it in the right way, in a way that makes sense. And we have to meet the client where they are. I was a treatment provider for many, many years. And I think early on in the career, we didn't think about this responsivity principle as much. And so it's like we expected the client to meet us where we were rather than meeting them where they were.

And so I think this is really important. And all of you obviously within tribal communities doing your work hopefully are very able to be able to meet the clients where they are. I know I've talked with a number of you over the years about your work. And it seems like many of you bring in cultural values, traditions, things like that into your work. And I think there's definitely strong research to support that that's a really good thing to do that.

So in terms of the risk principle, what does it tell us? Again, it's identifying who needs the intervention. But it's not just the who, but it's the how much as well. So as we think about risk, we think about how risky is the person? Are they high risk? Are they low risk? What is their level of risk? And we can predict that to a certain extent in terms of what we're doing here by using some of our risk assessment tools.

And then identify someone who's high risk, giving them a higher intensity of this monitoring and supervision than someone who is low risk. So it allows us to really use what are scarce resources-- I know we all have scarce resources-- and really putting a lot of our resources into those offenders who are at the highest risk. And so what we know is that, again, higher risk individuals should have higher intensity monitoring and supervision. Lower risk should have lower intensity.

And you might think, oh, well, we'll just go ahead and supervise everybody at the highest level, and that'll work because then we'll still catch the high risk people in that, and the low risk people, it's not a big deal. Well, what we know is that actually and ironically, to treat a lower risk individual as someone who is high risk and putting them into a very intensive supervision and monitoring program can actually escalate rather than take away their risk. So we have to think about making sure that our services are geared toward risk when we're thinking about supervision and monitoring of offenders.

And, again, I'm talking about this as a monitoring strategy separate from their SORNA tiering. The SORNA tiering is based on the offensive conviction. But now we're talking about using risk assessment to supplement that and to identify who are the higher risk individuals and then being able to provide the monitoring and the treatment services as part of that.

Now, Dr. Johnson alluded to risk assessment as part of the assessment process. Certainly in doing an assessment like Dr. Johnson described, we can do a risk assessment. But other people besides for clinicians can do risk assessments. Properly trained supervision officers, SORNA officers, et cetera. These tools can be used by you folks as well.

So while ideally we can refer to someone like Dr. Johnson and a thorough assessment, including a risk assessment, can be done, if that's not possible, it's possible to learn how to do some of these risk assessments yourself, apply them. Or perhaps if there's a tribal probation department, then the tribal probation officer might be a good candidate for someone to do something like this. So there's various people that could be doing these risk assessments, again, with proper training. And this training today is not a training in how to do these risk assessments. There is that training available, and we can certainly help point you to that if that's something that you're interested in. We're just giving you an overview today of what this looks like.

And so a risk assessment really helps us to determine how to develop a good risk management plan. How do we supervise and monitor? We know what risks they present, and we know what the risk factors are from their history to be able to identify their risk. And so we're then targeting those specific risk factors. So say if somebody has a history of extensively offending against a child, for example, then we might want to think about some safety parameters around children for them going forward. So knowing what their risks are, knowing what their risk level is can help us to then target our supervision and our monitoring.

And this is something that's really important for us to share across tribal agencies as well as with federal, state, and local partners. Again, if they've been in other programming under their supervision, federal supervision, or in federal prison, or have had treatment, this information exists. And it's important to see if you can get a hold of it if you can through properly executed releases of information that can happen. And so how do I get this information? Developing the relationships with the other partners out there.

And then sharing it amongst the other tribal agencies. I worked with one tribal program where several different tribal agencies were doing their own assessment, and they weren't sharing that information. And so if there's a way that tribal agencies can work together, do combined risk assessments so that they're all coming to the same place, and then sharing that amongst the tribal agencies. Because, again, the SORNA program, it matters. It matters for residential treatment, it matters for housing, it matters for employment. I mean, these matter to many different tribal partners out there. And so developing this collaboration will hopefully help us to be able to better supervise and monitor the offender within the community.

So this risk assessment gives us that information. It can help us to determine what level of monitoring. Again, keeping in mind the risk principle says we should gear the level of monitoring to the level of risk. And it helps us to be consistent then across registrants within a tribal community. So with the higher risk individuals, this is what's going to happen with those folks. With the lower risk individuals, this is what's going to happen. And we do that consistently so that there is a uniform and consistent process. So having a risk assessment can really help with that.

The one thing that risk assessment cannot do, it can't predict the future. It is not the magic 8 ball. It is not minority report. We can't determine pre-crime who's going to for sure do it and who's not.

Risk assessment does have a margin of error to them. And so with the risk assessment, it can tell us that with great likelihood, this is where this person falls. They're going to fall in this lower risk group, or they're going to fall in the higher risk group. But some people assessed as higher risk will not reoffend, and some people who are assessed as lower risk will re-offend.

So we need to be careful in how we use the information and how we message that to other tribal partners and particularly tribal leadership, I think. We don't want to say, hey, we've got this tool, and

we can know for sure what's going to happen. The state of the art is not that great. In risk assessment, frankly, it's not that great in any ability to predict any future behavior on the part of anyone.

We're dealing with this COVID situation and using testing to try to diagnose and assess people. And we've heard about these false positives and false negatives. And it works the same with risk assessment. And so we still need to have safeguards in place in terms of what we do. So, Joann, we are now back to you for another poll.

Thank you, Chris. Our next poll question is this. Do you have access to any of the following sources of registrant risk information? Your choices are information from state and/or local corrections, information from federal corrections, information from local treatment providers, assess registrant risk within the SORNA program, or I do not have access to registrant risk information. Please make your selection.

In reviewing our poll data, over half of our attendees have indicated information from state and local corrections with several also selecting that they do not have access to registrant risk information. So, Chris, it does look like most of our attendees get their information from state and local corrections while a good chunk also get their information from federal corrections. I'll turn it back over to you, Chris.

Thank you, Joann. And thank you, poll responders. That's great that you're able to get that information. And if you're one of the people that are not able to get that information, I would encourage you to not become discouraged about that but to reach out to those supervision corrections officials in your area and see about developing those relationships and learn how to get a hold of this information.

Risk assessment information is very commonly used by these different folks that are listed here on the screen. And so that information exists, and it should be accessible to you, again, if you're not able to do this yourself. But it's also something you could implement yourself as well.

And so I would now like to in summary just say that we're going to be moving on and talking specifically about some of the risk factors consistent with offending and re-offending. But before we do that, I want to invite in our other panelists Paul and Lea and see if you have anything that you would like to add in terms of this first section that we've been talking about here as far as assessment and use of assessment information. Paul, anything that you would add in terms of our conversation?

I think what I would contribute to is just more the access part. And for our tribe, especially early on, we don't have our own law enforcement. So it was really difficult to get this type of information from the state or-- especially when we were trying to work outside of our state. I can remember one instance in Washington where we wanted information and couldn't get any. And so I think what really helped us early on was our relationship with the US Marshals. And so I'd encourage tribes out there that if you don't have that connection built definitely to reach out to the US Marshals or to reach out to the SMART Office and see if they can bridge that gap.

And so where we had talked to one of the states for information on the specific offender, they weren't open to sharing anything at all. But after a conversation with the US Marshals, I kid you not, probably 30 minutes, we had all the information we needed faxed to us. And so that's what I would encourage tribes to do is to build that. And then now we have a great relationship with our-- I'm in Oklahoma, so with the state of Oklahoma and their probation officers. Their probation officers do assessments frequently. And that information is available to us upon request.

So I think that that's where I would contribute is just that that information is important. Bridge those gaps to be able to get that and lean on your federal partners if you need their assistance to bridge those relationships. And then when you have the information, go through it, read through it, and really take that into account.

I'll talk just briefly in the next few minutes about address verifications, but to take that information to account. We also have a training on safety. And so officer safety, that is very important information to have. I mean, I think it's very important to have that type of information for those situations. So I think that's it on this part for me, Chris. Thank you.

Thank you, Paul. Good examples and good suggestions. Lea, anything that you would add?

Chris, I think the only thing that I would add to this conversation so far is be sure as you're looking at implementing assessment or gathering that information from some of these other jurisdictions that you're also taking the opportunity and the time to educate those that you're working with within your own department and your own agencies. It really becomes vital if you're looking to implement a new process or implement a way that you're going to be utilizing some of the information that you're making access to that your prosecutors, your judges, your tribal leadership, law enforcement, those agencies that you're collaborating with or working with are educated around risk assessments and how they'll be utilized within your department. So as questions come up, or if a community has questions, that everybody is informed at some consistent level to be able to share that information

that's going to be made available to you.

Thank you, Lea. Great suggestion as well. I think that we talked last week about community education and connection to the community. And so we want to make sure that communities are aware of what we're doing and that they understand to the extent that they can the information that we have. And we don't want to misrepresent or mislead them, for sure, and certainly, again, with other tribal agencies and tribal leadership as well. So thank you for that, Lea.

So we're going to move on now and talk about specific risk factors that are consistent with and place a registrant at higher risk for re-offending. These factors are all supported by research. And so the risk assessment instruments have also been developed in the same kind of way. And so we'll talk a little bit about what we know about risk here, and then we'll talk specifically about sex offenders.

So this is back to our good friends Andrews and Bonta again. And this is a lot of big words here. In essence, though, what it's saying is that those registrants or even those people with criminal histories, the more extensive the criminal history and the more ingrained they are into that criminal thinking and the criminal subculture, all of that puts someone at greater risk for further criminal behavior. We know that many people may engage in antisocial or delinquent behavior when they're younger, and then many people outgrow that. The people that don't outgrow that and make it more of a lifestyle, those people are at greater risk to continue that. And so that's why we see unfortunately high recidivism rates for people coming out of prison and going back to prison again.

And so these big four, these apply for sex offenders as well. So if you're seeing an offender-obviously, all sex offenders have a criminal behavior and have been maybe in prison and maybe are dealing with that. But if they've got a variety of criminal behavior-- substance abuse, other types of criminal assaults, other types of criminal behavior-- certainly indicative of a higher level risk. So that's where that criminal history is so important in being able to look at what risk level they present as well as how likely are they going to be to be compliant with the SORNA requirements. Somebody who is very antisocial very criminally oriented may be thinking about ways to evade the SORNA requirements rather than to comply with your SORNA requirements.

So risk factors. I'm going to start this, Kirk, and then I'm going to bring you in here in just a quick second. But risk factors, we can think about that in terms of what we call static or dynamic risk factors. Static are those historical factors, the things in their prior behavior. And prior behavior does not change. So once they've done something, that's something they've always done. And so in knowing their history and knowing what they've done, that tells something about what their risk is to do something in the future.

But we also know that people change over time. And so what they did 20 years ago may not be the greatest current risk. And so we look at dynamic risk or those things that are currently going on within the registrant that tell us what level of risk that they're presenting. And so these are changeable risk factors, things that change over time. And it's those dynamic risk factors that are great targets for our monitoring and our supervision.

So I'm going to now give it to Kirk. And, Kirk, if you would talk about this static and then the stable dynamic, acute dynamic. And then we'll move into talking about specifically the one Static Risk Assessment Instrument. That would be great.

Sure. Thank you. As Chris said, there are different types of risk factors. And it's important to have a sense of which of those factors apply to the given individual that you may have coming into your jurisdictions. I'm impressed, I must say, when I saw the latest poll that 43% of individuals said they didn't really have access to any information. And that's a little startling to me. And I think Paul spoke to the importance of trying to develop the relationships where you can get that information.

But there's an overall tendency without good information or a good understanding of risk factors and whether or not they're present that you're generally going to overestimate risk. And that does have problems associated with it, as Chris said earlier. It may be iatrogenic or it may actually cause harm to do that to certain individuals.

So looking at the static risk factors, these are things that are always going to be there, and they are not going to change, and they are simply in someone's history. We're going to go over specifically what those are in the primary instrument that's used to assess that. There are factors that are fairly stable but can be changed. Let's say you have a personality disorder that results in you acting out or getting into trouble with the law-- for instance, what would be called an antisocial personality disorder.

Is that changeable? Well, we used to think it wasn't, but there are treatments now available where that can be targeted and some changes can occur. People can learn things. People can develop skills, although they may have deficits. They can learn and improve in the areas, for instance, of interpersonal competency or the development of social skills. So those are factors that may be stable but are changeable over time.

Those acute factors are ones that are really the first order of business if they're present. That is

acute instability. These are things that can change rapidly. Someone may be in the midst of a crisis. Someone may be in the midst of a period, for instance, of homelessness where they're out on the streets. That's destabilizing. Someone may have an active and present mental illness that needs immediate attention. And someone may have substance abuse issues that include an acute intoxication. Those things need to be managed immediately. So those are the three general areas-risk factors that we think about.

So I thought maybe one of the ways that I can do this is to do it in terms of a case that I just finished actually. And it was a case that involved a 36-year-old Naval service member who was sentenced last week. I testified in his sentencing up at the Naval base in Remerton.

And just to give you an idea of what this individual did, there were multiple charges, but essentially he engaged in online communication with a minor that included the sending of photographs. So there were a variety of charges that arose from that including distribution of pornography, including the sexual abuse of the child. Although it was not a hands on offense, the way the statute is written, he was charged with that. This is an individual who had never been previously charged with any crime, an individual who at the time that this was going on was involved with substance use but had been able to function relatively well in his community.

So I'm going to try to use this as I go through the Static 99 factors. So you score the Static 99 in terms of whether or not the individual fits with this factor. The case that I just talked about, the individual is 36 years of age. So he would actually on the Static 99-- excuse me-- not be scored on that factor. You're scored on the Static 99R with a 1 if you are aged 18 to about 35.

Young people are well known to have more problems with behavioral management than individuals as they mature. We know now from brain research, for instance, that the brain does not stop developing-- there's some discussion about exactly when that happens. But certainly, it appears to continue development into one's 20s, mid 20s. Without adequate brain development, without adequate maturation, people tend to be more impulsive and do things that they're not going to do as they age. So that's a very robust factor generally for criminal conduct. And it is relevant to assessing people that commit sexual crimes.

Another risk factor on the Static 99 are individuals that are single. That is, they don't have a history of long term committed intimate relationships. In terms of the scoring for this instrument, you have to have actually lived with an intimate partner for at least two years. Well, in the case of my Naval offender, he's 36, he had never been married, and, in fact, had never lived with an intimate partner other than for a few months. So he would actually score on that item as a risk factor since he had not been able to maintain an intimate relationship for that period of at least two years.

The next factor is whether or not there was nonsexual violence involved in the sexual crime. And this is getting at individuals who are not necessarily just sexually deviant but also aggressive in the expression of their sexual deviance. So if someone was violently raped, for instance, there was direct violence, that would be charged. In the case that I'm-- or that would be scored. In the case that I'm describing, it was not a hands on crime, and he would not score on that item.

The history of nonsexual violence, again, relates to their history of violence, although it would not involve specific sexual behavior. In this individual's case that I'm using as an example, there was never any history of nonsexual violence. So he would not score on that item.

The prior sentencing dates. So what this refers to is whether or not this individual has, if you will, a rather robust criminal history. It's getting to that issue of criminality generally and whether or not there have been sentencing dates related to any type of criminal conduct, not just sexual misconduct. The individual that I assessed for the Navy had no prior sentencing dates, and he would not have scored on that item.

The next item is a non-contact sex offense history. And the non-contact offenses would be an offense as this individual engaged in. That is, he had internet contact with his victim, and he would have been scored on that if that type of thing had previously been charged. You don't score it if it's the index offense. That is, if it's his first offense, he wouldn't be scored on it because it was the first time it actually occurred. But a non-contact sex offense may be exposure, it may be that kind of internetbased behavior.

Unrelated victims. So an unrelated victim. Why is that important? Well, a individual who is offending against unrelated victims-- and by the way, the Naval individual scored on this one because he was communicating with someone who was not related to him. There is an aspect here of individuals out searching. There's more of a predatory component to individuals that are aggressing against unrelated individuals that it's less of a situational crime.

Most sex offenses occur by individuals who are well known to the victim. I think it's about 90% are well known to the victim. Those have often situational components to it. It is the stranger victim or someone who's out looking for others that increases the level of risk.

The last factor on the Static 99 is this issue of male victims as opposed to female victims. By the way,

the individual that I was assessing scored on this item because his victim, in fact, was a male. It was a little confusing in that actually his victim was transgender, but he did not know that. He was acting as if the victim were male.

What we know is that individuals that offend against male victims have a higher level of recidivist at risk than those that do not. And I'm not sure-- I'll ask for anyone's input here on our presenters if they know exactly why that is. I have never come up with a good explanation for why it is that individuals that offend against males are higher risk than individuals that offended against females. By the way, if there's offending against both males and females, that probably even increases the risk a little further.

But I've just gone through these factors relatively quickly here. So to put a cap on it, for my guy, he did not score on the age factor. He did score as single or not single or not able to maintain long term intimate relationships. There were no prior offenses, no prior criminal history whatsoever. He didn't score on those items, no prior sentencing dates. He had an unrelated victim, and he had a male victim.

So he scored a 3 on the Static 99. And you can take that score of 3 and look at the tables of this instrument. And you can get an idea of what the level of recidivistic risk is five years out for an individual with that level of risk. And I believe that the recidivism percentage is 7.5%, relatively low.

And by the way, this individual, although he would have been assessed as likely a relatively low risk offender, nevertheless, he was sentenced to a fairly long prison term in a military prison. So those are the Static 99 factors. Chris, is there anything that you want to add to that?

No, I don't think so, Kirk. Again, I think it's-- this is just giving an overview of what these factors are. And I think you did a great job of exemplifying them.

What I would remind folks is that this is an actual instrument where it needs to be scored based on someone being trained to be able to do this. And it's an instrument that's been developed-- the best analogy that I can share with you is that it's developed similar to other what we call actuarial assessment tools. And an example of that could be for life insurance. When you receive life insurance, they ask you some questions, and they use that information to determine your risk to be able to receive life insurance. And your premium is set similarly. So with these items here, they have been identified through the research.

And so my response to your question, Kirk, in terms of why male victims is because that's what the

research tells us. It doesn't necessarily tell us why. It just tells us that that's a factor. And so the research takes us there, and we've developed this tool as a result.

And so the Static 99 is one of those tools that can help us to be able to predict risk. But if you don't do the tool, just think about some of the registrants that you work with and think about some of these factors. And that can tell you something because these are research supported risk factors. But to actually score the instrument takes the training to be able to do it.

So, Kirk, with your indulgence, I think we will go ahead and move forward. And we will talk about-here, this is a very-- a lot of arrows going in lots of different ways. I apologize for such a complex slide here. The takeaway message from this is it talks about the percentage of the offenders and what their risk scores are.

And so the takeaway from this is that actually in terms of those who are identified as highest risk on a Static 99, that's 12% or about a little over 1 in 10 offenders will score at that high risk level. And then you'll see that that risk level is spread out across the moderate low and the moderate high. It says "moderate righ." I apologize for the typo there.

And so then it'll show you what their risk is and what percentage their likelihood is to commit another offense. And so for high risk individuals, those that score above a certain level, it shows that their risk is at 31%. Oftentimes, when people think high, maybe they think 100% or 90%. But we're actually talking about people whose likelihood to commit another offense is about 1 in 3. So the takeaway from this is that risk is distributed across the continuum, and then it shows you what for low risk individuals their likelihood of committing another sex crime is about 3%. So it shows you how that works.

Here are some other ways of considering risk. Dr. Johnson referenced psychopathy or psychopathology. And so people who have very criminal orientations, there are tools that psychopathy checklists revise that can be used to determine risk. Certainly someone-- if you see something in clinical writing in one of Dr. Johnson's evaluation that says this person is a psychopath, that's somebody you probably want to be specifically concerned about. Having deviant sexual preferences such as pedophilia or primary sexual interest in children or sexual sadism, an interest in sort of mixing of sex and violence, those are more dangerous folks. And then I've already referenced the antisocial personality disorder folks as well.

In terms of limitations, the reason why we use these tools rather than clinical judgment, clinical judgment does not give as good of an estimation of risk. We think we understand clients, and we

think we know what their risks are, but we're subject to our own biases. Whereas using these structured risk assessment tools can give a more accurate and a better prediction of risk as a whole.

And then I think there's also the notion of really having multidisciplinary collaborative approach to assessing risk because some of us can be fooled one direction or another. Maybe we have a client who particularly has good social skills and ingratiates themselves to us, and we like the client, and so we tend to judge them better. Whereas the client who is just mean and nasty and hateful all the time, maybe their risk isn't that high, but maybe through that lens, we view them as higher risk. So using these instruments can be a great way to overcome some of those biases, for sure.

So moving on and talking about the needs principle, the needs principle talks about what are these specific criminogenic needs? And so what are the things that we should be targeting? What are these dynamic risk factors? And so we're going to shift over now and think about how can we identify what those factors are, what does that tell us about risk, and then what does that mean for how we're supervising and monitoring offenders? Other factors, other things that we deal with in treatment that are not these dynamic risk factors can be still useful to deal with in treatment or under supervision to have discussions with the clients about. But we really want to put the bulk of our energy into these areas.

I do want to make just one comment about how it can be difficult at times to utilize and really depend upon these risk instruments because there's an overall tendency to look at what someone has done or look at how they were communicating with the trial, for instance, and think about, my god, what horrible things this person said. How can they be a low risk? Well, as Chris said, it's really important to keep yourselves focused on what we know empirically as to be risk factors because that's going to be our best gauge as to how to move forward with someone.

So the Stable 2007 is an instrument that looks not at those static factors but at the more dynamic factors that are available for a change with the proper intervention. So part of what we're doing when we're doing an assessment of an individual is identifying these factors not only as they relate to risk but also as they relate to treatment target or treatment targets. So these factors include the social influences that an individual may be exposed to. And typically what this is referring to are the negative social influences that they may have access to. Negative peers, criminal associates, influences that are going to move them in the direction of criminal thinking and behavior.

Once again, you see that capacity for relationship stability. And that really is an important factor in that individuals that can maintain stable relationships are generally protected from deviant acting

out. So if that capacity for relationship stability is lacking, that needs to be an important focus of treatment because people can develop skills in terms of managing and developing those relationships.

Emotional identification with children is an interesting issue. There are individuals who, if you will, feel more comfortable with children and relating to children or those that are younger than themselves than they feel in terms of relating to individuals their own age. This, by the way, was true with the Navy case that I was just talking about. So if they're going to sexually act out, it may well be that they're going to sexually engage individuals that are younger than themselves-- in fact, children.

The problem here is that there may be some individuals that have a degree of emotional identification with children, but it's a positive thing, and it doesn't lead to any inappropriate sexual behavior. For instance, some great teachers have a particular ability to identify with children and to identify with their needs and how to relate to them. That doesn't mean they're going to be sex offenders. Those individuals often have the capacity for adult relationships, but they do have the ability to relate to children.

Hostility towards women. Again, a dynamic factor because that's something that may respond to intervention, to treatment, to instruction. These offenders who act out against women may objectify women. That's I think something that we see very commonly now, particularly with the level of pornography that's often available or that is available to individuals. And the hostility and objectification of women is, again, another treatment target that can be changed over time.

General social rejection, talked about that. Social skills. Many good programs and particularly adolescent programs have a very important treatment component focusing on the development of social skills for the individual.

So lack of concern for others. This relates to the issue of empathy. Can that be created? Well, to some extent, it can. There are ways of interacting and teaching offenders to help them develop a better understanding of exactly how this conduct affects those that they are subjecting to their inappropriate sexual behavior.

Impulsivity. That can also be an issue that can respond both to specific education and also to medical intervention. So if you have somebody as I mentioned earlier with a bipolar disorder, there are certain medicines that would be typically prescribed to help manage that disorder. Attention deficit hyperactive disorder-- at its core, an impulse control disorder-- can also be targeted with medication to improve one's capacity to manage their impulses. Poor problem solving skills, negative

emotionality. These are all things that, again, can be a focus of treatment and particularly targeted in treatment, assuming that there is a good assessment that's been done.

A sexual drive and preoccupation. So these are individuals often that have excessive sexual behavior. They may use sex as a coping response. That is, they use sexual needs, as it were, as a stand in for other important needs. Giving them assistance with that as a treatment target is an important part.

Supervision cooperation, that these individuals cooperate with the community supervision. If they have a history of probation violations, certainly that's a risk factor that needs to be addressed. But, again, something that can be changeable over time.

Do you want to talk quickly about the acute factors as well? And then I'll take it back from there.

Yes. Acute factors are something that can usually be managed relatively quickly and need to be addressed quickly because they put a person in, if you will, immediate danger of a offense behavior. Of course, victim access is certainly an issue that can be immediately addressed. If a individual has access to potential victims, that is a substantial risk factor. You can't have a victim if you don't have access to a victim.

So anybody that has been charged with a sexual crime or has a history of a sexual crime needs to have victim access limited or in some way managed. In family situations, that may mean over time, an individual can have access with their children, again, assuming that perhaps the child wasn't a direct victim. But that contact is going to need to be supervised. You typically want to control victim access both from the point of view of no more victims but also from the point of view of the individual not being able to ever be charged again.

A decrease in immediate hostility. People that are angry and are having immediate emotional reactions are at risk for higher impulsive acting out. That's one of those factors that requires rather immediate intervention as does sexual preoccupation. If that's all that someone is thinking about, there needs to be a way to not only manage that but to ensure that they're not in a situation where they can act out their sexual preoccupation. There are medicines, by the way, that can be helpful with that.

Rejection of supervision. Again, individuals that are saying either I won't cooperate, that's more of the psychopathic kind of an individual. Or you may also be involved with individuals who are rejecting supervision because they are so involved in substance abuse, which is another item listed here, that they're just unable to adjust to supervision appropriately. Emotional collapse. If somebody is emotional collapse-- they have no coping skills whatsoever-- they are at a much higher risk for acting out. Those are individuals who may need themselves immediate supervision. And sometimes, if the emotional collapse involves a specific psychological symptoms or psychiatric symptoms, even hospitalization.

Collapse of social supports closely correlated with that. Without social supports, these individuals left to their own devices are much more likely to engage in conduct that will get themselves into trouble. So these are some of the dynamic risk factors that are scored in that instrument called the Acute 2007, which is a part of that initial assessment of these individuals. Chris?

Thank you, Kirk. I appreciate that very much. And so hopefully this gives our audience some sense for what some of the risk factors are-- static and dynamic. Again, these are things I think that you could be thinking about as you're working with your registrants or offenders in whatever capacity you're working with them on and knowing what those risk factors are. And those are, again, great targets for intervention.

The responsivity principle, I've already spoken of this. So this is just a final piece. Today, we're not really focusing on the response of a principal. But just to close this section on RNR, here are some of the factors that are typically addressed as part of programming for responsivity. But what I'm going to do is I'm going to transition in now to the final piece of the presentation and talk about the supervision and the monitoring of offenders.

And so here are some specific supervision strategies, some best practices, if you will. From a supervision standpoint, these are things that supervision officers are often doing using how they do their work. But they can also be helpful for supervision that is done within the SORNA program as well.

And so you'll see some of the things that we've already been talking about here in terms of using the risk tools. The multidisciplinary collaboration, having training related to working with this population are all things that are exceedingly important as we're doing the supervision of the offenders, really incorporating into the supervision and the treatment goals those risk factors. What things are we trying to keep the offenders away from? Those are avoidance goals. Or what things are we trying to develop? Say, positive appropriate social support systems. That's an approach goal. So how can we devise a supervision and monitoring plan that's really building on that?

So if, for example, to use Kirk's example of this client, if this client doesn't have good relationships

with people his own age, how can we help foster and facilitate that? And that's something that can be done in treatment. It's something that can be done from a supervision and monitoring perspective. It's something that we can support through the work that we're doing with the registrants. And then if they're not complying from a supervision perspective, how do we deal with that in terms of targeting it from an RNR perspective, the importance of this multidisciplinary collaboration?

But what I really wanted to do because we have two real experts in the area of supervision of offenders is that I wanted to turn to the two other panelists and invite them into this conversation. Lea, I'll start with you. Is there anything particular that you think would be helpful for our audience today to know about strategies or approaches or wherever you'd like to jump in in terms of sharing about supervision and monitoring of offenders?

Thanks, Chris. I think that when we're looking at implementing especially new practices, the one thing that I always offer and that I think was always on the forefront whenever I was looking to expand or move our program toward was really having a process to be consistent across the board and to be sure that whatever it is that we're approaching or wanting to implement, that if it's done in a way that can be tracked, it's done in a way that doesn't target an individual or not in any response to an individual, but rather what our program is intending to do. And then I also would suggest to evaluate available resources. I think sometimes we think in a perfect world, here's what our program would do. But the reality of it is sometimes we're not able to do that.

And one example comes to mind when we were talking about electronic monitoring. And that was something that our program was looking into doing. And after we did a lot of research, we had to have, again, that reality check. Is this realistic for us to manage? And the reality of it was that we didn't have 24/7 staff. We didn't have even in our law enforcement capacity if we were to pull them in the ability to respond on that 24/7 level. But if there was a violation or if there was advisement that there was some type of area that was being violated, we want to be able to respond appropriately to that violation.

And so that was something that we had to reevaluate that yes, in our perfect world, we would have that resource available to us. But in application of it, it wasn't going to be as effective as we might have wanted it to be. And we had to look at taking any route. So I think just being consistent and really as you're going along and looking at incorporating assessment and responding to the risk and the needs of our offenders that you're evaluating your programs, resources, and capabilities as you move along so you don't implement something that may not be as effective or have maybe some negative unintended outcomes. Thank you, Chris.

Thank you, Lea. Paul, anything you would add?

I'll just talk about three things really quick. But the first one is address verifications. And I know that, well, on our policy and procedure, it says that we would do address verifications for tier 1 offenders at least once a year, and then for tier 2 offenders, every six months, and for tier 3 offenders, every three months. Usually, our practices because we don't have a lot of offenders is usually over a two day period. We try to do everyone every three months regardless of the tier.

But I would just encourage programs to continue to verify the information that sex offenders provide and to continue, like I said, to verify that whether it is in person. I spoke earlier that we're not law enforcement. So when we go out, it's with the US Marshals or usually with BIA officers.

But in our policy and procedures, we did provide for an instance where maybe we didn't have that partnership with law enforcement or they just weren't available and we really needed to do some verifications to have a non-forwardable address verification letter. And that letter notifies the offender that they need to come to our office within 10 days. And if about 30 days pass and they haven't, then we're going to go on and do our follow up measures for failure to register or for abscond-- we'll do that process as far as doing an initial investigation and continue with those procedures.

The other thing that I was going to talk about was for employees. The system that we had set up with that-- I know other tribes have a form similar, but a declaration of conviction of sex offense for employment. And so for us, that is the pre-screening. When someone applies for a job in their application, this form is there. And they would be able to note that they are an offender.

And then that information goes from the personnel office or human resource office to our sex offender registry program. And so we're able to start tracking that offender. And then that relationship starts there with the HR department, but it continues on. So we may call periodically every quarter at least for a tier 3 offender and ask does that person still work there? And then sometimes we'll talk about their role in that job and make sure that there's no conflict with any special conditions that may have been noted in a court sentencing or anything like that. So there's that.

And then another form-- this will be the last thing I talk about in this section. But the special rules and conditions for sex offenders-- I know that a lot of tribes have this form. But this form is a really good one.

If the tribe does convict someone, then they're able to outline different conditions such as the offender needs to participate in the sex offender treatment program or have some form of an assessment. Maybe it's to not have any contact with the victim. And so there's multiple conditions. And then there's usually a place for additional conditions if that case warrants that. So those are some of the tools that we use for monitoring and keeping offenders accountable. Thank you.

Thank you, Paul. And thank you both Paul and Lea for talking about how you can incorporate some of that monitoring specifically into the SORNA program. So I think there are things you can certainly do within the SORNA program to implement some of these monitoring strategies as Paul was just describing. Some of that might be looking at policy. Some of that might be looking at code.

And then there's also the ability hopefully if there is a tribal probation or other federal and state or local probation available, how to coordinate with those probation supervision services as well. So I think monitoring and supervision can exist through multiple tribal agencies or non-tribal agencies as the case may be. And so to think about how can you address some of that risk through the supervision and the monitoring strategies within your SORNA program or collaborating with other programs I think would be helpful things for you all to think about. So Joann, I'm going to give it to you for a poll.

Thank you, Chris. So we have reached our fourth poll question. How do you monitor registered sex offenders in the community? Please select all that apply to your situation.

Your choices are collaborate with supervision of officers, have community contact with registrants, monitor registrants at community events, other methods-- please share by entering the information in the question box-- or do not monitor registered sex offenders in the community. In reviewing our responses, it looks like about 41% have community contact with registrants with the next largest chunk coming from collaborate with supervision officers. Chris, I'll turn it back over to you.

Thank you, Joann. And thank you, poll respondents. I think those are great ways to do the monitoring. I think certainly-- I know there's a number of the SORNA personnel that I've worked with in tribal communities that are out there. And if there's an opportunity to be able to have an interaction with a client, I think that that can be really, really helpful just to see what's going on as they're moving about the community. Thinking about those community events and having presence there can be also really helpful. And then certainly collaborating with supervision officers can be helpful. So I encourage you to think as a takeaway from this to think about how you can enhance some of your monitoring of offenders through your SORNA program or through other tribal agencies as well. The final thing that we want to talk about today related to this webinar is what is called our CSNAP program. And I mentioned this earlier in the presentation. It's a program and initiative that was supported by the SMART Office. Again, thank you to our SMART Office partners for that.

It was a way of beginning to have tribal communities think about having basically a program as offenders come back to the community. How can they do effective reentry? I know that many tribal communities are developing reentry programs. Sometimes those include sex offenders, and sometimes they don't.

But certainly thinking about an orderly and organized reentry for offenders is so important. Having that early notification from and having those relationships with prison officials or from supervision officials as these folks come back and planning ahead. And then certainly-- particularly as Dr. Johnson was mentioning-- that many victims and offenders know each other, perhaps live in the same community. Having that coordination with victim services is really key.

And so this CSNAP initiative, we worked with a variety of tribal communities to help them to develop programming, whether that was to put treatment services in place or to have reentry programs or whatever it might be to be able to develop those types of programs. And then we worked very intensively with those programs to be able to do that. And so I think that there is a mixed feeling in terms of sometimes communities and community members are supportive, particularly if they know or are related to the offender.

Other community members may not be as supportive to an offender returning home. And so how can you help to develop some of that community support? Now, they don't have to have the offender be their best friend or something like that, but hopefully they don't actively work against the positive and successful reintegration of the registrant back into the community.

And then how can you put those support services, like Paul was talking about, so that the offender comes back in a good way using a model like the circle peace making model? So what I would like to do, Paul, is to-- actually, let's do the poll first. And then, Paul, I'm going to ask you to talk about your experience with CSNAP. So, Joann, back to you.

Thank you, Chris. And we do have a poll question for our attendees. It is as follows. Does your community have a formal reentry program for registered sex offenders? Your choices are yes, no, unsure, or I am not involved with registered sex offenders. Please make your selection from those options. In reviewing our results, it appears that over half-- nearly 60%-- of our attendees do not have formal reentry programs for registered sex offenders. Wow. The next largest chunk is split between yes and unsure at 18%. I'll turn it back over to you, Chris.

Thank you, Joann. And so if you do have a program available, coordination between that SORNA program and the reentry program can be very, very helpful. And if you don't have that program, then that might be something to think about how can you collaborate and coordinate around this or have certain reentry components within your SORNA program. And so, Paul, I'd like to invite you into this conversation now to talk a little bit about what you did in terms of your work at the Cheyenne and Arapaho tribes related to reentry of sex offenders into the community.

Well, first, I would say that the Cheyenne and Arapaho tribes did not have a registry program. So this was-- I mean, excuse me. A reentry program at all. So this was a fairly new undertaking for us. And I know it's something that tribal members had discussed. I think that it's a need. And this was our entry into reentry in general.

So for us, what really helped us out, of course, is-- I can't believe that it was in the fall of 2015. So it seems like so long ago I guess. But that NCJTC did a number of on-site trainings for our tribe for the stakeholders that we have-- so tribal leadership-- and then those involved in the sex offender registry program, and those that we've talked about today that may monitor, such as probation and treatment providers. So we all gathered and did, like I said, at least four trainings that were on site. Two of them were probably more like strategic planning, what we want to do. And once we identified that, I think the other two were based on Static 99 and learning how to use that instrument.

So we had a drug court. And what we did was we kind of morphed some of the things that our drug court coordinator was doing and making her available to help us with our reentry program, which we end up calling Healing to Reentry. And so our goal was to assist registered sex offenders in reentering our community and to provide them guidance, resources and other necessities so that the offender can transition out of prison and become a contributing tribal member.

So we had-- I think the way an offender comes into the program would be usually they're having to register with the sex offender registry program within three days of moving into our jurisdiction. So usually it's our sex offender registry program who would refer that person to the Healing to Reentry. And so that would be to the drug court counselor. And she would do an initial needs assessment and also do a static 99 if needed if that person met those conditions to have that. And then she would just make recommendations on all the things that would really help this offender to get back on their

feet.

And so for some of them, they needed that connection with their culture. And so it was about connecting them with people who maybe are in ceremonies or who attend sweat lodges or any part of their culture. So it would be making that connection.

So another one was a wellness component. So we have a gym. We have a diabetes program. They're able to get people reading glasses and making those connections for that person. We have a legal aid program. So it was connecting the offender to that. A lot of people, when they come out of prison, they still have legal issues that they have to work out. And so it was mainly this person just making the referrals to services that exist for any tribal member.

So I really like that part of when we were doing early on our needs assessment and our strategic planning on how we would do this that we weren't as concerned about creating services that we didn't already have as we were bridging those gaps and connecting our offenders to those services. So really, the core staff was me as a probation officer at that time, and then Teresa-- she does are our sex offender registry-- and then Kimberly Larney-- which is, again, our drug court counselor.

So I think some of the success stories I think that we would have that come out is just-- so for one person, they came out from prison. And we recognized that they needed an ID, and he needed to get a copy of his birth certificate. So it was doing case management to help that person. And we partnered with another program in the tribe to be able to facilitate that. So for another person, it was getting employment and finding the right job for that person. And so we were able to partner with HR and with the hiring department and connect that individual with a job that wouldn't put anyone at risk. Those are some examples.

Another example that I like to give is just earlier on the protective and risk factors, those long term relationships can be a very strong protective factor. And an individual had some trouble in his marriage, and we were able to get him marriage counseling. And that really helped them. So that's our thing in a nutshell, our experience in a nutshell with how we developed reentry.

Thank you, Paul. I appreciate that. And here's another example of a reentry program that was done up in Alaska in one of the areas up there over by Bethel. And this was a program that was developed by the Department of Corrections up there. And they work to help reintegrate offenders as they were returning back to these remote tribal villages in northern Alaska. And it worked much as Paul was talking about in terms of developing this program of getting consensus and support. And so the program did a lot of work both to gain support within the state, within the Department of Corrections, as well as within the communities and really going and becoming a part of these communities as well.

And what they wanted was that these men were going to reenter back into the community-- or offenders-- could have been women as well-- were going to reenter in the good way and support the community. And so in Alaska, these programs are based on subsistence living. And so they had the program men who were involved in doing fishing and fixing fishing nets and things like that and actually fishing and then getting that fish and bringing that to the community. So these men were actually involved in an endeavor to give back to the community. So I think that that helped get support from these communities as part of it as well.

So that's another example of a CSNAP type program. We modeled a lot of what we were doing on that Alaska approach. And I can certainly talk more offline with anybody that's interested in hearing more about that.

But we worked with a number of different communities to help them to develop these programs. And these programs I think can benefit tribal communities a lot in terms of they can support community values, as Paul was just talking about, as in the example in Alaska as well. They can really keep that focus on the safety of the community and the safety of victims and develop those collaborative partnerships. It was very important for the Alaska program to get support of victims services up there, really build these relationships, these collaborative relationships. And it can help with the offenders, as Paul was just describing, to do better within the community as they go along.

So Joann, I'm going to give it to you for the final poll that we have. And then we'll transition into the question and answer period.

Thank you, Chris. And we have indeed reached our final poll question for today. Would you like to learn more about supervision and monitoring of sex offenders? Your choices are simply yes or no. Please make your selection. In viewing our results, 97% would like to learn more.

Thank you, Chris, Kirk, Paul, and Lea, for the excellent presentation today and sharing your insight and knowledge with us. We are now moving into a very brief question and answer portion. Let's move to the next slide so that our presenters' contact information is displayed while we do a few questions and answers for this webinar.

I put this question forward to our panel. Can offenders challenge assessment results in court? Now I'll pitch it back to our panel.

Kirk, do you want to take that question?

You bet. Certainly, offenders can challenge the assessment results in court. And that happens relatively frequently. It is often a matter of an evaluation having been done by one professional. The offender may disagree with that, not like that, and will have another professional involved.

The challenging of the data is something that is particularly important for those cases that can result or-- I don't know-- critically important. It often occurs in those cases that involve civil commitment because the civil commitment of offenders is, as you are aware, a never-ending sentence. And in those cases, you frequently will get challenged.

So I'm not infrequently in court having to address the risk assessment instruments, talk about the research associated with those instruments, and why the particular factors are scored. That's a regular part of practice.

Thank you, Dr. Johnson. A second question for our panel is as follows. Are there any examples of how you would incorporate assessment into your policy and procedures?

Paul, you want to take that one?

Yeah. I'm trying to think. Where I think getting that information would be important would just be we have a section on our policies and procedures that just talks about how our physical file is laid out. And so what things are on the left side of the file, what things are on the right side of the file, what case number to give a file.

So we have all those types of procedures laid out. And there is a section in there where you would put risk assessments and that type of information in a file. I don't think that we've outlined-- once you read that information, what does that trigger? What does that do for the reader as far as the SRO or the official who's registering offenders?

But, again, like we talked about earlier, I think that that part is an important part in our presentation on safety. It's very important. I mean, it's something that we continue to reiterate that. It's important to know all you can about the offender and to know if you're at risk, where you're at risk at as far as when you're going out into the field. And when you're doing address verifications to be able to make those notes to officers and say this person has been known to do this, or he's already been convicted multiple times of this, or he's violent, or when he comes, a lot of times, he's violent, or he's making comments that-- he just dislikes law enforcement. So any of that kind of information, I think that it helps people who are out in the field be more vigilant and be able to take care of theirselves and their partners. So as far as policies and procedures, we do have it how we would file that information and that we would need that information and that we would do everything we can to request that information. But other than as it applies to safety, I don't think there's much more mention of that in our policies and procedures.

Thank you, Paul. And thank you, again, to our group of presenters. This concludes the question and answer portion of the webinar. Thank you for joining us today. And have a great day.