

# Webinar Transcript - A Comprehensive Approach to Effective Offender Management that Empowers and Supports Victim/Survivors

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Welcome to the National Criminal Justice Training Center webinar, a comprehensive approach to effective offender management that empowers and supports victim survivors. My name is Greg Brown, and I will be moderating this webinar for you today. Before we begin this session, there's some items I need to go over. This project was supported by a grant awarded by the Office on Violence Against Women, US Department of Justice. The opinions, findings, conclusions, and recommendations expressed in this program are those of the authors and do not necessarily reflect the views of the Department of Justice, Office on Violence Against Women.

Poll questions will be asked during the webinar. So with that, let's go ahead and launch our first poll question. The question is, which of the following best describes your role-- victim services, victim advocate; probation, community corrections; law enforcement; CAC, social worker, mental health worker; or other. All right. It looks like a majority of our audience, 52%, are probation, community corrections. 15% are victim services; 6%, law enforcement; 16%, social workers, mental health workers, or CACs. And about 12% of the audience is other.

I'm now pleased to introduce our presenter 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 a program director for the Sex Offender Management board and has been an associate with NCJTC for 15 years.

Also joining us today is Lea Geurts. Lea is a project coordinator with the National Criminal Justice Training Center. Lea has worked as a probation officer, an administrator both on the court and probation side, and has significant experience working specifically with tribal probation entities.

My name is Greg Brown, and I will be moderating for you today. I'm a program manager with NCJTC. And prior to that, I worked in probation for about 31 years, specifically focusing on sex offender management, domestic violence management, other specialized programs, and working as an associate with NCJTC. Again, thank you for joining us today. And Chris, the time is now yours.

Thank you, Greg. I appreciate the introduction and your willingness to moderate. And as we go along here, Greg and Lea will both be offering their extensive expertise in terms of this topic as well. So we look forward to hearing from both of you in terms of this training here today.

Welcome, everybody. I appreciate the fact that you're taking time out of your day to participate in this training. And we hope that you find it beneficial. We'll go ahead and go through the learning objectives here, what we're hoping to accomplish through this training.

We're hoping that, by the end of this training, you'll have a better understanding of offender management best practice strategies. And we will talk about that both at the agency-policy level as well as at the sort of line-worker practice level as well. A lot of this is discussing different ways that agencies can work better together. But we also recognize that a number of you are doing work actively in the field. And we don't-- want to make sure to offer you some suggestions in terms of how this can be put in place by each of you so that at the end of this training today, you can take something with you and hopefully implement something you learn today as you move forward. Or at least, maybe, it confirms the work that you're already doing. I have no doubt that there's not a high level of expertise in our audience today.

The second thing that we'll be talking about is how offender management can be victim-centered and promote victim, survivor, and community safety. I know that this is what we are all about. And for those of you who work with offenders, it's about presenting that safety to the community. And it's about providing safety for victims/survivors and helping them to be empowered through the work that you do. And so for those of you who are probation or community corrections folks, I'm sure that this is the approach that you bring. And for those of you who are victim/survivor service providers, we'll talk a little bit about how that works on the offender management side of things as well as how that can be brought into the work that you do specifically as well.

And then finally, how do you begin to develop that collaboration between offender management and victim/survivor service providers? Sometimes we work in different silos and different worlds, and we don't work together. And the suggestion that's going to come out of this training today is the benefits and importance of that cross-collaborative work. And we'll talk a little bit about what that looks like and how that can take place as we move forward. So without further ado, we'll jump right on into it.

Chris, I was just going to say this is really a state-of-the-art model. And so each of you are going to have components that are going very well. And you're going to have areas for growth. So we don't want you to walk away with, oh, my gosh, we're not doing the right things. I'm sure many of you are doing a lot of the right things.

This is a model that takes a long time to implement. It takes a lot of collaboration and creating those partnerships. So don't get discouraged. I would encourage you to look at this, check off, here's where we're doing well, maybe a couple of ideas. Here's some areas for growth that we might benefit from. And what might that look like? Chris?

Thank you, Greg, great points. And this model is really additive in the sense that you can put building blocks together. And so it's not that you have to roll out the entire comprehensive approach from the get-go. You can work on one component of this.

And so again, I always feel like that if you leave a training with one idea of one thing to work on, one action item to develop something, then that's a successful training. And so hopefully we'll offer some suggestions on things and some recommendations on things that you can do tomorrow, the next day, next week to begin to work on this. And if you have pieces, then you can enhance those pieces or further build on those pieces.

If you don't have many of these pieces in place, we'll talk about the first kind of steps that you can do. And so wherever you are in the continuum, in this process, this will work for you. And there are things that hopefully will benefit you as you work on this. So great point, Greg. And keep that in mind as we're going along.

And so in terms of the background, this comprehensive approach to offender management really has grown out of the sex offender management field. But I will say that I think that this model is equally applicable to other types of criminal justice populations as well. We're seeing this applied in domestic violence cases. We see this applied in other types of criminal justice populations.

I think a lot of the things that we're going to talk about here fit in any of those areas. So again, I'm going to be talking for a few minutes about the sex offender component of this. But we'll try to bring in some of the other populations as well. And think about how you can translate or apply the things that I'm talking about over to the work that you do.

But in terms of the history and where this came from, this model actually originated out of some observational research that was done by Kim English and her colleagues. And Kim went around and looked at some of the most effective programs that had really good outcomes. And this was back in the 1990s when there wasn't a lot of good research related to what we do, say, with offender populations or how to do some of this work.

And I think that English and her colleagues took a really good approach of observing what was working, and what wasn't, and what was sort of thematic or consistent across some of these very successful jurisdictions. Maricopa County in Arizona, Oregon had a great program up there very early on, and so some of these states that had really frontrunner-type programs. And so English and her colleagues developed what was called the containment approach at that point.

And the containment approach was an offender management strategy both for agency policy and at the systems level as well as to help guide individual practitioners, treatment providers, victim advocates, and supervision officers, corrections officers in how to do their work. So that's what started in the '90s. And there has been subsequent research that has been done to show that the implementation of this model actually reduces offender recidivism and leads to positive outcomes. So really, this approach is, as Greg said, a best-practice sort of approach.

It is a pretty high-level systemic approach. But again, there are individual pieces, building blocks of it, that you probably are doing or certainly could be doing in the work that you do. And so this comprehensive approach grew out of that containment approach. And it is sort of an evolution of that process, where now we're talking about how to work with offenders in this very comprehensive approach and adding in some additional components that have come into play since the original containment approach was developed.

And the goal, as I indicated in my introduction, was-- it's really about stopping populations who have committed crimes-- say, offender populations-- from committing future crimes. And so what can we do to manage this population? The words, early on, were, well, there's nothing you can do to change offender behavior. It's hopeless. They'll all inevitably re-offend.

And that's not true. There is actually things that are very effective strategies, both for supervision and for treatment, with offender populations that we can implement, that will help reduce the likelihood that they're going to commit another offense. Now, that's not a guarantee. It's not 100%. Some will inevitably re-offend. But there are certain strategies that we can employ that will significantly reduce the likelihood that re-offense will occur.

And so that's the goal of this approach. Is, how do we prevent that from happening? And then there are a few key components identified here. And we'll get into more detail as we move along here. But multidisciplinary collaboration is one of the things you'll hear us talk a lot about today, working together. We are stronger together than we are separately.

If we work in silos, we are much less likely to be effective. Whereas if we collaborate, we work together, we make joint decisions, we share information-- much, much greater likelihood of being successful. And that takes some work, to develop those professional relationships and the ability, then, to have to work towards compromise and decision-making. But multidisciplinary team approach across offender management-- including victim advocates, including law enforcement, including all of those involved-- really is a best-practice approach that we'll talk about as we go along here.

Working with these offender populations requires specialized training. This is not offender management as normal. It's not dealing with typical criminal justice populations. So if you're working with sex offenders, or domestic violence offenders, or other types of criminal justice populations, you need specialty training in that population. You need to know how to assess those individuals, how to supervise, how to manage, how to treat, how to provide mental health treatment for those populations.

And I know I'm preaching to the choir on this one. You're all here today. Obviously, you care about that. And that's what you do for a living. But it is important to keep in mind that we have to bring in that specialization into the work that we do.

Now, there is some crossover between, say, domestic violence and sex offenders. And we can talk a little bit about that. But we need to know the population with whom we're working and make sure that we have that knowledge, and not throwing green therapists or a brand-new probation officer without training into those types of caseloads. We need to make sure we give them support, training, everything that they need to be able to do this work.

And then the other thing is that we really need to go where the research takes us. And that is that we need to collect data on the work that we do. Our agencies should be collecting data on outcomes, what's working, what's not. How is this effective? If something goes wrong, god forbid-- and sometimes things do go wrong-- what happened in that case? Analyzing that and figuring that out-- it's not to say that we are responsible for our clients and what they do. But we need to know what strategies are working and which aren't.

And that we need to be nimble and then be able to adjust our programs as we go along. And so in days gone by, when Greg and I first were starting in the field, people would ask, excuse me, how do you know what you're doing works? And it's like, well, we know.

Well, that's not good enough. We have to know this based on data. And we have to collect data. And so that takes a commitment on the part of agencies. And it takes a commitment on the part of the workers to make sure that we're entering data in so that we have that to be able to analyze and make decisions about what we're doing. So the comprehensive approach includes all of those things. And you can see that's a very broad spectrum of things, all included in the comprehensive approach here.

So now I'm going to drill down a little bit and talk about the comprehensive approach more specifically in terms of the key components, of which I just covered a couple of them at an introductory level. So the comprehensive approach exists kind of on two levels and addresses these three questions that you see on the screen. It tells us how we do the work, the core components of what we do.

And so a lot of times when we receive training, we learn about what best practices are. But we learn how to implement that. What do we do? What's the next step? How do we actually implement a new policy or a new procedure, a new practice, something like that?

And then what should we be doing, overall, to manage offenders, or whatever group we're working with, to do that work effectively? So we need to know about how to do it and what we should be doing. And then finally, we need to be thinking about who should be involved.

And when we talk about offender populations, there's usually a lot of different people involved, both professionals and non-professionals. We're talking about, again, supervision, victim advocacy, mental health, law enforcement, and earlier on in the case, prosecutors, courts. So we have a lot of professionals involved.

And then there's a lot of other people that are also involved in the offender's life as well, so needing to work with family members, needing to work with support systems. We know that pro-social support really helps reduce the likelihood of recidivism. And so we need to attend to that as well. So when we're talking about this-- who should be involved in this comprehensive approach-- we're not just talking about the professionals in the offender's life. We're talking about everybody that's in the person's life.

So here is the model itself, the overall comprehensive approach that was developed by the Center for Sex Offender Management. And I would cite the Center for Sex Offender Management as one resource that you can go and look up. CSOM, as it's known in short, is not currently, to my knowledge, doing work in this area. They were a long-term training and technical assistance provider for the federal government. But they developed a lot of really great materials that are still available on their website, including this comprehensive approach.

I strongly suggest you go look at some of this stuff. Although I would say that you need to keep in mind that the information may be a little dated. And so much of what we're doing is changing so quickly, new research coming online. And so take it with a grain of salt. But go look at the information that's there, a great resource. And I'll try to point out some other good resources as I go along. Because I know it's always good to get some resources, get some information, places where you can find good information. So we'll make sure to mention those as we go along.

But the Center for Sex Offender Management, again, was the developer of this comprehensive approach. Here's the model, kind of the five fundamental principles-- victim-centeredness, which we'll be talking about extensively; public education, that specialized knowledge and training that I was talking about; the monitoring and evaluation. In this model, that is the researching, the evaluating of what we do. That's not monitoring and evaluation like you do as a probation officer or that I used to do as a mental health professional. So keep that in mind when we're talking about monitoring and evaluation.

And then that collaboration piece that I've talked about quite extensively already. Those are the five building blocks. So think about, as we're going along here, what pieces you've got in place of these things. And think about things that you might be interested in. What would be a priority for you of these things? How can you develop some of these things, as Greg was saying when he jumped on earlier?

So let's talk a little bit about victim-centeredness as the first piece of this. And when I first started doing this work many years ago, working with the sex offender population, it was really stressed to me that I needed to keep the person who was victimized, the victim/survivor, at the center of the work that I do, both in terms of considering their needs as well as in guarding against things that my client, potentially, could do to the person that was victimized or to potential victims in the future, and the emphasis around that community safety approach.

And so for those of you who are not as familiar with the offender management side of things, a lot of the work that we do really keeps that victim-centeredness kind of at the core of that work. And so that is very much a goal for all of us, is to keep that victim-centeredness. Now, we know that, working with offenders, we may not have that same expertise that you have if you're a victim advocate, for example, which is why that collaboration between offender management professionals and victim advocates is so important.

Because those of you who do that work can bring in that expertise to a deeper level than those of us who work with offenders can. Although, again, many of us who work in the offender management field also have experienced in dealing with those who have been victimized, including myself. I've provided treatment over the years both for those who had committed offenses as well as those who were victimized as a result of offending. But again, keeping in mind that victim-centered approach as we think about it.

And I want to share a little bit of information with you, a study that was done-- funded, actually, by OVW back about seven years ago. And it involved-- and here's CSOM, you see there. And then there's two other really good resources there on the screen. For all things related to offender treatment and management, I think, really, ATSA is your go-to organization.

They are a great source of information. You can get a membership. I'm not selling the membership here. It's up to you. I'm just saying that they do have a lot of really great information that can be helpful. And their website has a lot of good information. So go check it out.

And then, of course, National Sexual Violence Resource Center, NSVRC, is a great source of information as well. And so this was a conjoint project done by those who were working with victim-survivors and those who were working with offenders on the other side. So it really kind of modeled, in some way, the hope and the aspiration around this victim-centered approach to offender management.

And so I'm just going to share a little bit. I'm sure there's publications out there that you can find. So just Google this project or go to NSVRC, or CSOM, or ATSA, and you can probably find more information. But there's one kind of lens that I want to provide in terms of what we're looking at here.

So this slide, here, talks about whether they-- so they surveyed offender management folks and victim advocates about whether there should be that level of collaboration between the professionals. So you'll notice most of the people agree, 2/3. A third of the people said, nah, we don't need to work together or whatever. But certainly, a strong majority of those-- well, actually, strongly agree and agree. Excuse me. I'm not reading my slide or the stats correctly there. I apologize for that.

So strongly agree and agree, the vast majority of people are saying that they think this is important. This is what we should be doing. So I'm going to show you the next slide. What do you think? How many people actually ended up doing this, even though they thought it was a good idea? Well, I'll show you.

So unfortunately, even though, by and large, everybody said, hey, this is a great idea, we should be doing it, the vast majority of them weren't. And I think there is-- therein lies the quandary of where we are, which is that we all recognize that this collaboration across professions, across disciplines, and certainly between those who work with victims and those who work with offenders, that that should happen. But it's not happening in reality.

And I mean, there's plenty of reasons. I'm sure if you ask people, why is that? I don't have the time. I'm busy with my caseload. Or, I tried, but they didn't respond, whatever that rationale was for it not happening. So I think that the end result of this surveying and studying that they did is that there was general agreement that this should be happening, and yet it wasn't.

And so I think part of the work that they did then was to dissect, why was that happening? And what could help with some of those kinds of things? So I think that's just an interesting look inside that. So now I'm going to ask you a question. But I'm going to give it to Greg, actually with the polling.

What level of collaboration is there between offender management and victim services in your area? We are aware of each other's programs but we do not work together; we work together on certain cases but don't consistently collaborate; we coordinate all offender management and services; we don't know what each other does. OK. So it looks like the number one response is, we work together on certain cases but not consistently.

The second response was, we are aware of each other's programs but do not work together. Third response was, we don't know what each other does. And then the last is, we coordinate all offender management and victim services needs. Chris?

Thank you, Greg. And Greg, I'm going to ask you to jump in here and share your experience in just a minute. But I just want to recognize, for those of you who are working, even on a case-by-case basis-- and I don't say "even" to minimize that-- that's an awesome thing. And for those of you who are doing it on a collaborative basis, good for you.

And for those who aren't quite there yet, this is a great aspirational task that you can take on. Reach out to your counterparts. Get to know them. Build that relationship. Build those bridges. Anyway-- but, Greg, you have thoughts related to victim-centered approach from your experience and your background in probation.

I do, Chris. So just kind of thinking about this as it relates to, specifically, victims and survivors-- so really, meeting the needs of victim-survivors, so having that expertise and the assessment and evaluation area, being able to provide throughout a victim-survivor's experience an overview of what's happening in court, what happened with the arrest, what happens when they're referred over to probation, what happens if they get probation or they go to prison.

We want to put names and faces of professionals that work together in this area, right? We want to know who we're working with and who to contact if there's something in their area of expertise that might be helpful to us in doing our job better. And also, I think for victims and survivors, there's a couple of things that are really important to pay attention to.

We have to think of our system as being a very complicated system with a lot of acronyms and a lot of things that are not part of our normal conversation. And so people don't have that depth of knowledge and understanding, especially victims and survivors coming into the system and trying to figure out what's happening. So the more that we, as an entire system, can answer questions, refer them to the right people, become an expert in other disciplines that are working with offenders and victims, the more victims and survivors will get the information that they need from the right people.

We want to be able to provide assistance and address the harm that's been caused. So how do we do that for individual victims? We have victims' rights acts, obviously, at the federal level and all 50 states, territories, and tribal entities. But what does that really mean on an individual victim level?

Well, the only way to find that out is to have that relationship with the victim, have people that the victim-survivor or their family members trust, and to really work on trying to figure out, what's going to help them? And I think Chris will talk about this, but the vast majority of offenders end up on a community-based sentence. A small percentage, 30% on average, I think, in this country actually go to prison or jail. And that's the only outcome in the case.

70%, 75% are placed on a community-based sentence. And a larger percentage of that entire population are going to come out, some day, from a jail sentence or a prison sentence. So really being able to talk with people about what the options are-- and not just what happens today at sentencing, but, what's going to happen over time? Because obviously, the harm that's been caused isn't going to go away overnight.

Their needs may change. Their questions may change. Where they're at with what they need may change. And so that dialogue and making sure that the people that are involved with this offender and the people who have been harmed are really communicating and meeting that person or those individuals where they're at.

It allows for comprehensive safety planning. Again, most offenders end up back in the community. So how do we create an environment that victims, and survivors, and family members can feel safe living in the same community as the person that's harmed their loved one or themselves? I think you see, when you do these-- when you look at this management team, you see a synergy of knowledge and experience that gets shared.

We can't be experts in everything. But we certainly can learn from our colleagues in other disciplines that enhances our skills to understand our roles and help victims, and offenders, and surviving family members understand. And this model really helps us create a system for managing high-risk offenders and sharing information and resources in a systematic way.

So when we have that situation where there is a re-offense or a crime that's happened, that we have those relationships and protocols to share information, to share resources, and to bring a person to justice to protect that victim or survivor. So those are just a few of my thoughts, Chris, on how collaboration really-- if you're working at it and trying to reach that level of really integrated services or really collaborative services, those are some of the benefits that I see and that I've seen happen over and over again.

Thank you, Greg, for sharing that expertise. And Greg is a great resource, as well, at the National Criminal Justice Training Center. I certainly recommend you reach out to him if you have questions-- extensive background in terms of probation and doing some really cutting-edge work in the district that he worked at. Some of you may have been surprised when Greg cited that statistic of 70% getting community-based supervision.

I'm guessing those of you who are in community corrections, probation are probably not aware of that. But victim-survivor service providers may be surprised by that. And sometimes I think the person who has been victimized may experience that as the offender got off, that they don't go to prison, nothing bad happens to them. And I view it as our responsibility, in some ways, to share information with the victim advocate and with victim-survivors directly if that's appropriate to do so.

As a clinician, I used to go and have therapeutic interaction with the person who was victimized by my client and to tell them what was happening in treatment, and how it was going, and what the accountability was that was in place. And this was very reassuring, oftentimes, to the person who was victimized. Because they may see that probation and treatment is a walk in the park or whatever.

It's not. It's a very rigorous process. And so I think the more that we can do to help those who have been victimized to understand how offender management works, hopefully, the more empowering and beneficial-- I mean, for a victim to come forward and to report a crime-- sexual assault, domestic violence, whatever-- takes tremendous courage. And so we want to make sure that we're honoring that by supporting them through the system, through the criminal justice system, through the supervision and treatment system.

And I want them to know that I'm there, doing my job, to do everything I can to try to honor that, and acknowledge that, and to make sure that I'm supporting the offender in not re-offending. And so I think that victim-centeredness and that collaboration can be so beneficial. And I think all of us who are talking here today have a number of experiences related to that. Have done some therapeutic work between offenders and victims and have found that-- in the right circumstances with the right preparation and the right treatment-- to be a very positive thing.

OK. So we're going to now move on to the second component, the second pillar, fundamental principle, of this comprehensive approach. And that's about prevention. It's about public education, helping the public to know what it is that we're doing, helping the public to understand these issues. The public often does not understand.

I mean, I think one of the things that the public may believe is that all offending populations go to prison, and the key's gone, and they don't ever get out, which is just not true. So they need to have an understanding that there are offenders in their midst. All you have to do is go look at the sex offender registry, for example. And you'll see how many of them are out there. There's almost a million offenders on the registry at this point in time.

That number may shock you as well. But they're out there. And so we want the public to understand that. But we also want the public to understand the context in which offending takes place. I mean, we know from a sex-offending perspective, 90% of those who are victimized knew the offender before the abuse happened. And so while being aware of those on a registry list are important, we also want them to know that they need to be on guard for family members, acquaintances, those in their immediate social network, that there is, probably, a greater risk-- by a percentage likelihood, anyway-- of something happening within that network than, say, from a stranger.



Again, not to minimize the danger of a stranger down the street, but we want that education to take place. And so I think that if we can take opportunities, through the work that we do, to educate-- this is truly about prevention. It's about encouraging people to come forward and report. It's about people taking safeguard action, et cetera. Greg, did you want to add something related to what I'm talking about?

Yeah, Chris, I think the public education piece is so critical, and not only just public education but educating the, as I was saying, people who are coming through the system. It's just so critical. I mean, some small things that can happen are the prosecutor has a relationship with the victim and surviving family members or family members. The probation department creates an opportunity to put a face with the name and to ask questions. You know, what's this going to look like? And what if this happens? And what if that happens? But being able to just let people know that this person isn't falling through the cracks.

I think a lot of our work also has to do with why prosecutors and judges do place so many people in the community. And in many states, what you see is, really, a lack of resources within their correctional system. It's this difficult balance about, do I try to get this person some help and expertise so they don't re-offend? Or do I just lock them up, hoping that locking them up and punishing them is enough to change behavior?

While that may work for a few people, it doesn't work for the vast majority of, especially, our moderate- to high-risk clients. And so being able to talk about what those choices are-- I know from my experience, particularly in Colorado, we know the limitations of our Department of Corrections. We know who gets treatment, who doesn't get treatment. And so when a person goes to prison in our state, we largely know that they're not going to receive offense-specific treatment for sex offense or DV.

When we look at jail sentences, we know that all jail sentences are capped. In most states, it's a year. In some states, it can go up to two years. But that person's coming back. And so if we're relying on punishment to change behavior, that's pretty flawed and not part of what the research is telling us. We've got to have a more comprehensive response to this. And that's often the choices that prosecutors, and judges, and-- to some degree-- those who make recommendations to them are trying to balance.

Thanks, Greg, great points. And so, as promised, here are some specific hands-on things that you all can think about implementing as a way of addressing this public education pillar of a comprehensive approach. For our law enforcement partners out there, thank you. First of all, thank you, all, for what you do. We so appreciate all that you, everyone does out there on behalf of keeping our community safe.

But for our law enforcement partners in particular, sharing that sex offender registration information with the community is a great opportunity to do public education, sort of a community notification process. And again, you can educate about-- if you wanted to do a notification, say-- some jurisdictions will do notification on a specific offender, so you can do that, and about the registration system. But then you can also use that as an opportunity to share information about sex offenders in general and offending in general so that people understand, again, that it's not just the stranger down the street that they need to be concerned about.

And then through the registry process, there are a number of ways that information can be pushed out. If you're not signed up for your local registry alerts, you can do that. You can encourage people to do that. Those who you are working with-- if you're working with victims, encourage them to get those alerts. It can be a little overwhelming, sometimes, with all the alert information. But at least information is power.

And then making sure that you have those collaborative relationships with the organizations that are child-serving organizations so that they have information about the registrants so that they don't inadvertently hire somebody who has a history of a sex crime or something like that. And then having written materials or website-based materials-- a couple of great resources in this regard, the National Center for Missing and Exploited Children-- NCMEC-- great resource. And the SMART office, the Office of Sentencing, Monitoring, Apprehending, Registering, and Tracking-- yes, easy for me to say.

SMART office is another great resource. They've got some great educational information. And, particularly, through the National Sex Offender Public website, NSOPW, you can get some great information. So if you're working with a client and you want to share some information, providing these resources.

And then community, town-hall-style meetings where you actually bring the public together, or going to public events, so if there's a fair or something going on. Now, this can be a bit of a downer in some ways. And people might avoid you a little bit if you're sitting there with a table to say, learn about sex offenders.

But people might be interested. They might come up. And, invariably, they will-- maybe they'll grab a pamphlet. They might not want to talk to you, but at least they'll have some information. So think about ways you can do education, you can collaborate. I know that a lot of our victim service professionals do prevention work.

Offender management folks, I think this is something you could be involved with. And maybe that's something that makes you feel a little more hopeful. Sometimes working with offender populations, particularly high-risk offender populations, can kind of be a real tough thing. But working on the prevention side can be a very positive thing. So it's something to think about, that you could think about how to implement.

Specialized knowledge and training, I think I've talked about this already. I'm not going to go through it too much here. Just to say, to seek out training, seek out information like this. Learn more about the offender population. I mean, we're not really talking at length or in depth about the offender populations today. But if you're working with a certain offender population, ask your agency. Can I be supported with some training? Get some of that information.

Read articles. Sometimes some of those journal articles can be a little dry. They're great if you read them in the evening time before you go to bed, although you might have nightmares then. So you have to be careful about that. Again, I kid.

But read that information. Stay up to date. Know what's current in terms of the research. This is helpful for you in doing your work. It's helpful if you have to testify in court, et cetera, so having that specialized knowledge and training. Sponsor the trainings for your multidisciplinary team. Bring everybody together and do a training. It's a great way to get to know each other. And it benefits everybody in terms of getting that training.

Monitoring and evaluation-- I've talked about this already, of, how can we improve what we're doing? How do we gather data? So looking at the research that's out there, there's a lot of research at the national and international level. But it may or may not apply to what you do in your neck of the woods. And so can you say that what you're doing is making a difference?

So if going to implement a new policy or a new practice, make sure that there's an evaluation component in it. Study it. And then if it's not working, don't waste your time. Sometimes we do things that are feel-good, but they don't benefit. And so let's make sure-- our resources are scarce. Let's make sure that we're doing the things that really make a difference.

And sometimes those things may be incongruent with what the public or policymakers might think. They'll say, well, why aren't you doing that? Well, it doesn't work. That doesn't make any sense to them. And so you have to have the data to be able to show that.

And so policy development, practice, implementation-- all should be subject to this evaluation process. And so if it's not something you're doing right now, it's something you should do. And I think you could start with, if you're a supervision agency, just tracking the numbers of people who complete and don't complete. And if they don't complete, for what reason?

If you're a victim service provider, collecting survey data on satisfaction with services. Or, how many referrals did you make? Or, did people stay through the process to the end versus not? And if not, why not? So looking at all of these things to improve the work that we do is really crucial. I mean, we want to do the best jobs that we can. So let's make sure that we are incorporating evaluation into our work.

And then finally, the final pillar that I'll talk about here, before we shift over to some of the specific nuts and bolts of the comprehensive approach, is this collaborative. And Greg touched on that when he was talking about victim-centeredness and the importance of this collaboration process. I think I've touched on it as well, that working together, truly working together-- and I think I have a definition.

Collaboration is the action of working with someone to produce or create something. It's not mutual awareness of, it's not keeping each other informed. It's truly the action, the actual action, of us working together to lead to one common result between us or across us regardless of how many the group is or whatever. But then I also like the collaboration defined. If you think about it, a collaborator could be a good thing or a bad thing, you know?

You can be a traitorous collaborator with the enemy. And I think that kind of fits a little bit in what we've seen, in some ways, between, sometimes, victim service and offender service professionals, that sometimes-- particularly, I think, victim service professionals who collaborate extensively with offender management folks. Sometimes victims don't understand that. Or they see that as being not in their best interests or not supportive, like you've crossed over to the dark side somehow.

And so I just thought it was interesting to think about the two sides of the coin of the collaboration definition. But again, the goal is that we're working together and that all the work that we do conjointly benefits from the work. The services that we deliver are enhanced. We can learn from each other. We can refer to each other. We don't need to duplicate effort. Again, resources are scarce, et cetera, so thinking about that.

And so here are the different levels of working together. We can network. It's a place to start, network. And many of you talked about that. You're working together on a case-by-case basis. You're collaborating in that way. Or you're truly coordinating the services that you provide. It's coordination, though, it's not true collaboration. Or maybe you're cooperating together.

And again, you can look at Himmelman. There's an extensive article. I'm not going to go through that extensively right now. But just thinking about these different levels of collaboration. And what level are you at in your collaboration with others? Are you really collaborating? Are you more surfacely involved? Are you aware but not really doing things together?

And again, I think you can work your way up that continuum. And, again, take baby steps. If you're networking, work to coordinate. If you're cooperating, look to collaborate. So think about that. Assess where you are in your relationships with the other professionals and how you can enhance those relationships.

And I want to offer you another resource here, sort of a best-practice resource. It's the Connecticut Collaborative Model. And this is where, really, this victim-centered approach between offender management and victim advocate professionals working together started. It was in Connecticut, little Connecticut.

And it was David D'Amora and Gail Burns-Smith. You may be familiar with some of those names if you work in the offender management or victim advocacy field, both real pioneers in our field. The work they did was very pioneering in terms of truly embedding with each other in the work that they do, being in the same office together, working together, and truly collaborating.

And so there's information. There's articles. You can look up D'Amora and Burns-Smith. And there's a couple of articles that they wrote together. It's a bit dated at this point, but a great source of information for a place to start in terms of, how do you-- OK, I work for a victim advocacy organization. How do I get involved in this? How do I begin to do this? And here are some how-tos on how to do it.

And similarly, if you're a supervision professional or a treatment professional, how do you do that? So take a look at that model. And there's been work that's been done by a number of entities since that time to try and grow, and build, and develop that. I'm now going to invite my good friend, Lea Geurts, into this conversation. Lea, would you like to share a little bit, in your experience and all the work that you've done, about this collaboration approach, benefits of that, whatever you want to share that you think would be of benefit to the group here?

Great. And hello, all. And thank you, Chris. I think this is a great oversight. Really, for me, when I think about collaboration, an image of the inside of a clock always comes to my mind. And I think of all of the different spokes in the wheels and how each of those components within the clock has to work within its own capacity, but collectively with each other and all of the other pieces, to be able to tell time accurately. And I think that, for me, that's really that visual image that comes to mind when I think of that collaboration.

And I want to just to reflect a little bit. My experience is based more in small and rural tribal communities where we know, oftentimes, folks are wearing many hats. And I think a lot of us can attest to that as an everyday task that all of us come to work to do. Really, we're wearing all of those different hats. And we really claim the term of doing more with less.

And where I've found the most success in collaborating to promote the incorporation of victim-centered approaches is, really, by first evaluating what already exists within our communities or within our programs. Is there already a team that's established that we can gain access to or that we're already studying on that can further explore some of these approaches to the victim-centeredness? CCR teams, CPT teams, any types of teams, if we have special program teams that we're able to invite other folks on to participate. And really, are there folks that we need to invite in to have some of these additional conversations when we're looking at collaboration?

I think, really, from there, one of the most vital points that I just really encourage and have found a lot of success in is sitting down and sharing just basic information, having each of our programs or our departments provide overviews of what our processes of working with victims includes. What information can be shared from our different viewpoints or from our different roles and responsibilities? How is that information shared?

If a report is made, how is that information handled? Are we allowed to provide direct feedback to the victims? Is it something that we're not able to respond to but we want to allow people to understand our process? So when they're communicating with the victims or the folks that they're representing within their community, they're informed that, no, maybe they made a report or provided information. And it may seem that nothing is happening. But really, that we have some of those internal processes that take place, and we're just unable to share that.

Also, what our limitations are-- a big thing that comes to mind when I think of collaborations, and where I know I've experienced-- especially some of our other programs get frustrated, sometimes, with our law enforcement agencies or with probation issues around confidentiality. So I really feel laying some of those things out-- what can remain confidential?

If I'm probation and I have a victim that's coming in and sharing information, do I have an obligation to let them know, you know what? Maybe some of these conversations that we're having are things that would be best to be had, maybe, with a victim's advocate. Because I can't keep this information confidential. Or, here's the steps that I have to take if you're providing this information. So really looking at where we have those areas that we have crossover with other programs, where we've experienced gaps in our processes. And how can our collaborations address some of those gaps in the processes?

And then I think, finally, looking to what a united message is when we're looking at, how are we engaging and recognizing victims as that stakeholder within our processes? And what does that collective message look like when we're framing conversations with our leadership and with our respective communities that we serve? And kind of the last thought is-- just always evaluating how it is that we respect and honor each other working within our capacities to serve victims, I think, is one of the biggest things.

That whenever I'm going into a meeting, or sitting on a panel, or going to the table, just to have some conversations. It's really going in there with the intent to honor and respect each person that's trying to operate within their capacity so, as a collective body, we can serve those that we're there to do. So just a few thoughts, Chris. Thank you for the time.

Thank you, Lea, very important comments that you just made. And I think the idea-- especially in rural, and in tribal communities, and things like that-- there may not be that many people to collaborate because you wear so many hats. But you've got to find those collaborators when you can get them. And again, collaborator in the good way, not in the bad way. I see that Greg has some thoughts, too, that he'd like to add. So Greg, please chime in.

So as Lea was talking, a couple of things came up for me. As you're looking to build these collaborations, you want to find a hook for that professional or that agency that you want to be involved. Sometimes people say, well, that doesn't really relate to us. We investigated the crime. The judge put him on probation. We're law enforcement. He screws up, we'll arrest him again.

What's in it for us? And so just a couple of examples-- so when you create these multidisciplinary teams, and you create MOUs about how you're going to work together, and your lawyers go through what can be shared, what can't be shared, and give you clear guidance on that, and then under what circumstances information can be shared that may otherwise be confidential unless it reaches a certain threshold, you want to find out what those things are before you have that case. That pushes the limits of every single organization, and their mandate, and their limitations.

You want to push that through a process of this multidisciplinary team to get the lawyers and the administrators to look at it so you've got clear guidance. Especially when you're working with high-risk populations-- sex offenders, domestic violence offenders, violent people that have recidivated in the past. We want to have a protocol in place. And we want to make sure we have permission to do that.

And by having that permission and having those policies, that MOU together, we're actually CYAing for our staff that's doing this work. We're giving them cover under the protections of our legal counsel and our protocols that they can go out and do that work when they have those situations. So working on MOUs, areas where you can collaborate when you have questions about whether you can share certain information and under what circumstances, having the people that can advise you on that and help you with that policy is really critical.

So then you think about that hook I was talking about, right? What's the hook? And so we had a hard time getting law enforcement to the table on our multidisciplinary team. And I've seen this play out in other jurisdictions. Because they say, we investigated it. That's what we do. We're done.

And so one of the things we ended up talking about-- and it was, unfortunately, a result of a case of a person who was under supervision-- is, being able to eliminate that person or include that person in a new investigation. So what we-- law enforcement realized early on in my experience that probation and parole has unique access to offenders' information-- their residences and being able to visit them, their digital information. Many of those things are part of our standard practice.

The piece that wasn't part of the standard practice is law enforcement being involved in that and having a standard of practice where law enforcement did home visits with you, that you actively shared digital information with them to get their expertise on it. Because oftentimes, they've got the forensic computer labs. And so once you can start talking about, how can this benefit that agency-- and I use that one example, law enforcement-- then their hook is in there. There's benefit for them doing a better job in their scope of their responsibilities if they collaborate and if they spend the time on these multidisciplinary teams.

Another example was our housing authority. They just used to say no to sex offenders-- no, no, no. We can't take them in there. It's too high-risk. When we sat down and talked about what the options were-- that when offenders were homeless, that they were higher risk, and that there were partnerships and things that we could do to give them cover if something bad were to happen but to also give them resources and support them-- it totally changed the dynamics.

And so instead of trying to complain about our housing authority not being able to help with the shelters and things like that, we became a partner in being able to transition this person back into the community with a residence over them, with professionals watching them, with the legal system being involved and being able to share information on how they were doing. But those are just a couple of examples of doors that opened up that we didn't necessarily anticipate when you start having these conversations. Chris?

Thank you, Greg. And I would object, Greg, to you jumping into the conversation, but the points you make are always so important and things that I don't necessarily think of. So thank you for that. And thank you, Lea, as well. Hopefully we're modeling, in some ways, this collaborative model here where we're all adding in our own pieces of that.

And we're all coming at it from our own perspectives. And so I hope that that enhances this training, just seeing how that's working with us here. I think it is a perfect example of how collaboration and working with those who come from different perspectives can really benefit the process as a whole.

One thing I want to just toss out there is that we will take questions at the end of this presentation. And so if you want to drop a question in-- and Greg, and Lea, and others will be monitoring them. If they're things that we can handle offline, we will. If they think it's a good question to ask at the end, we'll take those.

So feel free, as we're going along, to drop questions in. We're not going to take them until the end. But we wanted to at least put that out there so you know that there will be that opportunity. And if we can't get to all the questions today, what we do is we'll go back, and answer the questions in writing, and send that out to the group. So we'll commit to that.

So your question will get answered one way or the other, whether it's through the question-and-answer chat function-- don't use the chat function, just the question-and-answer function-- or through asking the question at the end. Greg will ask it. Or we'll answer it in writing after the fact.

But let me go ahead and talk now at the core component level. So what we've been talking about up till now is, really, pretty high level. Certainly, I think that there are, hopefully, things we've suggested that you can do in your job from where you sit. But there are also systems-level kinds of things as well in terms of agency policies, agency practices, et cetera.

And so now we want to move through the different key components of offender management and what should be done to effectively manage offenders. And again, this is going to be somewhat at a high level. But we'll try to point out some best practices, again, as we go along here for you so that you'll walk away with, hopefully, some things that specifically can work for you in your job. And we'll try to do that for the different professions that we have represented here.

So the core components you'll see here, on the right-hand side, are the six-- if I did my math in my head quick enough there-- the six different components, starting with investigation, prosecution, and disposition, down through registration and notification. And registration and notification, obviously, is unique to the sex offender population. That's not something that's done, say, with domestic violence offender population or other criminal justice populations. So we're not going to talk about that as much today. But again, if you have questions related to that, we're happy to answer those as we go along.

But sort of the first step-- and I think Greg already kind of previewed this a little bit and kind of began to foreshadow some of this-- is to think about the role of the initial process, from report through prosecution, and who's involved, which is typically law enforcement. Sometimes it's the Department of Human Services, prosecutors office, the courts. So they're the ones that are sort of the front line of dealing with these cases and trying to move them along in the system.

And so often, I think what we see in this multidisciplinary approach, like Greg was talking about, was sort of a distinction between the predisposition and the postdisposition team. So law enforcement and prosecutors work very closely together, human services. And then those who are doing the community supervision and treatment and reentry work after the fact, and victim service folks, maybe, are working together.

Victim service folks, typically, are embedded all along the way here. But anyway, we're advocating, and Greg's advocating, really, for that crossover where everybody is meeting together, working together, working on these cases from the beginning, and setting the tone for what's going to happen later on. So a good investigation, a good prosecution, a good disposition sets up the case much better for what's going to happen subsequently in terms of supervision and treatment. And so it needs to happen with that lens. And there needs to be that level of coordination.

And one best practice model-- and we're not going to talk about it a lot. And I'm guessing the victim service folks already know all about this. But if you're a supervision professional or a treatment provider, maybe find out if there is a sexual assault response team or some other model. Lea mentioned several of those models in her discussion.

And so these can be-- I had the opportunity to participate on a SART at one point. And it's a great way for everybody-- from law enforcement, prosecutors, supervision, everybody else-- to work together, really, to frame that case from the beginning, possibly even-- sometimes the criminal justice system takes forever to get through the process. But maybe you can start with some of the interventions earlier on, even.

And so we were doing this particularly with juveniles. And so we were trying to get the juveniles referred to treatment as quickly as we could. And so these SART teams were a great way of triaging these cases and kind of beginning to think about how we can move forward. So that's a great best-practice model. But it is, really, ultimately just a multidisciplinary team across different professions working in this case. Greg, jump in.

I was just going to say, Chris, you also are seeing this on these response teams on the domestic violence or intimate partner violence level with jurisdictions, trying to identify those chronic offenders that move between relationships, what the responses can be. In Colorado, we recently had the felony domestic violence come into play as a new law, and so then looking at, what was the appropriate use of that? What was the history of this person? Looking at the risk factors using validated risk assessments for this person.

So they could start looking at those things and looking at-- especially with the intimate partner violence, domestic violence-- really building cases, especially when victims were unsure if they wanted to go forward or were afraid to go forward for a variety of reasons. But having that comprehensive team, and having the entire system looking at that person, and trying to figure out, what's the best outcome in this case and how do we protect this victim? It's really an important piece. And it can be individualized. As I said earlier, how important that is to individualize the response to what that victim or survivor needs in the moment and over time. Chris?

Thank you, Greg, great point. And in addition to sort of overseeing our sex offender management system here, in Colorado, I also oversee our domestic violence offender management system as well. And I'm continually astonished by how many domestic violence offenders are going into treatment on their second, their third, their fourth domestic. And the providers have no knowledge because there's not that great communication and not that information-sharing.

And so they're dealing with people who are pretty high-risk, pretty predatory in terms of their behavior. And yet they don't have the ability, because of the lack of information, to really properly assess the case or to deal with them in a high-risk level. And that actually set me up really nicely for the next step. And Greg, you've been doing great with this so far. You keep kind of teeing up the ball for me so that I can hit it, and I appreciate that.

We talk about assessment as a key component of this and, really, understanding who it is we're dealing with, and understanding the level of risk that they pose and the specific needs that they have for treatment and supervision. And we really need to be targeting those things from a risk-need-responsivity perspective. And this is another great resource, if you're not familiar with the RNR model, would be to dig into this a little bit. Because it really is a framework for our entire work in the criminal justice field, where we're focusing on the risk that the client poses, the needs that they have to reduce the likelihood that they're going to commit another offense.

And responsivity, meaning that we're going to provide the services in a way that they can access, being appropriate for their cognitive abilities, their cultural background, et cetera. And so thinking about the work that we do with domestic violence offenders, with sex offenders, with other offending populations-- shoot, that could work with any criminal justice population-- making sure that you really are delivering the services in an individualized way, not in a one-size-fits-all way.

For a long time, there was the standardized 36-week approach to domestic violence treatment. And that just was not effective. The outcomes on that were really horrible. Whereas doing this individualized approach and giving a more intensive dosage of treatment and supervision, higher-level monitoring to the higher-risk, higher-need individuals, is the way that we need to do this.

So if you're a supervision professional, treatment provider, making sure that you're prioritizing those higher-risk individuals. Lower-risk individuals certainly need interventions as well, but not-- the likelihood you're going to change their risk-- they already have a relatively low risk for recidivism. So the likelihood that you're going to change that profoundly is not significant.

Whereas if you can change and drop a high-risk individual down, even to a moderate risk, that's a significant change in terms of decreasing a community safety concern and a risk to victims and potential victims. Greg, is there something you want to add related to assessment? Are you going to tee me up for the next one?



Yeah. Chris, I think the other thing-- while we're looking at this with, specifically, individual offenders, the risk and need that they pose, but it also can be how these SART teams, or these response teams, or these comprehensive approach teams approach their resources. What we see time, and time, and time again, even with the research that's been out for 20 years, is that we don't spend enough time on the high-risk offenders, from the investigation piece through the sentencing piece, and particularly in assessment and supervision.

We don't spend enough time monitoring them, containing their behavior, responding to them. And we're spending almost an equal amount of time on the lower-risk people who really don't need the intervention, or the containment, or the monitoring. And so really using these assessments on a macro level to say, is this a high-risk person with high needs that we need to spend these kinds of resources on or not?

And then, I think, Chris, with respect to the responsivity piece-- but I see you're going to talk about that on this slide. So I'll let you go ahead. Sorry about that.

No, Greg, go ahead. Keep going, man. You're on a roll.

Oh, I was just going to say the responsivity piece, really, was pretty revolutionary for us in the corrections field. It has to do with this understanding that, basically, the vast majority of people who engage in harmful behavior, their behavior is egodystonic, which means it's not how they see themselves. It's not how they define themselves. And they see it as antisocial or criminal behavior.

So if that's the case, how is it possible that 30% to 40% of the people coming out of prison re-offend or are re-incarcerated? And how is it that, on average, 30% to 35% of the people on probation re-offend or are violated? And so what we need to do is to peel the layers back from that and say, OK, why isn't this person benefiting from the interventions? Why aren't they benefiting from the things that we've identified as being risk factors and needs factors for them? And trying to figure that out.

And so the responsivity principle is really helping us ask the right question. Instead of, oh, he's just a criminal, he's going to do this the rest of his life, he's a bad person, this is how he treats his intimate partners, to looking at it from, what's not working with our intervention if we know that a small percentage of the people in the criminal justice system are actually committed to crime and committing to harming other people? Does that make sense, Chris?

It does. Thank you so much, Greg. And I appreciate you covering responsivity there. I think it's the one we ignore the most. But it probably is the most important in some ways. But certainly, in terms of assessing risk, we have come a long way.

When I first started in this field, we used our own clinical judgment to assess risk. And we decided this person was high risk, this person was low risk based on our observations. And clinical observations can be misleading. Now the technology is such that we have very good actuarial risk assessment instruments that can help us with this.

And so they work much the same way. Think about when you get insurance, like life insurance or car insurance. Who's the highest-risk person for car insurance? It's your teenage boy, 16 to 24 years old. The insurance companies don't have to think a lot about that before they slap the highest premium on your son. So that's an actuarial risk assessment model.

We use that with the criminal justice and offender populations as well. And we have really good instruments now, with really good predictive accuracy, to be able to do this. And so if somebody is telling you that this is the level of risk of this individual, ask them how they know that. What instrument was used? And was it the instrument specific to the population?

There are really good sex offender risk assessment tools, like the Static-99 is a very commonly used tool. There's tools for domestic violence offenders, one including that was developed here in Colorado, the Domestic Violence Risk and Needs Assessment, DVRNA. And there's general criminal justice ones, like the Level of Service Inventory, LSI.

So make sure that with the specific population you're working with, that the proper instrument is being used. Now, that's not to say that the LSI can't provide good information on a sex offender or a domestic violence offender. But you want to know, risk for what? And so an LSI is predicting risk for general criminal recidivism. Whereas a Static-99 is predicting risk for future sexual offense recidivism. It's important to know that.

And then the one other thing I want to say-- unfortunately, we can't go too far down talking about RNR and this approach right now. But the other thing I want to say is for those who are victim service professionals, that sometimes it may be offensive to a victim-survivor to hear when somebody says, well, this offender is low risk. That may feel minimizing. It may feel like it's not recognizing the harm that was done.

And so I want to acknowledge that and that when we're talking about risk, we're not talking about the impact to the victim. We're not talking about the severity of the offense. We're talking about the risk for future behavior based on known risk factors. And so try to think about that when you're hearing the risk assessment.

And the low risk is not no risk. That means there's still risk. And that still means that something needs to be done and something bad could happen. And so it's something we need to pay attention to. But just understand, if you hear these things, what they mean.

And the nice thing about some of these risk tools is that people can be trained on them. So supervision officers, you can get trained on these risk assessment instruments. Law enforcement, you could get trained on them. So they're great tools. You don't have to be a mental health clinician to use some of these tools. And it can help you. When you're a supervision officer, you're a law enforcement officer, it can help you to prioritize those highest-risk individuals for greater levels of monitoring and supervision.

So speaking of supervision-- see, Greg? I did it that time. I set myself up to go for the next one here. Usually, I get ahead of myself. So I'm proud of myself for not getting ahead. So this third approach here is supervision. And this is now the supervision and monitoring that is done by law enforcement through the sex offender registry, through community corrections, probation, parole, incarceration, even, in terms of corrections and things like that.

And so this is another core component. To set the case up, we need to do a proper assessment. Then we need the offender or whatever the criminal-justice-involved person is to be in the proper level of supervision where they're not posing an undue community safety risk. Again, there are lower-risk individuals that can be managed within the community. Extremely high-risk individuals-- ideally, it would be nice if they go to prison. But it doesn't always work that way.

Sometimes-- I know some of my community corrections folks out there, I'm guessing you are probably supervising some pretty high-risk guys who happened to plea out to a lower charge and got a lighter sentence than, maybe, their crime warranted or whatever. But anyway, thinking about supervision is another key component of this comprehensive approach. And so I want to boil it down right away.

And I'm actually going to turn it back to Greg. He didn't raise his hand this time. But I'm going to offer him the softball this time. Greg, here comes the pitch. So please, from your extensive probation background, what do you see as some of the best-practice strategies that some of our community corrections folks and probation folks out there can be thinking about?

Thanks, Chris. So I'll just go through these briefly. But just really, what we see as best practices, jurisdictions that are having the best outcomes, meaning, no recidivating and successfully completing the court-ordered period of supervision and incarceration. So specialized training and qualifications for officers-- Chris touched on this. The field is changing dramatically.

And so being familiar with the risk assessment tools, various different risk assessment tools-- because each of them do certain things very well. And others don't do them as well. So really understanding what your assessment tools are telling you. What are the best practices with respect to supervision of individuals? We're focusing on high-risk, high needs, or moderate- to high-risk offenders. That's where we want to spend our time.

The research is really clear. This is where our resources need to go. We need to look at the amount of treatment, the amount of correctional intervention that they have, the tools that are being used to monitor them. So we need officers and victim services people who understand this and are receiving that ongoing training.

Someone I've noticed-- and we'll come back to this in the question-- talked about trauma-informed care. We're learning so much about trauma. And if you would have asked me 25 years ago if I thought trauma needed to be addressed when an offender was molesting his three children, I would say, not his trauma, it should be their trauma.

But what we're learning is that trauma is so prevalent in our society and, really, across the world that if we don't deal with significant-- when trauma's interfering with the person benefiting from services, if we don't deal with that trauma and provide services for it, we're really not going to be effective in any of our other interventions. Understanding the neurobiology of trauma-- how does it actually, physically change the chemicals in the brain? So we can understand what's happening for victims and survivors but also for those offenders or people who caused harm, to be able to look at, what's going on for them? And what are the interventions that are coming out that can help us address those things or answer those questions?

We're seeing-- with moderate- to high-risk offenders, we want smaller caseloads. It's not just having people check in and asking them, have you had any law enforcement contact? And why did you miss group last week? And did you do your community service? This is a much more integrated team that's talking to the treatment professionals, sharing information with law enforcement, making sure that they are able to follow up in a timely manner when there's behavior that looks like a person's risk is increasing.

But just being able to have that time-- and people always ask me, well, what is the smaller caseload? Well, we see caseloads-- when they're moderate- to high-risk offenders for domestic violence and sex offenders, and then just high-risk recidivism individuals-- we see caseloads, oftentimes, that are capped at 50. And then generalized caseloads, they have much larger clientele on their caseloads.

But smaller caseloads that allows for that nimbleness and flexibility-- we know the vast majority of crimes are committed by a very small percentage of our population. Let's use those assessments. Let's identify that population. Let's get training and good qualifications for the people working with those higher-risk offenders. Keep their caseloads small.

The other thing that we've learned is we need longer-term supervision for these moderate- to high-risk offenders. It just can't be that we put them in a didactic education class for 36 weeks and hope that everything's been addressed. It's got to be driven by their ability to integrate information and make behavior change that we're able to monitor and see that we actually have changed some of those criminogenic needs, as they're referred to, so that longer term of supervision, that they just can't kind of hold their breath through it, and get through, and not really change any behavior.

Supervision guidelines and special conditions-- we used to do these blanket conditions for everyone. And so you can't do this, you can't do that, you can't do this. What we've learned is we need to tailor conditions specifically to what the assessments are telling us, what the pattern of behavior was with that client, and with the victim or survivor needs with this person's place in the community, so very carefully tailored special conditions that can be enforced with credibility but also are specific to that individual.

Chris talked about this, but validated risk assessment tools. Some of them cost money out there. Some of them are free. They all are honing in on the same static and dynamic risk factors that will help you sort out, who's your higher-risk person? Who's your lower-risk person? Also to help you sort out some of that trauma-based stuff, too. Using ACEs as an assessment for clients to see, are there traumatic experiences that this person's encountered that we need to be aware of?

The multidisciplinary collaboration, which we've been talking about-- the more people at the table, the better. And we've learned that lesson so many times. I mentioned the housing authority people, having employment people there. What we do know is from the probation end, we're not employment experts. And we're not housing experts. So how do we get that expertise to the table where they've got real time, good knowledge, they're part of the partnership, and they can help us address the issues that this person brings to the community, and stabilize them, and hopefully get them to be a more pro-social, contributing member of society?

And then, obviously, being aware of victim notification issues. When those issues come up, who's going to make the notification? What kinds of safety measures can be put in place if we're really concerned about victim-survivor safety? How do we respond in a timely fashion to those and it doesn't get bogged down in bureaucracy or us not having a clear set of guidelines to follow with contact people and other individuals that can help us address the presenting problem? Chris?

Thank you, Greg. And obviously, there's so much more that Greg could talk about here. I appreciate him giving that high-level overview. Certainly, one of the things we're going to look at is to do a more expansive one of these trainings at some point to really talk about each of these things.

I mean, each of these topics here could be a much more extensive, in-depth discussion. We're trying to give you some of the high-level on this training here today. But we're hoping, in the future, that there will be more comprehensive, maybe skill development kinds of training related to some of these concepts here.

And now the audience member is doing it, too, in terms of teeing up the next thing for us and talking about treatment and trauma-informed care as well Greg said it before. And I'll reiterate it. And I'll say it, maybe, even a little stronger than Greg did, that, really, the punishment aspect alone does not change behavior. Otherwise, people who go to prison wouldn't go back to prison.

So we know that people who get punished, unless there is a rehabilitative component offered as part of that, it's not going to lead to the change in behavior that we're looking for. Similarly, kind of strictly punishment-based kinds of interventions have that same lack of real, positive impact. And I'm thinking of things like the DARE program, unfortunately, didn't have good results.

Scared Straight-- if you remember that old model, where we would try to scare kids into not going to prison by having them exposed to the prison environment. I remember taking kids on Scared Straight tours. And there was only one person that was scared straight out of that, and that was me. I was terrified by these guys. I drove the speed limit all the way home.

Whereas the kids all thought these guys were really cool and kind of looked up to them in some ways. And so that's not an effective thing. And so incarceration, boot camps, those types of things are not interventions that are going to change behavior. Good criminal justice supervision and monitoring, provided along with treatment, is the best practice.

And so the person who asked the question talked about trauma-informed care as being one of those practices that we're now employing more and more with criminal justice populations, looking at their own history of trauma and recognizing that, like Greg talked about. Cognitive behavioral therapy, changing the thinking patterns, where the person who commits the offense is not a victim, they're not-- and they minimize their behavior. No, you need to be accountable for your behavior, and so cognitive behavioral types of strategies.

And then, really, Motivational Interviewing-- you're not going to be able to change someone's behavior from the outside. You need to work with them so that they develop the internal motivation. And so MI is a great strategy, getting-- it's something you could do as a supervision officer or a treatment provider. Get some MI training. It's a great place to start. Get some trauma-informed care training.

And then looking at some of these restorative-justice-types approaches-- RJ is a very current, hot topic right now. And in the offender management world, we've been talking about this for a little, while looking at pro-social support through circles. An Indigenous model, like Lea was talking about, coming out of some of the tribal communities, where we build positive support systems around offenders to keep them sort of on the straight and narrow or support them, if you will, in staying on the straight and narrow.

Victim/survivor-offender dialogues is a model that's used in corrections facilities sometimes, where there's this opportunity to have that exchange. And then the clarification sessions that I referred to previously, where you're working with the person who offended and the person who was victimized together in a therapeutic contact. Those can be incredibly empowering types of interventions and strategies to use.

So treatment isn't just, let me talk to you about your childhood, the Freudian kind of approach thing or whatever. It's really built around what those criminogenic needs are, what those risk factors are, and developing specific strategies to prevent offending. But it also can include some of these restorative approaches that can really be beneficial. I see Greg has his hand up. Greg?

I was just going to say, Chris, we're starting to use terminology restorative practices. The Justice system is the Justice system. And restorative practices really focus on healing the harm in most cases. And so one of the-- we're talking about this continuum of restorative practices that can happen for people.

And so some of you are probably sitting out there saying, I'm never going to get this model implemented in my jurisdiction. That's not the message we want to leave you with. You can do many of these things from an individual officer or victim service professional provider perspective. You can build your own multidisciplinary team with people that you regularly work with, those that you go to support for and all of that.

But when we talk about these restorative practices, we're talking about things like having discussions with the offender around the harm that they've caused and getting an understanding of if they have any understanding of the impact of their behavior. We're talking about meaningful apology letters that may or may not be delivered but are kept in the probation file in case that victim someday comes back and says, what happened with this case? And why did he do this to me? That those questions have been answered and memorialized in a letter that we've kept and will keep forever in case they call and want something.

So really thinking about this on a continuum, all the way up to these dialogues that Chris talked about, and even these circles of support and accountability. So just to throw a couple of stats out on the COSAs, which is a model that has a core member, the offender, and then community members that serve as part of the circle around them. And they're about accountability and appropriate advocacy for this person staying safe in the community.

Several studies have looked at high-risk sex offenders. Primarily, the model is used for sex offenders coming out of prison where they haven't received any treatment, and looking at those who received COSA services for an extended period of time-- 1, 2, 2 and 1/2 years, something like that-- and those high-risk offenders that did not. And these are all identified high-risk offenders based on actuarial risk assessments.

And they see almost a 73% reduction in re-offense with those who are in the COSA group. So we know there's something about that accountability, that appropriate advocacy, those relationships that are developed within those COSAs that make a huge difference with a high-risk population. So a huge bang for the buck when you're looking at, how do we manage higher-risk people in the community either coming back from a prison sentence or a short jail sentence and on probation? Chris?

Thank you, Greg. And you did it again. And so this is going to be the final piece that we're going to cover here today. Like I said, for my law enforcement partners, that is not to in any way diminish registration and notification as a component here. But because we're doing this at a bit more general level and that's very specific to sex offenders, I'm not going to get into that today. But again, if you have questions related to that, I'm happy to address it.

I did want to say one more thing, though-- back to the treatment piece, if I can go back-- is that another great resource for information is the National Criminal Justice Training Center, us, and the work that we do. And I'm actually going to be doing a training later on this fall, talking about treatment with offender populations. So if you want more information, there's a little plug for my own work there.

OK. So back to reentry-- I think Greg teed it up very nice in terms of really planning for release, collaborating with the corrections folks, making sure that you're ready for this person to come out, having those support systems in place, whether it's a community, like a circle model, or working with pro-social supports. It's really essential in terms of people coming back into the community.

Some of those criminogenic needs that really reduce the likelihood of recidivism include things like having housing, employment, those kinds of things. Now, that may seem like, well, we're giving resources to people. Why do the offenders get the resources? Well, because it actually helps reduce their likelihood of committing another offense. And so we need to have these parts of the program in place.

So it's not just treatment. It's not just supervision, but looking at these other needs that they have and planning for that. And that reentry process really needs to be planned from the beginning. And then that transition needs to occur in a way where it's not just, here's your \$100, here's your bus ticket, go forth kind of a thing.

So having good followup parole, having followup support services, providing resource development, those types of things. And for my law enforcement friends out there, I think you, as a registry person working with the sex offender, sometimes you're the ones that hear some of these struggles. And so knowing what some of those resources are and being able to share some of that information with the offender can-- I know that feels like social work stuff. I apologize.

But it actually benefits the guy in terms of being less likely to commit a crime in your jurisdiction. So it's worth your while to do it. So think about it. So that's the issue as far as reentry. I'm going to come back to Lea now and just see, maybe, if you have some important takeaways and where to begin here, or anything you want to follow up on related to reentry or the components we just talked about. Lea, please jump in.

Great. Thanks again, Chris. I have just a couple of things, just to kind of reiterate, I think, what both you and Greg have talked about. But really, when we're looking at reentry, one of the key components that, I think, that sometimes can be frustrating is nailing down that timeline. And again, especially if we're coming from a smaller agency or if we're the only state probation officer, the only person that's working within that capacity to assist and coordinate that reentry process for that client that may be coming back to the community.

But really evaluating, what is your timeline for that person coming back into the community? And within that timeline, we want to be sure that we identified who might have access to information or resources. So for us, a lot of our inmates that were sentenced to serve more than six months, they were often housed out of state. And that created some huge challenges with us being able to interact with them prior to discharge. And so really having those conversations of, how can we set up remote or virtual conversations with that client that's coming back?

Was it possible for them to be transported back to a local or a county facility prior to that discharge? So that way, we could get in there and have that interaction with them, to have that early collaboration, to really set those expectations. I think along with those early collaborations and wanting to really meet with our clients prior to their release, or very close after their release, is looking and evaluating what types of information is available from the facilities where that person is housed or even if it's from a treatment program that they've been attending.

So a lot of assessments, especially when we're talking about sex offenders, take place while they're in custody. So are those assessments something that your program can have access to to have that information, to have insights into what behavioral issues they had? Did they work any programs while they were incarcerated? How can that impact your reentry plan with that client as they're coming back into your community?

And then, again, coming back where we look at that. collaboration. Are there resources that exist within our communities that we're able to connect that person with? How does that fit into a timeline of establishing, say, some of those first or those initial contacts, those initial meetings, those initial appointments for that client? That when they come back, they have really that clear path of, here's my expectations on day one, day two, day three of those initial interactions, of being back into the community?

And I think just really looking at-- again, going back to that timeline-- is looking at, where do our victim interactions take place on that timeline? So what is the amount of time that we need to be able to notify our victims that this person's coming back into the community? What types of resources need to be put in place? Who's the best person to contact or interact with that victim to let them know that that person is reentering the community?

Are we providing adequate time for safety planning to take place? So again, these are all those things that, as an individual person within your role, even if you don't have this really dynamic list of resources or really huge departments, that you can really step back and say, OK, here's the timeframes that we're dealing with. Here's what I know we need to do. Now let's have some conversations and pinpoint some of these milestones that we want to take care of prior to that individual coming home.

And then, really, being sure that the client, the offender that's coming back to the community, is understanding what those expectations are. So I think, Chris, that was just kind of my last thoughts when we were talking about reentry. And I'll go ahead and turn it back over to you. Thank you.

Thank you, Lea. I appreciate your insight so much. And I think Lea has touched on some of these things already here. But the things that I would think about, by way of summary here and sort of where to begin, is the team. I think we've stressed that a lot during this training.

So I think thinking about a team-- who should be on your team? How to get a team, what's the hook? Like Greg was talking about, et cetera. Victim-centeredness in this offender management approach-- if you're working with offenders, bringing that in. If you're working as a victim advocate, try to work with your offender management folks to help them to understand this if that's something they don't currently understand.

Identifying what that programming is-- and if you're in a small jurisdiction, maybe that's not programming you're providing, but knowing what those resources are out there. Maybe there are some nonprofit resources or other types of things you can tap into. And then this risk-monitoring approach, to me, is just really crucial, using those risk assessment tools and figuring out how to stagger your systems and your interventions based on risk. I think that's a huge thing. And it's really maximizing the use of, again, your scarce resources.

So those would be some of my takeaways and where to begin. But I think we're going to ask you. Greg, do you want to do a poll here?

Yeah, Chris, thanks. So our final poll question for today is, what aspects of the comprehensive approach do you have in place? We don't have any components in place currently; we do have specialized services and collaborate together; we have all of these pieces in place. And the fourth is, I'm not sure, I don't have involvement in these programs.

OK. So great responses, 56% said, we do have specialized services and collaborate together. So today was reinforcing the great work you all are doing. And that's a great number to see out of the people who are attending today.

The second was, I'm not sure, don't have involvement in these programs. I would say go find out what you have if this is somehow impacting the professional work that you do. Find out what is available, what isn't available, where you can get resources, who you can talk to.

And then, we don't have any components in place currently, about 12% of the audience today. Again, I would suggest-- and I'm sure Chris and Lea would amplify this-- pick a place to start. Find out what's available. Start asking questions. There may be some things in place that you're not aware of, some things that you can build on, but some options in there. They're the highest levels. We have all of these in place, which is only 7%. So there's some work to do there. Chris?

Thank you, Greg. So in summary, just to, again, piggyback on my good friend, Greg, here, no one of these things is, in and of itself, all. I mean, we all think what we do is important, but we need each other. And so work on these individual strategies. Develop each of these programs. They're all important.

And it really takes a village, in some ways, to do this work. Working collectively, and getting that expertise, and sharing that expertise is critical to the work that we do. And we need this integration and collaboration.

And so that's my take-home message to you today, is-- hopefully that's what you got out of this, was the importance of these things. Your role is so critical and important. But your role can be enhanced by doing some of the other things that we've talked about here today. And hopefully we touched on a few things in terms of your individual role either that you're doing, which was confirmatory towards you, or something that you might consider. So that's what we hope to bring to this training today. We hope we've met your expectations. And Greg, I think what we want to do is to go ahead now and to move forward to the question-and-answer period.

So Chris, the first question is, are there any disadvantages to implementing the comprehensive approach?



You know, Greg, that's an interesting question. And I think that, certainly, collaboration is hard. And so to work across systems is hard. And there can be challenges because we all have different missions in terms of the agencies and the work that we do. And sometimes we can get at cross-purposes related to that.

And so I would say that there are some challenges in doing the things that we're talking about here, Greg. I think the long-term gains certainly outweigh those. But I don't want to be all rainbows and unicorns here and say that collaborating at that level is easy and it doesn't come with any kind of challenge.

And sometimes that means you have to compromise a little bit, too. So I think those would be some of the things that I would be thinking about in terms of some of the challenges to the comprehensive approach. But again, hopefully the benefits outweigh that. Thanks, Greg.

Thanks, Chris. The next question is, what about setting up a national database when domestic violence offenders are crossing state lines, where departments have access to these records? I don't know if you know if there's any current work going on that or have any thoughts about that question, Chris.

It's an interesting question. And I often, being in kind of the worlds of the sex offender management and domestic violence offender management, kind of wonder about the differences between them and why those differences take place. And I'm not sure what that says about society, and culture, and how we view sex crimes versus domestic violence crimes.

But certainly, I think a lot of the things that we've been talking about here-- including information sharing, including awareness, including good monitoring-- all of those things, I think, a domestic violence offender would benefit from. Now, whether that's some kind of a formal registry, if you will, or some information-sharing system-- obviously, law enforcement has access to criminal history. And so there is that access.

Unfortunately, mental health clinicians don't have that. Certainly, supervision probably has that as well. I've not heard of, Greg, any efforts to begin to set up a national database for domestic violence offenders, for example. But I think some of the tenants that the sex offender registry provides could be things that could be aspirational for jurisdictions in terms of managing information, information flow, checking information, making sure that people have information so that they can properly assess and monitor that population.

Thanks, Chris. I would say that I do know that OVW sponsored a grant award, maybe two years ago. And one of our partners, the Center for Court Innovation, CCI, is getting ready to launch a domestic violence clearinghouse for information. So there may be more information that comes out.

They've done a lot of work going around the country, seeing best practices, putting the most current research and information together. So that might be a resource in the coming months. I know they're getting ready to launch that website soon. Chris, on the topic of public education, what does this look like? And what are some of the things that we can do?

So there is a whole curriculum out there related to public education. The model really started in the state of Washington. Washington was the first state that did public education community notification. And so if you're doing it from a registry law enforcement perspective, perhaps looking at that model. But if you're doing prevention, maybe from a victim advocacy perspective or whatever, I think it's about providing accurate information.

And so how can you get the public's attention? Unfortunately, it seems like sometimes-- we've offered public education forums. And we have a hard time getting people to come. Whereas if it's connected to the sex offender registry and somebody's moving into the neighborhood, you have people's full attention in some way. So it's kind of unfortunate that it's hard to get that presence that you would like other than through the registry process. So that might be partnering with law enforcement and thinking about some kind of an initiative around public education featuring around the sex offender registry.

Now, there are some downsides with focusing on the registry because it can provide a false sense of security, stranger danger. And I talked about the statistics related to that. But it's a way that you can get people in the door. And then you can provide them with the accurate information.

But I would encourage you to look at information from the state of Washington. We also have a lot of training and technical assistance information at NCJTC. If you reach out to us, we'd be happy to provide you with some of that information as well.

I was just going to say, Chris, also, related to sex offender information, and stranger danger, and all of that, NCMEC, the National Missing and Exploited Children's Network, has a ton of resources on education for all age groups around sex assault, stranger danger, and things like that. Human trafficking network-- also talking about some educational kinds of initiatives. And some of the national domestic violence organizations actually have information out there on domestic violence for teenagers as well as adults and communities to understand it better.

And then finally, Chris mentioned this earlier, but CSOM, Center for Sex Offender Management, has a bunch of resources, powerpoints that are available to you for every level of audience that you may be interacting with. They're public domain, so you can borrow their slide presentations. The notes, the references, the resources are all right there.

Greg, if I could just add one thing, too. You triggered in my mind from NCMEC.

Sure.

Also, they have a lot of discussion for youth related to the use of the internet, and cybersecurity, and things like that for youth. And so that's, I think, a place where you can do a lot of education. You can certainly get people's attention in terms of them not being approached, solicited on the internet, how you can work with youth to be safe in the use of smartphones, internet, et cetera. And NCMEC has a lot of really good resources in their data related to helping parents.

Because a lot of times, the kids can run circles around the parents in terms of their sophistication with technology. So we want to educate the parents. And that could be something that could be a public education initiative as well. Thanks, Greg.

Thanks, Chris. Who seems to be most anxious about collaboration between victim and offender service professionals, the victim-survivor or the offender, in your experience?

That's a great question. And I wonder what you all think about that. Think about that. So who is more reluctant to want to have their information shared, the offender or the victim-survivor? Frankly, in my experience, it's the offender. The offender is very nervous about these collaborations and information being shared.

Unfortunately, a lot of times, the offender will significantly minimize or deny their offense. They're doing that with their family and everybody else. And if information that-- say, here's what the offender did in this known offense, and in fact, there are other offenses as well-- if that information is shared, I think the offender can be very nervous about how they are perceived by family, et cetera. And so a lot of times-- I think I agree with-- I'm not sure which, whether, Greg, it was you or it was Lea that was talking about handling confidentiality.

And it's not to say that everything is disclosed in terms of-- in a multidisciplinary team, everything the offender discloses goes to the team. There needs to be some parameters around that. But certainly, issues related to risk, related to safety, safety planning-- that kind of information can be very helpful for members of the team. And my experience is, actually-- I think victim-survivors are certainly a little hesitant and cautious around that, and rightfully so. They don't want that to come back on them.

In domestic violence cases, for example, if somebody talks to a victim advocate and the offender finds out, they may still be in a relationship. Or the offender may still have access to that person and may retaliate. And so I can understand that there's hesitancy and concern. But in my experience, a lot of times, the offender may be the one reluctant to want to sign the release of information.

Thanks, Chris. And one of our participants just said, check out the Stop It Now for good advice and programs for preventing sexual offenses for parents and youth but also for potential violators. And that website is [https://www.stopitnow-- all one word-- .org/](https://www.stopitnow.org/). So thank you.

Yeah, a great resource. I should have mentioned that. And I will make sure to mention that in the future. Thank you for that.

Next question-- does providing resources to offenders really benefit the victim-survivor, from your perspective?

And I think I alluded to this before, Greg, that I think that putting resources in place for reentry, law enforcement being willing to make suggestions for resources can reduce-- those are called protective factors. Those protective factors can actually reduce the likelihood of somebody committing another offense. It's like they have something in life that's worth taking care of. They care.

I mean, I think sometimes we think, let's just have sex offenders walking around with a big scarlet SO on their chest, and be miserable, and everything else, and have nothing in life. But if they have nothing in life, they have nothing to lose. And so I think the idea of providing those resources and support can certainly enhance the safety for the community, for potential victims.

And in my experience, anyway, I think, a lot of times, what victim-survivors want to know most is about whether this person is going to do it again. And they don't want the person to do it again. And so hopefully, if we're doing things as a community supervision team, a multidisciplinary team to prevent that from happening, that benefits everybody. And so again, that's my rationale for those of you who may be reluctant to want to think that way, is to maybe think about it a slightly different way.

It can still be about making sure the guy doesn't re-offend. But I think those things can certainly be of benefit, to provide those resources. I think mental health-- we haven't talked, really, at all about mental health. But sometimes co-occurring mental health issues can be going on. And so if you're, as a law enforcement officer, seeing someone really decompensating or falling apart, a referral to the local mental health center. Whatever you can do to try to ameliorate some of those concerns provides for the safety and benefits of the victim and community safety.

Thanks, Chris. Kind of an interesting question, the person asked, any advice for attracting new staff hires in this odd pandemic time of worker shortages? So I'll give a little bit of a stab at this. And Chris, I know that you employ a bunch of people. So I do know that we are seeing corrections having to respond in similar ways that the private sector has had to respond.

My former department, they just went to a flex schedule, which allows the POs to work from home, and support staff. Because they were able to take everything remote. Support staff answered the phones, built files, did all of the records retention and all that stuff from home in an automated way. And the phone systems were transferred there.

And so they went to employees only have to work in the office three days a week. They've got a flexible schedule other than that. So I think being able to attract people that are going to give them flexibility, we've seen some success with really building in-- with new hires talking about having professional development time, where they actually get paid to learn more about the profession that they're in or associated services, supporting them in that way.

One of the big things that we've learned is building resiliency from new hires around secondary trauma, so really helping them develop a plan around, how are they going to remain resilient in this job for 10, 15, 20, 30 years? And supporting that resiliency plan with work time, with access to things that the employer might be able to bring to the table, providing debriefs for people when bad things happen, but supporting people in a really humanistic way and trying to meet them where they're at with what our priorities seem to be, some of those strategies that help. Chris and Lea?

I'll jump in. And Lea, I don't know if you have anything or not. That's not where I thought that question was going to go. I thought the question was going to go to, how do you bring people into this field in general, let alone related to the pandemic? And that's a real challenge. I mean, people are sometimes reluctant to want to do this. A lot of us who do this work ended up here, maybe, more sort of by circumstance than by intention.

And so this is not right for some people. I remember Greg and I were doing a training one time in a jurisdiction. And they had reshuffled the probation requirements. And these people were told they had to supervise the sex offender population. Do you remember those folks, Greg, and how upset those people were?

Right.

So I think you need to really make sure you're properly triaging the people and make sure that this is something they can handle. But I think all the things you talked about, Greg, were great in terms of supports and things like that. And it's weird. When you're now hiring people, you go through the whole hiring process and onboarding. And you may have never met them in person. It's kind of strange, the world we're living in right now.

But again, I think it takes a certain type of person. I would assume that person, hopefully, can come through, whether you're doing it through a virtual interview or whatever. But providing those supports for people-- and a lot of what we do in human services is person-to-person contact. So making sure that we're providing for the safety of people, and understanding and being sympathetic of their situations, and having allowances when people are feeling unsafe, I think, are really important. So that'd be what I'd add, Greg.

Thanks, Chris. Lea, I didn't know if you had anything?

And I think the only thing that I would just add to that is look, again, for local resources, local schools. Are you providing opportunities for internships or for special activities that you can kind of introduce people into the world that you're wanting to bring them into? And I think sometimes that opens up doors. And it sometimes lets people know what may be out there, what career options are out there that they may have not been aware of. Thank you.

Thanks. And I think our final question is going to be, what are some of the best practices that we, as a nonprofit, could assist/facilitate with starting a COSA in our area? I'll start that off and then pass it on to Chris. I know, Chris, you served on a board that started a statewide COSA under a federal grant. I'll let you weigh in.

But I think what's interesting-- you're actually in a perfect position to do that. We see a lot of interest in the COSAs from the nonprofit sector and the faith-based community. And so that's a place to start, clearly. And we are actually working with a couple of jurisdictions at NCJTC to implement COSAs.

And we'd be happy to pass that information on to the person who's asking the question. You can just email me. My email's on the screen right now. And we can talk about COSAs, and a lot of information we have on those, and then places that are implementing those as well. Chris?

Greg, the only thing that I would add to that is to build community support. COSAs take community support. And it's a reframe of the paradigm that the community has, which is that the sex offender is to be avoided at all costs, is dangerous, and is a risk to me personally. You have to help people see that their participation in this is of benefit and that it provides for their safety in the process as well.

So I think, maybe, starting out with some good public education and building that support, obviously working with those agencies that are more oriented towards wanting to do this work, like faith-based organizations, is a great place to start. But you need volunteers. And so you're going to have to get them from the community, so educating. And then I think we need to collaborate better with the community. I think for too long, we've ended up saying, we'll handle this as the criminal justice system. We've got this. Don't worry about it.

But we need the public's help in what we're doing. And so I think a COSA is a great way for them to be a part of the process, and so showing them that they can benefit the situation by being a part of that. But that takes some time, to build that. So I would start with really a good educational approach.

Thanks, Chris. And I would just say that most of the research is on COSAs that serve sex offenders. One of the jurisdictions we're working, with they do reentry for their county from prison. And so the COSAs are built into their reentry program for all of their high-risk offenders coming back into the community. So that could be homicide, vehicular homicide, robbery, chronic drug offenders and sellers, sex offenders, intimate violence partners.

They don't look at the presenting offense. They look at, what does the research point to that COSAs can help reduce risk and successfully reintegrate people? And again, I'd be happy to share that. Just email me.

So that is going to conclude the question-and-answer portion of today's webinar. So this is going to conclude our webinar for today. I want to thank our presenters, Chris Lobanov-Rostovsky, Lea Geurts, for your great information today. And I'd like to thank all of you for joining us in this webinar. We hope that you can join us for future webinars, and we want to wish you a wonderful day.