



Legislative Post Audit Performance Audit Report Highlights

Larned State Hospital: Reviewing the Operations of the Sexual Predator Treatment Program, Part 2

Report Highlights

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Summary of Legislator Concerns

Legislators have expressed concern about the growing size of the offender population, employee workload, and working conditions at the Larned facility. Further, they would like to know how Kansas' program compares to other state programs and what actions could be taken to limit program growth.

Background Information

In 1994, the Legislature created a civil commitment program for sexual predators through the Sexually Violent Predator Act. The goal of the program is to prevent sexual predators from reoffending after their release.

The treatment program is primarily administered at Larned State Hospital. As of December 2014, the program had 243 residents and the population was continuing to grow. Additionally, program staffing and expenditures have also grown since 2010.

QUESTION 1: How does Kansas' Sexual Predator Treatment Program compare to other states and best practices?

- The recommended practices for sexual predator programs emphasized individualized treatment.
- Kansas' program generally did not adhere to these recommended practices, while programs in Iowa, Washington, and Wisconsin generally did.
 - Kansas' treatment program was not individualized, so all residents received essentially the same treatment.
 - The treatment programs in the other states provided more individualized treatment than Kansas.
 - In addition, Iowa, Washington and Wisconsin had conditionally released and discharged more residents than Kansas.
 - Although data on reoffending was not readily available, preliminary estimates made by Wisconsin shows it had a 3% to 5% reoffense rate.
- Kansas' sexual predator treatment program met many legal requirements, although there were several exceptions.
 - Kansas appeared to adequately address most statutory program requirements.
 - However, Kansas' program may not have adequately addressed other statutory requirements related to education and rehabilitation.
 - Senate Bill 149 was introduced in the 2015 legislative session. Among other things, this bill would remove the requirements related to education and rehabilitation from the Sexually Violent Predator Act.

Other Findings:

- Residents who completed the first five phases at Larned did not necessarily arrive at the reintegration facilities (Osawatomie and Parsons) with the skills to be successful.
 - Staff told us residents often arrived without the skills necessary to find a job.
 - Additionally, staff told us residents generally arrived without basic life skills such as knowing how to cook or shop for themselves.

- Program officials had not maintained appropriate records and documentation to effectively manage the program.
 - The program did not track resident participation or progression.
 - We could not tell if residents had received the treatment they should.
 - The program did not maintain thorough records of service cancellations.
- Policies and program guidance were outdated and not adhered to. We found that staff had not adhered to progress review panel policy requirements and that resident handbooks were outdated and inaccurate.
- Until recently, KDADS had not filed annual reports with the Legislature as required by statute.

QUESTION 2: What actions could be taken to reduce the resident population of the Sexual Predator Treatment Program?

- Unless changes are made, the program will exceed capacity in the next few years and will continue to grow for the foreseeable future.
 - As of December 2014, the program housed 243 residents – about 92% of the program's physical capacity.
 - The population continues to grow because far more sex offenders are committed to the program each year than are released.
 - Few residents exit the program because most never progress past the early phases of treatment.
 - Based on current trends, we project the program population will exceed its current space limits in the next few years and will continue to grow into the foreseeable future.
 - We further estimate the program costs will more than double by 2025.
 - An insufficient local labor force will create staffing problems for the program as it grows.

Findings Related to Reducing the Resident Population:

- We evaluated the impact of six different options to reduce the program's resident population.
- **Option 1:** Treating low-risk residents in a community setting would reduce the resident population and reduce program costs.
 - We estimate this option would decrease the resident population by about 40 residents (12%) by 2025.
 - By reducing the population, we estimate this option would also reduce projected program costs by about \$7.5 to \$8.0 million (22% to 31%) by 2025.
 - Although feasible, serving low-risk residents in the community would require a significant change in treatment philosophy, including a willingness to increase the risk of reoffending.

The program has seven phases. The first five are provided at Larned. The last two phases – known as reintegration – are provided at Osawatomie and Parsons State Hospitals. Residents who complete all seven phases are conditionally release from the program. Since the program began in 1994, only three residents have completed the program.

Participation in treatment is voluntary. Staff estimate about 40% of the residents do not participate in treatment. As of December 2014, most residents are between 40 and 60 years old, most have been in the program more than five years, and most are in phase two or three of the program.

The constitutionality of involuntary civil commitment has been challenged in Kansas and other states. In 1997, the U.S. Supreme Court ruled Kansas' Sexually Violent Predator Act was constitutional. However, recent federal lawsuits in Minnesota and Missouri could affect Kansas' program.

- **Option 2:** Treating medically infirm residents in a secured nursing facility would reduce the resident population, but would not significantly affect program costs.
 - We estimate this option would decrease the resident population at Larned by about 45 to 50 residents (15%) by 2025.
 - It is unlikely this option would reduce the projected program costs by 2025, but it could alleviate capacity issues at Larned.
 - KDADS officials agreed that treating medically infirm residents in a separate facility would benefit all residents.

- **Option 3:** Treating residents on the “parallel track” in a separate secured facility would reduce the resident population, but potentially increase costs.
 - We estimate this option would decrease the resident population at Larned State Hospital by about 45 to 50 residents (13% to 16%) by 2025.
 - However, we estimate this option would increase program costs by about \$6.5 to \$8.0 million by 2025.
 - KDADS and Larned officials generally agreed that residents with intellectual or developmental disabilities would be better treated in a separate secure facility.

- **Option 4:** Expanding the number of reintegration slots from 16 to 32 would not reduce the resident population.
 - Because reintegration facilities house so few residents compared to Larned, it does not appear that this option would significantly reduce the resident population by 2025.
 - However, we estimate doubling the reintegration slots would increase program costs by \$5 million by 2025.
 - Even though this option would increase costs, it may prove beneficial because it could increase motivation and help avoid a potential bottleneck.
 - This option could require amending state law, but KDADS officials say it is feasible.

- **Option 5:** Limiting the time a resident can occupy a slot in a reintegration facility would not significantly reduce the resident population at Larned State Hospital.
 - The program has no limits on how long residents can remain in the reintegration facilities, which potentially blocks others who are ready to progress.
 - Limiting the time at a reintegration facility would help ensure slots are available for residents who are more likely to transition into the community.
 - However, because only a few residents would be sent back to Larned, it does not appear this option would reduce the projected program resident population or costs.
 - Agency officials agreed that putting a time limit on a resident's time at a reintegration facility would benefit the residents.

- **Option 6:** Beginning sexual predator treatment before the offender is released from prison would not significantly impact resident population and could increase costs.
 - Currently, no treatment for sexually violent predators is offered while in prison, so offenders cannot start treatment until they are committed after their release.
 - Offenders who began treatment while serving their prison sentence could shorten their civil commitment time.
 - However, this option does not significantly reduce resident population because the time savings are small compared to the times till needed to complete the program.
 - In addition, we estimate this option would increase projected program costs by about \$600,000 and \$2 million by 2025.
 - Providing sexually violent predator treatment in the prisons would require coordination between KDADS and the Department of Corrections to ensure prison-based treatment is effectively managed.

Other Findings:

- Statutory housing restrictions make it difficult for residents to leave the program.

SUMMARY OF RECOMMENDATIONS

Question 1 Recommendations:

- We recommend KDADS and program officials better align the program with current research-based recommended practices, identify the need for additional resources and develop a strategy for obtaining those resources. We also recommended that KDADS and program officials implement and review various processes to address management of the program.

Question 2 Recommendations:

- We recommend KDADS and program officials should develop a strategic plan for addressing program growth and limited labor force issues.

AGENCY RESPONSE

- Agency officials disagreed with a number of the report findings in Question One. The agency appears to have made a number of recent changes to the program, most of which were implemented after the time period covered by our audit work. We commend the agency for making these changes, but do not believe they affect the report's findings. The agency generally agreed to implement or has begun implementing all the audit recommendations.

HOW DO I REQUEST AN AUDIT?

By law, individual legislators, legislative committees, or the Governor may request an audit, but any audit work conducted by the division must be directed by the Legislative Post Audit Committee. Any legislator who would like to request an audit should contact the division directly at (785) 296-3792.

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