

Dear Potential Vendor Partners,

We have received inquiry about why the current contract solicitations do not include psycho-sexual evaluations & report (project code 5012) or the visual reaction time measure of sexual interest (project code 5025). I am drafting this letter to answer this inquiry for all potential vendor partners and to be fully transparent about our future contract services.

Although we spend nearly \$1,500,000 in treatment services each fiscal year, including approximately \$600,000 on sex offender services this year, our re-offending by individuals convicted of a sexual offense has shown no reduction. The data we shared at the sex offender vendor forum in May 2014 continues to be accurate = individuals convicted of sex offenses continue to commit new non-sexual offenses at a rate that does not appear to be impacted by our treatment interventions despite the fact this subpopulation represents 16% of our cases and absorbs 40% of our treatment spending.

Obviously these poor outcomes require us to re-examine our office's practices, as well as how we spend our treatment budget. As we indicated at the May 2014 forum, our data will drive our future treatment contract decisions. We face what some difficult choices regarding how to change our treatment interventions, and we understand some of our vendor partners may disagree with our decisions.

There is abundant research evidence that cognitive behavior training that focuses on specific behavioral skill development within social learning theory has been shown applicable to general responsivity and has repeatedly resulted in a reduction in recidivism. While we have worked to adjust many of our traditional treatment services to adopt a more behavioral format aimed at reducing all types of re-offending, our outcome data has convinced us that we must embrace more change.

Despite having 150-180 individuals convicted of a sexual offense on supervision at any given time, we have only contracted for 17 psycho-sexual evaluations and 10 visual reaction time examinations this fiscal year. In examining these types of expenditures for the past few years, we have not identified any measurable way these two treatment services have changed how we supervise the person or what type of sex offender treatment program the person was placed into. Consequently, we decided to no longer contract for these two project codes, and we intend to redirect these funds toward cognitive behavioral interventions.

It is important to us that we clarify any changes we make in our contract solicitations is absolutely not an intention to end our partnerships with any vendor (any purposeful attempt to end such partnerships within competitive solicitations also would violate national contract regulations). Instead our intention is to invite our contract partners to help us understand how to adjust our interventions to reduce crime/reduce the number of new victims. We also invite all qualified treatment providers to seek our cognitive behavioral contracts.

We do envision approving a limited number of individual sessions at the beginning of referring someone for sex offender services to allow the vendor to perform a general assessment of the person's preparedness for group treatment. If a vendor wishes to do a formal psycho-sexual or a visual reaction time measure on their own/at their own expense, we do not oppose this.

Lastly, we are developing a risk assessment logic model which we will present to all interested vendor partners. The model allows for additional screening/testing if there is a question about something that may be a barrier to an individual's ability to engage in change work. For example, we support additional screening/testing if there is some question about a person's cognitive functioning, mental health, substance abuse, literacy, FAS/FAE, etc... Those types of services fall under different project codes.

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