

Civil Commitment Unit for Sexual Offenders



Purpose

Civil Commitment Unit for Sexual Offenders (CCUSO) provides secure, long term, highly structured inpatient treatment for violent sexual predators who have served their prison terms but in a separate civil trial have been found likely to commit further violent sexual offenses.

Who Is Helped

CCUSO provides secure treatment services to individuals who have been committed by the court for treatment purposes.

The department cannot deny a court-ordered admission.

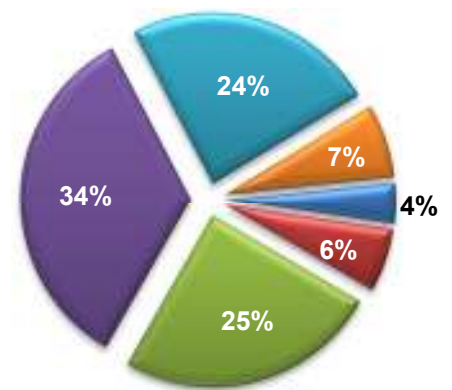
Annual court reviews of each individual's progress are required to determine if the commitment will continue.

There are 104 individuals in the program as of June 30, 2016. Ninety-one resided in the secure, committed program (including one in transition release); nine resided in the transition release program; three were in release with supervision; one was in prison. Four admissions occurred in SFY16 and 114 individuals were served.

All patients are male. Ages range from 21- to 73-years of age. The average age is 50-years. The average patient has one or more chronic medical conditions and is on several prescribed medications.

Age of Patients Served in SFY16

- 25 & under (4%) ■ 26-35 (6%)
- 36-45 (25%) ■ 46-55 (34%)
- 56-65 (24%) ■ >65 (7%)



- ✓ *There are 21 states with inpatient treatment programs like CCUSO. One state operates as an outpatient treatment program for committed sexually violent offenders.*
- ✓ *Courts have determined that treatment programs like CCUSO are constitutional if they provide treatment services.*
- ✓ *The constitutionality of programs like CCUSO is beginning to be challenged. Recently, judges have found programs in Minnesota and Missouri unconstitutional.*
- ✓ *Iowa CCUSO is currently in litigation regarding the constitutionality of our program. Increased appropriations and treatment enhancements in Iowa's CCUSO are designed to address shortcomings identified in these lawsuits.*

Services

CCUSO has a five-phase treatment program that includes groups and individual therapy, educational programming, physiological assessments, and a transition program.

Treatment is based on the current best practice of Risk-Need-Responsivity Model (RNR) that is based on the principles of:

- Respect for the person
- Behavior is changeable, and
- Treatment is based on the patients' needs.

The three components of RNR are:

- Risk: Matches the level of service to the patient's risk to re-offend.
- Needs: Targeting changeable risk factors linked to the patient's offending.
- Responsivity: Matching services to the patient's learning style and needs.

Patients that are court-ordered are first placed in the secure, committed treatment program. When the patient's treatment progresses sufficiently, the court may order the patient to transition release.

In transition release, the patient continues treatment, but has more access to the community under various degrees of supervision. When the patient's treatment progresses sufficiently while in transition release, the court may order the patient to release with supervision.

Community Based Corrections provides release with supervision under contract with CCUSO. Individuals under release with supervision generally live in community correction or community-based settings, continue to receive treatment, and work in the community.

When the patient progresses sufficiently while under release with supervision, the court may decide to discharge the individual from the program.

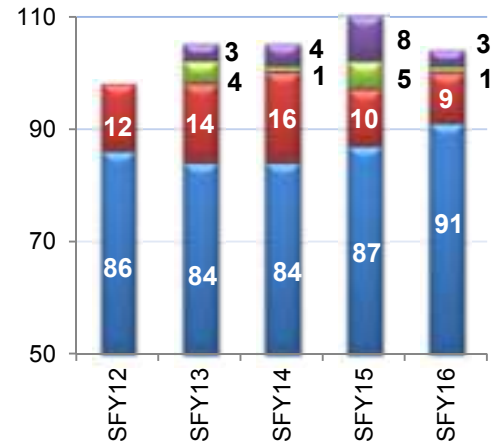
The court may also order the patient to move more quickly through this process if the court believes faster movement is justified based on the patient's annual reviews and other relevant court testimony.

Since the program began in 1999 and through June 30, 2016, 40 patients have left CCUSO:

- 28 released when court determined no longer met commitment criteria
- 12 died

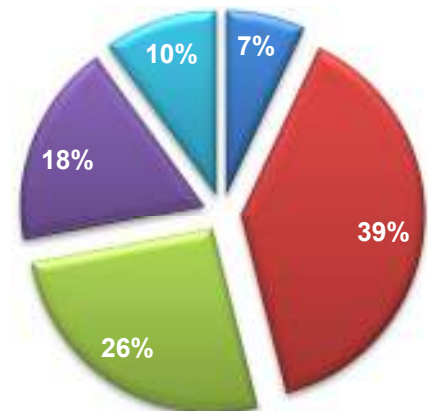
CCUSO Census

- Release with Supervision
- Jail/Prison
- Transitional Release
- Secure Committed



Patient Treatment Phase SFY16

- Phase 1 (7%)
- Phase 2 (39%)
- Phase 3 (26%)
- Phase 4 (18%)
- Phase 5 (10%)



	<ul style="list-style-type: none"> ✓ <i>In addition to an annual evaluation completed and submitted to the court, each patient receives an individualized Master Treatment Plan that is updated annually, as well as Action Plans, which are completed every 90 days to assess treatment progress. Patients' participation and treatment engagement are also assessed after each group/individual therapy session, and through periodic risk assessments.</i> ✓ <i>Each medical appointment or stay at the University of Iowa necessitates at least two CCUSO staff to travel with the patient for safety purposes. This takes staff "off line" for that period of time. In SFY16 there were 162 such visits.</i> ✓ <i>71 percent (80 FTEs) of the staff are direct care, 22 percent (24.5 FTEs) are professional and treatment professionals, 7 percent (7.5 FTEs) are administrative/support.</i> ✓ <i>In SFY17, 83.8 percent of the CCUSO operating budget is for staffing costs and 16.2 percent is for support costs.</i> ✓ <i>A modest increase in overall in-house census is expected. Staying within this modest estimated census growth will require that the number of discharges from the program must nearly equal the number of new admissions. Given the uncertainties in accurately projecting court decisions both into and out of CCUSO, this cannot be guaranteed. If the in-house census rises more quickly than what is budgeted for, additional funding will be needed to hire more security staff for daily monitoring and supervision to keep the program safe for patients and staff and to meet the constitutional treatment requirements.</i> 	
Goals & Strategies	<p>Goal: Effectively Manage Resources</p> <p>Strategy:</p> <ul style="list-style-type: none"> • Provide effective treatment allowing patients to meet discharge criteria. • Avoid restraints for behavior management. 	<p>Results in SFY16:</p> <ul style="list-style-type: none"> • As of June 30, 2016, there were 10 patients in transitional release, and three patients in release with supervision. • 3.68 seconds of restraint is used per 1,000 hours of inpatient hours.
	<p>✓ <i>CCUSO emphasizes work skills and employment as a key treatment modality.</i></p>	
Cost of Services	<p>Daily per diem rate: \$274.43</p> <p>Annual cost of care per person: \$90,243</p> <p>The daily per diem rate and the annual cost of care per person include costs for payments to Community Based Corrections for supervision and housing for individuals in release with supervision and costs associated with litigation.</p>	
	<p>✓ <i>CCUSO co-campuses with Cherokee MHI and purchases support services from Cherokee MHI.</i></p>	
Funding Sources	<p>CCUSO is funded by state general funds.</p> <p>The total budget for SFY17 is \$10,639,195:</p> <ul style="list-style-type: none"> • \$10,637,755 (99.99 percent) is state general fund. • A nominal \$1,440 is collected through room rentals. 	
	<p>✓ <i>When patients in transitional release are employed, they pay housing rental.</i></p>	
Legal Basis	<p>State:</p> <ul style="list-style-type: none"> • Iowa Code, Chapter 229A • Iowa Administrative Code, 441 IAC 31 	