

CALIFORNIA

SEX OFFENDER MANAGEMENT BOARD

Year End Report | 2024



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Executive Summary



The California Sex Offender Management Board (CASOMB) is pleased to present its 2024 Year End Report, highlighting the ongoing collaborative efforts to advance effective, evidence-based treatment for individuals who have committed sexual offenses, focusing on the safety of survivors and the community. CASOMB approaches its legislative mandates by harnessing the strengths of its members, drawing upon their expertise in specialized areas. This is facilitated through several standing committees, each chaired by dedicated subject matter experts and inclusive of a diverse range of CASOMB members representing various sectors of the criminal justice system, treatment and intervention services, and advocacy groups. These committees address critical topics such as research, human trafficking, tiered registration, enhancing treatment outcomes and advocating for public safety improvements, and more.

In 2024, CASOMB saw a significant increase in complaints, which more than doubled from 2023. Of the 18 new complaints, issues ranged from transitioning clients between agencies to allegations of inappropriate relationships and agency noncompliance. The committee achieved their goal to allow for the timely processing of complaints by increasing investigative support from the Division of Adult Parole Operations. CASOMB remains focused on timely complaint processing and trend analysis.

The Certification Committee advanced key initiatives to enhance standards and address gaps in certification. This included the development of a Verification of Experience Form, Transfer Guidelines, and Treatment Plan Guide to ensure consistency and improve treatment quality. CASOMB will continue updating agency certification standards and emphasizing ethical conduct among providers in 2025.

CASOMB Juvenile Committee continues to focus on improving treatment and supervision for youth who have sexually offended, though disparities persist across counties. A statewide survey revealed that many youth face barriers such as provider shortages and inadequate training.

CASOMB will focus on expanding oversight, updating guidelines, and recruiting certified providers in 2025, advocating for legislative changes to address gaps in youth treatment.

The Tiered Registration Committee worked on advancing risk-based tiering in the sex offender registration process, drafting legislation to refine registration policies. In 2025, the committee will create an educational video for stakeholders and continue legislative advocacy to enhance the transparency and fairness of the Tiered Registration System.

CASOMB intensified its focus on commercial sexual exploitation of children and human trafficking, distributing awareness materials statewide and prioritizing training for key stakeholders. The committee collaborated with known experts in human sex trafficking and monitored relevant legislation. Goals for 2025 include providing psychoeducation to stakeholders about the effects of commercial sexual exploitation of children and human trafficking and conducting research on traffickers and buyers.

In 2024, the Polygraph Committee updated guidelines for the management of audio/video recordings and continues to reinforce the Risk-Need-Responsivity model for polygraph frequency. Plans for 2025 include finalizing the Polygraph FAQ and revising consent documents to ensure alignment with ethical and legal standards.

The Community Reintegration Committee focused on overcoming barriers to successful reentry for individuals convicted under Penal Code Section 290, particularly access to housing, employment, and treatment. A paper exploring specialized outpatient treatment access for 290 registrants will be completed in 2025, with a continued focus on improving reintegration planning to reduce recidivism risks.

The SVP Committee highlighted challenges in managing the reintegration of sexually violent predators (SVPs), including underutilization of the Conditional Release Program and systemic barriers to placement. In 2025, the committee will advocate for legislative reforms and continue educating stakeholders on the need for improved treatment participation rates and program efficiency.

CASOMB's efforts remain steadfast in improving public safety, supporting victims, and addressing the complex challenges of sex offender management. The commitment to evidence-based practices, ongoing legislative advocacy, and collaborative partnerships sets the foundation for continued success in 2025.

CASOMB Year End Report

Complaints and Certification

Complaints

Penal Code 9003 tasked CASOMB with creating certification standards for sex offender management professions. CASOMB Certification Requirements were created to satisfy this mandate and include a complaints procedure. The goal of the complaint's procedure is to identify individuals or agencies who are not complying with CASOMB Certification Requirements. The individuals identified as not being in compliance or in good standing, may receive sanctions that include a letter of admonition, mutual agreement, probation, or decertification.

Six complaints from 2023 carried over to be investigated and resolved in 2024. Three of the investigations were focused on CASOMB certified treatment providers, which in each case resulted in the decertification as a CASOMB provider. The investigations dealt with providers who displayed unethical behavior (inappropriate and/or poor boundaries with clients, sexual relationships with clients, and engaging in dual relationships) which clearly violates CASOMB's Certification Requirements. Three of the complaints were against certified agencies who were not meeting CASOMB Agency Provider Certification Requirements. The requirements violated were having more than nine people in group, using clinicians who are not CASOMB certified, and not appropriately documenting supervision of CASOMB treatment providers. Each agency, in cooperation with CASOMB staff, was given an opportunity to address these deficits and make changes to come into compliance.



In 2024, CASOMB received a total of eighteen complaints that fell under the purview of CASOMB. The upward trend of complaints received continues from 2023, receiving more than double the number of complaints. The majority of the complaints were made by clients of agencies, however CASOMB received two complaints each from parole services and employees of agencies. Some of the complaints contained more than one alleged violation. Twelve of the complaints filed by clients of agencies dealt with problems that can arise when transferring clients from one agency to another. Each complaint discussed how the receiving agency did not take previous treatment progress into account when making decisions about current dosage of treatment. Some of the complainants alleged being in the Maintenance Stage of treatment at their previous agency and being told at their new agency that they either do not have those records to reflect progress, or did not have a Maintenance Stage to move them in to. The complainants reported the increase in treatment and lack of communication between two providers caused an increase of stressors that negatively impacted their daily living. Most of the stressors reported indicated that the increase in treatment dosage impacted their ability to maintain employment which directly affected their ability to pay for housing and living costs. The ability to maintain employment is a known protective factor which inadvertently was affected because of their change in treatment provider. The Complaints Committee noticed a trend in the allegations, brought it to the attention of the full board, where a decision was made to have the Certification committee begin to research and author documents that would directly address these issues. These complaints were and continue to be addressed informally with each agency to ensure each clients prior treatment progress is considered upon entering treatment with a new provider.

Three of the complaints alleged certified treatment providers engaged in inappropriate relationships with clients, including allegations of sexual relationships and dual relationships. The remaining three allegations were focused on agencies not meeting certification requirements, including allegations of not using certified providers, not having a treatment plan that was signed by a client, treatment completion information and status in treatment was not provided to a client, and not following CASOMB's telehealth requirements. Two complaints from 2024 have been investigated, one resulted in the decertification of a CASOMB Associate Provider. One complaint has just begun the investigation process. In September of this year, a pool of investigators from the Division of Adult Parole Operations (DAPO) have been made available to the Complaints Committee, which has allowed for a timelier processing of investigations upon receipt of a complaint.

Goals for Complaints 2025

- Continue to process complaints in a timely manner
- Continue to monitor and report trends in complaints to CASOMB

Certification

CASOMB has released a new document to capture the requested information that is needed when reporting supervised experience to CASOMB. The [CASOMB Verification of Experience Form](#) is located on CASOMB website under Certification. There is no new information being requested. CASOMB created this document to streamline the delivery and receipt of necessary information to ensure proper supervision and documentation of supervision is taking place. This document shall be used to verify supervision experience, be completed and signed by supervisor and supervisee, and submitted to CASOMB during the certification process or when requested during a compliance review.

CASOMB authored and released [Guidelines for Transfer of Clients Between Programs](#) as a result of the complaints alleging providers were failing to take prior treatment progress, achievements made in treatment, and changes to dosage in treatment into consideration when receiving a client from another agency. This document highlights the steps required for a successful transfer to take place. This process brought to light many deficiencies that occur when a client is transferred into another agency. Providers left critical information off their discharge summaries making it very difficult for the receiving provider to adequately assess stage of treatment, treatment goals achieved, strengths/protective factors developed, areas of risk, limitations, diagnostic concerns, etcetera. Another component that was highlighted during this process, was communication between the client, supervising agent, and the treatment provider was insufficient. All decisions need to be discussed, agreed upon, and made at a containment team meeting. Decisions to change treatment plan or dosage decisions need to include the client, treatment provider, and supervising agent. Changes being made to treatment dosage/intensity must be justified based on current risk relevant factors.

CASOMB authored and released a FAQ sheet defining the [Maintenance and Aftercare](#) stages of treatment. This document is supported by the research that too much treatment can have a negative effect on an individual's success. In accordance with the Risk, Needs, and Responsivity Principles, the intensity of services received, is referred to as dosage, and should be determined by an accurate assessment of an individual's risks, needs, and responsivity factors¹. Without a clear path to treatment completion, a client will not know what treatment goals are present, if there has been progress, or what barriers remain that need to be addressed. The Maintenance Stage of treatment is the final component of active treatment². Achieving this stage means the

¹ Andrews, D.A., Zinger, I., Hoge, R.D., Bonta, J., Gendreau, P., & Cullen, F.T. (1990). Does correctional treatment work? A clinically relevant and psychologically informed meta-analysis, *Criminology*, 28, 369-404.

² Active treatment is defined as the time period in which an individual is enrolled and participating in treatment. They have not successfully met their identified treatment goals/needs and have not yet received their Statement

individual has noted and addressed areas of risk, developed problem-solving methods to increase prosocial behavior and interactions, and has established and maintained use of healthy coping skills, social skills, emotion and sexual regulation skills. The expectation of this final stage of active treatment is that the individual can apply learned skills and demonstrate sustained changes in thinking and behavior; and has completed the treatment curriculum. This stage also reflects a downward titration of services to coincide with the reduction of risk and increase of protective factors. This reduction of services allows the individual to focus on the application of skills learned. The Aftercare Stage of treatment begins as active treatment is shifting towards completion. This transition to a lower level of care may also reflect an end to supervision and that the individual is moving into on-going services voluntarily. Clarifying these terms will assist treatment providers in being able to communicate with the client and supervising agents when an individual has achieved treatment completion.

CASOMB authored and released a [Treatment Plan Guide](#) to assist treatment providers in creating and utilizing effective treatment plans. A treatment plan is a tool used to shape and direct the focus of treatment. As previously mentioned, when a path to treatment completion is unclear or not created, a client may not have a clear direction on how to improve identified dynamic risk/protective factors. This guide shares evidenced based practices and strategies to create treatment goals and objectives and serve as a roadmap to treatment completion. The guide includes a sample list of goals and objectives that providers can use to tailor to each individual client's needs.

In conjunction with the Complaints committee, an email was sent to all certified agencies and providers to seek notification when an employee is engaging in unethical behavior. The Complaints committee received allegations from parole services when treatment providers engaged in unethical behavior. Both instances included providers who were being supervised by a CASOMB certified provider. If an agency lets an employee go for cause (e.g. due to unethical or illegal behavior), the agency should notify CASOMB, so we can update CASOMB's records to reflect the changes, and ensure individuals continue to meet CASOMB certification requirements. CASOMB expects that all supervision provided to Associate and Student providers for CASOMB services are completed by a CASOMB certified Independent Provider. All requirements by CASOMB are in the [Treatment Provider Certification Requirements](#) manual (July 2022). Pertaining to unprofessional, illegal, or unethical conduct, CASOMB expects all Independent Providers who supervise, to act as gatekeepers to unlicensed/trainee providers working with the specific forensic population of individuals who sexually offend. Supervisors must uphold their

of Successful Treatment Completion. Focus during active treatment is on reduction of risk and introduction of and implementation of protective factors and healthy skill development.

primary ethical and legal obligation to protect the welfare of the client/patient. We expect supervisors to monitor for, remediate, and report all unethical conduct and illegal behavior to CASOMB and the supervisee’s respective agency (Board of Psychology, Board of Behavioral Sciences, training institution, etc.) immediately. CASOMB is unable to address ethical or legal violations by providers if not properly notified.

Agency compliance reviews were not completed in 2024, as the focus was placed on responding to complaints and authoring documents that directly responded to complaints received.

As of December 31, 2024, CASOMB has a total of 68 certified treatment provider agencies. When comparing end of year numbers for CASOMB certified treatment providers from December 31, 2023, to December 31, 2024, the number of total providers have decreased.

	December 31, 2023:	December 31, 2024:
Independent	196	182
Associate	167	183
Student	53	41
Total All Levels	416	406

Goals for Certification 2025

- Update Agency Certification Standards
- Create Uniformity for Certification: CASOMB Certification Standards and Guidelines

Juvenile

Resources and access to treatment services continue to vary by county. There continues to be no statewide mandated standard of care for youth who have offended sexually. Developing and requiring certification standards for treatment providers will ensure that assessment, treatment, and supervision of this population will be done in a consistent manner, grounded in research. Currently, CASOMB lacks the jurisdiction to implement certification requirements and oversight for treatment providers who serve this population.

CASOMB continues to support a change in language to Penal Code 9000 to expand certification requirements to include those who also provide services to youth, who have been referred by the courts or probation for a sexual offense.

In 2024 CASOMB Juvenile committee delved into determining the needs of county probation departments in providing treatment to youth who offend sexually. This included exploring how many treatment providers who possess expertise in the treatment of adult sex offenders, also treat youth offenders. In pursuit of these goals, two surveys were conducted by CASOMB Juvenile Committee. One survey was sent to the Chief Probation Officers of California to ask a series of questions about the treatment and supervision of youth who offend sexually in their county. A second survey was sent to providers to ask a series of questions about whether they treated youth who offend sexually, if not, would they be interested, and if they did what methodologies did they employ?



Summary of Key Findings from the Juvenile Committee Survey of Probation Departments

Background

- The survey by the Juvenile Committee of CASOMB aims to inform policy related to Youth Who have Sexually Offended (YwSO).
- Cooperation to distribute the survey was obtained from the Chief Probation Officers of California for which we were grateful.
- The survey covered 74.1 percent of California counties (43/58) and represents an estimated 46.8 percent of California's population.
- Appropriate survey methodology was used with limitations noted. Key limitations include no reliability checks and possible interpretation challenges across counties.

Key Survey Findings

1. Youth Supervised for Sexual Offenses
 - Total of 442 adjudicated youth reported across participating counties.
 - Extrapolated estimate for California: 994 youth, approximately 3.2 percent of youth under probation supervision, aligning with national figures.
2. Youth in Secure Settings
 - 181 youth in secure facilities, about 41 percent of the total YwSO population in California.
 - Secure placements are costly, with detention costing approximately \$21,300 monthly per youth, which could alternatively fund significant outpatient program slots.
3. Providers for Treatment
 - Counties report diverse providers for YwSO treatment, with potential benefits seen in developing a statewide provider and payment system for consistency and accessibility.
4. Funding Sources for Treatment
 - 58.1 percent of counties fully fund treatment, avoiding private pay barriers that can limit access to services.
5. Barriers to Treatment Access
 - Identified barriers include insufficient provider numbers, and Spanish-speaking and other language providers, suggesting a need for training and recruitment to expand the provider base.
6. Probation Staff Training
 - 58.1 percent of probation staff received training in YwSO management in the past two years.
 - Specialized training is recommended to enhance supervisory effectiveness.
7. Telehealth Services
 - 51.2 percent of counties use telehealth for YwSO counseling, with a need for specialized telehealth training noted.
8. Specialized Caseloads
 - 51.2 percent of counties had specialized YwSO caseloads for probation officers.
 - CASOMB advocates for specialized caseloads for YwSO supervision, supported by accessible specialized training for probation officers.
9. Additional Resources Needed
 - Counties report needs for:
 - Flexible programs, transportation assistance, and Spanish-speaking providers.
 - Housing for older youth and homeless YwSO.

- Outpatient options, aftercare, telehealth equipment, and specialized training for staff in detention facilities.

Summary of CASOMB Treatment Provider Survey

Background

- A survey was conducted among CASOMB providers who, in that role, are only treating adults. CASOMB sent this survey out to all certified Agencies and Independent Providers.
- The purpose of the survey was to assess their interest, capabilities, and barriers related to treating YwSO.
- A total of 23 providers responded, though not all providers answered every question.

Key Survey Findings

1. 91 percent of providers are currently treating YwSO.
2. Services currently provided include:
 - 100 percent individual services
 - 86 percent services to females
 - 68 percent family, reunification, or telehealth services
 - 64 percent group services
 - 41 percent Spanish or other language services
3. Treatment services for over 80 percent of providers include cognitive-behavioral, strengths-based, motivational interviewing, and manualized curriculum that emphasizes skill building and problem-solving.
4. Barriers noted in open-ended responses included:
 - Funding issues, including difficulties for parents in paying for treatment
 - Challenges in providing confidential telehealth services to youth in detention
 - Translation issues
 - Youth with cognitive delays or neurodevelopmental challenges

The Juvenile Committee continues to collaborate with the Office of Youth and Community Restoration (OYCR) to ensure that we are providing our stakeholders with evidenced-based research and information regarding supervising and treating youth who have demonstrated sexually abusive behavior. OYCR has presented the Juvenile Guidelines (CASOMB, 2022), to their stakeholders and has spread the importance of utilizing research and evidenced informed practices in the supervision, assessment, and treatment of youth. In collaboration with this committee, OYCR's data research team, simultaneously released the survey on "Information on Providers who Treat Justice Involved Youth who have Sexually Offended" to contacts they received from the Association for the Treatment and Prevention of Sexual Abuse (ATSA) member

directory. The results were shared and discussed with the juvenile committee. CASOMB members with juvenile expertise and CASOMB staff attended the first ever Youth Justice Summit held by OYCR to continue to collaborate, network, and educate key stakeholders who work with justice involved youth. The presentation was featured in their Health Track: focusing on “Caring for Special Populations in Juvenile Justice- Sex Behavior Treatment.” Research on this population, evidenced based approaches to assessment, treatment, and supervision, as well as CASOMB Guidelines were discussed in this presentation.

The Department of Justice reports that there are 2,643 (CASOMB Meeting, DOJ update, 2024) individuals that are required to register as a sex offender for a juvenile adjudication. The passing of Senate Bill (SB) 823 (Juvenile Justice Realignment Bill), which ultimately closed the Division of Juvenile Justice in June of 2024, brought an end to juvenile sexual registration in California. Research indicates that juvenile registration can dramatically increase problems associated with mental health, peer relationships, and victimization. The restrictions that come with registration can affect one’s ability to find adequate housing, employment, and education. Juvenile registration prohibits one’s ability to establish protective factors (stable job, earn an education, healthy relationships, etc.) and increases the chance for risk factors to develop (isolation, mental health concerns, lack of housing and/or job opportunities, etc.)³.



³ CASOMB Juvenile Recommendations (January 2019)

Based on the information gathered in 2024, CASOMB juvenile committee continues to advocate for a uniform comprehensive approach to the treatment of youth who offend sexually in California. The Committee continues to recognize the importance in psychoeducation to juvenile registrants and their families to assist them in understanding the current Tiered system as it relates to juveniles, and the process to remove themselves from the registry once they are eligible.

Juvenile Goals for 2025

- Continue to educate legislative stakeholders on the importance of uniform application of treatment for youth across the state
- The State Authorized Risk Assessment Tools for Sex Offenders (SARATSO) review committee recommends minor statutory changes that will allow SARATSO to resume its role of selecting risk instruments for youth who have committed a sexual offense.
- Review the most recent juvenile research and data to ensure Guidelines remain up to date.
- Continue to educate providers and stakeholders on the importance of utilizing best practices, and incorporating CASOMB Guidelines in the assessment, treatment, and supervision of youth with sexually abusive behavior.
- Educate youth and families about tiered registration law. Develop and publish educational material to assist youth who have earned a rehabilitative milestone in helping them obtain relief from registration.

Tiered Registration

CASOMB Tiered Registration Committee convened multiple times throughout the year to address critical issues related to sex offender registration and tiering. The committee's work focused on reviewing and incorporating declarations from impacted individuals, drafting legislative proposals, and seeking clarifications on legal matters affecting registration.

The committee concentrated on reviewing declarations from individuals affected by sex offender registration and selected them for inclusion. The committee also identified the need to obtain a declaration from an individual who had contacted a minor online but was instead intercepted by law enforcement. To proceed, the committee sought legal advice and determined that signed agreements would be required to utilize these declarations in their work. These signed agreements have been developed and approved for use.

In terms of legislative work, a committee member was tasked with drafting the necessary legislation and identifying a sponsor to support the bill in the legislative process. The committee continued its efforts on declarations by assigning the attorney the responsibility of locating the specific declaration needed, with a focus on ensuring that all declarations were supported by signed consent agreements. Emphasis was placed on maintaining the confidentiality of individuals' identities until they might be required to testify. Furthermore, the committee stressed the need to verify the factual accuracy of the declarations and discussed the possibility of individuals testifying before the Public Safety Committee if necessary.

On the legislative front, discussions included drafting and sponsoring new legislation for the upcoming legislative session. The committee reviewed the implications of SB 1128 and 145, emphasizing a shift toward risk-based tiering rather than offense-based tiering. Additionally, the committee sought clarification regarding the legal implications of 17(b) reductions, specifically whether such reductions impact lifetime registration obligations. A request for further guidance from the Department of Justice was made to resolve this issue.

The committee then focused on finalizing the work related to the declarations. An attorney was contacted, and the committee was awaiting a response concerning the specific declaration. Meanwhile, consent forms were being drafted with critical provisions to ensure confidentiality, factual accuracy, and the possibility of using the declarations in legislative proceedings. The attorney was tasked with securing the necessary signatures for these consent forms.

The committee also continued to discuss the implications of 17(b) reductions on the registry. They noted that the Department of Justice had yet to release its interpretation of recent legal changes affecting these reductions, which remains a point of concern.

This report highlights the ongoing efforts of CASOMB Tiered Registration Committee to address complex legal and procedural issues related to sex offender registration, with an emphasis on transparency, confidentiality, and legislative advocacy.

Tiered Registration Committee Goals for 2025

- In conjunction with Education and Media Committee: Create Tiered Registration Video to educate policy makers, legislators, and the public on how the tiering bill changes the landscape of sex offender registration
- Continue to educate stakeholders on the Tiered Registration System to encourage further changes that will support decisions based on risk level

Education and Media

The Education and Media Committee is developing a video and fact sheet focused on Tiered Registration. The goals for this project are to provide an update on the implementation of the tiering bill, educating policy makers, legislators, and the public on how the tiering bill changed the landscape of sexual offender registration, and documenting its effect on registrants' life thus far. The video will include testimonials from victim survivors and individuals who caused harm, both speaking to the impact of the bill. Subject Matter Experts (SMEs) featured in the video will explain current recidivism data, the current tiered registration bill, and how the changes to this bill will assist in efforts to provide services appropriately. The committee continues to work diligently to complete this project by Spring of 2025.

Education and Media Goals for 2025:

- Continue to advise and educate key stakeholders and the public on CASOMB's vision, missions, and goals.
- Continue to provide education on the evolving research surrounding individuals convicted of registerable 290 offenses.
- Continue to collaborate with other CASOMB sub-committees to provide education and media support and services.

Research

CASOMB promotes empirically supported interventions and educates its stakeholders on current and relevant research about "what works" in managing and preventing sexual reoffense. Among CASOMB's numerous reports, standards, and projects advising what can be done to maximally reduce the likelihood of sexual reoffense in California, CASOMB conducts and supports research. This past year CASOMB completed two research projects, both on the Stable-2007. The Stable-2007 IRR data collection was completed in 2022, however, a presentation to the Board and paper is planned for 2025 along with the Stable-2007 Change Over Time Study. The next steps for these projects include publishing reports on each study and presenting the findings to the SARATSO Review Committee, CASOMB, and the Stable-2007 Trainers. Reports will be made available to users and provided to tool developers.

California requires certified treatment providers and agencies to use the Stable-2007 risk assessment tool. Scores are used to identify sexual offending individual's criminogenic needs (i.e., treatment targets) and aid in assessing risk for sexual re-offense. The Stable-2007 is commonly used for these purposes nationally and internationally, but until this project no peer

reviewed research assessed its utility in California. In California, the Stable-2007 is administered, scored, and interpreted for all adult males on probation, or parole subjected to mandated sexual offense specific treatment. In 2022, more than 7,000 Stable-2007 scores were submitted to the Department of Justice per California mandates and more than 200 California treatment providers participated in Stable-2007 trainings.

Question #1: Can the Stable-2007 be scored reliably by trained providers?

We examined the degree that subjects scored the *items* similarly to each other (i.e., within the rater pool). Most (81.6 percent) of the raters arrived at the same score for all items, and on only one item, Sex Drive Preoccupation, did less than 70 percent of raters agree. The item scores that raters disagreed most often were Sex Drive Preoccupation, Poor Problem Solving, and General Social Rejection.

Totals scores on the tool can range from 0 to 26. We examined the rater reliability for total scores. The standard deviation for total scores among the subject pool was two meaning that most ratings were +/- two points. On the tool, total scores are categorized in three levels of need: low, moderate, and high. For most (89 percent) of ratings, total scores fell into the same category. In 11 percent of the ratings, differences in total scores led to a different need level, notably high need.

The results of this Stable-2007 rater reliability study show high levels of rater reliability. This means that reasonable levels of quality are assured that those assessed by CASOMB certified providers are getting consistent ratings irrespective of who is conducting the rating. However, results should be interpreted with caution as only a small portion of California raters were assessed (47 out of several hundred certified raters in California) using a single case. Results provide confidence in the California training model. Results suggest several areas of improvement including the need for coding manual and training revisions for certain items and scoring concepts.

1. Sex Drive Preoccupation, General Social Rejection, and Poor Problem-Solving coding rules and training materials should be improved.
2. Instructions on assessing sufficient change to lower an item score should be developed, tested, and made explicit to users.
3. Weighting proximal versus distal evidence of the factor in individual item ratings should be clarified in the coding manual and training materials.
4. There is a need for more peer-reviewed research on the inter-rater reliability of the Stable-2007, across a variety of setting and specifically on repeat ratings (not the first

- rating).
5. We recommend research papers on the Stable-2007 always (e.g., meta-analyses) report rater reliability.
 6. The tool user manual should include detailed information on its inter-rater reliability.
 7. We recommend a Frequently Asked Scoring Questions Document be created similar to that of the Static-99R.
 8. Results also support that tool authors consider endorsing a standardized training model across jurisdictions to improve world-wide rater reliability.

Question #2: What is the utility of the Stable-2007 at detecting treatment change in adult male sexual offending individuals?

The results of this study do not rule out the possibility of problems with underlying assumptions of STABLE-2007 dynamic validity. One of the fundamental challenges in treatment of sexual offenders is how to measure and monitor therapeutic changes. This study shows that more than a 25 percent improvement in risk relevant propensities but no improvement in actual recidivism estimates occurs in across treatment programs that average 2.69 years. In this study, individuals with score of four or higher on the Static-99R received on average three hours of treatment per week. Individuals with a Static-99R score of three or less, received on average 1.5 hours of treatment per week.

Further research is recommended to assess the predictive accuracy of changed stable scores (not simply most recent rating). We emphasize a strong need for future research assessing the Stable-2007's construct validity, tool improvements, and particularly its utility as a progress monitoring tool sensitive to change, within a United States context.

These findings provide mild support for the utility of the STABLE-2007 as a tool for assessing change in adult males adjudicated for sex crimes participating in mandatory treatment and supervision. In the full paper, we discuss the differences between statistical and clinical significance in the context of the Risk-Need-Responsivity model for sex offender treatment. Results suggest multiple opportunities for the tool developers to improve the STABLE-2007.

Research Goals for 2025

- We propose to continue this research by examining the factor structure for Stable-2007 scores among California parolees, and the degree that the factor structure of Stable-2007 is consistent over time.
- In conjunction with the Human Sex Trafficking Committee, we propose to design and conduct a research project on sex traffickers and buyers with the aim to provide empirical

guidance to treatment providers and other stakeholders involved in responding to this societal problem.

Commercial Sexual Exploitation of Children and Human Sex Trafficking

CASOMB continues to recognize the global crisis of human trafficking. Human trafficking includes sex trafficking, forced labor, and domestic servitude. An estimated 1,091,000 people exist in this form of modern slavery in the United States⁴. The effects of human trafficking are not only felt in the present but have the potential to continue to affect us well into the future. This committee has continued to focus on gaining a broader understanding of the current problem by consulting with experts in the field of human sex trafficking research, advocacy, education, treatment, and support.

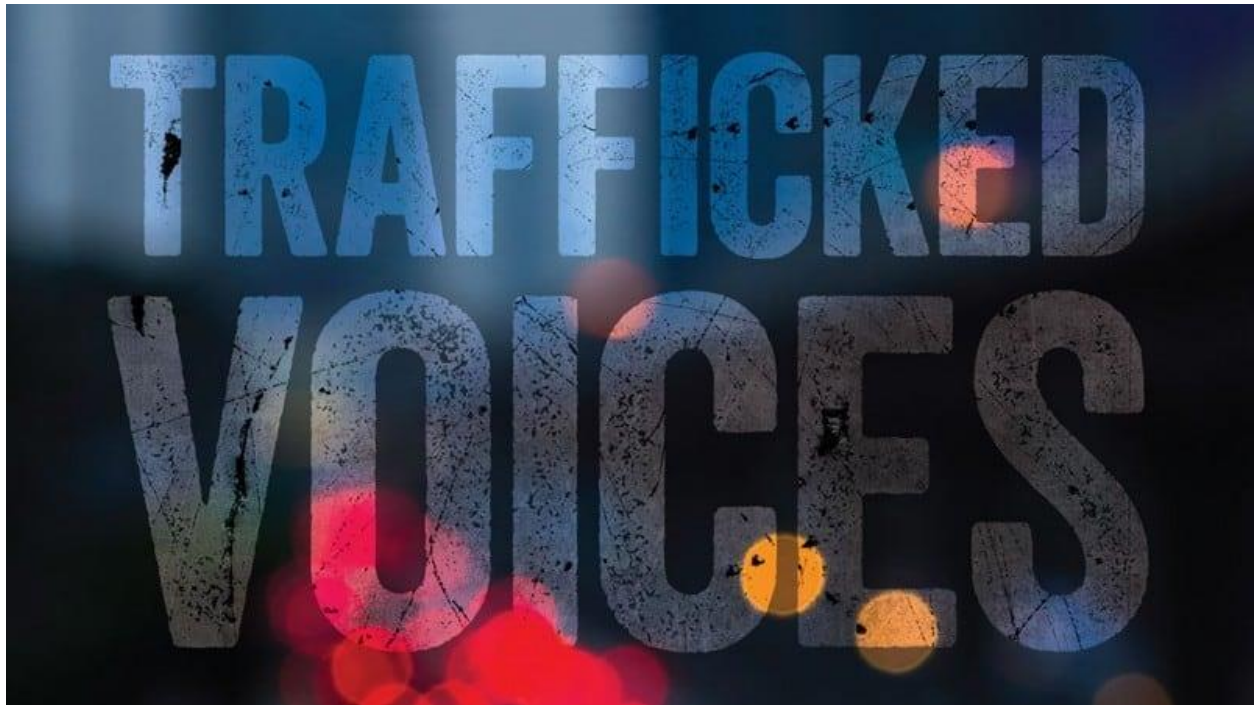
In 2023, the committee authored a Child Trafficking [fact sheet](#) and pamphlet to be distributed during Human Trafficking Awareness Month. This project was completed in the beginning of 2024, and focused on sharing research, facts, and statistics about sexual exploitation of children, as well as provided a list of resources for individuals who may be at risk of or are currently being trafficked. This document was shared with the District Attorney's Office, offices of County Administrators, the Association for Social Workers, mental health offices, juvenile halls, police, parole, and probation offices statewide, and is available on CASOMB website.

Training continues to be a need among professionals. Experts in human sex trafficking presented to committee meetings as well as Board meetings to ensure we received up to date research and information in this area. We learned about Victim Witness Testimony Protocol for Supporting Youth Impacted by Commercial Sexual Exploitation (Los Angeles County, 2022)⁵. This protocol was created to ensure that crucial testimony is received from child victims while maintaining a stance of support and refusal to create further victimization. Presenters from the Child Welfare Counsel's Commercially Sexually Exploited Children (CSEC) Committee in collaboration with the National Center for Youth Law shared their collaborative toolkit focusing on Strategies to End Commercial Sexual Exploitation of Youth. This committee invited a speaker to present to the Board specifically focusing on the impact of trafficking on boys. Russel Wilson, a human sex trafficking expert, shared his knowledge and expertise on this population, and how we need to ensure we have gender focused responses for male victims as well.

⁴ Sex, Power, and Profit: A Global comparative Perspective on the US Human Trafficking Crisis. Harvard International Review. Dec. 11, 2024. [Sex, Power, and Profit: A Global Comparative Perspective on the US Human Trafficking Crisis](#)

⁵ County of Los Angeles (2022). Victim Witness Testimony Protocol for Supporting Youth Impacted by Commercial Sexual Exploitation. [Victim Witness Testimony Protocol 2023.pdf](#)

The committee continues to have interest in tracking legislation and funding that affects the landscape of the human sex trafficking world. Funding for local Human Trafficking Task Forces appear to primarily come from within Child Protective Services and California Senate Bill 855. Senate Bill 855 provides funding for child welfare agencies to prevent and intervene on behalf of CSEC.



Human Sex Trafficking Goals for 2025

- Further our understanding on how Counties are supporting juveniles in our justice and foster care systems to prevent sexual exploitation and trafficking.
- In conjunction with the Research Committee, we propose to design and conduct a research project on sex traffickers and buyers with the aim to provide empirical guidance to treatment providers and other stakeholders involved in responding to this societal problem.
- The committee would like to develop best practices for training of staff to be able to share with stakeholders in each county.

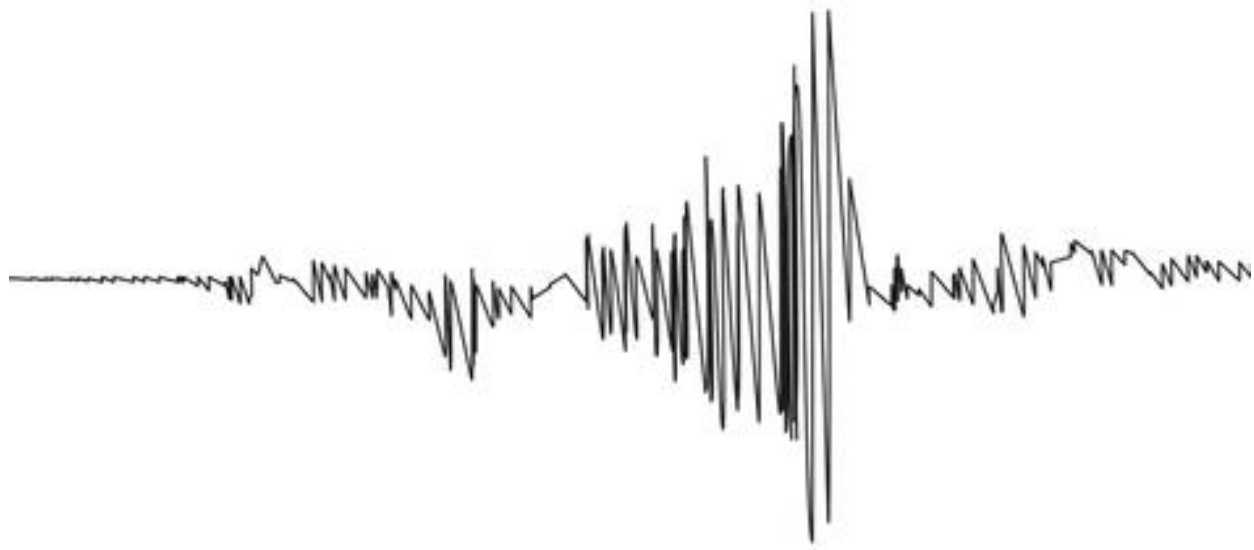
Polygraph

Polygraph examinations are an integral part of the containment model used by sex offender treatment teams. This model emphasizes collaboration between treatment providers, supervision, and polygraph examiners, with the aim of supporting treatment and ensuring public safety. CASOMB's polygraph committee, which includes treatment providers, polygraph

examiners, and supervising agents, meets quarterly to review policies and practices. In 2024, the committee focused on finalizing guidelines around the retention and management of polygraph audio/video recording and updating the Polygraph FAQ sheet.

Polygraph examiners are required to have an audio and visual recording of each examination and the pretest interview. It was determined that polygraph examiners are to be the containment team member to maintain the recording. The recording should be kept for a minimum of seven years. This was formally approved by CASOMB board, at the suggestion of the polygraph committee in 2024.

The Risk Needs Responsivity model is the evidence-based approach to all aspects of sex offense management including polygraph. Historically, the polygraph committee attempted to establish set timelines for how often a person would be required to take a polygraph examination. There are some provider agencies and independent providers that might have a set schedule for the frequency of examinations based on their treatment philosophy. The polygraph committee recommends that the frequency of examinations should be dependent upon an individual's risk as determined by the containment team. The committee continues to edit the polygraph FAQ section to assure that the language is consistent with the Risk Needs Responsivity model.



Polygraph Goals for 2025:

- Complete the Polygraph FAQ.
- Review *People v. Garcia* (2017) decision relative to the utilization of polygraph examinations with a legal professional.
- Review and update the polygraph consent documents to reflect evolving ethical and legal standards.

registrants on probation.

- Continue to explore and discuss how poor planning in reintegration can disrupt an individual's re-entry into society and increase chance for recidivism.

Sexually Violent Predator

Across the five state hospitals in California, there are approximately 5,550 forensically committed individuals. This number includes the 950 individuals committed pursuant to the Sexually Violent Predator (SVP) law, all of whom reside at the secure state hospital in Coalinga. Currently, there are 18 SVP committed individuals in the community based Conditional Release Program (CONREP), a population that comprises about three percent of all CONREP placements across the state, meaning that most individuals placed in CONREP are not SVP committed individuals. There are 19 additional SVP committed individuals ordered to SVP CONREP pending placement. Since the SVP law was enacted, 58 SVP committed individuals have been placed in SVP CONREP, which is an increase of three since the 2023 CASOMB Year End Report. Of the total number ever placed in SVP CONREP, nearly 45 percent have achieved full discharge, meaning they are free persons no longer under the aegis of the SVP law.

CASOMB has authored three papers outlining areas of interest and recommendation in the SVP program, 1) SVP Project: Introduction 2) Duration of SVP Detainee Status⁶, and 3) SVP CONREP Housing and Community Placement Issues⁷, and Addendum⁸. CASOMB identifies that changes to the implementation of the SVP law could facilitate necessary improvements to the system of services that prevent sexual reoffending in California. CASOMB strongly encourages stakeholders to review these papers for analysis and recommendations guided by the Risk, Needs, Responsivity principles.

Since CASOMB authored The Duration of SVP Detainee Status paper, the high number and long duration of detainee status has modestly improved. Currently the percentage of detainees pursuant to the SVP law is 39 percent, down one percent since the 2023 CASOMB Year End Report, (YER) however historically exceeding 50 percent. The number of fully committed individuals has increased to 61 percent of the population at DSH pursuant to the SVP law. However, the problem remains significant, exemplified in the fact that for fiscal year 2022/2023, detainees were held at the state hospital for an average of 12.3 years before being discharged as not meeting SVP criteria.

⁶ CASOMB_SVP_Intro_and_Detainee_Status_FINAL_2021-05.pdf

⁷ SVP_CONREP_Housing_and_Community_Placement_Issues_01-2023.pdf

⁸ SVP_Project_CONREP_Housing_and_Community_Placement_Barriers_Addendum_01-2024.pdf

In 2024, CASOMB authored an Addendum to the Conditional Release Program Housing and Community Placement Barriers paper, which described recent modifications to the SVP law caused by Senate Bill (SB) 1034. Despite that CONREP is the safest and most effective release pathway for SVP reintegration, it is vastly underutilized. Since the 1996 SVP law enactment through 2023, there have been 1,068 fully committed as SVP (WIC 6604), 292 of whom have been fully discharged from the commitment. In contrast, only 58 SVP committed individuals have been placed in the community through CONREP, 25 of whom have gone on to be fully discharged. The fact that more than 90 percent of discharged SVP persons are released without having participated in CONREP is deeply concerning. CONREP is the last step in the DSH Sex Offense Specific Treatment Program (SOTP) and is the only step that allows treatment and supervision in the community. CONREP includes mandated terms and conditions of release, mandated treatment and assessments, and comprehensive monitoring and supervision in the community. Those released back to the community from SVP CONREP are more than three times less likely to get arrested than those released directly from the state hospital.

CONREP is highly effective, however has formidable barriers to access. The CA SVP law requires community agency notification and an opportunity for public comment prior to the judicial approval for placement; residency restrictions for those with child victims; placement limitations to the county of domicile unless extraordinary circumstances are found; and it does not require completion of the inpatient treatment program. An extreme limitation is that there is no pre-existing housing inventory, and housing must be found on a case-by-case basis when a person is ordered to CONREP. Open courtrooms and community notice and comments provisions trigger high levels of media attention and negative community reactions which have resulted in threats and acts of violence against the SVP individuals, judges, attorneys, landlords, and CONREP program staff. The CONREP approval, housing, and placement process is unduly lengthy. Review of the impact to date of the SVP law changes caused by SB 1034 indicates it has worsened the existing CONREP housing and placement problems. SB 1034 required the creation and utilization of a housing committee to provide collaboration and consultation in identifying suitable housing for each SVP person ordered to CONREP pending placement. Prior to the enactment of SB 1034, the average duration from CONREP order to placement was 321 days; and since the January 1, 2023, enactment the average duration from CONREP order to placement is 843 days⁹.

Currently, the SVP committee is working on completing the fourth and final SVP paper: Treatment Participation Rate paper. Contrary to the purpose of the SVP law and what the citizenry assumes, all the sexual offenders committed to the state hospitals pursuant to the SVP law do not

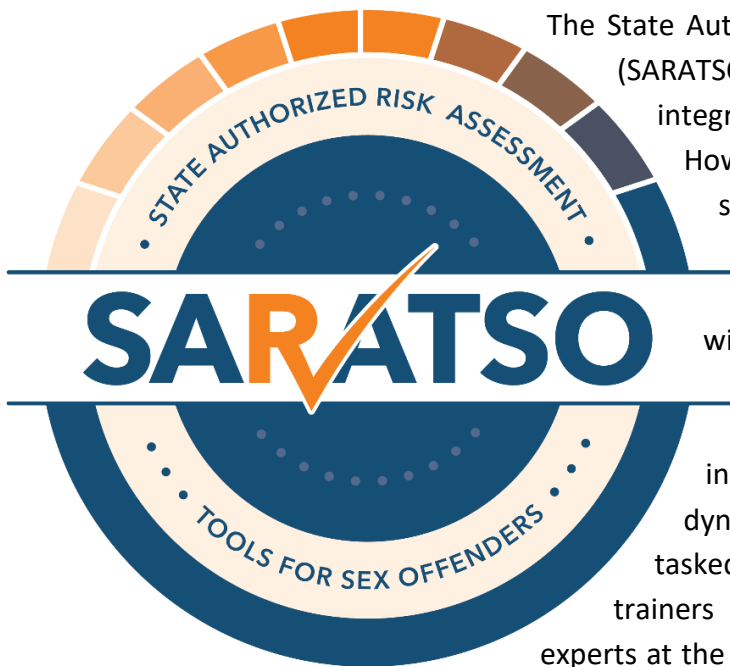
⁹ All numbers reported in the SVP Committee YER are from CASOMB Board Meetings, Department of State Hospitals Update, 2024

participate in the state's Sexual Offense Specific Treatment Program. Less than half of those at DSH pursuant to the SVP law participate in the voluntary treatment program and more than 90 percent of those released from SVP commitment did not complete the treatment program. This paper describes the treatment enrollment rate, resultant areas of concern, and recommendations for improvement.

Sexually Violent Predator Goals 2025

- CASOMB will complete its fourth of four papers: The SVP Treatment Participation Rate paper.
- CASOMB will disseminate the SVP papers to stakeholders and create opportunities to provide psychoeducation on the unique challenges the SVP population face.
- The SVP committee will explore creating and conducting a survey to SVP stakeholders to garner perspectives about the concerns highlighted in the four SVP papers.
- CASOMB will provide its recommendations to legislative reform groups.

State Authorized Risk Assessment Tools for Sex Offenders



The State Authorized Risk Assessment Tools for Sex Offenders (SARATSO) Committee is a separate state committee that is integral to, related to, and aligned with CASOMB. However, the SARATSO and CASOMB have different statutory roles and mandates.

In 2006, the SARATSO Committee was tasked with selecting reliable instruments for determining the risk of sexual reoffense for sex offender registrants. In 2012, this expanded to include instruments that estimate risk of violence and dynamic risk for sexual recidivism. The Committee is tasked with providing training to SARATSO-certified trainers in California. The SARATSO Committee retains experts at the top of the sex offender risk assessment field who provide advice on training and curriculum development.

Juvenile Recidivism

Prior to the California Juvenile Justice realignment, the SARATSO had selected the Juvenile Sex Offense Recidivism Risk Assessment Tool – II (JSORRAT-II) to assess risk of sexual reoffense for juveniles. Welfare and Institution Code (WIC) 706 states that the SARATSO only be scored for juveniles transferred to the Division of Juvenile Justice (DJJ). The juvenile justice realignment closed DJJ and had the unintentional effect of eliminating SARATSO mandated scoring for juveniles. This leaves a gap of providing the courts with a juvenile’s potential risk for reoffense, during the adjudication process. Changing the language in WIC 706 to a minor “who has been adjudicated for a sexual offense” would amend this oversight and restore SARATSO’s ability to select and train probation officers in scoring of the selected SARATSO for this population.

The SARATSO recommends minor statutory changes that will allow SARATSO to resume its role of selecting risk instruments for youth who have committed a sexual offense.

Training

The SARATSO Review Committee selected the Static-99R for adult males to predict risk of sexual reoffense; the Stable-2007/Acute-2007 to assess dynamic risk factors related to sexual reoffense for adult males; and the Level of Services/Case Management Inventory (LS/CMI) for assessing violence potential. All scorers and trainers must pass an initial training and then be recertified every two years on the instrument(s) they use. Many departments and agencies rotate staff through different positions or hire new staff, which necessitates ongoing training. In addition to providing training on how to score the instruments, SARATSO also certifies trainers.

In 2024, SARATSO hosted 8 Static-99R trainings, 4 Basic and 4 Recertification; 7 LS/CMI trainings, 3 Basics and 4 Recertification; and 8 Stable-2007/Acute-2007 trainings, 3 Basic, 4 Recertification and one Training for Trainers (T4T) Recertification Event. SARATSO certified trainers conducted 57 agency-hosted trainings, compared to 85 trainings in 2023. The trainings certified 336 individuals on the Static-99R, 202 on the LS/CMI, and 220 on the Stable-2007/Acute-2007.

SARATSO also hosts Containment Model Trainings, which provide an overview of applying the containment model, and the evidenced-based practice of the Risks-Needs-Responsivity principals to sexual offender management and treatment. During 2024, SARATSO hosted one live training to supervising officers and agents. The trainings accommodated 41 individuals. To increase the number of individuals trained the SARATSO should increase the number of trainings provided annually, utilize virtual training, and create on-demand training modules. Additional funding is needed to achieve this goal.

Score Submission and Annual Report Results

The SARATSO risk instrument scores must be submitted to the Department of Justice (DOJ). DOJ shares the submission rates with the SARATSO Review Committee annually. In 2024, the score submission rate for the Static-99R was ninety-seven percent (97 percent) for county probation departments. Through an effort of ongoing communication, training and accountability, probation departments' awareness and compliance with this mandate has consistently been high over the past few years. In efforts to continue to maintain high submission rates SARATSO revised and released a new letter to the courts and the judicial council, highlighting the statutory requirement to order actuarial risk scores for all sex offender registrants. The judicial council responded in a supportive and collaborative manner, passing on the information to judges. A survey is currently being drafted for county probation to determine the barriers to judicial orders for scoring.



Score submission for the dynamic (Stable-2007) and violence (LS/CMI) risk instruments are more difficult to track due to the constantly fluctuating numbers of offenders participating in sex offender treatment in the community. SARATSO requests data from county probation and state parole to help track the number of dynamic and violence risk assessments that should be completed. SARATSO received data from 53 out of 58 county probation departments and parole for the 2023 year. SARATSO requested the total number of registered sex offenders on probation or parole at any time during the 2023 year, and a point in time count of the total number of 290 registrants in treatment as of December 31, 2023. As of December 31, 2023, the counties who participated reported that of the 4,000 individuals under supervision, 1,848 were enrolled in treatment. Meaning, 46 percent of those supervised by probation were in treatment. This is 5 percent higher than in 2022. Fifty-four percent were reported as not attending sex offense specific treatment. Of those not participating in treatment the following reasons were provided: 14 percent were indigent or could not pay (this is significantly higher than the 2 percent reported in 2022); 13 percent had completed treatment; 12 percent had absconded/were at large; 12 percent had terminated supervision prior to completing treatment; 10 percent had been returned to custody; and 10 percent were not court ordered (this is down from a reported 24 percent in 2022); and other various reasons. SARATSO will continue to explore why some individuals are not court ordered to treatment. The increase in individuals unable to pay to attend court-mandated treatment, highlights the need for supplemental funding for treatment.

Regarding state parole, there were a total of 6,833 sex offender registrants under supervision during 2023, a decrease of 583 individuals. This reduction likely reflects the decrease in parole term lengths, enacted by AB 1950. As of December 31, 2023, 6,364 were enrolled in treatment. Reasons for not attending include parolee at large status, medical or mental health needs, and various reasons similar to those reported for probation.

When comparing the SARATSO Annual Tracking form and DOJ Score Submission Report- the number of Stable submissions were significantly less than expected based on the number of individuals enrolled in treatment. Out of the 1,848 possible submissions, 741, or approximately 40 percent, of all expected Stable scores were received. This is a 4 percent increase from 2022. DOJ received 7,252 Stable-2007 scores for parolees. This likely indicates that some individuals were scored on the Stable-2007 more than once during the year.

For the LS/CMI 1,244 scores were received for individuals on probation. This represents approximately 67 percent of those enrolled in treatment. Parole submitted 7,303 LS/CMI scores. A higher submission rate for the LS/CMI is expected since not all sex offender registrants are eligible for scoring on the Stable-2007.

SARATSO was able to track which agencies submitted scores for both the LS/CMI and Stable-2007 for 2023. In 2023, CASOMB had approximately 72 certified agencies. Of the 72 agencies, 51 agencies utilized GEARS to submit LS/CMI reports, while only 52 agencies utilized the system to submit Stable scores. Approximately 21 agencies did not submit LS/CMI scores via GEARS in 2023, while 20 agencies did not submit Stable scores via GEARS in 2023. In 2022, SARATSO sent out score submission letters to all agencies. These letters appeared to have minimal impact on the 2023 reporting period. Depending on the response to the 2023 score submission letters, SARATSO may implement compliance reviews or audits to ensure compliance with Penal Code 290.09 and SARATSO policy.

Research

Juvenile Recidivism Project

A SARATSO-sponsored recidivism study on the JSORRAT-II was initiated in 2017. The JSORRAT-II has been validated in Utah and Iowa, and is the actuarial tool selected by SARATSO to assess sex offense recidivism of juvenile males who have offended sexually. The study included a review of 833 files. A cohort list was obtained from the California Department of Corrections that included all youth, who were required to register pursuant to Penal Code 290.008 and were detained by the Department of Juvenile Justice between 2008 – 2018.

Two research assistants were trained to collect and code the data, from Department of Juvenile Justice (DJJ) hard copy files. They collected data from 497 files. Data from many of the older files on the cohort list could not be collected, because the files, in accordance with California Department of Corrections and Rehabilitation (CDCR) policy, are destroyed 7 years after the individual discharges from DJJ. The data they collected was coded to score the JSORRAT-II. The

research assistants both coded a number of cases for comparison. The researcher determined that the interrater reliability of the two coders was poor. Therefore, data collected for the JSORRAT-II could not reliably be utilized to determine recidivism.



Criminal history data was obtained from the California Department of Justice (DOJ), to evaluate recidivism as a juvenile and as an adult. DOJ provided the criminal history records through April of 2020. Review of the recidivism data showed a significant gap in the data available from DOJ. The data on juvenile records was often incomplete. The criminal history received from DJJ often did not match the records obtained by DOJ. Reasons for incomplete records included counties not submitting juvenile records to DOJ and juvenile records being sealed. If a juvenile's record is sealed, then the criminal history on that record cannot be accessed through DOJ's criminal history database. Adult criminal history was included for these individuals and was reviewed. A thorough analysis of the adult criminal history data could not be conducted, due to increasing stringent data storage protocols, that would place an undue financial burden on the researcher. Due to the increased requirements and the incomplete data, the research project had to be concluded.

The following could be ascertained from the research project. Of the 833 individuals in the sample, 71 (approximately 8.5 percent) had adult convictions for a sexual offense. This included convictions for various types of sexual offenses included, contact offenses against child, indecent exposure, possession of child pornography, rape and other offenses. Offenses for solicitation of prostitution and human sex trafficking of adults was not included in this count. In addition to convictions, another 41 (approximately 4.9 percent) individuals had arrests for a sexual offense, with either no disposition recorded or not resulting in a conviction. It should be noted that this

population could be considered a preselected high-risk population. Youth were sentenced to DJJ if they have a serious or dangerous crime or criminal history, most youth adjudicated for a sexual offense in California are supervised at the county level.

Due to the increased financial demands and the incomplete data set the research project was concluded. Further analysis was not completed on the data set. The aggregate numbers indicate this is an area that needs further research. If conducting research with justice involved youth in California it is critical to include county level agencies, who are key stakeholders, to ensure the accurate and reliable results.

Child Pornography Offender Risk Tool Pilot Program

SARATSO statute mandates the SARATSO Review Committee select actuarial instruments for California. The Static-99R has been selected as the actuarial instrument in California. The instrument is not normed on several populations, including individuals who have been convicted of possession or possession/distribution only offenses for child sexual abuse images. The review committee has actively been monitoring the research for any risk assessment tools that can fill this gap. One promising tool, the Child Pornography Offender Risk Tool (CPORT), was cross validated with the results of the cross validation completed in 2022. The test developers presented to the SARATSO Committee on December 8, 2022.

The CPORT is a seven-item scale that requires criminal history and police reports to score. It does not require an interview with the individual being scored. While the tool has been cross validated, some of the cross-validation samples, validated versions based on only 5 or 6 of the items being scored. Specifically, item 6 requires an estimated percentage of the gender of the children in the child sexual abuse images and item 7 requires an estimated percentage of the gender of children in erotica-based materials. Additionally, the CPORT does not currently offer a cut score to determine recidivism estimates or nominal risk categories, such as low, moderate or high.

The SARATSO review committee decided to implement a pilot program in California. It solicited county probation departments for volunteers. From the volunteers four counties (Kern, Orange, Solano, and San Diego) who reported the highest number of CSAM offenses coming through the department were chosen to participate, along with the California Department of Corrections and Rehabilitation (CDCR). The program began with a training, by the test developers on the scoring of the CPORT. The program was officially launched in May of 2023. Scorers met quarterly to review any scoring questions and identify any barriers to scoring the tool.

The pilot program was intended to provide information about ease of scoring and availability of documentation needed to score. The pilot program concluded in March of 2024, and feedback was solicited from the scorers involved in the pilot program.

Probation submitted 23 cases and parole submitted 82. Most of the probation cases came from Orange and San Diego counties. The probation cases had a mixture of exclusive Child Sexual Abuse Materials (CSAM) and CSAM and contact offenses. Three of the 23 cases (13 percent) involved a prior CSAM conviction. Scores ranged between one to six. For probation, item #5 could not be scored 43 percent of the time; item 6 could not be scored 17 percent of the time; it is unclear how often item #7 could not be scored, because it was marked as if there was no information to score.

Parole scored 82 cases. Parole cases were CSAM exclusive cases, meaning none of the individuals scored had any charges or convictions for contact sexual offenses or indecent exposure. Thirty-three percent of the parole cases scored had more than one conviction for CSAM, meaning they reoffended after their initial conviction. For parole, item 5, could not be scored 46 percent of the time; item 6 could not be scored 45 percent of the time; item 7 could not be scored 81 percent of the time.

There is a consistent pattern of not having the documented information to score the last 3 items of the CPORT. The CPORT does not offer a classification system for its instrument with designations such as low, moderate, or high risk. Feedback from scorers indicate that this would not be effective to implement at this time. While the tool is promising for scoring this population, the lack of access to consistent documentation on items 5-7, create a significant barrier to accurately scoring the instrument. Additionally, the lack of risk categories that come from scoring the instrument render this tool less than ideal for California's needs at this time. SARATSO will continue to monitor any revisions or updates to the CPORT and will continue to review the literature for any new tools that would be valid for use with this population.

Appendix A

Data on Registered Sex Offenders in California

Sex Offender Registration In Community	Registered
December 2023	76,666
December 2024	75,382

Sex Offenders In Custody	In State Prisons	In Civil Commitment (SVP)
December 2023	20,165	951
December 2024	20,338	949

Sex Offenders On Community Supervision	On State Parole	On Conditional Release (SVP)
December 2023	11,314	17
December 2024	11,799	19

Numbers reported as of January 1, 2025

Not all sex offenders who have committed a sexual offense have been detected

Appendix B

Data on Registered Sex Offenders by County

COUNTY	Estimated Population	Active Sex Offender Registrants in the Community	COUNTY	Estimated Population	Active Sex Offender Registrants in the Community
Alameda	1,641,869	2,180	Orange	3,150,835	2,651
Alpine	1,179	2	Placer	412,844	550
Amador	39,611	93	Plumas	18,841	55
Butte	205,928	794	Riverside	2,442,378	4,245
Calaveras	44,842	112	Sacramento	1,578,938	3,758
Colusa	21,743	48	San Benito	65,853	118
Contra Costa	1,146,626	1,308	San Bernardino	2,181,433	4,413
Del Norte	26,345	126	San Diego	3,291,101	3,808
El Dorado	188,583	339	San Francisco	843,071	961
Fresno	1,017,431	2,468	San Joaquin	791,408	1,822
Glenn	28,736	70	San Luis Obispo	278,469	438
Humboldt	133,100	383	San Mateo	741,565	674
Imperial	182,881	257	Santa Barbara	443,623	674

Inyo	18,856	46	Santa Clara	1,903,198	3,091
Kern	910,300	1,797	Santa Cruz	262,572	381
Kings	152,627	443	Shasta	179,195	696
Lake	67,001	287	Sierra	3,171	10
Lassen	28,197	95	Siskiyou	43,409	210
Los Angeles	9,824,091	13,758	Solano	446,426	927
Madera	159,328	407	Sonoma	478,152	692
Marin	252,844	142	Stanislaus	548,744	1,272
Mariposa	16,966	65	Sutter	100,110	296
Mendocino	89,476	256	Tehama	64,308	291
Merced	287,303	693	Trinity	15,915	69
Modoc	8,484	66	Tulare	478,918	1,125
Mono	12,861	14	Tuolumne	54,407	154
Monterey	437,614	680	Ventura	823,863	930
Napa	135,029	163	Yolo	221,666	357
Nevada	100,177	159	Yuba	83,721	347
			Total:	39,128,162	62,266

State of California, Department of Finance, E-1 Population Estimates for Cities, Counties, and the State with Annual percentage January 1, 2025

Active Sex Offender Registrants by County made available by the California Department of Justice as of December 31, 2024



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