California Sex Offender Management Board (CASOMB)

Strengthening California's Public Safety Through Earlier Access to Evidence-Based Sexual Offense Treatment During Incarceration

Executive Summary

California has become a national leader in evidence-based community management of individuals required to register under Penal Code §290 through the implementation of the Containment Model, Risk-Need-Responsivity (RNR) principles, specialized community treatment, structured supervision, and validated risk assessment. However, a significant gap remains: most individuals who will later receive mandated community treatment do not receive formal, offense-specific treatment while incarcerated. Also, the absence of in prison treatment, unlike in other states with SVP programs, limits critical treatment-response data available to inform SVP evaluations.

This delay often spans several years between offense, incarceration, and the beginning of treatment after release. Research consistently supports addressing criminogenic needs as early as practicable using cognitive-behavioral and RNR-based interventions. Earlier treatment has the potential to enhance public safety outcomes, improve treatment readiness, strengthen protective factors, and improve continuity of care.

This paper recommends the development of a statewide CDCR in-prison treatment program to address problematic sexual behavior and individuals mandated to register per PC §290.

Current Challenges

A. Delay Between Offense and Treatment

- Many individuals wait years before receiving specialized treatment.
- Delayed time reduces opportunities for early behavioral change.
- Delays are inconsistent with evidence supporting timely intervention and risk reduction.
- Can’t address old behavior which becomes normal-not addressed.

B. Missed Rehabilitation Opportunity

During incarceration:

- criminogenic needs often remain untreated
- cognitive distortions continue
- healthy coping skills are not developed
- relapse prevention planning is delayed

III. Public Safety Benefits

Early treatment may:

- reduce dynamic risk factors before release
- increase treatment readiness
- improve institutional adjustment
- improve transition into community treatment
- increase treatment engagement on parole
- strengthen protective factors
- improve long-term desistance

These goals are consistent with the Risk-Need-Responsivity model and cognitive-behavioral treatment literature. Additionally, research on sexual recidivism demonstrates that risk is not static or lifelong; rather , among individuals who remain sexual-offense free in the community, the likelihood of sexual reoffending declines substantially over time, including among those initially assessed as higher risk[1].

IV. Potential Benefits for California's SVP Process

Although additional California-specific research is needed, earlier treatment could potentially:

- provide evaluators with objective treatment participation data
- demonstrate treatment responsiveness
- reduce litigation regarding treatment opportunity
- improve individualized risk formulation
- better distinguish static from dynamic risk

Importantly, this should be described as **potentially improving evaluation quality**, not as automatically reducing SVP commitments. Currently, California is one of two states, that have a Sexually Violent Predator law, and do not offer in prison sex offender specific programming.

[1] Hanson, R.K., Harris, A.J.R., Letourneau, E., Helmus, L.M., & Thorton, D. (2018) Reductions in risk based time offense-free in the community: Once a sexual offender, not always a sexual offender. Psychology, Public Policy, and Law, 24(1), 48-63. https://doi.org/10.1037/law0000135

Sex Offender Civil Commitment Programs[2]

Count	State	SOCC Program	Prison SO Tx Program	CR/Outpatient Program
1	Arizona	AZ Community Protection and Treatment Center	Yes	Yes
2	California	CA SVP Inpatient Facility	No	Yes
3	Florida	FL Civil Commitment Center	No*	No
4	Illinois	IL Department of Human Services - Treatment and Detention Facility	Yes	Yes
5	Iowa	Cherokee Mental Health Institute - CC Unit for Sexual Offenders	Yes	Yes
6	Kansas	Larned State Hospital - Sexual Predator Treatment Program	Yes	Yes
7	Massachusetts	MA Treatment Center	Yes	No
8	Minnesota	DCT Minnesota Sex Offender Program (MSOP)	Yes	Yes
9	Missouri	MO Sex Offender Rehabilitation and Treatment Service (SORTS)	Yes	Yes
10	Nebraska	Norfolk Regional Center	Yes	Yes
11	New Hampshire	NH DHHS - Behavioral Health and Sex Offender Treatment	Yes	No**
12	New Jersey	NJ DHS - Special Treatment Unit	Yes	Yes
13	New York	NY Secure Treatment and Rehabilitation Center	Yes	Yes
14	North Carolina	Federal Bureau of Prisons - Commitment and Treatment Program	Yes	Yes
15	North Dakota	ND State Hospital	Yes	Yes
16	Pennsylvania	PA Sexual Responsibility and Treatment Program	Yes	Yes
17	South Carolina	SC Sexually Violent Predator Treatment Program	Yes	No
18	Texas	Texas Civil Commitment Center	Yes	Yes
19	Virginia	VA Center for Behavioral Rehabilitation	Yes	Yes
20	Washington	WA Special Commitment Center	Yes	Yes
21	Wisconsin	Sand Ridge Secure Treatment Center	Yes	Yes
		Number of Programs with	19	17

* Has a 20 week intro to sexual awareness class

** policy allows but not used

V. Fiscal Benefits

Potential cost savings include:

Reduced State Hospital Costs

If earlier intervention decreases the number of individuals ultimately meeting SVP criteria or shortens litigation, California could realize substantial savings.

Reduced Community Treatment Burden

Beginning treatment in prison means community providers can:

- focus on maintenance
- focus on relapse prevention
- provide individualized interventions

[2] Data was collected through an informal email survey conducted by D. D'Orazio in June 2026. A representative of the Sex Offender Civil Commitment Network (SOCCPN) from each state was contacted to inquire about in-prison programming and obtain information presented in this table. The information reflects responses provided by each member at the time of contact and may not represent publicly available or independently verified data.

- require fewer introductory sessions

This could improve provider capacity statewide.

Improved CASOMB Provider Compliance

Reduced treatment pressure could:

- decrease excessive caseloads
- improve treatment quality
- reduce certification deficiencies
- reduce complaints submitted to CASOMB

VII. Improved Continuity of Care

Treatment could begin:

Prison → Parole → Community Treatment → Maintenance → Successful Completion

rather than

Prison → Years without treatment → Parole → Treatment

Improving Public Safety Through Earlier Sexual Offense Treatment in California Prisons

California currently provides little formal evidence-based sexual offense treatment during incarceration for most individuals who will later be supervised in the community under Penal Code §290. As a result, many individuals do not begin specialized treatment until years after their offense, often following release from prison. This delay is inconsistent with the principles of effective correctional rehabilitation, which emphasize addressing criminogenic needs as early as possible using Risk-Need-Responsivity (RNR) principles.

Implementing structured cognitive-behavioral treatment during incarceration could strengthen rehabilitation before release, improve treatment readiness, reduce dynamic risk factors, and provide continuity of care into parole and community-based treatment. Earlier intervention may also provide more meaningful information for risk assessment and SVP evaluations, while potentially reducing legal challenges related to treatment access.

From a systems perspective, beginning treatment during incarceration could lessen demands on community providers, improve treatment fidelity, reduce supervision burdens, enhance provider compliance with CASOMB standards, and decrease certification complaints associated with overloaded community programs. Earlier rehabilitation may also improve institutional adjustment and could contribute to reducing sexually harmful institutional behavior, consistent with (Prison Rape Elimination Act) PREA prevention efforts.

Although additional California-specific outcome research is warranted, national evidence supports the use of cognitive-behavioral, RNR-based treatment to reduce recidivism and improve

correctional outcomes. California has an opportunity to strengthen public safety while improving the efficiency and effectiveness of its correctional, treatment, and supervision systems by expanding access to evidence-based treatment during incarceration.

System Benefits Matrix

Stakeholder	Benefit
Public	Safety
CDCR	Rehabilitation
DAPO	Readiness
CASOMB	Compliance
Providers	Reduced burden

Current California System

Current Pathway

Offense

↓

Criminal prosecution

↓

Prison sentence

↓

Little or no formal offense-specific treatment during incarceration

↓

Release to parole/probation

↓

Referral to community treatment

↓

Beginning of offense-specific treatment—often years, decades after the offense

This model delays rehabilitation despite evidence supporting earlier intervention.

Why Earlier Treatment Matters

Evidence supports earlier intervention because it can:

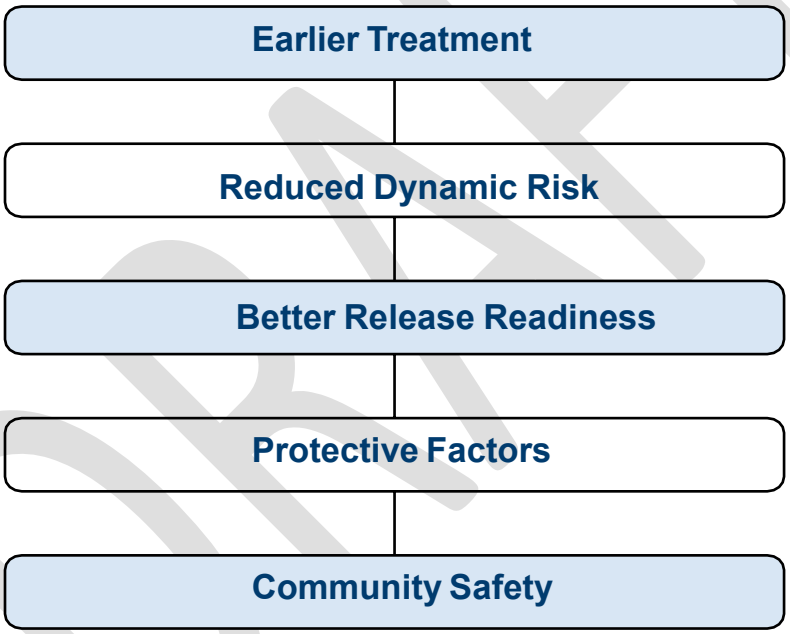
- reduce dynamic criminogenic risk factors
- improve cognitive restructuring

- increase motivation for change
- improve treatment engagement
- improve transition to parole
- strengthen relapse prevention planning
- enhance continuity of care

These recommendations are consistent with the Risk-Need-Responsivity model and evidence-based correctional treatment literature.

Potential Benefits

1) Public Safety



2) Earlier treatment could:
   - reduce dynamic risk factors before release
   - improve treatment readiness
   - strengthen accountability
   - increase protective factors
   - improve continuity of care
   - improve institutional adjustment

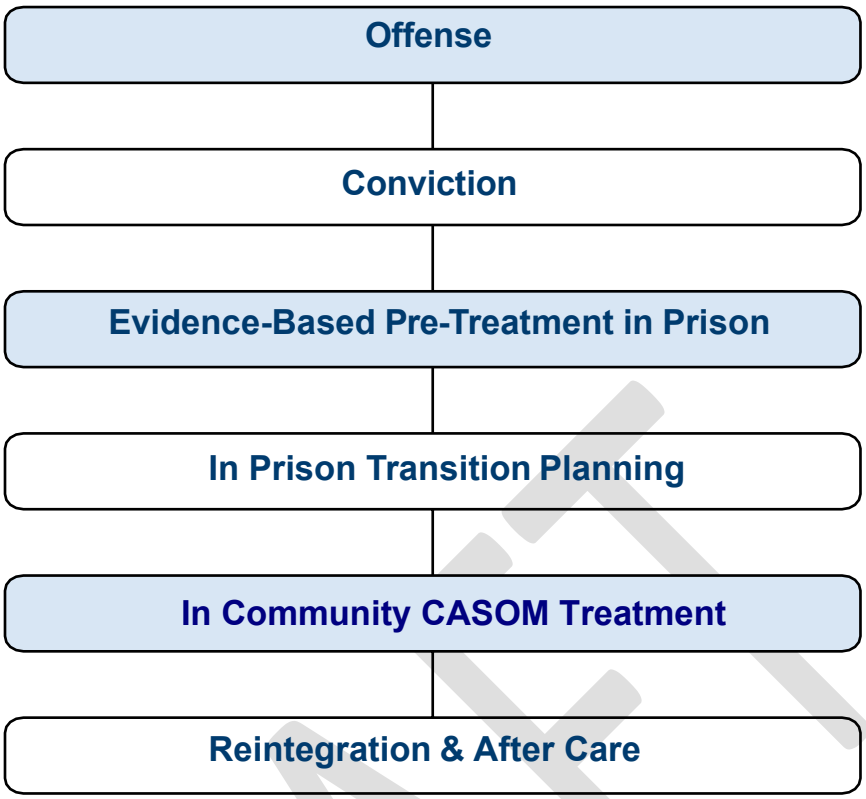
3) SVP System
   Potential benefits include:
   - better documentation of treatment participation
   - improved individualized risk formulation
   - additional information for evaluators and courts
   - reduced litigation regarding treatment opportunity

These are potential system improvements rather than guaranteed reductions in SVP commitments.

4) Community Providers
   Beginning treatment before release would allow community providers to spend less time on foundational psychoeducation and more time on individualized risk management, relapse prevention, reintegration, and maintenance.

   Potential downstream benefits include:
   - reduced provider caseload pressures
   - improved treatment fidelity
   - fewer certification deficiencies
   - fewer CASOMB complaints
   - improved compliance with certification standards

Proposed Continuum of Care


Offense
Conviction
Evidence-Based Pre-Treatment in Prison
In Prison Transition Planning
In Community CASOM Treatment
Reintegration & After Care