

## **Introduction**

Approximately 77 million Americans, or one in every three adults have a criminal record.<sup>1</sup> A criminal record affects access to job and housing opportunities and to other community reintegration needs. This paper will address the difficulties that arise for individuals with a conviction for a sexual offense who are also mandated to register as sex offenders pursuant to Penal Code section 290. Unlike other individuals with a criminal record, most sex offender registrants' status is made visible to the public on the Megan's Law website.

These individuals have uncommon difficulties that have dire consequences on their daily living and ability to reintegrate into their communities. This paper is in no way an exhaustive list of the complications that can arise regarding reintegration for individuals with a 290 offense, however, it will highlight how complicated returning to a normal life can be. Three interrelated reintegration areas are obvious: access to jobs, housing, and treatment.

California's sex offender management includes a Post Release Community Supervision (PRCS) mandate and a treatment mandate for those who are registered as 290's. However, there is one central difference between the Departments of State Parole and County Probation when it comes to funding for sex offender treatment. Probation Departments do not have designated funding specific to sex offender treatment. To further complicate this issue, CASOMB-certified sex offender treatment is seldom covered by an individual's health insurance. This paper will focus on the lack of accessibility to CASOMB-certified sex offender treatment for California's probationers and the impact to public safety.

## **Treatment Access Issues**

Individuals with a criminal sex offense history who are also on the registry, reenter the community with greater barriers than other offenders. Potential landlords and employers have access to their backgrounds. Due to the stigma of sex offenses, background checks typically lead to loss of housing and job opportunities. Without a job there are limited resources for income and the consequences of no housing or access to other needs, such as treatment.

Access to affordable, specialized, sex offender outpatient community treatment is a complicated aspect of reintegration. People who are registered as sex offenders are mandated to attend treatment while on probation.

Outpatient specialized treatment programs in California, which are also required to be CASOMB certified, rely on the most recent evidence-based protocols that show the best results for those who have engaged in sexually offensive behavior. In addition, such programs regularly provide mandated risk assessment and polygraph testing. Risk assessment and polygraph testing are known to be highly effective in the management of individuals who have committed sexual crimes; however, these services are also costly.

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<sup>1</sup> National Conference of State Legislatures (2025). *Criminal Records and Reentry Toolkit*. <https://www.ncsl.org/civil-and-criminal-justice/criminal-records-and-reentry-toolkit>.

Treatment services enhance the benefits to probationers/post-probationers and ultimately the entire community. Therefore, addressing and finding solutions to financially assist them is paramount. Below we will discuss the components of treatment and who pays for it. We will end with a discussion about what defines treatment completion.

### **Components of Treatment**

State certified treatment programs require probationers to engage in a treatment intake which is designed to collect and provide information to the California Department of Justice and the treating clinician(s). Such information includes an overall risk score, through an assessment identified by the State Authorized Risk Assessment Tools for Sex Offenders (SARATSO). Utilizing the Risk-Needs-Responsivity (RNR) treatment principles, the Intake clinician also incorporates substantive information from previous treatment and collateral contacts. The Intake process ultimately provides the probationer with an individualized treatment plan. After the intake is complete, a variety of services may be applied such as individual therapy, group therapy, family therapy, couples therapy, and reunification services. The intake typically ends with a referral to weekly or bi-weekly individual therapy sessions, weekly group sessions, annual polygraph, and SARATSO risk testing. The treatment process can last anywhere from a year to five years. Some probationers choose to continue treatment voluntarily, even after they have completed probation. The cost for these services varies from program to program, as do the cost of the different services (e.g. individual treatment, weekly group, polygraph, etc.).

### **Financial Assistance is Needed**

Few County Probation Departments in California subsidize and/or cover the cost of intake, treatment, polygraph, and risk testing services for probationers. Unlike parole who subsidizes treatment statewide, there are many counties that do not contribute to or cover treatment costs. Probationers themselves must fund these services which can pose a challenge for a group of people already struggling with reentry issues.

A 2023 CASOMB survey<sup>2</sup> of County Probation Departments reflected 40% of the Departments do not have funding for sex offender treatment for their probationers. Another telling result of the survey was the lack of continuity of funding that counties utilize state-wide. To expand on the varied responses, some examples are listed here: multiple counties advised that Assembly Bill (AB) 109 funding is only to be used for PRCS sex offenders; in another county, Senate Bill (SB) 678 is the only funding stream used; one county advised they only utilize AB 109 funds for indigent cases; another county responded that funding is rare, and if it occurs, AB 109 funds would be used, and on a limited bases, for example, to cover intake only; another county advised that their

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<sup>2</sup> In 2023 CASOMB conducted a survey of County Probation Departments regarding the various difficulties 290 registrants encounter when returning to the community (i.e. funding for sex offender treatment, funding for polygraph, and access to housing, education, and employment).

Health and Human Services funds some probationers after screening; multiple counties advised they simply do not have funding whatsoever; and, multiple counties advised “general funds.” Multiple counties may use their “general fund” accounts which are already stretched.

The consensus of the survey responses from California Probation Departments reflects a lack of designated funding specific to sex offender treatment for probationers. For example, AB 109 funding is negotiated annually in some counties, and therefore, distributed amongst county entities, including Probation Departments, differently year to year. Further, because AB 109 funding was generated out of California’s 2011 Realignment legislation (i.e. County Probation Departments absorbing individuals that once would have been sentenced to prison, and supervised by California State Parole), many counties designate their AB 109 funds to PRCS and Mandatory Supervision cases only. SB 678 may be up for interpretation amongst county entities and Probation Departments as it does not cite sex offenders, nor their lawful obligation toward sex offender treatment (i.e. a funding stream initiated in 2009, to reduce caseload size, implement evidence-based supervision methods, reduce incarcerations and correctional costs)<sup>34</sup>. In sum, neither funding stream speaks specifically, nor explicitly, to sex offender probationers, whether felony, misdemeanor, or PRCS, and their duty to enroll and engage in CASOMB-certified sex offender treatment.

Penal Code 1203.067(b) states that persons placed on formal probation on or after July 1, 2012, shall successfully complete a sex offender management program, however individuals placed on formal probation prior to that date shall participate in an approved sex offender management program. Treatment provides guidance in risk management and the development of protective factors which relate to sexual recidivism reduction. Research notes that for those who meaningfully participate in treatment, the re-offense rates are very low<sup>5</sup>. These reasons are why we encourage them to finish treatment. At the end of treatment and after they have received a treatment completion certificate, they have documentation of their compliance and success. Such documentation may be necessary when, for instance, entering a motion for conviction reduction. Such attempts to reduce felonies to misdemeanors are typically followed by a motion to expunge their criminal records altogether. Lastly, when they become eligible to challenge their duty to register as 290’s, a successful completion of treatment certificate is helpful, if not required.

### **Pathway to Successful Treatment Completion**

For purposes of the CASOMB Sex Offender Treatment Program Requirements, the term “successful treatment completion” is defined as having “demonstrated sufficient progress in

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<sup>3</sup> CPOC SB 678 *Research Brief and Reports*, cpoc.org

<sup>4</sup> California Probation Resource Institute *SB 678: Incentive Based Funding and Evidence Based Practice* (2020), cpoc.org

<sup>5</sup> Lussier, P., McCuish, E., Proulx, J., Chouinard Thivierge, S., & Frechette, J.(2022). The sexual recidivism drop in Canada: A meta-analysis of sex offender recidivism rates over an 80-year period. *Criminology & Public Policy*. 22, 1 125-160 10.1111/1745-9133.12611.

meeting the goals and objectives of an individualized treatment plan” at the time of release from treatment<sup>6</sup>. “Successfully completing treatment” means the client has sufficiently attained the identified skills and lifestyle changes necessary to adequately manage his or her risk factors and foster resiliencies and additional protective factors that lower the risk of recidivism. The larger body of general offender outcome research, summarized as the Risk-Needs-Responsivity principles, indicates that treatment length and intensity should consider the individual offender’s degree of risk (Risk Principle), unique criminogenic/dynamic needs (Needs Principle), and learning style (Responsivity Principle). Therefore, for high-risk offenders and those with high levels of criminogenic needs, treatment will be more intense and of longer duration than that delivered to low-risk offenders, with low levels of criminogenic needs. Treatment completion is an evidenced based “protective factor,” and protective factors are associated with reduced risk and recidivism.

Studies show that adult males with a history of sexual offending typically display sexual recidivism rates between 5% and 15% after 5 years and between 10% and 25% after 10 years<sup>7</sup>. Research also demonstrates the importance of offense free time in the community, making discharge planning, treatment, and supportive services upon release an integral element to an individual’s sustained success. The longer an individual can abstain from behaviors that lead to criminal behavior, the higher their chance for successful reentry.

Discharge Planning starts at intake. The final determination regarding whether an individual has “completed” treatment should never come as a surprise to the client. Regular reviews of progress in which the treatment provider and client collaborate about the nature, goals, and objectives of treatment along with the criteria for assessing progress and completion are necessary<sup>8</sup>.

CASOMB provides a developed Structured Clinical Approach<sup>9</sup> to assist clinicians and other Containment Team Members (Supervising Officer, Polygrapher, Victim Advocate, and the Probationer) in determining readiness for treatment completion. This tool should not be the only source of information that is used to inform the treatment decision. Clinicians use SARATSO approved risk assessments, violence and general risk assessments (if necessary), treatment progress and goal attainment, and collateral information from other members of the CT (Polygraph, Supervising agency) to determine readiness for completion. The Guidelines include a list of areas and factors that shall be considered when determining successful treatment completion. They are broken down into three sections: Cooperation with Treatment (5 Items),

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<sup>6</sup> CASOMB treatment Completion Guidelines (2018). [Cover Page for Treatment Completion Guidelines.pub](#)

<sup>7</sup> Hanson, R. K., Harris, A. J., Letourneau, E., Helmus, L. M., & Thornton, D. (2018). Reductions in risk based on time offense-free in the community: Once a sexual offender, not always a sexual offender. *Psychology, Public Policy, and Law*, 24(1), 48.

<sup>8</sup> CASOMB treatment Completion Guidelines (2018) Principle 15, page 4.

<sup>9</sup> Structured Clinical Judgement: In the absence of a sufficiently validated empirically based instrument, research suggests it is better to rely upon a framework for “structured clinical judgment” using agreed-upon criteria to guide decision making rather than relying on unstructured clinical judgment (see CASOMB’s Treatment Completion Guidelines- Guiding Principle 7)

Criminogenic Needs (5 Items), and Additional Considerations (4 Items)<sup>10</sup>. Ideally, clients will have achieved a reduction in risk level and have created a safety plan—including a commitment to an ongoing support team or support services.

### **Summary**

Eventually, those who have committed sexual offenses do return to their communities; California recognizes this and, as a result, mandates treatment to ensure risk reduction and the public's greater safety. Treatment completion, reduced recidivism, and public safety are a relationship we can and should support. As noted, however, due to public access to their criminal records and the stigma surrounding sexual offenses, registrants are in a precarious position when it comes to acquiring employment or housing. Consequently, funding their own treatment can be too challenging.

California's commitment to public safety is inseparable from its responsibility to support the successful reintegration of individuals convicted of sexual offenses. As this paper has demonstrated, probationers who are required to register under Penal Code section 290 face extraordinary and compounding barriers to employment, housing, and treatment—barriers that are intensified by public registration requirements and the stigma associated with sexual offenses. Among these challenges, the lack of consistent, designated funding for CASOMB-certified sex offender treatment for probationers represents a critical gap in California's sex offender management framework.

Treatment is not merely a condition of supervision; it is a central mechanism for reducing risk, promoting accountability, and fostering protective factors that support long-term community safety. Evidence consistently shows that meaningful participation and successful completion of treatment are associated with lower recidivism rates and improved reintegration outcomes. Yet, when probationers are required to self-fund costly treatment services while simultaneously struggling to secure employment and housing, compliance becomes inequitable and, in some cases, unattainable. This disparity undermines both individual rehabilitation and the broader goals of public safety.

The current patchwork of county-level funding—reliant on inconsistent interpretations of AB 109, SB 678, general funds, or limited health services resources—creates unequal access to mandated treatment across California. As a result, a probationer's ability to comply with court-ordered treatment depends less on risk or need and more on geography and financial circumstance. This lack of uniformity stands in direct tension with evidence-based principles of effective supervision and treatment.

To advance public safety and align policy with research, California must develop a stable, statewide funding mechanism dedicated to CASOMB-certified sex offender treatment for probationers. CASOMB's mission is to identify and develop recommendations to improve policies

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<sup>10</sup> See CASOMB's *Treatment Completion Worksheet*

and practices to decrease sexual victimization and increase community safety. Ensuring equitable access to treatment would increase successful completion rates, support probation compliance, reduce recidivism, and ultimately strengthen community safety. Investment in treatment is not a concession—it is a proven, responsible strategy that protects communities while promoting accountability, rehabilitation, and successful reintegration.