



COUNTY OF LOS ANGELES
OFFICE OF THE COUNTY COUNSEL

648 KENNETH HAHN HALL OF ADMINISTRATION
500 WEST TEMPLE STREET
LOS ANGELES, CALIFORNIA 90012-2713

RECEIVED
April 10, 2019
Commission on
State Mandates

MARY C. WICKHAM
County Counsel

April 10, 2019

TELEPHONE
(213) 974-1831
FACSIMILE
(213) 617-7182
TDD
(213) 633-0901

Via Drop Box

Heather Halsey
Executive Director
Commission on State Mandates
980 Ninth Street, Suite 300
Sacramento, CA 95814

**RE: Comment and Legal Argument Relating to the
Reconsideration of the Request for Mandate Redetermination
on Remand, 12-MR-01-R, Pursuant to *County of San Diego, et
al. v. Commission on State Mandates, et al.* (2018) 6 Cal.5th 196**

**Reconsideration of the Request for Mandate Redetermination
on Remand**

Sexually Violent Predators (CSM-4509), 12 MR-01-R
Welfare and Institutions Code Sections 6601 through 6608
Statutes 1995, Chapter 762, Statutes 1995, Chapter 763, Statutes
1996, Chapter 4
Department of Finance, Requester

Dear Ms. Halsey:

The County of Los Angeles, on behalf of the Los Angeles Office of Auditor-Controller, the Los Angeles Office of the Public Defender, the Los Angeles District Attorney's Office and the Los Angeles County Sheriff's Department (collectively referred to as the "County"), hereby submits the following in response to your request for comments as set forth in your letter dated February 8, 2019.

Introduction and Background

On June 25, 1998, the Commission on State Mandates (Commission) concluded that costs associated with eight activities required of local governments by the Sexually Violent Predators Act ("SVPA") were eligible for reimbursement. Fifteen years later, the Department of Finance ("DOF") requested that the Commission adopt a new test claim under Government Code section 17570. DOF argued that when the voters enacted Proposition 83, the state mandate ended because the duties were either "expressly included in" or "necessary to implement" Proposition 83.¹

In 2013, the Commission adopted a new Statement of Decision following its conclusion that six of the duties it deemed state-mandated in 1998 were instead mandated by Proposition 83 and therefore the costs of those activities were no longer eligible for reimbursement. The counties of Los Angeles, San Diego, Orange, Sacramento and San Bernardino ("Counties") challenged the decision of the Commission by filing a complaint seeking declaratory relief and a petition for writ of administrative mandamus in San Diego Superior Court. The request for relief was denied and the Counties appealed the trial court's decision.

The Court of Appeal, Fourth Appellate District, Division One reversed and held that the Commission and trial court erred in finding that *any* modification of a statute by a ballot initiative converts the mandate from one imposed by the legislature to one imposed by the voters. Moreover, the Court of Appeals stated that such an "interpretation" leads to an absurd result, allowing the state to avoid the subvention requirement by advancing propositions that reenact without changing or that only marginally modify existing laws. The State appealed the matter to the Supreme Court of California.

The Supreme Court agreed that the Commission erred in treating Proposition 83 as a basis for terminating reimbursement to local governments simply because certain provisions of the SVPA had been restated without substantive change in Proposition 83. They remanded the matter to the Commission so it can determine, "in the first instance, whether and how the initiative's expanded definition of an SVP may affect the state's obligation to reimburse the Counties for implementing the amended statute". (*County of San Diego et al. v. Commission on State Mandates* 240 Cal.Rptr.3d 52, 57)

¹ Request to Adopt a New Test Claim Decision filed by the Department of Finance submitted on January 15, 2013.

A. THE DEPARTMENT OF FINANCE HAS NOT MET ITS BURDEN OF SHOWING A "SUBSEQUENT CHANGE IN LAW" AS DEFINED IN GOVERNMENT CODE SECTION 17570

Although the Commission has requested Comments related to two inquiries, it is important to note that the DOF has not met its initial burden. Government Code Section 17570(b) states that the "commission may adopt a new test claim decision to supersede a previously adopted test claim decision only upon a showing that the state's liability for that test claim decision pursuant to subdivision (a) of Section 6 Article XIII B of the California Constitution has been modified based on a subsequent change in law." The DOF has provided no evidence that Proposition 83 created a subsequent change in law. The DOF's argument is conclusory in stating that because the voters "are the source" of the expanded definition of Prop. 83, that the state is no longer financially responsible for reimbursing such costs.² Thus, the DOF has failed to make a showing that the state's liability pursuant to subdivision (a) of Section 6 of Article XIII B of the California Constitution has been modified based on a subsequent change in law.

B. THE EXPANDED SEXUALLY VIOLENT PREDATOR ("SVP") DEFINITION IN PROPOSITION 83 DID NOT TRANSFORM THE TEST CLAIMS STATUTES AS A WHOLE INTO A VOTER-IMPOSED MANDATE

The definition of an SVP has always involved a two part process. First, an individual must have been convicted of a crime involving sexual violence. A second component is that an individual "has a diagnosed mental disorder that makes the person a danger to the health and safety of others in that it is likely that he or she will engage in sexually violent behavior." Welfare and Institutions Code (WIC) section 6600. Prior to Proposition 83, WIC section 6600 defined a SVP as an individual who had been convicted of two or more qualifying sexually violent offenses. The passage of Proposition 83 resulted in the reduction of the qualifying offense to one or more. However, Proposition 83 left unchanged the mental disorder component of the SVP definition. As will be explained in the following section, the low number of SVP referrals post Jessica's Law supports the conclusion that Proposition 83 did not transform the test claims section as a whole.

In their Comment, the DOF ignores the legislature's own expansion of the SVP definition in SB 1128. While it is true that Proposition 83 expanded the set

² March 22, 2019, Letter from Department of Finance to Commission on State Mandates "DOF Letter")

of crimes that qualify as "sexually violent offenses" to include Penal Code section 207 (kidnapping), section 209 (kidnapping for ransom, reward, or extortion, or to commit robbery or rape), and section 220 (assault to commit mayhem, rape, sodomy, or oral copulation), it avoids the fact that the legislature in enacting SB 1128, prior to the passage of Proposition 83, had already expanded the SVP definition to include those offenses.

The expanded SVP definition in Proposition 83 did not substantively alter the SVPA and therefore the state's obligation to reimburse Counties must continue. The DOF incorrectly states that, "it is undisputed that the voters expanded the category of offenders who "shall" be referred to local governments as part of the SVPA process." (See DOF Letter) The process of identifying an SVP is not simply whether they have committed one or more qualifying offenses, there is also a mental evaluation component. A referral to local government is not automatically created because of the presence of a qualifying offense – more is required. They go on to incorrectly state that "all those offenders are now referred to local governments at the direction of the voters." (See DOF Letter) This statement misconstrues the SVP identification process by suggesting that Proposition 83 automatically resulted in referrals being generated, giving no consideration to the second prong which involves a mental health diagnoses.

C. THE EXPANDED DEFINITION OF SVP DID NOT RESULT IN AN INCREASE IN REFERRALS TO LOCAL GOVERNMENTS

The expanded definition of SVP did not increase costs to local government, but rather it increased the number of referrals from the California Department of Corrections and Rehabilitation ("CDCR") to the Department of State Hospitals ("DSH"). WIC section 6600 defines "sexually violent predator" as a "person who has been convicted of a sexually violent offense against one or more victims and who has a diagnosed mental disorder that makes the person a danger to the health and safety of others in that it is likely that he or she will engage in sexually violent criminal behavior." Diagnosed mental disorder is specifically defined as a "congenital or acquired condition affecting the emotional or volitional capacity that predisposes the person to the commission of criminal sexual acts in a degree constituting the person a menace to the health and safety of others." WIC section 6600(c).

The process for determining whether a convicted sex offender meets the requirements of a sexually violent predator takes place in several stages. In the early stages, the State of California bears the cost of implementing the SVP Program. The CDCR and the Board of Parole Hearings screens inmates in its custody at least six months before their scheduled date of release from prison.

WIC section 6600(a) This process primarily involves review of the inmate's background and criminal record to determine whether a person has committed a sexually violent offense. After inmates are identified as having committed qualifying offenses, a referral is made to the DSH (previously the Department of Mental Health) for a "full evaluation" as to whether the criteria in section WIC section 6600(b) is met.

The evaluation performed by DSH must be conducted by at least two practicing psychiatrists or psychologists in accordance with a standardized assessment protocol. (WIC § 6601(c) and (d)). "The standardized assessment protocol shall require assessment of diagnosable mental disorders, as well as various factors known to be associated with the risk of recidivism among sex offenders. Risk factors to be considered shall include criminal and psychosexual history, type, degree, and duration of sexual deviance, and severity of mental disorder." (WIC § 6600(c)) Two evaluators must agree that the inmate is mentally disordered and dangerous within the meaning of section 6600 in order for proceedings to move forward under the Act. (WIC § 6601(d).) In such cases, the DSH transmits a request for a petition for commitment to the county in which the alleged SVP was last convicted, providing copies of the psychiatric evaluations and any other supporting documentation. (WIC § (d), (h), and (i).) "If the county's designated counsel concurs with the recommendation, a petition for commitment shall be filed in the superior court" (WIC § 6600(i).) At this stage, once the DSH refers the case to the county's designated counsel, the previously identified mandated activities are imposed upon the local government and costs to local government start to incur.

CDCR's primary role in the SVP identification process was to refer only those prisoners that had the requisite prior convictions. The expanded definition in Proposition 83 resulted in an increase in the number of referrals from CDCR to DSH. (See Table 3 of the July 2011 California State Audit on the Sex Offender Commitment Program, "SVP Audit"). Although the number of individuals screened by CDCR and DSH increased, the number of referrals to local government did not increase as expected. In Los Angeles County, the average annual number of referrals from DSH to the Los Angeles District Attorney's Office was 32.9 cases from 1996-2006. The average annual number of referrals after the passage of Proposition 83 was 23.5 cases.³ These numbers are also

³ Declaration of Jay Grobeson, Deputy in Charge of the SVP Unit of the Los Angeles County District Attorney's Office. Although Proposition 83 was passed in November of 2006, for purposes of calculating the data, cases referred in 2007, and beyond, were considered to be post Prop. 83 cases. In 2006, there were 23 referrals from DSH. For purposes of calculating the statistics, all of 2006 case referrals were considered Pre-Prop. 83 cases.

consistent with the 2011 SVP Audit which concluded "despite the increased number of evaluations, Mental Health recommended to the district attorneys or the county counsels responsible for handling SVP cases (designated counsels) about the same number of offenders in 2009 as it did in 2005, before the voters passed Jessica's Law." (SVP Audit p.15).

Dr. Brian Abbott, a psychologist who has conducted over 500 SVP evaluations since 2002, has offered an explanation for the reduced number of referrals to local government. He explains that in SVP proceedings, the most common diagnoses offered are paraphilic disorders. (See Declaration of Dr. Brian Abbott and respective curriculum vitae) According to the Diagnostic and Statistical Manual of Mental Disorders 5th Edition (DSM-5), a paraphilic disorder is a mental condition where over a period of six months the individual manifests fantasies, urges, or behaviors resulting from recurrent, intense sexual arousal about certain forms of sexually deviant behavior (e.g., prepubescent children, exposing one's genitals to unsuspecting persons). Dr. Abbott explains that "individuals who are subject to SVP psychological evaluations by Department of State Hospitals psychologists typically do not reveal information about their sexual urges and fantasies. Therefore, DSH psychologists rely upon patterns of sexually deviant behavior that the individual exhibits toward victims by which to determine whether the individual suffer from the diagnosed mental disorder." Proposition 83's reduction in the number of victims from two to one made it more difficult for psychologists to find a pattern of deviant sexual behavior to substantiate the presence of a paraphilic disorder. In Dr. Abbott's opinion, "this situation best explains why there has not been an increase in referrals of individuals to the District Attorney for filings of SVP petitions with the expanded definition of an SVP as specified by Proposition 83."

CONCLUSION


DOF has failed to show that Proposition 83 transformed the test claims statute as a whole into a voter-imposed mandated. DOF did not present evidence or legal argument that the state's liability for the 1998 test claim decision had been modified due to the passage of Proposition 83. There is no evidence that Proposition 83 modified the duties already imposed on local government under the SVPA. Furthermore, DOF chose to present no data whatsoever despite the Supreme Court's inquiry of whether Proposition 83 affected the number of referrals to local governments. Clearly, DOF presented no data because the data in the State's own audit was not favorable to their position. Accordingly, the County of Los Angeles requests that the Commission deny DOF's request for redetermination.

Heather Halsey
April 10, 2019
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I, Lucia Gonzalez, declare under penalty of perjury that the foregoing, signed on April 10, 2019, is true and correct to the best of my personal knowledge, information or belief.

Very truly yours,

MARY C. WICKHAM
County Counsel

By 
LUCIA GONZALEZ
Senior Deputy County Counsel
Government Services Division

LG:lal

Attachments

Declaration of Jay Grobeson

DECLARATION OF JAY GROBESON
IN SUPPORT OF COUNTY OF LOS ANGELES
SEXUALLY VIOLENT PREDATORS CSM-4509, 12-MR-01-R

I, JAY GROBESON declare as follows:

1. I make this declaration based upon my own personal knowledge, except for matters expressly set forth herein on information and belief, and as to those matters I believe them to be true, and if called upon to testify, I could and would competently testify to the matters set forth herein.

2. I am a member of the Bar of the State of California. I have been licensed to practice law in California since 1985.

3. I have been employed by the Los Angeles County District Attorney's Office, since March of 1989. I am currently the Deputy In Charge of the Sexually Violent Predator (hereinafter "SVP") Unit.

4. As a Deputy In Charge my duties include, *inter alia*, supervising the deputies in the unit, reviewing packets submitted by the Department of State Hospitals for the filing of SVP petition, and assign cases to deputies.

6. I have read and am familiar with WIC section 6600 et. seq.

7. In my capacity as Deputy In Charge, I have access to a Los Angeles District Attorney database that contains the number of SVP referrals received from the State of California's Department of State Hospitals.

9. The data system we use to track the number of SVP referrals is part of "Sexually Violent Predators on NPUBApps, within our Lotus Notes database.

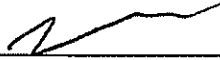
10. I have reviewed the following list which reflects the number of annual referrals from the Department of State Hospitals to the Los Angeles County District Attorney:

- 1996 – 74 referrals
- 1997- 42 referrals
- 1998 – 19 referrals
- 1999- 16 referrals
- 2000 – 32 referrals
- 2001 - 30 referrals
- 2002- 29 referrals
- 2003 – 36 referrals
- 2004 – 31 referrals
- 2005 – 30 referrals
- 2006- 23 referrals
- 2007 – 46 referrals
- 2008 – 44 referrals
- 2009 – 22 referrals
- 2010 - 31 referrals
- 2011 – 45 referrals
- 2012 - 21 referrals
- 2013 - 11 referrals
- 2014- 5 referrals
- 2015 – 16 referrals
- 2016 – 15 referrals
- 2017 – 12 referrals
- 2018 – 14 referrals

11. The database discloses that in 2011, 45 referrals were made to the Los Angeles County District Attorney’s Office. Of those, 30 SVP petitions were filed in 2011. The office declined to file petitions for 11 of the referrals. Four of the submitted petitions were filed in calendar year 2012.

I declare the foregoing to be true and correct under penalty of perjury.

Executed this 6th of March, at Chatsworth, California.



JAY GROBESON

Declaration of Brian R. Abbott

Declaration of Brian R. Abbott

I, BRIAN R. ABBOTT, declare as follows:

1. I make this declaration based upon my own personal knowledge, except for matters expressly set forth herein on information and belief, and, as to those matters, I believe them to be true, and, if called upon to testify, I could and would competently testify to the matters set forth herein.

2. I am a clinical and forensic psychologist licensed to practice in the states of Washington (PY60248127) and California (PSY18655). I am also a licensed sexual offender evaluator in Illinois. I have evaluated and treated sexual offenders for more than forty years. I have been conducting sexually violent predator (“SVP”) psychological evaluations in California and seven other states since 2002. I have conducted nearly 500 SVP evaluations with approximately 350 of the evaluations occurring in California.

3. In California, I determine whether individuals meet the legal criteria for civil confinement as SVPs according to the California Welfare and Institution Codes § 6600. The legal criteria require that the individual has been convicted of qualifying sexual crimes, as established by law, involving a certain number of victims and the individual suffers from a diagnosed mental disorder that makes the person a danger to the health and safety of others in that it is likely the individual will engage in sexually violent criminal behavior. I have conducted such SVP evaluations before

and after the passage of Proposition 83.

4. Further details as to my qualifications and experience are listed in my curriculum vitae that is contained in Exhibit A to this declaration and it is incorporated herein by reference.
5. I am aware that Proposition 83 reduced the number of qualifying victims from two to one.
6. I have read the 2011 State Audit on the California Sexual Offender Commitment Program (“Audit”).¹ From my review of the Audit, I am aware that the number of referrals that the Department of Corrections and Rehabilitation made to the Department of Mental Health.² I am familiar with the data from the Audit specifying the number of referrals the Department of Mental Health made to District Attorneys’ Offices for the filing of petitions for civil confinement as SVPs. A referral to the District Attorney is predicated on two Department of Mental Health psychologists having conducted psychological evaluations of the individual and concluding the individual meets the legal requirements of being an SVP.
7. I have read the March 6, 2019 declaration of Los Angeles County Deputy District Attorney Jay Grobeson regarding the number of referrals that DSH has made to the Los Angeles County District Attorney between 1996 and 2018. The annual average

¹ California State Auditor (2011, July). Sex offender commitment program: Streamlining the process for identifying potential sexually violent predators would reduce unnecessary or duplicative work. Downloaded from: <https://www.bsa.ca.gov/pdfs/reports/2010-116.pdf>

² Since the publication of the audit the agency is now referred to as the Department of State Hospitals..

number of referrals before passage of Proposition 83 was 33 and since the passage of Proposition 83 the average annual referrals have declined to 24.

8. It would be reasonable to assume that the reduction of SVP qualifying victims from two to one, with the passage of Proposition 83, would broaden the pool of individuals who would be referred to the District Attorney for petitions as SVPs, but the data from the Los Angeles County District Attorney reveals the contrary. In the remainder of the declaration I address the likely reasons for this situation.
9. The legal definition of a diagnosed mental disorder under WIC § 6600 consists of two sequential contingencies. First, an individual suffers from an acquired or congenital condition. Second, the acquired or congenital condition affects emotional or volitional capacity that predisposes the individual to commit sexually violent acts. Psychologists who assess individuals under WIC § 6600 use the Diagnostic and Statistics Manual, currently the Fifth Edition (“DSM-5”),³ as the basis for substantiating the presence of the acquired or congenital condition. If the individual suffers from one or more DSM-5 conditions, the psychologist must then determine if acquired or congenital condition affects emotional or volitional capacity that predisposes the individual to commit sexually violent acts. If both conditions are satisfied, then the individual suffers from the diagnosed mental disorder.

10. Based on my experience and training, the most common DSM-5

³ American Psychiatric Association. (2013). *Diagnostics and Statistical Manual Fifth Edition (DSM-5)*. Washington, D.C.: American Psychiatric Publishing, Inc.

diagnoses used to establish the acquired or congenital condition fall into the class of paraphilic disorders. Paraphilic disorder are mental conditions where over a period of six months the individual manifests fantasies, urges, or behaviors resulting from recurrent, intense sexual arousal about certain forms of sexually deviant behavior (e.g., prepubescent children, exposing one's genitals to unsuspecting persons). Paraphilic disorders are a class of mental disorders that most logically fit the second contingency of the diagnosed mental disorder i.e., affect on emotional or volitional capacity that predisposes the individual to commit sexually violent acts.

11. The clinical basis for diagnosing a paraphilic disorder requires the psychologist to establish a repetitive pattern of sexual behavior, sexual fantasies, or sexual urges resulting from the focus of the deviant sexual arousal. Similarly, a repetitive pattern of sexual behavior must be identified to determine if the individual exhibits the lack of ability to control emotions or behavior that predisposes the individual to commit sexually violent acts.

12. Individuals who are subject to SVP psychological evaluations by Department of State Hospital ("DSH") psychologists typically do not reveal information about their sexual urges and fantasies. Therefore, DSH psychologists rely upon patterns of sexually deviant behavior that the individual exhibits toward victims by which to determine whether the individual suffers from the diagnosed mental disorder. The individual's pattern of sexually deviant behavior toward victims informs about both the presence of a paraphilic disorder and whether the

condition impairs the individual's ability to control behavior or emotions that predispose the individual to commit sexually violent acts.

13. The reduction in the number of qualifying victims from two to one with the implementation of Proposition 83 in 2007 effectively narrowed the database of information that psychologists rely upon to establish the necessary pattern of sexually deviant behavior to substantiate the presence of paraphilic disorders and the individual's ability to control behavior or emotions that predispose the individual to commit sexually violent acts. As result, it became difficult for psychologists to find individuals with one qualifying victim as suffering from the diagnosed mental disorder. In my opinion, this situation best explains why there has not been an increase in referrals of individuals to the District Attorney for filings of SVP petitions with the expanded definition of an SVP as specified by Proposition 83.

14. I declare under penalty of perjury that the foregoing in true and correct.

SIGNED and DATED in San Jose, Santa Clara County, California this 8th day of April 2019.



BRIAN R. ABBOTT, PH.D.

Brian R. Abbott, PH.D.
Curriculum Vitae

BRIAN R. ABBOTT, PH.D.

111 N, Market Street, Suite 300
San Jose, CA 95113

(831) 801-6287 Telephone
(408) 273-6429 Facsimile

brian@dr-abbott.net email

SUMMARY

More than 35 years of forensic and clinical experience with criminal justice populations, juvenile delinquency, and dependency matters in such areas as:

- | | | |
|------------------------|------------------------------|--------------------------|
| ◊ Forensic Evaluations | ◊ Psychotherapy | ◊ Research & Publication |
| ◊ Expert Witness | ◊ Program Development | ◊ Professional Education |
| ◊ Consultation | ◊ International Spokesperson | |

FORENSIC EVALUATIONS

- ✓ Performed more than 2,000 psychological evaluations in 40 years for county agencies, Courts, and attorneys.
- ✓ Court appointed evaluator for delinquency and dependency Courts in Santa Clara, San Benito, and Alameda counties.
- ✓ Specialty in the areas of sexual offenders, including internet sexual solicitation of minors, possession of child pornography, sexually violent predators, adolescent and adult sexual offenders, delinquent youth, dependency cases, adult victims of sexual abuse, child and adolescent victim of sexual abuse, and mentally disordered offenders.
- ✓ Experience in competency evaluations
- ✓ Administration and interpretation of objective and projective personality testing, intellectual assessment of adults and children, and assessment for intellectual disability.
- ✓ Trained to administer and interpret Abel Assessment for Sexual Interest, Psychopathy Checklist Revised, Stable-2007, and Structured Risk Assessment- Forensic Version.
- ✓ Qualified as expert witness multiple jurisdictions in California, Washington, New York, Florida, Missouri, New Hampshire, and Honolulu, Hawaii.

EXPERT TESTIMONY & CONSULTATION

- ✓ Called as defense and prosecution witness
- ✓ Expertise in following areas: assessment and treatment of adult, adolescent, and child sexual offenders, victims of sexual and physical abuse, and non-offending parents; differential diagnosis on emotional,

mental, and behavior disorders; dual diagnosis; diagnosis and risk assessment of offenders involved in Internet child pornography possession and Internet stings using police child-decoys; assessing potential for sexual reoffending; scoring and use of Static-99R; psychosocial dynamics and characteristics of sexual offenders, non-offending parents, and child sexual abuse victims, child development, capacity to parent, amenability to treatment, 288.1 PC evaluations, competency to assist in defense, fitness for juvenile court proceedings, use of sexual reoffense risk instruments, nature and extent of family dynamics, making treatment recommendations, assessing substance use disorders, termination of parental rights, and intellectual functioning.

- ✓ Assessment of reliability and validity of SVP commitment psychological evaluations
- ✓ Evaluation of the reliability and competency of investigative interviews of child victims, including use of suggestive questioning, children's memory, forensically defensible interviewing and in Child Sexual Abuse Accommodation Syndrome
- ✓ Expert testimony in Frye and Daubert hearings in the areas of Static-99, SRA-FV, PCL-R, psychopathy, and paraphilic conditions.

PROFESSIONAL EDUCATION

- ✓ Conducted training for the California District Attorney's Association, California Association of County Counsels, Sexual Offender Commitment Defense Association, American College of Forensic Psychology, Sexual Offender Civil Commitment Program Network, California Department of Mental Health, and the California Public Defender's Association in the areas of sexual offender profiling, accommodation syndrome, false memory syndrome, SVP risk assessments, and conducting sexual offender evaluations.
- ✓ Trained mental health and child welfare workers in the assessment and treatment of sexually abused children and their families, as well as in developing programs.
- ✓ Invited Speaker by Ministry of Justice in British Columbia, Canada and Norway to speak on developing child sexual abuse treatment programs.
- ✓ Presented in National conferences hosted by National Children's Hospital and C. Henry Kempe Center to present research studies and model programs.
- ✓ Peer reviewer for Journal of Interpersonal Violence, Open Access Journal of Forensic Psychology, and research proposals

PSYCHOTHERAPY & PROGRAM MANAGEMENT

- ✓ Field Practicum instructor for SJSU School of Social Work and UC Berkeley School of Social Welfare.
- ✓ Clinically assessed and treated more than 550 and supervised treatment of more than 700 adult and adolescent sexual offenders (including rapists).
- ✓ Directly or supervised treatment of more than 750 child sexual and physical abuse victims.
- ✓ Developed one of the initial adolescent sexual offender treatment programs in the United States

- ✓ For seven years, responsible for the operations of Giarretto Institute, the first Child Sexual Abuse Treatment Program established worldwide.
- ✓ Director for the Giarretto Institute Clinical and Professional Training programs for three years, being responsible for more than 40 licensed and intern therapists. Supervised 30 intern therapist as supervising therapist over five years.
- ✓ Co-developed the first Child Sexual Abuse Treatment Program in Honolulu, Hawaii.

INTERNATIONAL SPOKESPERSON

- ✓ National and international spokesperson for Giarretto Institute.
- ✓ Appeared on national television programs including Donahue, Late Night with Jane Whitney, Dr Dean Edell Show, to talk about issues related to child sexual abuse.
- ✓ Interviewed by local, national, and international print, radio, television news.
- ✓ Interviewed for documentaries aired by Swedish and Japanese television and on MTV.
- ✓

PROFESSIONAL EXPERIENCE

PRIVATE PRACTICE	1984 - current
GIARRETTO INSTITUTE Executive Director (1991-1998); Director of Clinical & Training Services (1988-1991); Supervising Therapist (1983-1988)	1983 - 1998
ALAMEDA COUNTY MENTAL HEALTH Psychiatric Social Worker	1986 - 1989
CATHOLIC SOCIAL SERVICES Program Coordinator and Clinician	1981 - 1982
DEPARTMENT OF SOCIAL SERVICES & HOUSING Child Protective Services Social Worker	1980 - 1981
KAPIOLANI CHILDREN'S MEDICAL CENTER Rape Crisis Worker	1978 - 1980

EDUCATION

Ph.D. Clinical Psychology- California Institute of Integral Studies, San Francisco, CA.	1990
Masters in Social Work- University of Hawaii at Manoa, Honolulu, HI.	1980
Bachelors of Art in Criminology, Corrections Concentration- CSU Sacramento, Sacramento, CA.	1978

PROFESSIONAL LICENSURE

California Licensed Clinical Psychologist- PSY18655	2002
California Licensed Clinical Social Worker- LCS10026	1983
Washington Licensed Clinical Psychologist- PY60248127	2011
Illinois Licensed Sexual Offender Evaluator- #271	2015

PROFESSIONAL AFFILIATIONS

Association for the Treatment of Sexual Abusers ("ATSA")
 California Coalition on Sexual Offending
 American Psychological Association

PEER AND NON-PEER REVIEWED PUBLICATIONS

- Looman, J., Goldstein, S., & Abbott, B. R. (2018). The incremental validity of the Stable-2007 in an incarcerated sample, *Sexual Abuse: A Journal of Research and Treatment*, Accepted for publication.
- Abbott, B. R. (2017). A case of the pot calling the kettle black: A rejoinder to Quinsey's canard. *ResearchGate*, October 29, 2017, <http://dx.doi.org/10.13140/RG.2.2.22599.80803>.
- Abbott, B. R. (2017). Sexually violent predator risk assessments with the Violence Risk Appraisal Guide- Revised: A shaky practice. *International Journal of Law and Psychiatry*, In Press, April 8, 2017. DOI: 10.1016/j.ijlp.2017.03.003
- Abbott, B. R. (2016a). Effect of the Stable-2007 on the probability of sexual recidivism risk as determined by the Static-99R: A closer inspection of data from Helmus and Hanson (2013). Available from author.
- Abbott, B. R. (2016b). Effect of the Stable-2007 on the Probability of Sexual Recidivism Risk as Determined by the Static-99R: A Closer Inspection of Data from Looman and Goldstein (2015). Unpublished paper available upon request from author at brian@dr-abbott.net.
- Abbott, B. R. (2015). Static-99R 2015 area under the curve results. Available from author.
- Abbott, B. R. & Franklin, K. (2014). Static-99: A bumpy developmental path. Blog post published December 31, 2014. Available at: <http://forensicpsychologist.blogspot.com/2014/12/static-99-bumpy-developmental-path.html>.
- Abbott, B. R. (2013). The Utility of Assessing "External Risk Factors" When Selecting Static-99R Reference Groups. *Open Access Journal of Forensic Psychology*, 5, 89-118.
- Abbott, B. R. & Donaldson, T.S. (2013). Is Reporting the Probability Estimate Sufficient in SVP Legal Proceedings? A Response to Elwood. *ATSA Forum*, 25(1), 1-4.

- Donaldson, T. S., **Abbott, B. R.**, & Michie, C. (2012). Problems with the Static-99R prediction estimates and confidence intervals. *Open Access Journal of Forensic Psychology*, 4, 1-23.
- Abbott, B. R.** (2011). Throwing the Baby Out with the Bath Water: Is It Time for Clinical Judgment to Supplement Actuarial Risk Assessment? *Journal of the American Academy for Law and Psychiatry*. 39, 222-230.
- Donaldson, T. S. & **Abbott, B. R.** (2011). Prediction in the Individual Case: An Explanation and Application of Its Use with the Static-99R in Sexually Violent Predator Risk Assessments. *American Journal of Forensic Psychology*, 29(1), 5-35
- Abbott, B. R.** (2010). Is the Static-99R preselected high risk group appropriate to compare the risk performance of individuals undergoing sexually violent predator risk assessments? Unpublished paper.
- Abbott, B. R.** & Donaldson, T.S. (2009). Base Rates and the Static-99R and 2002R. Available from author.
- Abbott, B. R.** (2009). Applicability of the new Static-99 experience tables in SVP risk assessments. *Sexual Offender Treatment*. 1, 1-24.
- Abbott, B. R.** (2008). The role of local base rate information in determining the accuracy of sexual recidivism actuarial instruments. *Perspectives*, (Fall, 2008). Available at www.ccoso.org/newsletter.php.
- Abbott, B. R.** (1995). Some family considerations in the treatment and case management of child sexual abuse. In T. Ney (Ed.), *Allegation in child sexual abuse cases: Assessment and management*. New York: Brunner/Mazel.
- Abbott, B. R.** (1995). Group Therapy. In C. Classen (Ed.), *Treating women molested as Children*. San Francisco: Jossey Bass.
- Abbott, B. R.** (1993). Sexual reoffense rates among incest offender eight years after leaving treatment. San Jose, CA.: Giarretto Institute.
- Abbott, B. R.** (1992) A Psycho-educational Group for Adult Incest Offenders and Adolescent Sexual Offenders. In M. McKay & K. Paleg (Eds.), *Focal group psychotherapy*. Oakland, CA.: New Harbinger Press.
- Abbott, B. R.** (1990) Adolescent Sexual Offenders and Delinquent Adolescents: A Comparison of Intergenerational Family Dynamics and Traumas and Offense Characteristics, *Dissertation Abstracts*, (June).

RECENT TRAINING (CONDUCTED)

- Abbott, B.R. (2019). Recent developments in SVP risk assessments. King County Office of Public Defense, The Defender Association Division, January 18, 2019, Seattle, WA.

- Abbott, B.R. (2018). Avoiding common mistakes in the use of risk assessments in SVP cases. Sixth Annual Boston Symposium on Psychology and the Law, November 2, 2018, Boston, MA.
- Abbott, B.R. (2018). Forensic application of static and dynamic risk measures: Is it the right time? Association for the Treatment of Sexual Abusers 37th Annual Research and Treatment Conference, Vancouver, BC, Canada, October 19, 2018.
- Abbott, B. R. (2018). Pulling the Wool Over the Fact Finder's Eyes: Establishing Sexual Dangerousness in SVP Risk Assessments. American College of Forensic Psychology 34th Annual Symposium, San Diego, CA (April 15, 2018).
- Abbott, B.R. (2017). Attacking risk assessments. California Public Defender's Association: Defending SVP cases, December 2, 2017, San Diego, CA.
- Abbott, B. R. (2017). Latest developments in risk assessment for SVP civil commitment evaluations. Fifth Annual Boston Symposium on Psychology and the Law, November 4, 2017, Boston, MA.
- Abbott, B. R. (2017). Can the accuracy of sexual recidivism actuarial measures be increased by considering dynamic risk factors? American College of Forensic Psychology 33rd Annual Symposium, San Diego, CA (April 6, 2017).
- Abbott, B. R. (2016). Resorting to extreme measures to prove sexual dangerousness in SVP civil confinement psychological evaluations. American College of Forensic Psychology 32nd Annual Symposium, San Diego, CA (March 11, 2016).
- Abbott, B. R. (2015). The weakest link in the diagnosed mental disorder: Serious difficulty controlling behavior. American College of Forensic Psychology 31st Annual Symposium, San Diego, CA (March 26, 2015).
- Abbott, B. R. (2014). Utility of External Risk Factors in Selecting Static-99R Reference Groups. American College of Forensic Psychology 30th Annual Symposium, San Diego, CA (March 27, 2014).
- Abbott, B.R. (2014). Clinically Adjusted Actuarial Approach: Pretext or Reliable Method? California Public Defenders' Association SVP Practice Seminar, Berkeley, CA (March 7, 2014).
- Abbott, B.R. (2013). The Weakest Link in the Diagnosed Mental Disorder: Serious Difficulty Controlling Behavior. California Public Defender's Association, San Diego, CA (March 2, 2013).
- Abbott, B.R. (2012). Demystifying, challenging and using risk assessments and evaluations. California Public Defender's Association, Cathedral City, CA (December 1, 2012).
- Abbott, B.R. (2012). SVP Risk Assessment Issues. California Public Defender's Association, San Diego, CA (March 2, 2012).

- Abbott, B.R. (2012). Scientifically Defensible Methods for Assessing Dangerousness of Sexually Violent Predators. Sexual Offender Civil Commitment Program Network 14th Annual Conference, Denver, CO (October 16, 2012).
- Abbott, B.R. (2012). The weakest link in the diagnosed mental disorder: Serious difficulty in controlling behavior. Los Angeles Public Defender's Office, SVP Unit, Chatsworth, CA (June 21, 2012).
- Halon, R., Abbott, B.R., Donaldson, T.S., & Jacquin, K.M. (2012). Citizen and expert witness: The role of psychologists in laws they are asked to address. American College of Forensic Psychology 28th Annual Symposium, San Francisco, CA (April 21, 2012).
- Abbott, B.R. (2011). Overview of the State-of-the-Science Risk Assessments in SVP Commitments. Sexual Offender Commitment Defense Association Seminar, Chicago, IL (August 13, 2011).
- Abbott, B.R. (2011). Do SVP risk assessments predict the likely criterion? California Public Defender's Association Defending SVP Cases Seminar, Berkeley, CA (July 9, 2011)
- Abbott, B.R. (2011). 1+1 ≠ 2: Developments in Sexual Recidivism Actuarial Risk Assessment. COOSO Annual Conference, San Mateo, CA. (May 12, 2011)
- Abbott, B.R. (2010). Using the Static-99R and Other Recent Developments in Actuarial Risk Assessment. CCOSO Bay Area Chapter, San Leandro, CA (October 25, 2010)
- Abbott, B.R. (2010). Challenges of Applying Sexual Recidivism Actuarial Instruments in SVP Risk Assessments. California Department of Mental Health Sexual Offender Commitment Program. Monterey, CA (March 9, 2010).
- Abbott, B.R. (2009). Use of 2008 Static-99 Experience Tables in Risk Assessments. CCOSO Annual Conference, Los Angeles, CA. (May 14, 2009).
- Abbott, B.R. (2009). Use of the Static-99 risk data in SVP cases. The Defender Association, Seattle, WA. (April 16, 2009).
- Abbott, B.R. (2009). Efficacy of the adjusted actuarial approach in assessing risk of sexually violent predators. Raising the Bar Conference, Los Angeles County Public Defender, Los Angeles, CA. (December 11, 2008).
- Abbott, B.R. (2008a). Presenting Risk Assessment Findings: Keeping the Message Simple. Sex Offender Commitment Defense Association, Atlanta, GA (October 25, 2008).
- Abbott, B.R. (June 2, 2007). The Adjusted Actuarial Risk Assessment Method with SVP's. Workshop conducted for the California Public Defender's Association, Studio City, CA.
- Abbott, B.R. (September 25, 2006). Age and Sexual Recidivism. Workshop conducted for CCOSO, Bay Area Chapter.
- Abbott, B.R. (October 6, 2005). Forensic Issues in Evaluating Adolescent Sexual Offenders. Grand Rounds Training at Stanford Center for Law and Psychiatry.

Abbott, B.R. (September 19, 2005). Administration and Scoring of the Static-99. Workshop conducted for CCOSO, Central Valley Chapter.

Abbott, B.R. (May 5, 2005). Accuracy of predicting individual recidivism risk using the Static-99. Workshop presented at the California Coalition on Sexual Offending.

SELECTED TRAINING (ATTENDED)

3.0 hours: Harris, A. J. R., Fernandez, Y., Olver, M., Looman, J., Abbott, B. R. & Kelly, S. (2018). Dynamic smackdown- dynamic assessment: Promise or pretext? ATSA 37th Annual Research and Treatment Conference, Vancouver BC, CA (October 19, 2018).

1.5 hours: Knight, R. & Longpre, N. (2018). Structure and covariance of the agonistic continuum: Assessment and treatment implications. ATSA 37th Annual Research and Treatment Conference, Vancouver, BC, Canada (October 19, 2018).

1.5 hours: Hanson, R. K., Thornton, D., & Kelly, S. (2018). Estimating real lifetime rates of sexual recidivism. ATSA 37th Annual Research and Treatment Conference, Vancouver, BC, Canada (October 18, 2018).

1.5 hours: Pedneault, C. I., Ciardha, C. O., & Bartels, R. M. (2018). Measures of pedophilic interest: How valid are they? ATSA 37th Annual Research and Treatment Conference, Vancouver BC, CA (October 18, 2018).

6.0 hours: Daniel Murrie, Ph.D. (2018). Addressing bias: Toward more objective, accurate assessments of sexual offenders. ATSA 37th Annual Research and Treatment Conference, Vancouver, BC, Canada (October 17, 2018).

3.0 hours: Anthony Beech, Ph.D. (2017). Challenges and debates in risk assessment: Moving the field forward or not? ATSA 36th Annual Research and Treatment Conference, Kansas City, MO (October 25, 2017)

3.0 hours: Angela Eke, Ph.D. and Detective Sergeant Melanie Power. Online sexual offending against children. ATSA 36th Annual Research and Treatment Conference, Kansas City, MO (October 25, 2017)

1.5 hours: Michael Miner, Ph.D. (moderator). Sexual Offender Treatment Intervention Progress Scale (SOTIPS): Indications of utility and construct validity. ATSA 36th Annual Research and Treatment Conference, Kansas City, MO (October 26, 2017)

1.5 hours: Raymond Knight, Ph.D. (moderator). Hypersexuality: Unraveling its complexities and understanding its structure. ATSA 36th Annual Research and Treatment Conference, Kansas City, MO (October 26, 2017)

1.5 hours: Raymond Knight, Ph.D. (moderator). Empirically assessing individuals with sex offenses and major mental illness. ATSA 36th Annual Research and Treatment Conference, Kansas City, MO (October 26, 2017)

1.5 hours: Sarah Paquette, M.S., Ph.D. candidate (Moderator). Pedophilia: Taxometric properties, other atypical interests, and links between child pornography and child victims. ATSA 36th Annual Research and Treatment Conference, Kansas City, MO (October 27, 2017)

1.5 hours: Vernon L. Quinsey, Ph.D. (Moderator). Cross-validation, calibration, and risk communication using the VRAG-R. ATSA 36th Annual Research and Treatment Conference, Kansas City, MO (October 27, 2017)

3.5 hours: Apryl Alexander, Psy.D. (2016). Treating sexual offenders with serious mental illness. ATSA 35th Annual Research and Treatment Conference. Orlando, FL (November 2, 2016).

3.5 hours: Kim Spence, Ph.D. & Eric Imhof, Psy.D. (2016). Autism spectrum disorders versus paraphilic disorders: Evidence based practices in forensic evaluations for juveniles. ATSA 35th Annual Research and Treatment Conference. Orlando, FL (November 2, 2016).

7.0 hours: Boston Symposium on Psychology and the Law. Volition and the Law. Boston, MA (November 7, 2015).

7.0 Hours: Vernon Quinsey & Brian Judd (2015). The violence risk appraisal guide- revised (VRAG-R): Application to sex offenders. ATSA 34th Annual Research and Treatment Conference. Montreal, Canada (October 14, 2015).

3.5 hours: Michael Miner, Ph.D. (2014). Exploring the DSM-5: Implications and Applications for Sex Offender Assessment and Treatment. ATSA 33rd Annual Research and Treatment Conference. San Diego, CA (October 29, 2014).

3 hours: Jeffrey Abracen, Ph.D., Heather Moulden, Ph.D., & Jan Looman, Ph.D. Assessment and treatment of sexual offenders presenting with serious mental illness: Practical guidelines for clinicians. ATSA 33rd Annual Research and Treatment Conference. San Diego, CA (October 29, 2014).

6 hours: Philip Witt, Ph.D. and Michael H. Fogel, Psy.D. (2013). Forensic report writing: Principles and fundamentals. ATSA 32nd Annual Research and Treatment Conference. Chicago, IL (October 30, 2013).

3 hours. Randy K. Otto, Ph.D. Expert testimony: Effective communication in the courtroom. ATSA 32nd Annual Research and Treatment Conference. Chicago, IL (October 30, 2013).

3.5 hours: Howard Barbaree, Ph.D. (2012). Learning to Critically Appraise the Research Literature: Becoming a Discerning Consumer of the Research on Sexual Abuse. ATSA 31st Annual Research and Treatment Conference. Denver, CO. (October 17, 2012).

7 hours: Raymond Knight, Ph.D. and David Thornton, Ph.D. Assessment and diagnosis of rape-related sexual arousal patterns: Implications for current and future practice. Atascadero, CA (February 17, 2011).

14 hours: D. Thornton (2010). Structured Risk Assessment: Using the Forensic Version of SRA in Sex Offender Risk Assessment. Atascadero, CA (December 2 & 3, 2010).

3.5 hours: R. Wollert (2010). The Use of Probability Mathematics in Sexually Violent Predator Evaluations. California Department of Mental Health Sexual Offender Commitment Program. Monterey, CA (March 9, 2010).

3.5 hours: H. Barbaree (2010). The Effects of Aging on Sex Offender Recidivism. California Department of Mental Health Sexual Offender Commitment Program. Monterey, CA (March 10, 2010).

3.5 hours: R. Prentky (2010). Rapists: Classification, Diagnosis, Etiology. California Department of Mental Health Sexual Offender Commitment Program. Monterey, CA (March 10, 2010).

8 hours: D. Thornton & L. Helmus (2009). California DMH Training on Using and Interpreting Static-99R. Sacramento, CA. December 7, 2009

3.5 hour: R.K. Hanson & L. Helmus (2009). Actuarial Risk Assessment: The static-2002 training. ATSA 28th Annual Research and Treatment Conference. Dallas, TX. September 30, 2009.

3.5 hours: R.K. Hanson, A. Phenix, & L. Helmus (2009). Static-99 and static-2002: How to interpret and report scores in light of recent research. ATSA 28th Annual Research and Treatment Conference. Dallas, TX. September 30, 2009.

1.5 hours: L. Helmus, R.K. Hanson, D. Thornton, & H.E. Barbaree (2009). How well do current scales account for age and are adjustments necessary. ATSA 28th Annual Research and Treatment Conference. Dallas, TX. October 2, 2009.

7 hours in the use of the Stable 2007 by Andrew Harris, Ph.D. at ATSA Annual International Conference, October 23, 2008, Atlanta, GA

7 hours in the administration and scoring of the Juvenile Sexual Recidivism Risk Assessment Tool-II (JSORRAT-II) conducted by Douglas L. Epperson, Ph.D. May 10, 2006 at CCOSO annual conference. Update on use of (JSORRAT-II), CCOSO annual conference, May 11, 2007 (1-1/2 hours).

7 hours in assessment and treatment of Internet child pornography and attempted child molestation cases conducted by David Delmonico, Ph.D. at ATSA Annual International Conference, September 27, 2006, Chicago, IL.

14 hours in the use and scoring of the Hare PCL-R Second Edition conducted by Bob Hare, Ph.D. and Anna Salter, Ph.D. July 29 & 30, 2003.

EXPERT WITNESS TESTIMONY
(Does not include juvenile cases)

**State of Mind at the
Time of the Crime**

People v. Cahn Tran
(Santa Clara County)
People v. Stephen Coulter
(San Benito County)
People v. Donald Bachman
(Santa Clara County)

Sexual Offenders¹

People v. Henry Silva
(Santa Clara County)
People v. Sylvester Williams
(Santa Clara County)
People v. John Christensen
(Humboldt County)
People v. Armando Guizar
(Santa Clara County)
People v. David Ribbs
(Santa Clara County)
People v. Richard Patton
(Santa Clara County)
People v. Reighland Hoganas
(San Mateo County)
People v. Paul Luna
(Santa Clara County)
People v. Charles Hardrict
(Santa Clara County)
People v. Stephen Gallagher
(Santa Clara County)
People v. Jose Flores
(San Francisco County)
People v. Armando Cisneros
(San Diego County)
People v. Kenneth Sanford
(Santa Clara County)
In Re E.J.
(San Diego County)
People v. James Woodall
(Santa Clara County)
People v. Isekender Cingoz
(Contra Costa County)
People v. Ochoa
(Alameda County)
People v. Fritz
(Santa Clara County)
People v. Airo
(Santa Clara County)

**Sexually
Violent**

Predators²

People v. Terry Troglin
(Santa Clara County)
People v. Gilbert Moreno
(Santa Clara County)
People v. Lavern Sykes
(Santa Cruz County)
People v. Ramiro Gonzalez
(Santa Clara County) **People v.**
James Perkins
(Santa Clara County)
People v. Kenneth Wallace
(Santa Clara County)
People v. Brian DeVries
(Santa Clara County)
People v. Jorge Rubio
(Monterey County)
People v. Robert Clark
(Santa Cruz County)
People v. Barry Whitley
(Contra Costa County)
People v. Kevin Shumake
(Contra Costa County)
People v. Ronald Rose
(Santa Clara County)
People v. Ellis Jones
(Los Angeles County)
People v. Hernan Orozco
(Los Angeles County)
People v. Anthony Iannalfo
(Los Angeles County)
People v. Steven Force
(Orange County)
People v. Timothy Wright
(El Dorado County)
People v. Robert Wenzel
(San Diego County)
**In Re Detention of Darrell
Stewart**
(Kings County, WA)
People v. Michael Odom
(San Diego County)
People v James Glenn
(San Bernardino County)
People v Scott Syzmanski
(San Diego County)
People v. Brian Schuler
(Santa Clara County)

People v Robert Tighe
(San Diego County)
People v. Helio Vallarta
(San Diego County)
People v. Michael Alston
(Sonoma County)
People v. John Morgan
(Lake County)
People v. Rodney Ransom
(Los Angeles County)
People v Mark S.
(Los Angeles County)
People v. Dennis Boyer
(San Diego County)
People v. Carlos Paniagua
(San Francisco County)
People v. Harvey Leonard
(Placer County)
**In Re: the Detention
of Richard Hosier**
(King County, WA)
People v. Richard Gomberg
(Santa Clara County)
In Re: the Detention of Spicer
(Grant County, WA)
People v. Garfield Magpie
(San Francisco County)
People v. Michael St. Martin
(San Diego County)
People v. Edward Martinez
(San Diego County)
People v. Willie Roy Jenkins
(Kern County)
People v. Rex McCurdy
(Napa County)
People v. John Cline
(Contra Costa County)
**People v. Mark
Zavala**
(Fresno County)
People v. Jaffar Oliver
(Solano County)
**People v. Ronald
Rose**
(San Diego County)
People v. M. Martinez
(San Diego County)
People v. Herbert Willmes
(Santa Clara County)
**People v. Jimmie
Otto**
(Solano County)

¹ Testimony areas included sentencing mitigation, nondisposition to commit sex crimes, child sexual abuse accommodation syndrome, and

children's memory and forensic interviewing of children.

² Unless otherwise noted, testimony areas included diagnosis of legal mental

disorder, risk assessment, or both topics.

People v. Guess
(Solano County)
People v Allman
(San Diego County)
People v. John Hendrickson
(Humboldt County)
People v. Herman Smith
San Diego County
People v. Ramiro Madera
(Kern County)
People v. Richard Rivera
(Los Angeles County)
People v. Juan Cordero
(Los Angeles County)
People v. Rodney Stafford
(San Diego County)
People v. William Stephenson
(El Dorado County)
People v. Kurt Engle
(Grant County, WA)
People v. Thomas Hurley
Daubert Hearing on Static-99
(Hillsborough, NH)
People v. Kendyl Welch
(Santa Clara County)
In Re: the detention of Gary Cameron
(Grant County, WA)
People v. Fraisure Smith
(Solano County)
People v. Michael Regan
Daubert Hearing on Static-99R
(Hillsborough County, NH)
People v. William Olsen
(Santa Clara County)
People v. Rafael Benitez
(Orange County)
People v. McKee
(San Diego County)
People Juan Padilla
(San Diego County)
Joseph Gentile
(San Diego County)
People v. Gordon Wood
(San Diego County)
People v. David Maynez
(Los Angeles County)
People v. Thomas White
(San Joaquin County)
People v. Paul Dixon
(Santa Clara County)
People v. Michael Siler
(Alameda County)
People v. Alfredo Mejia
(San Diego County)
People v. Joey Erwin
(Solano County)
People v. Sergio Soto
(Santa Clara County)
People v. Lowe
(San Diego County)
People v. Byron McCloud
(Solano County)
People v. Richard White
(San Diego County)

People v. Dougal Samuels
(Orange County)
People v. Robert Segura
(Santa Clara County)
People v. Albert Salcedo
(Los Angeles County)
People v. William Langhorne
(Santa Clara County)
People v. Dean Deguarda
(Sacramento County)
People v. Kevin Ross
(Sacramento County)
People v. Robert Christensen
(San Bernardino County)
People v. Richard Padilla
(Los Angeles County)
People v. Salvatore Cefalu
(Santa Clara County)
People v. Josue Castaneda
(San Diego County)
People v. Jeffrey Goldberg
(San Mateo County)
People v. Jesse Emmett
(Stanislaus County)
People v. Steven McCoy
(Orange County)
People v. Anthony Carlin
(Santa Clara County)
People v. Rafael Torres
(Orange County)
People v. Michael Graves
(Inyo County)
People v. Lenard Chester
(Ventura County)
People v. Paul Rivera
(San Diego County)
People v. Dennis McDaniel
(Orange County)
People v. Bradley Miller
(Sacramento County)
People v. Lamar Johnson
(San Mateo County)
People v. Andrew Hardy
(Humboldt County)
People v. Sami Sindaha
(Orange County)
People v. Sam Consiglio
(San Diego County)
People v. Joseph Maggard
(Sacramento County)
In Re: Macon Baker
(Missouri)
People v. Melvin Jackson
(Alameda County)
People v. Clarence Edson
(San Joaquin County)
In Re: the detention of Samuel Ezell
(Snohomish County, WA)
People v. Steve Nelson
(Sonoma County)
People v. Lamar McClinton
(Orange County)
People v. Jesse Flores
(Orange County)

People v. Paul Rubalcava
(Santa Clara County)
People v. Lamar McClinton
(Orange County)
People v. John Carrell
(San Diego County)
People v. Mikel Marshall
(San Diego County)
People v. David Lucas
(Placer County)
In Re the Detention of Richard Hatfield
(Snohomish County, WA)
People v. William Sabatasso
(Orange County)
In Re Detention of Patrick McGaffee
Kelly Frye Hearing on SRA-FV
Trial testimony
(Snohomish County, WA)
In Re Detention of James Jones
Kelly Frye Hearing on SRA-FV and
Trial Testimony
(Spokane, WA)
People v. Norman Morrow
(Orange County)
In Re Detention of Scott Halvorson
Kelly Frye Hearing on SRA-FV
(Spokane, WA)
People v. Jimmie Dixon
(Orange County)
In Re: Larry Johnson
(St. Louis County, Missouri)
In Re Detention of Troy Belcher
(Clark County, WA)
People v. Scott Flint
(Mendocino County)
People v. Warren Clewell
(Orange County)
In the Matter of the Care & Treatment of Daniel White
(Springfield, MO)
In Re Detention of David Ramirez
Kelly Frye Hearing on SRA-FV and
commitment trial
(Yakima County, WA)
People v. Patrick Hernandez
(Los Angeles County)
People v. William Gilliam
(Fresno County)
State of New York v. H.H.
(Bronx, New York)
Frye hearing testimony opposing
unspecified paraphilic disorder as a
mental abnormality
Van Orden et al. v. Schafer et al.
(St. Louis, MO: Eastern MO Federal
District Court)
Testimony in an as applied
constitutional challenge to MO SVP
statute. Court ruled law was

unconstitutional as applied in three specific areas.

In Re the Commitment of James Taylor

(Volusa County Florida)

Daubert testimony opposing paraphilic coercive disorder as a mental abnormality

People v. Serafin Garcia

(Los Angeles County)

People v. Christopher Sharkey

(Los Angeles County)

In the Matter of the Care & Treatment of Daniel White

(Jackson County, MO)

State of New York v. R.L.

(Poughkeepsie, NY) Frye testimony opposing the admissibility of the Screening Scale for Pedophilic Interest (SSPI) to diagnose pedophilia and the use of the Psychopathy Checklist Revised (PCL-R) to diagnose psychopathy and psychopathy being a distinct mental condition from antisocial personality disorder.

In Re Detention of Sheldon Martin

(Clark County, WA)

People v. Ronald Becker

(Los Angeles, CA)

State of New York v. PR

(Nassau County, NY)

Frye hearing testimony opposing the application of the diagnosis of gerontophilia (a preference for consenting sexual relations with elderly persons) as generally accepted as a diagnosis predisposing to the commission of criminal sexual acts.

People v. Ed Scott

(Los Angeles, CA)

People v. Theodric Smith

(Los Angeles, CA)

People v. Jeffrey Snyder

(Fresno County)

People v Richard Stobaugh

(Humboldt County)

People v. Gary Drummonds

(San Diego, CA)

People v. Marvin Arroyo

(San Francisco, CA)

People v. Pashtoon Farooqi

(Orange, CA)

People v. Son Tran

(Los Angeles, CA)

People v. Justin Mackey

(Walla Walla, WA)

In re detention of Ty Suter

(Decatur, IL)

In re detention of Edwin Gavin

(Chicago, IL)

People v. Jeremy Owen

(Orange County, CA)

People v. Joseph Bocklett

(San Diego County, CA)

In re detention of Ronald Levi

(Chicago, IL)

People v. Brian Clancy

(West Palm Beach, FL)

In Re Detention of Sheldon Martin

(Clark County, WA)

People v. Ronald Becker

(Los Angeles, CA)

State of New York v. PR

(Nassau County, NY)

Frye hearing testimony opposing the application of the diagnosis of gerontophilia (a preference for consenting sexual relations with elderly persons) as generally accepted as a diagnosis predisposing to the commission of criminal sexual acts.

People v. Ed Scott

(Los Angeles, CA)

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People v. Jeffrey Snyder

(Fresno County)

People v Richard Stobaugh

(Humboldt County)

People v. Gary Drummonds

(San Diego, CA)

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(San Francisco, CA)

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(Orange, CA)

People v. Son Tran

(Los Angeles, CA)

People v. Justin Mackey

(Walla Walla, WA)

In re detention of Ty Suter

(Decatur, IL)

In re detention of Edwin Gavin

(Chicago, IL)

People v. Jeremy Owen

(Orange County, CA)

People v. Joseph Bocklett

(San Diego County, CA)

In re the matter of Roy Holt

(Maricopa County, AZ)

In re detention of Ronald Levi

(Chicago, IL)

People v. Brian Clancy

(West Palm Beach, FL)

People v. Mark Cecil

(San Joaquin County, CA)

In re detention of Anthony Howard

(Chicago, IL)

People v. Benjamin Goss

(Fresno County, CA)

In re the Detention of Jeffrey Jacobsen

(King County, WA)

In re the Detention of Timothy McMahon

(Clark County, WA)

In Re the Detention of Mark Sands

(Pottawamie County, Iowa)

State v. Michael Ingram

(Sacramento County)

People v. Mark Cecil

(San Joaquin County, CA)

State v. Daniel Shea

(Los Angeles County)

People v. James Martin

(Tehama County)

People v. George Allen

(Los Angeles County)

People v. Victor Ballardo

(Los Angeles County)

People v. Richard Kisling

(Sacramento County)

People v. Jose Barrcena

(Los Angeles County)

People v. Hugh McCafferty

(Ventura County)

In re Detention of Brandon Ollivier

(King County, WA)

In Re Detention of Melvin White

(Snohomish County, WA)

People v. Richard Teluci

(San Francisco County, CA)

In Re the matter of Peter Leos

(Pima County, AZ)

In Re detention of Cory West

(Wapello County, IA)

State v. Michale Luis

(Los Angeles County, CA)

State v. Matthew Ackerman

(Santa Clara County, CA)

In re the matter of Dushan Nickolich

(Maricopa County, AZ)

In the Matter of the Care & Treatment of Stanley Williams

(St. Louis County, MO)

Daubert hearing on admissibility of other specified paraphilic disorder, nonconsent. Court ruled other specified paraphilic disorder nonconsent not admissible under Frye or Daubert.

People v. Lloyd Strahan

(Los Angeles, CA)

In Re the matter of Richard Webb

(Pima County, AZ)

In re detention of Enrique Rendon

(Cook County, Chicago, IL)

Sex Offender Commitment Program

Sex Offender Commitment Program

Streamlining the Process for Identifying Potential
Sexually Violent Predators Would Reduce Unnecessary
or Duplicative Work

July 2011 Report 2010-116



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Elaine M. Howle
State Auditor
Doug Cordiner
Chief Deputy

CALIFORNIA STATE AUDITOR

Bureau of State Audits

555 Capitol Mall, Suite 300

Sacramento, CA 95814

916.445.0255

916.327.0019 fax

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July 12, 2011

2010-116

The Governor of California
President pro Tempore of the Senate
Speaker of the Assembly
State Capitol
Sacramento, California 95814

Dear Governor and Legislative Leaders:

As requested by the Joint Legislative Audit Committee, the California State Auditor presents this audit report concerning the state's Sex Offender Commitment Program (program), which targets a narrow subpopulation of sex offenders (offenders)—those who represent the highest risk to public safety because of mental disorders. Our analysis shows that between 2007 and 2010 less than 1 percent of the offenders whom the Department of Mental Health (Mental Health) evaluated as sexually violent predators (SVPs) met the criteria necessary for commitment.

Our report concludes that the Department of Corrections and Rehabilitation (Corrections) and Mental Health's processes for identifying and evaluating SVPs are not as efficient as they could be and at times have resulted in the State performing unnecessary work. The current inefficiencies in the process for identifying and evaluating potential SVPs stems in part from Corrections' interpretation of state law. These inefficiencies were compounded by recent changes made by voters through the passage of Jessica's Law in 2006. Specifically, Jessica's Law added more crimes to the list of sexually violent offenses and reduced the required number of victims to be considered for the SVP designation from two to one, and as a result many more offenders became potentially eligible for commitment. Additionally, Corrections refers all offenders convicted of specified criminal offenses enumerated in law but does not consider whether an offender committed a predatory offense or other factors that make the person likely to be an SVP, both of which are required by state law. As a result, the number of referrals Mental Health received dramatically increased from 1,850 in 2006 to 8,871 in 2007, the first full year Jessica's Law was in effect. In addition, in 2008 and 2009 Corrections referred 7,338 and 6,765 offenders, respectively. However, despite the increased number of referrals it received, Mental Health recommended to the district attorneys or the county counsels responsible for handling SVP cases about the same number of offenders in 2009 as it did in 2005, before the voters passed Jessica's Law. In addition, the courts ultimately committed only a small percentage of those offenders. Further, we noted that 45 percent of Corrections' referrals involved offenders whom Mental Health previously screened or evaluated and had found not to meet SVP criteria. Corrections' process did not consider the results of previous referrals or the nature of parole violations when re-referring offenders, which is allowable under the law.

Our review also found that Mental Health primarily used contracted evaluators to perform its evaluations—which state law expressly permits through the end of 2011. Mental Health indicated that it has had difficulty attracting qualified evaluators to its employment and hopes to remedy the situation by establishing a new position with higher pay that is more competitive with the contractors. However, it has not kept the Legislature up to date regarding its efforts to hire staff to perform evaluations, as state law requires, nor has it reported the impact of Jessica's Law on the program.

Respectfully submitted,



ELAINE M. HOWLE, CPA
State Auditor

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Summary

Results in Brief

The Legislature designed the Sex Offender Commitment Program (program) to target a narrow subpopulation of sex offenders (offenders): those who represent the highest risk to public safety because of mental disorders. However, between 2007 and 2010, very few offenders whom the Department of Mental Health (Mental Health) evaluated as potential sexually violent predators (SVPs) met the criteria necessary for commitment. As a result, the courts ultimately committed only a small percentage as SVPs even though Mental Health received more than 6,000 referrals in each of these years from the Department of Corrections and Rehabilitation (Corrections). Our analysis suggests that Corrections' and Mental Health's processes for identifying and evaluating SVPs are not as efficient as they could be and at times have resulted in the State performing unnecessary work.

The current inefficiencies in the program's process for evaluating potential SVPs are in part the result of Corrections' interpretation of state law. The inefficiencies were compounded by recent changes made by Jessica's Law. Specifically, when California voters passed Jessica's Law (Proposition 83) in 2006, they added more crimes to the list of sexually violent offenses and reduced the number of victims considered for this designation from two to one; therefore, many more offenders became potentially eligible for commitment to the program. Corrections, in consultation with its Board of Parole Hearings (Parole Board), referred *all* offenders who had committed sexually violent offenses to Mental Health for evaluation as potential SVPs without first considering other factors, as required by law. Consequently, the number of referrals Corrections made to Mental Health increased dramatically, from 1,850 in 2006 to 8,871 in 2007, the first full year that Jessica's Law was effective.

However, Corrections' referral of every offender who has committed a sexually violent crime was not the intent of state law, which specifically mandates that Corrections determine when making referrals whether offenders' crimes were predatory and whether the offenders meet other criteria before referring them as potential SVPs. We believe that if Corrections screened offenders more closely before referring them to Mental Health, the number of Corrections' referrals might drop significantly. For example, in our review, we noted several instances in which Corrections referred offenders whose crimes were not predatory under the law's definition. Further, 45 percent of Corrections' referrals since 2005 involved offenders whom Mental Health had previously screened or evaluated and had found not to meet the criteria to recommend commitment as SVPs (SVP criteria). Although state law does

Audit Highlights . . .

Our review of the state's Sex Offender Commitment Program (program) between January 2005 and September 2010 revealed the following:

- » *The Department of Corrections and Rehabilitation (Corrections) sent more than 6,000 referrals each year from 2007 through 2010 to the Department of Mental Health (Mental Health) for evaluation as potential sexually violent predators (SVPs).*
- » *Many more offenders became potentially eligible for commitment to the program when California voters approved Jessica's Law (Proposition 83)—the law added more crimes to the list of sexually violent offenses and reduced the number of victims considered for this designation from two to one.*
- » *Because Corrections referred all offenders who had committed sexually violent offenses to Mental Health for evaluation, this also contributed to the number of referrals increasing from 1,850 in 2006 to 8,871 in 2007, the first full year that Jessica's Law was in effect.*
- *We noted several instances in which Corrections referred offenders whose crimes were not predatory under the law.*
- *Since 2005, 45 percent of the referrals involved offenders whom Mental Health had previously screened or evaluated and had found not to meet the criteria to recommend commitment as SVPs.*
- » *Corrections failed to refer offenders to Mental Health at least six months before their scheduled release dates as required and, thus, shortened the time available for Mental Health to perform reviews and schedule evaluations.*

continued on next page . . .

- » *Although Mental Health's evaluation process appears to have been effective, for a time it sometimes assigned one evaluator, rather than the two required.*
- » *Mental Health used between 46 and 77 contractors each year from 2005 through 2010 to perform evaluations and some clinical screenings, however, the state law that expressly allows Mental Health to use contractors expires in 2012.*
- » *Mental Health did not submit required reports to the Legislature about its efforts to hire staff to evaluate offenders and about the impact of Jessica's Law on the program.*

not specifically require Corrections to consider the outcomes of previous screenings or evaluations when making referrals, the law directs Corrections to refer only those offenders it deems likely to be SVPs, and we believe that it is logical and legal for Corrections to take into account Mental Health's previous conclusions about specific offenders when reaching such determinations. Additionally, Corrections failed to refer offenders to Mental Health at least six months before their scheduled release dates, as required by state law. These late referrals shortened the time available for Mental Health to perform reviews and schedule evaluations.

To handle the high number of offenders referred by Corrections, Mental Health put into place processes that enable it to determine whether offenders are possible SVPs before scheduling full evaluations. We believe that these processes are appropriate given that Corrections refers offenders without first determining whether their crimes were predatory and whether the offenders are likely to be SVPs. Specifically, when Mental Health receives a referral from Corrections, it first conducts an administrative review to ensure that it has all of the information necessary to make a determination. It then conducts a clinical screening—a file review by a psychologist—to rule out any offender who is not likely to meet SVP criteria and thus does not warrant a full evaluation. Between February 2008 and June 2010, Mental Health also used administrative reviews to identify offenders whom it had previously screened or evaluated and whose new offenses or violations were unlikely to change the likelihood that they might be SVPs. Mental Health rescinded this policy in June 2010. We also noted that for a short time, Corrections had a similar policy that it also rescinded. Nonetheless, we believe Mental Health should work with Corrections to reduce unnecessary referrals.

After completing the administrative reviews and clinical screenings, Mental Health conducts full evaluations of potential SVPs, a process that involves face-to-face interviews unless offenders decline to participate. Although we found that in general Mental Health's evaluation process appears to have been effective, we noted that for a time it did not always assign to cases the number of evaluators that state law requires. After the passage of Jessica's Law, Mental Health relied on the opinion of one evaluator rather than two when concluding that 161 offenders did not meet SVP criteria. Mental Health's program manager stated that Mental Health temporarily followed this practice of using just one evaluator because it did not have adequate staff to meet its increased workload. She also indicated that Corrections referred 98 of the offenders again, and Mental Health determined during subsequent screenings and evaluations that they did not meet SVP criteria.

A potential challenge that Mental Health faces in meeting its increased workload involves the mental health care professionals who perform its evaluations. Mental Health used between 46 and 77 contractors each year from 2005 through 2010 to perform evaluations and some clinical screenings. However, when the state law that expressly permits Mental Health to use contractors expires in 2012, Mental Health will need to justify its continued use of contractors, which the State Personnel Board has ruled against in the past.¹ According to a program manager, Mental Health primarily uses contracted evaluators to perform the evaluations because the staff psychologists are still completing the necessary experience and training. Mental Health stated that it has had difficulty attracting qualified evaluators to state employee positions because the compensation is not competitive for this specialized area of forensic mental health clinical work. To remedy the situation, Mental Health is working to establish a new position that will provide more competitive compensation. If Mental Health has not hired sufficient staff by 2012, the program manager stated that it plans to propose a legislative amendment to extend the authority to use contractors.

Finally, Mental Health did not submit to the Legislature required reports about the department's efforts to hire staff to evaluate offenders and the impact of Jessica's Law on the program. Mental Health did not provide us with a timeline indicating the expected dates for completing these reports, nor did the department explain why it had not submitted them. Without the reports, the Legislature may not have the information necessary for it to provide oversight and make informed decisions.

Recommendations

To increase efficiency, Corrections should not make unnecessary referrals to Mental Health. Corrections and Mental Health should jointly revise the referral process to adhere more closely to the law's intent. For example, Corrections should better leverage the time and work it already conducts by including the following steps in its referral process:

- Determining whether the offender committed a predatory offense.

¹ State law requires Mental Health to use contractors for third and fourth evaluations when the first two evaluators disagree. The change of law in 2012 will not affect Mental Health's use of contractors for this purpose.

- Reviewing results from any previous screenings and evaluations that Mental Health completed and considering whether the most recent parole violation or offense might alter the previous decision.
- Assessing the risk that an offender will reoffend.

To allow Mental Health sufficient time to complete its screenings and evaluations, Corrections should improve the timeliness of its referrals. If it does not achieve a reduction in referrals from implementing the previous recommendation, Corrections should begin the referral process earlier before each offender's scheduled release date in order to meet its six-month statutory deadline.

To make certain that it will have enough qualified staff to perform evaluations, Mental Health should continue its efforts to obtain approval for a new position classification for evaluators. If the State Personnel Board approves the new classification, Mental Health should take steps to recruit qualified individuals as quickly as possible.

To ensure that the Legislature can provide effective oversight of the program, Mental Health should complete and submit as soon as possible its reports to the Legislature about Mental Health's efforts to hire state employees to conduct evaluations and the impact of Jessica's Law on the program.

Agency Comments

Mental Health indicated that it is taking actions that are responsive to each of our recommendations. For example, Mental Health stated it is already working with Corrections to streamline the referral process to eliminate duplicate effort and increase efficiency.

Corrections indicated that it agrees that improvements can be made in streamlining the referral process and that it has already implemented steps to improve the timeliness of its referrals to Mental Health. Corrections stated that it would address the specific recommendations in its corrective action plan at 60-day, six-month, and one-year intervals.

Introduction

Background

The Legislature created the Sex Offender Commitment Program (program) in 1996 to target a small but extremely dangerous subset of sex offenders (offenders) who present a continuing threat to society because their diagnosed mental disorders predispose them to engage in sexually violent criminal behavior. State law designates these offenders as sexually violent predators (SVPs).

The Sexually Violent Predator Act (Act) governs the program. The Act lists crimes that qualify as sexually violent offenses and defines *predatory* to mean acts against strangers, persons of casual acquaintance, or persons with whom the offender established relationships primarily for the purposes of victimization. The Act also requires that SVPs have diagnosed mental disorders that make them likely to engage in future sexually violent behavior if they do not receive appropriate treatment and custody. Determining whether offenders are SVPs and committing them for treatment is a civil rather than criminal process. Thus, crimes that offenders committed before passage of the Act can contribute to offenders' commitment as SVPs.

Since the passage of the Act, certain state laws have further amended the program. Specifically, in September 2006, Senate Bill 1128 became law and added more crimes to the list of sexually violent offenses that could cause offenders to qualify as SVPs. More dramatically, on November 7, 2006, California voters passed Proposition 83, also known as Jessica's Law.² In addition to creating residency restrictions and global positioning system monitoring for certain sex offenders, Jessica's Law added more crimes to the list of sexually violent offenses, and it also decreased from two to one the number of victims necessary for the SVP designation. Both Senate Bill 1128 and Jessica's Law abolished the previous two-year term of civil commitment for an SVP and instead established a commitment term of indeterminate length that includes yearly evaluations to determine an SVP's readiness for release.

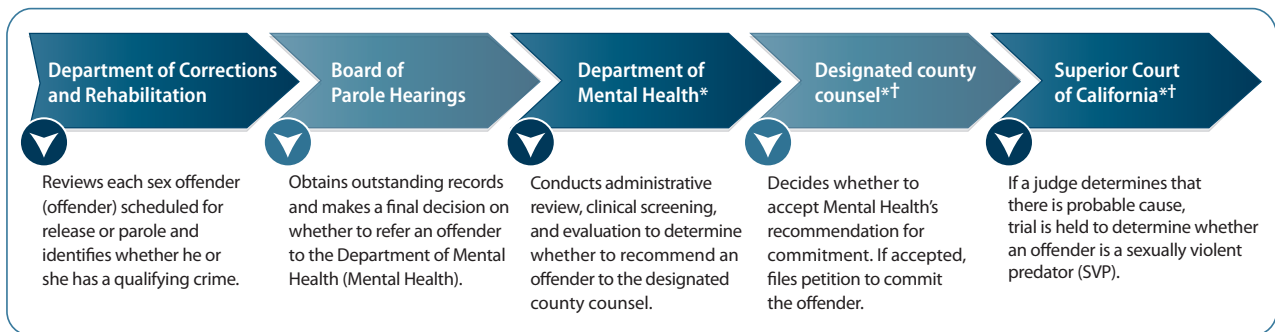
The Process for Identifying, Evaluating, and Committing SVPs

The Department of Mental Health (Mental Health) and the Department of Corrections and Rehabilitation (Corrections), including its Board of Parole Hearings (Parole Board), play critical roles in identifying, evaluating, and recommending the commitment of an offender as an SVP. However, a judge or jury

² The law was named in memory of Jessica Lunsford, a nine-year-old girl from Florida who died in 2005 as a result of a violent sexual crime committed by a previously convicted sex offender.

at a California superior court makes the final determination of an offender's SVP status. Figure 1 shows the relationships among the steps in the process. If at any point in this process an offender fails to meet SVP criteria, the offender completes the term of his or her original sentence or parole.

Figure 1
The Multiagency Process for Committing a Sexually Violent Predator



Sources: Mental Health, Department of Corrections and Rehabilitation, Board of Parole Hearings, and California Welfare and Institutions Code, Section 6600 et seq.

* During this phase of the process, the agency may find that the offender does not meet SVP criteria, in which case the offender completes the term of his or her original sentence or parole.

† Recommendation is made to the designated counsel in the county where the offender was convicted most recently. The designated counsel files the request to commit in the same county.

Corrections' Identification of Potential SVPs

State law requires Corrections and its Parole Board to screen offenders based on whether they committed sexually violent predatory offenses and on reviews of their social, criminal, and institutional histories. To complete these screenings, the law requires Corrections to use a structured screening instrument developed and updated by Mental Health in consultation with Corrections. According to state law, when Corrections determines through this screening process that offenders may be SVPs, it must refer the offenders to Mental Health for further evaluation at least six months before the offenders' scheduled release dates.³

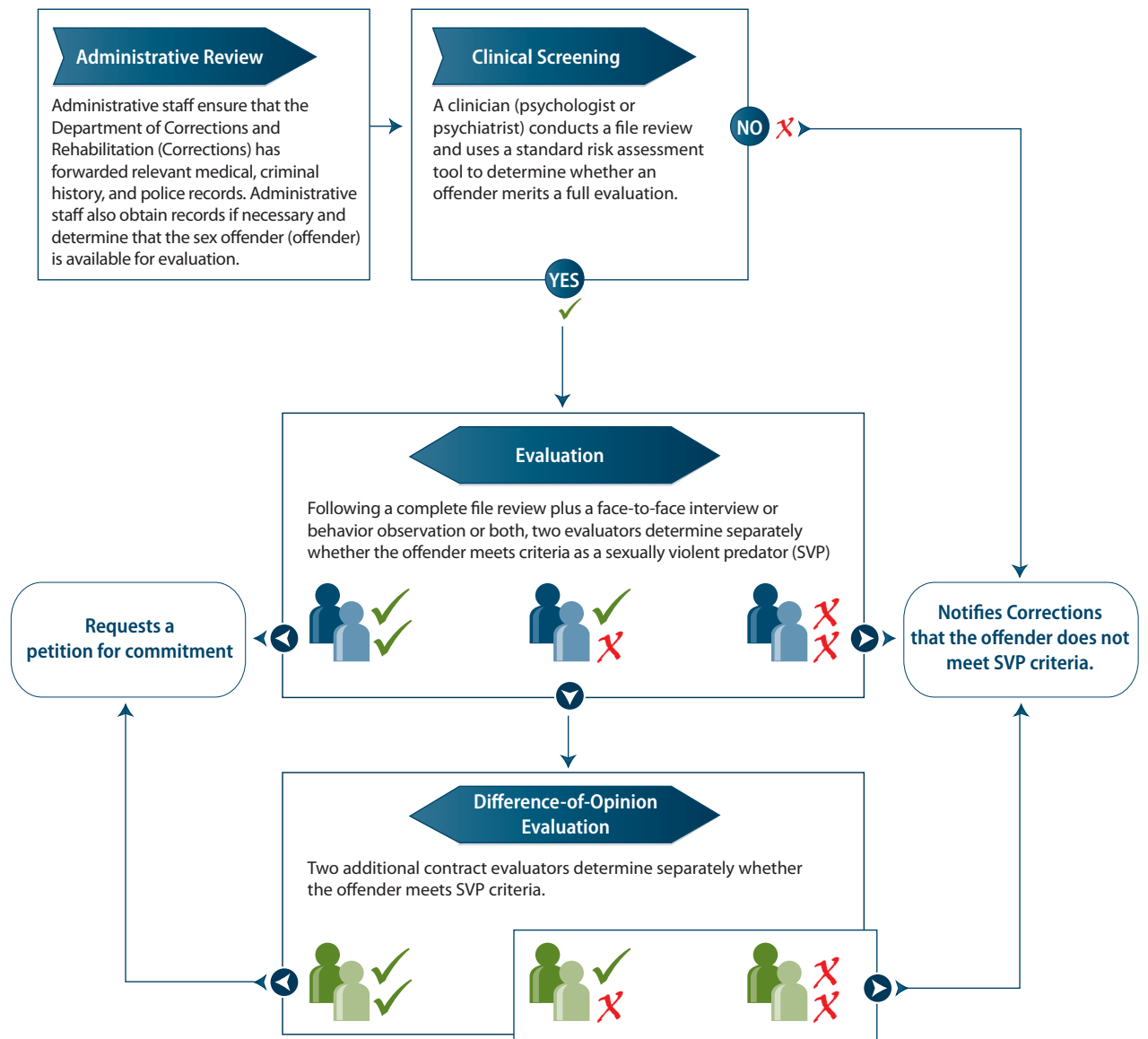
Mental Health's Evaluation of Potential SVPs

State law requires that Mental Health evaluate as potential SVPs any offenders whom Corrections refers to Mental Health. It specifies that for each of these offenders, Mental Health must conduct a full evaluation consisting of assessments by two mental health professionals who must be psychiatrists or psychologists. However, in practice, Mental Health does not conduct an evaluation of every offender

³ If the offender has been in Corrections' custody for less than nine months or if judicial or administrative action modified his or her release date, the sixth-month timeline does not apply.

referred by Corrections; rather, it first conducts an administrative review and then a clinical screening to determine whether an offender merits an evaluation. We discuss these administrative reviews and clinical screenings in more detail later in the report. Figure 2 illustrates the process that Mental Health uses to determine whether it should recommend to the district attorneys or the county counsels responsible for handling SVP cases (designated counsels) the offenders referred by Corrections for commitment to the program.

Figure 2
Department of Mental Health's Process for Reviewing, Screening, and Evaluating a Sex Offender



Sources: California Welfare and Institutions Code, Section 6601 et seq. and program manager for the Department of Mental Health's Sex Offender Commitment Program.

Indicators That a Sex Offender Is a Sexually Violent Predator

The Department of Mental Health (Mental Health) uses the following criteria defined in state law and clarified by court decisions to determine whether a sex offender is a sexually violent predator (SVP):

- The individual has been convicted of a sexually violent offense, such as rape when committed with force, threats, or other violence.
- The offender suffers from a diagnosed mental disorder.
 - The law defines *diagnosed mental disorder* as including conditions affecting the emotional and volitional capacity that predispose the person to committing criminal sexual acts to a degree that the person is a menace to the health and safety of others.
 - Most diagnoses involve paraphilia or related disorders—sexual behavior that is atypical and extreme and that causes distress to the individual or harm to others. However, other disorders may qualify under the law.
- The diagnosed mental disorder makes the person likely to engage in sexually violent, predatory criminal behavior in the future without treatment and custody.
 - The law defines *predatory* offenses as acts against strangers, persons of casual acquaintance, or persons with whom the offender established relationships primarily for the purpose of victimization.
 - Regulations require evaluators to use standardized risk assessment tools and to consider various risk factors to determine the likelihood that an offender will commit future crimes.

Sources: Bureau of State Audits' review of case files, interviews of Department of Mental Health staff and evaluators, analysis of California Welfare and Institutions Code, Section 6600 et seq., Title 9 of the California Code of Regulations, and California Supreme Court decisions.

State law requires Mental Health's evaluators to determine whether the offender meets the criteria for the SVP designation (SVP criteria), which the text box describes in more detail. If the first two evaluators agree that the offender meets the criteria, Mental Health must request a petition for civil commitment, as discussed in the next section. If the first two evaluators disagree, the law requires that Mental Health arrange for two additional evaluators to perform evaluations. The two additional evaluators must meet certain professional criteria and cannot be employees of the State. If the two additional evaluators agree that the offender meets the criteria, Mental Health must request a commitment. If the two additional evaluators disagree or if they agree that the offender has not met the criteria, Mental Health generally cannot request a commitment unless it believes the evaluator applied the law incorrectly.

The Court's Commitment and the State's Treatment of SVPs⁴

When Mental Health's evaluators conclude that an offender meets SVP criteria, state law requires that Mental Health request that the designated counsel of the county in which the offender was most recently convicted file a petition in court to commit the offender. If the county's designated counsel agrees with Mental Health's recommendation, he or she must file in superior court a petition for commitment of the offender. If a judge finds probable cause that the offender is an SVP, he or she orders a trial for a final determination of whether the offender is an SVP. If the offender or petitioning attorney does not demand a jury trial, the judge conducts the trial without a jury. During the court proceedings, offenders are entitled to representation by legal counsel and medical experts. Each county's board of supervisors appoints a designated counsel, the district attorney or county counsel responsible for handling SVP cases.

⁴ We did not audit the designated counsels, the courts, or the actual treatment programs because they were outside the scope of our review.

The court commits offenders it finds are SVPs to secure facilities for treatment, and these commitments have indeterminate terms. According to Mental Health's program manager, in May 2011 there were 521 male SVPs and one female SVP committed to state hospitals. State law requires that Mental Health examine the mental condition of committed SVPs at least once a year. If Mental Health determines that offenders either no longer meet SVP criteria or that less restrictive treatment would better benefit them yet not compromise the protection of their communities, Mental Health must ask a court to review their commitments for unconditional discharge or for conditional release.⁵ If the court grants conditional releases to committed SVPs, they will enter community treatment and supervision under the Conditional Release Program, which Mental Health operates. According to Mental Health's program manager, the department has eight SVPs in the Conditional Release Program as of May 2011.

Scope and Methodology

The Joint Legislative Audit Committee (audit committee) directed the Bureau of State Audits (bureau) to review the process that Corrections and its Parole Board use to refer offenders to Mental Health as well as Mental Health's process for evaluating these offenders to determine whether they qualify as SVPs. Specifically, the audit committee directed us to determine whether Mental Health's process includes a face-to-face interview for every sex offender referred by Corrections, whether Mental Health uses staff or contractors to perform the evaluations, and whether the evaluators' qualifications meet relevant professional standards and laws and regulations. If we determined that Mental Health uses contractors, the audit committee directed us to determine when the practice began and whether using contractors is allowable under state law. To understand the impact of Jessica's Law on the program, the audit committee directed us to identify the number of offenders that Corrections and its Parole Board referred to Mental Health in each year since 2006. The audit committee also asked us to identify the number of referred offenders who received an in-person screening by Mental Health, the number screened by Mental Health through case-file review only, the number of offenders that ultimately received a civil commitment to the program, and the number of offenders released who then reoffended. Finally, the audit committee asked us to determine whether Mental Health submitted reports mandated by the Legislature. Table 1 lists the methods we used to answer these audit objectives.

⁵ Nothing in the Act prohibits committed SVPs from asking courts to release them even if the SVPs do not have a recommendation from Mental Health.

The scope of the audit did not include reviews of the designated counsels' efforts or the courts' processes for committing offenders as SVPs. The scope also did not include the treatment provided to offenders at state hospitals or through the Conditional Release Program.

Table 1
Methods of Addressing Audit Objectives

AUDIT OBJECTIVE	METHOD
Understand the criteria for committing sexually violent predators (SVPs) under the Sex Offender Commitment Program (program).	Reviewed relevant laws, regulations, and other background materials.
Review the process at the Department of Corrections and Rehabilitation (Corrections) and the Board of Parole Hearings for identifying and referring potential SVPs to the Department of Mental Health (Mental Health).	<ul style="list-style-type: none"> • Interviewed key officials from the Classification Services Unit of Corrections' Division of Adult Institutions and from the Board of Parole Hearings. • Reviewed Corrections' policy manuals.
Understand the process at Mental Health for screening and evaluating potential SVPs.	<ul style="list-style-type: none"> • Interviewed key officials at Mental Health's Long-Term Care Services Division. • Interviewed evaluators under contract to Mental Health. • Reviewed Mental Health's policy manuals.
Assess the effectiveness of Corrections' and Mental Health's processes for referring, screening, and evaluating offenders.	Reviewed Mental Health's case files, clinical screening forms, and written evaluations of sex offenders (offenders). Review of case files included Corrections' referral packets.
Determine the extent to which contractors perform evaluations. Assess the qualifications of contractors who conduct evaluations and of state employees who could also conduct evaluations.*	<ul style="list-style-type: none"> • Reviewed bidding documentation, contracts, and relevant supporting documents, as well as personnel files. • Reviewed the qualifications required by law. • Analyzed data from Mental Health's Sex Offender Commitment Program Support System (Mental Health's database).[†]
Identify the number of offenders whom Corrections referred to Mental Health. Determine the number of assessments, screenings, and evaluations that Mental Health performed. Identify the number of offenders whom courts ultimately committed as SVPs. Determine the recidivism rate of those not committed as SVPs. Assess the impact of Jessica's Law on the program.	Analyzed data from Mental Health's database and from Corrections' Offender Based Information System. [†]
Determine whether Mental Health complied with the requirement to report to the Legislature the status of its efforts to hire state employees to replace contractors. Determine whether Mental Health complied with the requirement to report to the Legislature the impact of Jessica's Law on the program.	Requested copies of required reports. Interviewed key officials at Mental Health and at the California Health and Human Services Agency.

Sources: Joint Legislative Audit Committee audit request #2010-116 for audit objectives, Bureau of State Audits' planning and scoping documents, and analysis of information and documentation identified in the table column titled Method above.

* We did not note any reportable exceptions related to the qualifications of the contractors who conduct evaluations or the state employees who could also conduct evaluations. The contractors met the qualifications required of them by state law as well as the more stringent requirements that Mental Health imposed through its competitive contracting process. As the Audit Results section of this report discusses, state employees have rarely conducted evaluations to date. However, all of the program's state-employed consulting psychologists who conduct clinical screenings met the minimum qualifications specified by the Department of Personnel Administration for their positions.

[†] We assessed the reliability of the data in these systems and reported our results beginning on page 11.

To address several of the audit objectives approved by the audit committee, we relied on data provided by Mental Health and Corrections. The U.S. Government Accountability Office, whose standards we follow, requires us to assess the sufficiency and appropriateness of computer-processed information. To comply with this standard, we assessed each system for the purpose for which we used the data in this report. We assessed the reliability of Mental Health's Sex Offender Commitment Program Support System (Mental Health's database) for the purpose of identifying the number of referrals made by Corrections to Mental Health, the number of referrals at each step in the SVP commitment process (as displayed in Table 3 on page 14), and the extent to which contractors perform evaluations (as displayed in Figure 5 on page 31). Specifically, we performed data-set verification procedures and electronic testing of key data elements, and we assessed the accuracy and completeness of Mental Health's database. In performing data-set verification and electronic testing of key data elements, we did not identify any issues. For completeness testing, we haphazardly sampled 29 referrals and tested to see if these referrals exist in the database and found no errors. For accuracy testing, we selected a random sample of 29 referrals and tested the accuracy of 21 key fields for these referrals. Of the 21 key fields tested we found three errors in six key fields. Based on our testing and analysis, we found that Mental Health's database is not sufficiently reliable for the purpose of identifying the number of referrals made by Corrections to Mental Health, the number of referrals at each step in the SVP commitment process, and the extent to which contractors perform evaluations. Nevertheless, we present these data as they represent the best available source of information.

In addition, we assessed the reliability of Corrections' Offender Based Information System (Corrections' database) for the purpose of identifying the number of referrals that ultimately resulted in an offender's being committed as an SVP, and the recidivism rate of those not committed as SVPs. Specifically, we performed data-set verification procedures and electronic testing of key data elements, and we assessed the accuracy of Corrections' database. We did not perform completeness testing because the documents needed are located at the 33 correctional institutions located throughout the State, so conducting such testing is impractical. In performing data-set verification and electronic testing of key data elements, we did not identify any issues. For accuracy testing, we selected a random sample of 29 offenders and tested the accuracy of 12 key fields related to these offenders and found eight errors. Based on our testing and analysis, we found that Corrections' database is of undetermined reliability to be used for the purpose of identifying the number of referrals that ultimately resulted in an offender being committed as an SVP, and to calculate the recidivism rate of those not committed as SVPs.

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Audit Results

Although the Department of Mental Health Evaluates Thousands of Offenders Each Year, the Courts Commit Only a Tiny Percentage as Sexually Violent Predators

As the Introduction explains, the passage of Jessica’s Law in 2006 resulted in significantly more sex offenders (offenders) becoming potentially eligible for commitment as sexually violent predators (SVPs) under the Sex Offender Commitment Program (program). However, the courts have committed very few of the thousands of offenders whom the Department of Corrections and Rehabilitation (Corrections) referred to the Department of Mental Health (Mental Health) for evaluation. In fact, as Table 2 shows, the actual number of offenders whom the courts committed between 2007 and 2010 represent less than 1 percent of Corrections’ referrals to Mental Health. Even if the courts committed all of the offenders still awaiting trial, these offenders would represent less than 2 percent of all referrals. Due to the limitations of its database, Mental Health did not track the specific reasons why referred offenders did not meet the criteria for commitment as SVPs (SVP criteria). Such tracking could help Mental Health better identify trends.

Table 2
Number of Program Referrals and Commitments
2005 Through 2010

	2005	2006	2007	2008	2009	2010*
Total referrals	512	1,850	8,871	7,338	6,765	6,126
Total commitments [†]	15	27	43	16	3	0
Commitments as a percentage of total referrals each year	2.93%	1.46%	0.48%	0.22%	0.04%	-

Source: Bureau of State Audits’ analysis of data collected from the Department of Mental Health’s (Mental Health) Sex Offender Commitment Program Support System (Mental Health’s database) for 2005 through 2010.

Note: As discussed in the Scope and Methodology section of this report, data from Mental Health’s database are not sufficiently reliable. However, it is the best available source of this information.

* These figures represent data for a partial year—January 2010 through September 2010.

† These numbers could increase; according to Mental Health’s program manager, about 300 offenders are still awaiting trial.

Jessica’s Law Has Not Resulted in the Commitment of Many More Offenders

As the Introduction discusses, Jessica’s Law expanded the population of offenders eligible for the program and thus substantially increased the number of evaluations that

Mental Health has performed each year. Table 3 shows that since the passage of Jessica’s Law, the total number of Corrections’ referrals of offenders to Mental Health ballooned from 1,850 in 2006 to 8,871 in 2007. As a result, the number of offenders whom Mental Health reviewed or evaluated at each stage of its process also increased from 2006 to 2007. Mental Health completed administrative reviews for nearly 96 percent of the referrals it received from Corrections.⁶ Mental Health then forwarded about half of these cases to clinical screenings in which clinicians determined whether the offenders merited full evaluations.⁷ The number of these evaluations that Mental Health performed rose from 594 in 2006 to 2,406 in 2007. Although the number of evaluations dropped from its high point in 2007, the number was still four times higher in 2010 than in 2005, the year before Jessica’s Law took effect.

Table 3
Number of Referrals in Each Step of the Sexually Violent Predator Commitment Process
2005 Through 2010

ENTITY	STEP IN THE COMMITMENT PROCESS	2005	2006	2007	2008	2009	2010*	TOTAL	PERCENTAGE OF TOTAL REFERRALS
Department of Corrections and Rehabilitation	Referrals to Mental Health	512	1,850	8,871	7,338	6,765	6,126	31,462	100.0%
Department of Mental Health (Mental Health)	Administrative reviews	509	1,448	8,230	7,137	6,738	6,013	30,075	95.6
	Clinical screenings [†]	1	304	4,400	3,537	3,470	3,823	15,535	49.4
	Evaluations	217	594	2,406	1,366	966	887	6,436	20.5
	Recommendations to designated counsel	48	92	181	99	52	51	523	1.7
The Court System	Designated counsel petitions	46	88	169	92	39	23	457	1.5
	Probable cause hearings	46	88	169	92	38	23	456	1.4
	Trials	37	77	150	72	22	4	362	1.2
	Offenders committed [‡]	15	27	43	16	3	0	104	0.3

Source: Bureau of State Audits’ analysis of data collected from Mental Health’s Sex Offender Commitment Program Support System (Mental Health’s database) for 2005 through 2010.

Note: As discussed in the Scope and Methodology section of this report, data from Mental Health’s database are not sufficiently reliable. However, it is the best available source of this information.

* These figures represent data for a partial year—January 2010 through September 2010.

† According to Mental Health’s program manager, Mental Health did not implement clinical screenings until sometime in 2006.

‡ These numbers could increase; according to Mental Health’s program manager, about 300 offenders are still awaiting trial.

⁶ The total number of referrals to Mental Health does not agree with the number of referrals that Mental Health reviewed in part because the department did not consistently record in its database that it had completed reviews.

⁷ According to Mental Health’s program manager, the department introduced the clinical screening into its process specifically to address the dramatic rise in referred offenders that Jessica’s Law prompted. We discuss these screenings in more depth later in the report.

Despite the increased number of referrals, as of September 2010, the relative percentage of offenders whom the courts committed as SVPs declined each year after the first full year that Jessica's Law was in effect. According to Mental Health's program manager, about 300 offenders are still awaiting trial. Nevertheless, even if the courts committed all of those awaiting trial, the total number committed would still represent a tiny fraction of all referrals from Corrections. As Table 3 shows, Mental Health screened a large number of offenders referred by Corrections, indicating that neither department displayed a lack of effort in identifying eligible SVPs. However, despite the increased number of evaluations, Mental Health recommended to the district attorneys or the county counsels responsible for handling SVP cases (designated counsels) about the same number of offenders in 2009 as it did in 2005, before the voters passed Jessica's Law.

Thus, Jessica's Law has not resulted in what some expected: the commitment as SVPs of many more offenders. Although an initial spike in commitments occurred in 2006 and 2007, this increase has not been sustained. By expanding the population of potential SVPs to include offenders with only one victim rather than two, Jessica's Law may have unintentionally removed an indirect but effective filter for offenders who do not qualify as SVPs because they lack diagnosed mental disorders that predispose them to criminal sexual acts. In other words, the fact that an offender has had more than one victim may correlate to the likelihood that he or she has a diagnosed mental disorder that increases the risk of recidivism. Additionally, Mental Health's program manager provided an analysis it performed of the types of crimes offenders committed who it recommended for commitment to designated counsels since Jessica's Law took effect. This analysis found that, for every recommendation associated with an offender who committed one of the new crimes added by Jessica's Law, Mental Health made four recommendations related to offenders who committed crimes that would have made them eligible for commitment before the passage of Jessica's Law. This disparity could suggest that crimes added under Jessica's Law as sexually violent offenses correlate less with the likelihood that offenders who commit such crimes are SVPs than do the crimes designated in the original Sexually Violent Predator Act.

Because Mental Health Has Not Tracked the Reasons Offenders Did Not Qualify as SVPs, It Cannot Effectively Identify Trends and Implement Changes to Increase Efficiency

Although analyzing Mental Health's data allowed us to determine the number of referrals at each step of the process, the data lack sufficient detail for us to determine why specific offenders' cases did not progress further in that process. For example, the data did

Jessica's Law may have unintentionally removed an indirect but effective filter for offenders who do not qualify as SVPs because they lack diagnosed mental disorders that predispose them to criminal sexual acts.

Mental Health could not identify trends throughout the program indicating why referred offenders did not meet SVP criteria because it did not use codes for its database consistently.

not show the number of offenders that Mental Health declined to forward to evaluations because the offenders did not have mental disorders rather than because they did not commit predatory crimes. Although the database includes a numeric code that can identify Mental Health's detailed reason for determining why an offender does not meet SVP criteria, Mental Health did not use these codes for the results of its clinical screenings. Instead, when a clinician determined that the offender did not meet SVP criteria, the numeric code used indicated only that the result was a negative screening and was not specific to the clinician's conclusions recorded on the clinical screening form. For offenders whom Mental Health determines do not meet SVP criteria based on evaluations, Mental Health's database has detailed codes available that convey the specific reasons for its decisions on cases. However, for the period under review, Mental Health did not consistently use the codes. According to the program manager, in January 2009 Mental Health stopped using the detailed codes because it determined that the blend of codes used to describe a full evaluation were too confusing and did not result in meaningful data. Because Mental Health did not use the codes consistently, it could not identify trends throughout the program indicating why referred offenders did not meet SVP criteria.

We examined some of the conclusions recorded by Mental Health's psychologists on their clinical screening forms, and we found that the psychologists provided specific reasons for their conclusions that offenders did not meet SVP criteria. For example, some offenders did not meet the criteria because they were not likely to engage in sexually violent criminal behavior, while in other cases the offenders lacked diagnosed mental disorders. Because clinicians do identify the specific reasons for their conclusions on their screening forms, Mental Health should capture this information in its database so that it can inform itself and others about the reasons offenders throughout the program do not meet SVP criteria.

Additionally, although the documented reasons why individual offenders are in Corrections' custody are available to Mental Health, the department cannot summarize this information across the program. This situation prevents Mental Health from tracking the number of offenders that Corrections referred because of parole violations as opposed to new convictions. According to the program manager, Mental Health cannot summarize these data because some of the information appears in the comments or narrative case notes boxes in Mental Health's database. As a result, we used Corrections' data, not Mental Health's, to provide the information in this report about the reasons that offenders were in Corrections' custody during the period that we reviewed. By improving its ability to summarize this type of data, Mental Health could better inform itself and Corrections about trends in the

reasons offenders do not qualify for the program. Mental Health could then use its knowledge of these trends to improve the screening tool that Corrections uses to identify potential SVPs. As of June 2011, Mental Health's program manager indicated that the program is submitting requests to the department's information technology division to upgrade the database to track this type of information.

Few Offenders Have Been Convicted of Sexually Violent Offenses Following a Decision Not to Commit Them

To take one measure of the effectiveness of the program's referral, screening, and evaluation processes, we analyzed data from Corrections and Mental Health to identify offenders who were not committed as SVPs but who carried out subsequent parole violations and felonies. In particular, we looked for instances in which these offenders later perpetrated sexually violent offenses. As Table 4 on the following page shows, 59 percent of these offenders whom Corrections released between 2005 and 2010 subsequently violated the conditions of their paroles. To date, only one offender who did not meet SVP criteria after Corrections had referred him to Mental Health was later convicted of a sexually violent offense during the nearly six-year period we reviewed. Although higher numbers of offenders were subsequently convicted of felonies that were not sexually violent offenses, even those numbers were relatively low.

Only one offender who did not meet SVP criteria after Corrections had referred him to Mental Health was later convicted of a sexually violent offense during the nearly six-year period we reviewed.

Corrections' Failure to Comply With the Law When Referring Offenders Has Significantly Increased Mental Health's Workload

State law outlines Corrections' role in referring offenders to Mental Health for evaluation as potential SVPs. Specifically, Section 6601(b) of the California Welfare and Institutions Code mandates that Corrections and its Board of Parole Hearings (Parole Board) screen offenders based on whether they committed sexually violent predatory offenses and on reviews of their social, criminal, and institutional histories and then determine if they are likely to be SVPs. However, in referring offenders, Corrections and the Parole Board did not screen offenders based on all of these criteria. As a result, Corrections referred many more offenders to Mental Health than the law intended. Moreover, Corrections' process resulted in a high number of re-referrals, or referrals of offenders that Mental Health previously concluded were not SVPs. State law does not prevent Corrections from considering the results of past evaluations, and we believe that revisiting the results of offenders' earlier screenings and evaluations is reasonable even if the law does not explicitly require Corrections to do so. According to

Mental Health, for fiscal year 2009–10, the State paid \$75 for each clinical screening that its contractors completed and an average of \$3,300 for each evaluation. By streamlining its process, Corrections could reduce unnecessary referrals and the associated costs.

Table 4
Reasons for Sex Offenders' Return to the Department of Corrections and Rehabilitation After a Referral to the Department of Mental Health 2005 Through 2010

	2005	2006	2007	2008	2009	2010*	TOTAL
Number of offenders with first time referrals who the Department of Corrections and Rehabilitation (Corrections) subsequently released	231	1,407	5,780	2,834	2,023	1,237	13,512
Sex Offenders (offenders) who later violated parole [†]	92	987	4,212	1,434	868	318	7,911
Percentage of total offenders	40%	70%	73%	51%	43%	26%	59%
Offenders who were later convicted of a new felony [†]	1	39	89	4	1	0	134
Percentage of total offenders	0%	3%	2%	0%	0%	0%	1%
Offenders who were later convicted of a new sexually violent offense [‡]	0	0	1	0	0	0	1
Percentage of total offenders	0%	0%	0%	0%	0%	0%	0%

Sources: Bureau of State Audits' analysis of data collected from the Department of Mental Health's Sex Offender Commitment Program Support System (Mental Health's database) and from Corrections Offender Based Information System (OBIS) for 2005 through 2010.

Note: As discussed in the Scope and Methodology section of this report, data from Mental Health's database are not sufficiently reliable. Also, data from Corrections' OBIS are of undetermined reliability. However, these are the best available sources of this information.

* These figures represent data for a partial year—January 2010 through September 2010.

[†] Some overlap may exist among these categories because it is possible for an offender to return to Corrections' custody more than once and for a different reason each time.

[‡] The offender in this category is also represented in the *New Felony* category.

In addition, Corrections and the Parole Board frequently did not meet the statutory deadline for referring offenders to Mental Health at least six months before the offenders' scheduled release from custody. In 2009 and 2010, the median amount of time for a referral that Corrections and the Parole Board made to Mental Health was less than two months before the scheduled release date of the offender. Because Corrections and its Parole Board referred many offenders with little time remaining before their scheduled release dates, Mental Health may have had to rush its clinical screening process and therefore may have caused it to evaluate more offenders than would have otherwise been necessary.

Corrections Refers Offenders to Mental Health Without First Determining Whether They Are Likely to Be SVPs

As discussed previously, state law defines the criteria that Corrections and its Parole Board must use to screen offenders to determine if they are likely to be SVPs before referring the offenders to Mental Health. Specifically, state law mandates that Corrections must consider whether an offender committed a sexually violent predatory offense, and the law defines *predatory* acts as those directed toward a stranger, a person of casual acquaintance, or a person with whom an offender developed a relationship for the primary purpose of victimizing that individual. The law also specifies that Corrections and the Parole Board must use a structured screening instrument developed and updated by Mental Health in consultation with Corrections to determine if an offender is likely to be an SVP before referring him or her. Further, state law requires that when Corrections determines through the screening that the person is likely to be an SVP, it must refer the offender to Mental Health for further evaluation.

However, during the time covered by our audit, Corrections and its Parole Board referred all offenders convicted of sexually violent offenses to Mental Health without assessing whether those offenses or any others committed by the offender were *predatory* in nature or whether the offenders were likely to be SVPs based on other information that Corrections could consider. Instead, it left these determinations solely to Mental Health. Moreover, although Corrections and Mental Health consulted about the referral process, the process Corrections used fell short of the structured screening instrument specified by law. According to the chief of the classification services unit (classification unit chief) for Corrections' Division of Adult Institutions and the former program operations chief deputy for the Parole Board (parole board deputy),⁸ Corrections and the Parole Board did not determine if a qualifying offense or any other crime was predatory when they made a referral. Our legal counsel advised us that according to the plain language of Section 6601(b) of the California Welfare and Institutions Code, Corrections and the Parole Board must determine whether the person committed a predatory offense and whether the person is likely to be an SVP before his or her referral to Mental Health.

Because Corrections did not consider whether offenders' crimes were predatory and whether the offenders were likely to be SVPs, it referred many more offenders to Mental Health than the law intended. This high number of referrals unnecessarily

Although Corrections and Mental Health consulted about the referral process, the process Corrections used fell short of the structured screening instrument specified by law.

⁸ Subsequent to our interview, this official moved to Corrections' Division of Adult Institutions.

increased Mental Health's workload at a cost to the State. We found several referrals in our sample involving offenders who did not commit predatory offenses. For example, we reviewed cases in which Corrections referred an offender for a sexual crime against his own child, and another for a sexual crime committed against the offender's own grandchild. Although these crimes were serious, they did not meet the law's definition of *predatory* because the victims were not strangers or mere acquaintances.

Mental Health and Corrections' current processes also miss an opportunity to make the referral process more efficient by eliminating duplicate efforts. When considering whether an offender requires an evaluation, Mental Health's clinical screeners use a risk assessment tool—California's State Authorized Risk Assessment Tool for Sex Offenders (STATIC-99R)—as part of determining the individual's risk of reoffending. Corrections uses this same tool in preparation for an adult male offender's release from prison. According to the parole board deputy, Corrections' Division of Adult Parole Operations completes a STATIC-99R assessment approximately eight months before the offender's scheduled parole. Although state law does not specifically require Corrections to consider the STATIC-99R scores as part of its screening when making referrals to Mental Health, doing so would eliminate duplicate efforts and reduce Mental Health's workload because Corrections would screen out, or not refer, those offenders it determines have a low risk of reoffending. This type of screening would reduce costs at Mental Health because fewer clinical screenings would be necessary.

Although Corrections is not required to consider risk assessment scores to determine an offender's likelihood of reoffending when making referrals, doing so would eliminate duplicate efforts and reduce Mental Health's workload.

When we discussed the possibility of Corrections using the STATIC-99R as part of its screening of offenders before it refers them to Mental Health, the parole board deputy stated that he was unaware that Corrections ever considered this approach. However, the California High Risk Sex Offender and Sexually Violent Predator Task Force—a gubernatorial advisory body whose membership included representatives from Corrections, Mental Health, and local law enforcement, among others—recommended in a December 2006 report that Corrections incorporate STATIC-99R into its process. According to the classification unit chief, Corrections is researching the status of its efforts regarding the task force's recommendation.

Many of Corrections' Referrals Involve Offenders Whom Mental Health Has Already Determined Do Not Qualify as SVPs

One of the most useful actions Corrections could take to increase its efficiency when screening offenders for possible referral to Mental Health is to consider the outcome of previous referrals.

Corrections’ screening process does not consider whether Mental Health has already determined that an offender does not meet the criteria to be an SVP. As a result, these re-referrals significantly affect Mental Health’s caseload. As Table 5 shows, 45 percent of Corrections’ referrals to Mental Health since 2005 were for offenders whom it had previously referred and whom Mental Health had concluded did not meet SVP criteria. Many of these cases had progressed only as far as the clinical screenings before Mental Health determined that the offenders did not meet SVP criteria. Table 5 also shows that for 18 percent, or 5,772, of these re-referral cases, Mental Health had previously performed evaluations and concluded that the offenders did not qualify as SVPs. For these 5,772 re-referral cases, Mental Health’s previous evaluations occurred within one year for 39 percent, or 2,277, of the cases. Another 30 percent took place within two years.

Table 5
Number of Referrals to the Department of Mental Health for Sex Offenders Who Previously Did Not Meet Sexually Violent Predator Criteria
2005 Through 2010

	2005	2006	2007	2008	2009	2010*	TOTAL
Total referrals	512	1,850	8,871	7,338	6,765	6,126	31,462
Number of referrals of sex offenders (offenders) whom the Department of Mental Health (Mental Health) had previously found did not qualify as sexually violent predators (SVPs) without evaluations	31	53	1,254	2,306	2,511	2,382	8,537
Percentage of total referrals	6%	3%	14%	31%	37%	39%	27%
Number of referrals of offenders who previously received evaluations and did not qualify as SVPs	164	167	721	1,448	1,640	1,632	5,772
Percentage of total referrals	32%	9%	8%	20%	24%	27%	18%
Total number of referrals of offenders who previously did not meet SVP criteria	195	220	1,975	3,754	4,151	4,014	14,309
Percentage of total referrals	38%	12%	22%	51%	61%	66%	45%

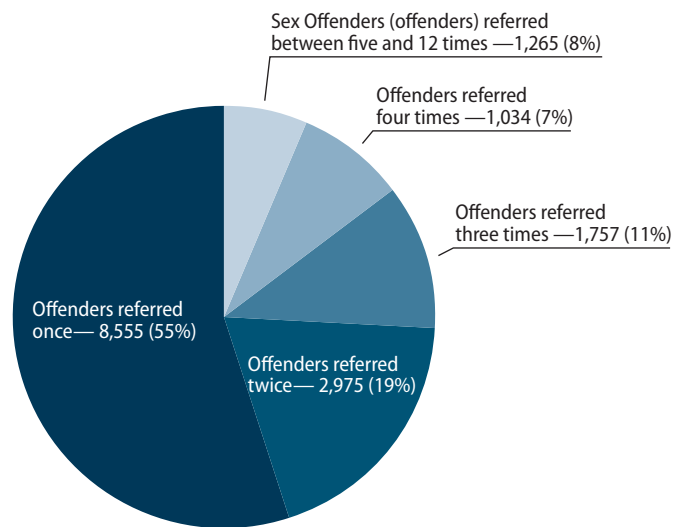
Sources: Bureau of State Audits’ analysis of data collected from the Department of Mental Health’s Sex Offender Commitment Program Support System (Mental Health’s database) for 2005 through 2010.

Note: As discussed in the Scope and Methodology section of this report, data from Mental Health’s database are not sufficiently reliable. However, it is the best available source of this information.

* These figures represent numbers for a partial year—January 2010 through September 2010.

To illustrate the magnitude of this re-referral problem, we noted that Corrections’ approximately 31,500 referrals to Mental Health for the period under review represented nearly 15,600 offenders. Of these individuals, Corrections referred almost half, or 7,031 offenders, to Mental Health on at least two occasions. In fact, Figure 3 on the following page shows that Corrections referred 8 percent of offenders between five and 12 times between 2005 and 2010.

Figure 3
Number of Times the Department of Corrections and Rehabilitation Referred Sex Offenders to the Department of Mental Health 2005 Through 2010



Sources: Bureau of State Audits' analysis of data collected from the Department of Mental Health's Sex Offender Commitment Program Support System (Mental Health's database) for 2005 through 2010.

Notes: The data for 2010 represent figures for a partial year—January 2010 through September 2010.

As discussed in the Scope and Methodology section of this report, data from Mental Health's database are not sufficiently reliable. However, it is the best available source of this information.

Although the law does not specifically require Corrections to consider the outcome of offenders' previous referrals in its screening process, we believe it is reasonable in these cases for Corrections to consider whether the nature of a parole violation or a new crime might modify an evaluator's opinion. This consideration would be in line with the law's direction that Corrections refer only those offenders likely to be SVPs based on their social, institutional, and criminal histories. Many previously referred offenders are, in fact, unlikely to be SVPs given Mental Health's past assessments that they did not meet SVP criteria. By considering whether previously referred offenders warrant new referrals, Corrections could eliminate duplicate efforts and reduce unnecessary workload and costs.

Among all referrals made during the period we reviewed, 63 percent involved offenders in Corrections' custody due to parole violations. Although not all parole violators could be screened out of re-referral through a process that considers the nature of the parole violations, many could be. When we discussed with Mental Health whether it had asked Corrections to cease making re-referrals in those instances in which parole violations were not new sex-related offenses, Mental Health provided us

with a copy of a September 2007 Corrections' memorandum to its staff stating that Mental Health and Corrections had agreed to streamline the referral procedures for parole violators. The memorandum instructed Corrections' staff not to refer offenders if Mental Health had previously determined that the offenders were not SVPs and if the offenders were currently in custody for specified parole violations that Mental Health's psychologists had determined from a clinical standpoint would not change the offenders' risk of committing new sexual offenses. However, five months later, another Corrections' memorandum rescinded these revised procedures. Corrections' classification unit chief told us that although she was not with the program at the time, she believed that the former Governor's Office had instructed the departments to discontinue using the streamlined process because it did not comply with the law. We asked Corrections for more details about this legal determination, but Corrections could not provide any additional information. According to our legal counsel, a streamlined process that includes consideration of the outcomes of previous referrals and the nature of parole violations is allowed under state law.

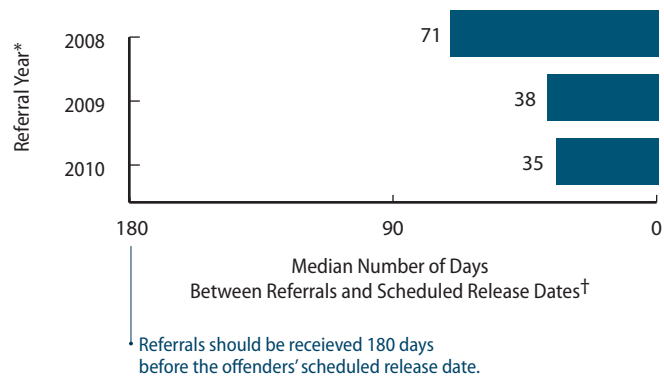
According to our legal counsel, a streamlined process that includes consideration of the outcomes of previous referrals and the nature of parole violations is allowed under state law.

Corrections' Failure to Refer Offenders Within Statutory Time Frames May Force Mental Health to Rush Its Screening Process

State law requires that Corrections refer offenders to Mental Health at least six months before their scheduled release dates. However, according to the median amount of time for referrals displayed in Figure 4 on the following page, Corrections did not meet this deadline for a significant portion of referrals during the three years for which Corrections and Mental Health were able to provide data to us.⁹ Corrections' procedure manual states that it will screen offenders nine months before their scheduled release dates unless it receives them with less than nine months to their release, in which case the department has alternate procedures. This policy, if followed, should ensure that Corrections forwards cases to Mental Health at least six months before the offenders' release, as required by law. However, the parole board deputy noted that issues such as workload and missing documents can prevent Corrections from making these referrals in a timely manner.

⁹ State law does not apply this requirement for offenders whose release dates are changed by judicial or administrative actions or for offenders in Corrections' custody for less than nine months. Although we could not exclude from our data analysis those offenders whose release dates were altered by judicial or administrative actions, our review of case files at Mental Health revealed no obvious instances in which such alterations occurred. This observation suggests that judicial or administrative actions were not the primary cause of Corrections' lack of timeliness. We excluded from our analysis those offenders who, as of the date of their referral, had been in Corrections' custody for less than nine months.

Figure 4
Median Number of Days Between the Department of Corrections and Rehabilitation's Referrals to the Department of Mental Health and Sex Offenders' Scheduled Release Dates at Time of Referral



Sources: Bureau of State Audits' analysis of data collected from the Department of Mental Health's Sex Offender Commitment Program Support System (Mental Health's database) and the Offender Based Information System (OBIS) from the Department of Corrections and Rehabilitation (Corrections) for 2008 through 2010.

Note: As discussed in the Scope and Methodology section of this report, data from Mental Health's database are not sufficiently reliable. Also, data from Corrections' OBIS are of undetermined reliability. However, these are the best available sources of this information.

* Data analysis September 16, 2008, through September 2010.

† Analysis does not include sex offenders who were in Corrections' custody for less than nine months as of the date of their referral.

Late referrals shorten the amount of time available for Mental Health to evaluate offenders properly. In fact, in one case we reviewed, Mental Health received the referral one day before the offender's scheduled release. In another case, Mental Health received a referral for an offender 11 days before his scheduled release. Although Mental Health can request that the Parole Board place a temporary hold on an offender's release to extend the amount of time that Mental Health has to evaluate him or her, state law requires that the Parole Board have good cause for extending the offender's stay in custody. Mental Health's program manager stated that in practice, Mental Health requests a hold from the Parole Board when it determines that it cannot complete an evaluation by the offender's scheduled release date. The program manager also stated that sometimes the time remaining before an offender's release is so short that the department must rush an offender through a clinical screening in order to ensure that it can request a hold.

Although Mental Health Did Not Conduct Full Evaluations of All Referred Offenders, It Generally Ensured That Offenders Were Properly Screened and Evaluated

Our review indicated that Mental Health's process for determining whether it should perform full evaluations of referred offenders has been generally effective and appropriate. As discussed earlier,

the number of offenders whom Corrections referred to Mental Health increased significantly after the passage of Jessica's Law. To manage this workload, Mental Health used the administrative reviews to ensure that it has all of the information necessary to perform clinical screenings, which it uses to determine whether offenders warrant full evaluations. Between February 2008 and June 2010, Mental Health also used the administrative reviews as opportunities to identify offenders who did not warrant clinical screenings because Mental Health had evaluated these offenders previously and had determined that they did not meet SVP criteria. Mental Health rescinded this policy, and, as previously discussed, Corrections also rescinded its similar policy for screening out certain offenders from re-referral. However, we believe that Mental Health should work with Corrections to reduce unnecessary referrals.

Mental Health has for the most part conducted evaluations of offenders effectively; however, for a time, it did not always assign the required number of evaluators to cases. Specifically, Mental Health's data indicates that it did not arrange for two evaluators to conduct the evaluations for 161 offenders, as state law directs. In addition, for at least a year prior to August 2008, Mental Health did not assign a fourth evaluator to each case in which the first two evaluators disagreed as to whether the offender met SVP criteria and in which the third evaluator also did not believe that the offender met SVP criteria. In cases requiring a third and fourth evaluator to determine whether an offender meets SVP criteria, state law may need clarification. Nonetheless, we believe that the selective use of a fourth evaluator in those instances when the third evaluator concludes the offender meets SVP criteria is a cost-effective approach. Because the third and fourth evaluators must both agree that the offender meets SVP criteria, the conclusion of the fourth evaluation is relevant only if the third evaluator concludes that the offender meets SVP criteria.

Mental Health's Administrative Review and Clinical Screening Processes Appear Prudent

As the Introduction discusses, state law specifies that Mental Health must conduct a full evaluation of every offender Corrections refers to it. However, in practice, Mental Health conducts an administrative review and clinical screening before performing a full evaluation. Although state law does not specify that Mental Health should perform these preliminary processes, doing so appears to save the State money without unduly affecting public safety because these procedures allow Mental Health to save the cost of evaluations for offenders who do not meet SVP criteria.

We believe that Mental Health should work with Corrections to reduce unnecessary referrals.

According to Mental Health's program manager, when Corrections began referring more offenders in response to Jessica's Law, the number of incomplete and invalid referrals also increased.

The program manager stated that Mental Health implemented the administrative reviews and clinical screenings as quality improvement measures. Specifically, the administrative review ensures that each referral includes all the necessary documentation, including police records, and that the offender is available for evaluation. During the clinical screening, a clinician reviews the offender's file and determines whether the offender merits an evaluation. This screening is necessary because Corrections neither assesses whether an offender committed a predatory offense or is likely to re-offend, nor evaluates the nature of an offender's parole violation before it makes a referral.

Additionally, Mental Health implemented a streamlined process for addressing re-referred offenders. As directed in Mental Health's policy that was in effect between February 2008 and June 2010, Mental Health's case managers could decline to schedule clinical screenings for offenders whom Mental Health had previously screened or evaluated and determined did not meet SVP criteria if the case managers determined the offenders had not committed new crimes, sex-related parole violations, or any other offenses that might contribute to a change in their mental health diagnoses. The policy provided screening guidelines for staff to consider and examples of factors that demonstrated when a case did not warrant a clinical screening and for which Mental Health—after its administrative review—could notify Corrections that the offender did not meet SVP criteria.

Our analysis of Mental Health's data showed that between 2005 and 2010, Mental Health decided that half of the roughly 31,500 referrals did not warrant clinical screenings. Our review of six specific cases suggests that Mental Health followed its own policy and notified Corrections that the offenders did not meet SVP criteria when case managers determined that the nature of the parole violations would not change the outcomes of previous screenings or the evaluations of re-referred offenders. For example, in three of these cases, Mental Health's case managers noted that parole violations were not related to sexual behavior and would not change the most recent evaluations' results. These evaluations had concluded that each of these offenders lacked an important element of SVP criteria: a diagnosable mental disorder or the likelihood that the offender would engage in sexually violent criminal behavior. When we asked Mental Health why it had developed the policy allowing case managers to decide that some re-referred cases did not warrant clinical screenings, the program manager explained that clinical determinations are highly unlikely to alter if there are no new issues that are substantive or related to sexual offenses.

Therefore, to streamline the already overburdened process, Mental Health believed it was within the law and in the public interest to conduct only administrative reviews for certain offenders. However, according to the program manager, Mental Health implemented a more in-depth review due to several high-profile sexual assault cases.

As explained previously, for a brief time Corrections and Mental Health had an agreement that they designed to eliminate unnecessary re-referrals. However, apparently in response to concerns from the former Governor's Office, Corrections stopped using this agreement. Although Mental Health could reinstitute its administrative review policy, we believe the better course of action is for Mental Health to work with Corrections to revise its current screening and referral process so that Corrections considers STATIC-99R scores, previous clinical screening and evaluation results, and the nature of any parole violations before referring cases to Mental Health. Moreover, our legal counsel believes that the law allows such a process. In light of the volume of referrals to Mental Health, such revisions to the screening and referral process would be a reasonable, responsible way to reduce the costs and duplicative efforts associated with these referrals.

Although Mental Health Did Not Always Assign the Required Number of Evaluators, It Properly Recommended Offenders to Designated Counsels When Warranted

Our review of 30 cases in which Mental Health completed evaluations of offenders found that Mental Health generally followed its processes for conducting evaluations and asked the designated counsels to request commitments when warranted. Mental Health based its requests to the designated counsels on its evaluators' thorough assessments, which included face-to-face interviews with offenders unless they declined to participate. The evaluators also conducted extensive record reviews and used evaluation procedures that applied industry standard diagnostic criteria to decide whether mental disorders were present and employed risk assessment tools to determine the offenders' risk of re-offending.

Although Mental Health properly recommended that designated counsels request commitments when warranted, Mental Health's data show that it did not always assign the proper number of evaluators to assess offenders. As the Introduction explains, state law requires Mental Health to designate two evaluators to evaluate offenders likely to be SVPs. When two evaluators disagree about whether an offender meets the criteria for the program, state law requires Mental Health to arrange for two additional evaluators

Mental Health's data show that it did not always assign the proper number of evaluators to assess offenders.

We found that in 161 instances Mental Health arranged for only one initial evaluator—rather than the required two—to assess each offender before notifying Corrections that the offender did not meet SVP criteria.

to assess the offender. However, when we examined some case files and analyzed Mental Health's data for January 2005 through September 2010, we found that in 161 instances Mental Health arranged for only one initial evaluator to assess each offender before notifying Corrections that the offender did not meet SVP criteria. The data are also supported by our case file reviews, in which we found one instance where Mental Health notified Corrections that an offender did not meet SVP criteria based on a single evaluator's assessment, which found that the offender did not have a diagnosable mental disorder.

When we asked Mental Health about these 161 referrals, the program manager indicated that for a short time after the passage of Jessica's Law, Mental Health implemented a process stipulating that if the first evaluator determined that the offender did not have a diagnosable mental disorder, Mental Health did not refer the offender to a second evaluator. The program manager stated that the passage of Jessica's Law had not allowed Mental Health sufficient time to put in place the infrastructure and resources needed to respond to the magnitude of referrals it received from Corrections during the period that we reviewed. Mental Health acknowledged that this process, which it communicated to staff verbally, began in October 2006 and ended in June 2007, after it had obtained and trained a sufficient number of evaluators. The program manager provided a list of offenders and indicated that Corrections later re-referred 98 of the 161 offenders that had previously received only one evaluation. She indicated that Mental Health determined either during subsequent clinical screenings or during evaluations that these 98 offenders did not meet SVP criteria and that the remaining offenders have not been referred to Mental Health again.

We also found that Mental Health did not always assign two additional evaluators to resolve differences of opinion between the first two evaluators about referred offenders; however, we believe that this practice had no impact on public safety. Specifically, our analysis of Mental Health's data shows that in 254 closed referrals, Mental Health arranged for a third evaluator only and not for a fourth. According to e-mail correspondence provided by the program manager, for at least a year before August 2008, Mental Health's practice was to assign a fourth evaluator to a case only if a third evaluator concluded that the offender met SVP criteria. According to the program manager, the former chief of the program rescinded this practice in August 2008 after verbal consultation with the department's assistant chief counsel. E-mail correspondence from the former chief of the program to staff indicates that this practice did not comply with state law.

From both a legal and budgetary perspective, we believe that the practice of obtaining a fourth evaluation only if a third evaluator concludes that the offender is an SVP is a practical way to manage the program. If the third evaluator believes the offender is not an SVP, state law generally would not allow Mental Health to recommend the offender for commitment even if the fourth evaluator concludes that the offender meets the necessary criteria. According to Mental Health's own analysis, the average cost of an evaluation completed by a contractor for fiscal year 2009–10 was \$3,300; therefore, the department's avoiding unnecessary fourth evaluations could result in cost savings. Our legal counsel advised us that the law is open to interpretation on this issue. Thus, we suggest that Mental Health reinstitute this practice of preventing unnecessary fourth evaluations either by issuing a regulation or by seeking a statutory change to clarify the law.

We suggest that Mental Health reinstitute the practice of preventing unnecessary fourth evaluations either by issuing a regulation or by seeking a statutory change to clarify the law.

Mental Health Has Used Contractors to Perform Its Evaluations Due to Limited Success in Increasing Its Staff

Because it has made limited progress in hiring and training more staff, Mental Health has used contractors to complete the evaluations of sex offenders whom it has considered for the program. According to the program manager, the evaluation of sex offenders is a highly specialized field, and Mental Health believes it has not had staff with the skills and experience necessary to perform the evaluations. Mental Health reported to us that as a result, for fiscal years 2005–06 through 2009–10, it paid nearly \$49 million to contractors who performed work related to its evaluations of offenders. Although current state law expressly authorizes Mental Health to use contractors for all types of evaluations, this permission will expire on January 1, 2012.¹⁰ Because Mental Health has had difficulty in hiring staff, acquiring a sufficient work force to conduct its evaluations is likely to pose a significant challenge when the law expires.

In April 2007 an employee union requested that the State Personnel Board review Mental Health's evaluator contracts for compliance with the California Government Code, Section 19130(b), which allows contracting only when those contracts meet certain conditions, such as that state employees cannot perform the work. The State Personnel Board ruled against Mental Health, finding that Mental Health had not adequately demonstrated that state employees could not perform the tasks that it had assigned

¹⁰ Although express permission for contractors to perform all types of evaluations expires on January 1, 2012, state law will continue to require that Mental Health use contractors to perform the difference-of-opinion evaluations. As the Introduction details, state law specifically mandates that these evaluators cannot be employees of the State.

to contractors. Because of the ruling, the State Personnel Board disapproved Mental Health's contracts effective 90 days after its March 2008 decision.¹¹ In September 2008, to provide Mental Health with the capacity to perform the required evaluations, the Legislature amended state law to give the department express permission to use contractors for all types of evaluations until January 1, 2011. The Legislature later extended this authorization until January 1, 2012.¹²

According to the program manager, Mental Health believes that no current state employee position requires minimum qualifications sufficient to perform the function of the SVP evaluator. As evidenced by Mental Health's requirements for its contract evaluators, the department believes evaluators need specific experience in diagnosing the sexually violent population and at least eight hours of expert witness testimony related to SVP cases. Currently, as the program manager explained, Mental Health does not consider state-employed consulting psychologists qualified to perform evaluations, although it has provided two employees with additional training, mentoring, and experience to prepare them to perform evaluations. These two employees have completed three evaluations but have yet to provide expert witness testimony. The program manager also stated that Mental Health has had difficulty hiring consulting psychologists with qualifications similar to those of the contracted evaluators because the compensation for the consulting psychologist positions is not competitive with what is available to psychologists in private practice for this specialized area of forensic mental health clinical work. Mental Health completed a salary analysis in March 2010 that found that the average hourly pay for the contractors to perform evaluations and clinical screenings is approximately \$124 per hour, compared to the \$72 per hour—including benefits—that state-employed consulting psychologists earn.

Mental Health's reliance on contractors has led to costs that are higher than if it had been able to hire and use its own staff.

Mental Health's reliance on contractors has led to costs that are higher than if it had been able to hire and use its own staff. As Figure 5 indicates, from January 2005 through September 2010, Mental Health used between 46 and 77 contractors each year to complete its workload of evaluations and clinical screenings, while some or all of its seven positions for state-employed consulting psychologists were at times vacant. Mental Health reported to us that for fiscal years 2005–06 through 2009–10, it spent nearly \$73 million on the contractors. This amount is equivalent

¹¹ The State Personnel Board's decision said that it is permissible for Mental Health to use contractors to perform difference-of-opinion evaluations.

¹² If the director of Mental Health notifies the Legislature and the Department of Finance that it has hired a sufficient number of state employees before this date, the express permission will end earlier than January 1, 2012.

to an average of roughly \$188,000 per year per contractor. By comparison, for fiscal year 2009–10, each consulting psychologist earned \$110,000 (excluding benefits). The \$73 million included payments for activities that the contractors performed separate from the initial screening and evaluation process, such as providing expert witness testimony in court and updating evaluations for offenders awaiting trial or already committed as SVPs. The amount also included approximately \$49 million related to the evaluation of offenders whom Corrections referred to Mental Health. The reported estimate of costs for clinical screenings performed by contractors during the same period was almost \$169,000.¹³

Figure 5
Number of Contractors and State-Employed Consulting Psychologists Used by the Department of Mental Health 2005 Through 2010

	2005	2006	2007	2008	2009	2010				
Contractors who complete evaluations	46	48	77	75	75	68*				
Authorized consulting psychologist positions	1		7							
Filled consulting psychologist positions	1	0		1	3	4	5	6	5	7

Sources: Bureau of State Audits' analysis of data collected from the Department of Mental Health's Sex Offender Commitment Program Support System (Mental Health's database); summary of the number of authorized positions for the consulting psychologist classification and the number of employees filling those positions by year provided by the program manager of the Sex Offender Commitment Program.

Note: As discussed in the Scope and Methodology section of this report, data from Mental Health's database are not sufficiently reliable. However, it is the best available source of this information.

* The data for 2010 contractors represents a partial year—January 2010 through September 2010.

To address the difficulty in hiring qualified evaluators as state employees, Mental Health is working to establish a new evaluator classification. The proposed position is a permanent-intermittent position—a state classification in which the employee works periodically or for a fluctuating portion of a full-time work schedule and is paid by the hour. Mental Health plans for these employees to work as its caseload requires. This proposed new classification offers a more competitive compensation than does the standard consulting psychologist position, so Mental Health believes that it will now attract more individuals as potential employees. The qualifications for the new classification are similar to the requirements placed on Mental Health's current contractors who perform evaluations. Mental Health anticipates that the State

¹³ Contractors were paid \$75 per clinical screening. This cost does not cover the screenings performed by the state-employed consulting psychologists.

Personnel Board will consider its request for the new position classification in August 2011. If the State Personnel Board approves the classification, Mental Health plans initially to seek authority for 10 positions and then increase its positions by 10 in each subsequent fiscal year until eventually it can rely completely on employees to perform the evaluations. The only exceptions to Mental Health's reliance on state-employed evaluators will occur when it must use contractors to provide difference-of-opinion evaluations, as required by law. If it has not hired sufficient staff by 2012, the program manager stated that Mental Health plans to propose a legislative amendment to extend its authorization to use contractors.

Mental Health Has Not Reported to the Legislature About Its Efforts to Hire State Employees as Evaluators or About the Impact of Jessica's Law on the Program

Mental Health has not submitted required reports about its efforts to hire qualified state employees to conduct evaluations of potential SVPs and about the impact of Jessica's Law on the program. State law requires Mental Health to report semiannually to the Legislature on its progress in hiring qualified state employees to complete evaluations. Although the first of these reports was due by July 10, 2009, Mental Health has yet to submit any reports. In addition, state law required Mental Health to provide a report to the Legislature by January 2, 2010, on the effect of Jessica's Law on the program's costs and on the number of offenders evaluated and committed for treatment. However, Mental Health also failed to submit this report. In May 2011 Mental Health's external audit coordinator stated that the reports were under development or review. Mental Health did not explain why the reports were late or specify a time frame for the reports' completion.

The Legislature and other interested parties may have been unaware that Mental Health has made little progress in hiring state employees as evaluators of offenders and how profoundly Jessica's Law has affected Mental Health's workload.

Because Mental Health has not submitted the required reports, the Legislature and other interested parties may have been unaware that Mental Health has made little progress in hiring state employees as evaluators of offenders. The Legislature and other interested parties may also have been unaware of how profoundly Jessica's Law has affected Mental Health's workload. As a result, the Legislature may not have had the information necessary to provide appropriate oversight and to make informed decisions.

Recommendations

To enable it to track trends and streamline processes, Mental Health should expand the use of its database to capture more specific information about the offenders whom Corrections refers to it and the outcomes of the screenings and evaluations that it conducts.

To eliminate duplicative effort and increase efficiency, Corrections should not make unnecessary referrals to Mental Health. Corrections and Mental Health should jointly revise the structured screening instrument so that the referral process adheres more closely to the law's intent. For example, Corrections should better leverage the time and work it already conducts by including the following steps in its referral process:

- Determining whether the offender committed a predatory offense.
- Reviewing results from any previous screenings and evaluations that Mental Health completed and considering whether the most recent parole violation or offense might alter the previous decision.
- Using STATIC-99R to assess the risk that an offender will reoffend.

To allow Mental Health sufficient time to complete its screenings and evaluations, Corrections should improve the timeliness of its referrals. If it does not achieve a reduction in referrals from implementing the previous recommendation, Corrections should begin the referral process earlier than nine months before offenders' scheduled release dates in order to meet its six-month statutory deadline.

To reduce costs for unnecessary evaluations, Mental Health should either issue a regulation or seek a statutory amendment to clarify that when resolving a difference of opinion between the two initial evaluators of an offender, Mental Health must seek the opinion of a fourth evaluator only when a third evaluator concludes that the offender meets SVP criteria.

To ensure that it will have enough qualified staff to perform evaluations, Mental Health should continue its efforts to obtain approval for a new position classification for evaluators. If the State Personnel Board approves the new classification, Mental Health should take steps to recruit qualified individuals as quickly as possible. Additionally, Mental Health should continue its efforts to train its consulting psychologists to conduct evaluations.

To ensure that the Legislature can provide effective oversight of the program, Mental Health should complete and submit as soon as possible its reports to the Legislature about Mental Health's efforts to hire state employees to conduct evaluations and about the impact of Jessica's Law on the program.

We conducted this audit under the authority vested in the California State Auditor by Section 8543 et seq. of the California Government Code and according to generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives specified in the scope section of the report. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

Respectfully submitted,



ELAINE M. HOWLE, CPA
State Auditor

Date: July 12, 2011

Staff: Tammy Lozano, CPA, CGFM, Project Manager
Sean R. Gill, MPP
Bob Harris, MPP
Tram Thao Truong

Legal Counsel: Scott A. Baxter, JD

IT Audit Support: Michelle J. Baur, CISA, Audit Principal
Richard W. Fry, MPA

Consultants: Loretta Hall, CISA, CISSP
Celina Knippling, CPA

For questions regarding the contents of this report, please contact Margarita Fernández, Chief of Public Affairs, at 916.445.0255.

(Agency response provided as text only.)

California Department of Mental Health
1600 9th Street
Sacramento, CA 95814

June 21, 2011

Elaine M. Howle, CPA
Bureau of State Audits
555 Capitol Mall, Suite 300
Sacramento, CA 95814

Dear Ms. Howle:

The California Department of Mental Health (DMH) has prepared its response to the draft report entitled "Department of Mental Health and Corrections and Rehabilitation: Streamlining the Process for Identifying Potential Sexually Violent Predators Would Reduce Unnecessary or Duplicative Work". The DMH appreciates the work performed by the Bureau of State Audits and the opportunity to respond to the draft report.

Please contact Vallery Walker, Internal Audits, at (916) 651-3880 if you have any questions.

Sincerely,

(Signed by: Cliff Allenby)

CLIFF ALLENBY
Acting Director

Enclosure

**Response to the Bureau of State Audits
Draft Report Entitled**

“Department of Mental Health and Corrections and Rehabilitation: Streamlining the Process for Identifying Potential Sexually Violent Predators Would Reduce Unnecessary or Duplicative Work”

Recommendation: To enable it to track trends and streamline processes, the Department of Mental Health (Mental Health) should expand the use of its database to capture more specific information about the offenders the Department of Corrections and Rehabilitation (Corrections) refers to it and the outcomes of the screenings and evaluations it conducts.

Response: Mental Health has identified database enhancements that will enable the Sex Offender Commitment Program (SOCP) to track more specific information related to victims, offenders, offenses, screening results, evaluations results, referral decisions and actions taken by the District Attorneys and the courts. These changes will enable Mental Health to track trends and streamline processes.

Recommendation: To eliminate duplicative effort and increase efficiency, Corrections should not make unnecessary referrals to Mental Health. Corrections and Mental Health should jointly revise the structured screening instrument so that the referral process adheres more closely to the law’s intent. For example, Corrections should better leverage the time and work it already conducts by including the following steps in its referral process:

- Determine whether the offender committed a predatory offense.
- Review the result of any previous screenings and evaluations Mental Health completed and consider whether the most recent parole violation or offense might alter the previous decision.
- Use the State Authorized Risk Assessment Tool for Sex Offenders to assess the risk that an offender will reoffend.

Response: Mental Health and Corrections are already working together to further streamline the referral process to eliminate duplicative effort and increase efficiency.

Recommendation: To ensure that it will have enough qualified staff to perform evaluations, Mental Health should continue its efforts to obtain approval of a new position classification for SVP evaluators. If the State Personnel Board (SPB) approves the classification, Mental Health should take steps to recruit qualified individuals as quickly as possible. Additionally, Mental Health should continue its efforts to train its consulting psychologists to conduct evaluations.

Response: Mental Health has submitted its SVP Evaluator classification proposal to the Department of Personnel Administration. It is anticipated that the SPB will hear the proposal in the month of August 2011. SOCP will immediately recruit SVP Evaluators once this classification is approved by SPB and position authority has been granted. SOCP Consulting Psychologists currently attend trainings on legal and clinical practices related to full evaluations and trends in the forensics field. Efforts to train consulting psychologists to conduct evaluations will continue.

In addition, Mental Health plans to propose legislative amendments to extend its authorization to use contractors for all types of evaluations prior to the expiration of its current authorization of January 1, 2012.

Recommendation: To reduce costs for unnecessary evaluations, Mental Health should either issue a regulation or seek a statutory amendment to clarify that, when resolving a difference of opinion between the first set of evaluators, Mental Health must only seek the opinion of a fourth evaluator when a third evaluator concludes that the offender meets the SVP criteria.

Response: Mental Health is evaluating options to reduce costs for unnecessary evaluations.

Recommendation: To ensure the Legislature can provide effective oversight, Mental Health should complete and submit reports to the Legislature on its efforts to hire state employees and on the impact of Jessica's Law on the program as soon as possible.

Response: The Administration is in the process of finalizing these reports.

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(Agency response provided as text only.)

California Department of Corrections and Rehabilitation
P.O. Box 942883
Sacramento, CA 94283-0001

June 21, 2011

Ms. Elaine M. Howle, State Auditor
Bureau of State Audits
555 Capitol Mall, Suite 300
Sacramento, CA 95814

Dear Ms. Howle:

The California Department of Corrections and Rehabilitation (CDCR) is submitting this letter in response to the Bureau of State Audits' report (BSA) entitled *Departments of Mental Health and Corrections and Rehabilitation: Streamlining the Process for Identifying Potential Sexually Violent Predators Would Reduce Unnecessary or Duplicative Work*.

The Legislature created the Sex Offender Commitment Program to target sex offenders who present the highest risk to public safety due to their diagnosed mental disorders which predisposes them to engage in sexually violent criminal behavior. As such, CDCR is committed to adhering to the statutory law governing this program and will always err on the side of caution in regards to public safety when making sex offender referrals to the Department of Mental Health (DMH). CDCR appreciates the thoughtful review conducted by BSA and the concerns for duplicate work and potential savings for the state of California. CDCR notes the current screening process developed collaboratively by both departments provides the ability for the State to meet the intent of the Sexually Violent Predator statute in screening and identifying offenders without requiring duplicative mental health assessments by both departments, which would have a negative fiscal impact on the State. We agree that improvements can be made in streamlining the process and have already implemented steps to improve the timeliness of our referrals to DMH. We look forward to carefully reviewing the recommendations in this report and will continue our work with DMH to increase efficiency.

We would like to thank BSA for their work on this report and will address the specific recommendations in a corrective action plan at 60-day, six-month, and one-year intervals. If you have further questions, please contact me at (916) 323-6001.

Sincerely,

(Signed by: Scott Kernan)

SCOTT KERNAN
Undersecretary, Operations (A)

cc: Members of the Legislature
Office of the Lieutenant Governor
Milton Marks Commission on California State
Government Organization and Economy
Department of Finance
Attorney General
State Controller
State Treasurer
Legislative Analyst
Senate Office of Research
California Research Bureau
Capitol Press

DECLARATION OF SERVICE BY EMAIL

I, the undersigned, declare as follows:

I am a resident of the County of Sacramento and I am over the age of 18 years, and not a party to the within action. My place of employment is 980 Ninth Street, Suite 300, Sacramento, California 95814.

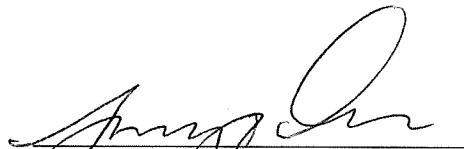
On April 11, 2019, I served the:

- **County of Los Angeles District Attorney's Office's Late Comments on the Mandate Redetermination on Remand filed April 10, 2019**
- **County of Los Angeles's Comments on the Mandate Redetermination on Remand filed April 10, 2019**
- **County of Orange's Comments on the Mandate Redetermination on Remand filed April 10, 2019**
- **County of Sacramento's Comments on the Mandate Redetermination on Remand filed April 10, 2019**
- **County of San Bernardino's Comments on the Mandate Redetermination on Remand filed April 10, 2019**
- **County of San Diego's Comments on the Mandate Redetermination on Remand filed April 10, 2019**

Reconsideration of the Request for Mandate Redetermination on Remand
Sexually Violent Predators (CSM-4509), 12-MR-01-R
Welfare and Institutions Code Sections 6601 through 6608
Statutes 1995, Chapter 762; Statutes 1995, Chapter 763; Statutes 1996, Chapter 4
Department of Finance, Requester

by making it available on the Commission's website and providing notice of how to locate it to the email addresses provided on the attached mailing list.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct, and that this declaration was executed on April 11, 2019 at Sacramento, California.



Lorenzo Durán
Commission on State Mandates
980 Ninth Street, Suite 300
Sacramento, CA 95814
(916) 323-3562

COMMISSION ON STATE MANDATES

Mailing List

Last Updated: 4/5/19

Claim Number: CSM-4509 (12-MR-01-R)

Matter: Sexually Violent Predators

Requester: Department of Finance

TO ALL PARTIES, INTERESTED PARTIES, AND INTERESTED PERSONS:

Each commission mailing list is continuously updated as requests are received to include or remove any party or person on the mailing list. A current mailing list is provided with commission correspondence, and a copy of the current mailing list is available upon request at any time. Except as provided otherwise by commission rule, when a party or interested party files any written material with the commission concerning a claim, it shall simultaneously serve a copy of the written material on the parties and interested parties to the claim identified on the mailing list provided by the commission. (Cal. Code Regs., tit. 2, § 1181.3.)

Suedy Alfaro, Senior Deputy County Counsel, *County of San Diego*
1600 Pacific Highway, Room 355, San Diego, CA 92101
Phone: (619) 531-5044
Suedy.Alfaro@sdcounty.ca.gov

Roberta Allen, *County of Plumas*
520 Main Street, Room 205, Quincy, CA 95971
Phone: (530) 283-6246
robertaallen@countyofplumas.com

LeRoy Anderson, *County of Tehama*
444 Oak Street, Room J, Red Bluff, CA 96080
Phone: (530) 527-3474
landerson@tehama.net

Paul Angulo, Auditor-Controller, *County of Riverside*
4080 Lemon Street, 11th Floor, Riverside, CA 92502
Phone: (951) 955-3800
pangulo@rivco.org

Socorro Aquino, *State Controller's Office*
Division of Audits, 3301 C Street, Suite 700, Sacramento, CA 95816
Phone: (916) 322-7522
SAquino@sco.ca.gov

Auditor Auditor, *County of Trinity*
P.O. Box 1230, 11 Court St. , Weaverville, CA 96093
Phone: (530) 623-1317
TC_Auditor@trinitycounty.org

Harmeet Barkschat, *Mandate Resource Services, LLC*

5325 Elkhorn Blvd. #307, Sacramento, CA 95842
Phone: (916) 727-1350
harmeeet@calsdrc.com

Deborah Bautista, *County of Tuolumne*

El Dorado Hills Community Services District, 2 South Green St. , Sonora, CA 95370
Phone: (209) 533-5551
dbautista@co.tuolumne.ca.us

Lacey Baysinger, *State Controller's Office*

Division of Accounting and Reporting, 3301 C Street, Suite 700, Sacramento, CA 95816
Phone: (916) 324-0254
lbaysinger@sco.ca.gov

Mary Bedard, *County of Kern*

1115 Truxtun Avenue, 2nd Floor, Bakersfield, CA 93301
Phone: (805) 868-3599
bedardm@co.kern.ca.us

John Beiers, *County of San Mateo*

Office of the County Counsel, 400 County Center, Redwood City, CA 94063
Phone: (650) 363-4775
jbeiers@smcgov.org

Mary Black, *Chief Counsel, Department of State Hospitals*

1600 9th Street, Room 443, Sacramento, CA 95814
Phone: (916) 654-2319
mary.black@dsh.ca.gov

Lowell Black, *Director of Finance, County of Alpine*

P.O. Box 266, Markleeville, CA 96120
Phone: (530) 694-2284
lblack@alpinecountyca.gov

Nathan Black, *Auditor-Controller, County of Sutter*

463 2nd Street, Suite 117, Yuba City, CA 95991
Phone: (530) 822-7127
nblack@co.sutter.ca.us

Michelle Blakemore, *County Counsel, County of San Bernardino*

385 North Arrowhead Avenue, 4th Floor, San Bernardino, CA 92415-0140
Phone: (909) 387-5455
mblakemore@cc.sbcounty.gov

Justin Boswell,

1177 Branham Lane, #289, San Jose, CA 95136
Phone: (408) 533-0868
gealachnoc@gmail.com

Matthew Brown, *Los Angeles County District Attorney*

320 West Temple St, Suite 540, Los Angeles, CA 90012
Phone: (213) 974-1616
mbrown@da.lacounty.gov

Allan Burdick,

7525 Myrtle Vista Avenue, Sacramento, CA 95831
Phone: (916) 203-3608
allanburdick@gmail.com

J. Bradley Burgess, *MGT of America*

895 La Sierra Drive, Sacramento, CA 95864

Phone: (916)595-2646

Bburgess@mgtamer.com

Jeffrey Burgh, Auditor Controller, *County of Ventura*

Ventura County Watershed Protection District, 800 S. Victoria Avenue, Ventura, CA 93009-1540

Phone: (805) 654-3151

jeff.burgh@ventura.org

Stephanie Butters, Assistant Director of Finance, Auditor-Controller, *County of Mono*

25 Bryant Street, PO Box 556, Bridgeport, CA 93517

Phone: (760) 932-5496

sbutters@mono.ca.gov

Evelyn Calderon-Yee, Bureau Chief, *State Controller's Office*

Local Government Programs and Services, 3301 C Street, Suite 700, Sacramento, CA 95816

Phone: (916) 324-5919

ECalderonYee@sco.ca.gov

Rebecca Callen, *County of Calaveras*

891 Mountain Ranch Road, San Andreas, CA 95249

Phone: (209) 754-6343

rcallen@co.calaveras.ca.us

Robert Campbell, *County of Contra Costa*

625 Court Street, Room 103, Martinez, CA 94553

Phone: (925) 646-2181

bob.campbell@ac.cccounty.us

Michael Cantrall, *California Public Defenders Association*

10324 Placer Lane, Sacramento, CA 95827

Phone: (916) 362-1686

webmaster@cpda.org

Lisa Cardella-Presto, *County of Merced*

2222 M Street, Merced, CA 95340

Phone: (209) 385-7511

LCardella-presto@co.merced.ca.us

Gwendolyn Carlos, *State Controller's Office*

Division of Accounting and Reporting, 3301 C Street, Suite 700, Sacramento, CA 95816

Phone: (916) 323-0706

gcarlos@sco.ca.gov

Rebecca Carr, *County of Kings*

1400 West Lacey Blvd, Hanford, CA 93230

Phone: (559) 582-1236

becky.carr@co.kings.ca.us

Annette Chinn, *Cost Recovery Systems, Inc.*

705-2 East Bidwell Street, #294, Folsom, CA 95630

Phone: (916) 939-7901

achinnrcs@aol.com

Carolyn Chu, Senior Fiscal and Policy Analyst, *Legislative Analyst's Office*

925 L Street, Suite 1000, Sacramento, CA 95814

Phone: (916) 319-8326
Carolyn.Chu@lao.ca.gov

Christine Ciccotti, Chief Counsel, *Department of State Hospitals*
1600 9th Street, Room 435, Sacramento, CA 95814
Phone: (916) 562-3718
christine.ciccotti@dsh.ca.gov

Malia Cohen, *State Board of Equalization*
District 2, 500 Capitol Mall, Suite 1750, Sacramento, CA 95814
Phone: (916) 322-3116
malia.cohen@boe.ca.gov

Cass Cook, Auditor-Controller/Treasurer-Tax Collector, *County of Tulare*
221 South Mooney Blvd, Room 101 E, Visalia, CA 93291
Phone: (559) 636-5200
tulareauditor@co.tulare.ca.us

Anita Dagan, Manager, Local Reimbursement Section, *State Controller's Office*
Local Government Programs and Services Division, Bureau of Payments, 3301 C Street, Suite 740,
Sacramento, CA 95816
Phone: (916) 324-4112
Adagan@sco.ca.gov

William Davis, *County of Mariposa*
Auditor, P.O. Box 729, Mariposa, CA 95338
Phone: (209) 966-7606
wdavis@mariposacounty.org

Edith Driscoll, Auditor-Controller/Treasurer-Tax Collector, *County of Santa Cruz*
Auditor-Controller's Office, 701 Ocean Street, Room 100, Santa Cruz, CA 95060-4073
Phone: (831) 454-2500
edith.driscoll@santacruzcounty.us

Janet Dutcher, Finance Director, *County of Mono*
25 Bryant Street, PO Box 556, Bridgeport, CA 93517
Phone: (760) 932-5496
jdutcher@mono.ca.gov

Jennie Ebejer, *County of Siskiyou*
311 Fourth Street, Room 101, Yreka, CA 96097
Phone: (530) 842-8030
Jebejer@co.siskiyou.ca.us

Richard Eberle, *County of Yuba*
915 8th Street, Suite 105, Marysville, CA 95901
Phone: (530) 749-7810
reberle@co.yuba.ca.us

Adam Ebright, *County of San Bernardino*
385 North Arrowhead Avenue, 4th Floor, San Bernardino, CA 92415-0140
Phone: (909) 387-5455
aebright@cc.sbcounty.gov

Susan Elliott, *Sacramento District Attorney's Office*
907 G Street, Sacramento, CA 95814
Phone: (916) 874-8743
elliotts@sacda.org

Donna Ferebee, *Department of Finance*
915 L Street, Suite 1280, Sacramento, CA 95814
Phone: (916) 445-3274
donna.ferebee@dof.ca.gov

Scott Frizzie, *California Board of State and Community Correction*
Bureau of Justice Assistance, 600 Bercut, Sacramento, CA 95811
Phone: (916) 445-7672
Maria.RodriguezRieger@bscc.ca.gov

Rose Gallo-Vasquez, County Clerk and Recorder, *County of Colusa*
546 Jay Street, Ste. 200, Colusa, CA 95932
Phone: (530) 458-0500
clerkinfo@countyofcolusa.org

Oscar Garcia, Auditor-Controller/Treasurer-Tax Collector, *County of Fresno*
2281 Tulare Street, Room 105, Fresno, CA 93721
Phone: (559) 600-3496
ogarcia@fresnocountyca.gov

George Gascon, District Attorney, *City and County of San Francisco*
850 Bryant Street, Room 322, San Francisco, CA 94103
Phone: (415) 553-1751
robyn.burke@sfgov.org

Susan Geanacou, *Department of Finance*
915 L Street, Suite 1280, Sacramento, CA 95814
Phone: (916) 445-3274
susan.geanacou@dof.ca.gov

Dillon Gibbons, Legislative Representative, *California Special Districts Association*
1112 I Street Bridge, Suite 200, Sacramento, CA 95814
Phone: (916) 442-7887
dillong@csda.net

Joe Gonzalez, *County of San Benito*
440 Fifth Street Room 206, Hollister, CA 95023
Phone: (831) 636-4090
jgonzalez@auditor.co.san-benito.ca.us

Lucia Gonzalez, County Counsel, *County of Los Angeles*
500 West Temple Street, 648 Kenneth Hahn Hall of Administration, Los Angeles, CA 90012-2713
Phone: (213) 974-1811
lgonzalez@counsel.lacounty.gov

Carol Greene, Supervising Deputy, *County of San Bernardino*
385 North Arrowhead Avenue, 4th Floor, San Bernardino, CA 92415-0140
Phone: (909) 387-5455
cgreene@cc.sbcounty.gov

Graciela Gutierrez, Auditor-Controller, *County of Butte*
25 County Center Drive, Suite 120, Oroville, CA 95965
Phone: (530) 552-3599
GGutierrez@ButteCounty.net

Heather Halsey, Executive Director, *Commission on State Mandates*
980 9th Street, Suite 300, Sacramento, CA 95814

Phone: (916) 323-3562
heather.halsey@csm.ca.gov

James Hamilton, Auditor-Controller/Treasurer-Tax Collector/Public Administrator, *County of San Luis Obispo*

1055 Monterey Street, San Luis Obispo, CA 93408
Phone: (805) 781-5040
jhamilton@co.slo.ca.us

Joe Harn, *County of El Dorado*

360 Fair Lane, Placerville, CA 95667
Phone: (530) 621-5633
joe.harn@edcgov.us

Emily Harrison, Director of Finance, *County of Santa Clara*

70 West Hedding Street, Second Floor, East Wing, San Jose, CA 95110-1770
Phone: (408) 299-5201
emily.harrison@fin.sccgov.org

Jennifer Henning, *California State Association of Counties*

1100 K Street, Suite 101, Sacramento, CA 95814
Phone: (916) 327-7500
jhenning@counties.org

Chris Hill, Principal Program Budget Analyst, *Department of Finance*

Requester Representative

Local Government Unit, 915 L Street, Sacramento, CA 95814
Phone: (916) 445-3274
Chris.Hill@dof.ca.gov

Linnea Hull, *California District Attorneys Association (CDA)*

921 11th Street, Suite 300, Sacramento, CA 95814
Phone: (916) 443-2017
lhull@cdaa.org

Edward Jewik, *County of Los Angeles*

Auditor-Controller's Office, 500 W. Temple Street, Room 603, Los Angeles, CA 90012
Phone: (213) 974-8564
ejewik@auditor.lacounty.gov

Matt Jones, *Commission on State Mandates*

980 9th Street, Suite 300, Sacramento, CA 95814
Phone: (916) 323-3562
matt.jones@csm.ca.gov

Stephanie Karnavas, Senior Deputy County Counsel, *County of San Diego*

1600 Pacific Highway, Room 355, San Diego, CA 92101
Phone: (619) 531-5834
Stephanie.Karnavas@sdcounty.ca.gov

Anita Kerezsi, *AK & Company*

2425 Golden Hill Road, Suite 106, Paso Robles, CA 93446
Phone: (805) 239-7994
akcompanysb90@gmail.com

Lauren Klein, *County of Stanislaus*

1010 Tenth Street, Suite 5100, Modesto, CA 95353

Phone: (209) 525-6398
kleinl@stancounty.com

Lisa Kurokawa, Bureau Chief for Audits, *State Controller's Office*
Compliance Audits Bureau, 3301 C Street, Suite 700, Sacramento, CA 95816
Phone: (916) 327-3138
lkurokawa@sco.ca.gov

Tammy Lagorio, Deputy Auditor-Controller III, *County of San Joaquin*
Auditor-Controller's Office, 44 N. San Joaquin Street, Suite 550, Stockton, CA 95202
Phone: (209) 953-1184
tlagorio@sjgov.org

Edward Lamb, Director of Finance, *County of Glenn*
516 West Sycamore Street, Willows, CA 95988
Phone: (530) 934-6421
ttc@countyofglenn.net

Kim-Anh Le, Deputy Controller, *County of San Mateo*
555 County Center, 4th Floor, Redwood City, CA 94063
Phone: (650) 599-1104
kle@smcgov.org

Erika Li, Program Budget Manager, *Department of Finance*
Claimant Contact
915 L Street, 10th Floor, Sacramento, CA 95814
Phone: (916) 445-3274
erika.li@dof.ca.gov

Amber Lozano, *Department of Justice*
Child Protection Program, Room H122, 4949 Broadway, Sacramento, CA 95820
Phone: (916) 227-3263
amber.lozano@doj.ca.gov

Van Maddox, *County of Sierra*
211 Nevada Street, 2nd Floor, P.O. Box 425, Downieville, CA 95936
Phone: (530) 289-3273
auttc@sierracounty.ca.gov

Jill Magee, Program Analyst, *Commission on State Mandates*
980 9th Street, Suite 300, Sacramento, CA 95814
Phone: (916) 323-3562
Jill.Magee@csm.ca.gov

Ensen Mason, Auditor-Controller/Treasurer/Tax Collector, *County of San Bernardino*
268 West Hospitality Lane, San Bernardino, CA 92415-0018
Phone: (909) 387-8322
atcwebinfo@atc.sbcounty.gov

Michelle Mendoza, *MAXIMUS*
17310 Red Hill Avenue, Suite 340, Irvine, CA 95403
Phone: (949) 440-0845
michellemendoza@maximus.com

Meredith Miller, Director of SB90 Services, *MAXIMUS*
3130 Kilgore Road, Suite 400, Rancho Cordova, CA 95670
Phone: (972) 490-9990
meredithcmiller@maximus.com

Todd Miller, *County of Madera*

Auditor-Controller, 200 W Fourth Street, 2nd Floor, Madera, CA 93637

Phone: (559) 675-7707

Todd.Miller@co.madera.ca.gov

Lourdes Morales, Senior Fiscal and Policy Analyst, *Legislative Analyst's Office*

925 L Street, Suite 1000, Sacramento, CA 95814

Phone: (916) 319-8320

Lourdes.Morales@LAO.CA.GOV

Brian Morgan, Supervising Deputy District Attorney, *County of Sacramento*

901 G Street, Sacramento, CA 95814

Phone: (916) 874-5264

MorganB@SacDA.org

Larry Morse, Director of Legislation, *California District Attorneys Association*

921 11th Street, Suite 300, Sacramento, CA 95814

Phone: (916) 443-2017

lmorse@cdaa.org

Howard Moseley, *Department of Corrections*

Board of Parole Hearings, P.O. Box 4036, Sacramento, CA 95812

Phone: (916) 323-1643

howard.moseley@cdcr.ca.gov

Brian Muir, *County of Shasta*

1450 Court St., Suite 238, Redding, CA 96001

Phone: (530) 225-5541

bmuir@co.shasta.ca.us

John Naimo, Auditor-Controller, *County of Los Angeles*

Auditor-Controller, 500 West Temple Street, Room 525, Los Angeles, CA 90012

Phone: (213) 974-8302

jnaimo@auditor.lacounty.gov

Geoffrey Neill, Senior Legislative Analyst, Revenue & Taxation, *California State Association of Counties (CSAC)*

1100 K Street, Suite 101, Sacramento, CA 95814

Phone: (916) 327-7500

gneill@counties.org

Doug Newland, *County of Imperial*

940 Main Street, Ste 108, El Centro, CA 92243

Phone: (760) 482-4556

dougnewland@co.imperial.ca.us

Andy Nichols, *Nichols Consulting*

1857 44th Street, Sacramento, CA 95819

Phone: (916) 455-3939

andy@nichols-consulting.com

Patrick O'Connell, *County of Alameda*

1221 Oak Street, Room 249, Oakland, CA 94512

Phone: (510) 272-6565

pat.oconnell@acgov.org

Craig Osaki, Deputy in Charge, *Los Angeles County Public Defender's Office*

9425 Penfield Avenue #2700, Chatsworth, CA 91311

Phone: (213) 974-2811
cosaki@pubdef.lacounty.gov

Arthur Palkowitz, *Artiano Shinoff*
2488 Historic Decatur Road, Suite 200, San Diego, CA 92106
Phone: (619) 232-3122
apalkowitz@as7law.com

Alice Park-Renzie, *County of Alameda*
CAO, 1221 Oak Street, Oakland, CA 94612
Phone: (510) 272-3873
Alice.Park@acgov.org

Karen Paz Dominguez, Auditor-Controller, *County of Humboldt*
825 Fifth Street, Room 126, Eureka, CA 95501
Phone: (707) 476-2452
kpazdominguez@co.humboldt.ca.us

Anita Peden, *County of Sacramento*
711 G Street, Room 405, Sacramento, CA 95814
Phone: (916) 874-8441
apeden@sacsheriff.com

Jai Prasad, *County of San Bernardino*
Office of Auditor-Controller, 222 West Hospitality Lane, 4th Floor, San Bernardino, CA 92415-0018
Phone: (909) 386-8854
jai.prasad@atc.sbcounty.gov

Juan Raigoza, Auditor-Controller, *County of San Mateo*
555 County Center, 4th Floor, Redwood City, CA 94063
Phone: (650) 363-4777
jraigoza@smcgov.org

Brent Reden, Deputy Chief Counsel, *Department of State Hospitals*
1600 9th Street, Room 435, Sacramento, CA 95814
Phone: (916) 562-3718
brent.reden@dsh.ca.gov

Mark Rewolinski, *MAXIMUS*
808 Moorefield Park Drive, Suite 205, Richmond, VA 23236
Phone: (949) 440-0845
markrewolinski@maximus.com

Chad Rinde, Chief Financial Officer, *County of Yolo*
625 Court Street, Room 102, Woodland, CA 95695
Phone: (530) 666-8625
Chad.Rinde@yolocounty.org

Erick Roeser, Auditor-Controller-Treasurer-Tax Collector, *County of Sonoma*
585 Fiscal Drive, Suite 100, Santa Rosa, CA 95403
Phone: (707) 565-3285
Erick.Roeser@sonoma-county.org

Benjamin Rosenfield, City Controller, *City and County of San Francisco*
1 Dr. Carlton B. Goodlett Place, Room 316, San Francisco, CA 94102
Phone: (415) 554-7500
ben.rosenfield@sfgov.org

Tacy Oneto Rouen, Auditor, *County of Amador*

810 Court Street, Jackson, CA 95642-2131
Phone: (209) 223-6357
trouen@amadorgov.org

Brian Rutledge, Budget Analyst, *Department of Finance*
Local Government Unit, 915 L Street, Sacramento, CA 95814
Phone: (916) 445-3274
Brian.Rutledge@dof.ca.gov

Cathy Saderlund, *County of Lake*
255 N. Forbes Street, Lakeport, CA 95453
Phone: (707) 263-2311
cathy.saderlund@lakecountyca.gov

Marcia Salter, *County of Nevada*
950 Maidu Avenue, Nevada City, CA 95959
Phone: (530) 265-1244
marcia.salter@co.nevada.ca.us

Kathy Samms, *County of Santa Cruz*
701 Ocean Street, Room 340, Santa Cruz, CA 95060
Phone: (831) 454-2440
shf735@co.santa-cruz.ca.us

Tracy Sandoval, *County of San Diego*
1600 Pacific Highway, Room 166, San Diego, CA 92101
Phone: (619) 531-5413
tracy.sandoval@sdcounty.ca.gov

Clinton Schaad, *County of Del Norte*
981 H Street, Suite 140, Crescent City, CA 95531
Phone: (707) 464-7202
cschaad@co.del-norte.ca.us

Betsy Schaffer, Auditor-Controller, *County of Santa Barbara*
105 East Anapamu Street, Room 303, Santa Barbara, CA 93101
Phone: (805) 568-2101
bschaffer@co.santa-barbara.ca.us

Tracy Schulze, *County of Napa*
1195 Third Street, Suite B-10, Napa, CA 94559
Phone: (707) 299-1733
tracy.schulze@countyofnapa.org

Theresa Schweitzer, *City of Newport Beach*
100 Civic Center Drive, Newport Beach, CA 92660
Phone: (949) 644-3140
tschweitzer@newportbeachca.gov

Shelly Scott, Assessor-Recorder-County Clerk, *County of Marin*
3501 Civic Center Drive, Suite 208, San Rafael, CA 94903
Phone: (415) 473-7215
Assessor@marincounty.org

Peggy Scroggins, *County of Colusa*
546 Jay Street, Ste 202, Colusa, CA 95932
Phone: (530) 458-0400
pscroggins@countyofcolusa.org

Jennifer Shaffer, Executive Officer, *Department of Corrections*
Board of Parole Hearings, P.O. Box 4036, Sacramento, CA 95812
Phone: (916) 445-4072
jennifer.shaffer@cdcr.ca.gov

Rupa Shah, Auditor-Controller, *County of Monterey*
168 West Alisal Street, 3rd Floor, Salinas, CA 93901
Phone: (831) 755-5040
shahr@co.monterey.ca.us

Carla Shelton, *Commission on State Mandates*
980 9th Street, Suite 300, Sacramento, CA 95814
Phone: (916) 323-3562
carla.shelton@csm.ca.gov

Camille Shelton, Chief Legal Counsel, *Commission on State Mandates*
980 9th Street, Suite 300, Sacramento, CA 95814
Phone: (916) 323-3562
camille.shelton@csm.ca.gov

Amy Shepherd, *County of Inyo*
Auditor-Controller, P.O. Drawer R, Independence, CA 93526
Phone: (760) 878-0343
ashepherd@inyocounty.us

Suzy Shoai, Deputy County Counsel, *County of Orange*
PO Box 1379, Santa Ana, CA 92702-1379
Phone: (714) 834-2057
Suzy.Shoai@coco.ocgov.com

Natalie Sidarous, Chief, *State Controller's Office*
Local Government Programs and Services Division, 3301 C Street, Suite 740, Sacramento, CA 95816
Phone: 916-445-8717
NSidarous@sco.ca.gov

Andrew Sisk, *County of Placer*
2970 Richardson Drive, Auburn, CA 95603
Phone: (530) 889-4026
asisk@placer.ca.gov

Jim Spano, Chief, Mandated Cost Audits Bureau, *State Controller's Office*
Division of Audits, 3301 C Street, Suite 700, Sacramento, CA 95816
Phone: (916) 323-5849
jspano@sco.ca.gov

Dennis Speciale, *State Controller's Office*
Division of Accounting and Reporting, 3301 C Street, Suite 700, Sacramento, CA 95816
Phone: (916) 324-0254
DSpeciale@sco.ca.gov

Joe Stephenshaw, Director, *Senate Budget & Fiscal Review Committee*
California State Senate, State Capitol Room 5019, Sacramento, CA 95814
Phone: (916) 651-4103
Joe.Stephenshaw@sen.ca.gov

Tracy Sullivan, Legislative Analyst, *California State Association of Counties (CSAC)*
1100 K Street, Suite 101, Suite 101, Sacramento, CA 95814

Phone: (916) 327-7500
tsullivan@counties.org

Derk Symons, Staff Finance Budget Analyst, *Department of Finance*
Local Government Unit, 915 L Street, Sacramento, CA 95814
Phone: (916) 445-3274
Derk.Symons@dof.ca.gov

Phyllis Taynton, Auditor-Controller, *County of Solano*
675 Texas Street, Suite 2800, Fairfield, CA 94533
Phone: (707) 784-6280
ptaynton@solanocounty.com

Jolene Tollenaar, *MGT of America*
2251 Harvard Street, Suite 134, Sacramento, CA 95815
Phone: (916) 243-8913
jolenetollenaar@gmail.com

Evelyn Tseng, *City of Newport Beach*
100 Civic Center Drive, Newport Beach, CA 92660
Phone: (949) 644-3127
etseng@newportbeachca.gov

Brian Uhler, Principal Fiscal & Policy Analyst, *Legislative Analyst's Office*
925 L Street, Suite 1000, Sacramento, CA 95814
Phone: (916) 319-8328
Brian.Uhler@LAO.CA.GOV

Julie Valverde, *County of Sacramento*
700 H Street, Room 3650, Sacramento, CA 95814
Phone: (916) 874-7248
valverdej@saccounty.net

Jack Weedin, *Los Angeles County Public Defender*
LA County Public Defender, 320 W. Temple St., Ste. 590, Los Angeles, CA 90012
Phone: (213) 974-3067
jweedin@pubdef.lacounty.gov

Lloyd Weer, Auditor-Controller, *County of Mendocino*
501 Low Gap Road, Rm 1080, Ukiah, CA 95482
Phone: (707) 234-6860
weerl@mendocinocounty.org

Stephanie Wellemeyer, Auditor/County Clerk, *County of Modoc*
108 E. Modoc Street, Alturas, CA 96101
Phone: (530) 233-6231
auditor@co.modoc.ca.us

Renee Wellhouse, *David Wellhouse & Associates, Inc.*
3609 Bradshaw Road, H-382, Sacramento, CA 95927
Phone: (916) 797-4883
dwa-renee@surewest.net

Diana Wemple, Auditor, *County of Lassen*
221 South Roop Street, Ste. 1, Susanville, CA 96130
Phone: (530) 251-8236
dwemple@co.lassen.ca.us

Krista Whitman, Assistant County Counsel, *County of Sacramento*

700 H Street, Suite 2650, Sacramento, CA 95814-1298
Phone: (916) 874-5544
whitmank@saccounty.net

Jeff Woltkamp, *County of San Joaquin*
44 N San Joaquin St. Suite 550, Stockton, CA 95202
Phone: (209) 468-3925
jwoltkamp@sjgov.org

Brendon Woods, Public Defender, *County of Alameda*
Office of the Public Attorney, 1401 Lakeside Drive, Suite 400, Oakland, CA 94612
Phone: (510) 272-6621
desiree.sellati@acgov.org

Eric Woolery, Auditor-Controller, *County of Orange*
12 Civic Center Plaza, Room #200, Santa Ana, CA 92702
Phone: (714) 834-2450
eric.woolery@ac.ocgov.com

Hasmik Yaghobyan, *County of Los Angeles*
Auditor-Controller's Office, 500 W. Temple Street, Room 603, Los Angeles, CA 90012
Phone: (213) 974-9653
hyaghobyan@auditor.lacounty.gov

Mark Zahner, *California District Attorneys Association*
921 11th Street, Suite 300, Sacramento, CA 95814
Phone: (916) 443-2017
mzahner@cdaa.org