



Comprehensive Approaches to Sex Offender Management

An Assessment for Massachusetts

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Points of view in this document are those of the authors and do not necessarily represent the official position or policies of the U.S. Department of Justice, the Executive Office of Public Safety and Security, or the other agencies and organizations involved in this project.

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- Executive Office of Public Safety and Security
- The ALLY Foundation
- Athol Police Department
- Attleboro Police Department
- Barnstable County Sheriff's Office
- Boston Police Department
- Cape and Islands District Attorney's Office
- Criminal History Systems Board
- Department of Correction
- Department of Mental Health
- Department of Mental Retardation
- Department of Public Health
- Department of Transitional Assistance
- Department of Youth Services
- Executive Office of Health and Human Services
- Governor's Commission on Sexual and Domestic Violence
- Jane Doe, Inc.
- Massachusetts Association for the Treatment of Sexual Abusers
- Massachusetts Coalition for Sex Offender Management
- Massachusetts Office of Victim Assistance
- Massachusetts Parole Board
- North Quabbin Community Coalition
- Office of the Commissioner of Probation
- Orange Police Department
- Plymouth District Attorney's Office
- Sex Offender Registry Board
- Worcester County Sheriff's Office
- Yarmouth Police Department

Table of Contents

Executive Summary	6
Introduction	13
Sex Offender Management Best Practices	18
Investigation, Prosecution, and Disposition	18
Assessment	19
Treatment	20
Reentry	21
Supervision	21
Registration	22
Community Notification	23
Massachusetts' Current Sex Offender Management Policies and Practices	24
Investigation, Prosecution, and Disposition	24
Assessment and Treatment	26
Reentry	29
Supervision	30
Registration and Community Notification	32
Strengths in Massachusetts' Management of Sex Offenders	35
Collaboration	35
Specialization	35
Victim-Centeredness	36
Recommendations for Massachusetts' Management of Sex Offenders	38
Investigation, Prosecution, and Disposition	38
Assessment and Treatment	39
Reentry	41
Supervision	42
Registration and Community Notification	43
Conclusion	45
Appendix A: Project Participants	46
Appendix B: Agencies' Sex Offender Management Roles and Responsibilities	49
Appendix C: Sex Offender Management System Map	54

Executive Summary

The immediate physical costs of sexual abuse, paired with the long-term emotional and psychological effects,¹ make sexual crimes among the most damaging. The extraordinary costs of these crimes, and the increasing concern expressed by the general public in response to highly publicized incidents, have led sex offender management to become a priority for many decision-makers and criminal justice practitioners and researchers. Increased attention has resulted in wider recognition of the importance of effective sex offender management. Effectively managing sex offenders decreases recidivism, thereby reducing victimization and increasing public safety.²

Recognizing the public safety implications of sex offender management, the Massachusetts Executive Office of Public Safety and Security (EOPSS) applied for a competitive grant under the U.S. Department of Justice, Bureau of Justice Assistance's Comprehensive Approaches to Sex Offender Management Program. The EOPSS was awarded a two-year grant, and work commenced in May, 2005. The Center for Sex Offender Management (CSOM) provided significant technical assistance during the first of two phases of the project.

Early in the project, the EOPSS developed a collaborative project team with representatives from 28 agencies and organizations across the criminal justice, human services, victim advocate, and sex offender treatment fields.

The first phase of the project involved conducting a state-wide assessment of Massachusetts' current sex offender management policies and practices, comparing current practices to best practices in order to identify strengths and areas that can be improved, and developing recommendations for improving the management of sex offenders in Massachusetts. The second phase of the project will involve implementing select recommendations at the state-level and at three pilot sites: Attleboro, Boston, and the North Quabbin region.³ This report documents findings from the project's assessment phase.

Document Overview

The goal of this assessment was to analyze current policies and practices in relation to best practices, and the purpose of this document is to objectively present those findings and define a vision for sex offender management in Massachusetts.

This assessment focused on adjudicated sex offenders with a duty to register. While adjudicated sex offenders comprise only a small subset of individuals in the Commonwealth with sexually problematic behavior, the project team chose to focus this project on identified offenders, for whom criminal justice and social service interventions are most easily targeted.

¹ Susan Herman and Michelle Waul, *Repairing the harm: a new vision for crime victim compensation in America* (Washington, D.C.: The National Center for Victims of Crime, 2004).

² Center for Sex Offender Management, *An overview of sex offender management* (Washington, D.C.: U.S. Department of Justice, 2002).

³ The North Quabbin region is comprised of nine towns in central/western Massachusetts: Athol, Erving, New Salem, Orange, Petersham, Phillipston, Royalston, Warwick, and Wendell.

Assessment findings did not take into account issues regarding funding, resources, or the political environment. We recognize that limitations in available resources make some of the following recommendations unlikely to be implemented in the near future. Our hope, however, is that these findings and recommendations will both educate policymakers and practitioners on current practices and contribute to improvements in the management of sex offenders in Massachusetts over the long term.

Strengths in Massachusetts' Management of Sex Offenders

This comprehensive assessment identified numerous examples of strengths in how Massachusetts currently manages sex offenders. Each area highlighted below corresponds to best practices in sex offender management, as identified by the CSOM. Strengths have been grouped into the following topics: collaboration, specialization, and victim-centeredness.

Collaboration

One of the fundamental principles of the Center for Sex Offender Management's comprehensive approach is collaboration. A multi-disciplinary approach to sex offender management that engages a variety of stakeholders is considered a best practice. Although there are many areas where collaboration could be improved, this assessment identified several examples of strong collaboration. For example:

- Sex offender treatment in the Department of Youth Services (DYS) residential placements is driven by a treatment plan that is developed by multidisciplinary teams and includes the family.
- The Parole Board's Intensive Parole for Sex Offenders (IPSO) program uses the Containment Model of sex offender supervision, which provides for a collaborative case team composed of parole officers, sex offender treatment providers, and parole polygraph examiners.
- The North Quabbin region has very strong informal communication systems among law enforcement, social service personnel, victim advocates, and community leaders. These stakeholders have developed a C.A.R.E. (Comprehensive Assault Reduction Effort) Task Force, which works to prevent violence. The region also serves as a pilot site for an initiative to prevent child sexual abuse.
- Bristol County is one of several counties where sex offender treatment providers have a long-standing working relationship with parole and probation officers.
- The Massachusetts Coalition for Sex Offender Management (MCSOM) is a collaborative group that began as a grass roots response to increasing concerns regarding sex offenders and sex offenses in Massachusetts. MCSOM agencies include the Parole Board, the Department of Correction (DOC), the Office of the Commissioner of Probation (OCP), the Sex Offender Registry Board (SORB), the DHS, Jane Doe Inc., the Department of Public Health (DPH), representatives of District Attorney's offices, the Department of

Social Services (DSS), the Massachusetts Child Sexual Abuse Prevention Partnership (MCSAPP), the Massachusetts Association for the Treatment of Sexual Abusers (MATSA), the Massachusetts Adolescent Sexual Offender Coalition (MASOC), additional treatment providers, and the Massachusetts Office of Victim Assistance (MOVA).

Specialization

Adopting policies and practices that specifically target a sex offender's level of risk of re-offense is a common theme of the best practices for sex offender management. Specialization can improve sex offender management in the areas of risk/needs assessments, treatment, conditions of supervision, and training. Examples of specialization in Massachusetts are presented below.

- The Boston Police Department (BPD) has a specialized sexual assault unit and requires that officers who work in this unit undergo specialized training on sex offenders and sex offender management.
- All sex offenders who progress to the Core Treatment component of the Sex Offender Treatment Program (SOTP) at the DOC's Massachusetts Treatment Center undergo a comprehensive battery of sex offender-specific assessments.
- The DOC's SOTP is a cognitive behavioral approach to treatment with an emphasis on relapse prevention. Treatment is co-facilitated and conducted in a group setting of ten or fewer sex offenders per group. Offenders meet annually with a treatment review panel, consisting of senior clinicians, which reviews progress in specific risk areas and determines whether an offender has completed treatment.
- Juvenile sex offenders committed to DYS receive a cognitive behavioral approach to treatment that utilizes relapse prevention planning. Treatment is co-facilitated and conducted in a group setting of ten or fewer sex offenders per group.
- The Department of Mental Health (DMH) maintains a specialty assessment and risk management program, known as the Mentally Ill Persons with Problematic Sexual Behaviors (MIPSB) program, for state hospital inpatients and, increasingly, DMH consumers served in community settings with histories of adjudicated or unadjudicated sexual offenses or aggression.
- The Department of Mental Retardation (DMR) has a specialized assessment program and risk management system for Level 2 and Level 3 sex offenders.
- Probation's Sex Offender Containment (SOC) program, located in the Dudley District Court, has a containment team that supervises a smaller-than-average caseload with only sex offenders. Probation officers utilize specialized case plans and risk assessments and enforce sex offender-specific conditions imposed by judges.

- The Parole Board’s IPSO program also has officers supervise smaller caseloads of only sex offenders. Specialized conditions (e.g., prohibiting use of the Internet or contact with the victim) are imposed by the Parole Board.

Victim-Centeredness

A victim-centered approach to sex offender management prioritizes the needs of victims at every point in the system. The goals are to allow for victim input, avoid re-traumatizing victims, and ensure victims’ safety. The following are examples of victim-centered practices currently happening in the Commonwealth.

- The BPD works to ensure that victim sensitive policies and procedures are followed. For example, community-based victim advocates are in place to respond to the needs of victims, victims are offered assistance when providing victim statements, and a secure environment is created for child victims.
- The Parole Board invites victims to participate in parole hearings when an offender comes up for parole.
- Victims are offered Criminal Offender Record Information (CORI) certification and release notification services, in compliance with state law, through the Criminal History Systems Board (CHSB) and respective custodial organizations. Victims who choose to become CORI-certified are notified of changes in the offender’s status, such as release from incarceration.
- The SORB Victim Unit responds to requests from victims regarding the status of an offender’s registration and classification level, and provides victims with referrals for professional mental health consultations.

Recommendations for Massachusetts’ Management of Sex Offenders

The following recommendations are the result of a year-long assessment process and are consistent with best practices as presented by the CSOM.⁴ These recommendations do not suggest that the management of sex offenders in Massachusetts is currently poor or unacceptable. Instead, they are intended to improve the management of sex offenders in the Commonwealth, consequently increasing public safety and reducing victimization. The recommendations below address each of the components of a comprehensive sex offender management system: investigation, prosecution, and disposition; assessment and treatment; reentry; supervision; and registration and community notification.

Investigation, Prosecution, and Disposition

#1: Provide education and training opportunities on sex offender management for the Judiciary and Legislature

⁴ See the full report for a discussion of the reasoning behind each recommendation.

#2: Include standard specialized sex offender conditions for probation in judicial dispositions

#3: Provide training to district attorney's offices and police departments on adult and juvenile sex offender management

#4: Explore restrictions on removing the sexual component of offenses pled down

#5: Increase collaboration between law enforcement and community-based victim advocates

#6: Provide training to victim service divisions and advocates

#7: Investigate the possibility of lifetime parole supervision becoming an expanded disposition option for certain adult sex offenders

Assessment and Treatment

#8: Develop a standardized system of licensure or certification for sex offender treatment providers

#9: Train supervision officers, case workers, and DOC Correctional Program Officers on sex offender treatment and the use, benefits, and limitations of assessment tools

#10: Increase the availability of specialized sex offender treatment in correctional facilities and the community

#11: Provide additional incentives for sex offenders to participate in specialized sex offender treatment while incarcerated and in the community

#12: Increase capacity and training for court clinics serving juvenile courts and adult criminal courts to provide the results of sexual offender evaluations and victim input to judges to inform disposition of sex crime cases

#13: Utilize a validated, sex offender-specific risk assessment instrument in all supervised cases

#14: Give all sex offenders in correctional facilities a validated, sex offender-specific risk/needs assessment

Reentry

#15: Create and expand programs providing appropriate and stable housing and employment for sex offenders that enhances the effectiveness of supervision and reduces recidivism

#16: Increase assistance to offenders for the transition from incarceration to the community, including housing and employment needs

#17: Allow sex offenders to participate in step-down and discretionary release programs when appropriate

#18: Increase collaboration and consistency in the reentry process

#19: Encourage Massachusetts communities to develop multidisciplinary sex offender management teams

#20: Initiate reentry planning for sex offenders at point of intake to institutions

Supervision

#21: Require a period of mandatory community supervision for sex offenders

#22: Require specialized sex offender training for all supervision officers and caseworkers

#23: Develop a protocol for supervision officers and DYS staff to communicate with treatment providers

#24: Expand the Intensive Parole for Sex Offenders (IPSO) program statewide (including additional polygraph equipment and victim advocates for each region)

#25: Expand Probation's Sex Offender Containment (SOC) program statewide

#26: Provide technical assistance to formalize and train community support networks⁵

Registration and Community Notification

#27: Provide the public and community stakeholders with education and training on sex offenders and sex offender management

#28: Improve electronic information-sharing across agencies involved in sex offender management

#29: Encourage local police departments to increase the frequency of address verification

#30: Classify sex offenders prior to release from correctional facilities⁶

#31: Increase enforcement of penalties for failing to register

⁵ A community support network is "a network of responsible and informed individuals who can assist sex offenders with adhering to relapse prevention plans, supporting positive lifestyles, monitoring high risk behaviors, intervening when warranted, and communicating frankly with supervision officers regarding identified concerns" (CSOM, CAP, Supervision chapter, p. 22).

⁶ Since the development of this recommendation, statutory support has been provided with the passage of Chapter 303 of the Acts of 2006: An Act Increasing the Statute of Limitations for Sexual Crimes Against Children. This act requires that the SORB classify sex offenders convicted and sentenced after December 20, 2006, at least 10 days prior to the offender's earliest possible release date.

#32: Develop policies and training regarding the sharing and updating of registration and address information

#33: Fingerprint all sex offenders at registration and forward fingerprints to the State Police Identification Section

Conclusion

The Commonwealth of Massachusetts has a number of innovative programs and practices that are in concert with sex offender management best practices. However, as this assessment has indicated, there are also a number of areas that could be improved.

Within the 33 individual recommendations, a set of themes have emerged.

- *Community supervision* for sex offenders reoccurs as a high priority. Requiring a period of community supervision that utilizes specialized assessments and conditions for offenders as well as specialized training for supervision officers is commonly seen as one of the most effective methods for reducing recidivism.
- Approximately one quarter of the recommendations focus on providing *education and training* to various stakeholders. A fundamental principle of effective sex offender management requires that practitioners and decisionmakers are well-informed.
- The importance of *specialized sex offender assessment and treatment* was repeatedly highlighted throughout the assessment. Research has shown that sex offender treatment significantly reduces recidivism rates, and sex offender-specific assessments are crucial for effectively using resources to incarcerate, treat, and supervise offenders.
- The difficulties sex offenders face in acquiring appropriate *housing and employment* were identified as significant barriers to successfully managing this challenging population.

This report provides a long-term vision for improving the management of sex offenders in the Commonwealth of Massachusetts, consequently increasing public safety and reducing victimization. Many of these recommendations require changes in agency policy, forging new relationships among practitioners, or enacting legislation. Some of these changes may be difficult to implement, and many will not come quickly. Adopting these recommendations, however, will not only improve sex offender management, but will also serve to increase public safety and reduce sexual victimization.

Introduction

The immediate physical costs of sexual abuse, paired with the long-term emotional and psychological effects,⁷ make sexual crimes among the most damaging. The extraordinary costs of these crimes, and the increasing concern expressed by the general public in response to highly publicized incidents, have led sex offender management to become a priority for many decision-makers and criminal justice practitioners and researchers. Increased attention has resulted in wider recognition of the importance of effective sex offender management. Effectively managing sex offenders decreases recidivism, thereby reducing victimization and increasing public safety.⁸

Recognizing the public safety implications of sex offender management, the Massachusetts Executive Office of Public Safety and Security (EOPSS) applied for a competitive grant under the U.S. Department of Justice, Bureau of Justice Assistance's Comprehensive Approaches to Sex Offender Management Program. The EOPSS was awarded a two-year grant, and work commenced in May, 2005. The grant provides support for a planning and implementation process to create effective sex offender management programs and policies. The Center for Sex Offender Management (CSOM) provided significant technical assistance during the first of two phases of the project.

Early in the project, the EOPSS developed a collaborative project team with representatives from 28 agencies and organizations across the criminal justice, human services, victim advocate, and sex offender treatment fields.

The first phase of the project involved conducting a state-wide assessment of Massachusetts' current sex offender management policies and practices, comparing current practices to best practices in order to identify strengths and areas that can be improved, and developing recommendations for improving the management of sex offenders in Massachusetts. The second phase of the project will involve implementing select recommendations at the state-level and at selected pilot sites. This report documents findings from the project's assessment phase.

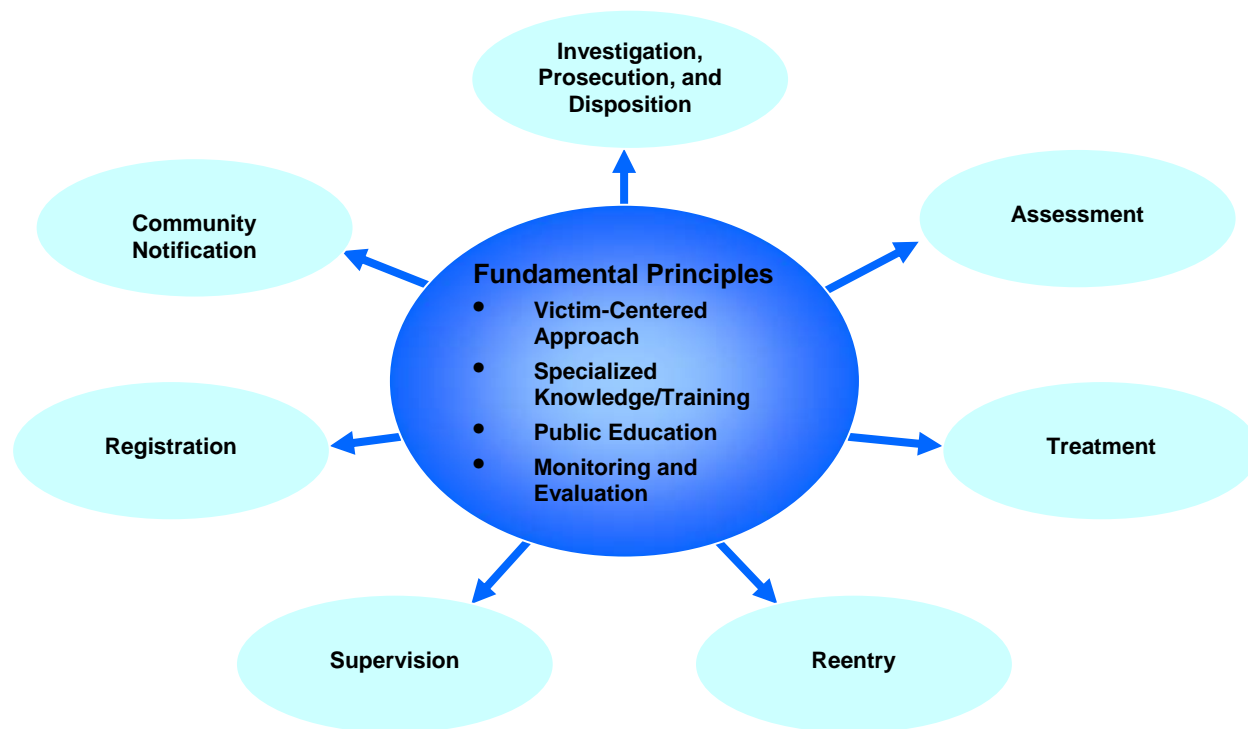
The Comprehensive Approach

The complexities of sexual offending have led the CSOM to develop what they refer to as *The Comprehensive Approach to Sex Offender Management* (Figure 1). This approach emphasizes evidence-based practices and views all the elements of sex offender management as interrelated. Underlying the comprehensive approach are five fundamental principles that have guided the present assessment.

⁷ Susan Herman and Michelle Waul, *Repairing the harm: a new vision for crime victim compensation in America* (Washington, D.C.: The National Center for Victims of Crime, 2004).

⁸ Center for Sex Offender Management, *An overview of sex offender management* (Washington, D.C.: U.S. Department of Justice, 2002).

Figure 1: The Comprehensive Approach to Sex Offender Management



Victim-centeredness. This principle explicitly recognizes that the primary responsibility of sex offender management practitioners is to the victims of sex crimes. Sex offender management strategies need to consider victims’ interests, avoid re-traumatizing victims, and strive to prevent future victimization. One effective strategy for maintaining a focus on the perspectives of victims is to involve victim advocates in multidisciplinary teams that develop sex offender management policies and supervise offenders.

Specialized knowledge. Sex offenders differ from other criminals in terms of offending behaviors, risk factors, and management strategies.⁹ Specialized knowledge is crucial for informed decision-making and effective sex offender management. In every area of sex offender management, practitioners and policy-makers should have specialized knowledge of victims, offenders, and best practices.

Public education. Not only do sex offender management professionals need to be well-informed, but the general public also needs accurate information on sexual offending and effective management. Myths persist around who are sex offenders and what works to reduce recidivism. Lack of accurate information on effective sex offender management can lead the public to oppose programs and policies that serve to enhance public safety and decrease recidivism, while supporting programs without evidence of effectiveness.

⁹ Center for Sex Offender Management, *Managing sex offenders in the community: a handbook to guide policymakers and practitioners through a planning and implementation process* (Washington, D.C.: U.S. Department of Justice, 2002).

Monitoring and evaluation. The effectiveness of sex offender management strategies is increased through monitoring and evaluating sex offender programs and policies. When monitoring is integrated into a sex offender management system, practitioners have the ability to track implementation and make adjustments based on the findings. Including an evaluative component to a sex offender management system allows practitioners to assess whether policies are being implemented as intended through a process evaluation or whether a program is effective through an outcome evaluation.

Collaboration. The backbone of the comprehensive approach is sustained collaboration among the many stakeholders involved in the management of sex offenders. Collaboration promotes the development of consistent interventions that take into account the perspectives and interests of all relevant parties.

Overview of the Project

The project was organized into three tiers: 1) Steering Committee; 2) Implementation Team; and 3) Assessment Groups, with each tier consisting of a diverse set of agencies and organizations.

The Steering Committee is composed primarily of key decision-makers from Massachusetts state agencies. The Steering Committee has met approximately quarterly to review information, make major project decisions, and establish priorities. The Implementation Team is composed mainly of the Steering Committee members' designees. This group has met monthly to conduct the project activities. Finally, the Assessment Groups are five topical working groups that each conducted an assessment of one of the following areas: Investigation, Prosecution, and Disposition; Assessment and Treatment; Reentry; Supervision; and Registration and Community Notification. Appendix A contains a complete list of project team members.

These project teams selected Attleboro, Boston, and the North Quabbin region to serve as sources of information during the statewide assessment and as pilot sites during the implementation phase of the project (see Figure 2). The purposes of the pilot sites are to test changes to sex offender management at the local level, based on the assessment findings, and provide models for the management of sex offenders that can be replicated in similar Massachusetts communities. Pilot sites were selected to ensure diversity of population size and geographical location. These sites were selected to be representative of other Massachusetts communities on dimensions such as median income, poverty rate, number of sex offenders, and current sex offender management practices. Additional factors, such as location on a state border and strength of current collaborations, also influenced the selection. Communities were not selected because of a disproportionate number of sex offenders or problems with their current management of sex offenders.

Figure 2. Project Pilot Sites



Assessment Activities

To conduct a comprehensive assessment of Massachusetts' current sex offender management policies and practices, the project team conducted a number of assessment activities. Data from criminal justice agencies were analyzed to develop a profile of sex offenders in Massachusetts; surveys were distributed to assess the practices of select agencies and organizations involved in managing sex offenders; focus groups were held at each pilot site; and a system map was created to display how sex offenders move through the criminal justice system in Massachusetts.

Profile of Massachusetts sex offenders. A profile of Massachusetts sex offenders was developed utilizing data from the Criminal History Systems Board (CHSB), the Department of Correction (DOC), the Parole Board, and the Sex Offender Registry Board (SORB; see a separate document entitled, "A Profile of Sex Offenders in Massachusetts").¹⁰

Comprehensive Assessment Protocol. The bulk of the assessment was devoted to answering questions in the Comprehensive Assessment Protocol (CAP), a workbook developed by the CSOM. The CAP summarizes research and national best practices in sex offender management and includes hundreds of questions in different areas of sex offender management. The five Assessment Groups, which mirror the chapters of the CAP, (Investigation, Prosecution, and Disposition; Assessment and Treatment; Reentry; Supervision; and Registration and Community Notification) were responsible for gathering responses to the CAP survey questions in each area

¹⁰ See "Rebecca Bianchi and Sarah Lawrence, *Comprehensive approaches to sex offender management: A Profile of sex offenders in Massachusetts* (Boston, MA: Executive Office of Public Safety, 2006)" for the findings of this assessment activity.

of sex offender management. The groups used their own expertise and reached out to additional practitioners. The Assessment Groups also identified strengths and weaknesses in current policy and practice and developed recommendations that were reported back to the project's Implementation Team.

Pilot site focus groups. Focus groups were held at each pilot site to gather information regarding current practices, strengths, and weaknesses in the management of sex offenders in each community. A diverse group of 13-16 local stakeholders attended each session, including representatives from local police, sheriffs' offices, parole, probation, district attorneys' offices, Department of Youth Services (DYS), Department of Social Services (DSS), victim advocates, local schools, and sex offender treatment providers. These meetings served as an important data collection tool for the assessment and also provided an opportunity for local stakeholders to discuss sex offender management in a multidisciplinary setting.

Massachusetts sex offender management system map. A system map was developed to examine how sex offenders move through the criminal justice system in Massachusetts (Appendix C).

Report Overview

This report presents the findings of a year-long assessment of Massachusetts' current sex offender management policies and practices. The goal of this assessment is to analyze current policies and practices in relation to best practices, and the purpose of this document is to present those findings objectively and accurately.

The assessment focuses on adjudicated sex offenders with a duty to register. While adjudicated sex offenders comprise only a small subset of individuals in the Commonwealth with sexually problematic behavior, the project teams chose to focus on identified offenders, for whom criminal justice and social service interventions are most easily targeted.

The first section of this assessment reviews best practices in sex offender management, as identified by the CSOM. Next, information on Massachusetts' current policies and practices are described, strengths are highlighted, and recommendations for improving sex offender management in Massachusetts are presented.

It is important to recognize the limitations of this assessment. For some assessment topics, incomplete information prevented the project teams from developing a comprehensive set of conclusions regarding current practices. In addition, this assessment was unconstrained by consideration of available resources or the political environment. The intention was to encourage project members to think about a big picture, long term vision of sex offender management in Massachusetts. We recognize that limitations in resources make some of the following recommendations unlikely to be implemented in the near future. Our hope, however, is that these findings and recommendations will both educate practitioners on current practices and contribute to improvements in the management of sex offenders in Massachusetts in the long term.

Sex Offender Management Best Practices

The Center for Sex Offender Management has compiled current best practices and principles for effective sex offender management. Below are highlights from their summary document, the Comprehensive Assessment Protocol.

Investigation, Prosecution, and Disposition

“Overall, investigations of cases involving sexual abuse are most effective when:

- Investigative processes are guided by specialized knowledge about sex offenders and victims;
- Sensitivity to the needs and interests of victims is emphasized; and
- Multidisciplinary collaboration underlies decision-making processes.”¹¹

Myths and misperceptions can inadvertently affect the prosecution of sex crimes. Cases in which the offender is a stranger are often prosecuted more aggressively than other sex offenses, although such crimes occur relatively infrequently. The CSOM recommends that prosecutors target sex crimes committed by family members or acquaintances as actively as crimes committed by strangers.

Pretrial and pre-adjudication management should emphasize victim safety and consider taking precautionary measures such as prohibiting contact between the victim and alleged offender. Prosecutors should maintain a victim-centered approach throughout the process. Victims should dictate their own level of involvement in criminal justice proceedings, well trained victim/witness advocates should be available to assist the victim, and unnecessary delays in the proceedings should be avoided.

Plea bargaining is frequently an important component of prosecution. Plea bargains can lead to quick resolution of cases and eliminate the potential harm to victims by testifying at a trial. However, plea bargaining is not advised if it results in a resolution that does not include the sexual component of a crime. Without a sex crime conviction, offenders may not be required to register, they are less likely to receive specialized sex offender treatment or conditions of community supervision, and the risk factors associated with their offending behavior are less likely to be monitored.

Sex offenders vary widely in terms of their risk to the public and their individual needs. Effective sentencing takes into consideration an assessment of an offender’s risks and needs, while respecting judges’ discretion in sentencing decisions. Judicial education is a critical component of effective sentencing.

“As the professional literature reveals a positive impact from specialized rehabilitative approaches to sex offender management, it is essential that judges

¹¹ Center for Sex Offender Management. *Comprehensive assessment protocol (CAP) of sex offender management practices: pilot test version* (Washington, D.C.: U.S. Department of Justice, 2004), Investigation, Prosecution, and Disposition chapter, 2.

are informed about the existence of this research and information, and have a clear understanding of available programs and services in their jurisdictions. The application of this information by judges might be demonstrated at the sentencing or disposition phase through the imposition of:

- Mandates for sex offense-specific treatment;
- Sufficient periods of community supervision that allow for monitoring;
- Relevant special conditions or restrictions; and
- Court-leveraged consequences for non-compliance.”¹²

Assessment

The CAP recommends four types of sex offender assessments: risk assessment, criminal justice assessment, clinical assessment, and ongoing, multi-disciplinary assessment. While these assessments differ by which agency administers them and which decisions and plans they inform, all of the assessments are ultimately designed to ensure that: 1) the most intensive interventions and services are reserved for the highest risk offenders; 2) treatment and supervision target dynamic risk factors related to sex offending behaviors; and 3) treatment, supervision, and other services are delivered in ways that facilitate the development of prosocial skills and demonstrate responsiveness to an offender’s personality and special needs.

Risk assessment. Risk assessments are tools designed to evaluate an offender’s risk of recidivating. They may be used to inform sentencing and parole decisions, supervision and treatment plans, and classification decisions for registered sex offenders. Assessments of risk are most effective when they utilize validated actuarial tools and evaluate dynamic risk factors related to recidivism.

Criminal justice assessments. As the name implies, criminal justice assessments are evaluations that are conducted throughout the criminal justice process, including presentence investigations (PSIs), intake/classification assessments, and evaluations designed to help develop supervision case plans. PSIs are designed to inform sentencing and are often one of the earliest opportunities to assess an offender. Intake/classification assessments are generally conducted upon entry into a correctional facility and are used to determine treatment and security placements, as well as need for additional services. Assessments to develop supervision case plans help supervision officers identify an offender’s specific risk behaviors.

Clinical assessments. CSOM has identified the three most common types of clinical assessments: psychosexual or sex offender-specific evaluations; psychiatric or pharmacological assessments; and psychophysiological assessments of sexual arousal, preference, and interest. Together these assessments identify an offender’s level of risk, amenability to treatment and supervision, additional psychiatric needs, and deviant sexual arousal. Polygraphy is an additional tool that can be employed to monitor an offender’s compliance with the conditions of their sentence and supervision.

¹² Center for Sex Offender Management, *CAP*, Investigation, Prosecution, and Disposition chapter, 33.

Ongoing, multidisciplinary assessments. Sex offender management is enhanced by regular evaluations of offender progress. These interim assessments may indicate readiness for reentry into the community, identify specific risk factors, and monitor changes in an offender’s risks and needs.

When special populations of sex offenders are receiving these assessments (such as juveniles and offenders with developmental disabilities or severe and persistent mental illness), it is important to ensure that the measures have demonstrated validity for the age group, that the measures are developmentally appropriate, and that the parents or caregivers are also assessed.

Treatment

Sex offender treatment typically employs a cognitive behavioral approach with an emphasis on relapse prevention. CSOM identifies the following goals of sex offender-specific treatment:

- “Accepting responsibility for sex offending and other harmful behaviors;
- Modifying thinking errors, or cognitive distortions, that support offending behaviors;
- Managing negative mood or affect;
- Developing positive relationship skills;
- Managing deviant sexual arousal or interest;
- Maintaining control over unhealthy impulses;
- Developing or enhancing empathy for victims;
- Understanding the sequence of events and risk factors associated with offending;
- Developing effective coping skills to manage identified risk factors; and
- Identifying and utilizing support networks – those individuals in the community who become part of an extended supervision network, such as family members, employers, and others.”¹³

Treatment should be widely available in correctional facilities and in the community; provide continuity of care from residential facilities to the community; and have clear guidelines and policies regarding eligibility, participation, and program completion. Group therapy, co-facilitated by two therapists, is the recommended treatment format. Some sex offender sub-populations, such as women, psychopathic offenders, the developmentally disabled, and those with severe and persistent mental illness, should not be included in mixed treatment settings.

Treatment for juvenile sex offenders should also be separate from adult treatment and should be offered along a continuum of care based on an offender’s level of risk and need. Targets of juvenile treatment should include: individual factors, such as aggression and risk-taking; family variables, such as family conflict and maltreatment; school variables, such as truancy; and social/community variables, such as delinquent peers and exposure to violence.

¹³ Center for Sex Offender Management, *CAP*, Treatment chapter, 2.

Reentry

The return of sex offenders from a period of incarceration to the community presents many challenges to the offenders themselves, the community to where they return, and agencies involved with sex offender management. Promising strategies related to prisoner reentry include:

- “Initiating reentry planning at the point of intake to institutions;
- Assuring the availability of comprehensive (re)habilitative services to incarcerated offenders;
- Promoting a culture within correctional facilities that is conducive to developing and practicing skills that will facilitate greater adaptation to the community;
- Involving offenders in comprehensive release planning and pre-release programming;
- Ensuring continuity of care to bridge institutional and community- based services;
- Utilizing the leverage of discretionary releases to provide incentives for participation in institutional programming and enhance compliance with release conditions;
- Implementing parole supervision classification systems that tailor and prioritize services and interventions based on offender risk and need;
- Developing community resources and supports (e.g., housing, employment, treatment) to facilitate offender success;
- Providing close monitoring and supervision of parolees;
- Ensuring that timely responses and graduated sanctions are available to address violation behaviors or changes in level of risk; and
- Utilizing a multidisciplinary and collaborative approach to promote offender success and victim/community safety.”¹⁴

Supervision

Sex offenders present unique challenges to community supervision officers. Specialized responses are necessary to effectively monitor offenders and promote community safety. The CSOM has identified a number of effective supervision strategies.

- Specialized caseloads, which involve a supervision officer with a smaller caseload, comprised entirely of sex offenders.
- Frequent specialized training for all supervision officers who interact with sex offenders.
- Specialized case plans, created by multidisciplinary case management teams and informed by sex offender-specific assessments and victim advocates. Case plans should also include specialized conditions of supervision. Specialized conditions may include:

¹⁴ Center for Sex Offender Management, *CAP*, Reentry chapter, 1.

- “Waiving confidentiality between the supervision officer, treatment provider, and others;
- Prohibiting contact with victims;
- Prohibiting or limiting contact with minors;
- Submitting to polygraph examinations (where appropriate);
- Participating in sex offender-specific treatment;
- Prohibiting the possession or use of pornography;
- Limiting access to the Internet;
- Prohibiting alcohol consumption;
- Establishing employment and residence that limits access to potential victims; and
- Restricting movement within and outside of the community.”¹⁵
- Specialized supervision strategies such as: using the containment approach; performing frequent field contacts including contacts outside of traditional business hours; developing and communicating with community support networks comprised of important individuals in an offender’s life; utilizing surveillance officers to support supervision officers/case workers; including the polygraph as a component of supervision; and developing a continuum of responses to violation behaviors based on the seriousness of the violation and the offender risk level.
- Case files that include detailed documentation, including confidentiality waivers, criminal history, registration verification, risk assessments, records of violation behaviors, and treatment reports.

Registration

To date, little research has been conducted on the efficacy of sex offender registration. Registration requirements have primarily been driven by federal legislation, including:

- Jacob Wetterling Crimes Against Children and Sexually Violent Offender Registration Act (1994);
- Megan’s Law (1996);
- Pam Lychner Sexual Offender Tracking and Identification Act (1996);
- Section 115 of the General Provision of Title I of the Departments of Commerce, Justice, and State, the Judiciary, and Related Agencies Appropriations Act (1998); and
- Adam Walsh Child Protection and Safety Act (2006).

Although their effectiveness has yet to be supported by research studies, the main objectives of sex offender registries are to aid investigators in the investigation of sex crimes, deter sex offenders from re-offending, and increase public safety. To meet these goals, the Center for Sex Offender Management (CSOM) recommends:

- Developing consistent policies for the registration process;
- Collecting and maintaining detailed and accurate information on registered sex offenders; and
- Collaboration among all relevant agencies.

¹⁵ Center for Sex Offender Management, *CAP*, Supervision chapter, 11.

Community Notification

Also driven by legislation, the purpose of community notification is to protect the public by providing information on the whereabouts of dangerous offenders and to deter sex offenders through threat of exposure. Similar to registries, however, the effectiveness of community notification is unknown.

Considerations for community notification include:

- Whether to employ widespread notification to the entire community or limit notification to particular at-risk individuals or groups;
- Whether to vary notification practices based on a sex offender's level of risk; and
- How to develop procedures that reduce the potential negative impact of community notification on offenders and victims.

Massachusetts' Current Sex Offender Management Policies and Practices

A diverse group of agencies and organizations are responsible for the management of sex offenders in Massachusetts. In this section, relevant agencies are discussed by the components of a comprehensive sex offender management system: investigation, prosecution, and disposition; assessment and treatment; reentry; supervision; and registration and community notification. Policies and practices are generally discussed at the state-level, however, variations across the pilot sites are discussed where appropriate.

Investigation, Prosecution, and Disposition

Sexual assault is the most underreported type of violent crime.¹⁶ It is estimated that only 16% of rapes are reported to police.¹⁷ However, for those offenders who are charged with a sexual offense, a significant proportion of their subsequent experiences are determined by the sentence they receive through plea bargaining or trial. Length of incarceration and/or probation, requirements for treatment, parole eligibility, and registration responsibilities all follow from the crimes sex offenders are charged with and the disposition they receive. This highlights the critical importance of the investigation, prosecution, and disposition components of sex offender management.

Of the five areas of sex offender management presented in this section, conducting a statewide assessment of investigation, prosecution, and disposition practices proved to be the most difficult because of differences in local policies and practices. Unlike aspects of sex offender management that are the responsibility of state agencies, and therefore do not vary significantly by region or office, investigation procedures differ by police department, prosecution strategies differ by district attorney's office, and disposition approaches differ by court.

Each of Massachusetts' 351 cities and towns has its own police department with its own set of policies and procedures. District attorneys' offices in Massachusetts are divided into 11 districts.¹⁸ Policies and procedures for the courts differ depending on location and court type. Depending on the nature of the crime and the age of the offender, sex crimes may be heard in one of the 62 divisions of the District Court, one of the 11 divisions of the Juvenile Court, one of the 14 divisions (by county) of the Superior Court, or one of the eight divisions of the Boston Municipal Court.

Having such decentralized systems made collecting information and summarizing policies and practices difficult. Questionnaires were distributed to pilot site police departments and district attorneys' offices, various court offices, and the DSS, which investigates some cases of child sexual abuse. What follows are examples highlighting some of the investigation, prosecution,

¹⁶ Shannan M. Catalano, *Criminal Victimization, 2005*. (Washington, D.C.: Bureau of Justice Statistics, 2006).

¹⁷ National Victim Center and Crime Victims Research and Treatment Center, *Rape in America: a report to the nation* (1992).

¹⁸ The 11 districts are: Berkshire, Bristol, Cape and Islands, Eastern, Hampden, Middle, Norfolk, Northern, Northwestern, Plymouth, and Suffolk.

and disposition practices of various departments and agencies. The practices described are not necessarily representative of practices across the state.

- *Boston Police Department.* The Boston Police Department (BPD) has a specialized sexual assault unit (SAU) dedicated to the investigation of sexual crimes. The SAU conducts investigations in response to sexual assault allegations following multidisciplinary protocols established by the department. Officers in the SAU receive specialized training on sex offenses, including information on the dynamics of sex offenses, the modus operandi of sex offenders, interviewing strategies for offenders and victims, the needs and rights of victims, and crime scene investigation.

The BPD SAU strives to meet the needs of sexual assault victims. For example, victims are offered assistance when providing statements to investigators and a child advocacy center is in place to provide child victims with a safe environment designed to minimize the potential negative impact of the investigative process.

- *Orange Police Department.* Orange Police Department officers who investigate sexual assault typically have specialized training on sex offense dynamics, offender modus operandi, offender and victim interviewing strategies, the needs and rights of victims, and crime scene investigation. Training on these topics occurs in many police departments across the state.
- *Suffolk District Attorney's Office.* The prosecutors at the Suffolk District Attorney's office typically receive specialized training on sex offender management. Vertical prosecution, in which the same prosecutor is involved from the beginning to the end of the case, is routinely employed. Prosecutors generally work to ensure that the nature and seriousness of an offense is reflected in the charges, and that charges are not reduced to non-sex offenses. The Suffolk District Attorney's Office maintains data on sex offender cases that are prosecuted and disposed via trial and plea bargains.

Policies and guidelines are in place to ensure that interested victims remain fully informed during the prosecution and sentencing phases of cases, and that victims have a voice during the court proceedings through victim impact statements or testimony. The Suffolk District Attorney's office has victim advocates available to support, educate and inform victims throughout the process.

- *Department of Social Services.* The Department of Social Services (DSS) investigates cases of child sexual abuse in which the alleged perpetrator is the victim's caretaker. DSS investigators receive specialized training on the dynamics of sex offenses, interviewing strategies, and victims' needs and rights.
- *Massachusetts Juvenile Court.* Typically, juvenile court judges have specialized knowledge of sex offenders and victims. Pre-sentence investigations and sex offender-specific evaluations are not required by law or policy but judges may choose to request them.

Assessment and Treatment

“Sex offenders are a heterogeneous group, with diverse victim preferences, psychosocial deficits, and criminogenic needs; the risk offenders pose to the community varies as well.”¹⁹ Through the administration of validated, sex offender-specific evaluations, treatment and supervision plans can be developed that address a sex offender’s particular risks and needs. Actuarial tools such as the Rapid Risk Assessment for Sexual Offense Recidivism (RRASOR) and the STATIC-99 are validated for use with adult sex offenders.

As indicated earlier, in the section on best practices, sex offender-specific treatment is a core component of sex offender management. Meta-analytic research has confirmed that current forms of sex offender-specific treatment significantly reduce recidivism, making it a powerful tool for improving public safety.²⁰

Both public and private organizations are involved in the assessment and treatment of sex offenders in Massachusetts. Below is an overview of assessment and treatment practices for the Department of Correction (DOC), Department of Youth Services (DYS), Department of Mental Retardation (DMR), Department of Mental Health (DMH), and community treatment providers.

Department of Correction. In Massachusetts, the DOC is responsible for incarcerating adults who have been adjudicated guilty and given a sentence of more than two and a half years to a state correctional institution. In addition, the DOC is responsible for providing effective programming designed to reduce recidivism. In the areas of assessment and treatment of sex offenders, the DOC offers the Sex Offender Treatment Program (SOTP), facilitated by Forensic Health Services, Inc, a private behavioral health care organization. The purpose of the SOTP is to reduce recidivism by controlling and modifying the behaviors and symptoms that contribute to sexual offending. There are three major components of the SOTP: Pre-treatment; Core Treatment; and Maintenance Programming.

Pre-Treatment helps inmates become familiar with basic concepts of sex offender therapy. Offenders learn to apply this understanding to real life examples and begin the process of identifying and confronting their offending. In Pre-Treatment, offenders often begin to work through the early stages of denial. The concepts of relapse prevention and understanding the meaning of a deviant cycle are introduced. For males, Pre-Treatment is offered at MCI-Norfolk, NCCI-Gardner, and the Massachusetts Treatment Center.

Core Treatment relies on principles of a therapeutic community.²¹ Offenders are required to participate in an assessment prior to beginning Core Treatment. While in Core Treatment, offenders participate in primary therapy groups, psycho-educational classes,

¹⁹ Center for Sex Offender Management, *Comprehensive Assessment Protocol (CAP) of Sex Offender Management Practices: Pilot Test Version*, (Washington, D.C.: U.S. Department of Justice, 2004), Fundamental Principles chapter, 1.

²⁰ R. Karl Hanson et. al., “First Report of the Collaborative Outcome Data Project on the Effectiveness of Psychological Treatment for Sex Offenders”, in *Sexual Abuse: A Journal of Research and Treatment*, (Springer Netherlands, 2002), 169-194.

²¹ The therapeutic community model is often used for individuals with substance abuse problems or mental illness. This model supports a structured environment that encourages offenders to follow appropriate social norms and seeks to change an individual through a focus on the whole person.

behavioral treatment, community unit meetings, and other activities identified in their treatment plans. Core Treatment for male offenders is offered at the Massachusetts Treatment Center.

Maintenance Programming is for inmates who have successfully completed the structured programmatic requirements for Core Treatment. The components of Maintenance Programming are designed to promote the inmates' recovery and be a model for their treatment in the community. The Maintenance Program is designed to serve as a bridge between the structured components of Core Treatment and release to the community. Progress made in Core Treatment needs to be sustained during this transition period.

For female sex offenders, the DOC offers a specialized sex offender treatment program at MCI-Framingham, which includes Pre-Treatment, Core Treatment and Maintenance Programming. Each female offender is assessed and a treatment plan is developed in accordance with her specialized needs.

Department of Youth Services. The DYS provides clinical and rehabilitative services to youths committed or detained. Within the first 45 days of commitment to the DYS, youths receive a comprehensive assessment that incorporates: family involvement, educational history, prior criminal record, presence or absence of substance abuse, medical and psychiatric history, and review of risk factors related to offending. Following the assessment phase, an individual treatment and service plan is developed for each youth. Youths are then classified based on the seriousness of offending behavior and level of need. With the completion of assessment and classification, youths are assigned placement along a continuum of care including secure treatment, staff secure residential treatment, and community supervision.

The clinical focus in the residential programs is to rehabilitate youths and prepare them to rejoin the community. This is accomplished by teaching pro-social attitudes and behaviors through a cognitive behavioral approach. Youths participate in clinical and educational services that emphasize the learning of new skills to ameliorate risk factors and support acquisition of positive behaviors. Treatment progress is monitored by criteria-driven behavioral goals. Youths graduate from the program when they have acknowledged their criminal behaviors, have an understanding of what led to their offending, have developed a relapse plan to avoid future criminal actions, and have demonstrated a pattern of consistent pro-social behaviors in confinement.

Department of Mental Retardation. The DMR provides services and supports to adults with mental retardation and children with mental retardation or developmental disabilities. The DMR develops specific risk plans for sex offenders in the community who are eligible for and accept DMR supports. The provision of DMR services is predicated on the individual accepting supports, or being subject to such support through Parole or Probation conditions.

The DMR coordinates with police, courts, defense bar, district attorneys, and court clinics regarding pre-adjudicatory activities, and provides information regarding potential post-adjudicatory alternatives and support plans. These may include community residential, day programming, individual and family support.

Department of Mental Health. The DMH provides community-based supports and inpatient state hospital care for adults and children with severe and persistent mental illness. DMH-eligible persons constitute less than one percent of all persons in Massachusetts with sex offender registration obligations. The DMH has guidelines and protocols for the discharge of persons with registration obligations from state hospital inpatient units.

The DMH operates a program called the Mentally Ill Persons with Problematic Sexual Behaviors (MIPSB) program, which is administered through the forensic division of the DMH's central office and supports local area capacity to provide assessment, consultation, and risk management planning for DMH consumers with histories of adjudicated and unadjudicated sexually aggressive behavior. The MIPSB program is voluntary. A MIPSB Clinical Advisory Committee has been established to further develop practice guidelines and protocols specifically for severely mentally ill persons with histories of adjudicated and unadjudicated sexual misconduct.

The DMH screens the criminal histories and the adjudicated sexual offense histories of all persons admitted to state hospital inpatient units. It also collaborates closely with the SORB regarding systems and case-specific issues. The DMH also requires inpatients with histories deemed particularly high risk (including, but not limited to, sexual offense or aggression) to undergo mandatory forensic review for risk management and risk planning purposes prior to the extension of privilege levels or discharge into a community setting.

Sex offender treatment for DMH consumers is largely provided through community-based providers with whom the DMH collaborates closely. Antiandrogen treatment capacity is maintained through the University of Massachusetts Medical School.²² A MIPSB sex offender treatment capacity is maintained in the metro Boston DMH area for DMH consumers in that area.

Community Treatment Providers. Massachusetts is served by a collection of individual private practice clinicians, small group practices, and larger sex offender management and treatment organizations. Treatment is provided in over 30 communities across the state. The Massachusetts Association for the Treatment of Sexual Abusers (MATSA) and the Massachusetts Adolescent Sexual Offending Coalition (MASOC) are professional organizations that provide training and leadership in the field of professional sex offender treatment. Massachusetts currently does not have uniform professional standards or licensure requirements for sex offender treatment providers.

The Massachusetts Coalition for Sex Offender Management (MCSOM) currently maintains a list of treatment providers who meet their criteria for sex offender treatment. This list is published by MCSOM on its website.²³ A list of sex offender treatment providers in Massachusetts is also published on the MATSA website.²⁴

Some providers utilize sex offender risk assessment and evaluation measures such as the Abel Assessment of Sexual Interest (AASI), the polygraph, penile plethysmograph, Static-99,

²² Antiandrogens are medications that reduce testosterone levels, lessening sexual drive and sexual responsiveness.

²³ www.mcsom.com

²⁴ www.matsa.org

SONAR, VASOR, MnSost-R, ASOAP, and others. The majority of treatment is conducted in a group format; however, some cases also require individual therapy.

Community treatment providers often collaborate with supervision officers and other stakeholders. Some treatment providers hold supervision and containment meetings in Probation and Parole offices. The parties included in these meetings vary but can include the supervision officer, therapist, polygrapher, victim advocate, and the client.

Reentry

In recent years, the criminal justice field nationally has put an increased focus on how best to deal with offenders who return to the community after a period of incarceration, commonly referred to as prisoner reentry. This change in emphasis resulted from the recognition of high recidivism rates and the challenges offenders face as they attempt to reintegrate into society after incarceration. In Massachusetts, the reintegration of offenders back into society has been a core component of efforts by Governor Romney's administration to assess and improve the state's criminal justice system. Both the *Governor's Commission on Criminal Justice Innovation*²⁵ and the *Governor's Commission on Corrections Reform*²⁶ have examined the issue of prisoner reentry and developed recommendations that are compatible and often overlapping with the sex offender reentry recommendations presented later in this report.

Department of Correction and Parole Board. The DOC and Parole Board have discharge policies and procedures that help guide the release and reentry process for offenders who have been sentenced to more than two and a half years, and provide for offender responsibility and accountability both prior to, and while on, supervised release.

The areas listed below represent current practices within the DOC and Parole systems:

- Written policies guide the reentry and release process for both agencies;
- Although the DOC provides assistance and opportunities for offenders to develop realistic post-release transition plans, the DOC's involvement in the reentry process ends once the offender has been released from its custody;
- The Parole Board has a continuum of management and services for the parolee prior to release and through termination of parole supervision. Typically, the parole release process begins three to six months prior to release and involves multiple disciplines within the system, such as parole planning, medical/mental health, housing, educational and vocational needs assessments;
- If the offender is released and there is no period of parole or probation supervision, there is no authority for the DOC or Parole to follow the offender's progress with reentry plans. However, upon release, these offenders are transported to one of Parole's Regional Reentry Centers;

²⁵ Governor's Commission on Criminal Justice Innovation, *Final Report*, (Boston, MA: Commonwealth of Massachusetts, 2004)

²⁶ Governor's Commission on Corrections Reform, *Strengthening Public Safety, Increasing Accountability, and Instituting Fiscal Responsibility in the Department of Correction*, (Boston, MA: Commonwealth of Massachusetts, 2004)

- The Regional Reentry Centers offer services to discharged prisoners and transport sex offenders to local police departments; and
- Registration of sex offenders two days prior to release from custodial settings is mandated to increase compliance with registration requirements.

Department of Youth Services. The DYS provides secure and community supervision services for juvenile offenders. The areas listed below represent current DYS practices and understandings:

- The DYS reentry planning practices vary somewhat across DYS regions, and from secure settings to residential treatment programs;
- Written policies guide the release and reentry processes;
- Discharge planning is used within the DYS, and the information that is gathered is often shared with community stakeholders and treatment providers;
- Standardized release conditions such as mandatory counseling are routinely imposed on juvenile sex offenders released from secure settings and treatment programs; and
- Juveniles are typically required to participate in community-based sex offender treatment programs upon release.

Sheriffs/County Correctional Facilities. County correctional authorities, who are responsible for offenders sentenced to less than two and a half years, have adopted policies and practices similar to other custodial agencies such as the DOC and DYS, although practices are not consistent across counties. Collaboration with local and regional treatment and service providers is characteristic of this model. A few county correctional facilities in Massachusetts offer sex offender treatment.

Executive Office of Health and Human Services (EHS). EHS constituent agencies such as the Department of Transitional Assistance (DTA), the DMH, the DMR, and the Department of Public Health (DPH) provide support systems and services to offenders such as access to MassHealth insurance, transitional housing, and mental health services. Sex offenders, however, are not offered specialized access to all of these services. The DSS provides direct care to children in need and often interacts with other agencies to address potential issues with a sex offender being released to a home with children.

The DPH funds sexual assault prevention programs and survivor services in communities across the Commonwealth, some of which are collaborating with the SORB to provide community education on sex offenders. Victim advocates have also collaborated with these DPH-funded victim service providers to encourage inclusion of victims' voices and safety concerns in reentry decisions and to support victims throughout the process.

Supervision

The supervision of sex offenders in the community is one of the cornerstones of effective sex offender management. Well-trained and well-resourced community supervision officers are able to utilize a variety of supervision tools, techniques, and collaborative partnerships to monitor offenders and identify risk factors before they lead to recidivism.

Office of the Commissioner of Probation (OCP). The OCP supervises juvenile and adult offenders sentenced to a term of probation supervision, either directly following sentencing or after a period of incarceration. There are 93 district, superior and juvenile courts in Massachusetts and the OCP is responsible for the management and supervision of the probation officers assigned to these courts. Probation is under the direction of the Chief Justice for Administration and Management, who must approve major program and supervision changes. Each district, superior, and juvenile court judge is responsible for setting the conditions of probation depending on the type of offender and the circumstances of the case. All new probation officers receive eight hours of specialized training on sex offender supervision at orientation training. Thereafter, specialized training is offered to probation officers several times each year, but is not required.

The OCP provides intensive supervision of some sex offenders and monitors special terms and conditions set by the court. Probation frequently collaborates with community treatment and service providers and local law enforcement on the supervision of sex offenders. Sex offender management practices vary somewhat from court-to-court and region-to-region. Probation officers generally follow guidelines for the development of case plans and strategies under the OCP's Risk/Needs Classification and Supervision Standards, however, a validated risk/needs instrument is not currently used (except in the SOC program; see below). Multi-disciplinary teams and the containment approach are generally not used in the supervision of probationers.

An example of a specialized sex offender supervision program that incorporates a number of best practices is Probation's Sex Offender Containment (SOC) pilot program located at the Dudley District Court. SOC probation officers utilize the containment approach to supervise small, specialized caseloads. Global Positioning Satellite (GPS) technology, electronic monitoring, and drug testing are also used to augment supervision. The program uses a specialized risk assessment instrument called the Rapid Risk Assessment for Sex Offender Recidivism (RRASOR).

Parole Board. The Parole Board is responsible for setting sex offender-specific parole conditions at the time of release for regular parole cases and Intensive Parole for Sex Offenders (IPSO; see below) cases, or at the time of assuming supervision responsibility in Lifetime Parole Supervision of Sex Offender cases. Parole officers typically have sex offenders on their caseloads along with other types of offenders. Although many regular parole officers have received sex offender specialized training, recent hires have not undergone such training.

All parole officers, including those who supervise sex offenders, utilize a variety of supervision strategies including: home and work visits; drug testing; electronic monitoring; polygraph examinations; surveillance; Criminal Justice Information System (CJIS) checks; and contacts with law enforcement and criminal justice agencies. The Parole Board works with the SORB to ensure that sex offenders comply with registration requirements. The Parole Board also uses Probation's GPS technology to supervise all paroled Level 3 sex offenders.

Parole officers follow specific guidelines in responding to violation behaviors. Responses to serious parole violations may include graduated sanctions or detention. Parole officers can also

issue warrants for temporary custody (15 day detainers), which are authorized by a regional parole supervisor or superior officer. Finally, each regional office has a substance abuse coordinator and victim advocate to assist parole officers with these issues.

Case plans are dictated by the conditions imposed by the Parole Board, rather than by policy, and most sex offenders have specialized supervision conditions. Standards for field and office contacts are different for sex offenders on regular caseloads than for sex offenders in the IPSO program.

In 1996, IPSO started as a pilot program in the Framingham regional office and is currently being expanded to the Springfield, Worcester, and Lawrence regional Parole offices. This expansion will put IPSO in four of eight regional offices in the state. IPSO uses the containment model of sex offender supervision, which includes the involvement of two intensive supervision officers, a sex offender-specific therapist, and polygraph examinations. The Parole Board employs three full-time certified polygraph examiners. Regular supervision officers use a modified version of this model, i.e., a regular supervision officer, a sex offender therapist, and periodic polygraph examinations. The CSOM funded a victim advocate for one year to be included as a member of the IPSO Containment Team in the Framingham Parole Office. Although this was found to be a useful addition to the containment team, lack of funding has prohibited the continuance of this position.

Department of Youth Services. The DYS supervises juveniles committed by the courts to its jurisdiction. Supervision occurs both within residential facilities and in the community. Although there are no specific caseload management guidelines or training in the supervision of juvenile sex offenders, there are guidelines for the development of case management plans for juveniles under community supervision. Community case plans for all juvenile offenders are based on general risk/needs assessments, as well as the input from the residential treatment team and the youth.

Supervision strategies are based on a relapse prevention model. Relapse prevention plans can include specialized conditions of supervision. Case workers routinely monitor juvenile offenders' compliance with conditions of supervision in daily, weekly or monthly interactions depending on the youth's level of supervision. Community Reporting Centers monitor those offenders on curfew restrictions. DYS does not utilize the polygraph for supervision or treatment of juveniles.

Registration and Community Notification

In Massachusetts, the SORB has the principal responsibility to implement the legislated mandates for registering sex offenders, assessing risk, and directing local police departments in the conduct of community notification. The SORB derives its authority from the Massachusetts General Law, Chapter 6, Sections 178C through 178Q. The function and practice employed by the SORB to accomplish its mandated mission is found in 803 CMR 1.00, *et seq.*

Massachusetts requires that any person who, on or after August 1, 1981, was convicted, adjudicated delinquent, incarcerated, under supervision, civilly committed, or released from civil

commitment, for one or more of 22 criminal sexual offenses, register for a period of time between 10 years and life depending on the type of offense. Juveniles have a duty to register for not less than 10 years, or more than 20 years. It is the function of the SORB to identify offenders and establish their duty to register. Potential registrants are initially identified based on an SORB review of conviction information provided by the OCP to the Criminal History Systems Board (CHSB). The CHSB serves as the hub for criminal information-sharing between law enforcement agencies in the commonwealth.

All persons identified as having a duty to register must do so at least two days prior to release from a correctional institution, or annually if they are living in the community, in writing to the SORB until such time as they have been finally assessed a risk classification of Level 2 or Level 3 by the Board.²⁷ Once classified at either Level 2 or Level 3, offenders must register annually in person at the police department in the town or city in which they reside. Registration information is also provided electronically to the police departments in the cities or towns where the offender is employed or attends an institute of higher learning. Offenders must notify the SORB or police department where registered not less than 10 days prior to any change in residence or employment. It is the responsibility of all federal, state, and contract agencies providing care, custody, or supervision of eligible offenders to ensure the offender is properly registered or accounted for with the SORB.

Enforcement of registry requirements rests solely with local and state police units. Offenders identified as being in violation are subject to warrantless arrest. Failing to register or providing false registration information is a felony and punishable by a fine and a period of incarceration between six and 60 months.

It is the duty of the SORB to assess risk based on each offender's risk of re-offense and degree of dangerousness posed to public safety. In determining this risk, the SORB obtains, reviews, and applies information relative to 24 legislatively mandated factors, including information provided by the offender and, in some cases, the victim(s). All offenders are provided a 30-day window in which to gather and submit any documentation they wish the SORB to consider in rendering a risk assessment.

After documentation and information is gathered, a single board member of the SORB conducts a review and makes a preliminary assessment of Level 1, 2, or 3. Each offender is then apprised of this assessment and is afforded a period of not more than 20 days to either accept the preliminary classification level or exercise a right to be classified by administrative hearing. Those offenders who accept the preliminary classification level and those who fail to respond to the SORB within the 20-day window will be considered as finally classified and will receive notice as to their future registration requirements.

Some offenders contest their preliminary classification level and opt to have their classification level established by a hearing. Each offender is entitled to legal representation. If indigent, legal counsel is provided by the State. Hearings are conducted and evidence is presented and considered as though the classification issue was being presented for the first time. The offender may present witnesses and experts. The offender is provided a written copy of the hearing

²⁷ Offenders who are classified as Level 1 continue to register yearly by mail.

examiner's decision. The decision of the hearing examiner is considered to be the final decision of the SORB. However, each offender has the right to request judicial review of the record in the Superior Court of the county in which they reside. This does not, in itself, revoke the offender's immediate duty to register or have information legally disseminated to the public.

One of the purposes of classifying offenders is to determine the manner in which information is disseminated to the public. Information authorized for dissemination includes the offender's name, residence and work addresses, physical description, dates and titles for sex offense convictions, and a photograph. Information about offenders assessed at Level 2 or Level 3 will be made available at the local police departments where the offender resides, works, or attends an institute of higher learning. Persons requesting such information must be at least 18 years of age and sign a document attesting that the information they receive is for their own personal safety or the safety of persons in their care. In addition, the police departments in cities or towns with a Level 3 offender resides, works, or attends an institute of higher learning, must post information about the offender in either print or electronic media and in places the public is likely to encounter the Level 3 offender. School districts are also provided with the same information regarding Level 3 offenders. In addition, the SORB posts information about all Level 3 offenders on the state website (see www.mass.gov/sorb).

The SORB meets regularly with state and private victim and survivor programs to ensure the classification process remains victim-centered. Staff from the SORB also presents community seminars to provide factual information about sexual offending and inform the public how to use the information provided to prevent future victimization. The SORB generally holds these community meetings at the request of and in collaboration with local police departments.

Strengths in Massachusetts' Management of Sex Offenders

This comprehensive assessment identified numerous examples of strengths in how Massachusetts currently manages sex offenders. Each area highlighted below corresponds to best practices in sex offender management, as identified by the CSOM. Strengths have been grouped into the following topics: collaboration, specialization, and victim-centeredness.

Collaboration

One of the fundamental principles of the CSOM's comprehensive approach is collaboration. A multi-disciplinary approach to sex offender management that engages a variety of stakeholders is considered a best practice. Although there are many areas where collaboration could be improved, this assessment identified several examples of strong collaboration. For example:

- Sex offender treatment in the DYS residential placements is driven by a treatment plan that is developed by multi-disciplinary teams and includes the family.
- The Parole Board's IPSO program uses the containment model of sex offender supervision, which provides for a case team composed of parole officers, sex offender treatment providers, and parole polygraph examiners.
- The North Quabbin region has very strong informal communication systems among law enforcement, social service personnel, victim advocates, and community leaders. These stakeholders have developed a C.A.R.E. (Comprehensive Assault Reduction Effort) Task Force, which works to prevent violence, and the region serves as a pilot site for an initiative to prevent child sexual abuse.
- Bristol County is one of several counties where sex offender treatment providers have a long-standing working relationship with supervision officers.
- The Massachusetts Coalition for Sex Offender Management is a collaborative group that began as a grass roots response to increasing concerns regarding sex offenders and sex offenses in Massachusetts. MCSOM agencies include the Parole Board, the DOC, the OCP, the SORB, the DYS, Jane Doe Inc., the DPH, representatives of District Attorney's offices, the DSS, the Massachusetts Child Sexual Abuse Prevention Partnership (MCSAPP), the MATSA, the MASOC, additional treatment providers, and the Massachusetts Office of Victim Assistance (MOVA).

Specialization

Adopting policies and practices that specifically target a sex offender's level of risk of re-offense is a common theme of the best practices for sex offender management. Specialization can improve sex offender management in the areas of risk/needs assessments, treatment, conditions of supervision, and training. Examples of specialization in Massachusetts are presented below.

- The BPD has a specialized sexual assault unit and requires that officers who work in this unit undergo specialized training on sex offenders and sex offender management.
- All sex offenders who progress to the Core Treatment component of the SOTP at the DOC's Massachusetts Treatment Center undergo a comprehensive battery of sex offender-specific assessments.
- The DOC's SOTP is a cognitive behavioral approach to treatment with an emphasis on relapse prevention. Treatment is co-facilitated and conducted in a group setting of ten or fewer sex offenders per group. Offenders meet annually with a treatment review panel, consisting of senior clinicians, which reviews progress in specific risk areas and determines whether an offender has completed treatment.
- Juvenile sex offenders committed to DYS receive a cognitive behavioral approach to treatment that utilizes relapse prevention planning. Treatment is co-facilitated and conducted in a group setting of ten or fewer sex offenders per group.
- The DMH maintains a specialty assessment and risk management program, known as the Mentally Ill Persons with Problematic Sexual Behaviors (MIPSB) program, for state hospital inpatients and, increasingly, DMH consumers served in community settings with histories of adjudicated or unadjudicated sexual offenses or aggression.
- The DMR has a specialized assessment program and risk management system for Level 2 and Level 3 sex offenders.
- Probation's SOC program, located in the Dudley District Court, has a containment team that supervises a smaller-than-average caseload with only sex offenders. Probation officers utilize specialized case plans and risk assessments and enforce sex offender-specific conditions imposed by judges.
- The Parole Board's IPSO program also has officers supervise smaller caseloads of only sex offenders. Specialized conditions (e.g., prohibiting use of the Internet or contact with the victim) are imposed by the Parole Board.

Victim-Centeredness

A victim-centered approach to sex offender management prioritizes the needs of victims at every point in the system. The goals are to allow for victim input, avoid re-traumatizing victims, and ensure victims' safety. The following are examples of victim-centered practices currently happening in the Commonwealth.

- The BPD works to ensure that victim sensitive policies and procedures are followed. For example, community-based victim advocates are in place to respond to the needs of victims, victims are offered assistance when providing victim statements, and a secure environment is created for child victims.

- The Parole Board invites victims to participate in parole hearings when an offender comes up for parole.
- Victims are offered Criminal Offender Record Information (CORI) certification and release notification services, in compliance with state law, through the Criminal History Systems Board and respective custodial organizations. Victims who choose to become CORI-certified are notified of changes in the offender's status, such as release from incarceration.
- The SORB Victim Unit responds to requests from victims regarding the status of an offender's registration and classification level, and provides victims with referrals for professional mental health consultations.

Recommendations for Massachusetts' Management of Sex Offenders

The following recommendations are the result of a year-long assessment process and are consistent with best practices as presented by the CSOM. Five topical working groups assessed Massachusetts' current sex offender management policies and practices. These groups identified strengths and areas that could be improved and developed recommendations for improving sex offender management in Massachusetts. These recommendations were reviewed and fine-tuned by the Implementation Team, and approved by the Steering Committee. The bullets below each recommendation highlight assessment findings that led to the corresponding recommendation.

These recommendations do not suggest that the management of sex offenders in Massachusetts is currently poor or unacceptable. Instead, the following recommendations are intended to improve the management of sex offenders in the Commonwealth by bringing current practices more closely in line with best practices, consequently increasing public safety and reducing victimization. Recommendations are presented by topic area: investigation, prosecution, and disposition; assessment and treatment; reentry; supervision; and registration and community notification.

Investigation, Prosecution, and Disposition

#1: Provide education and training opportunities on sex offender management for the Judiciary and Legislature

- Judges often do not require offenders to participate in sex offender treatment as part of their sentence, and offenders, who are likely to benefit from treatment, rarely participate if it is not part of their sentence.
- Judges often do not order risk assessments or presentence investigations between conviction and sentencing.
- Judges do not consistently require supervision and specialized conditions for sex offenders as part of sentences.

#2: Include standard specialized sex offender conditions for probation in judicial dispositions

- Specialized supervision conditions, such as prohibiting contact with minors or limiting access to the internet, are not always included when sex offenders are sentenced to a period of probation.
- Specialized probation conditions are applied inconsistently across the state.

#3: Provide training to district attorney's offices and police departments on adult and juvenile sex offender management

- Prosecutors do not always receive specialized training on adult and juvenile sex offender management.
- Law enforcement investigators are not always trained on the dynamics of sex offenses, the modus operandi of sex offenders, and the differences between juvenile and adult offenders.

#4: Explore restrictions on removing the sexual component of offenses pled down

- When the sexual component of a charge is dropped, offenders who have committed crimes that are sexual in nature often avoid specialized assessment and treatment.
- Plea bargaining to a lesser crime affects an offender's parole eligibility.
- Potentially dangerous sex offenders are not required to register with the SORB for:
 - Pled down offenses that do not include the sexual component of the crime;
 - Sexually motivated offenses;
 - Cases continued without a finding (CWOFS); and
 - Guilty findings without a change of plea.

#5: Increase collaboration between law enforcement and community-based victim advocates

- In some communities, victim advocates are not available to respond to the needs of sexual assault victims who go to the police.
- In some communities, victim advocates are not involved immediately following identification of a sexual assault victim.

#6: Provide training to victim service divisions and advocates

- Victims of sex offenders are not always aware of their rights and CORI-certification requirements.

#7: Investigate the possibility of lifetime parole supervision becoming an expanded disposition option for certain adult sex offenders

- Supervision is a crucial element of effective sex offender management.
- Some sex offenders remain at high risk to re-offend long after their period of incarceration and/or community supervision ends.
- Although lifetime parole supervision is currently mandated for repeat offenders who have committed a set of specific offenses and is a disposition option for repeat offenders with some additional offenses, the use of this supervision tool is limited.

Assessment and Treatment

#8: Develop a standardized system of licensure or certification for sex offender treatment providers

- The goals and techniques used in traditional therapy differ markedly from the goals and techniques of sex offender treatment.
- Without provider licensure or standards of care, it is difficult to determine the quality of treatment provided.
- There is a need for a sex offender treatment system to provide effective treatment that clearly prioritizes victim and community safety.

#9: Train supervision officers, case workers, and DOC Correctional Program Officers on sex offender treatment and the use, benefits, and limitations of assessment tools

- Sex offender-specific risk assessments are not used to develop case plans for parolees.
- Parole officers are not always informed of the research on sex offender-specific assessments.

- DYS caseworkers generally do not receive specific training on juvenile sex offender treatment, sex offender programming, or juvenile sex offender assessment tools.
- Sex offenders are not always well-informed about the benefits of treatment and their options.

#10: Increase the availability of specialized sex offender treatment in correctional facilities and the community

- Some correctional facilities do not offer any sex offender treatment.
- Treatment programs do not always have the capacity to work with subgroups of sex offenders, such as females, the mentally retarded, or persons with severe and persistent mental illness.
- Some offenders in the North Quabbin region have to travel over 20 miles to participate in community sex offender treatment.
- Treatment for juvenile sex offenders is not readily available in some parts of the state.
- There is a need for additional sex offender treatment providers to be certified as MassHealth providers.²⁸
- Funding mechanisms are generally not available to facilitate access to treatment for offenders without insurance or transportation.

#11: Provide additional incentives for sex offenders to participate in specialized sex offender treatment while incarcerated and in the community

- Less than half of eligible sex offenders participate in the DOC's SOTP.
- Few offenders participate in community treatment programs if they are not required to by the terms of their parole or probation supervision.

#12: Increase capacity and training for court clinics serving juvenile courts and adult criminal courts to provide the results of sexual offender evaluations and victim input to judges to inform disposition of sex crime cases

- Many sex offenders do not receive a sex offender-specific evaluation prior to sentencing.

#13: Utilize a validated, sex offender-specific risk assessment instrument in all supervised cases²⁹

- While Probation uses the RRASOR in the SOC program, it is not used throughout the State.
- Parole does not generally use risk assessment instruments in the development of supervision case plans or for periodic monitoring of sex offenders under parole supervision.

#14: Give all sex offenders in correctional facilities a validated, sex offender-specific risk/needs assessment³⁰

²⁸ MassHealth pays for healthcare for qualified low income individuals. Healthcare providers have to be approved as a "MassHealth Provider" in order to accept payment through MassHealth.

²⁹ Most risk assessment tools have not been validated for offender subpopulations, such as females, juveniles, the mentally retarded, or persons with severe and persistent mental illness. Using sex offender-specific risk assessment instruments may not be appropriate for these groups.

³⁰ See footnote 29.

- Sex offenders who are not enrolled in the DOC's SOTP receive a general risk assessment, which does not measure many factors associated with sexual recidivism.
- Treatment services are not always provided commensurate with offenders' levels of risk and need.

Reentry

#15: Create and expand programs providing appropriate and stable housing and employment for sex offenders that enhances the effectiveness of supervision and reduces recidivism

- Sex offenders, particularly Level 3 offenders, have difficulty obtaining and maintaining housing and employment.
- Offenders without steady housing and employment are more likely to become homeless, making them less stable in their daily lives and more difficult to monitor.

#16: Increase assistance to offenders for the transition from incarceration to the community, including housing and employment needs

- Transitional housing is generally not available for sex offenders.
- Offenders without Parole or Probation supervision generally lack official guidance or assistance in seeking community services.
- There are inconsistencies in the availability and maintenance of community resource directories at correctional facilities.
- Although the DOC provides offenders with community resource information, it does not actively manage or facilitate systems that ensure continuity of care between correctional facilities and community services.

#17: Allow sex offenders to participate in step-down and discretionary release programs when appropriate

- Step-down programs currently do not accept sex offenders.
- Offenders in DOC facilities generally leave incarceration directly from medium or maximum security.

#18: Increase collaboration and consistency in the reentry process

- Few joint policies exist for guiding the reentry process.
- Probation is not generally involved in offender release planning and does not have contact with the offender prior to release.
- Department of Correction treatment providers are not involved in reentry planning for sex offenders who are not in the treatment program.
- Parents and caretakers are not consistently involved in reentry planning for juvenile sex offenders.
- There is not a statewide strategy for the reentry of sex offenders.
- Release policies frequently differ from agency to agency and practices may differ across an agency's regions, offices, or programs.
- Important stakeholders such as victim advocates, community leaders, and the courts are not generally involved in the development of reentry strategies for sex offenders.

#19: Encourage Massachusetts communities to develop multidisciplinary sex offender management teams

- Currently, few Massachusetts communities have multidisciplinary task forces devoted to sex offender management.
- Rarely do communities hold meetings that include all the important stakeholders in sex offender management.

#20: Initiate reentry planning for sex offenders at point of intake to institutions

- Reentry planning is initiated within a specified anticipated date of the offender's release rather than at the time of commitment.
- Beginning release planning at point of intake to institutions allows for early identification of offender needs and provides the most time to address any anticipated barriers to reentry.

Supervision

#21: Require a period of mandatory community supervision for sex offenders

- A significant proportion of Massachusetts' sex offenders are released without parole or probation supervision.
- Supervision officers help keep offenders accountable for their actions and whereabouts.
- Supervision officers can monitor a sex offender's risk factors for reoffending.

#22: Require specialized sex offender training for all supervision officers and caseworkers

- Specialized sex offender training is not mandatory for parole officers (except for IPSO officers).
- Only limited sex offender training is required for probation officers.
- Specialized sex offender training is not mandatory for all DYS caseworkers.

#23: Develop a protocol for supervision officers and DYS staff to communicate with treatment providers

- There are no formal policies or guidelines for DYS staff to follow-up or work with treatment providers once a client is back in the community.
- Although Parole and Probation generally have strong working relationships with treatment providers, there are no formal policies or requirements for such interactions.

#24: Expand the Intensive Parole for Sex Offenders (IPSO) program statewide (including additional polygraph equipment and victim advocates for each region)

- Most Parole caseloads are not specialized.
- Specialized sex offender training is not mandatory for parole officers.
- Sex offender-specific risk assessments are not used to inform supervision case plans for sex offenders on Parole.

#25: Expand Probation's Sex Offender Containment (SOC) program statewide

- Probation caseloads are generally large and not specialized.
- Probation for sex offenders includes only limited use of the containment model.

- Probation gives a general risk/needs assessment to all offenders, but only uses a sex offender-specific risk assessment in the SOC program.
- Probation field contacts rarely occur outside of normal business hours.

#26: Provide technical assistance to formalize and train community support networks³¹

- There are no policies or guidelines for the development of community support networks.
- The existence of community support networks is currently limited.
- There is minimal training provided for members of community support networks.

Registration and Community Notification

#27: Provide the public and community stakeholders with education and training on sex offenders and sex offender management

- Few agencies other than the SORB and few local police departments provide public awareness and education to the community.
- Lack of education about sex offenders contributes to fear and anger in areas where registered sex offenders live or work.
- The media frequently perpetuate myths and incorrect information about sex offenders.
- School districts have widely varied notification procedures that may negatively affect the victim or the offender's children.

#28: Improve electronic information-sharing across agencies involved in sex offender management

- Current information systems are outdated and inefficient.
- The inability to link databases results in delays in communication and duplication of work.

#29: Encourage local police departments to increase the frequency of address verification

- Offenders are only required to register once per year, which allows non-compliant offenders as long as a year before they are found to be in violation.
- Police departments are required to verify addresses once per year.

#30: Classify sex offenders prior to release from correctional facilities³²

- Registering offenders only two days prior to release delays classification and community notification of high risk offenders.
- The public often does not find out about a newly released offender for several months after their release into the community.

³¹ A community support network is “a network of responsible and informed individuals who can assist sex offenders with adhering to relapse prevention plans, supporting positive lifestyles, monitoring high risk behaviors, intervening when warranted, and communicating frankly with supervision officers regarding identified concerns” (CSOM, CAP, Supervision chapter, p. 22).

³² Since the development of this recommendation, statutory support has been provided with the passage of Chapter 303 of the Acts of 2006: An Act Increasing the Statute of Limitations for Sexual Crimes Against Children. This act requires that the SORB classify sex offenders convicted and sentenced after December 20, 2006, at least 10 days prior to the offender's earliest possible release date.

- There are more than 2,500 unclassified sex offenders currently incarcerated in Massachusetts.³³

#31: Increase enforcement of penalties for failing to register

- Police do not always enforce registration requirements.
- The courts often do not enforce penalties for failing to comply with registration requirements.

#32: Develop policies and training regarding the sharing and updating of registration and address information

- Parole and probation officers do not always report knowledge of an offender's change in address to the SORB or local police department.
- Correctional facilities do not always immediately update an offender's registration status.
- Sentencing courts do not always inform offenders of their duty to register.
- Fingerprints and photographs acquired at time of registration are not routinely sent to the State Police.

#33: Fingerprint all sex offenders at registration and forward fingerprints to the State Police Identification Section

- The State Police Identification Section does not always receive sex offenders' fingerprints.
- Accurate identification of registered offenders is not always accomplished, as fingerprints acquired at time of registration are not routinely sent to the State Police for comparison in the automated fingerprint identification systems (AFIS). Many offenders' FBI numbers and State identification numbers have not been obtained. Consequently, not all offenders are entered into the National Crime Information Center (NCIC) Sex Offender File.

³³ As of November, 2006.

Conclusion

The Commonwealth of Massachusetts has a number of innovative programs and practices that are in concert with sex offender management best practices. However, as this assessment has indicated, there are also a number of areas that could be improved.

Within the 33 individual recommendations, a set of themes have emerged.

- *Community supervision* for sex offenders reoccurs as a high priority. Requiring a period of community supervision that utilizes specialized assessments and conditions for offenders as well as specialized training for supervision officers is commonly seen as one of the most effective methods for reducing recidivism.
- Approximately one quarter of the recommendations focus on providing *education and training* to various stakeholders. A fundamental principle of effective sex offender management requires that practitioners and decisionmakers are well-informed.
- The importance of *specialized sex offender assessment and treatment* was repeatedly highlighted throughout the assessment. Research has shown that sex offender treatment significantly reduces recidivism rates, and sex offender-specific assessments are crucial for effectively using resources to incarcerate, treat, and supervise offenders.
- The difficulties sex offenders face in acquiring appropriate *housing and employment* were identified as significant barriers to successfully managing this challenging population.

This report provides a long-term vision for improving the management of sex offenders in the Commonwealth of Massachusetts, consequently increasing public safety and reducing victimization. Many of these recommendations require changes in agency policy, forging new relationships among practitioners, or enacting legislation. Some of these changes may be difficult to implement, and many will not come quickly. Adopting these recommendations, however, will not only improve sex offender management, but will also serve to increase public safety and reduce sexual victimization.

Appendix A. Project Participants

Representatives from numerous agencies and organizations were actively involved in this assessment. The project was divided into three tiers: 1) a Steering Committee, which guided the project and made major project decisions; 2) an Implementation Team, which conducted the project activities; and 3) Assessment Groups, which were topical working groups that assessed different aspects of sex offender management. Some individuals participated on multiple project teams. Below are lists of the project partners at each level.

The Steering Committee has included the following members:

- Executive Office of Public Safety: Undersecretary Patrick Bradley (chair)
- The ALLY Foundation: Andrea Casanova, Executive Director
- Athol Police Department: Chief Timothy Anderson
- Attleboro Police Department: Chief Richard Pierce
- Barnstable County Sheriff's Office: Sheriff Jim Cummings
- Boston Police Department: Deputy Superintendent Michael Cox
- Boston Police Department: Lieutenant Detective Mark Hayes
- Criminal History Systems Board: Barry LaCroix, Executive Director
- Department of Correction: Commissioner Kathleen Dennehy
- Department of Mental Health: Commissioner Elizabeth Childs
- Department of Mental Retardation: Commissioner Gerry Morrissey
- Department of Transitional Assistance: Commissioner John Wagner
- Department of Youth Services: Commissioner Jane Tewksbury
- Executive Office of Health and Human Services: Kristen Apgar, General Counsel
- Governor's Commission on Domestic Violence: Marilee Kenney Hunt, Exec. Director
- Jane Doe, Inc.: Jennifer Meade, Research & Evaluation Manager
- Massachusetts Coalition for Sex Offender Management/Department of Public Health: Marci Diamond, Co-chair/ SAPSS Director
- Massachusetts Office of Victim Assistance: Kristen Palma, Director of Public Affairs and Field Services
- North Quabbin Community Coalition: Rebecca Bialecki, Executive Director
- Office of the Commissioner of Probation: Stephen Bocko, Deputy Commissioner
- Orange Police Department: Chief Brian Spear
- Parole Board: Maureen Walsh, Chairwoman
- Plymouth District Attorney's Office: District Attorney Timothy Cruz
- Sex Offender Registry Board: Jennifer Franco, Chairperson
- Yarmouth Police Department: Chief Peter Carnes

The Implementation Team has included the following members:

- The ALLY Foundation: Andrea Casanova, Executive Director
- The ALLY Foundation: Camie Morris, Director of Research and Reform
- Athol Police Department: Chief Timothy Anderson
- Attleboro Police Department: Detective Sergeant Arthur Brillon

- Attleboro Police Department: Officer Susan Boisse
- Barnstable County Sheriff's Office: Superintendent Mike Regan
- Boston Police Department: Detective Sergeant Aaron Gross
- Boston Police Department: Officer Zandarina Scott
- Cape and Islands District Attorney's Office: Debbie Brown, Sex Offender Management Unit Coordinator
- Center for Sex Offender Management: Donna Reback, Technical Assistance Provider
- Criminal History Systems Board: Curt Wood, Deputy Director
- Department of Correction: Allison Hallett, Director of Program Services
- Department of Correction: Brian Kearnan, Program Coordinator
- Department of Mental Health: Robert Kinscherff, Assistant Commissioner for Forensic Services
- Department of Mental Retardation: Mark Fridovich, Deputy Commissioner
- Department of Mental Retardation: Andrea Maislen, Assistant General Counsel
- Department of Public Health: Marci Diamond, SAPSS Director
- Department of Transitional Assistance: Koren Christensen, First Deputy General Counsel
- Department of Youth Services: Yvonne Sparling, Director of Clinical Services
- Executive Office of Health and Human Services: Judi Goldberg, Deputy Legal Counsel
- Executive Office of Public Safety: Rebecca Bianchi, Program Coordinator
- Executive Office of Public Safety: Sarah Lawrence, Director of Research
- Massachusetts Association for the Treatment of Sexual Abusers: Barbara Schwartz
- Massachusetts Association for the Treatment of Sexual Abusers: Dennis McNamara
- North Quabbin Community Coalition: Rebecca Bialecki, Executive Director
- Orange Police Department: Chief Brian Spear
- Parole Board: Don Giancioppo, Executive Director
- Parole Board: Tim Zadai, Consultant
- Plymouth District Attorney's Office: Bridget Norton Middleton, Assistant District Attorney
- Sex Offender Registry Board: Bob Baker, Director of Operations,
- Worcester County House of Correction: Kathleen Shultz, 1st Assistant Deputy Superintendent of Classification, Treatment, and Programs
- Yarmouth Police Department: Officer Hiram Collado

The Investigation, Prosecution, and Disposition Assessment Group included the following members:

- Plymouth County District Attorney's Office: Bridget Norton Middleton (chair)
- Cape & Islands District Attorney's Office: Debbie Brown
- Children's Cove: Lenny Fontes
- Executive Office of Public Safety: Rebecca Bianchi
- Plymouth County District Attorney's Office: Nicole Blum
- Plymouth Juvenile Court Probation: Peter Driscoll

The Assessment and Treatment Assessment Group included the following members:

- Department of Correction: Allison Hallett (chair)

- Department of Correction: Brian Kearnan
- Department of Mental Health: Robert Kinscherff
- Department of Mental Retardation: Mark Fridovich
- Department of Youth Services: Yvonne Sparling
- Executive Office of Public Safety: Rebecca Bianchi
- Forensic Health Services: Nancy Connolly
- Massachusetts Adolescent Sexual Offender Coalition (MASOC): Ronald McKenzie
- Massachusetts Association for the Treatment of Sexual Abusers (MATSA)/Counseling and Psychotherapy Center, Inc.: Dennis McNamara

The Reentry Assessment Group included the following members:

- Criminal History Systems Board: Curtis Wood (chair)
- Cape & Islands District Attorney's Office: Debbie Brown
- Department of Transitional Assistance: Koren Christensen
- Department of Youth Services: Ken Rogers
- Executive Office of Health & Human Services: Judith Goldberg
- Executive Office of Public Safety: Rebecca Bianchi
- Massachusetts Association for the Treatment of Sexual Abusers (MATSA)/Counseling and Psychotherapy Center, Inc.: Timothy Sinn
- Parole Board: Stephanie Coughlin
- Parole Board: Steve Kelley
- Yarmouth Police Department: Hiram Collado

The Supervision Assessment Group included the following members:

- Parole Board: Timothy Zadai (chair)
- The ALLY Foundation: Camie Morris
- Department of Youth Services: Ken Rogers
- Executive Office of Public Safety: Rebecca Bianchi
- Massachusetts Association for the Treatment of Sexual Abusers (MATSA)/Counseling and Psychotherapy Center, Inc.: Dennis McNamara
- Office of the Commissioner of Probation: Dan Ryan
- Parole Board: Christine O'Connor
- Yarmouth Police Department: Hiram Collado

The Registration and Community Notification Assessment Group included the following members:

- Sex Offender Registry Board: Robert Baker (chair)
- Boston Police Department: Zandarina Scott
- Counseling and Psychotherapy Center, Inc.: Rob Nazzaro
- Criminal History Systems Board: Curtis Wood
- Criminal History Systems Board: Marissa Cutts
- Executive Office of Public Safety: Rebecca Bianchi
- Massachusetts State Police: Deborah Rebeiro
- Yarmouth Police Department: Hiram Collado

Appendix B. Agencies' Sex Offender Management Roles and Responsibilities

The following table lists agencies involved in the management of sex offenders in Massachusetts. The *Responsibilities* column provides information on the agency's responsibility to the offenders and/or victims of sexual offenses. The *Activities* column presents the primary activities that each agency engages in to meet its responsibilities to sex offenders and/or victims. The *Relevant Policies* column lists the laws, regulations, and policies that govern the work each agency does with sex offenders and/or victims.

Agency/ Organization	Responsibilities	Activities	Relevant Policies
Community Treatment Providers	Community treatment providers are responsible for evaluating offenders' risk and conducting treatment interventions focused on managing risk factors and building risk mitigating, safe, alternative behavior.	<ul style="list-style-type: none"> - Conducting risk assessments and treatment assessments - Providing group, individual and family counseling - Transitional planning from secure placement - Training for non-clinical professionals - Communicating with stakeholders (containment meetings) - Evaluating outcomes - Supporting community education and responsible, effective sex offender management 	<ul style="list-style-type: none"> - Treatment providers operate within the standards of ethical professional behavior adopted by ATSA as well as by their board of professional licensing - Clinicians are obligated to report abuse of a child or elderly person and have a duty to warn identified target victims - Otherwise, a "release of information" must be given by the offender allowing treatment providers to share client information
Criminal History Systems Board (CHSB)	<p>The CHSB is responsible for maintaining complete and accurate criminal offender record information (CORI) for offenses occurring in Massachusetts.</p> <p>The CHSB is also responsible for victim certification and notification; distribution of CORI information; and transmittal of data to the FBI National Sex Offender Registry.</p>	<ul style="list-style-type: none"> - Maintaining centralized database of CORI and track victim certification and notification (VCAN) information - Sharing CORI with certified entities and individuals - Providing technical support and guidance to all users of CJIS and CORI information - Serving as the liaison with the FBI managed National Registry 	<p>M.G.L. c. 258B, § 3T</p> <p>M.G.L. c. 6, §§ 167-178Q</p> <p>803 CMR 1.00 <i>et seq.</i></p>

<p>Department of Correction (DOC)</p>	<p>The Department of Correction’s mission is to promote public safety by incarcerating offenders while providing opportunities for participation in effective programming designed to reduce recidivism.</p> <p>The DOC is responsible for housing persons sentenced to a term of incarceration longer than 30 months, and for managing and overseeing all custodial sex offender treatment programs.</p>	<ul style="list-style-type: none"> - Providing a comprehensive Sex Offender Treatment Program (SOTP) - Notifying the Attorney General and sentencing District Attorney of all sex offender releases - Registering all sex offenders a minimum of two days prior to release. - Notifying Probation of all sex offender releases with probation supervision from and after incarceration - Notifying state and local police of sex offender releases - Providing transportation to the Parole Regional Reentry Centers - Offering reentry planning and educational programs 	<p>M.G.L. c. 124, § 1 (a), (b), (c), (e), (f), (g), (k) and (l).</p> <p>M.G.L. c. 127, § 48 and 49.</p> <p>M.G.L. c. 22C, § 37.</p> <p>M.G.L. c. 6, § 178.</p> <p>M.G.L. c. 123A, § 12</p> <p>St. 1990, c. 150, §§ 104 and 304.</p> <p>Specific to sex offenders, the DOC has the following policies and Statutes: 103 DOC 446 Sex Offender Management.</p>
<p>Department of Mental Health (DMH)</p>	<p>The Department of Mental Health, as the State Mental Health Authority, assures and provides access to services and supports to meet the mental health needs of individuals of all ages, enabling them to live, work and participate in their communities.</p> <p>The Department establishes standards to ensure effective and culturally competent care to promote recovery; sets policy; promotes self-determination; protects human rights; and supports mental health training and research.</p>	<ul style="list-style-type: none"> - Operating specialized program for Mentally Ill with Problematic Sexual Behaviors (MIPSB) - Providing specialized forensic reviews in cases with histories of specific serious charges (including sex offenses) prior to extending inpatient privileges or discharge from inpatient units - Maintaining Forensic Transition Team (FTT) program for transitional release and reentry planning of DMH-eligible persons in DOC and HOCs - Identifying persons with sexual offense histories who are admitted to state hospital inpatient units - Maintaining court clinic service for juvenile and adult criminal courts 	<p>M.G.L. c. 19</p> <p>M.G.L. c. 123</p> <p>104 CMR 25.00 et seq.</p> <p>DMH Policy 00-1</p> <p>DMH Policy 01-1</p>
<p>Department of Mental Retardation (DMR)</p>	<p>The DMR is responsible for providing support and services to adults with mental retardation and children with mental retardation or developmental disabilities, in coordination with families, schools and other agencies.</p> <p>The DMR also educates the public about and licenses providers of services to individuals with mental retardation and developmental disabilities.</p>	<ul style="list-style-type: none"> - Providing policies and guidelines regarding: clinical and professional services, risk management, specialty assessment, and specialty treatment - Coordinating with the DOC and the SORB, regarding guidelines for community placement - Assisting in locating residences in the community - Providing services directly to individuals and arranging for services through providers. 	<p>Chapter 19B, and Chapter 123 B. MGL. Regulations Chapter 1 - 10</p>

Department of Youth Services (DYS)	<p>The DYS is responsible for the protection of the public and the prevention of crime by promoting positive change in the lives of youth committed to its custody, and by partnering with communities, families, and provider agencies to reach these goals.</p> <p>This includes responsibility for the management of juvenile and youthful adjudicated sexual offenders in Massachusetts.</p>	<ul style="list-style-type: none"> - Providing services and treatment to juvenile population in secure, non-secure and residential programs - Conducting reentry planning - Providing community supervision - Providing educational, vocational, and life skills training - Establishing an aftercare plan involving supervision and treatment - Notifying certified victims of offender release and status 	<p>M.G.L. c. 18A</p> <p>M.G.L. c. 120</p> <p>M.G.L. c. 119</p> <p>M.G.L. c. 123A</p> <p>M.G.L. c. 6, §§178C – 178Q.</p> <p>803 CMR 1.00 <i>et seq.</i></p> <p>DYS Policy # 1.03.04(a)</p>
District Attorneys	<p>District Attorneys are primarily responsible for the prosecution of crimes and victim witness and assistance programs.</p>	<ul style="list-style-type: none"> - Prosecuting sexual offenses - Providing assistance to victims of sexual assault - Reviewing cases for civil commitment process 	<p>M.G.L. c. 258B, § 3T</p> <p>M.G.L. c. 6, § 172(c)</p> <p>803 CMR 9.00</p>
Executive Office of Health and Human Services (EHS)	<p>The EHS is responsible for oversight of more than a dozen constituent agencies, including the Departments of Youth Services, Mental Health, Mental Retardation, Public Health, Social Services, and Transitional Assistance.</p>	<ul style="list-style-type: none"> - Ensuring all departments under its jurisdiction comply with regulatory requirements - Conducting background checks of service providers and clients - Upon request, providing information to local communities about safety plans in place for released or community based clients 	<p>M. G. L. c. 6., §§ 178C – 178Q</p> <p>803 CMR 1.00 <i>et seq.</i></p>
Local Police Departments	<p>Local police departments are responsible for investigating crimes, registering Level 2 and Level 3 offenders in their jurisdiction and notifying the community of Level 2 and Level 3 offenders in their jurisdiction.</p> <p>The local police share, with the State Police, the responsibility of enforcing the law regarding failing to register as a sex offender.</p>	<ul style="list-style-type: none"> - Registering and reregistering all Level 2 and Level 3 offenders residing in their communities - Updating offender records in the CJIS database - Conducting community notification - Conducting yearly audits of registered sex offenders' addresses within their jurisdictions - Enforcing all registration requirements including arresting violators and testifying in court - Sharing information with the SORB and additional stakeholders 	<p>M. G. L. c. 6., §§ 178C – 178Q</p> <p>803 CMR 1.00 <i>et seq.</i></p>

<p>Office of the Commissioner of Probation (OCP)</p>	<p>Probation officer responsibilities are to provide protection and service to the community by: enforcing court orders; providing information and recommendations to the court; and providing mandatory corrective programming to criminal offenders.</p> <p>OCP provides ongoing supervision of persons placed on probation and enforces the terms and conditions of probation.</p>	<ul style="list-style-type: none"> - Supervising more than 100,000 probationers, including sex offenders - Conducting surrender hearings for probation violators - Electronic monitoring of offenders - Using Global Positioning System (GPS) surveillance of sex offenders - Managing 22 Community Correction Centers in Massachusetts - Coordinating registration of eligible parolees with the SORB or local police as appropriate - Advising the Trial Court 	<p>M.G.L. Ch. 276 Sec. 85</p> <p>M.G.L. Ch. 87A</p> <p>M.G.L. 276 Sec. 90</p> <p>MGL Ch. 276 Sec. 99</p> <p>MGL Ch. 279 Sec. 3</p> <p>M. G. L. c. 6., §§ 178C – 178Q</p> <p>803 CMR 1.00 <i>et seq.</i></p>
<p>Parole Board</p>	<p>The Parole Board is responsible for: making decisions regarding the discretionary release of parole-eligible offenders in state and county correctional facilities; supervising parolees; supervising the reentry of discharged prisoners; revocation of parole; and providing recommendations to the Governor regarding pardons and commutations.</p>	<ul style="list-style-type: none"> - Conducting parole release hearings at all state and county correctional facilities - Conducting lifer hearings, victim access hearings, and revocation hearings - Supervising parolees, including Lifetime Parole for Sex Offenders cases - Arresting parole violators - Reentry processing of discharged state inmates - Providing input on pardons and commutation requests - Reentry planning for parolees 	<p>MGL Ch. 27, §§ 4-7</p> <p>MGL Ch. 127</p> <p>MGL Ch. re: Lifetime Parole Supervision</p> <p>120CMR 301; 400-401; 901-902</p> <p>M.G.L. c. 6, § 172(c)</p> <p>803 CMR 9.00</p> <p>M.G.L. c. 258B, § 3T</p> <p><i>Parole policies:</i> IPSO Policy 605.06; Lifetime Parole Supervision Policy 120 PAR 420; Polygraph Policy 120 PAR 439; Registration of Sex Offenders Policy; Regional Reentry Centers SOP; Sex Offender Special Conditions 120 PAR 360; Home and Work Investigation Policy 120 PAR 431; GPS SOP 05-FS-001.</p>

Sex Offender Registry Board (SORB)	<p>The SORB is responsible for maintaining and ensuring the accuracy of a centralized database of sex offender information, and for registering, classifying & providing community notification on certain convicted sex offenders who live, work or attend an institution of higher learning in Massachusetts.</p>	<ul style="list-style-type: none"> - Classifying offenders - Conducting community education - Maintaining the sex offender registry database - Determining registration duty for each offender - Registering each unclassified offender and each Level 1 offender yearly by mail - Notifying offenders yearly by mail of duty to reregister and pay \$75.00 registration fee - Monitoring the EOPSS audit program - Sharing information with all stakeholders - Coordinating recovery of violators and subsequent prosecution - Providing relevant information to victims upon request - Conducting background checks for various agencies - Serving as liaison with other states' registries 	<p>M.G.L. c.6., §§ 178C – 178Q</p> <p>803 CMR 1.00</p>
Sheriffs/ County Correctional Facilities	<p>The County Correctional Facilities are responsible for housing and providing programming for persons sentenced to a term of incarceration of less than 30 months.</p>	<ul style="list-style-type: none"> - Conducting reentry planning - Some provide sex offender treatment programs - Certifying and notifying victims - Registering eligible offenders at least two days prior to release 	<p>M.G.L. c. 126</p> <p>M.G.L. c. 258B, § 3T</p> <p>M.G.L. c. 6, § 172(c)</p> <p>803 CMR 9.00</p>
State Police	<p>The Massachusetts State Police share, with local police departments, the responsibility for enforcing the law regarding failing to register as a sex offender.</p> <p>The State Police also have the responsibility to provide registration and community notification services to those towns lacking full-time police support.</p>	<ul style="list-style-type: none"> - Enforcing registration requirements including arresting violators and testifying in court - Actively searching for and arresting violators of the registry law - Assisting in registering and reregistering Level 2 and Level 3 offenders in some communities - Updating offender records in the CJIS database - Assisting in community notification in some communities 	<p>M. G. L. c. 6., §§ 178C – 178Q</p> <p>803 CMR 1.00 <i>et seq.</i></p>

Appendix C. Sex Offender Management System Map

