

**Assessment of Sexual Offenders in New York:
Lessons Learned and Challenges Faced During the First Year****Authors/Presenters:**

Dawn Amsler, M.A.
Director, Sex Offender Risk Assessment and Review
New York State Office of Mental Health
44 Holland Avenue
Albany, New York
Copldea@omh.state.ny.us

On September 12, 2005, at the direction of the Governor, the NYS Office of Mental Health (OMH) and Department of Correctional Services (DOCS) began evaluating inmates convicted and sentenced for sexually violent offenses and other violent offenses deemed to be sexually motivated for civil commitment. Unlike 17 other states, NY does not currently have a civil commitment statute specific to mentally ill sexually violent offenders. In the absence of such a statute, OMH was directed to use existing civil commitment law (Mental Hygiene Law, Article 9) to evaluate persons sentenced for qualifying offenses upon their release from DOCS. Persons may be committed to one of three specialized, secure treatment programs currently operated by OMH if two physicians certify that the person meets this civil commitment standard which requires a finding that a person (1) has a mental illness for which care and treatment as a patient in a hospital is essential to the person's welfare, (2) has judgment which is so impaired that he is unable to understand the need for such care and treatment, and (3) as a result is dangerous to self or others (i.e. assessed as likely to engage in repeated acts of sexual violence) .

In order to ensure that the highest risk individuals are identified, OMH utilizes a strict risk assessment protocol. This includes the use of two risk assessment instruments which have been rigorously researched and validated both nationally and internationally and found to be predictive of risk for future sexual offending. Our clinical staff have been trained extensively in the use, scoring and interpretation of these instruments. The risk assessment protocol aims to ensure that the instruments are scored accurately, and that every resource is exhausted to make certain we have the information required to score the instruments. Our risk assessment protocol and fidelity measures will be described. Challenges encountered during implementation will also be described.

Several case studies will be presented so that the audience can get a vivid sense of the complexity and conundrums involved with assessing these individuals for possible commitment and then the challenges of subsequently providing treatment. Summary descriptive statistics collected prior to commitment, such as diagnosis, risk level and completion of sex offender treatment while incarcerated will be presented on individuals who have been committed to date. Results of interviews with treatment staff will be conveyed highlighting the behaviors of these individuals while in treatment and how they align with their risk level determined prior to commitment. Characteristics of those persons civilly committed will be compared to those who were deemed not in need of commitment.

This program and findings relative to women and children will be discussed. Implications for future planning and research/evaluation will be addressed.