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SEX OFFENDER MANAGEMENT BUREAU

A Report On The Sex Offender Management Treatment Act

March 31, 2013 to March 31, 2014



Amended September 2014

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INTRODUCTION

In 2007, the New York State Legislature recognized that recidivistic sex offenders pose a danger to society. It found that some sex offenders have mental abnormalities that predispose them to engage in repeated sex offenses and that a system must be designed for treatment of the offender and protection of the public. Some goals of civil commitment and supervision are to protect society, supervise offenders, manage their behavior to ensure they have access to proper treatment, and to reduce recidivism.¹

The legislature found that the most dangerous sex offenders need to be confined by civil process, to provide long-term specialized treatment and to protect the public from their recidivistic conduct.² It also found that for other sex offenders, effective and appropriate treatment can be provided via a regimen of strict and intensive outpatient supervision.³

In response to the enactment of the Sex Offender Management and Treatment Act (SOMTA), the NYS Office of the Attorney General (OAG) created the Sex Offender Management Bureau (SOMB). This Bureau represents the State of New York in all Article 10 litigation and develops statewide protocols in conjunction with The NYS Office of Mental Health (OMH), The NYS Department of Corrections and Community Supervision (DOCCS), The NYS Office of People with Developmental Disabilities (OPWDD) and The NYS Division of Criminal Justice Services (DCJS) to further the goals of Article 10 and ensure public safety.

This report provides an overview of the application of SOMTA. The first part explains the analysis of how convicted sex offenders are selected for civil management and how the subsequent legal process works. The second part of the report gives current data and statistics of the

¹ See Mental Hygiene Law (MHL) § 10.01; and see also the Sex Offender Management and Treatment Act (SOMTA), ch. 7, 2007 N.Y. Laws 108, effective April 13, 2007.

² See MHL §10.01 (b).

³ See MHL §10.01 (c).

civil management system after seven years. The statistics generated in this report are current as of March 31, 2014.

THE CIVIL MANAGEMENT PROCESS

OVERVIEW

There are three key elements necessary to understand civil management in New York.

First, civil management does not apply to every convicted sex offender. The legislation applies only to offenders who:

- (a) have been convicted of a sex offense or designated felony; and
- (b) are nearing anticipated release from parole or confinement by the agency responsible for the offender's care, custody, control or supervision at the time of review; and
- (c) have been determined to suffer from a mental abnormality.⁴

Second, on a nationwide scale, compared to other states, New York's civil commitment system is unique as it offers two options for treatment and supervision of sex offenders requiring civil management. After a legal finding that an offender suffers from a "mental abnormality," only two dispositions are available. The modality of treatment an offender receives depends upon whether he or she has such a strong predisposition to commit sex offenses, and such an inability to control their behavior, that he or she is likely to be a danger to others and commit sex offenses if not confined to a secure treatment facility.^{5 6} The final disposition is made by the court after a hearing on dangerousness requiring confinement. If the court does not find dangerousness requiring confinement, it is required to find the offender appropriate for strict and intensive supervision and treatment (SIST) in the community.⁷

⁴ MHL §§10.05, 10.03(a),(q),(g) and (i).

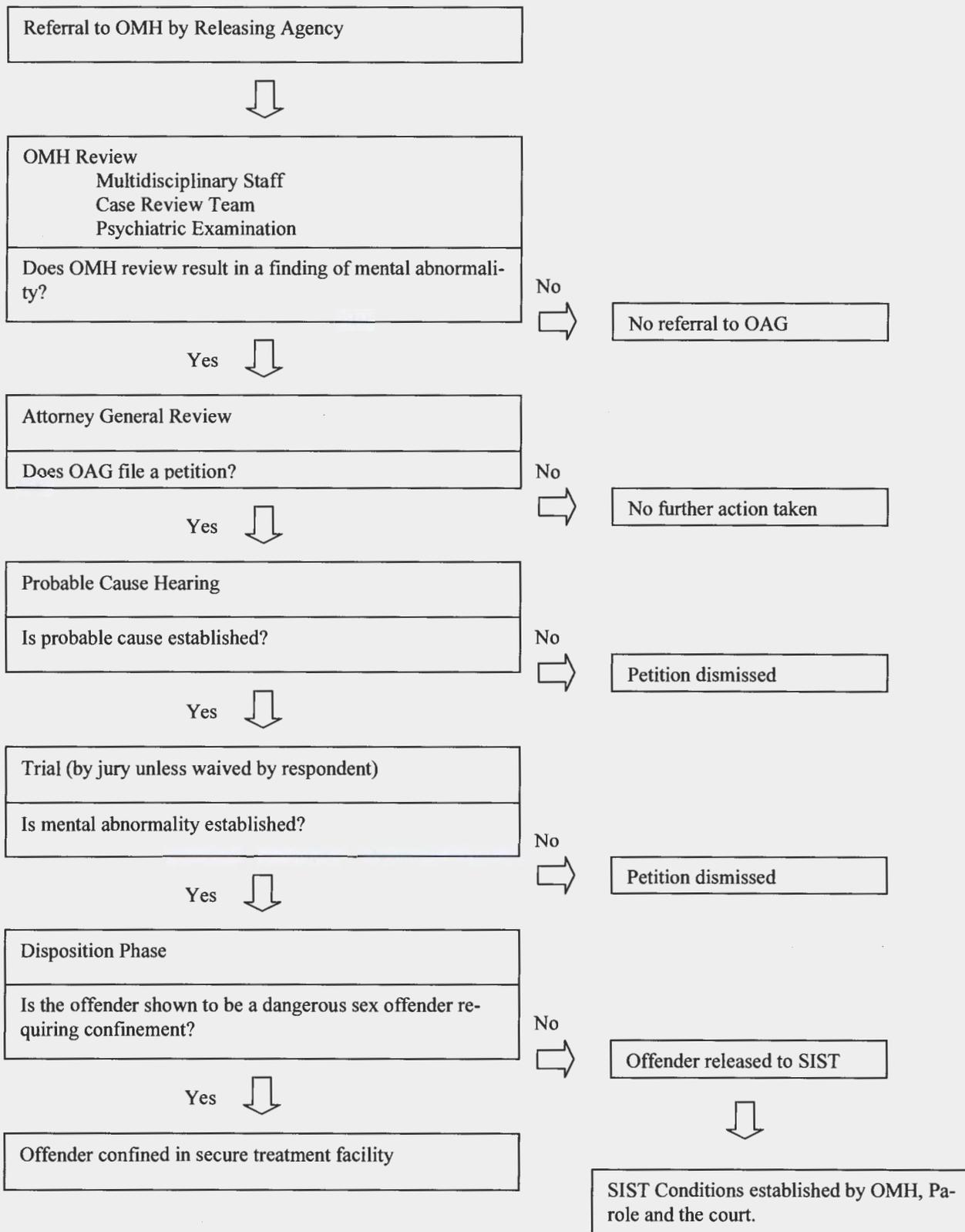
⁵ Also known as a dangerous sex offender requiring confinement and referred to hereafter as DSORC.

⁶ MHL §10.07(f).

⁷ *Id.*

Third, civil management is part of a comprehensive system designed to protect the public, reduce recidivism, and ensure offenders have access to proper treatment. The legislature expressly identifies the need to protect the public from a sex offender's recidivistic conduct. Prior to the enactment of SOMTA, a detained sex offender who met the criteria for what is now defined as a mental abnormality would often be released from prison into the community under standard parole conditions or with no supervision at all. In either case, the offender would not receive treatment specific to his sex offending conduct. Under SOMTA, an offender may still be released into the community under the supervision of parole, but will be subject to enhanced conditions of supervision and treatment that address the sexual offending behavior. Whether an offender is subject to treatment in a secure facility or in the community, the treatment and supervision will continue until such time as a court determines the offender is no longer a "sex offender requiring civil management."

THE MHL ARTICLE 10 CIVIL MANAGEMENT PROCESS



THE EVALUATION PROCESS

When an individual who may be a "detained sex offender" is nearing anticipated release from custody of an agency with jurisdiction,⁸ the agency gives notice of the offender's anticipated release to both the NYS Office of Mental Health and the NYS Office of the Attorney General.⁹ The two most common referrals are made when a convicted sex offender nears a release date from prison or parole supervision.

Once OMH receives notice of an offender's anticipated release date, the case is screened by the OMH multidisciplinary team (MDT).¹⁰ After review of preliminary records and assessments, the MDT either refers the matter to a case review team (CRT) for further evaluation or determines that the individual does not meet the criteria for further evaluation and the case is closed. If a case is referred to the CRT, notice of that referral is given to the OAG and the offender.¹¹ The CRT reviews records and arranges for a psychiatric examination of the offender.¹¹ If the CRT and psychiatric examiner determine the offender is appropriate for civil management, the case is referred to the NYS Attorney General's Office to commence legal proceedings. If the CRT and examiner find the offender does not require civil management the case is not referred and is closed.

When a "detained sex offender" nears anticipated release, the statute requires the agency with jurisdiction to give OMH and the OAG 120 days notice of the upcoming release. Within 45 days of its receipt of such notice, OMH is required to provide the offender and the OAG with

⁸ The agency with jurisdiction can include the Department of Corrections and Community Supervision (DOCCS), the Office of Mental Health (OMH), and the Office for People with Developmental Disabilities (OPWDD). See MHL §10.03(a).

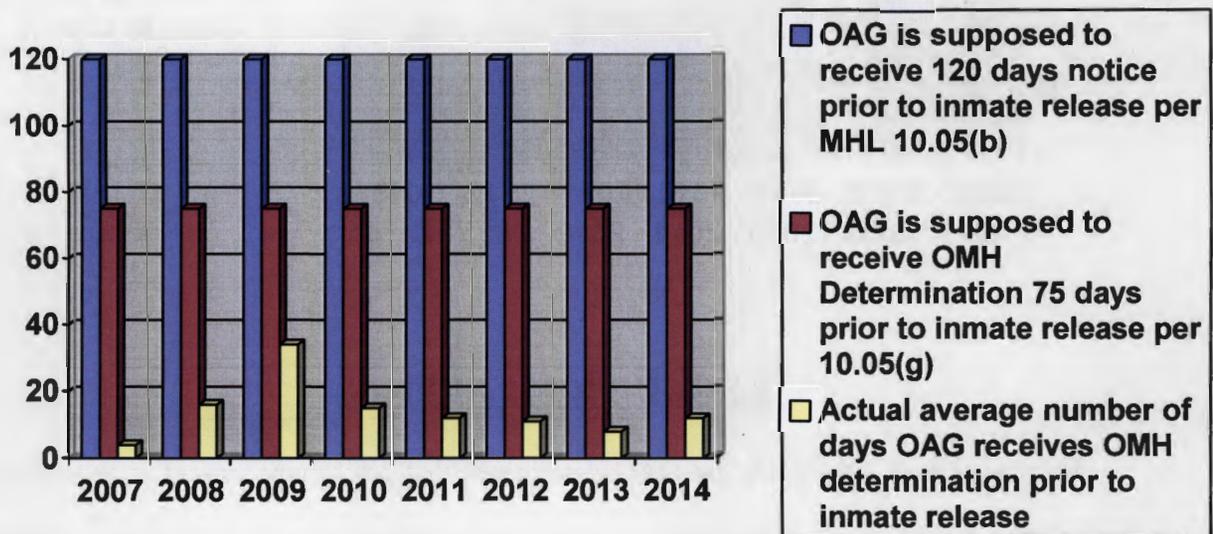
⁹ MHL §10.05(b).

¹⁰ MHL §10.05(d)

¹¹ MHL §10.05(e).

written notice of its determination whether the case will be referred for civil management.¹²

In practice, the actual time in which the OAG receives OMH's determination is much less. In 2007 the actual average time between the OAG's receipt of such notification and the offender's release date was 4 days; in 2008 it was 16 days; in 2009 it was 34 days; in 2010 it was 15 days; in 2011 it was 11 days; in 2012 it was 8 days; in 2013 through March 31, 2014, it was 12.



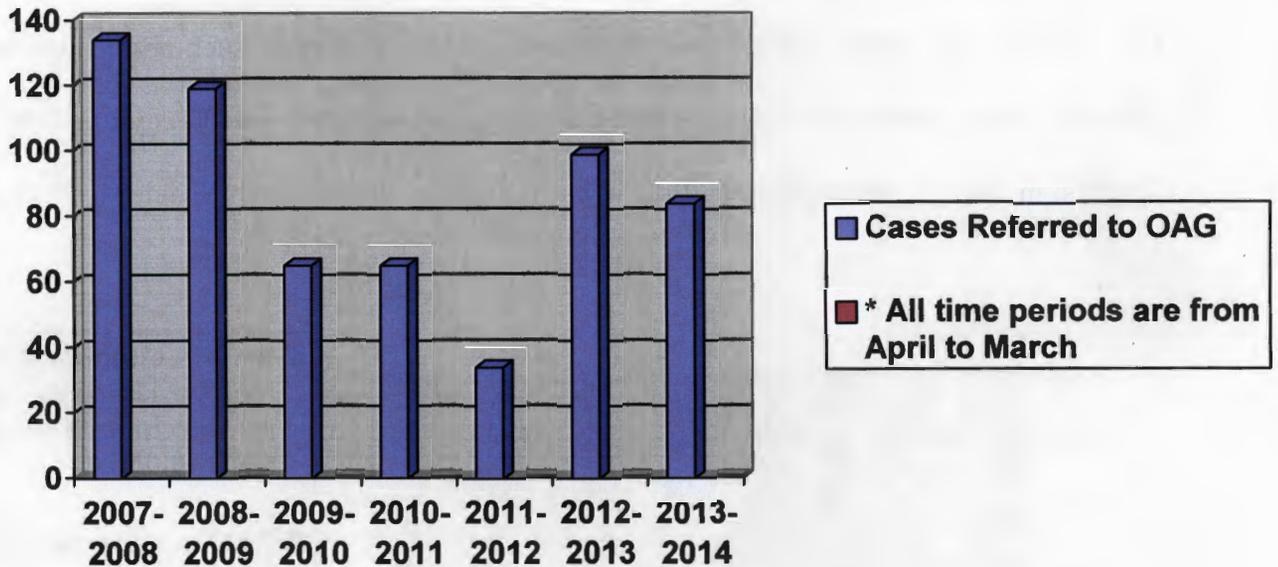
These notification time frames are advisory, not mandatory, but together recognize that OMH should give the OAG approximately 75 days notice of its determination of referral for civil management.

The number of cases referred by OMH had declined dramatically since the inception of SOMTA, and although it started to increase in 2013, it has now leveled off.

In 2007-2008 OMH referred 134 cases to the OAG for filing a civil management proceeding. In 2008-2009 OMH referred 119 cases and in 2009-2010 there were 65 cases referred. In 2010-2011 that agency referred 65 cases; in 2011-2012 it referred 34 cases; in 2012-2013, 99 cases were referred; and in 2013 to 2014, 84 cases were referred. The reasons for such

¹² MHL §10.05(g).

changes in referrals are beyond the scope of this report.



LEGAL PROCEEDINGS

If upon referral by OMH, the OAG determines that civil management is appropriate, a petition is filed by The State of New York in the supreme or county court where the sex offender is located.¹³ At the time a petition is filed, the sex offender is generally "located" in a state prison responsible for his or her custody. Therefore, the petition is filed in the county within which the prison is located. Once a petition is filed, the offender is entitled to an attorney. Most sex offenders are represented by Mental Hygiene Legal Service (MHLS), a state-funded agency. If a court determines MHLS cannot represent the offender, it will appoint an attorney eligible for appointment pursuant to County Law Article 18-B.¹⁴

The statute authorizes the sex offender to remove the case to the county of the underlying

¹³ MHL §10.06(a).

¹⁴ MHL §10.06(c).

sex offense conviction(s).¹⁵ If an offender does not request venue to be transferred back to the county of the underlying sex offense, the OAG may bring a motion for such transfer.¹⁶

Shortly after the petition is filed, a hearing is held to determine whether there is probable cause to believe respondent¹⁷ is a sex offender requiring civil management.¹⁸ If the court finds probable cause exists, the offender is transferred to an OMH secure treatment facility pending trial. The appellate courts have determined that a finding of probable cause is sufficient to hold a respondent in custody pending final disposition of the matter. In lieu of transfer to a secure treatment facility, an offender may request to remain in prison under the custody of the Department of Corrections and Community Supervision pending trial.¹⁹ If the court determines that probable cause has not been established, it will dismiss the petition and the offender will be released in accordance with other provisions of law.²⁰

Once it is established there is probable cause to believe respondent is a sex offender requiring civil management, the case proceeds to trial to determine whether respondent is a "detained sex offender" who suffers from a "mental abnormality."²¹ The respondent is entitled to a twelve person jury trial, but may waive the jury and proceed with a trial before the judge.²²

A civil management trial is a bifurcated proceeding. The first part of the trial is to determine whether the respondent is a "detained sex offender" who suffers from a "mental abnormality" as those terms are defined by statute.²³ The State of New York has the burden to prove by

¹⁵ MHL §10.06(b).

¹⁶ *Id.*, MHL §10.07(a).

¹⁷ Once a petition is filed, the sex offender is referred to as the "respondent" in the legal proceedings.

¹⁸ MHL §10.06(g).

¹⁹ MHL §10.06(k).

²⁰ *Id.*

²¹ MHL §10.07(a).

²² MHL §10.07(b).

²³ MHL §10.07(a), (d), MHL 10.03(g), (i).

clear and convincing evidence that the respondent is a "detained sex offender"²⁴ who suffers from a "mental abnormality."

A "mental abnormality" is statutorily defined as

a congenital or acquired condition, disease or disorder that affects the emotional, cognitive, or volitional capacity of a person in a manner that predisposes him or her to the commission of conduct constituting a sex offense and that results in that person having serious difficulty in controlling such conduct.²⁵

The jury, or judge if the jury is waived, must find by unanimous verdict that the State of New York met its burden. If a jury does not reach a unanimous verdict, the sex offender will remain in custody and a second trial will be held. If the jury in the second trial is unable to render a unanimous verdict, the petition is dismissed.²⁶ On the other hand, if the jury unanimously, or the court if a jury is waived, determine the State of New York did not meet its burden, the petition is dismissed and the respondent is released in accordance with other provisions of law.²⁷

When the jury, or court if a jury is waived, determines that the State of New York met its burden of proof and found that the respondent is a detained sex offender who suffers from a mental abnormality, the court must then determine what the disposition will be. The second part of the trial is known as the dispositional phase and the court alone must consider whether the sex offender is a "dangerous sex offender requiring confinement" (DSORC) in a secure treatment facility or a sex offender requiring strict and intensive supervision and treatment (SIST) in the community.²⁸

A "dangerous sex offender requiring confinement" is defined as a

detained sex offender suffering from a mental abnormality involv-

²⁴ MHL §10.03(g)

²⁵ MHL §10.03(i).

²⁶ *Id.*

²⁷ MHL §10.07(e).

²⁸ MHL §10.07(d), (f).

ing such a strong predisposition to commit sex offenses, and such an inability to control behavior, that the person is likely to be a danger to others and to commit sex offenses if not confined to a secure treatment facility.²⁹

If the court finds the respondent is a "dangerous sex offender requiring confinement," the offender is committed to a secure treatment facility for care, treatment, and control until such time as he or she no longer requires confinement.³⁰

If the court finds the sex offender is not a "dangerous sex offender requiring confinement," then it must find that respondent is a sex offender requiring strict and intensive supervision and treatment (SIST) in the community.³¹ A sex offender placed into the community under a regimen of SIST is supervised by parole officers from DOCCS and abides by conditions set by the court.

MENTAL HEALTH TREATMENT AFTER MENTAL ABNORMALITY IS ESTABLISHED

A. Dangerous Sex Offender Requiring Confinement (DSORC)

As reflected in the legislative findings of MHL Article 10, some sex offenders have mental abnormalities that predispose them to engage in repeated sex offenses and it is those offenders who may require long term specialized treatment to address their risk to reoffend. These are the offenders that a court determines to be "dangerous sex offenders requiring confinement" and in need of treatment in a secure treatment facility to protect the public from their recidivistic conduct.³² Generally a respondent found to be a dangerous sex offender requiring confinement is transferred to either Central New York Psychiatric Center (CNYPC) in Marcy, New York, or St. Lawrence Psychiatric Center in Ogdensburg, New York.

²⁹ MHL §10.03(e).

³⁰ MHL §10.07(f).

³¹ *Id.*

³² MHL §10.01(b).

The fact that a respondent is found to be a dangerous sex offender requiring confinement is not a life sentence and does not mean the offender will serve the rest of his or her life in a secure treatment facility. An offender may at any time petition the court for discharge and/or release to the community under a regimen of SIST. The court may deny the petition finding it is frivolous or does not provide sufficient basis for re-examination at that time, or the court may order an evidentiary hearing be held.³³

Furthermore, each sex offender is examined once a year for evaluation of their mental condition to determine whether they are currently a dangerous sex offender requiring confinement.³⁴ Each respondent is entitled to an annual review hearing based upon the findings of the annual evaluation. The court will hold an evidentiary hearing if the sex offender submits a petition for annual review or if it appears to the court that a substantial issue exists as to whether the offender is currently a dangerous sex offender requiring confinement.³⁵ The Attorney General calls the OMH examiner to testify at the annual review hearing and the respondent often presents independent expert testimony on his or her behalf. These safeguards ensure the offender's legal rights are respected and that civil commitment decisions withstand legal scrutiny. If the court finds by clear and convincing evidence that the respondent is currently a dangerous sex offender requiring confinement, it will continue respondent's confinement. If it finds respondent is not currently a dangerous sex offender requiring confinement, it will issue an order providing for the discharge of respondent into the community on a regimen of SIST.³⁶ As of March 31, 2014, 51 offenders have been released from secure treatment facilities back into the community on a regimen of SIST.

³³ MHL §10.09(f).

³⁴ MHL §10.09(b).

³⁵ MHL §10.09(d).

³⁶ MHL §10.09(h).

B. Strict and Intensive Supervision and Treatment (SIST)

The legislative findings further provide that some sex offenders can receive treatment under a regimen of strict and intensive supervision and treatment in the community and still protect the public, reduce recidivism, and ensure offenders have proper treatment.³⁷

Before a sex offender is released into the community, DOCCS and OMH conduct a SIST investigation to develop appropriate supervision requirements. These requirements may include but are not limited to electronic monitoring or global positioning satellite (GPS) tracking, polygraph monitoring, specification of residence, and prohibition of contact with identified past victims or individuals that may fall within the same category of the offender's established victim pool.³⁸

A specific course of treatment in the community is also established after consulting with the psychiatrist, psychologist, or other professional primarily treating the offender.³⁹ Offenders placed into the community on SIST are required to attend sex offender treatment programs and often have to participate in anger management, alcohol abuse, or substance abuse counseling. Each case is examined on an individual basis and the treatment plan is tailored to that individual's needs. Strict and intensive supervision is intended only for those sex offenders who can live in the community without placing the public at risk of further harm.

Specially trained parole officers employed by DOCCS are responsible for the supervision of sex offenders placed into the community on SIST. These parole officers carry a greatly reduced caseload ratio of 10:1, whereas other sex offenders (not subject to civil management) and seriously mentally ill persons are supervised at a ratio of 25:1. In contrast, the other parole cases are supervised according to their risk of recidivism and needs level with caseloads that can vary

³⁷ MHL §10.01(c).

³⁸ MHL §10.11(a)(1).

³⁹ *Id.*

from 40:1, 80:1 and even 160:1.

Sex offenders in the community on a regimen of SIST are subject to a minimum of 6 face-to-face supervision contacts and 6 collateral contacts with their parole officer each month.⁴⁰ This minimum of 12 contacts with the parole officer each month ensures the offender is closely monitored. Furthermore, the court that placed the sex offender on SIST receive a quarterly report that describes the offender's conduct while on SIST.⁴¹

If a parole officer believes a sex offender under SIST has violated a condition of supervision, the statute authorizes the parole officer to take the offender into custody.⁴² After the person is taken into custody, the OAG may file a petition for confinement and/or a petition to modify the SIST conditions.⁴³ If the OAG files a petition for confinement, a hearing is held to determine whether the respondent is a dangerous sex offender requiring confinement. If the court finds the OAG has met its burden of establishing by clear and convincing evidence that a respondent is dangerous sex offender requiring confinement, it will order the immediate commitment of the sex offender into a secure treatment facility. If the court finds the OAG has not met the threshold elements to establish the respondent is a dangerous sex offender requiring confinement, it will return the offender to the community under the previous, or a modified, order of SIST conditions.⁴⁴ Not all violations of SIST conditions will result in confinement.

Unlike sex offenders in a secure treatment facility who are entitled to annual review, the offenders on SIST are entitled to review every two years. The offender may petition every two years for modification of the terms and conditions of SIST or for termination of SIST supervi-

⁴⁰ MHL §10.11(b)(1).

⁴¹ MHL §10.00(b)(2).

⁴² MHL §10.11(d)(1).

⁴³ MHL §10.11(d)(2).

⁴⁴ MHL §10.11(d)(4).

sion.⁴⁵ Upon receipt of a petition for modification or termination, the court may hold a hearing. The party seeking modification of the terms and conditions of SIST has the burden to establish by clear and convincing evidence that the modifications are warranted.⁴⁶ However, when the sex offender brings a petition for termination, the State of New York has the burden to show by clear and convincing evidence that the respondent remains a sex offender requiring civil management. If the State of New York does not sustain its burden, the court will order respondent discharged from SIST and released into the community.⁴⁷ As of March 31, 2014, 24 offenders who had been placed on SIST have had their SIST conditions terminated and have been discharged from civil management supervision back into the community.

As time passes, it is expected that the number of offenders on SIST will grow considerably because of (1) the number of offenders that are released to SIST after trial, but also because (2) every time an offender is released from a secure treatment facility, the court has found he or she still suffers from a mental abnormality and releases him or her to SIST.

THE REALITY OF CIVIL MANAGEMENT AFTER SEVEN YEARS

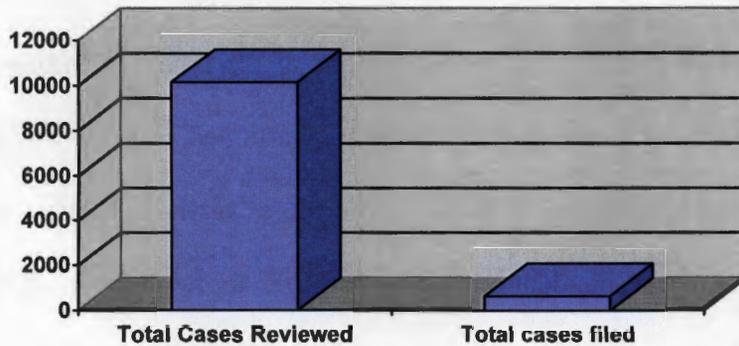
A. Referrals and Cases Filed

In the seven years since Mental Hygiene Law Article 10 became law, the New York State Office of Mental Health has reviewed 10,169 sex offenders to determine whether they are appropriate for referral to civil management. Of the cases reviewed, only 646 have been referred to the OAG for filing. This includes what is considered the "Harkavy" cases addressed in previous reports.

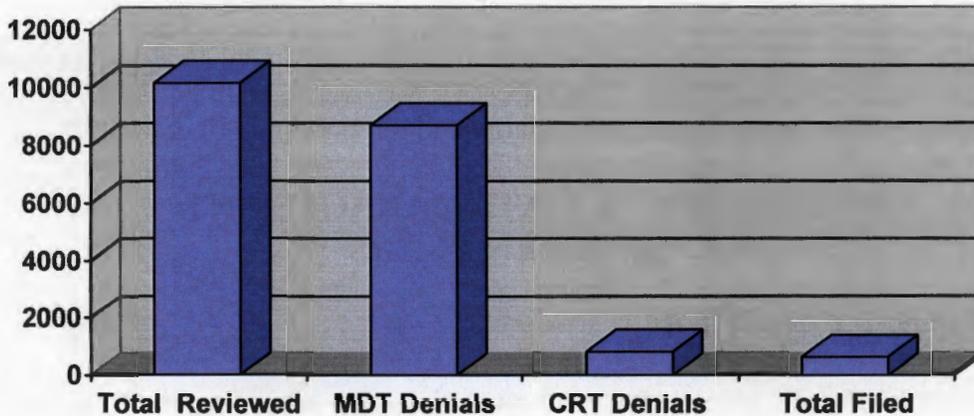
⁴⁵ MHL §10.11(f).

⁴⁶ MHL §10.11(g).

⁴⁷ MHL §10.11(h).



The following graph further breaks down the evaluation process, reflecting the different stages of evaluation and case determination. Of the 10,169 cases reviewed by OMH, the MDT closed 8,704 cases without further review, and after CRT review an additional 823 cases were determined not to warrant civil management.



The table below represents cases evaluated during the first seven years of SOMTA.

Table 1: OMH Review of Cases by Referral Source: April 2007- March 2014

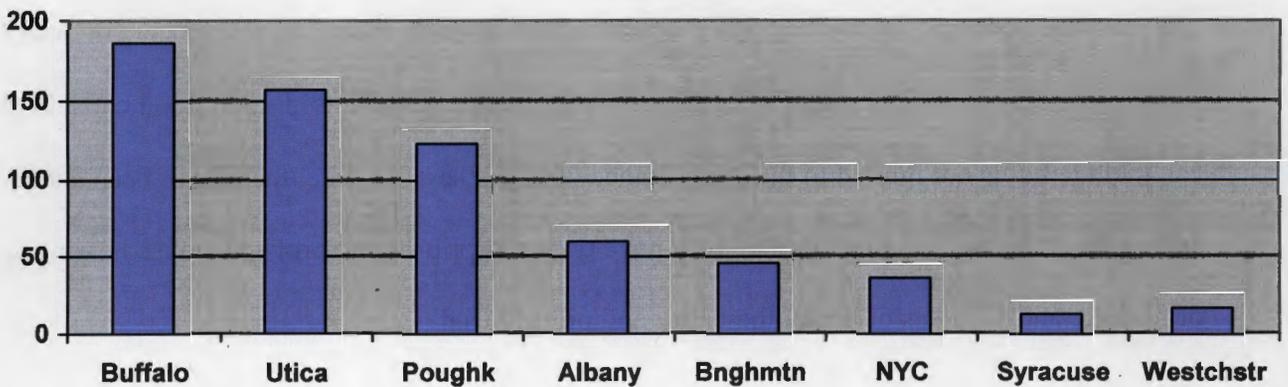
<u>Source</u>	<u>2007</u>	<u>2008</u>	<u>2009</u>	<u>2010</u>	<u>2011</u>	<u>2012</u>	<u>2013</u>	<u>2014</u>	<u>Total</u>
DOCCS-Prison	886	1448	1343	1382	1355	1436	1334	164	9348
DOCCS-Parole	99	108	114	139	124	84	74	7	749
OPWDD	4	1	4	1	4	4	0	1	19
OMH	2	8	0	14	10	13	6	0	53
<i>Total OMH Reviews</i>	<i>991</i>	<i>1,565</i>	<i>1,461</i>	<i>1,536</i>	<i>1,493</i>	<i>1,537</i>	<i>1,414</i>	<i>172</i>	<i>10,169</i>

Table 2: Outcome of OMH Review: April 2007- March 2014

<u>Outcome</u>	<u>2007</u>	<u>2008</u>	<u>2009</u>	<u>2010</u>	<u>2011</u>	<u>2012</u>	<u>2013</u>	<u>2014</u>	<u>Total</u>
OMH reviews	991	1565	1461	1536	1493	1537	1414	172	10169
Referred to CRT	209	305	175	135	113	167	226	31	1361
% referred to CRT	21%	19%	12%	9%	8%	11%	16%	18%	13%
Psych exams	137	196	103	105	71	125	177	25	939
Referred for A10	107	135	62	64	42	68	94	13	585
% referred to A10	11%	9%	4%	4%	3%	4%	7%	8%	6%

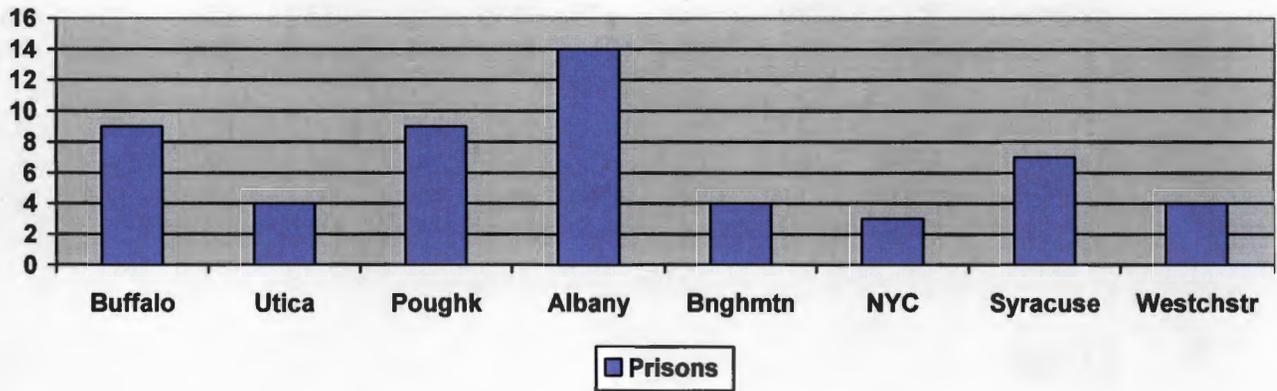
B. Filings

The graph below gives a breakdown of the geographical regions in which the MHL Article 10 cases have been filed. Since inception of SOMTA, the Buffalo regional office filed 186 petitions, Utica regional office filed 157, Poughkeepsie regional office filed 123, Albany office filed 60, Binghamton regional office filed 46, New York City office filed 36, Syracuse regional office filed 13, and the Westchester office filed 17 petitions.



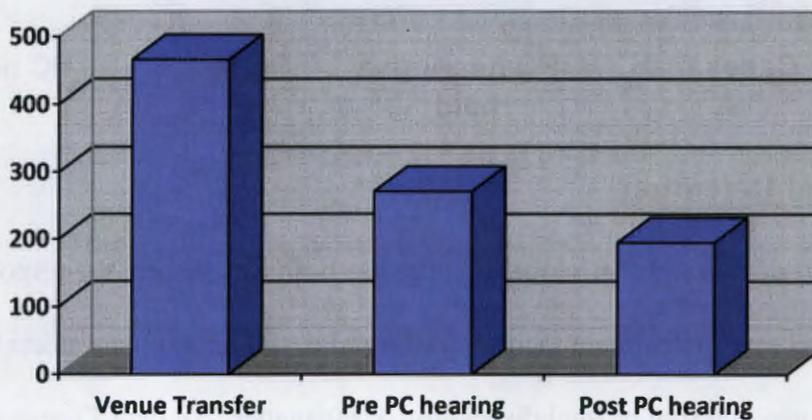
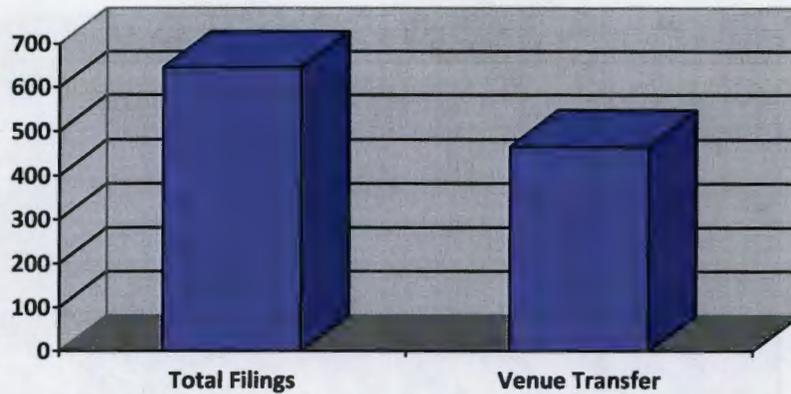
The majority of referrals for civil management are sex offenders who are still in prison nearing their release date. Petitions are filed in the county in which the correctional facility with custody of re-

spondent is located. The following graph is a break down of the number of maximum and medium security prisons within the jurisdiction of the particular regional office.



C. Venue Transfers

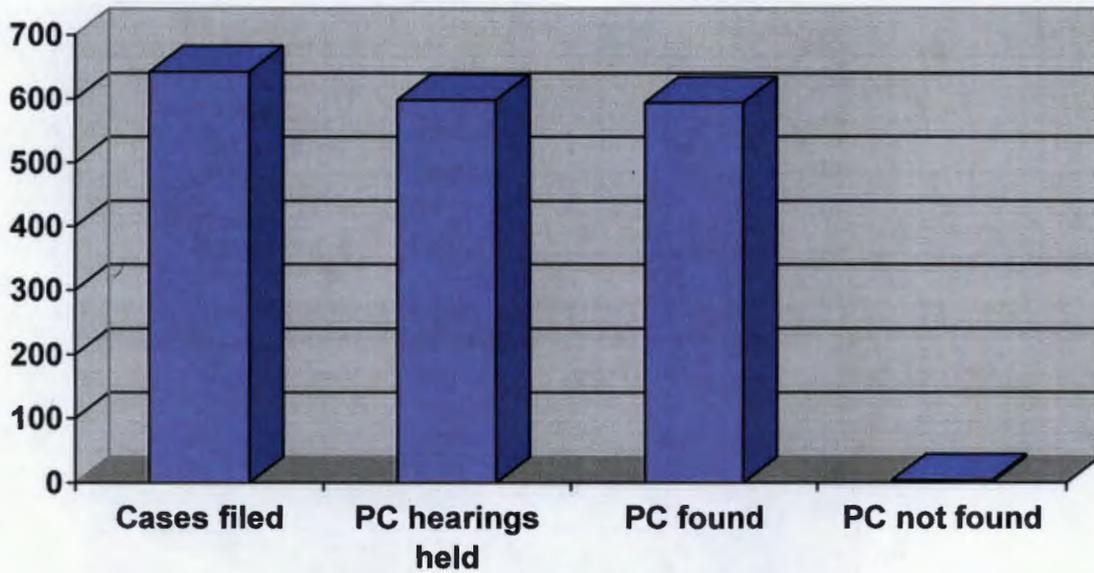
A petition is generally filed in the county where the correctional facility housing the respondent is located. After the civil management proceeding is commenced, the respondent may move to transfer venue to another county for good cause. Said transfer can occur prior to or after a probable cause hearing and/or finding, if a hearing is waived. Respondents have moved to change venue because often the county of conviction is their county of residence. In such instances, the Attorney General's Office may move to retain venue based upon good cause which can include but is not limited to the convenience of witnesses. To date, there have been a total of 466 venue transfers. Of that number 58% have occurred prior to the probable cause hearing and/or finding, and 42% has occurred thereafter and prior to trial.



D. Probable Cause Hearings

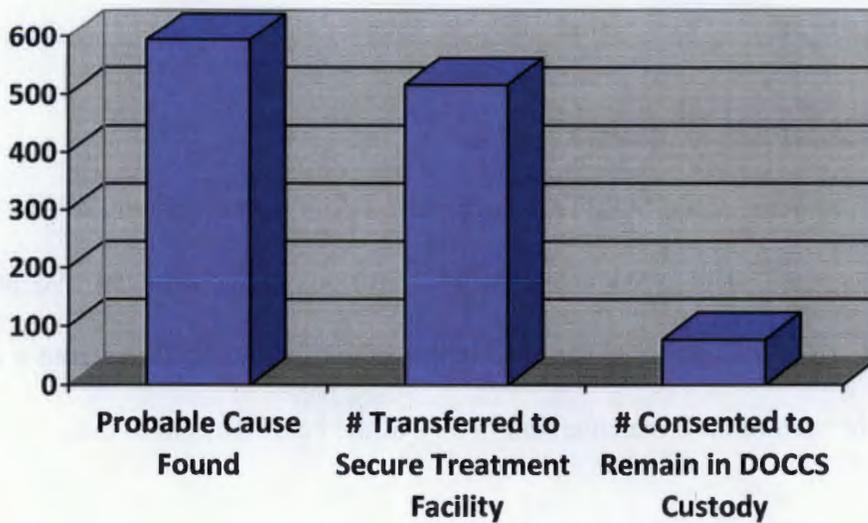
In the seven years since SOMTA's inception, OMH referred a total of 642 sex offenders for civil management.⁴⁸ The OAG has filed 642 petitions and conducted 598 probable cause hearings. The courts found probable cause to believe the offender suffered from a mental abnormality and was in need of civil management in 594 of the hearings held to date.

⁴⁸ These referrals include the Harkavy cases.



E. Pre-Trial Detention

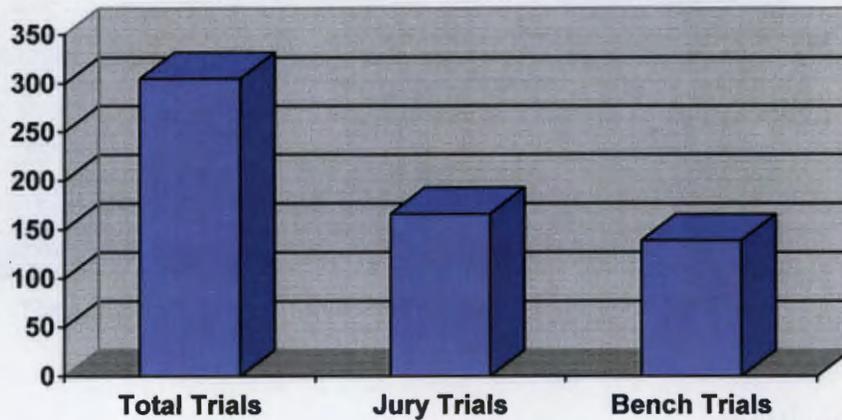
If the court determines that probable cause has been established, the respondent shall be housed in an OMH secure treatment facility pending trial, unless he or she elects to remain in DOCCS custody pending trial or final disposition of the matter. To date 77 respondents have elected to remain in a correctional facility pending trial or final disposition.



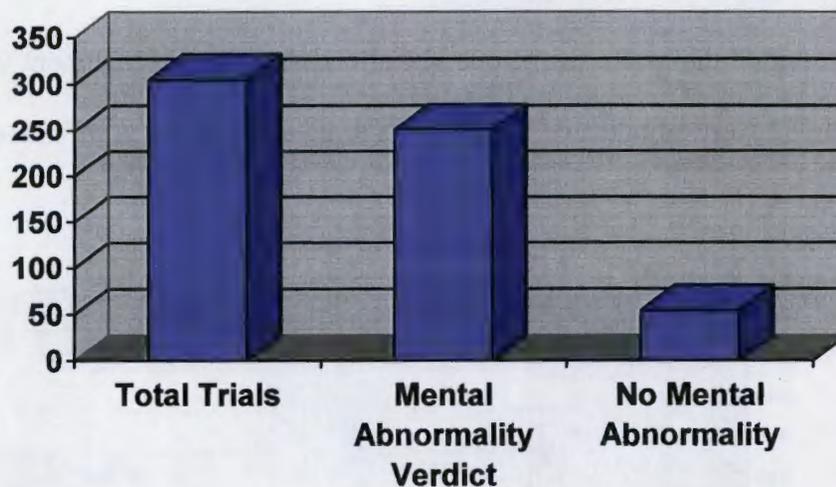
F. Mental Abnormality

1. Trials

There have been 305 civil management trials within the first seven years of SOMTA. Of those trials, 166 were jury trials and 139 were bench trials after the offender waived his right to a jury.



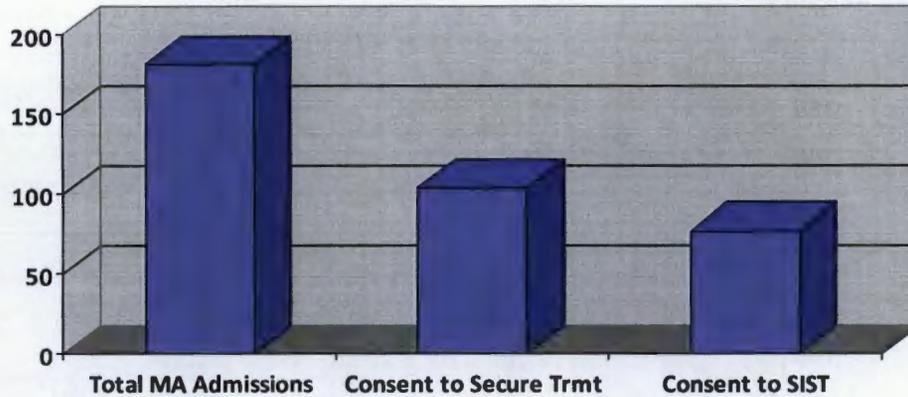
Of the 305 trials, the jury or judge rendered a verdict that 251 of those sex offenders suffered from a mental abnormality and 54 were adjudicated to have no mental abnormality.



2. Admission to Mental Abnormality and Consent to Treatment

In addition to verdicts rendered after trial, 181 respondents, represented by counsel, ad-

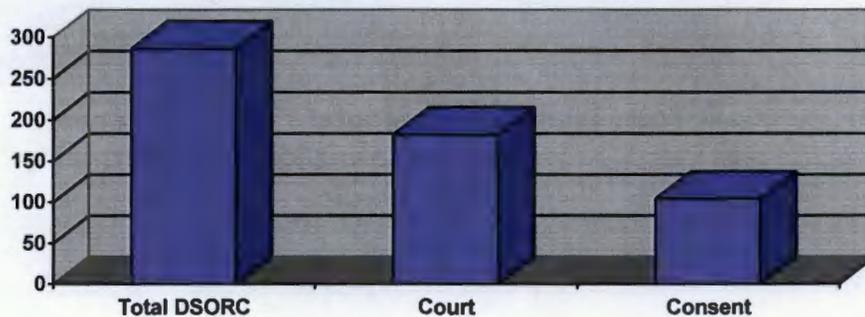
mitted they suffer from a mental abnormality and consented to treatment. In 104 cases, the offender admitted he was a dangerous sex offender and consented to treatment in a secure OMH facility. In another 77 cases, the patient admitted he was a sex offender that required civil management and the court imposed a regimen of SIST.



G. Dispositions

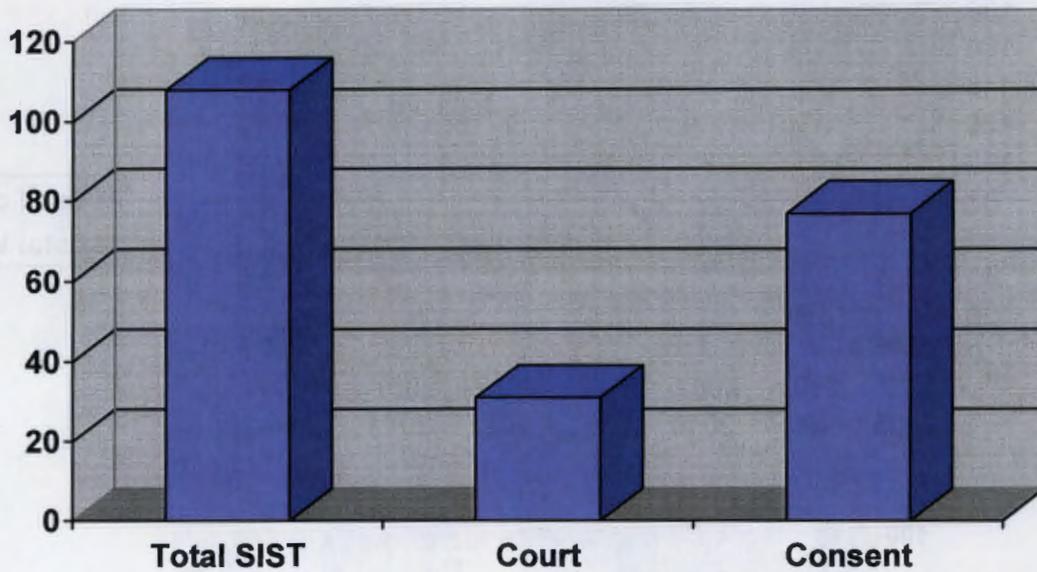
1. Dangerous Sex Offender Requiring Confinement (DSORC)

From April 13, 2007 to March 31, 2014, a total of 286 offenders have been found to be dangerous sex offenders requiring treatment in a secure OMH facility. Of that number, 104 respondents admitted they were dangerous sex offenders requiring treatment in a secure treatment facility, and 182 were adjudicated by the court to be dangerous sex offenders requiring confinement.



2. Strict and Intensive Supervision and Treatment (SIST)

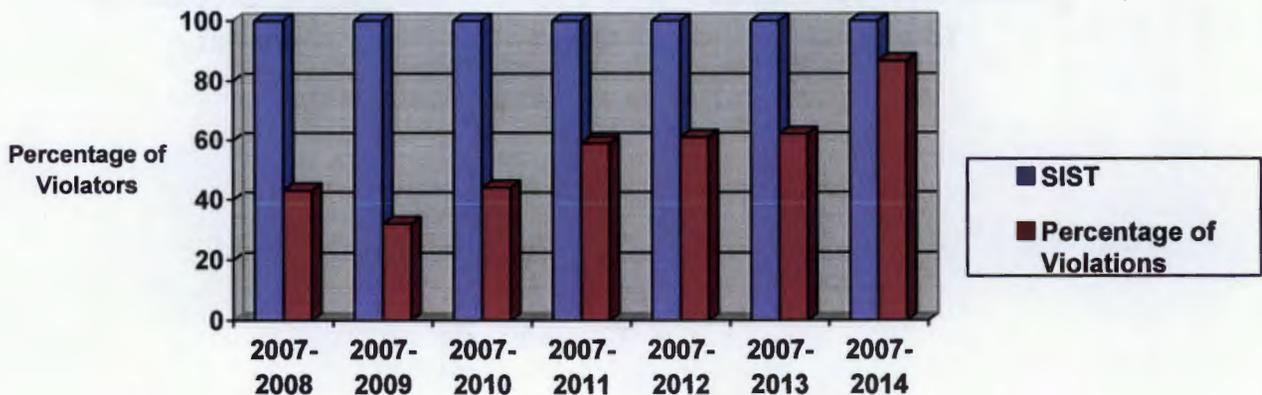
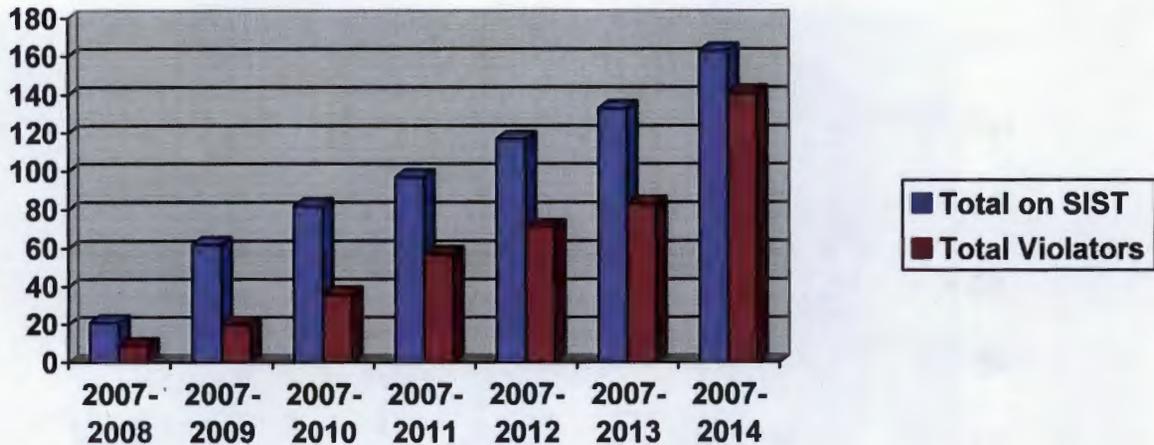
From April 13, 2007 to March 31, 2014 a total of 108 offenders were initially placed on a regimen of SIST after a finding that he or she suffers from a mental abnormality. Of that number, 77 admitted they were sex offenders requiring SIST and after a dispositional hearing 31 were adjudicated by the court to be sex offenders requiring SIST. The data suggests that if a dispositional hearing is conducted, more offenders are found to be dangerous sex offenders requiring confinement than are appropriate for SIST.



3. SIST Violations

The data below reflects the number of offenders placed on SIST and the number of those offenders who violated.⁴⁹

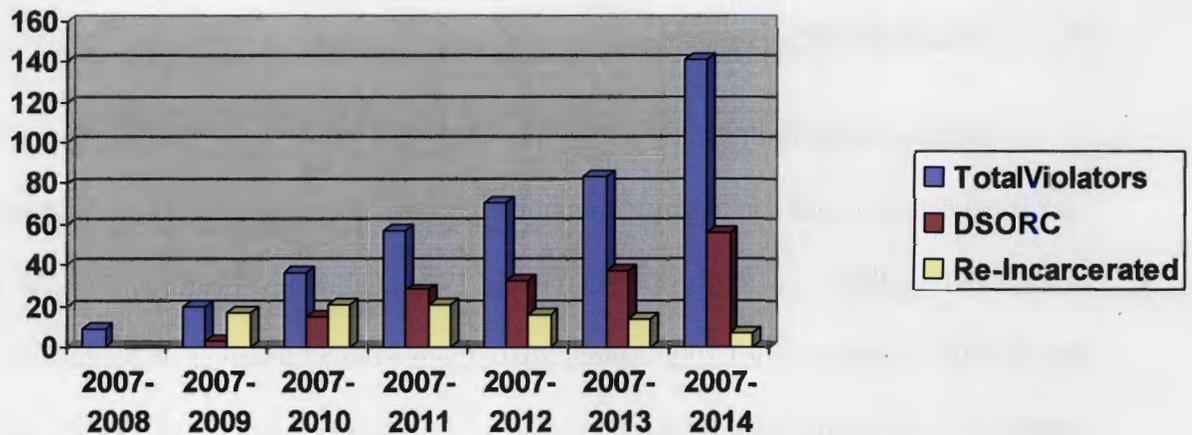
	2007-2008	2007-2009	2007-2010	2007-2011	2007-2012	2007-2013	2007-2014
Total on SIST	21	62	82	97	117	133	163
Total SIST Violators	9	20	36	57	71	83	141
% Violated	43%	32%	44%	59%	61%	62%	86.5%



⁴⁹ This data is represented as cumulative for ease of comparison with Parole and DCJS data that is calculated by those agencies on a cumulative basis.

The chart and graph below reflect the disposition of the SIST violations. This data only reflects the violators who were removed from SIST because they were later determined to be dangerous sex offenders requiring confinement and were placed into a secure treatment facility, or they were re-incarcerated because the SIST violation also constituted a parole violation that was determined to warrant re-incarceration after an administrative parole hearing.⁵⁰

	2007-2008	2007-2009	2007-2010	2007-2011	2007-2012	2007-2013	2007-2014
Total Violators	9	20	36	57	71	83	141
DSORC		3	15	28	32	37	56
Re-Incarcerated		17	21	21	16	14	7



With each passing year, the SIST violation rate increases. By the end of SOMTA's second year, the violation rate was 32%, with 40% of those violations taking place the first month on SIST. By the end of the third year the violation rate was up to 44% and by the end of the fourth year, 59% had violated their conditions. That percentage has continued to increase; in

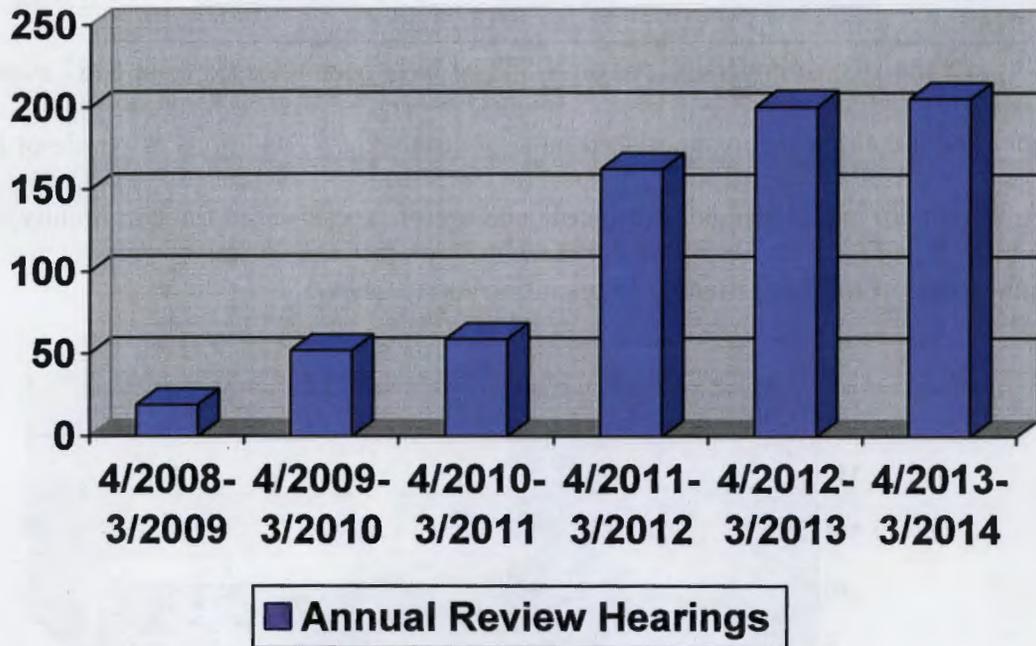
⁵⁰ This data is also presented on a cumulative basis for ease of comparison with DOCCS and DCJS as those agencies calculate this data on a cumulative basis.

the fifth year 61% of those on SIST had violated. At this time 71 of the 117 offenders on SIST were taken into custody as a result of SIST and/or parole violations. By the end of the sixth year, 133 respondent's were on SIST, 83 of whom were taken into custody by the end of the seventh year as a result of SIST violations. The SIST violation rate is now up to 62%.

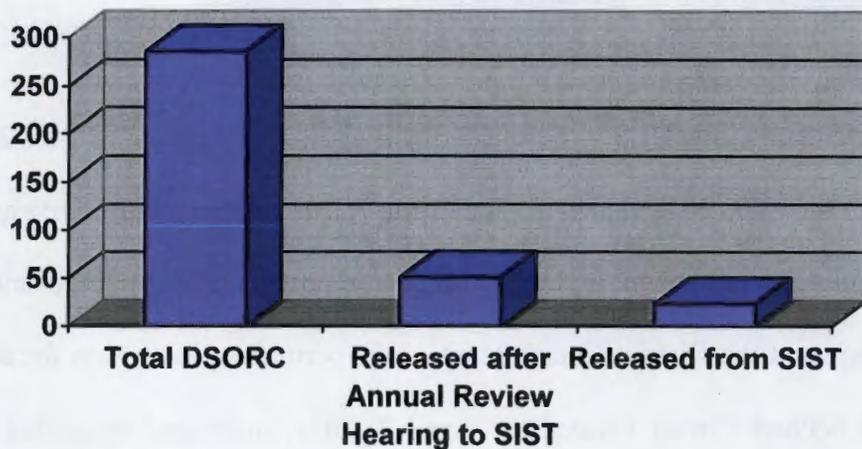
Generally, most SIST violations occur within the first year of being placed into the community. At this time, there has been no analysis to what percentage of the SIST violators were those placed into the community by the court after a dispositional hearing as opposed to those placed into the community by the court without a dispositional hearing based upon an offender's admission that he is a sex offender requiring strict and intensive supervision and treatment.

H. Annual Review Hearings

As represented in the chart below, the number of annual review hearings conducted each year is expected to continue to grow dramatically as offenders continue to be confined after trial, and as SIST violators are confined. There were 19 annual review hearings between April 2008-March 2009. Between April 2009-March 2010, there were 52 hearings and between April 2010-March 2011, 59 annual review hearings were held. Another 163 annual review hearings were held between April 2011-March 2012, and from April 2012-March 2013, there were 201 hearings. Finally, between April 2013, and March 2014 there were 206 hearings.

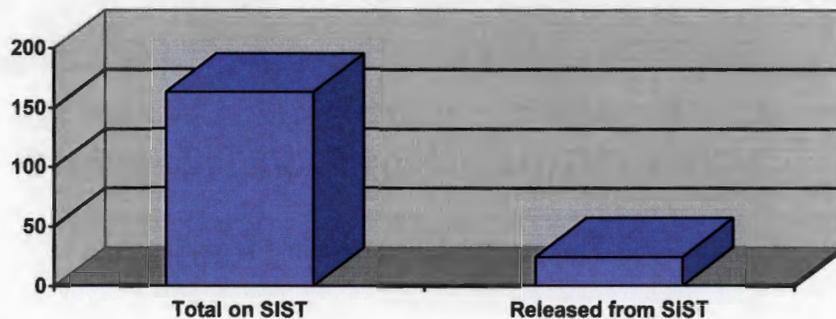


Of the 286 DSORC offenders, 51 have been released from the secure treatment facilities and re-integrated into the community under a regimen of SIST. Of the 51 offenders released from a secure treatment facility to SIST, 6 have been released from SIST and no longer subject to the Sex Offender Management and Treatment Act.



I. Bi-Annual SIST Modification or Termination Hearings

Of the 163, offenders placed on SIST, 24 have been released from SIST supervision altogether and are either being supervised under their standard conditions of parole or have reached their maximum expiration date for parole and are unsupervised in the community subject to the requirements of the Sex Offender Registration Act (SORA).



Significant Legal Developments In Article 10 Practice

Between April 1, 2013, and March 31, 2014, a number of cases have been decided that have an impact on the litigation of Article 10 proceedings.

1. Federal

The defendants in MHLS v. Schneiderman, et al., 472 Fed. Appx. 45; 2012 U.S. App. LEXIS 12520 (June 20, 2012) appealed the April 7, 2011, order of the District Court, Judge Batts, which granted a permanent injunction on certain provisions of MHL Article 10. The Second Circuit reviewed the District Court's grant of the permanent injunction for abuse of discretion. Id. The Second Circuit vacated the April 7, 2011, order and remanded the matter for reconsideration due to its decision in Disability Advocates, Inc. v. N.Y. Coal. For Quality Assisted Living, Inc., 675 F.3d 149 (2d Cir. 2012). On remand, the issue was whether a state agency

(i.e. MHLS), as opposed to a membership organization, can establish standing for its constituency, i.e., persons subject to SOMTA. Both parties moved for summary judgment.

On remand, in MHLS v. Cuomo, et al., ___ F. Supp.2d ___, 2014 WL 1345891 (3/31/2014), the District Court considered the ruling in Disability Advocates which held that a non-membership organization must establish criteria for associational standing. It must further demonstrate indicia of membership which consists of the election of members, service of members, and financing by members. Here, the District Court found that MHLS could not establish associational standing or third party standing and granted defendants' motion for summary judgment. MHLS v. Cuomo, et. al., Id.

2. New York State Court of Appeals

The New York Court of Appeals decided three MHL Article 10 cases between March 31, 2013, and April 1, 2014.

a. Admissibility of Basis Hearsay

In Matter of State of New York v. Floyd Y., 22 NY3d 95, 979 NYS2d 240, the Court of Appeals held that hearsay information an expert relies upon as a basis for an opinion, may be admissible if it meets two criteria: evidence must be reliable; and the probative value in assisting the jury must outweigh any prejudicial effect. Adjudications of guilt, and admissions are deemed reliable evidence. An acquittal is not reliable and therefore is more prejudicial than probative, unless further indicia of reliability can be established. Lastly, basis hearsay information that does not meet the minimum requirement of reliability before its admission in an Article 10 proceeding is a violation of due process.

b. Office for People With Development Disabilities (OPWDD) Placement In A Structured Residential Facility Constitutes Confinement And Is Inconsistent With The Conditions Of Strict And Intensive Supervision And Treatment (SIST)

In Matter of State of New York v. Nelson D., 22 NY3d 233, 980 N.Y.S.2d 337, after determining that the respondent was not a dangerous sex offender requiring confinement (DSORC), the trial court placed respondent on SIST at an OPWDD structured residential facility. The Court of Appeals noted that MHL Article 10 only provides for confinement in a secure treatment facility (STF) or a regimen of SIST. Given the plain language of the statute, these dispositions are mutually exclusive and cannot be intertwined. The court further stated that the conditions of SIST are only applicable to respondents who are not confined and that a proper SIST residential placement would accommodate those requirements of supervision which often include GPS monitoring. The court acknowledged that confinement of a respondent placed on SIST deprives him of the full panoply of procedural protections. A respondent, properly confined under the statute, receives annual reviews and may petition the court for discharge at anytime, whereas a respondent such as Nelson D., who is confined in an OPWDD facility under SIST, is subject to the SIST procedures which only permits a petition for modification or termination every two years.

c. Respondent Is Not Limited To Calling Expert Witnesses At Trial

In Matter of State of New York v. Enrique D., 22 NY3d 941, 978 NYS2d 95, respondent was denied his request to call a former girlfriend to testify about his sexual behavior during their relationship. Respondent's counsel represented that this testimony, if permitted, would address the element of mental abnormality pertaining to serious difficulty with control. The trial judge ruled that respondent's expert could testify to that information and denied the request. The jury rendered a verdict of mental abnormality, and the court found respondent a dangerous sex offender

requiring confinement. The Court of Appeals held that a respondent has a right to call and examine other witnesses who can offer evidence that is material and relevant. It noted that the witness testimony was relevant to the diagnosis of paraphilia, non-consent, and serious difficulty with control.

3. The New York State Appellate Division

Statewide, between March 31, 2013 and April 1, 2014, the Appellate Division decided a total of 23 cases addressing MHL Article 10 matters. The breakdown is as follows:

First Department rendered 3 decisions; the Second Department, 11 decisions; the Third Department had 7 decisions; and the Fourth Department issued 4 decisions.⁵¹

First Department

a. Admissibility of Sex Offender Treatment Records (SOTP)

In Matter of State of New York v. Enrique T., 114 A.D.3d 618, 981 N.Y.S.2d 72, respondent argued that sex offender treatment program homework assignments were inadmissible at trial. The Court found that argument was not preserved. Respondent not only failed to object to this testimony at the probable cause hearing, but relied upon those very records to contest his mental abnormality. The court held that MHL 10.05 (e) and (g) expressly provide that the Commissioner of Mental Health rely upon such records when assessing mental abnormality and that this limited disclosure was permissible under HIPPA, but even if it was not, HIPPA does not require exclusion of records.

b. Lack of Sexual Offending Behavior During Incarceration Does Not Discredit Diagnosis

In Matter of State of New York v. Robert V., 111 A.D.3d 541, 975 N.Y.S.2d 390, the jury found that respondent committed a sexually motivated designated felony and that he suffered from a mental abnormality. The state's expert diagnosed respondent with paraphilia, not otherwise specified, and anti-social personality disorder. The court held that the absence of sex offending in prison did not necessarily negate the diagnosis. The jury was free to credit the state's expert

⁵¹ The referenced cases are a select few of the decisions rendered by the NYS Appellate Division Courts.

opinion that respondent did not have access to his victim pool while in prison.

c. Admissibility of Uncharged Crimes Determined to be Harmless Error Due to Quality of Admissible Evidence

In Matter of State of New York v. Charada T., 107 A.D. 3d 528, 976 N.Y.S 2d 70, the trial court erred by allowing testimony of an uncharged rape because of its unreliability in showing that the respondent actually committed the rape. However, this error was harmless because the expert relied upon three other sex offenses, and the court gave a curative instruction to prevent any prejudice. The court further ruled that reliance on evaluations from sex offender program staff was permissible pursuant to MHL 10.08 (c) which provides for petitioner's access to any and all records related to respondent's commission of sex offenses.

Second Department Decisions

a. It was Reversible Error to Omit the MHL Article 10 Definition of Sex Offense From the Jury Charge

In Matter of New York v. Adrien S., 112 A.D. 3d 862, 980 N.Y.S2d 558, the trial court's decision not to charge the jury with the definition of sex offenses as specified in MHL was reversible error. The jury rendered a finding that the designated felony committed by respondent was sexually motivated and that he suffered from a mental abnormality. However, the state's case primarily consisted of sexually inappropriate behavior that would meet the MHL Article 10 definition of a sex offense. The court noted, "...the term "sex offense" as employed in the statute does not have a common or colloquial meaning, and does not encompass all sexually illegal misconduct."

b. Social Worker Notes Contained In The Sex Offender Treatment Records Are Admissible.

In Matter of New York v. Carmelo M., 116 A.D.3d 818, 971 N.Y.S.2d 896, (2nd Dept. 2013) the trial court properly permitted the state's expert to testify to the Respondent's admission regard-

ing uncharged crimes contained in the social worker's notes as part of the sex offender treatment records. The court further noted that MHL 10.08(c) requires disclosure of said information that would be considered privileged pursuant to CPLR 4508.

c. The Absence Of Sex Offense Related Arrests While Under Parole Supervision In The Community Is Not Dispositive On The Question Of DSORC.

In Matter of New York v. Larry B., 113 A.D. 3d 865, 979 N.Y.S.2d 397, the qualifying offense involved the Respondent's sexual abuse of a seven (7) year old girl. At trial, the Respondent was found to suffer from a mental abnormality. Additionally, the trial court found that the Respondent was a dangerous sex offender requiring confinement. In its decision, the Appellate court noted that the lack of arrest for sex offenses during the fifteen months Respondent was in the community under parole supervision was not dispositive.

d. Recalling Expert For Limited Testimony Via Live Video Is Proper Use Of Discretion By Trial Court

In the Matter of New York v. Robert F., 113 A.D. 3d 691, 978 N.Y.S.2d 345, the Respondent's sexual offending behavior spans over a 40 year period. At the dispositional hearing, the Respondent reported that the victim of his 1974 rape was a stranger. Based upon this information, the trial court allowed the state to recall its expert witness via video telecommunication to testify about the effects of this information upon the actuarials. Upon appeal, the court held that the trial court properly exercised its discretion to permit limited testimony, and further had discretion to use live video in the absence of "explicit prohibition."

Third Department Decisions

a. i. Evidence Supports Finding Of Dangerous Sex Offender Requiring Confinement

In the Matter of New York v. Barry W., 114 ad3D 1093, 981 N.Y.S. 2d 209, respondent conceded mental abnormality. The court subsequently found him to be a dangerous sex offender requir-

ing confinement. His sex offenses consist of an attempted assault of a twenty year old male victim whereby he and an accomplice handcuffed the victim to a toilet, and attempted to force him to perform oral sex while at knife-point. The qualifying offense occurred against a six year old girl and a ten year old boy. He touched the breasts and vagina of the girl, and hung the boy by his testicles for twenty minutes. The state's expert diagnosed the respondent with anti-social personality disorder, sexual sadism, and psychopathy. The state expert further testified that respondent's wide victim pool, and fantasies about abusing others, indicated a strong predisposition to commit sex offenses. Additionally, the respondent's escalation of sex offenses and denial of said behavior inhibits his ability to recognize his triggers. The combination of his untreated sexual deviance and psychopathy places him at a high risk to recidivate in the community.

ii. In the Matter of New York v. Andrew D., 114 AD3d 1043, 980 N.Y.S.2d 617, the respondent conceded mental abnormality. After the dispositional hearing, the court rendered a finding that the respondent is a dangerous sex offender requiring confinement. The court credited the state expert's testimony which addressed the following: respondent's blaming of the victims, his reluctance to reveal the extent of offenses which directly affected his treatment; respondent's difficulty with anger; lack of empathy; and offending behaviors while under community supervision. The trial court found the respondent's expert replaced objectivity with advocacy in his analysis and failed to appropriately assess reoffending factors. The appellate court held that where conflicting expert testimony and issues pertaining to credibility existed, deference is given to the trial court since such courts are in the best position to make those determinations.

iii. In the Matter of New York v. Donald DD., 107 A.D.3d 1062; 967 N.Y.S2d 186, the Respondent had a history of illegal sexual activity in addition to sex offense convictions. As a Person in Need of Supervision (PINS), the respondent, at age nine, admitted to sexually abusing three young girls. With respect to the qualifying offenses, the respondent was convicted of Rape in the 2nd Degree for the rape of a fourteen (14) year old girl, and Attempted Rape in the 2nd Degree for the rape of a twelve (12) year old girl. As a result, he was sentenced to six months incarceration with ten years probation to run concurrent. While on probation, the respondent incurred a conviction for Sexual Abuse in the 2nd Degree, and was re-sentenced. During a subsequent parole supervision, a parole violation report alleged that the respondent sexually molested his wife and two minor children. His parole was violated for being in the presence of his children and failing to register as a sex offender. On appeal, respondent argued that a finding of mental abnormality cannot be made because the diagnosis of anti-social personality disorder lacks a sexual component. The appellate division disagreed holding that a psychiatric diagnosis is not required to support a finding of mental abnormality. The court credited the state's expert testimony that antisocial personality disorder caused respondent to disregard any internal restraints from acting upon his inappropriate sexual urges. Additionally, the respondent continued sex offending despite being under parole supervision and having received sex offender treatment.

Fourth Department Decisions

a. Court's Denial Of Respondent's Motion For Mistrial Was Not An Abuse Of Discretion. In Matter of State of New York v. Adkison, 108 A.D.3d 1050, 969 N.Y.S2d 648, the court held that in addition to governing voir dire and juror misconduct, CPL also governs a mistrial, *see* CPL 270.35(1). The Respondent moved for a mistrial due to the court's limits on voir dire and its refusal to discharge a juror based upon his negative comments. The Appellate Court held that

the trial court has broad discretion to manage the scope of voir dire, and that respondent did not have the right to be present during the court's inquiry of the juror prior to the juror's discharge.

b. The Statutory Language For Article 10 Does Not Provide For A Bifurcated Proceeding Regarding The Issues Of Sexual Motivation And Mental Abnormality.

In Matter of State of New York v. Farnsworth, 107 A.D.3d 1444; 970 N.Y.S.2d 129, a jury found that Respondent's commission of a designated felony was sexually motivated and that he suffered from a mental abnormality. Respondent's admission to enter a residence for sexual reasons, further established his sexual motivation to unlawfully enter the bedroom of a minor. The court denied Respondent's motion to bifurcate the jury trial regarding the issues of sexual motivation and mental abnormality due to the absence of such language in the statutory language.

Examples of Offenders in Civil Management Litigation

The following are examples of cases that the OAG litigated under SOMTA during the past year. The names of the sex offenders are represented by initials to protect their identity.

State of N.Y. v. CJ.:

In 1984, from June thru July, CJ at the age of nineteen (19) unlawfully entered the apartment of six (6) elderly women ranging in ages seventy-four (74) to ninety (90). In addition to committing robbery and assault against them, CJ sexually abused four of the women. An eighty-four (84) year old victim was discovered, mostly naked, laying in a fetal position locked inside her closet. She suffered from a fractured larynx and died from asphyxia by strangulation. The offense was determined to be sexually motivated and served as one of the qualifying offenses. CJ was convicted of multiple felonies for the above-referenced crimes and was sentenced to a maximum of twenty-five (25) years prison. The state's expert diagnosed CJ with numerous diagnoses one of which was sexual sadism. CJ waived his right to a trial and conceded mental abnormality. He further waived his right to a dispositional hearing thereby admitting to being a dangerous sex offender requiring confinement and consented to confinement in a secure treatment facility.

State of N.Y v. D.S.:

In 1975 at the age of seventeen (17), DS, a karate instructor gave karate lessons to male children in his basement He sodomized three (3) prepubescent boys. He was convicted of Attempted Sodomy in the First Degree, and sentenced to a term of imprisonment of four (4) years with

youthful offender treatment. After he was released to parole in 1977, he continued to gain access to children via karate instruction and had forcible intercourse with six (6) prepubescent boys. In 1980, he was convicted of Attempted Sodomy in the First Degree and sentenced to a term of five (5) to fifteen (15) years. Shortly after his release to parole, the DS committed the qualifying offense. As an evangelical preacher, he committed multiple sexually deviant acts against two (2) prepubescent boys. He was convicted of Sodomy in the First Degree and other sexually related offenses. The State's expert diagnosed DS with pedophilia. During trial, DS conceded mental abnormality. Following a dispositional hearing, the court found him to be a dangerous sex offender requiring confinement.

State of N.Y. v. DW:

In 1964 at the age of twenty (20), DW, while on probation, raped the twin sister of his seventeen (17) year old girlfriend. He pled guilty to Attempted Rape in the first degree and received three years probation. In 1966, he was charged with the rape of a 19 year old, and pled guilty to Assault in the Third Degree. In 1977, DW unlawfully entered an apartment and raped a seventeen (17) year old girl. He pled guilty to Rape in the First Degree, and received a maximum sentence of ten (10) years. In 1982, DW committed the qualifying offense which involved the rape of his fourteen (14) year old daughter. It was also reported that he raped his twelve (12) year old daughter, but was never charged. During the acts, DW used electrical cord, rope and rags to tie and gag his victims. The State's expert diagnosed DW with Sexual Sadism Disorder. DW conceded mental abnormality, and waived his right to a dispositional hearing thereby admitting to being a dangerous sex offender requiring confinement.

State of N.Y. v. GC:

In 1999, at the age of twenty-five (25), GC permitted a fifteen (15) year old girl to use his bathroom. Afterwards, he grabbed her by the neck, and threw her on the bed. He performed oral sex upon her and forced his penis into her mouth. The victim did not report the incident immediately thereafter due to fear. However, ten months later she made a report when she observed him following her near her school. He pled guilty to Sexual Misconduct in full satisfaction of the charges. In 2000, the R committed two sex offenses within eight (8) days. In each offense, he approached stranger women, and using either a gun or a knife forced them to a secluded area and raped them. He was convicted of Rape in the first Degree for each offense. He was sentenced to fourteen (14) years incarceration with five (5) years post release supervision. At trial, the jury rendered a finding of mental abnormality. Following a dispositional hearing, the court found the R to be a dangerous sex offender requiring confinement.

State of N.Y. v. JS:

JS has a significant history of sexual misconduct involving children. At the age of sixteen (16), he performed oral sex on a four (4) year old male child who was his neighbor. He fondled an eight (8) year old little boy in a shower and performed oral sex upon him. Between the ages of eighteen (18) and twenty (20), while at a residential facility, JS sexually abused boys between the ages of eleven (11) to fifteen (15) years old. Between the ages of twenty-seven (27) and twenty-nine (29), while on post-release supervision, JS committed the qualifying offense by sexually abusing a young child from his wife's previous marriage. He has other inappropriate sexual behaviors and reported fantasies of murdering children while sexually abusing them. JS

conceded he suffered from a mental abnormality. Following the dispositional hearing, the court found the R to be a dangerous sex offender requiring confinement.

State of N.Y. KG.:

From 1990 thru 1991, at the age of seventeen (17) , KG committed eleven(11) sex offenses against young woman ages thirteen (13) thru twenty-three (23) which resulted in convictions for Rape in the First Degree, (7cts.), Attempted Rape in the First Degree, Sex Abuse in the First Degree, (2 cts.) and Robbery in the First Degree. KG approached his victims either in the street or in dwellings. He used a chokehold, displayed a gun or used a knife or other sharpened object to gain their compliance. He then forced them to a stairwell or roof and committed multiple sexual acts upon them. The state's expert diagnosed KG with Paraphilia, NOS. and Anti-Social Personality Disorder. After trial, a jury rendered a finding of mental abnormality. KG is currently awaiting the dispositional hearing to determine whether he is a dangerous sex offender requiring confinement.

State of N.Y. v. N.W.:

In 1999 NW pleaded guilty to Rape in the 3rd degree. He also pleaded guilty to Reckless Endangerment in two separate counties. NW raped young girls, some still in middle school. In addition to raping young girls, while knowing he was infected with an incurable virus that could be transmitted sexually he would engage in unprotected sex with both consenting and non-consenting females without telling them he was infected. It came to the attention of the local health officials that there was a significant increase, almost to an epidemic standard, of girls in that geographical area being diagnosed with this incurable virus that could be sexually transmitted. The CDC became involved in this investigation that attracted significant national attention. After considerable investigation, it was determined the common link amongst these victims was NW. A jury found he suffered from a mental abnormality and at a dispositional hearing, the court found he was a dangerous sex offender requiring confinement.

State of N.Y.v.KH.:

In 1993, at the age of thirty-six (36), KH was charged with sexually abusing his eleven (11) year old daughter. He was convicted of Sodomy in the 2nd Degree and sentenced to five (5) months incarceration with five (5) years probation. In 1998, KH was convicted of sexually abusing a fourteen (14) year old female neighbor. For that offense, he was sentenced to one (1) year incarceration with an order of protection. In 2003, KH committed the qualifying offense which resulted in a conviction for Kidnapping in the Second Degree and Sodomy in the Second Degree. In that case KH, at the age of forty-five (45), abducted a fourteen (14) year old female, travelled with her throughout the country engaging in daily sexual intercourse. KH waived his right to a trial and conceded mental abnormality. He further waived his right to a dispositional hearing, and admitted to being a dangerous sex offender requiring confinement.

State of N.Y v MR.:

In 1981 at the age of sixteen (16), MR, while on probation and in the NYC subway, rubbed his erect penis while underneath his pants against the buttocks of the female victim. Thereafter from 1983, to 1999, the MR incurred multiple arrests and convictions for touching or rubbing against the buttocks of women. In 2006, at the age of forty-one (41), MR committed the qualifying offense while under parole supervision. In said offense, he approached a thirteen (13) year old fe-

male special education student. He convinced her to go with him to the roof where he placed his penis in her mouth and rubbed his penis on her anus. In that case he was convicted of Criminal Sexual Act in the Second Degree. Additionally, MR has adjudications as well as convictions for non-sexual offenses. Both the State and respondent's expert diagnosed MR with Anti-Social Personality Disorder. Following a nonjury trial, the court made a finding of mental abnormality. After the dispositional hearing, the court ordered Strict and Intensive Supervision and Treatment in the community.

SOMTA'S Impact on Public Safety

After seven years, 397 men are being civilly managed in either a secure treatment facility or under a regimen of enhanced community supervision on SIST. Had it not been for SOMTA, these recidivistic, mentally abnormal sex offenders would have been released into the community, possibly without any treatment or supervision whatsoever. These offenders are now receiving treatment for their sexual offending behaviors and other mental abnormalities and conditions from which they suffer.

Although New York's civil management program applies to only a very small percentage of overall offenders, it is hoped that despite its limitations, the process identifies the most dangerous of offenders. One will never know just how many potential unsuspecting men, women, and children were 'saved' from being the victim of a sex crime, had these offenders not been placed into the civil management program. It appears, however, that civil management is making a difference in helping to protect communities from dangerous sex offenders.

The dual goal of SOMTA is to provide sex offenders with the therapy and treatment they need to learn how to live an offense-free life while protecting the public from potential recidivism. That goal, together with the goals of the criminal justice process, will protect the public, reduce recidivism, and ensure offenders receive needed treatment.

CONCLUSION

In April 2007, New York State passed the Sex Offender Management and Treatment Act (SOMTA) to further the recognized goal of protecting the public, reducing recidivism, and ensuring offenders have access to proper treatment. Currently, the civil management system is functioning across New York State and the sex offenders are being treated in a secure treatment facility or under enhanced supervision in the community. Although it is too early to predict SOMTA's long-term impact, one thing is clear: If not for SOMTA, 397 mentally abnormal and recidivistic sex offenders would have been released into the community with little or no oversight or treatment.

Victim Resources

Recognizing and understanding the importance of keeping a victim apprised of the status of ongoing litigation in a civil management case, New York State Attorney General, Eric Schneiderman, has set up the following toll free number for victims of sex offenders in the civil management program. 1-877-462-4697.

The OAG also has a general Crime Victims Helpline number: 1-800-771-7755. The Crime Victims Advocate advises the OAG on matters of interest and concern to crime victims and their families and develops policy and programs to address those needs.

The New York State Office of Victim Services (OVS) is staffed to help the victim, or family member and friends of the victim to cope with the victimization from a crime. The website is www.ovs.ny.gov.

A victim can call Victim Information and Notification Everyday (VINE) to be notified when an offender is released from State prison or Sheriff's custody. For offender information, call toll-free 1-888-VINE-4-NY. You can also register online at the VINE website for notification by going to the website at: www.vinelink.com.

The New York State Department of Health offers a variety of programs to support victims of sexual assault. It funds a Rape Crisis Center (RCC) in every county across the state. These service centers offer a variety of programs designed to prevent rape and sexual assault and ensure that quality crisis intervention and counseling services, including a full range of indicated medical, forensic and support services are available to victims of rape and sexual assault. The agency also developed standards for approving Sexual Assault Forensic Examiner (SAFE) hospital programs to ensure victims of sexual assault are provided with competent, compassionate and prompt care. See the NYS Department of Health (DOH) website for more information, including a Rape Crisis Provider Report which is organized by county and includes contact information. www.health.ny.gov.

The New York State Division of Parole welcomes victims to contact its agency to learn more about being able to have face to face meetings with a parole board member prior to an inmate's reappearance for review. The toll free number to the Victim Impact Unit is 1-800-639-2650. www.parole.ny.gov.

Lastly, the NYS Police has a crime victim specialist program to provide enhanced services to victims in the State's rural areas. www.troopers.ny.gov/Contact_Us/Crime_Victims.

