

Kansas Department of

Social and Rehabilitation Services

Gary Daniels, Secretary

**Joint Committee on Corrections
and Juvenile Justice Oversight**

November 2, 2006

Overview of the Sexual Predator Treatment Program

Health Care Policy
Ray Dalton

For additional information contact:
Public and Governmental Services Division
Kyle Kessler, Deputy Secretary

Docking State Office Building
915 SW Harrison, 6th Floor North
Topeka, Kansas 66612-1570
phone: 785.296.0141
fax: 785.296.4685
www.srs.ks.gov

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Chair Brungardt and Committee Members, I am Ray Dalton, Deputy Secretary of Social and Rehabilitation Services (SRS) for the Division of Health Care Policy (HCP). Thank you for this opportunity to speak about the Sexual Predator Treatment Program.

The Sex Predator Treatment Program (SPTP) continues to steadily grow in population. As of October 27, 2006, the number of residents at the SPTP on Larned State Hospital (LSH) grounds totaled 152. From October 2005 to September 2006, there were 20 new admissions, with the average monthly admission being 1.67. Five residents reside at Transitional House Services (THS) located on the Osawatomie State Hospital (OSH) grounds. One resident at THS was placed on conditional release. This is the second SPTP resident to work completely through the program since its beginning in 1994.

The overall growth projections for SPTP remain consistent as in years past- approximately one to two new residents a month. Predictions for growth of THS appear to be slightly higher than in previous years, with a projection of 2-4 new residents within the next 12 months (historically the average has been 1-2 new residents a year).

SRS continues its plan to develop a community based SPTP group home for those on Transition who are frail and older and have the need for 24/7 assistance. SRS issued a Request for Proposal (RFP) on October 12, 2006 requesting interested providers send in a proposal for the community based group home. This is the second RFP for this initiative to be issued within the last three months. Because of the lack of response with the initial RFP which was issued on August 2, 2006, SRS determined a second RFP should be issued in October. The deadline for proposals for the current RFP is November 21, 2006.

We believe the newly implemented SB 506 residency restrictions of 2000 feet and the requirement to meet all county zoning requirements has limited the possible sites for a community based SPTP group home. The inability to transition individuals who have successfully completed the earlier stages of the program into the community could have a negative impact on the overall effectiveness of the program and may give rise to legal challenges.

Because of the steady growth in admissions, the need for additional housing, staffing, and other resources increases. Currently, there is expansion occurring at both the OSH and LSH SPTP locations. THS will be full by the end of December. A wing of the Biddle Building at OSH is being remodeled to house an additional five THS residents. This project is slated to be completed by January or February of 2007. By the end of November there will be space for 219 SPTP residents at LSH, however they are currently funded to provide services for only 160 residents.

As facility size grows, the need for additional staff to provide support, supervision, treatment, and security increases. SRS must have a bed ready and available for any individual that is found to be a sexually violent predator and ordered to be civilly committed. Because the number one priority must continue to be public safety, census control is difficult. As a result, funding levels will need to match the growth in census in order to ensure the continuation of a safe and effective program for this population.

This concludes my testimony. I will be glad to stand for any questions from the Committee.