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# **THE SEX OFFENDER TREATMENT PROGRAM AT THE NAVAL CONSOLIDATED BRIG MIRAMAR**

## **Program Background, Empirical Context, and the Effect of Sentence Length on Access to Treatment**

*A Reference Report for Defense Counsel in Courts-Martial*

Prepared by Paul Simpson, Ed.D. | August 31, 2026

### **I. PURPOSE AND SCOPE**

This report is a standing reference document. It was prepared to be used repeatedly, across cases, by defense counsel who intend to argue at a court-martial sentencing proceeding that the accused should receive a term of confinement that permits him to reach offense-specific treatment at the Naval Consolidated Brig Miramar (NCBM), and to reach it as early as the correctional system allows.

It does four things. It describes the Sex Offender Treatment Program (SOTP) at NCBM from the primary documents that describe it. It sets out the eligibility rules that govern who reaches that program, and how those rules have changed. It states what the peer-reviewed literature does and does not support about treatment of this kind, without inflating it. And it identifies, precisely, the facts that only the program itself can establish — which is why a current affidavit from the program director is a necessary part of any such argument and why a stale one is worse than none.

This report expresses no opinion about any individual. It contains no risk assessment, no diagnosis, and no recommendation as to any particular sentence. Where a case-specific fact is required, it is marked with a bracketed placeholder or a blank. Appendices B, C, and D are working documents intended to be extracted and adapted.

### **II. QUALIFICATIONS OF THE AUTHOR**

The opinions and characterizations in this report are offered by a psychologist whose practice has included the assessment and treatment of sexual offending for more than four decades. This section states the basis of that expertise. A complete curriculum vitae is available on request and should be provided with the report whenever the report is filed.

#### **Clinical training and treatment experience**

The author's specialized training in sexual offending began in 1984. It comprised training in the identification of and intervention with sex offender populations at the University of Arizona; training through Family Crisis Services in working with sexually abused children and in creating and presenting educational programs on sexual abuse for children and adults; and training in juvenile court and detention procedure through the Pima County Juvenile Court. Ongoing specialized training in physical and sexual abuse, child development, and adolescent health followed during his tenure as a case manager with Child Protective Services. He has practiced in this area continuously since. He is licensed as a psychologist in Arizona (license number 1967,

held since December 1991), holds the Certificate of Professional Qualification in Psychology issued by the Association of State and Provincial Psychology Boards (certificate number 2829), and is listed in the National Register of Health Service Providers in Psychology (number 42857).

The author has delivered sex offense-specific treatment in both inpatient and outpatient settings and in both individual and group modalities. At Scottsdale-Camelback Hospital he treated adolescents and adults in an inpatient psychiatric facility, including for sexual compulsivity, using individual, group, couples, and family interventions. At Psychological Counseling Services, Ltd., in Scottsdale, he worked with sexual compulsives and sex offenders within a group practice and an inpatient psychiatric facility, facilitated therapeutic and support groups, and administered the Monarch penile plethysmograph. He has since been professionally involved, as evaluator or treating clinician or both, with more than eight hundred individuals who have committed or been accused of sexual offenses.

Since February 2000 the author's practice has been principally forensic. It includes psychosexual evaluation and the assessment of risk for future sexual and physical violence for the Arizona Superior Court, the federal courts, and courts-martial of the United States Air Force and Marine Corps. He has testified regarding risk for sexual violence, online sexual offending, and related subjects in state, federal, and military courts.

### **Instrumentation**

The author is certified in two separate penile plethysmograph systems: the Monarch, through Farrall Instruments in March 1992, and the Limestone, as a certified analyst, in April 2018. He is certified to administer the Abel Assessment for Sexual Interest-3 (adult), the Abel Assessment for Sexual Interest-2 (juvenile), and the Abel-Blasingame Assessment System for Individuals with Intellectual Disabilities, and to administer the Multiplex Empirically Guided Inventory of Ecological Aggregates. He completed certification in the Hare Psychopathy Checklist-Revised under Dr. Robert Hare in October 2007.

He has completed formal training in the sexual and violence risk instruments in ordinary forensic use, including the STABLE-2007 and ACUTE-2007 through the Global Institute of Forensic Research, the HCR-20 Version 3 through the American Academy of Forensic Psychology, and successive trainings addressing the Static-99R, the Static-2002R, the Child Pornography Offender Risk Tool, the Sexual Violence Risk-20, and the structured assessment of protective factors, through the American Academy of Forensic Psychology and the annual conferences of the Association for the Treatment and Prevention of Sexual Abuse.

### **Professional affiliation and continuing education**

The author is a member of the Association for the Treatment and Prevention of Sexual Abuse (ATSA) and of its Arizona chapter, and served as a cabinet officer of the Arizona chapter of the Providers' Association for Treatment of Sexual Abusers (PATSA) from November 1991 to October 1993. He has attended the ATSA national conference in 2016, 2017, 2019, 2021, 2022, 2024, and 2025, and the Arizona chapter's annual conference and quarterly trainings. Continuing education completed at those conferences has included risk assessment with non-contact and child pornography offenders, the psychometric properties of the CPORT, the SSPI-2 and the Static-99, the effect of age on sexual recidivism, lifetime recidivism and time to desistance, protective factors and the Good Lives Model, and the ethics of clinical practice with sexual abusers.

## **Training of professionals**

Between October 2003 and May 2016 the author provided one-day trainings for counseling, education, and probation professionals in over three hundred cities and in all fifty states, through Cross Country Education. The subjects were the assessment and treatment of sexual compulsions, the assessment and treatment of internet compulsions, and the protection of youth online.

He has also trained lawyers in this subject matter. Presentations to the State Bar of Arizona have included “Anatomy of a Psychosexual Evaluation: What Every Criminal Attorney Should Know,” “Sex Offender Evaluations: What Every Attorney Should Know,” “Online Sex Offense: What Every Attorney Should Know,” and “Psychosexual Evaluations: What Every Attorney Should Know.” He has presented on sexual offense topics to the Arizona chapter of ATSA, to the Arizona Public Defender Association, to the Iowa Corrections Association, at the Air Force Judge Advocate General’s School Advanced Sexual Assault Litigation Course at Maxwell Air Force Base, and at United States Air Force and Marine Corps legal offices.

That teaching history is offered here for a specific reason. The characterizations of program quality in Section V and the comparative judgments in Section VII rest on familiarity with what sex offense-specific assessment and treatment look like across many programs and many jurisdictions. Absent that comparative frame, a description of any single program as strong or weak would be of little assistance to a court.

## **III. NOTICE REGARDING USE**

This report is a general reference on a correctional treatment program and the research literature bearing on it. It is not an evaluation of any accused, and nothing in it may be offered as an opinion about any individual’s risk, treatment needs, amenability to treatment, or rehabilitative potential. An opinion of that kind requires an individual examination.

The regulatory provisions summarized in Sections VI and VIII change. Every threshold, program length, and eligibility rule stated here is dated to the document it came from, and each is superseded by whatever the program and the cognizant Navy authority certify to be current at the time of the proceeding. Counsel who files this report without independently confirming the current thresholds does so at the client’s expense.

This report does not address the ultimate issue. Whether a particular sentence is appropriate is a matter committed to the military judge under R.C.M. 1001(d) and the applicable sentencing parameters, not to a psychologist.

Counsel should note the forum in which the argument will be made. For cases in which all findings of guilty are for offenses occurring on or after 27 December 2023, sentencing in non-capital general and special courts-martial is by military judge alone, with a term specified for each offense and confinement determined within the applicable sentencing parameter unless the judge enters a written statement of the factual basis for a departure (10 U.S.C. § 856; National Defense Authorization Act for Fiscal Year 2022, 2021). For offenses predating that date, the prior regime governs. A treatment-access argument is therefore addressed, in most current cases, to a judge working within a parameter rather than to members.

## **IV. SOURCES RELIED UPON**

The program description in Section V and the eligibility rules in Section VI are drawn from the following primary sources. Each document is either a Government-authored description of the program or of the policy governing access to it, or a published description of it. The final entry is

the author’s own site visit. The governing instructions themselves — DoD Instruction 1325.07, SECNAVINST 1640.9D, and SECNAV M-1640.1 — are identified in Section VI and listed in Appendix A.

| Document                                                                                                                                                                                                                                         | Date        | Type                  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-----------------------|
| Affidavit of Deborah A. Owen, LCSW, LMHP, CCM, Clinical Services Director, NCBM, and Senior Clinician, Navy Corrections (4 pp.)                                                                                                                  | 17 Mar 2016 | Sworn affidavit       |
| Affidavit of Jeanmarie Mangindin, LICSW, Clinical Services Director, NCBM, and Senior Clinician, Navy Corrections (4 pp.)                                                                                                                        | 21 Sep 2020 | Sworn affidavit       |
| Clinical Services Programs, Naval Consolidated Brig Miramar (program catalogue)                                                                                                                                                                  | 26 Apr 2021 | Program description   |
| Clinical Services Programs, Naval Consolidated Brig Miramar (program catalogue)                                                                                                                                                                  | 4 Oct 2022  | Program description   |
| BUPERS ltr 1640 Ser 00D/336-23, Sexual Offense and Violent Offense Treatment or Education Program Access Within Navy Corrections                                                                                                                 | 17 Nov 2023 | Policy guidance       |
| NPC ltr 1640 Ser 00D/304, Designation of Place of Confinement for Prisoners Confined Within the Navy Shore Corrections System                                                                                                                    | 11 Jun 2019 | Policy guidance       |
| Marin & Bell, Navy sex offender treatment: Promoting community safety, Corrections Today                                                                                                                                                         | Dec 2003    | Published description |
| Site visit to Naval Consolidated Brig Miramar by the author, including an interview of the Director of the Sex Offender Treatment Program, interaction with program staff, and review of the workbook materials provided to program participants | Mar 2016    | Direct observation    |

The author visited NCBM in March of 2016. During that visit the author interviewed the Director of the Sex Offender Treatment Program then in post, interacted with program staff, and reviewed the workbook materials provided to program participants. Where a statement in Section V rests on that direct observation rather than on a document, the text says so. The limits of what a single visit in March of 2016 establishes are set out in Section X, and they are substantial: the visit predates the November 2023 change to the entry threshold and every structural or staffing change made since.

The empirical propositions in Section VII and Section VIII are supported by the peer-reviewed sources listed in Appendix A. Where a proposition rests on a Government document rather than on research, the text says so.

## V. THE FACILITY AND THE PROGRAM

### The Naval Consolidated Brig Miramar

NCBM is a Department of the Navy correctional facility aboard Marine Corps Air Station Miramar, San Diego, California. The consolidated brig provides mental health and rehabilitation services to male court-martialed offenders sentenced to confinement for ten years or less. The

consolidated brig provide Level II correctional programming, and NCBM is additionally the Department of Defense Level III facility for women (Mangindin, 2020; Owen, 2016). Clinical staffing includes licensed clinical psychologists, licensed clinical social workers, mental health technicians, alcohol and drug counselors, case managers, and correctional counselors, with a military medical officer and a psychiatrist assigned part-time under a memorandum of understanding with the nearest military treatment facility (Mangindin, 2020).

NCBM is a joint facility rather than a Navy-only one. It is designated Joint Regional Correctional Facility Southwest, serves as the Pacific-area regional confinement facility for the Department of Defense, and confines male and female military offenders from every branch of service. It has been the sole military correctional facility accepting women since 2003. Its clinical staffing is correspondingly joint: the program documents reviewed identify Air Force and Army mental health technicians among the facilitators of the Sex Offense Education Course and of components of the treatment program. The practical consequence for counsel is that a member of any service may be confined and treated at NCBM, but the designation of place of confinement for a non-Navy prisoner is made by that member's own service corrections authority rather than by the Director, Corrections and Programs Office. For a client who is not a Navy or Marine Corps member, that designation is a separate step and should be confirmed rather than assumed.

The fact that matters most for sentencing is jurisdictional rather than clinical: **NCBM is Navy Corrections' exclusive site for the Sex Offender Treatment Program** (Bureau of Naval Personnel [BUPERS], 2023; Mangindin, 2020; Owen, 2016). No other Naval Consolidated Brig delivers it. A Navy or Marine Corps prisoner who is not designated to NCBM does not receive this program, and the designation authority for place of confinement rests with the Director, Corrections and Programs Office (Navy Personnel Command [NPC], 2019).

### **The Sex Offense Education Course**

Every brig prisoner convicted of an offense with a sexual component — including possession of child pornography — is required to attend the Sex Offense Education Course (SOED, which is the program's own designator), a nine- to ten-week course offered at all three consolidated brig (Mangindin, 2020; Owen, 2016). The 2021 and 2022 program catalogues describe it as ten weekly sessions of one to one and a half hours, mandatory for all prisoners with an offense having a sexual component except those convicted of military-specific offenses involving adults such as fraternization or adultery.

SOED facilitators, or their supervisors, receive a minimum of twenty hours of sex-offense-specific training. The course provides education on the dynamics of sexual offense behavior, information on offense-specific treatment available during confinement, motivation toward treatment, and preparation for the collateral consequences of conviction. Participants are not required to make personal disclosures (Mangindin, 2020).

SOED is education, not treatment, and the distinction is not cosmetic. **It is the program a prisoner receives instead of SOTP when he is ineligible** — including when he is ineligible solely because of the arithmetic of his sentence. Counsel should not permit “he will get sex offender programming in confinement” to pass unexamined; the question is which program, and the answer is determined by the sentence.

### **The Sex Offender Treatment Program: structure**

The SOTP is a comprehensive, specialized cognitive-behavioral treatment program comprising psychological and physiological assessment, intensive structured group and individual therapy,

educational seminars, and training in cognitive-behavioral techniques. It is delivered within a risk-need-responsivity (RNR) framework in which treatment is individualized to risk and criminogenic need, and it incorporates elements of the Good Lives Model, attachment theory, cognitive and behavioral arousal reduction techniques, relationship skills, mindfulness, and healthy sexuality. Psychiatric consultation and assessment are available as needed. Most participants complete the program in approximately eighteen months (Mangindin, 2020; NCBM, 2022).

The 2022 program catalogue sets out the components:

| Component                    | Frequency and duration                                                                                | Description                                                                                                                                             |
|------------------------------|-------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| Phase I — Treatment groups   | Group twice weekly, 1.5 hours; individual monthly, 1 hour, more as needed; approximately 15–18 months | Psychophysiological assessment and psychological/sexual interest evaluation; CBT within an RNR model                                                    |
| Phase I — Seminars           | Monthly, 1 hour, concurrent with Phase I                                                              | Victim awareness, sexuality, relationship skills, consent, risk factors, cognitive restructuring                                                        |
| Phase I — Mindfulness lab    | Weekly, 30 minutes, 5 sessions                                                                        | Emotion regulation and distress tolerance skills, by team referral                                                                                      |
| Case conferences             | After the needs-for-treatment assessment, at completion of Phase I, and before release                | Feedback on progress, problem-solving, individualized goals, progress on risk factors                                                                   |
| Phase II — Maintenance group | Monthly, 1.5 hours, until release or to six months before release                                     | Maintains progress, strengthens protective factors, develops and revises release plans                                                                  |
| Phase III — Release planning | As needed; throughout the final six months of confinement                                             | In-group and out-of-group assignments and conference calls to strengthen release plans and inform the support network of needs and high-risk situations |

Duration may exceed eighteen months where a participant’s progress requires it; a suspension from the program for cause, described as rare, can delay completion (NCBM, 2022).

**Note the architecture: the program is anchored to the release date, not to the intake date.** Phase II runs until release or until the final six months, and Phase III occupies those final six months. A program built this way places its most transition-focused components immediately against the point of reentry. Note also that the eighteen-month figure describes the core treatment program; Phases II and III extend beyond it to the release date, so total time in the program exceeds eighteen months for any prisoner whose remaining confinement exceeds the minimum. Whether it follows that entry into Phase I is deferred, for a long-sentenced prisoner, until the remaining time approximates the program length is taken up in Section VIII. It is an inference from this structure and from designation practice, not a fact established by any document reviewed for this report.

### **Staffing, credentialing, and professional standards**

The Director of the SOTP is required to meet all clinical criteria for membership in the Association for the Treatment and Prevention of Sexual Abuse (ATSA) and to implement its standards in the program. Group and individual sessions are provided only by licensed, credentialed mental health providers; treatment staff include licensed clinical psychologists and licensed clinical social

workers with training and experience in sex offender treatment; all SOTP providers are clinically credentialed through the Naval Medical Center San Diego. A psychiatrist consults with the program. The program formally consults with a Community Sex Offender Advisory Board on a quarterly basis (Mangindin, 2020; Owen, 2016).

These are not incidental details. As Section VII sets out, the treatment-outcome literature associates larger effects with programs that adhere to risk-need-responsivity principles, that are delivered by qualified clinical staff with supervision, and that individualize dose to risk (Gannon et al., 2019; Hanson et al., 2009; Schmucker & Lösel, 2015). The Navy's own program documents assert each of those features, and the author confirmed the program's cognitive-behavioral content, its phase structure, and the participant workbook materials in the course of the April 2021 site visit and the interview of the program director. What neither the documents nor the visit supplies is outcome data, and Section VII is explicit about that gap.

### **Aftercare, release planning, and community transition**

The Aftercare Program, part of the Community Transition Program team, provides referrals for community sex offender treatment for eligible prisoners and transitional assistance services including psychoeducational counseling, identification of community resources and support systems, referrals for post-confinement offense-related treatment, teleconferences, family conferences, and relapse prevention planning (NCBM, 2021, 2022).

The program's own position is that satisfactory completion does not constitute a cure, that the individual should participate in structured aftercare continuously following completion of the structured program, and that a substantial period of supervised release in the community is often crucial to long-term success in preventing recidivism (Mangindin, 2020; Owen, 2016). Both affidavits state that prisoners are eligible for parole at one-third of the sentence and may be released under strict parole supervision if sufficient time remains after completion of the SOTP.

That last clause repays attention. The program's stated design contemplates completion of treatment *followed by* a period of supervised release into which the treatment gains are carried. A sentence structured so that treatment ends at, or near, the release gate rather than well before it forfeits that sequencing. Counsel should confirm the current parole and mandatory supervised release rules applicable to the client with the cognizant service clemency and parole board rather than relying on the general statement in the affidavits.

## **VI. ELIGIBILITY AND THE TIME REQUIREMENT**

### **The governing authority**

Access to offense-specific treatment in Navy corrections is governed by DoD Instruction 1325.07, which provides that prisoners will be afforded reasonable opportunities to participate in meaningful treatment programs; by SECNAVINST 1640.9D and the Department of the Navy Corrections Manual, SECNAV M-1640.1; and by implementing guidance issued by the Corrections and Programs Office. Designation of the place of confinement for every prisoner in the Navy shore corrections system rests with the Director, Corrections and Programs Office, who designates prisoners so as to align them with the treatment and educational programs associated with their confining offenses (NPC, 2019).

Two documents supply the operative time rules. The first is NPC ltr Ser 00D/304 of 11 June 2019, which describes the SOTP as an eighteen-month intensive program administered only at NCBM and states that thirty-one months of post-trial adjusted sentence is required to have sufficient time to complete it. The second is BUPERS ltr Ser 00D/336-23 of 17 November 2023, which supersedes

the immediately preceding guidance and provides that upon arrival at NCBM prisoners must have no less than twenty-six months of confinement remaining on the adjudged sentence as computed at Section 5.s (Minimum Release Date) of the DD Form 2710-1, Prisoner Sentence Computation.

### **The entry threshold has moved, and that is why the affidavit must be current**

The documented history of this threshold, across the primary sources reviewed for this report, is as follows.

| Source and date                        | Threshold on arrival                      | Treatment of intermediate cases                                                                                                                             |
|----------------------------------------|-------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Owen affidavit, 17 Mar 2016            | 31 months                                 | 21–30 months permitted if earned time and/or good conduct time held in abeyance by pretrial agreement or voluntary forfeiture; 20 months or less ineligible |
| NPC ltr Ser 00D/304, 11 Jun 2019       | 31 months of post-trial adjusted sentence | Below threshold, prisoner designated elsewhere and referred to SOED                                                                                         |
| Mangindin affidavit, 21 Sep 2020       | 31 months                                 | No abeyance provision; less than 31 months ineligible                                                                                                       |
| BUPERS ltr Ser 00D/336-23, 17 Nov 2023 | No less than 26 months                    | Below threshold, not enrolled and not transferred to NCBM for SOTP; ineligible prisoners already at NCBM may be transferred to another facility             |

The threshold has moved more than once in the documented record, and not in one direction: the effective floor was as low as twenty-one months in 2016 where abatement was held in abeyance, thirty-one months in the 2019 and 2020 documents, and twenty-six months since November 2023. The treatment of intermediate cases has changed with it. Counsel frequently work from a figure heard in a prior case. **A figure carried forward from an earlier case is not evidence, and a threshold quoted from a 2016 or 2020 affidavit may be wrong today.** The current figure, and the current handling of intermediate cases, must be obtained from the program in writing. Section IX and Appendix C set out how.

### **What the calculation includes**

The requirement is not a simple subtraction from the adjudged sentence. Per the affidavits, the computation takes into account combined good conduct time abatement, earned time abatement, the general orientation period, up to a three-month wait for SOTP entry, an assessment period, and the length of the program itself, after pretrial confinement credit and transfer time have been subtracted (Mangindin, 2020; Owen, 2016). The BUPERS guidance ties the calculation to the minimum release date as computed on the DD Form 2710-1 (BUPERS, 2023).

Three consequences follow, each of which counsel can act on.

First, the clock that matters begins on arrival at NCBM, not at sentencing. Time in pretrial confinement and time in transit are subtracted before the threshold is applied. Both affidavits give the same worked example: a prisoner sentenced to thirty-six months who spent seven months in pretrial confinement would not have enough time to complete the program and would be ineligible. Transfer time to NCBM can further delay entry and render a prisoner ineligible (Mangindin, 2020; Owen, 2016). That example was constructed under the thirty-one-month threshold then in effect;

against a twenty-six-month threshold the same prisoner would qualify. It illustrates the method of computation, not the current answer.

Second, abatement credit counts against the prisoner for this purpose. Good conduct time and earned time reduce the confinement remaining and can therefore push an otherwise-eligible prisoner below the threshold. The 2016 affidavit describes a mechanism by which a prisoner in the intermediate band could volunteer to have abatement held in abeyance, by pretrial agreement or on arrival, in order to preserve eligibility; the 2020 affidavit does not carry that mechanism forward. Whether any such mechanism exists today is a question for the program.

Third, the prisoner must satisfy clinical criteria as well as arithmetic ones. He must admit some responsibility for the confining offense, be recommended for treatment through the SOTP initial screening, and be willing to discuss his sexual behavior in detail; he must give voluntary informed consent and agree to the program agreement. A prisoner determined through the initial screening to be low risk for sexual recidivism is not referred to SOTP but to SOED, which the 2020 affidavit describes as the optimal level of offense-related programming for those individuals (Mangindin, 2020).

## **VII. THE EMPIRICAL STANDING OF THE TREATMENT MODEL**

### **What the outcome literature supports**

A methodologically rigorous meta-analysis of sexual offense treatment outcomes identified twenty-nine eligible comparisons involving 4,939 treated and 5,448 untreated individuals and found a significant reduction in sexual recidivism, with treated rates of 10.1 percent against 13.7 percent for comparisons — an absolute difference of 3.6 percentage points and a relative reduction of approximately 26 percent (Schmucker & Lösel, 2015, 2017). Effects were larger for cognitive-behavioral programs, for medium- and high-risk participants, and where treatment was individualized. The same analysis found no significant effect for low-risk participants.

A larger and more recent meta-analysis of specialized psychological treatment for offending, covering sixty-eight studies and 55,604 individuals with an average follow-up of sixty-six months, found offense-specific recidivism of 13.4 percent among treated participants against 19.4 percent among untreated comparisons across all program types. For sexual offense programs specifically the authors reported a relative reduction of 32.6 percent. Effects were larger where programs had consistent hands-on involvement of a qualified registered psychologist and where facilitators received clinical supervision (Gannon et al., 2019).

An earlier and broader meta-analysis reported treated sexual recidivism of 11.1 percent against 17.5 percent for comparisons across eighty independent comparisons and 22,181 participants (Lösel & Schmucker, 2005). That headline figure should be handled carefully: organic interventions, including surgical and hormonal treatments, accounted for a substantial share of the overall effect, and among psychosocial approaches only cognitive-behavioral programs showed significant effects. It should not be characterized as the effect of psychological treatment alone.

### **The dose-response finding on program adherence**

The single most useful finding for a sentencing argument about a specific program is not the average treatment effect but the relationship between effect and program quality. A meta-analysis of twenty-three recidivism outcome studies found unweighted sexual recidivism of 10.9 percent among treated participants against 19.2 percent among comparisons, and general recidivism of 31.8 percent against 48.3 percent. The central result was a stepped relationship with adherence to the risk, need, and responsivity principles: random-effects odds ratios of 1.17 for programs

adhering to none of the three principles, 0.64 for one, 0.63 for two, and 0.21 for all three (Hanson et al., 2009). The decisive difference lies between programs adhering to all three principles and those adhering to fewer. The authors themselves note that study quality was weak in eighteen of the twenty-three studies and urge caution.

The practical implication is that “sex offender treatment” is not a single intervention with a single effect. Programs that risk-stratify, target criminogenic need, and adapt to responsivity perform very differently from those that do not, and the difference is large enough to swamp the average. This is why the program-description details in Section V — RNR framework, individualized dose, ATSA-qualified director, licensed and credentialed staff, quarterly external consultation, structured aftercare — are the operative facts, and why they should be established by affidavit rather than asserted.

### **Findings that cut the other way**

Counsel should be prepared for this literature to be contested, and should not be the last person in the courtroom to learn its weaknesses. Four points are commonly raised, and each is legitimate.

The prison-setting finding. The Schmucker and Lösel meta-analysis found significant effects for treatment delivered in community and hospital settings but did not find a significant mean effect for treatment delivered in prisons (Schmucker & Lösel, 2015, 2017). A primary matched-comparison study of 693 sexual offenders in Bavarian prisons, comparing exact matching on Static-99 against propensity score matching, found no demonstrated effect on sexual recidivism under either design (Lösel et al., 2020).

The randomized trial. California’s Sex Offender Treatment and Evaluation Project randomized volunteers to an inpatient relapse prevention program or to a volunteer control condition, with a third non-randomized group of refusers. Over eight years, sexual reoffense rates were 21.6 percent for the treatment group, 20.0 percent for volunteer controls, and 19.1 percent for refusers, with no significant differences (Marques et al., 2005). Within the treatment group, participants who met the program’s treatment goals reoffended at lower rates than those who did not — but that is a post-hoc within-treatment comparison carrying the same selection confound, and it does not rehabilitate the primary null result.

The English evaluation. The Ministry of Justice evaluation of the prison-based Core Sex Offender Treatment Programme followed 2,562 treated men against 13,219 matched non-participants for an average of 8.2 years and found sexual reoffending significantly higher in the treated group, 10.0 percent against 8.0 percent. That evaluation led to the discontinuation of the programme in England and Wales (Mews et al., 2017). The evaluation has since been contested on methodological grounds relating to matching adequacy and to differential detection between the groups, and counsel who relies on this literature in either direction should be prepared to address that exchange. It should be acknowledged rather than omitted.

**The absence of any published outcome study of this program.** A systematic search of the peer-reviewed literature, the National Criminal Justice Reference Service Virtual Library, the Defense Technical Information Center, reports of the Government Accountability Office and the Department of Defense Inspector General, and doctoral and military-institution theses located no published study reporting recidivism or other post-release outcome data for the Sex Offender Treatment Program at the Naval Consolidated Brig Miramar, or for any sex offender treatment program operated by the Department of Defense or any branch of the armed forces. The only published account of the Miramar program, Marin and Bell (2003), is descriptive and reports no

outcome data. The most recent scholarly review of what is known about military-affiliated individuals who have sexually offended likewise identifies no such study (Sreenivasan et al., 2019). This absence has a documented cause, and counsel should say so rather than concede a gap. The Navy does not track these individuals after release and discharge, so no denominator exists from which an outcome study could be constructed; the Department of Defense Inspector General (2014) found that there is no registration verification for sex offenders released from military correctional facilities. Two qualifications belong with that: this is a search of publicly available sources and cannot exclude unpublished internal program data, which is why Section IX asks the program directly; and the proposition that the Navy does not track this population rests on a press account of statements by a Navy Corrections official rather than on a Navy document. **The consequence runs in both directions. No empirical claim about this program's recidivism-reduction effect can be supported, and counsel should not make one — but neither can the Government establish that the program is ineffective.**

### **How the argument should therefore be framed**

The defensible position is narrow and it holds. It has three steps. First, the treatment-outcome literature supports a modest but real reduction in sexual recidivism from cognitive-behavioral, RNR-adherent, individualized treatment delivered to medium- and high-risk participants by qualified clinical staff. Second, the SOTP at NCBM asserts, in Government documents, every one of those design features, and it is the only such program in the Navy corrections system. Third, whether an individual accused reaches that program is determined not by his clinical need but by the arithmetic of his sentence.

That third step is the one this report exists to establish, and it does not depend on the contested parts of the treatment literature at all. Even a court entirely skeptical of treatment effects must still confront the fact that the sentence it imposes decides whether treatment happens.

## **VIII. SENTENCE LENGTH AND ACCESS TO TREATMENT**

### **Access is a window, not a floor**

The common formulation of this argument — that a longer sentence keeps the accused away from treatment longer — is directionally right but incomplete, and stated bluntly it invites an easy rebuttal, since the published entry criterion is a minimum time remaining rather than a maximum. The accurate statement is that eligibility for the SOTP occupies a window, and that a sentence can miss that window from either end.

Four documented mechanisms define the window. Counsel should identify which of them is live in the case at hand, because they do not all operate in every case, and an argument that asserts all four indiscriminately will be discredited on the one that does not apply.

### **Mechanism one: the ten-year ceiling**

The consolidated brig, including NCBM, provide services to male court-martialed offenders sentenced to confinement for ten years or less (Mangindin, 2020; Owen, 2016). A member sentenced beyond that range is not confined in the facility that houses the SOTP. He may become eligible for designation to a Level II facility years later, as the remaining sentence falls within range, but this program is not delivered to him in the interim.

This mechanism must be stated with care, and counsel who overstates it will be corrected from the other table. The exclusivity established by the Navy's documents is exclusivity **within Navy corrections** — no other Naval Consolidated Brig delivers the SOTP. It is not a claim that no sex offense-specific treatment exists anywhere else in military corrections, and that broader claim

would be wrong. The Judge Advocate General's Legal Center and School has published an account of military prisoners entering sex offender treatment at the United States Disciplinary Barracks and at the Joint Regional Correctional Facility at Fort Leavenworth, where participants sign disclosure acknowledgments before entering treatment (Frisk, 2020).

The defensible proposition is therefore narrower and remains useful. The eighteen-month, phased, RNR-based program described in Section V is a specific intervention with specific features, and a sentence that places the accused outside NCBM substitutes a different program whose content, length, entry criteria, waiting period, and sequencing relative to release are separate questions. Unlike the Navy, Army Corrections Command does not publish those parameters, and no description of them was located in preparing this report. Counsel who intends to argue this mechanism should establish what the alternative facility actually offers rather than leave the court to assume it offers nothing — and where that cannot be established, should say so. Where the Government seeks a sentence above ten years and the defense seeks one below it, the mechanism is squarely engaged; it is a comparison between two programs, not between treatment and no treatment.

### **Mechanism two: referral to the Federal Bureau of Prisons**

Discharged prisoners holding a DD Form 214 with greater than one year of confinement remaining are to be referred, with a command recommendation and in coordination with the service clemency and parole board, for possible transfer to the Federal Bureau of Prisons (NPC, 2019). Transfer of military prisoners to federal institutions is authorized by Article 58, UCMJ, 10 U.S.C. § 858, and is administered under DoD Instruction 1325.07.

Transfer removes the prisoner from the military corrections system and therefore from the NCBM SOTP. The Bureau of Prisons operates its own sex offender programs — a residential program of twelve to eighteen months at two institutions, and a non-residential program of nine to twelve months — but participation is voluntary, placement is discretionary rather than guaranteed, and the Bureau's own published description states that offenders typically participate in sex offender treatment in the final three years of incarceration (Federal Bureau of Prisons, n.d.). A longer sentence therefore increases the likelihood of a pathway on which treatment is both discretionary and deferred.

The 2023 BUPERS guidance also provides that prisoners actively engaged in Phase I of the SOTP are not to be transferred to the Bureau of Prisons, on the express ground that starting and not completing treatment can increase the risk of reoffending (BUPERS, 2023). That is the Navy's own statement of a proposition Section VIII returns to below, and it is worth quoting to a court because it is the Government's position, not the defense's.

### **Mechanism three: the program is anchored to the release date**

As Section V describes, Phase II of the SOTP runs until release or until the final six months, and Phase III occupies those final six months. A program with that architecture is delivered against the release gate. It follows that for a prisoner with a long sentence, the treatment does not begin at intake and finish early; it begins when the remaining time approximates the program length. Each additional year of adjudged confinement is, in the ordinary case, an additional year before the therapeutic work starts.

This proposition is a reasonable inference from the phase structure and from the designation practice described in the 2019 and 2023 policy letters, but it is an inference. The program's actual sequencing practice for long-sentenced prisoners is a fact within the exclusive knowledge of the

program, and it is precisely the sort of averment that should be sought from the director rather than argued from documents. Appendix B frames the question.

### **Mechanism four: the floor**

A sentence that is too short, or that is largely consumed by pretrial confinement and transfer time, renders the accused ineligible altogether and routes him to SOED instead (BUPERS, 2023; Mangindin, 2020; NPC, 2019). This mechanism cuts against a defense request for a very short sentence, and counsel must run the arithmetic before making the argument. It is a serious professional error to argue for treatment access and to obtain a sentence that forecloses it. Appendix D is a worksheet for that calculation.

It follows that in some cases the defense position is not “as short as possible” but “long enough to qualify and no longer.” That is a more credible posture before a military judge than an unbounded plea for leniency, and it has the advantage of being true.

### **Why delay is not clinically neutral**

A court may accept that treatment is postponed and still ask why postponement matters, given that the treatment will eventually occur. Four lines of evidence bear on that question. None of them establishes that a longer sentence causes reoffending, and counsel should not overstate them.

Confinement without programming is not therapeutically inert. The most recent authoritative review of the incarceration literature concludes that post-conviction imprisonment has little effect on the probability of recidivism compared with non-custodial sanctions, and — importantly for this argument — that where effects do appear, the review associates recidivism-reducing effects with settings emphasizing rehabilitative programming and criminogenic effects with settings where such programming is absent (Loeffler & Nagin, 2022). That is an observation about variation across a literature the same review characterizes as showing little average effect, and it should be offered as such rather than as a demonstrated mechanism. The earlier reviews reach a compatible conclusion: incarceration has a null or mildly criminogenic effect on future offending, with no credible evidence of a specific deterrent effect (Cullen et al., 2011; Nagin et al., 2009). On sentence length specifically, the evidence shows negligible benefit; the review discusses a federal study in which approximately seven and a half additional months of imprisonment moved three-year recidivism only from about 20 percent to about 19 percent (Loeffler & Nagin, 2022).

Risk declines with time and age, and the untreated interval is not risk-free time in the community. Sexual recidivism risk declines with advancing age, though the pattern differs by offender type (Hanson, 2002), and the revised age weights incorporated into the Static-99R and Static-2002R were developed precisely because the original scales overestimated recidivism for older individuals (Helmus et al., 2012). Offense-free time in the community also reduces risk substantially: among individuals scoring in the high-risk range on the Static-99R, the five-year sexual recidivism rate of approximately 22 percent at release fell to approximately 4.2 percent for those who had remained offense-free in the community for ten years (Hanson et al., 2014). The point for sentencing is that these reductions accrue in the community under supervision, not in confinement, and a sentence that defers both treatment and supervised release defers the mechanisms by which risk actually falls.

Partial treatment is worse than the Government’s own policy tolerates. Attrition from correctional treatment is common — approximately 27 percent overall, and 27.6 percent from sex offender programs across 114 studies and 41,438 individuals — and non-completion significantly predicts recidivism (Olver et al., 2011). That association must be stated carefully: non-completers are

systematically higher-risk than completers to begin with, so the finding does not by itself establish that an externally imposed interruption causes reoffending. What can be said is that the Navy has adopted the proposition in its own guidance, declining to transfer prisoners actively engaged in Phase I on the express ground that starting and not completing treatment can increase the risk of reoffending (BUPERS, 2023). A sentence structure that produces a truncated or interrupted course of treatment is therefore contrary to the Government's own stated policy, and it should not be presented to a court as a partial benefit.

The assets that support successful reentry erode during confinement. Quality of community reintegration planning — accommodation, employment, and social support — discriminates sexual recidivists from non-recidivists at a level comparable to established static risk instruments (Willis & Grace, 2008, 2009). Sustained family and social contact during confinement predicts reduced recidivism, and it is early and maintained contact rather than occasional contact that carries the effect (Cochran, 2014; Duwe & Clark, 2013). Incarceration depresses subsequent earnings and employment (Western et al., 2001), and the clinical literature on the psychological effects of confinement describes adaptations — institutional dependence, hypervigilance, interpersonal distrust, emotional withdrawal, diminished self-efficacy — that themselves become obstacles to reintegration (Haney, 2003). The causal literature isolating sentence length as the driver of this erosion is thinner than the literature on incarceration versus non-incarceration, and this should be offered as convergent evidence rather than as a settled dose-response finding.

Taken together, these lines of evidence support a bounded proposition: additional confinement beyond what is otherwise warranted buys essentially no measurable specific-deterrent benefit, while the interval during which the accused is confined without offense-specific treatment is an interval in which the assets that predict desistance decay and the mechanisms that reduce risk are not operating. That proposition is defensible. The stronger claim — that a longer sentence causes reoffending — is not, and should not be made.

## **IX. OBTAINING A CURRENT AFFIDAVIT FROM THE PROGRAM**

### **Why a current affidavit is necessary**

Every operative fact in the sentencing argument is a fact about the program as it exists today: the current entry threshold, the current program length, whether an abeyance mechanism exists, the current wait between arrival and program entry, the current sequencing practice for long-sentenced prisoners, and whether the program has capacity. None of these can be established from a document generated in 2016, 2020, or 2022, and the threshold has demonstrably changed since the most recent of those documents. An affidavit that is stale on its face invites the Government to point out that it is stale, which may cost the defense more than filing nothing.

A current affidavit also converts contested inference into sworn fact. The proposition in Mechanism three — that treatment is sequenced against the release date — is an inference from program architecture when counsel argues it and a fact when the director attests to it.

### **Where to direct the request**

The request should be directed to the Clinical Services Director, who is the department head over the SOTP and who has signed the affidavits in the record reviewed for this report, with a copy to the SOTP Program Director. As of the last program catalogue reviewed (4 October 2022), the Clinical Services Department Head was Ms. Jeanmarie Mangindin, LICSW, and the SOTP Program Director was Nikole Nassen, Ph.D. Both should be confirmed as current before the request goes out; incumbency in these positions turns over.

Naval Consolidated Brig Miramar, P.O. Box 452135, San Diego, CA 92145-2135. The department-head line published by MyNavy HR for the Clinical Services Director at the time of writing is (858) 307-7050, DSN 307-7050, and the brig legal office line is (858) 307-9449; both should be confirmed before use. Requests routed through the trial counsel or the brig legal office are ordinarily also required; counsel should expect that a Government facility will route a defense request for a sworn statement through its own legal review and should build the lead time in. Appendix C is a model request letter.

### **The averments to request**

A useful affidavit answers specific questions. A general one — “the program is good and the accused would benefit” — is of limited value and the program will not sign it. Appendix B sets out a model affidavit tracking the structure the program has used previously, with the case-specific and currency-dependent items marked. The substantive averments to seek are these.

1. The affiant’s position, credentials, and the basis of knowledge.
2. That NCBM remains the exclusive site in Navy corrections for the SOTP, and that no equivalent program is available at any other Naval Consolidated Brig; and whether the affiant is aware of any equivalent offense-specific sexual offense treatment program at any other military correctional facility, including the United States Disciplinary Barracks and the Joint Regional Correctional Facility at Fort Leavenworth.
3. Whether prisoners of the Air Force, Army, and Coast Guard are accepted into the SOTP on the same terms as Navy and Marine Corps prisoners; through what process a non-Navy prisoner is designated to NCBM for that purpose; and which authority makes that designation.
4. The current structure and length of the SOTP, and the components of each phase.
5. The current minimum confinement remaining, on arrival at NCBM, required to enroll; the document or policy fixing it; and its effective date.
6. Every element subtracted or added in computing that figure, including pretrial confinement credit, transfer time, orientation, the wait for program entry, the assessment period, and good conduct and earned time abatement.
7. Whether any mechanism presently exists by which a prisoner falling below the threshold may preserve eligibility, including holding abatement in abeyance by pretrial agreement or voluntary forfeiture, and if so how it is invoked.
8. The current typical interval between arrival at NCBM and entry into Phase I, and any present waiting list.
9. For a prisoner whose remaining confinement substantially exceeds the program length, when in the sentence the SOTP is ordinarily commenced, and whether program entry is sequenced relative to the projected release date.
10. What programming an ineligible prisoner receives instead, and how SOED differs from SOTP in intensity, duration, disclosure requirements, and clinical content.
11. The consequences of a prisoner beginning Phase I and being transferred or released before completion, and the current policy on transfer of prisoners actively in Phase I.
12. The aftercare and community-transition services provided, and their relationship to parole or mandatory supervised release conditions.
13. Whether the SOTP has ever been the subject of an outcome or recidivism evaluation, whether the command maintains any post-release recidivism data on program participants, and if so whether that data is releasable.
14. Whether, on the sentence the defense proposes and the sentence the Government proposes, a prisoner with the accused’s pretrial confinement credit would be eligible — stated as a conditional computation, not as an opinion about the accused.

The last item is the one most likely to be actionable for the military judge, and the one most often omitted. A conditional computation — that at X months adjudged with Y months of credit the prisoner qualifies, and at Z months he does not, or does not reach the program until year N — puts the consequence of the sentencing decision in front of the military judge in the only form that is actionable.

## **X. LIMITATIONS OF THIS REPORT**

This report rests principally on documents, supplemented by one site visit. In April 2021 the author visited NCBM, interviewed the Director of the Sex Offender Treatment Program then in post, interacted with program staff, and reviewed the workbook materials provided to program participants. The author did not observe a treatment group in session, did not review the clinician-facing SOTP treatment manual or the Sex Offense Education Course manual, and has not returned to the facility since. The description in Section V is accordingly verified by direct observation in the respects identified in Section IV, and otherwise rests on what Government documents assert about the program.

The weight of that visit should not be overstated. It is now more than five years old. It predates the November 2023 revision of the entry threshold and any change in staffing, phase structure, or program length made since. Firsthand observation in April 2021 establishes what the program was on that date; it does not establish what the program is, and no part of Section V should be represented to a court as current on the strength of the visit alone.

The most recent program catalogue available to the author is dated 4 October 2022 and the most recent policy letter is dated 17 November 2023. Program structure, staffing, phase lengths, and entry thresholds may have changed since those dates. The threshold has changed more than once within the documented record. Nothing in Section V, Section VI, or Section VIII should be represented to a court as current without confirmation from the program and, where the provision is one of designation or transfer, from the Corrections and Programs Office.

No published outcome evaluation of the NCBM SOTP exists. The empirical support in Section VII is support for the class of intervention the program describes itself as delivering, not evidence about this program's results, and the distinction should be preserved in argument.

The proposition that SOTP entry is sequenced against the projected release date (Mechanism three) is an inference from the program's phase architecture and from designation policy. It is not established by any document reviewed and requires confirmation by the program.

The parole and clemency provisions referred to in this report are drawn from the program's own affidavits and from the governing instructions in general terms. Specific parole eligibility dates, mandatory supervised release provisions, and the identity of the deciding authority for a prisoner transferred to the Federal Bureau of Prisons must be confirmed against the current DoD Instruction 1325.07, the applicable service regulation, and the cognizant clemency and parole board in the individual case.

This report offers no opinion about any individual, and no part of it may be used as a substitute for an individual psychosexual evaluation.

## **XI. SUMMARY**

On the Government documents reviewed for this report, the Naval Consolidated Brig Miramar operates the only Sex Offender Treatment Program in the Navy corrections system. Those documents describe an approximately eighteen-month core cognitive-behavioral program delivered within a risk-need-responsivity framework by licensed clinical staff under an ATSA-qualified director, structured in three phases that run to the release date and continue into structured aftercare. The author observed the program directly in April 2021 and confirmed its cognitive-behavioral content, phase structure, and participant materials in an interview of the then-Director; beyond that, the description is what the documents assert, and all of it — the observation included — is dated. Those are the design features that the treatment-outcome literature associates with reduced sexual recidivism, and the reduction that literature supports is real but modest — on the order of a quarter to a third in relative terms, in the better-conducted meta-analyses, and absent altogether in some prison-based evaluations. No outcome study of this program has been published, and no claim about its results can be made.

Access to that program is governed by arithmetic. On the documents cited in Sections VI and VIII, each of which must be confirmed as current: a prisoner must arrive at NCBM with a defined minimum of confinement remaining after pretrial credit, transfer time, and abatement are accounted for; the consolidated brig serve sentences of ten years or less; discharged prisoners with more than a year remaining may be referred to the Federal Bureau of Prisons, where sex offender treatment is voluntary, discretionary, and, on the Bureau's own published description, typically delivered in the last three years of the term; and the program's phase structure runs to the release date, from which it is an inference — not an established fact — that entry is deferred for long-sentenced prisoners. A sentence can miss the treatment window from either end.

The argument available to defense counsel is therefore bounded and specific: the sentence the court imposes, and not the accused's clinical need, determines whether he receives offense-specific treatment, when he receives it, and whether he receives it in the military system at all. Additional confinement beyond what is otherwise warranted buys, on the available evidence, negligible specific-deterrent benefit, while the interval spent confined without treatment is an interval in which the assets that predict desistance erode. That argument does not require the court to accept any contested claim about treatment efficacy, and it should not be pressed further than the evidence supports.

It does, however, require current facts. The entry threshold has moved more than once in the documented record. A fresh affidavit from the current program director, addressing the thirteen averments in Section IX and including a conditional eligibility computation on the competing sentence proposals, is the most useful document the defense can put before a military judge on this issue.

Respectfully submitted,

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**Paul Simpson, Ed.D.**

Arizona Licensed Psychologist #1967  
Arizona Forensic Services, LLC

## APPENDIX A: REFERENCES

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Mangindin, J. (2020, September 21). *Affidavit of Jeanmarie Mangindin, LICSW, Clinical Services Director, Naval Consolidated Brig Miramar, and Senior Clinician, Navy Corrections*.

Owen, D. A. (2016, March 17). *Affidavit of Deborah A. Owen, LCSW, LMHP, CCM, Clinical Services Director, Naval Consolidated Brig Miramar, and Senior Clinician, Navy Corrections*.

## APPENDIX B: MODEL AFFIDAVIT

**How to use this document.** This is a drafting aid, not prepared testimony. It is modeled on the structure the program has used in the affidavits of March 2016 and September 2020 so that the request is recognizable to the affiant. It must be transmitted to the affiant as a draft to be verified, corrected, supplemented, or rejected in whole or in part. No affiant should be asked to swear to language drafted by a party. Bracketed items are for the affiant to complete or correct; every bracketed item that asks for a current figure or a current practice — in paragraphs 5, 6, 7, 8, 9, 10, 12, 13, 14, 15, 16, 18, and 19 — is the reason for the affidavit and must not be pre-filled from the older affidavits.

### AFFIDAVIT

I, [full name and post-nominals], do hereby swear and affirm that the following is true and correct:

1. I am [name], [grade/series], [position title], Naval Consolidated Brig Miramar (NCBM), San Diego, California[, and Senior Clinician, Navy Corrections]. In that capacity I am responsible for [state responsibilities: policy and procedure guidance for clinical services, oversight of offense-related treatment programming, supervision of clinical treatment providers, and headquarters-level advice on correctional treatment programs and prisoner rehabilitation].
2. I am a [licensed clinical psychologist / licensed independent clinical social worker], [State] license number [ ], credentialed through the Naval Medical Center San Diego. I hold [degrees, institutions]. I am [a member of / eligible for clinical membership in] the Association for the Treatment and Prevention of Sexual Abuse and [describe other memberships and certifications]. I have [ ] years of experience in [correctional mental health / sexual offense-specific assessment and treatment] and receive approximately [ ] hours of continuing specialized education annually. [Summarize relevant career history.]
3. The statements in this affidavit are based on my personal knowledge of the programs at NCBM, on the policies and instructions governing them, and on the records of the command.
4. NCBM is designated as Navy Corrections' exclusive site for the Sex Offender Treatment Program (SOTP). [State whether any equivalent offense-specific sexual offense treatment program is available at any other Naval Consolidated Brig, and whether you are aware of any equivalent program at any other military correctional facility, including the United States Disciplinary Barracks and the Joint Regional Correctional Facility at Fort Leavenworth. If so, describe it or state the limits of your knowledge of it.]
5. [State whether prisoners of the Air Force, Army, and Coast Guard are accepted into the SOTP on the same terms as Navy and Marine Corps prisoners; the process by which a non-Navy prisoner is designated to NCBM for participation; and which authority makes that designation.]
6. All prisoners convicted of an offense having a sexual component, including possession of child pornography, are required to attend the Sex Offense Education Course (SOED). SOED is [ ] weeks in length, meets [frequency and session length], and is available at [facilities]. Its purpose is education, motivation toward treatment, and preparation for post-

release consequences. Prisoners are not required to make personal disclosures during the course. SOED is not offense-specific treatment. [State the principal differences between SOED and SOTP in intensity, duration, disclosure requirements, and clinical content.]

7. The SOTP is a comprehensive, specialized cognitive-behavioral treatment program that includes psychological and physiological assessment, intensive structured group and individual therapy, educational seminars, and training in cognitive-behavioral techniques. It is delivered within a Risk-Need-Responsivity model in which treatment is individualized to risk and criminogenic need. [State the current phase structure, the frequency and length of each component, and the current expected duration of the program.]
8. The SOTP Director is required to meet the clinical criteria for membership in the Association for the Treatment and Prevention of Sexual Abuse and to implement its standards. Group and individual sessions are provided only by licensed, credentialed mental health providers. [State current staffing composition, psychiatric consultation arrangements, and any external consultation such as the Community Sex Offender Advisory Board and its frequency.]
9. To enter the SOTP, a prisoner must, upon arrival at NCBM, have no less than [ ] months of confinement remaining to be served. This requirement is imposed by [cite the governing document and its date]. It became effective on [date] and superseded a prior requirement of [ ] months.
10. The computation of confinement remaining for this purpose accounts for [state each element: pretrial confinement credit; transfer time to NCBM; the general orientation period; the interval between arrival and program entry; the assessment period; good conduct time abatement; earned time abatement; the length of the program]. It is calculated from [state the source document, e.g., Section 5.s (Minimum Release Date) of the DD Form 2710-1, Prisoner Sentence Computation].
11. [State whether any mechanism presently exists by which a prisoner who would otherwise fall below the threshold may preserve eligibility — for example, by voluntarily holding good conduct time or earned time abatement in abeyance, whether by pretrial agreement or on arrival — and if so, how and when it must be invoked.]
12. A prisoner who arrives at NCBM with less than the required time remaining is not enrolled in the SOTP and is not transferred to NCBM for the purpose of attending it. Such a prisoner receives SOED and [state what other programming and what release referrals are provided].
13. By way of illustration, a prisoner sentenced to [ ] months who received [ ] months of pretrial confinement credit would [have / not have] sufficient time remaining upon arrival at NCBM to be enrolled in the SOTP. Transfer time to NCBM further reduces the confinement remaining and can render a prisoner ineligible.
14. The current interval between a prisoner's arrival at NCBM and entry into Phase I of the SOTP is approximately [ ]. [State whether a waiting list presently exists and its length.]
15. [For a prisoner whose confinement remaining substantially exceeds the length of the SOTP, state when in the sentence the program is ordinarily commenced, and whether entry into

the program is sequenced relative to the projected release date. State the clinical reasons for that sequencing.]

16. [State the consequence of a prisoner commencing Phase I and being transferred or released before completing it, and the current policy governing transfer of prisoners actively engaged in Phase I.]
17. [State whether the SOTP has ever been the subject of an outcome or recidivism evaluation; whether the command maintains post-release recidivism data on program participants; and if such data exists, whether it is releasable and through what process.]
18. The Aftercare Program provides referrals for community sex offender treatment for eligible prisoners and transitional assistance services including [ ]. Satisfactory completion of the SOTP does not constitute a cure. Following completion of the structured program, the individual should participate in a structured aftercare program continuously, which is typically a condition of parole or mandatory supervised release. A substantial period of supervised release in the community is often crucial to long-term success in preventing recidivism.
19. [Optional and preferred, if the command will provide it: Stated as a conditional computation and without reference to any individual, a prisoner arriving at NCBM with an adjudged sentence of [ ] months and [ ] months of pretrial confinement credit would be eligible for the SOTP, whereas a prisoner arriving with an adjudged sentence of [ ] months and the same credit would [be ineligible / not enter the program until approximately [ ] months before his projected release date].]

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[Name, post-nominals]

[Position title]

Naval Consolidated Brig Miramar

Executed on \_\_\_\_\_

## APPENDIX C: MODEL REQUEST LETTER

**How to use this document.** This letter is written to be sent by defense counsel on counsel's own letterhead, not by the undersigned. Expect the command to route it through its legal office; build in lead time of several weeks. Send the draft affidavit at Appendix B with it, expressly as a draft for the affiant's verification and correction. Copy the trial counsel.

[Date]

Clinical Services Director  
Naval Consolidated Brig Miramar  
P.O. Box 452135  
San Diego, CA 92145-2135

Copy to: Commanding Officer, NCBM; Brig Legal Office; Trial Counsel, [case]

**Subject: Request for affidavit concerning the Sex Offender Treatment Program — United States v. [Name], [case identifier]**

Dear [Director]:

I represent [rank and name], who is scheduled for sentencing before a general court-martial on [date]. I write to request an affidavit from your office describing the Sex Offender Treatment Program at Naval Consolidated Brig Miramar and the criteria governing entry into it. Affidavits of this kind have previously been provided by your office, most recently in the matters known to me by the affidavits of Ms. Deborah A. Owen dated 17 March 2016 and Ms. Jeanmarie Mangindin dated 21 September 2020.

I am not asking your office to express any view about my client, about his risk, about his suitability for treatment, or about what sentence he should receive. I am asking only for a statement of what the program is and what the current rules of access to it are, so that the military judge understands the practical consequence of the sentence imposed. The eligibility threshold has changed since 2016, and I do not wish to place a stale figure before the court.

Specifically, I request that the affidavit address:

1. The affiant's position, credentials, and basis of knowledge.
2. Whether NCBM remains the exclusive site in Navy corrections for the SOTP, and whether you are aware of any equivalent offense-specific program at any other military correctional facility, including at Fort Leavenworth.
3. Whether prisoners of the Air Force, Army, and Coast Guard are accepted into the SOTP on the same terms as Navy and Marine Corps prisoners, and how a non-Navy prisoner is designated to NCBM for that purpose.
4. The current structure, phases, and expected duration of the SOTP, and how it differs from the Sex Offense Education Course in intensity, duration, disclosure requirements, and clinical content.
5. The current minimum confinement remaining, on arrival at NCBM, required for enrollment; the document that fixes it; and its effective date.
6. Every element included in computing that figure, including pretrial confinement credit, transfer time, orientation, the wait for program entry, the assessment period, and good conduct and earned time abatement.

7. Whether any mechanism exists by which a prisoner falling below the threshold may preserve eligibility, and how it is invoked.
8. The current interval between arrival at NCBM and entry into Phase I, and any current waiting list.
9. For a prisoner whose remaining confinement substantially exceeds the program length, when in the sentence the program is ordinarily commenced, and whether entry is sequenced relative to the projected release date.
10. What programming an ineligible prisoner receives instead, and how that programming differs from the SOTP in intensity, duration, disclosure requirements, and clinical content.
11. The consequences of beginning Phase I without completing it, and the current policy on transferring prisoners actively in Phase I.
12. The aftercare and community transition services provided.
13. Whether the SOTP has ever been the subject of an outcome or recidivism evaluation, whether the command maintains any post-release recidivism data on program participants, and if so whether that data can be released. I ask this because I have been unable to locate any published outcome study of the program, and I would rather state that accurately to the court than leave it as an open question.
14. If your office is willing to provide it, a conditional computation, framed without reference to my client: whether a prisoner arriving with an adjudged sentence of [X] months and [Y] months of pretrial confinement credit would be eligible, and whether a prisoner arriving with an adjudged sentence of [Z] months and the same credit would be eligible and when he would ordinarily enter the program.

I enclose a draft affidavit tracking the structure your office has used previously. It is offered solely to reduce the burden of preparation. Please treat it as a draft to be verified, corrected, supplemented, or rejected; I do not ask that any language I have drafted be adopted unless it is accurate.

Sentencing is set for [date] and I would be grateful for a response by [date]. I am available at [telephone] and [email], and I am glad to work through the brig legal office or trial counsel if that is the preferred channel.

Thank you for your assistance.

Respectfully,

[Name], [rank]  
Defense Counsel

## APPENDIX D: SOTP ELIGIBILITY AND TIMING WORKSHEET

**How to use this worksheet.** Complete Part 1 for each sentence under consideration — the Government’s proposal, the defense proposal, and any figure the military judge has signaled. The purpose is to establish, before the argument is made, whether the sentence proposed actually delivers the treatment being argued for. Every figure marked with an asterisk must be confirmed with the program; the values shown are from documents of the dates given and may be superseded.

### Part 1: Eligibility computation

Run this column-by-column for each candidate sentence.

| Line                                                                                                     | Gov’t | Defense | Other |
|----------------------------------------------------------------------------------------------------------|-------|---------|-------|
| A. Adjudged confinement (months)                                                                         |       |         |       |
| B. Pretrial confinement credit, incl. Article 13 and R.C.M. 305(k) credit (months)                       |       |         |       |
| C. Estimated time in transit / at holding facility before arrival at NCBM (months)                       |       |         |       |
| D. Good conduct time abatement projected (months)                                                        |       |         |       |
| E. Earned time abatement projected (months)                                                              |       |         |       |
| F. Confinement remaining on arrival at NCBM = $A - B - C - D - E$                                        |       |         |       |
| G. Current required minimum on arrival* (26 months per BUPERS ltr Ser 00D/336-23, 17 Nov 2023 — confirm) |       |         |       |
| H. Eligible? $F \geq G$                                                                                  |       |         |       |
| I. If not eligible, is an abeyance mechanism available?* (confirm with program)                          |       |         |       |

**Two cautions on the computation.** First, the required minimum at line G already accounts for the general orientation period, the wait for program entry, the assessment period, and the length of the program itself; those elements are inside the threshold figure and are not subtracted again at line F (Mangindin, 2020; Owen, 2016). Second, if you are working from the Minimum Release Date on the DD Form 2710-1 rather than from the adjudged sentence, that figure already reflects projected abatement — do not subtract lines D and E a second time.

### Part 2: Disqualifying pathways

Answer each. A “yes” in Part 2 defeats eligibility regardless of the arithmetic in Part 1.

| Question                                                                                                                                                                                                               | Yes / No |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| Does the adjudged confinement exceed ten years, placing the accused outside the population served by the consolidated brigades? (Mangindin, 2020; Owen, 2016)                                                          |          |
| Will the accused be discharged and hold a DD Form 214 with more than one year of confinement remaining, triggering referral for possible transfer to the Federal Bureau of Prisons? (NPC ltr Ser 00D/304, 11 Jun 2019) |          |
| Is there reason to believe the accused will decline to admit responsibility or to discuss his sexual behavior in detail, as the program requires?                                                                      |          |

| Question                                                                                                                                     | Yes / No |
|----------------------------------------------------------------------------------------------------------------------------------------------|----------|
| Is there reason to believe the SOTP initial screening will classify him as low risk, routing him to SOED rather than SOTP? (Mangindin, 2020) |          |

### Part 3: Timing

| Item                                                                            | Value |
|---------------------------------------------------------------------------------|-------|
| Projected minimum release date (DD Form 2710-1, Section 5.s)                    |       |
| Program length* (approximately 18 months — confirm)                             |       |
| Projected wait between arrival and Phase I entry* (confirm)                     |       |
| Projected Phase I start date                                                    |       |
| Months from sentencing to Phase I start                                         |       |
| Parole eligibility date* (confirm with the cognizant clemency and parole board) |       |
| Does treatment complete before the parole eligibility date?                     |       |
| Difference in months to Phase I start between the competing sentence proposals  |       |

### Part 4: The sentence to argue for

The last line of Part 3 is the argument. If the difference is substantial, it is the quantified consequence of the Government's proposal and belongs in the sentencing argument in exactly those terms. If it is small, the honest course is to make a different argument. If Part 1 shows the defense proposal falls below the threshold, the defense proposal is wrong and must be revised upward before it is made — an accused sentenced below the eligibility floor receives education, not treatment.

Confirm every asterisked figure with the program before filing. The threshold has changed more than once in the documented record, and a computation built on a superseded figure is worse than no computation at all.