

# Lifetime Supervision of Sex Offenders

## Annual Report



November 1, 2022

Colorado Department of Corrections  
Colorado Department of Public Safety  
State Judicial Department

# Lifetime Supervision of Sex Offenders | FY 2022

**November 1, 2022**

**Office of Planning and Analysis  
Colorado Department of Corrections**

1250 Academy Park Loop  
Colorado Springs, CO 80910  
719-226-4373  
[www.colorado.gov/cdoc](http://www.colorado.gov/cdoc)

**Division of Probation Service  
Colorado State Judicial Department**

1300 Broadway, Suite 1100  
Denver, CO 80203  
720-625-5754  
[www.courts.state.co.us](http://www.courts.state.co.us)

**Division of Criminal Justice  
Office of Domestic Violence and Sex Offender Management**

700 Kipling Street, Suite 3000  
Denver, CO 80215  
303-239-4592  
[www.colorado.gov/dcj](http://www.colorado.gov/dcj)

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## INTRODUCTION

The Colorado Department of Corrections (CDOC), Colorado Department of Public Safety (CDPS), and the State Judicial Department have collaborated to write this Annual Report on the Lifetime Supervision of Sex Offenders. The report is submitted pursuant to 18-1.3-1011 C.R.S.:

On or before November 1, 2000, and on or before each November 1 thereafter, the department of corrections, the department of public safety, and the judicial department shall submit a report to the judiciary committees of the house of representatives and the senate, or any successor committees, and to the joint budget committee of the general assembly specifying, at a minimum:

- (a) The impact on the prison population, the parole population, and the probation population in the state due to the extended length of incarceration and supervision provided for in sections 18-1.3-1004, 18-1.3-1006, and 18-1.3-1008;
- (b) The number of inmates placed in the intensive supervision parole program and the intensive supervision probation program and the length of supervision of inmates in said programs;
- (c) The number of sex offenders sentenced pursuant to this part 10 who received parole release hearings and the number released on parole during the preceding twelve months, if any;
- (d) The number of sex offenders sentenced pursuant to this part 10 who received parole or probation discharge hearings and the number discharged from parole or probation during the preceding twelve months, if any;
- (e) The number of sex offenders sentenced pursuant to this part 10 who received parole or probation revocation hearings and the number whose parole or probation was revoked during the preceding twelve months, if any;
- (f) A summary of the evaluation instruments developed by the management board and use of the evaluation instruments in evaluating sex offenders pursuant to this part 10;
- (g) The availability of sex offender treatment providers throughout the state, including location of the treatment providers, the services provided, and the amount paid by offenders and by the state for the services provided, and the manner of regulation and review of the services provided by sex offender treatment providers;
- (h) The average number of sex offenders sentenced pursuant to this part 10 that participated in Phase I and Phase II of the department's sex offender treatment and monitoring program during each month of the preceding twelve months;
- (i) The number of sex offenders sentenced pursuant to this part 10 who were denied admission to treatment in Phase I and Phase II of the department's sex offender treatment and monitoring program for reasons other than length of remaining sentence during each month of the preceding twelve months;

- (j) The number of sex offenders sentenced pursuant to this part 10 who were terminated from Phase I and Phase II of the department's sex offender treatment and monitoring program during the preceding twelve months and the reason for termination in each case;
- (k) The average length of participation by sex offenders sentenced pursuant to this part 10 in Phase I and Phase II of the department's sex offender treatment and monitoring program during the preceding twelve months;
- (l) The number of sex offenders sentenced pursuant to this part 10 who were denied readmission to Phase I and Phase II of the department's sex offender treatment and monitoring program after having previously been terminated from the program during the preceding twelve months;
- (m) The number of sex offenders sentenced pursuant to this part 10 who were recommended by the department's sex offender treatment and monitoring program to the parole board for release on parole during the preceding twelve months and whether the recommendation was followed in each case; and
- (n) The number of sex offenders sentenced pursuant to this part 10 who were recommended by the department's sex offender treatment and monitoring program for placement in community corrections during the preceding twelve months and whether the recommendation was followed in each case.

This report is intended to provide the Colorado General Assembly with information on the twenty first year of implementation of the Lifetime Supervision Act in Colorado. The report is organized into three sections, one for each of the required reporting departments. Each department individually addresses the information for which it is responsible in implementing Lifetime Supervision and associated programs.

## IMPACT ON PRISON AND PAROLE POPULATIONS

The legislation enacting the Lifetime Supervision Act of sex offenders (CRS 18-1.3-1004, CRS 18-1.3-1006, and CRS 18-1.3-1008) affected persons convicted of sex offenses committed on or after November 1, 1998. The first prison admission for the qualifying Lifetime Supervision sexual offenses occurred in late 1999.

### Admissions and Discharges for Fiscal Year 2022

During fiscal year (FY) 2022 (July 1, 2021 through June 30, 2022), 98 new court commitments were admitted to the CDOC under the Lifetime Supervision provisions for sex offenses. Inmates may be admitted to prison with a conviction for a determinate offense as well as a concurrent or consecutive Lifetime Supervision sentence to probation for the qualifying sex offense, but these inmates are not included among those counted as Lifetime Supervision Sex (LSX) Offenders. During FY 2022, 105 inmates were removed from Lifetime Supervision status: 95 were released to discretionary parole; seven died (all while in prison); two were mandatorily released; and one inmate had their sentence discharged.

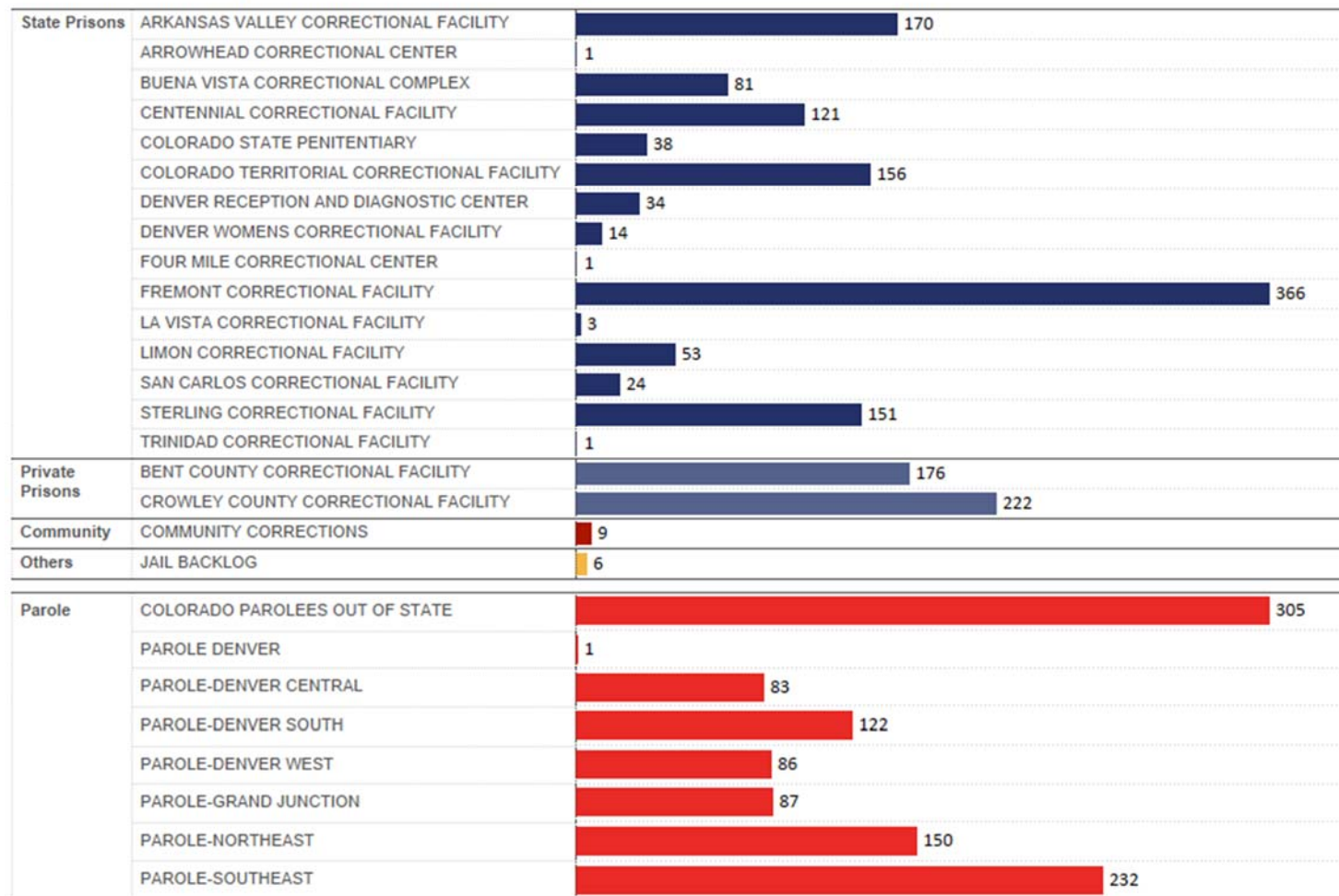
Inmates who receive prison sentences may have their sentences amended from a determinate sentence to a lifetime sentence or vice versa. A history of amended mittimus are not recorded electronically, so it is impossible to identify all sex offenders who have had their sentences amended in the midst of serving their sentence.

### Current Population

On June 30, 2022, 2,693 inmates were under CDOC supervision for sexual offense convictions sentenced under the Lifetime Supervision provisions: 1,214 were in state prisons; 398 were in private prisons; 1,066 were on parole; and 15 were in other locations, including community corrections, interstate corrections compact transfer, jail backlog, and fugitive status. **Figure 1** further breaks down these placements.

Of the 2,693 LSX inmates under CDOC supervision on June 30, 2022, 98.8% were male and the median age was 49.4 years. Of these inmates, 55.4% percent were Caucasian, 27.5% were Hispanic, 13.3% were African American, and 3.9% were other ethnicities.

**Figure 1. Location of Lifetime Supervision Sex Offenders as of June 30, 2022**

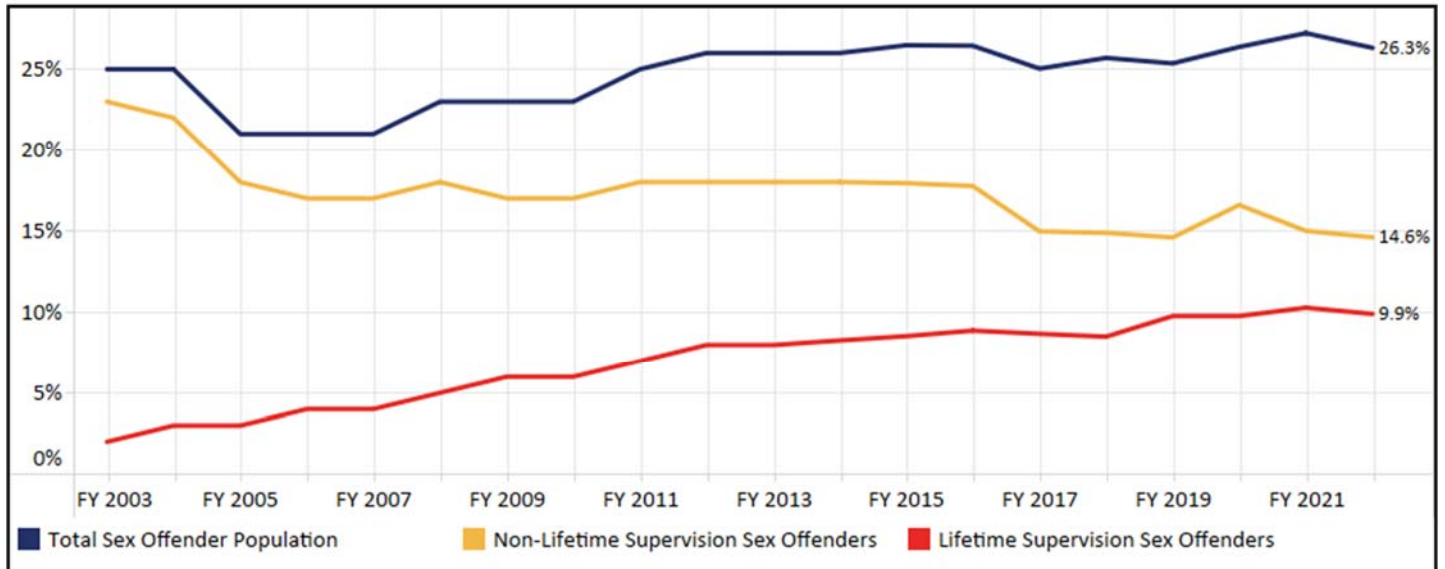




## Impact on Prison Population

To assess the impact of the Lifetime Supervision Act on the total prison population, the percentage of LSX and non-LSX sex offenders within the total sex offender inmate population is displayed in **Figure 2**. The percentage of total inmates sentenced under the Lifetime Supervision Act decreased from 10.3% in FY 2021 to 9.9% in FY 2022. On July 1, 2016, the administrative regulation on the Sex Offender Treatment and Monitoring Program (SOTMP) was modified and inmates with a sex offender treatment needs level below 5 are no longer recommended for sex offense specific treatment, unless clinically indicated.

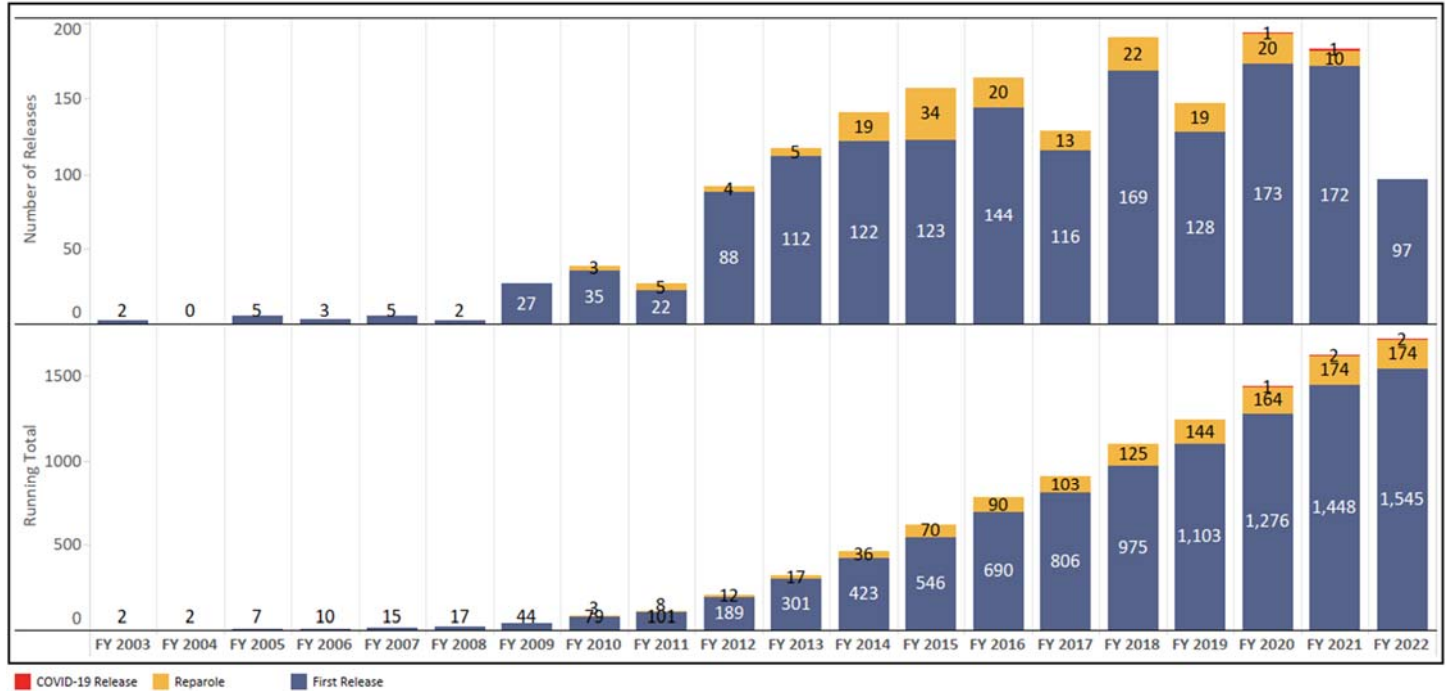
**Figure 2. Percentage of Sex Offenders and Lifetime Supervision Sex Offenders Out of the Prison Population**



## Impact on Parole Population

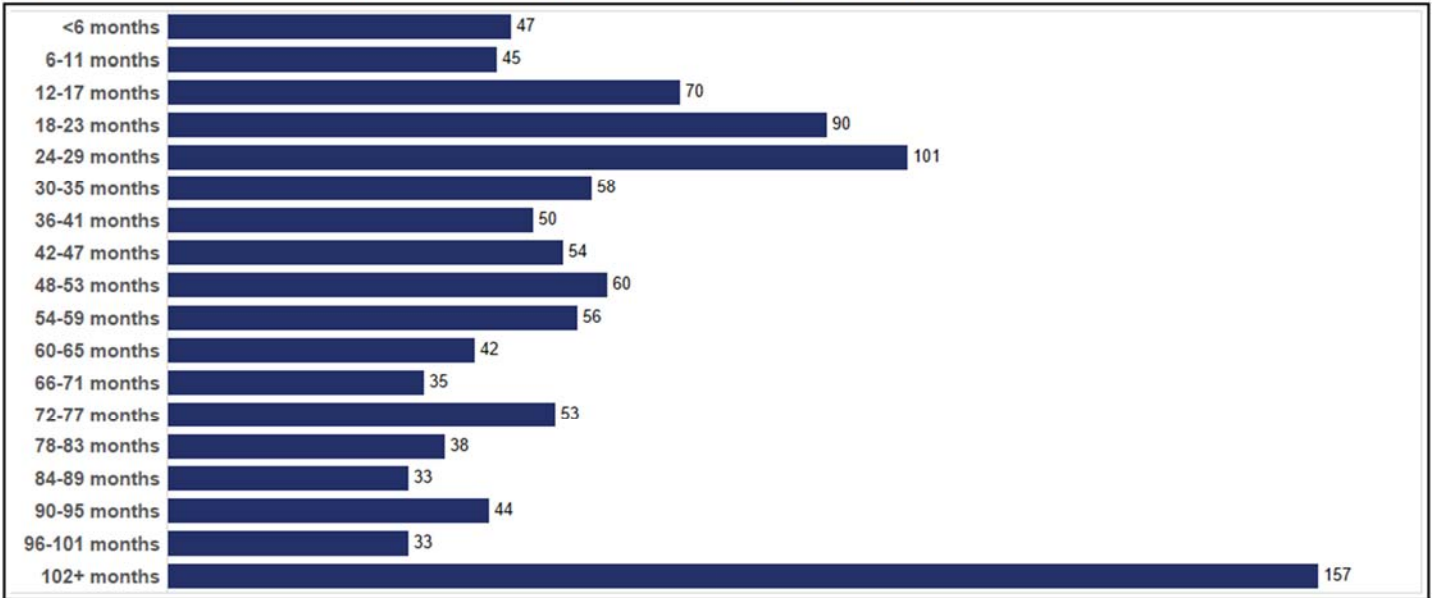
As of June 30, 2022, there were 1,545 Lifetime Supervision Sex Offenders who had released to parole for the first time: including the 97 who paroled during FY 2022. Since the inception of the act, a total of 1,721 inmates have been released to parole. There have been 174 inmates who had their parole revoked, returned to incarceration, and were subsequently re-paroled. There have also been 2 inmates who released under COVID-19 criteria. **Figure 3** details the discrete and cumulative number of initial releases to parole and re-paroles of Lifetime Supervision Sex Offenders by fiscal year.

**Figure 3. Lifetime Supervision Sex Offender Releases by Year**



**Figure 4** displays the length of stay of Lifetime Supervision Sex Offenders on parole as of June 30, 2022. This figure only tracks active parolees, during the fiscal year, who were Lifetime Supervision Sex Offenders or whose sentence was discharged. The longest a Lifetime Supervision Sex Offender has been under parole supervision is 14.8 years and the average is 6.6 years. Of the 1,066 parolees under lifetime supervision, 302 (22.0%) released to parole supervision in another state and 362 (34.0%) were under intensive supervision parole.

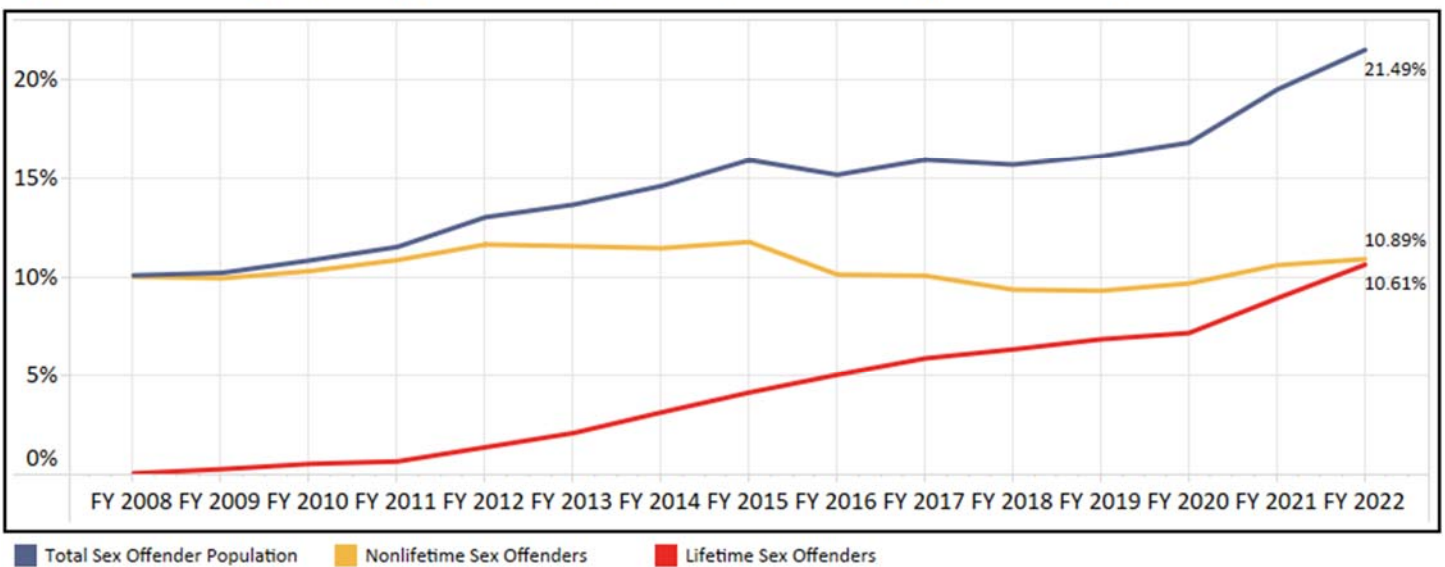
**Figure 4. Current Lifetime Supervision Sex Offenders Parole Length of Stay**



Note. This is length of stay for LSX offenders on parole as of 6/30/2022 or those who discharged their sentence during FY 2022. Offenders who were paroled, but discharged prior to FY 2022 are not included in this figure.

**Figure 5** displays the total percentage of parolees who are sex offenders (21.49%); 10.61% are LSX and 10.89% are non-LSX.

**Figure 5. Percentage of Sex Offenders and Lifetime Supervision Sex Offenders Out of Total Parolees**



## **Parole Release Hearings**

The Parole Board completed 795 applications for release hearings for 644 Lifetime Supervision Sex Offenders during FY 2022; some inmates were not meeting criteria at the time of their hearing, and some had multiple hearings over the course of the year. The Parole Board granted discretionary release for 57 of the 644 Lifetime Supervision Sex Offenders, although not all of these had paroled by the end of the fiscal year.

## **Parole Revocation Hearings and Number of Parole Revocations**

The Parole Board completed 85 revocation hearings for 64 Lifetime Supervision Sex Offenders in FY 2022, for whom 35 hearings resulted in revocation of parole, 3 hearings resulted in continuations on parole, 8 inmates self-revoked their parole, and 18 hearings were not yet finalized at the end of the fiscal year.

Of releases to parole since the Lifetime Supervision Act went into effect, 539 have resulted in revocation (some inmates have released and been revoked multiple times). Of the 539 revocations, 77 returns were for new felony convictions. During FY 2022, four inmates returned on new felony convictions.

## **Parole Discharge Hearings and Number Discharged from Parole**

According to CRS 18-1.3-1006, the period of parole for any sex offender convicted of a class 4 felony shall be an indeterminate term of at least 10 years and a maximum of the remainder of the sex offender's natural life. The period of parole for any sex offender convicted of a class 2 or 3 felony shall be an indeterminate term of at least 20 years and a maximum of the remainder of the sex offender's natural life. Early discharge has been reviewed and approved for 40 inmates as of June 30, 2022.

## **SUMMARY OF EVALUATION INSTRUMENTS**

Release to parole or community corrections is subject to the discretion of the Parole Board. The CDOC informs the Parole Board if inmates have participated in treatment and have met the criteria for successful progress in prison treatment as defined in the *Sex Offender Management Board Standards and Guidelines for the Assessment, Evaluation, Treatment and Behavioral Monitoring of Adult Sex Offenders; Lifetime Supervision Criteria; Standards for Community Entities That Provide Supervision and Treatment for Adult Sex Offenders Who Have Developmental Disabilities*.

## **SEX OFFENDER TREATMENT AND MONITORING PROGRAM (SOTMP)**

All providers in CDOC must comply with the standards and provider qualifications of the Colorado Sex Offender Management Board (SOMB).

### **Sex Offender Treatment Tracks**

Following the release of a comprehensive evaluation of the SOTMP, the programming and curriculum were revised and updated based on the evaluation recommendations beginning April 2013. In order to implement positive change to programming and treatment, key positions were filled to include:

- Psychologist to complete assessments;
- Staff to complete risk assessments and staff to deliver treatment;
- A clinical trainer to train, mentor, and coach treatment providers and develop training curriculum.

The SOTMP provides comprehensive assessment, evaluation, treatment, and monitoring services to sex offenders who are motivated to eliminate sexual abuse behaviors. SOTMP is responsible for assessing the inmate's progress when recommending specific SOTMP levels of treatment based on individual risk and needs. SOTMP offers:

Risk assessment to determine level of treatment intensity recommended:

- All eligible inmates with identified sex offense specific treatment needs are assessed with the Static-99R actuarial assessment. This assessment assesses static factors in an inmate's history and provides a baseline risk category, which is used to determine the initial recommended treatment track. All inmates are placed into treatment groups according to risk and individual needs. During the treatment process, additional dynamic assessments are administered. Clients who remain in the lower risk categories after on-going assessment and meet the established criteria, will progress to maintenance phase upon completion of Track I. Those who are assessed to be in the higher risk categories and who have more significant treatment needs will participate in Track II Intensive Treatment Program (ITP). Upon successful progress on identified treatment objectives in the Track II ITP, clients who meet the established criteria will move to the maintenance phase. There are no validated risk assessments for use in the female population; therefore, CDOC does not assess females with these types of assessment tools.

### **Track I – (Very low, Below Average and Average)**

The successful completion of Track I is based on meeting the Lifetime Supervision Criteria as developed by the Sex Offender Management Board (SOMB), in conjunction with the CDOC, the Judicial Branch, and the Parole Board. This level of treatment includes cognitive behavioral therapeutic groups based on the evidence-based risk-need-responsivity (RNR) model focusing on the common problem areas of sex offenders. Offenders participate in additional adjunct treatment groups when clinically indicated. This program is offered at Fremont Correctional Facility, Arkansas Valley Correctional Facility, Colorado Territorial Correctional Facility, San Carlos Correctional Facility, Denver Women's Correctional Facility, and the Youthful Offender System. Hearing impaired clients, developmentally delayed, and medically restricted clients are accommodated at Colorado

Territorial Correctional Facility and the Denver Reception and Diagnostic Center. The goals and curriculum of Phase I were revised and the program renamed Track I. The Track I program will be offered to clients who have a very low, below average, or average risk for sexual recidivism. Clients will have an opportunity to meet the Lifetime Supervision Treatment Progress criteria upon completion of Track I. Clients who initially score in the lower risk categories may later fall into higher risk categories based upon this ongoing, dynamic assessment. The goals of Track I (very low, below average, and average) include:

- The client is initially assessed with a Static Risk Assessment, the results of which are used to determine initial treatment level. Risk assessment is ongoing throughout treatment and can be used to determine further treatment needs.
- The client identifies factors that contribute to their sexually abusive behavior.
- The client identifies, in depth, problem areas they need to continue to work on if continuing on to the maintenance level, Track II ITP, or in community-based offense specific treatment.
- The client demonstrates a willingness to utilize the treatment program to make changes to prevent further sex offense behavior through participation in the treatment group and behavior in the institution.
- The client identifies their relapse cycle and methods for intervention in the cycle.
- The client realizes the importance of sharing their relapse cycle and methods of intervention with significant others in their life.
- The client will have the opportunity to meet the Lifetime Supervision Treatment Progress criteria with a report to the Parole Board that these criteria have been successfully met.
- Further evaluation of the client's treatment needs and dynamic risk level.

Those clients who successfully complete Track I and are assessed as not having a need for Track II ITP will go to Maintenance Phase (described later) to address lifelong treatment needs as they arise for clients while incarcerated.

### **Track II – (Average/Well Above Average)**

The Track II Intensive Treatment Program was developed during FY 2014 and later revised in CY 2016 to become the Track II. The 2014 addition combined the existing standard and modified formats of the previous Phase II. The Track II program was revised in 2016 to more closely follow the revised Lifetime Supervision Treatment Progress criteria. This track consists of cognitive behavioral groups based on the evidence-based risk-need-responsivity model focusing on criminogenic factors and changing the clients' distorted thinking and patterns of behaviors. This track also helps the client develop effective relapse prevention plans and community-based safety plans for effective transition into the community. Clients participate in treatment groups specific to their individual needs. The Track II program is offered at Centennial Correctional Facility in an intensive treatment community (ITC). It is also offered in a traditional group format at Colorado Territorial Correctional Facility, San Carlos Correctional Facility, Denver Women's Correctional Facility, and the Youthful Offender System. The goals of Track II ITP (Average/Well Above Average) include:

- The client receives further evaluation of their treatment needs and collaborates with the treatment team to develop treatment plan goals that mitigate individual risk factors.
- The client identifies and changes distorted thinking.
- The client prepares for living a responsible lifestyle in the community.
- The client realizes the importance of developing a balanced lifestyle and monitoring their thoughts and behaviors for the rest of their life.
- The client identifies their relapse cycle and methods for intervention in the cycle.
- The client realizes the importance of sharing their relapse cycle and methods of intervention with significant others in their life.
- The client identifies an approved support person in the community, often a family member though it is not a requirement that this identified person is a family member.
- The client practices and incorporates a model for solving problems.

### **Maintenance Level**

Maintenance level is offered for both separated risk tracks and at each facility. After the completion of Track I, clients in the Very Low, Below Average, and Average Risk track will progress to Maintenance level. Clients identified as having additional high-risk factors will receive more intensive treatment in Track II. Clients in the Above Average and Well Above Average Risk track successfully completing Track II transition to Maintenance level. The Maintenance level is a less intensive level of treatment. Clients participating in the Maintenance program can return to a more intensive level of treatment if clinically indicated. The Maintenance level includes these treatment areas:

- Sex offense specific maintenance
- Healthy relationships/sexuality
- Re-entry planning to include:
  - Job readiness workshop
  - Career and personality class
  - Community resources guide class
  - Safety planning
- Relapse prevention/rehearsal groups to include:
  - Risk management planning

### **Specialized Services**

SOTMP also offers, to the extent that resources permit, specialized services to the following sex offenders: females; youth; Spanish speaking; and clients with medical restrictions, hearing impairments, developmental

needs, and chronic mental illness. Treatment formats for Lifetime Supervision of Sex Offenders are no longer any different than formats for all offenders.

The 1998 passage of the Colorado Lifetime Supervision Act requires that inmates must serve the term of their minimum sentence in prison and participate and progress in treatment in order to be considered a candidate for parole. In FY 2016, the SOTMP collaborated with representatives from parole and the Parole Board to replace the previous specialized format for Lifetime Supervision Sex Offenders. The new format will afford all sex offenders (both determinate and indeterminate) the opportunity to participate in treatment commensurate with their relative level of risk. The treatment phases have been designed with the following assumptions:

- Although treatment phases and curriculum are designed to encourage cooperation with and progress in treatment, they do not ensure it.
- Clients will continue in treatment and supervision if placed in community corrections or on parole.
- Clients need to be willing to work on problems and demonstrate motivation to change.
- The Parole Board will be informed when clients meet the Lifetime Supervision criteria for successful progress in prison treatment.

The SOTMP informs the Parole Board or Community Corrections Boards when clients meet the following Lifetime Supervision treatment progress criteria for successful progress in treatment in prison:

#### **Very Low to Average Risk Categories**

- Is actively participating in treatment and applying what the inmate is learning.
- Completes a disclosure of inmate's offense related sexual history as verified through either the polygraph process or other clinical indicators.
- Develop a plan to manage ongoing risk areas and treatment needs.
- Demonstrate management of identified risk areas as verified by clinical indicators.
- Stays compliant with any DOC psychiatric recommendations for medication which may enhance the inmate's ability to benefit from treatment and/or reduce their risk of re-offense.
- Develops a plan to manage on-going risk factors.
- Demonstrates the ability to be supervised in the community without presenting an undue threat.

#### **Above Average to Well Above Average**

- Is actively participating in treatment and demonstrates a reduction in dynamic risk.
- Completes a disclosure of the inmate's offense related sexual history as verified through either the polygraph process or other clinical indicators.
- Completes a comprehensive plan to manage ongoing risk areas.



- Has an approved support person or system who has participated in SOTMP family/support education. The SOTMP also must have received an approved copy of the inmate's sexual offense cycle through their participation in a SOTMP therapist facilitated disclosure session with the inmate.
- Demonstrates management of risk factors.
- Stays compliant with any CDOC psychiatric recommendations for medication which may enhance the inmate's ability to benefit from treatment and or reduce their risk of re-offense.
- Demonstrates the ability to be supervised in the community without presenting an undue threat.

The CDOC made changes to Administrative Regulation AR700-19 Sex Offender Treatment and Monitoring Program (SOTMP) in 2015 so that the SOTMP will prioritize offenders for treatment based on their parole eligibility date (PED) in addition to sentence type. Treatment participants are assessed to determine their level of risk for committing another sexual offense and participate in the level treatment based on their individual needs. Clients who fall within the lower risk categories for sexual recidivism are recommended to participate in Track I. Clients who fall within the high-risk categories for sexual re-offense are recommended for participation in the Track II intensive treatment program. Prioritization now occurs in the following manner:

#### A. 1<sup>st</sup> Priority

Clients with active judicial determinations of sex offenses (convicted of a sex offense, finding of sexual factual basis) who are within 4 years of their PED. Active sentences include judicial determinations that were active during any time period of their current DOC sentence:

1. Clients who have not had an opportunity to participate in treatment, will have priority over a client who has had an opportunity and did not take advantage of that by: refusing to participate in group, dropping out of group, being terminated from group, or not successfully completing group. Clients who participated in a track of treatment, and demonstrated motivation and effort, but needed additional time to understand the concepts, will not fall in the previous treatment attempt category.
2. Clients will be prioritized for group placement by their PED. Those with earlier PED dates will be placed in group before others with later PED dates.
  - a. To be placed in a Track I (Very low, Below Average, and Average risk) group:
    - i. Clients must have a minimum of 18 months to sentence discharge
    - ii. Clients must have a minimum of 6 months to their Mandatory Release Date (MRD)
  - b. To be placed in a Track II (Average/Well Above Average risk) group:
    - i. Clients must have a minimum of 18 months to sentence discharge
    - ii. Clients must have a minimum of 12 months to their Mandatory Release Date (MRD)
3. Once all clients who have not had prior opportunities to participate in SOTMP and are within 4 years of their PED have been placed in group, clients with the fewest prior opportunities will be placed in group by order of their referral date.

## B. 2<sup>nd</sup> Priority

- 1) Once all clients who have not had prior opportunities to participate in SOTMP and are within 4 years of their PED have been placed in group, clients with the fewest prior opportunities will be placed in group by order of their referral list placement date.

In an effort to meet the growing treatment needs of Lifetime Supervision Sex Offenders with CDOC's limited treatment resources, the following changes were implemented to increase treatment opportunities for clients:

- Developed a Track II ITP outpatient program at Colorado Territorial Correctional Facility, San Carlos Correctional Facility and Denver Women's Correctional Facility for clients who cannot progress to Centennial Correctional Center in August 2008.
- Active and on-going communication with the Parole Board, the Colorado Association of Community Corrections Boards, and the Colorado Community Corrections Coalition regarding community transition for Lifetime Supervision Sex Offenders.
- Started a Track I group for male clients with significant medical impairments at Denver Reception and Diagnostic Center.
- Revised the treatment curriculum in order to implement an open group format.
- Implemented a modified Track I for clients who are below average and very low risk.

### **Cost of Sex Offender Treatment**

The FY 2022 CDOC budget included \$3,709,514 for assessment, treatment, testing (including polygraphs), program evaluation, and registration coordination for incarcerated sex offenders in state facilities. Approximately \$242,500 was allocated for polygraph testing. For inmates on parole, \$3,543,091 was spent for approved sex offender treatment provider services for FY 2022.

### **Referral to Sex Offender Treatment**

A statewide referral process was created for CDOC behavioral health treatment in prison. One of the goals of the referral system was to establish a global referral list for all clients who meet the requirements for sex offender treatment. For Track I lifetime supervision sentenced offenders are prioritized for treatment and for Track II lifetime and determinate sentenced offenders are prioritized for treatment. Clients must be within 4 years or less of their parole eligibility date (PED) to be placed on the global referral list. Clients who are classified as a low treatment priority are not placed on the global referral list. The following describes offenders who may be identified as a low resource priority. The offender may have an administrative, judicial, or institutional determination of a sex offense, but are a low resource priority for SOTMP services at the current time. Offenders with unadjudicated sex abuse allegations may also be low resource priority for classification review. These offenders may have their priority reassessed at any time during incarceration, community, or parole.

The statewide global referral list ensures clients are moved to a facility offering SOTMP when they are prioritized to start treatment. During FY 2022, 1,666 Lifetime Supervision Sex Offenders had been referred for treatment, and 320 were still on the global referral list as of June 30, 2022.

## **Eligibility Criteria for Treatment**

Clients must meet basic eligibility criteria in order to be placed in treatment. The requirements for admission into sex offender treatment are:

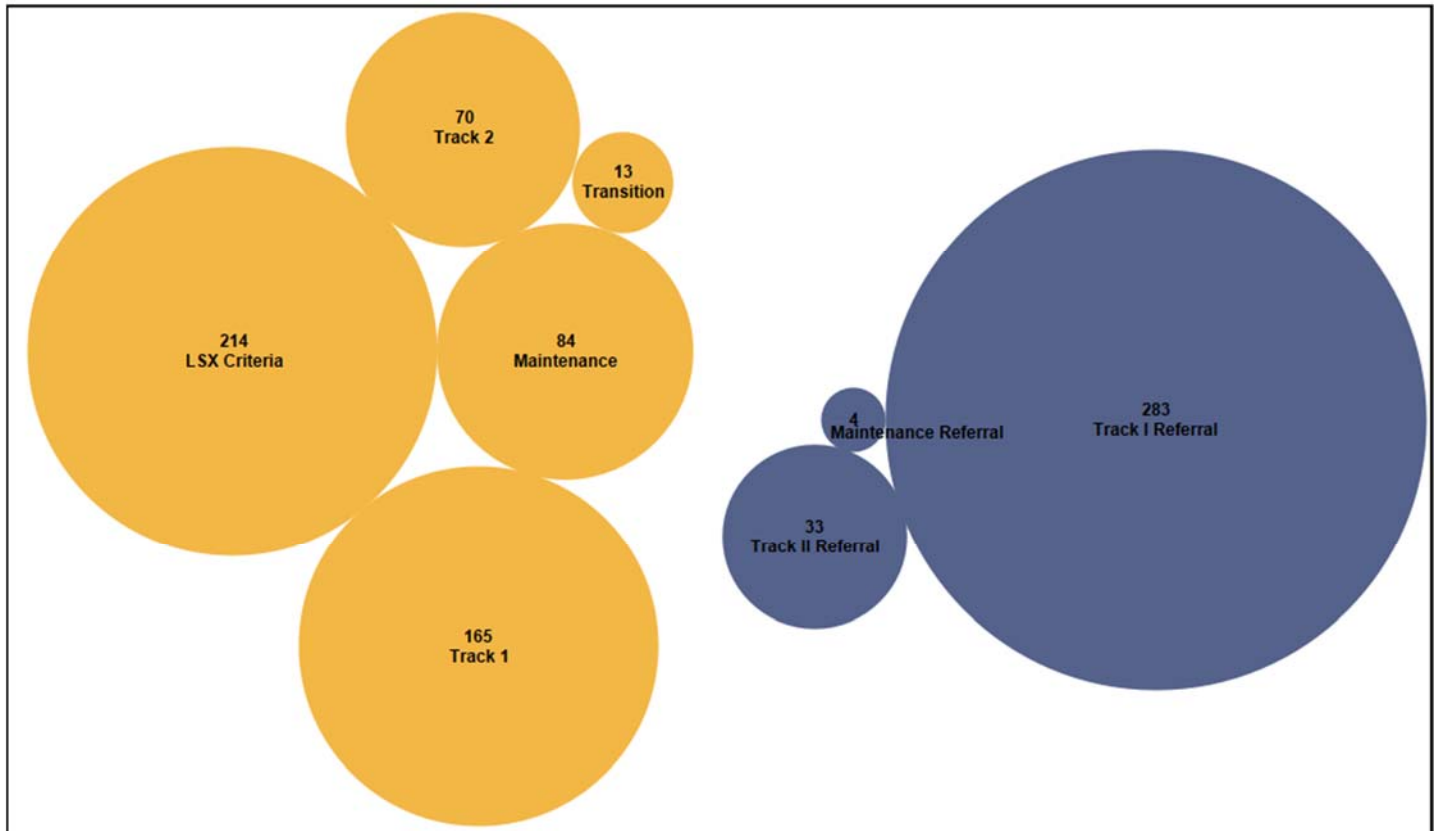
- Must have 4 years or less to parole eligibility date (PED) to be placed on the global referral list.
- Must be willing to discuss problems related to sexually abusive behavior and work on them in treatment.
- Must demonstrate a willingness to participate in group treatment at the level recommended by the program.
- Must sign and comply with the conditions of all SOTMP treatment contracts.

Clients are interviewed and screened prior to participation in treatment using these criteria. Even if the client does not initially meet participation requirements, the requirements and the specific reasons for the requirements are explained, and the client is encouraged to reapply when they meet the criteria in the future. Typically, clients are able to meet the criteria and become amenable to treatment over time.

Clients are re-interviewed and screened upon request for reconsideration and may change from not meeting criteria to meeting criteria within the course of the year. Inmates may initially refuse to participate in treatment, may not progress in treatment, may cease complying with treatment requirements or may drop out of treatment. These clients are encouraged to re-apply for treatment as soon as they are willing to comply with the requirements.

As of June 30, 2022, of the 1,627 Lifetime Supervision Sex Offenders incarcerated in a state or private facility, 1,097 did not meet the eligibility criteria to be placed on the global referral list (see description above). **Figure 6** depicts the treatment and referral status of Lifetime Supervision Sex Offenders on June 30, 2022: 242 Lifetime Supervision Sex Offenders were in treatment and participating in various stages of treatment. An inmate can participate in multiple stages of treatment at the same time, so those 242 inmates accounted for 546 participations. In addition, there were 320 inmates on the global referral list waiting for treatment.

**Figure 6. Treatment Status of Lifetime Supervision Sex Offenders as of June 30, 2022**



## Participation in Treatment

On June 30, 2022, 242 Lifetime Supervision Sex Offenders were participating in treatment. **Table 1** details the number of Lifetime Supervision Sex Offenders who participated in sex offender treatment during each month of FY 2022. The length of participation for Lifetime Supervision Sex Offenders in treatment was calculated using program participation admission and termination dates, or June 30, 2022, if the client was currently in a sex offender treatment program. For Lifetime Supervision Sex Offenders who participated in treatment at any point during FY 2022, the average length of stay in treatment was 360.3 days in Track I groups, 264.6 days in Track II groups, 406.8 days in Criteria Phase groups, 224.6 days in Maintenance Phase groups, and 232.2 days in the Transition Phase groups.

**Table 1. Treatment Participation of Lifetime Supervision Offenders During Each Month of FY 2022**

	July 2021	August 2021	September 2021	October 2021	November 2021	December 2021	January 2022	February 2022	March 2022	April 2022	May 2022	June 2022
Track I	94	100	107	116	114	116	117	123	121	119	117	109
Track II	54	52	53	54	53	47	42	49	49	47	44	41
Maintenance	27	28	33	30	32	29	30	38	39	43	43	37
Criteria	143	142	154	161	160	161	153	151	158	155	153	149
Transition	4	4	6	3	4	5	5	7	7	6	7	8
<b>Total</b>	<b>322</b>	<b>326</b>	<b>353</b>	<b>364</b>	<b>363</b>	<b>358</b>	<b>347</b>	<b>368</b>	<b>374</b>	<b>370</b>	<b>364</b>	<b>344</b>

Note: Table 1 data includes offenders who participated for any amount of time during the month. Some offenders may have participated in more than one level of the program within a month. All participation was counted each time it occurred.

## Terminations from Track I, Track II, and Maintenance

Standardized program termination types are used for all program and work assignments throughout the department and describe positive and negative termination reasons. Terminations may also be administrative in nature to include situations such as medical emergencies or movement from the facility for security reasons. Terminations from Track I and Track II have been grouped into the following categories for this report:

- **Administrative Termination:** Client is terminated due to medical reasons, or they were moved to a higher classification due to negative or dangerous behavior, or other administrative reasons.
- **Dropped Out/Self Terminated:** Client decides to discontinue treatment or stops attending groups and informs the treatment staff that they are no longer interested in participating in treatment.
- **Expelled from Program:** Client is terminated from treatment for a group contract violation. In the majority of cases, the client is terminated after being placed on probation and given opportunities to improve their participation. If the client is terminated, completion of assignments is required before readmission to treatment is allowed. This category includes client behaviors that threaten the safety and security of other treatment participants. Termination from treatment without a period of probation may result based on the seriousness of the behaviors.

- **Satisfactory Completion:** Client completes a time limited group, meeting the group’s goals.
- **Transfer/Paroled/Discharge:** Client transfers to another facility, releases to parole, or sentence discharges.
- **Unsatisfactory Completion:** If the client needs more time to understand the material or achieve the group goals, the client unsatisfactorily completes and may be recommended to repeat the group.

In April of 2007, the CDOC instituted a due process system for sex offender treatment terminations due to treatment noncompliance or lack of progress. Under this system, the therapist recommends clients for termination based on their behavior. The facility sex offender treatment team reviews the therapist’s recommendation. The SOTMP administrator reviews the request for suspension, and if the administrator supports the request, the client is suspended. If the team supports the termination recommendation, the client is suspended and served with a notice of right to termination review. The client can request a termination review where a three-member panel evaluates all information presented by the client and their therapist. A disposition is issued regarding the termination. **Table 2** provides details on SOTMP terminations in FY 2022. In FY 2022, 50.6% of Track I participants who terminated had a satisfactory completion, 51.1% of Track II participants who terminated had a satisfactory completion, 37.1% of LSX Criteria participants had a satisfactory completion, and 80.0% of Transition participants had a satisfactory completion.

**Table 2. Lifetime Supervision SOTMP Terminations by Program, FY 2022**

		Number of Inmates	Percent of Inmates
<b>Track 1</b>	Administrative Termination	2	2.47%
	Dropped	1	1.23%
	Expelled	11	13.58%
	Refused	2	2.47%
	Satisfactory Completion	41	50.62%
	Temporary Medical Restrictions	1	1.23%
	Transfer/Paroled/Discharged	20	24.69%
	Unsatisfactory Completion	3	3.70%
<b>Total</b>	<b>81</b>	<b>100.00%</b>	
<b>Track 2</b>	Administrative Termination	5	11.11%
	Dropped	1	2.22%
	Expelled	3	6.67%
	Satisfactory Completion	23	51.11%
	Transfer/Paroled/Discharged	10	22.22%
	Unsatisfactory Completion	3	6.67%
<b>Total</b>	<b>45</b>	<b>100.00%</b>	
<b>Maintenance</b>	Expelled	1	0.85%
	Non-Attendance	37	31.62%
	Satisfactory Completion	33	28.21%
	Transfer/Paroled/Discharged	46	39.32%
<b>Total</b>	<b>117</b>	<b>100.00%</b>	
<b>LSX Criteria</b>	Administrative Termination	4	3.70%
	Dropped	1	0.93%
	Expelled	12	11.11%
	Refused	1	0.93%
	Satisfactory Completion	60	55.56%
	Temporary Medical Restrictions	1	0.93%
	Transfer/Paroled/Discharged	23	21.30%
	Unsatisfactory Completion	6	5.56%
<b>Total</b>	<b>108</b>	<b>100.00%</b>	
<b>Transition</b>	Satisfactory Completion	9	90.00%
	Unsatisfactory Completion	1	10.00%
	<b>Total</b>	<b>10</b>	<b>100.00%</b>
<b>Grand Total</b>		<b>361</b>	<b>100.00%</b>

\*Note: Due to rounding not all percentages will add to exactly 100%

## **Met Criteria for Community or Release to Parole**

All Lifetime Supervision Sex Offenders meeting the statutory and departmental criteria are referred to community corrections providers by case manager unless the inmate chooses to waive their rights. The SOTMP may make referrals to community corrections providers for inmates who meet treatment progress criteria. Treatment progress criteria for Lifetime Supervision Sex Offenders to progress to the community include the following (described in more detail in Administrative Regulation 700-19):

### **Categories**

- Active participation in treatment
- Compliance with DOC psychiatric recommendations for medication
- Must be able to be supervised in the community without presenting an undue threat
- A disclosure of their offense related sexual history relevant to identified risk areas
- A plan to manage ongoing risk areas and treatment needs

### **Above Average to Well Above Average Categories**

- Active participation in treatment and reduction in dynamic risk
- An approved support person or system
- Compliance with DOC psychiatric recommendations for medication
- Must be able to be supervised in the community without presenting an undue threat
- A disclosure of their offense related sexual history relevant to identified risk areas
- A plan to manage ongoing risk areas and treatment needs

Lifetime Supervision Sex Offenders actively participating in treatment are discussed individually in a clinical staffing meeting to determine whether they meet the Lifetime Supervision treatment progress criteria for successful progress in prison treatment. Sex offender program therapists work closely with community corrections providers that accept sex offenders into transitional programs and the respective community parole officers.

During FY 2022, 92 sex offenders, of which all were in the LSX category, met the statutory and departmental criteria for successful progress in prison treatment (see description above for risk categories and requirements). There were 89 Lifetime Supervision Sex Offenders recommended to the Parole Board by the department's SOTMP during FY 2022 that were released to parole and 3 that were released to community corrections.

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**PROBATION POPULATION IMPACT**

The Sex Offender Intensive Supervision Program (SOISP) is designed to provide the highest level of supervision to adult sex offenders who are placed on probation, pursuant to §18-1.3-1007(2). Although initially created in statute in 1998 to address the risk posed by lifetime supervision cases, the legislature made a significant change to the statute in 2001. Pursuant to HB01-1229, all felony sex offenders convicted on or after July 1, 2001, are statutorily mandated to be supervised by the SOISP program. There were originally 46 FTE appropriated for the SOISP program. Caseload sizes were capped at 25 probationers, for a program capacity of 1,150.

The goal of SOISP is to minimize risk to the public to the greatest extent possible, by holding probationers accountable for pro-criminal and sexually assaultive behavior. The program promotes decreasing risk factors and increasing protective factors along with encouraging pro-social skill building and assisting probationers to repair the harm caused by their actions, when possible. SOISP includes a combination of high-level surveillance and monitoring; research-based and best practice supervision strategies; physiological monitoring; and collaboration with Community Supervision Teams. Some sex offenders cannot or will not respond to treatment, and there is no implication that all sex offenders can be successful in treatment. Depending on the strengths and risk level of the probationer, elements of community supervision may include restricted activities, daily contact with the probationer, curfew checks, home visitation, employment visitation and monitoring, drug and alcohol screening, and/or sex offense specific treatment. SOISP consists of three phases, each with specific criteria that must be met prior to a reduction in the level of supervision. Phase progression occurs when a probationer's risk to the community declines and protective factors increase. The goal of supervision for any probationer is a reduction in risk factors. The use of phases provides a structured process designed to provide clear expectations for the supervising officer to assess the probationer's progress. The phase requirements are intended to be applied with an individualized approach, since not all conditions will apply to every probationer, but should serve as benchmarks for supervising the probationer. Those probationers that satisfactorily meet the requirements of the program may be successfully terminated from probation or transferred to non-SOISP, sex offender regular probation supervision for the remainder of their sentence.

Between July 1, 2021 and June 30, 2022, 631 adults were charged in district court with one of the 12 mandatory lifetime eligible sex offenses identified in statute and were sentenced to probation. Of these, 81 offenders (13%) received an indeterminate sentence to probation of at least 10 or 20 years to a maximum of the offender's natural life and sentenced to SOISP. As a condition of probation, 12 were sentenced to Community Corrections and 14 were sentenced to jail.

Using the Judicial Department's case management information system, staff at the Division of Probation Services selected all sex offender cases eligible for mandatory indeterminate sentences, as well as all applicable sex offender cases which terminated probation supervision, during Fiscal Year (FY) 2022. The following statutory charges were reviewed and included in this analysis:

I. Offenders who **must** be sentenced to an indeterminate term:

§18-3-402, C.R.S.

Sexual Assault; or Sexual Assault in the First Degree,  
as it existed prior to July 1, 2000



§18-3-403, C.R.S.	Sexual Assault in the Second Degree, as it existed prior to July 1, 2000
§18-3-404(2), C.R.S.	Felony Unlawful Sexual Contact; or Felony Sexual Assault in the Third Degree, as it existed prior to July 1, 2000
§18-3-405, C.R.S.	Sexual Assault on a Child
§18-3-405.3, C.R.S.	Sexual Assault on a Child by One in a Position of Trust
§18-3-405.5(1), C.R.S.	Aggravated Sexual Assault on a Client by a Psychotherapist
§18-3-305, C.R.S.	Enticement of a Child
§18-6-301, C.R.S.	Incest
§18-6-302, C.R.S.	Aggravated Incest
§18-7-406, C.R.S.	Patronizing a Prostituted Child
§18-3-306(3), C.R.S.	Class 4 Felony Internet Luring of a Child
§18-3-405.4, C.R.S.	Internet Sexual Exploitation of a Child

In 2002, coding was installed in Judicial's case management system that distinguishes between lifetime and non-lifetime cases. The coding to differentiate lifetime from non-lifetime is based on sentencing codes entered by the court. This report also includes an additional 172 cases terminated from probation supervision for non-lifetime eligible offenses during FY2022.

The following table reflects a comparison of sentences to probation for lifetime eligible offenses for FY2018 through 2022:

**Table 3: Placement of New Cases Eligible for Indeterminate Lifetime Term Sentences to Probation**

Type of Supervision	Number of Cases (Percent) FY2018	Number of Cases (Percent) FY2019	Number of Cases (Percent) FY2020	Number of Cases (Percent) FY2021	Number of Cases (Percent) FY2022
Lifetime Probation with SOISP	59 (15%)	64 (15%)	65 (11%)	43 (9%)	81 (13%)
*SOISP (non-lifetime probation for felony sex offenses with SOISP)	253 (63%)	267 (62%)	281 (48%)	238 (48%)	280 (44%)
Regular Probation (Cases Ineligible for Lifetime or SOISP and/or sex offense reduced to misdemeanors)	89 (22%)	100 (23%)	235 (41%)	217 (44%)	270 (43%)
TOTAL CASES	401	431	581	498	631

Of the 81 cases sentenced to SOISP for lifetime, 3 (4%) cases had a proven claim of domestic violence associated with the sentence. The non-lifetime group included 13 (5%) of the 280 cases where a domestic violence factual basis was proven. The previous fiscal year (2021), 23 cases overall had a similar claim for both lifetime and non-lifetime.

## **PROBATION DISCHARGE HEARINGS AND DISCHARGES**

For FY2022, 86 offenders under a lifetime supervision sentence completed SOISP and were transferred to regular probation and are currently active under supervision.

## **PROBATION REVOCATION HEARINGS AND REVOCATIONS**

- During FY2022, 67 sex offenders had their lifetime supervision sentences terminated. The following represents the termination status for these probationers:
- 2 - Probation revoked; new felony
- 1 - Probation revoked; new misdemeanor
- 18 - Probation revoked; technical violations
- 5 - Deported
- 5 - Died
- 0 - Closed with a neutral outcome
- 0 – No other closure type applies
- 10 - Absconded; warrants issued and remain outstanding
- 26 - Terminated successfully

Of the two individuals revoked for the commission of a new felony, one case was the result of a Failure to Register (F6) and the other was for Criminal Attempt – Second Degree Murder (F3) and Possession of a Weapon by a Previous Offender (F5). The one individual revoked for a new misdemeanor was for False Reporting (M3).

## **COST OF SERVICES**

In July 1998, the SOISP program was created with a General Fund appropriation for 46 FTE probation officers and funding to provide treatment services. In FY2001, all expenses associated with SOISP were transferred from General Fund to the Offender Services Cash Fund. Section 18-21-103, C.R.S. requires that sex offenders pay a surcharge, with collected revenue deposited in the Sex Offender Surcharge Fund. A portion of the funds are appropriated to Judicial and partially meet expenses associated with completion of the offense specific evaluations required by statute.

**Table 4: Treatment and Evaluation Costs by Fund**

YEAR	PURPOSE	CF - SEX OFFENDER SURCHARGE	CF - OFFENDER SERVICES FUND	TOTAL
FY2012	SO Treatment	\$0	\$931,861	\$2,282,138
	Evaluation	\$247,664	\$1,102,613	
FY2013	SO Treatment	\$0	\$995,049	\$2,336,896
	Evaluation	\$289,948	\$1,051,899	
FY2014	SO Treatment	\$0	\$1,042,242	\$2,345,847
	Evaluation	\$302,029	\$1,001,576	
FY2015	SO Treatment	\$0	\$1,098,952	\$2,370,804
	Evaluation	\$302,029	\$969,823	
FY2016	SO Treatment	\$0	\$1,016,892	\$2,313,612
	Evaluation	\$302,029	\$994,691	
FY2017	SO Treatment	\$0	\$906,930	\$2,182,360
	Evaluation	\$302,029	\$973,401	
FY2018	SO Treatment	\$0	\$944,130	\$2,369,183
	Evaluation	\$302,029	\$1,123,024	
FY2019	SO Treatment	\$0	\$961,814	\$2,430,301
	Evaluation	\$81,413	\$1,387,073	
FY2020	SO Treatment	\$0	\$1,093,191	\$2,401,772
	Evaluation	\$123,140	\$1,185,441	
FY2021	SO Treatment	\$0	\$1,103,149	\$2,313,666
	Evaluation	\$302,029	\$908,487	
FY2022	SO Treatment	\$0	\$1,405,659	\$2,922,498
	Evaluation	\$301,629	\$1,215,210	

The cost expended for adult polygraphs for FY2022 was \$485,516, which is approximately a \$77,481 increase from FY2021 spending. Probation funds have been required to pay for evaluations and assessments to avoid any delays in case processing for the courts and to ensure that probationers who are unable to pay all of the costs associated with court ordered evaluation and treatment are not returned to court for revocation based on non-payment. Revocations can result in sentences to DOC, a significantly higher cost option for the state. The expenditure of \$2.9 million for adult sex offender related evaluation and treatment costs represents approximately 18% of the total inmate and treatment service dollars (approximately \$16 million) spent in FY2022 for treatment and service support for all probationers. The adult sex offender population represents approximately 4.3% of the adult probation population. The Judicial Department continues to seek options for the containment of these costs.

## SUMMARY OF EVALUATION INSTRUMENTS

The Sex Offender Management Board (SOMB) has participated in the development of two distinct evaluation processes for convicted sex offenders. The first is the sex offense-specific evaluation process outlined in the *Standards and Guidelines for the Assessment, Evaluation, Treatment, and Behavioral Monitoring of Adult Sex Offenders* referred to in this document as the Standards (<https://cdpsdocs.state.co.us/dvomb/SOMB/Standards/SAdult.pdf>). The second is the Sexual Predator Risk Assessment Screening Instrument, developed in collaboration with the Office of Research and Statistics in the Division of Criminal Justice, Department of Public Safety (<https://cdpsdocs.state.co.us/ors/docs/Risks/SVPASISHandbook.pdf>). Each type of evaluation is described below:

### Sex Offense-Specific Evaluation

The sex offense-specific evaluation is to be completed as a part of the Probation Pre-Sentence Investigation Report (PSIR) which is prepared post-conviction and prior to sentencing. The PSIR is intended to provide the court with information that will assist in identifying individual risks and needs to make appropriate sentencing decisions. Most inmates sentenced under the Lifetime Supervision Act receive a sex offense-specific evaluation as a part of their PSIR. However, a PSIR is not required for those inmates with mandatory prison sentences, and in these cases, the PSIR may be waived.

According to the *Standards and Guidelines for the Assessment, Evaluation, Treatment, and Behavioral Monitoring of Adult Sex Offenders*, Standard 2.200, each sex offender shall receive a **sex offense-specific evaluation** at the time of the pre-sentence investigation. The sex offense-specific evaluation has the following purposes:

- To document the treatment needs identified by the evaluation (even if resources are not available to adequately address the treatment needs of the sexually abusive inmate);
- To provide a written clinical evaluation of an inmate's risk for re-offending and current amenability for treatment;
- To guide and direct specific recommendations for the conditions of treatment and supervision of an inmate;
- To provide information that will help to identify the optimal setting, intensity of intervention, and level of supervision, and;

To provide information that will help to identify inmates who should not be referred for community-based treatment. Please refer to the Standards for additional information on mental health sex offense-specific evaluations located in Section 2.000 of the Standards. For information that outlines criteria and methods for determining a sex offender's progress through treatment and for successful completion under Lifetime Supervision, please see the Lifetime Supervision Criteria, also in the Standards.

## Sexual Predator Risk Assessment Screening Instrument

In response to federal legislation, the Colorado General Assembly passed legislation regarding the identification and registration of Sexually Violent Predators (Section 16-11.7-103 (4) (c.5), C.R.S.). A person who is found to be a Sexually Violent Predator by the courts or Parole Board is required to register quarterly with law enforcement rather than annually (Section 16-22-108 (1) (d), C.R.S.), be posted on the internet by the Colorado Bureau of Investigation (Section 16-22-111 (1) (a), C.R.S.) and, as of May 30, 2006, may be subject to community notification (Section 16-13-903, C.R.S.).

### *Instrument*

Currently, when an inmate commits one of five specific crime types or associated inchoate offenses, the Sexually Violent Predator Risk Assessment Screening Instrument (SVPASI) is to be administered by either Probation Services or the Department of Corrections and an SOMB Approved Sex Offender Evaluator. Effective May 30, 2006, all inmates convicted of attempt, conspiracy, and/or solicitation to commit one of the five specific crime types is referred for a Sexual Predator Risk Assessment (Section 18-3-414.5, C.R.S.). If the inmate meets the criteria outlined in the instrument, he or she is deemed to qualify as a Sexually Violent Predator. The authority to designate an inmate an SVP rests with the sentencing judge and the Parole Board.

Pursuant to Section 16-11.7-103 (4) (c.5), C.R.S., the Sex Offender Management Board in collaboration with the Office of Research and Statistics in the Division of Criminal Justice, developed criteria and an empirical risk assessment scale for use in the identification of Sexually Violent Predators. The criteria were developed between July 1, 1998, and December 1, 1998, by representatives from the Sex Offender Management Board, the Parole Board, the Division of Adult Parole, the private treatment community, and victim services agencies. The actuarial scale was developed by the Office of Research and Statistics in consultation with the SOMB over a three-year period. The Office of Research and Statistics has made subsequent revisions and updates to the instrument and handbook. These updates can be found at: <https://cdpsdocs.state.co.us/ors/docs/Risks/SVPASISHandbook.pdf>. Revisions to the SORS instrument in 2009 concluded that the instrument reliably predicts both new sexual and violent crime arrests within five years. In 2015 there was an update to the instrument and handbook in response to recent case law made by the Colorado Supreme Court. Under the authority of the SOMB, a committee began working on revising the SVP assessment tool.

In FY 2017, the SOMB, its SVP Committee, and DCJ's Office of Research and Statistics began the process of developing a new actuarial risk assessment scale for the identification of high-risk sex offenders whom, then, the court would have the discretion to designate (or not) an SVP. The decision was made to use data available from Judicial's ICON/Eclipse management information system in the development of the risk scale, anticipating that eventually a risk instrument--with the appropriate computer programming--could be self-populated electronically and no longer require staff resources to compute the risk score. The Office of Research and Statistics used Judicial data to develop a new actuarial scale. This work was completed in early 2018. The new instrument and handout are available on the SOMB website (<https://cdpsdocs.state.co.us/ors/docs/Risks/SVPASI.pdf> and <https://cdpsdocs.state.co.us/ors/docs/Risks/SVPASISHandbook.pdf>)

## AVAILABILITY AND LOCATION OF SEX OFFENDER SERVICE PROVIDERS

Currently, there are 245<sup>1</sup> adult SOMB approved treatment providers in Colorado (**Figure 7**) located in all 22 judicial districts in the state (**Figure 8**). The number of approved full operating treatment providers has decreased from last fiscal year by 8%. The number of combined full and associate level treatment providers has decreased from last fiscal year by 18%. The number of approved full operating evaluators has decreased from last fiscal year by 10%. The number of combined full and associate level evaluators has decreased from last fiscal year by 15%. Additionally, there are currently 25 SOMB approved polygraph examiners. The number of approved polygraph examiners decreased from last fiscal year by 11%, although the proportion who were approved for DD/ID individuals increased by 30%. Just over half of all approved providers offered services in multiple counties. On average, providers operated in approximately three different counties. The following table lists the number of providers approved in each specialty area.

**Table 5. SOMB Approved Provider Total, FY 2022**

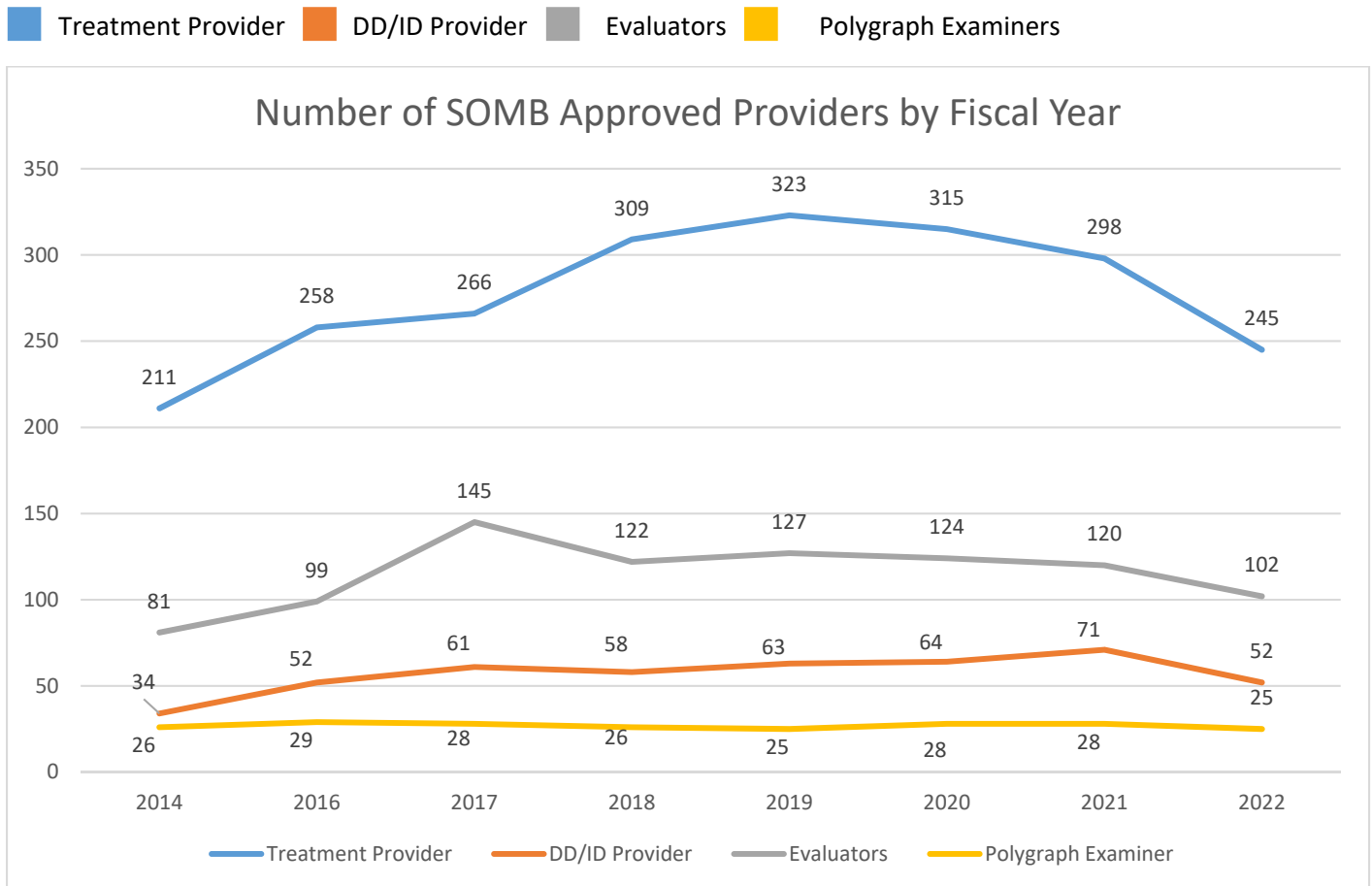
	<b>Treatment Provider</b>	<b>Treatment Provider DD/ID</b>	<b>Clinical Supervisor Treatment</b>	<b>Evaluator</b>	<b>Evaluator DD/ID</b>	<b>Clinical Supervisor Evaluator</b>	<b>Polygraph Examiner</b>	<b>Polygraph Examiner DD/ID</b>
<i>Full Operating</i>	161	31	91	69	11	43	20	11
<i>Associate</i>	84	21	-	33	6	-	5	2
<b>Total</b>	<b>245</b>	<b>52</b>	<b>91</b>	<b>102</b>	<b>17</b>	<b>43</b>	<b>25</b>	<b>13</b>

<sup>1</sup> The SOMB's new database calculates numbers differently than the old database. The new calculations are based on the numbers of approved services provided by an individual so some numbers may look inflated due to many providers offering multiple services (i.e., one provider can provide treatment for both adults and juveniles AND be an approved evaluator). However, this year additional steps were taken to remove any duplicate counting of providers so the current numbers reflect accurately the number of providers providing each type of service. Consequently, it appears there is a greater loss of providers from the prior fiscal year than in reality. Note, three treatment providers had regular full provider status and associate DD/ID status so are counted in both categories in Table 5. Two evaluators had regular provider status and associate DD/ID status and are counted in both categories in Table 5.

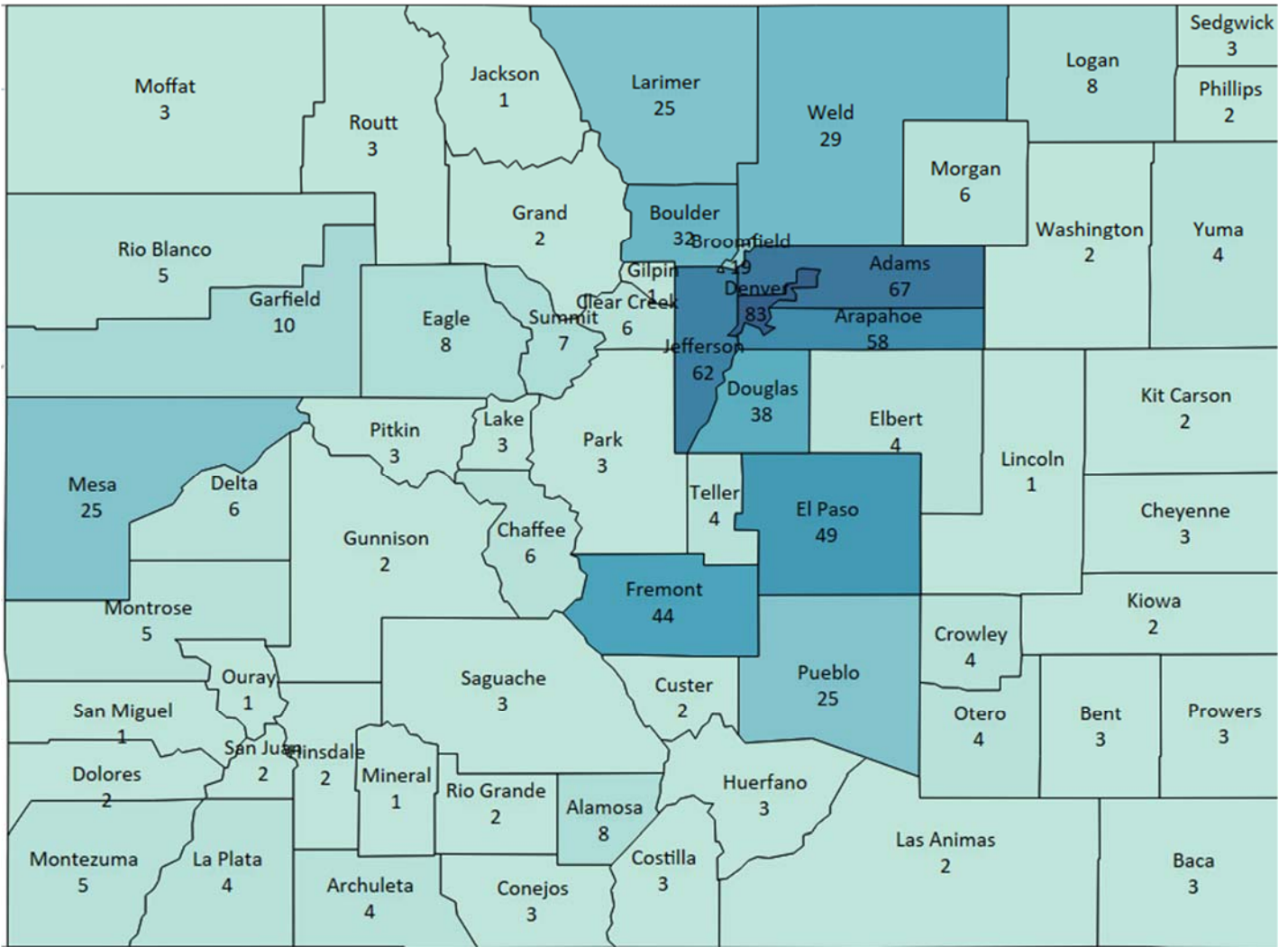


The SOMB approved 49 new applicants as providers of a new listed service and conducted 77 renewals for continued approved practice at the existing status. These numbers are included in the numbers above. Another 41 applicants either upgraded their status (i.e., Associate Level to Full Operating, or Full Operating to Clinical Supervisor) or added to their status by applying for an additional status (i.e., Evaluator, or Developmentally Disabled/Intellectually Disabled).

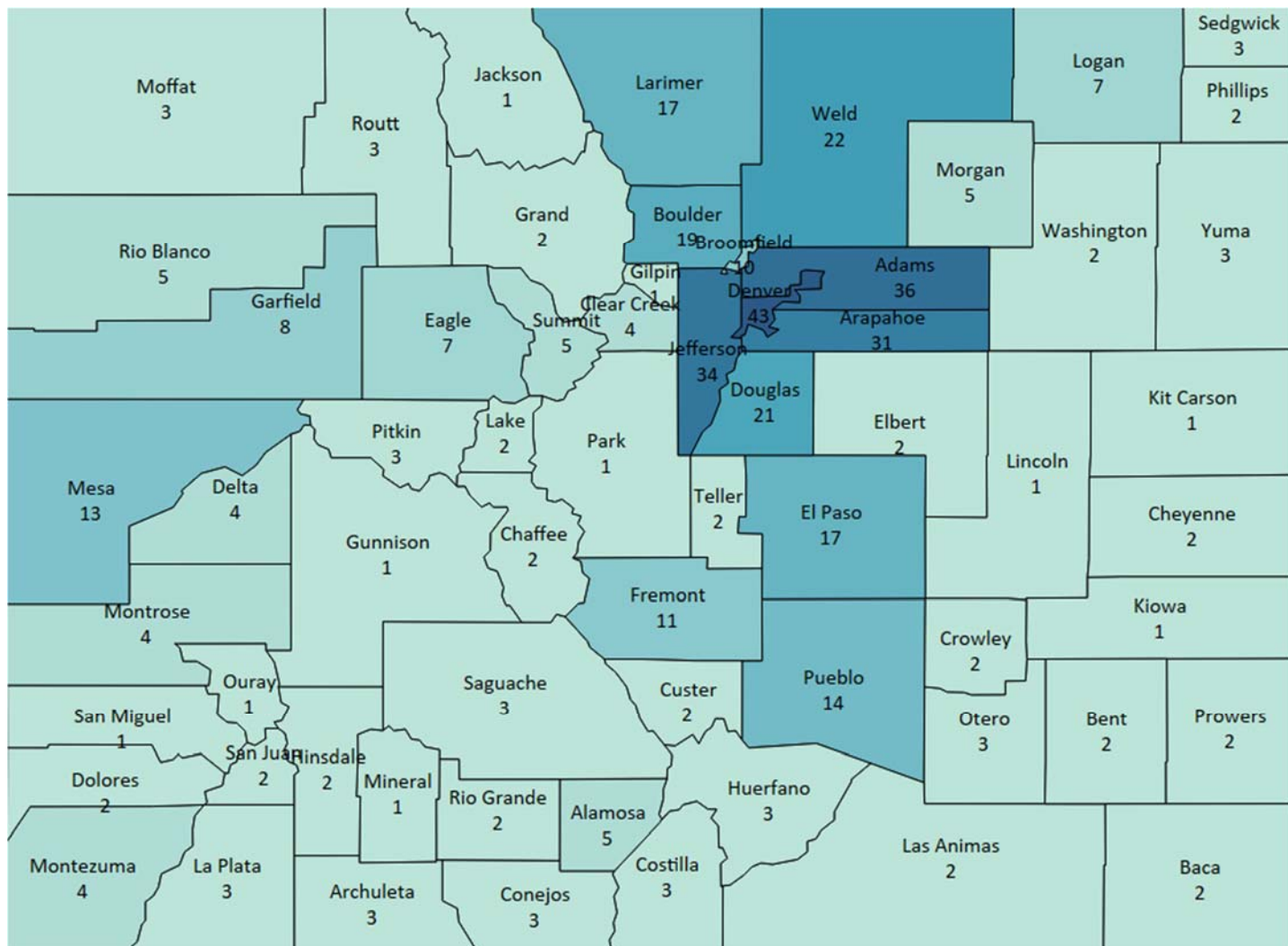
**Figure 7. Number of SOMB Approved Service Providers by Fiscal Year**



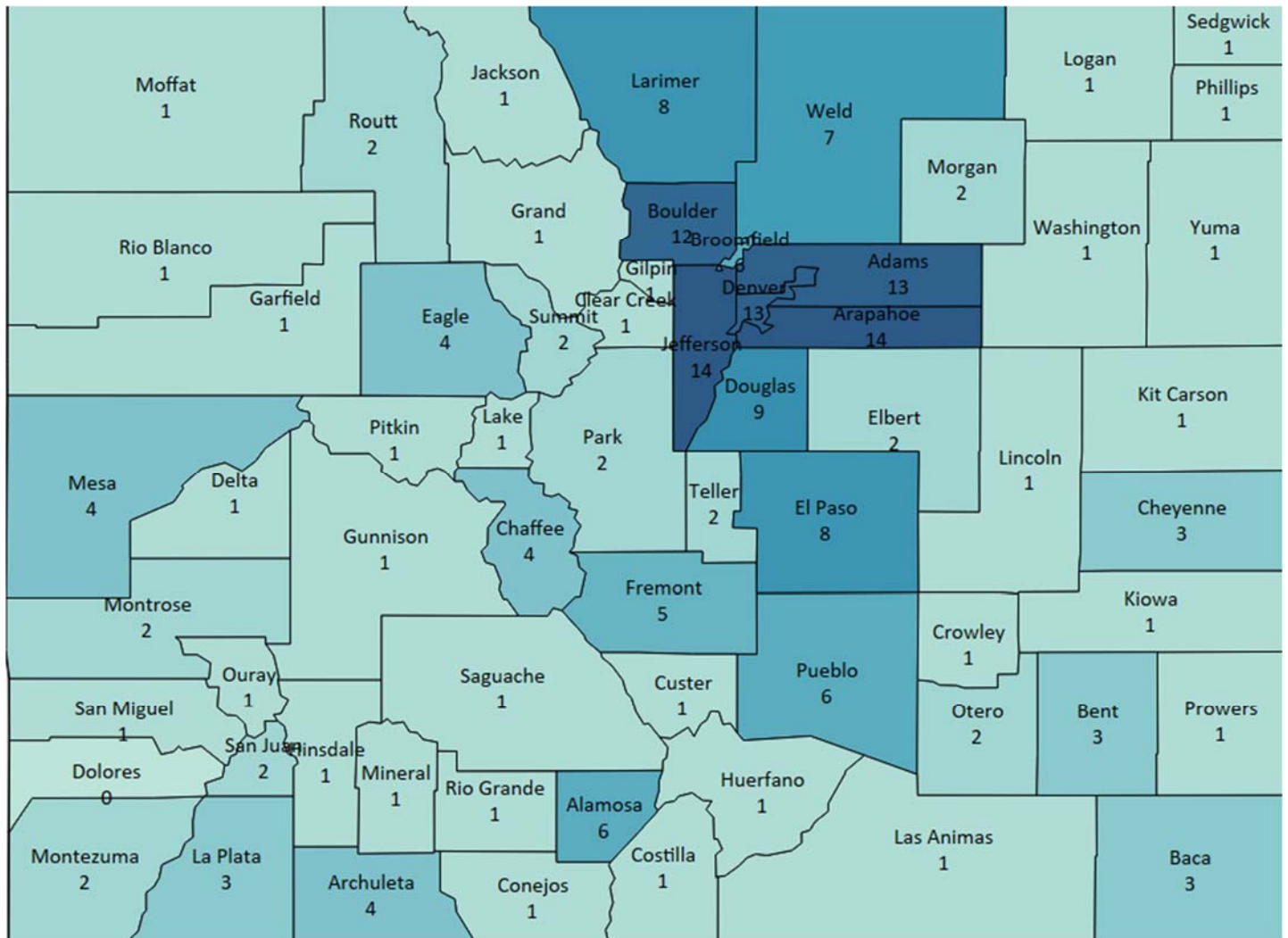
**Figure 8. Number and Location of SOMB Treatment Providers by County, 2022**



**Figure 9. Number and Location of SOMB Evaluators by County, 2022**



**Figure 10. Number and Location of SOMB Polygraph Examiners by County, 2022**

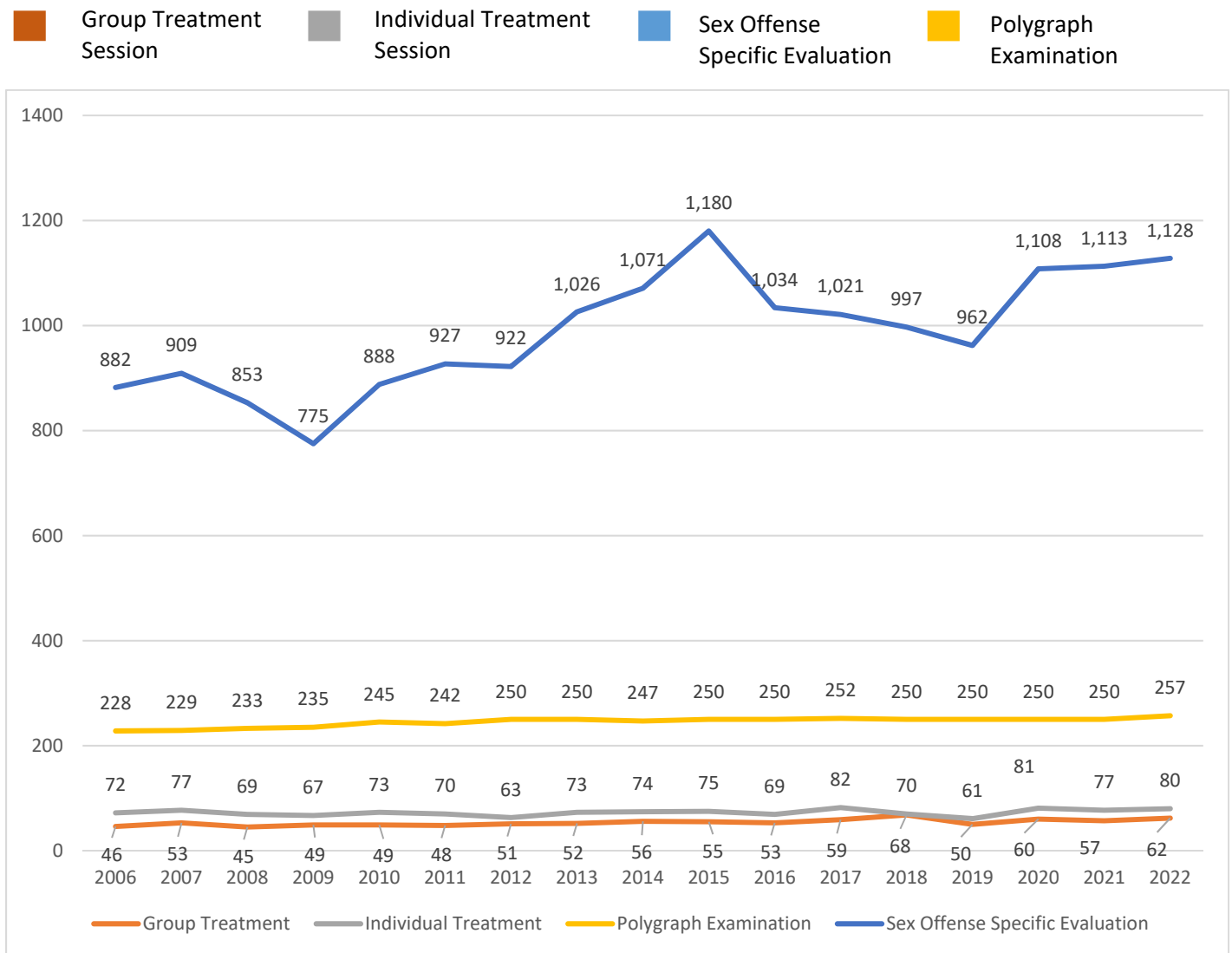


**COST OF SERVICES**

The average costs of services in **Table 6** (next page) were determined by surveying SOMB listed providers in September of 2022. Many providers offer services on a sliding scale, dependent on the inmate’s income. In community-based programs, most sex offenders are expected to bear the costs of treatment and behavioral monitoring. The Standards require, at a minimum, weekly group treatment and polygraph examinations every six months; however, there is variability for those in advanced levels of treatment. Most programs require some additional services during the course of treatment.

**Figure 11** illustrates the average costs of approved provider services by fiscal year. Average costs for group treatment, individual treatment, and polygraph examinations have remained relatively stable. The costs for a sex offense-specific evaluation have also remained relatively stable over the last three fiscal years, although the range between the lowest and highest cost varies widely.

**Figure 11. Average Costs of Approved Provider Services by Fiscal Year**



**Table 6. Average Cost of Services by Judicial District**

Judicial District	Mental Health Sex Offense Specific Group Treatment Session	Mental Health Sex Offense Specific <i>Individual or Other Adjunct (i.e., family or couples counseling)</i> Treatment Session	Sex Offense Specific Evaluation, including a PPG or VRT, or Both	Polygraph Examination
1 <sup>st</sup>	\$61.00	\$91.00	\$1188.00	\$260.00*
2 <sup>nd</sup>	\$65.00	\$92.00	\$1,294.00	\$260.00*
3 <sup>rd</sup>	N/A	N/A	N/A	\$250.00*
4 <sup>th</sup>	\$61.00	\$73.00	\$1,200.00	\$261.00
5 <sup>th</sup>	\$65.00*	\$65.00*	\$850.00*	\$260.00*
6 <sup>th</sup>	\$65.00	\$65.00	\$1,100.00*	N/A
7 <sup>th</sup>	\$58.00	\$83.00	\$1,075.00*	N/A
8 <sup>th</sup>	\$63.00	\$70.00	\$1,200.00	\$255.00
9 <sup>th</sup>	\$57.00	\$80.00	\$1,075.00	
10 <sup>th</sup>	\$52.00	\$57.00	\$700.00*	\$255.00
11 <sup>th</sup>	\$65.00	\$73.00	\$1,500.00*	\$255.00
12 <sup>th</sup>	\$65.00*	\$65.00*	\$1,100.00*	\$250.00*
13 <sup>th</sup>	\$65.00	\$107.00	\$1,267.00	N/A
14 <sup>th</sup>	\$65.00*	\$65.00*	\$850.00*	N/A
15 <sup>th</sup>	\$65.00*	\$130.00*	\$1,050.00*	\$250.00*
16 <sup>th</sup>	N/A	N/A	N/A	N/A
17 <sup>th</sup>	\$63.00	\$88.00	\$1,162.00	\$260.00*
18 <sup>th</sup>	\$63.00	\$90.00	\$1,295.00	\$260.00*
19 <sup>th</sup>	\$62.00	\$89.00	\$1,267.00	\$255.00
20 <sup>th</sup>	\$64.00	\$78.00	\$1,219.00	\$260.00*
21 <sup>st</sup>	\$58.00	\$80.00	\$1,075.00	N/A
22 <sup>nd</sup>	\$65.00	\$65.00	\$1,100.00	N/A
<b>Average</b>	\$62.00	\$80.00	\$1,128.00	\$257.00
<b>Range</b>	\$45.00-\$75.00	\$45.00-\$150.00	\$700.00-\$2500.00	\$250.00-\$262.00

Note: Figures were obtained in September 2022 and are rounded to the nearest dollar. \*Denotes only one responding provider/agency from that Judicial District. N/A denotes "Not Available" due to no responding provider/agency from that Judicial District.

## *Sex Offender Surcharge Fund*

The SOMB recommended that \$302,629 from the Sex Offender Surcharge Fund be allocated to the Judicial Department in FY 2021-22. These funds are used for sex offense-specific evaluations and assessments for pre-sentence investigation reports for indigent sex offenders and for assistance with polygraph examination costs post-conviction. These funds are made available to all indigent sex offenders through local probation departments. The SOMB recommended that \$453,044 from the Sex Offender Surcharge Fund be allocated to the Judicial Department for FY 2023-24 for the same purposes.

### **PROVIDER SURVEY**

The SOMB administers an annual survey to its approved service providers to measure the degree of implementation of current and emerging practices. Out of approximately 175 agencies providing SOMB approved services, 45 responded<sup>2</sup> to the survey indicating a 26% response rate. The following statistics are based only on the responses from providers who deliver services to adults who commit sexual offenses.

As of June 30, 2022, 29% of providers who responded to the survey reported having 20 or more sex offenders currently serving an indeterminate sentence at their treatment program or private practice (28.6%, n=10). In comparison, 20% of providers reported having no sex offenders currently serving an indeterminate sentence at their treatment program (20.0%, n=7). Approximately 26 of participating providers (74.3%) reported the average length of stay for sex offenders serving an indeterminate sentence was between one to six years, and 5 providers reported an average length of stay in treatment ranging from seven years to over 10 years (14.3%). Further, only 5 in 45 responding providers (11.1%) indicated that sex offenders sentenced under the Lifetime Supervision Act have had an impact on their program's ability to provide services.

### **REGULATION AND REVIEW OF SERVICES PROVIDED BY SEX OFFENDER TREATMENT PROVIDERS**

#### **Application Process**

The SOMB works to process the applications of treatment providers, evaluators, and clinical polygraph examiners to create a list of these providers who meet the criteria outlined in the Standards and whose programs comply with the requirements in the Standards. These applications are reviewed through the SOMB Application Review Committee (ARC).

The Application Review Committee consists of Sex Offender Management Board members who work with the staff to review the qualifications of applicants based on the Standards. The application is also forwarded to a private investigator contracted by the Division of Criminal Justice to conduct background investigations and personal interviews of references and referring criminal justice personnel. When the Application Review Committee deems an applicant approved, the applicant is placed on the SOMB Provider List. When a provider is listed in the Provider List, it means that he/she (1) has met the education and experience qualifications established in the Standards and (2) has provided sufficient information for the committee to decide that the services being provided appear to be in accordance with the Standards. In addition, each provider agrees in writing to provide services in compliance with the Standards.

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<sup>2</sup> Approved service providers were asked to have only one representative respond to the survey per program. Included in this figure are private agencies that provide SOMB approved treatment and evaluation, agencies that provide SOMB approved polygraph services, and DOC providers.

Placement on the SOMB Provider List is neither licensure nor certification of the provider. The Provider List does not imply that all providers offer the exact same services, nor does it create an entitlement for referrals from criminal justice system agencies. To the extent possible, the criminal justice supervising officer, as the referral source, attempts to match each offender to an appropriate treatment agency.

The current re-application process includes an expedited background check and a short reapplication form. The SOMB implemented a new requirement for those providers applying for their first three-year renewal or a change in listing status. In addition to the requirements outlined in Section 4.000, providers are also required to submit work products which will be reviewed by the SOMB Application Review Committee. Standards Compliance Reviews (SCR) are used to assess compliance by providers upfront in the re-application process. Whether for-cause (i.e., a founded complaint is made against a provider) or random, SCRs involve SOMB staff and the ARC conducting a thorough review of Standards compliance on the part of the approved provider through file review and consultation with the provider. The intended outcome is to: (1) enhance efficiency and significantly reduce the turnaround time for reapplication approvals, and (2) increase compliance oversight by giving SOMB staff and ARC members a more in-depth and accurate picture of service delivery by those providers subject to a SCR.

### **Competency-Based Model**

The SOMB made significant changes to section 4.000 of the *Standards and Guidelines*. The Competency Based Assessment is intended to help the supervisor rate applicants on a set of established competencies specific to the field of Sex Offense Specific Treatment and Evaluation. The SOMB's Best Practices Committee developed criteria for approving treatment providers and evaluators using therapeutic competencies, which was implemented in February 2016. This Competency-Based Model (CBM) utilizes qualitative as well as quantitative measures to assess the proficiency level of both existing approved providers as well as candidates for provider approval. There are several specific content areas deemed crucial to becoming an effective treatment provider or evaluator such as *Knowledge and Integration of SOMB Standards* and *Clinical Intervention and Goal Setting* skills.

### **Adult Standards Revision Committee**

In July 2014, the SOMB reconvened the Adult Standards Revision Committee for the purpose of making recommendations for updating the Adult Standards and Guidelines to ensure alignment with current and emerging research. Since September 2021, the SOMB has continued to make revisions based on evidence-based practices and has added an emphasis on ensuring Equity, Diversity, and Inclusion are reflected within the Standards. A guiding principle directing providers to ensure they are culturally aware and competent within their practice was approved.

### **Sex Offender Service Providers Requirements for Listing Status**

In addition to meeting all the other applicable Standards, the *general* requirements for service providers are detailed below in Table 8. For a comprehensive list of requirements, please refer to section 4.000 of the *Standards and Guidelines for the Assessment, Evaluation, Treatment, and Behavioral Monitoring of Adult Sex Offenders* (<https://cdpsdocs.state.co.us/dvomb/SOMB/Standards/SAdult.pdf>).



**Table 7. Current Approval Requirements of Treatment Providers and Evaluators**

Service Level and Service Type	Current Competency Based Approval Requirements (effective 2017)
<b>Full Operating Level Treatment Provider:</b>	Treatment Providers seeking placement at the Full Operating Level must demonstrate the necessary competencies as determined by the ARC. Additionally, providers must receive the minimum professional training hours required and co-facilitation hours may be required. Providers at this level may practice without supervision and can apply for clinical supervisor status. Providers at this level must demonstrate competency every three years to renew their status at this level.
<b>Associate Level Treatment Provider:</b>	Treatment Providers seeking initial or renewing placement at the Associate Level status must demonstrate competency at the Associate Level as verified by a clinical supervisor. Additionally, providers must receive the minimum professional training hours (e.g. - initial Standards orientation, booster training, etc.) and co-facilitation hours may be required. Providers at this level must demonstrate competency every three years to renew their status at this level. At the initial three-year renewal or in the event of a change in status, providers must also provide work product in their re-application.
<b>Full Operating Level Evaluator:</b>	Evaluators seeking placement at the Full Operating Level must demonstrate the necessary competencies as determined by the ARC. Additionally, providers must receive the minimum professional training hours and co-facilitation may be required. Providers at this level may practice without supervision and can apply for clinical supervisor status. Providers at this level must demonstrate competency every three years to renew their status.
<b>Associate Level Evaluator:</b>	Evaluators seeking initial or renewing placement at the Associate Level must also apply for placement as an Associate Level Treatment Provider. Additionally, providers must demonstrate competency at the Associate Level as verified by a clinical supervisor. Additionally, providers must receive the minimum professional training hours (e.g. - initial Standards orientation, booster trainings, etc.). Providers at this level must demonstrate competency every three years to renew their status at this level.
<b>Clinical Supervisor Listing Status:</b>	Full Operating providers may apply for approval as an SOMB clinical supervisor once they have met the required qualifications and completed the following: (1) receive supervision from an approved SOMB clinical supervisor for assessment of their supervisory competence; (2) be assessed as competent in SOMB clinical supervisor Competency #1; and (3) provide supervision, when deemed appropriate, under the oversight of their SOMB clinical supervisor.
<b>Full Operating Level Polygraph Examiner:</b>	Polygraph Examiners at the Full Operating Level have conducted at least 200 post-conviction sex offender polygraph tests and has received 100 hours of specialized sex offender polygraph examiner training.
<b>Associate Level Polygraph Examiner:</b>	Examiner at the Associate Level are working under the guidance of a qualified Polygraph Examiner listed at the Full Operating Level while completing 50 post-conviction sex offender polygraph tests as required for Clinical Polygraph Examiners at the Full Operating Level.

## SUMMARY

This report is intended to provide the Colorado General Assembly with information on the twenty first year of implementation of the Lifetime Supervision Act in Colorado. The Colorado Department of Corrections, the Colorado Judicial Department, and the Colorado Department of Public Safety work collaboratively in implementing the comprehensive programs for managing sex offender risk in Colorado.

During FY 2022, 98 Lifetime Supervision Sex Offenders were admitted to prison and 105 removed from Lifetime Supervision status. As of June 30, 2022, 2,693 inmates were under CDOC supervision for sexual offense convictions sentenced under the Lifetime Supervision provisions. The Sex Offender Treatment and Monitoring Program (SOTMP) for CDOC inmates was designed to utilize the most extensive resources with those inmates who have demonstrated a desire and motivation to change. Because the Lifetime Supervision legislation is not intended to increase the minimum sentence for sex offenders, the Colorado Department of Corrections has designed treatment formats that provide inmates the opportunity to progress in treatment and be considered a candidate for parole within the time period of their minimum sentence. In FY 2022, 97 Lifetime Supervision Sex Offenders were released to parole. During FY 2022, 242 Lifetime Supervision Sex Offenders participated in treatment and 92 Lifetime Supervision Sex Offenders met the statutory and departmental criteria for successful progress in prison treatment.

In FY 2022, the Parole Board completed 795 applications for release hearings for 644 Lifetime Supervision Sex Offenders; some inmates were not meeting criteria at the time of their hearing, and some had multiple hearings over the course of the year. The Parole Board granted discretionary release for 57 of the 644 Lifetime Supervision Sex Offenders, although not all of these had paroled by the end of the fiscal year.

The Parole Board completed 85 revocation hearings for 64 Lifetime Supervision Sex Offenders in FY 2022, for whom, 35 hearings resulted in revocation of parole, three hearings resulted in continuations on parole, eight inmates self-revoked their parole, and 18 hearings were not yet finalized at the end of the fiscal year.

As of June 30, 2022, there were approximately 1,569 individuals under SOISP probation supervision. Of these, approximately 863 (55%) probationers were under lifetime supervision. A comparison of data for FY 2020-21 to FY 2021-22 reflects an 88% (38 cases) increase in the number of individuals eligible and sentenced to indeterminate lifetime sentences and under SOISP supervision. New eligible cases for indeterminate lifetime term sentences to probation include 81 probationers with under lifetime probation with SOISP, 280 probationers under non-lifetime probation with SOISP, and 270 probationers under regular probation. In FY2021-22, 67 sex offenders had their lifetime supervision sentences terminated (two revoked – new felony, one revoked – new misdemeanor, 18 revocations – technical violations, five terminated – deportation, five terminated – death, ten revoked – absconded, 26 terminated – successful terminations) and 86 inmates under lifetime supervision completed SOISP subsequently being transferred to regular probation.

The expenses associated with the sex offender offense specific evaluations are increasing annually. Probation funds have been required to pay for these evaluations and assessments to avoid any delays in case processing for the courts and to ensure that inmates who are unable to pay all of the costs associated with court ordered evaluation and treatment are not returned to court for revocation based on non-payment. Revocations generally result in sentences to the CDOC, a significantly higher cost option for the state. The Judicial Department is seeking alternative options in order to manage and curb these rising costs.

The number of approved treatment providers decreased this fiscal year by 8%. The number of approved full operating evaluators decreased by 10%. The number of approved polygraph examiners has remained relatively stable since FY 2007, but did increase by 11%. The availability of services across the state has been improving incrementally as more providers are seeking approval to operate within some of the underserved rural counties. Notwithstanding the average cost for sex offense specific evaluations, average costs for services have also remained fairly stable. –

In summary, the number of sex offenders subject to Lifetime Supervision in prison and in the community is rising which has resulted in increased caseloads for those agencies responsible for the management of sex offenders. Additionally, sex offenders will continue to be identified in the future including those who are subject to lifetime supervision. In an effort to achieve community safety, accurate static and dynamic risk assessments must be an element of sex offense specific evaluations to insure the proper placement of sex offenders in an appropriate level of supervision, thereby using available resources wisely. Accordingly, the Colorado Department of Corrections, the Colorado Judicial Department, and the Colorado Department of Public Safety will continue to evaluate the impact of the Lifetime Supervision Act for sex offenders both in prison and in the community.