

Lifetime Supervision of Sex Offenders

Annual Report



November 1, 2014

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

Lifetime Supervision of Sex Offenders | 2014

November 1, 2014

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Please contact Jesse Hansen (see contact information below) or visit the Sex Offender Management Board website at <http://dcj.state.co.us/odvsom> if you would like copies of the following attachments:

Attachment A:

Standards and Guidelines for the Assessment, Evaluation, Treatment and Behavioral Monitoring of Adult Sex Offenders
Lifetime Supervision Criteria

Attachment B:

Sexual Predator Risk Assessment Screening Instrument

Attachment C:

Sexual Predator Risk Assessment Screening Instrument Handbook

Attachment D:

SOMB Provider List

Attachment E:

Process Evaluation of the Colorado Sex Offender Management Board Standards and Guidelines

Attachment F:

2011 Adult Standards and Guidelines Outcome Evaluation

Attachment G:

An External Evaluation of the Colorado Sex Offender Management Board Standards and Guidelines Strategic Action Plan

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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 lifetime supervision of sex offenders. The report is submitted pursuant to Section 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 offenders placed in the intensive supervision parole program and the intensive supervision probation program and the length of supervision of offenders 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 fourteenth 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 the Fall of 1999.

Admissions and Discharges for FY 2014

During fiscal year (FY) 2014, 122 new court commitments were admitted to CDOC under the lifetime supervision provisions for sex offenses, plus 4 offenders returned on their original lifetime sex offender sentence after they had been released from their prison sentence by the courts (i.e., court ordered discharge, release to probation). Offenders may be admitted to prison with a conviction for a non-lifetime supervision offense along with a concurrent or consecutive lifetime supervision sentence to *probation* for the qualifying sex offense, but these offenders are not included among those counted as lifetime supervision sex offenders. Also during the fiscal year, 26 offenders discharged their sentence: 6 received court-ordered releases (1 was a parolee), 12 died (4 were parolees), 5 were released by the courts to probation, and 3 released on an appeal bond.

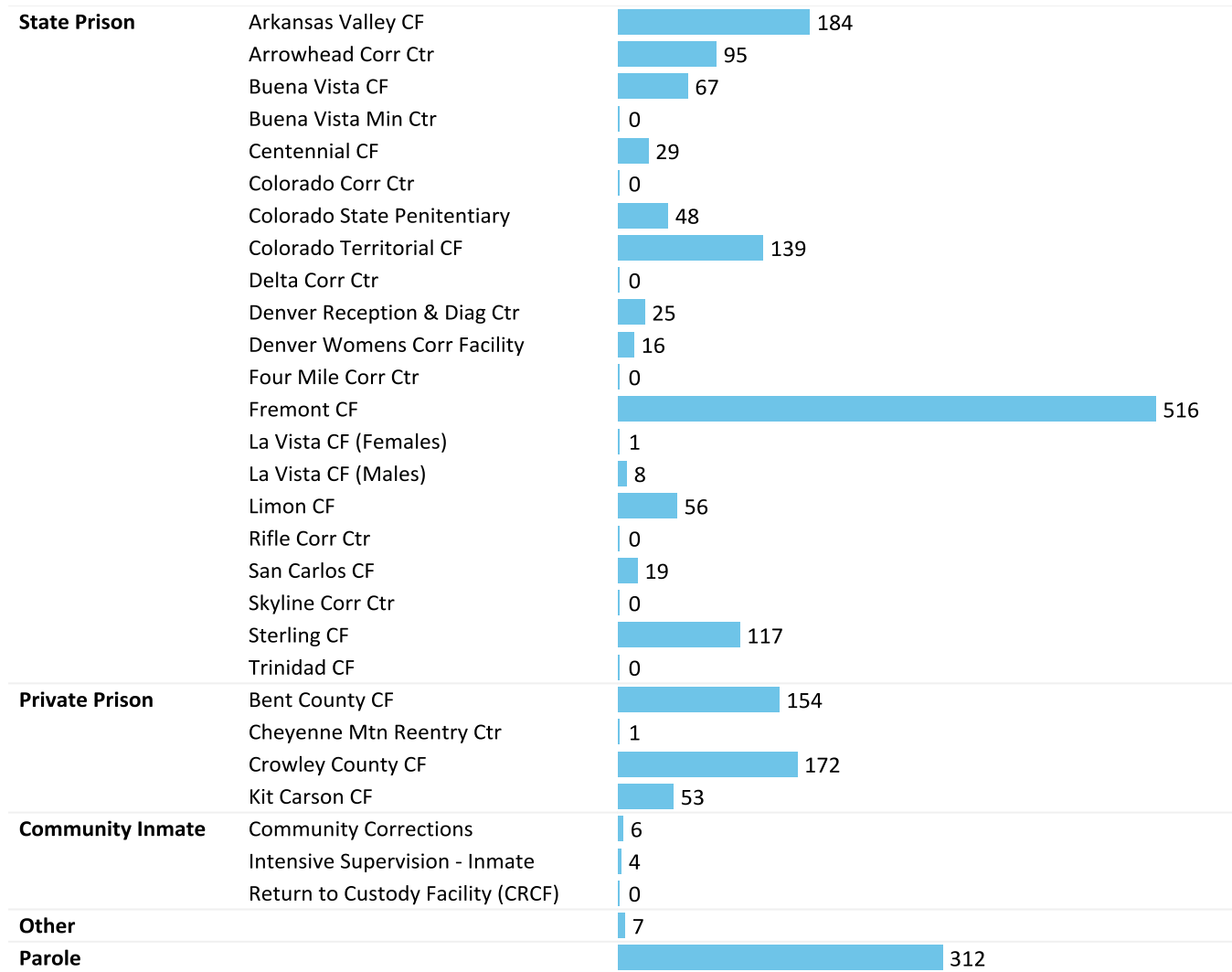
Offenders who receive prison sentences may have their sentences amended from a determinate sentence to a lifetime sentence or vice versa. A history of amended mittimus is not recorded electronically, so it is impossible to identify all sex offenders who have had their sentences amended in the midst of serving their sentence. However, point-in-time data, such as that used to describe the current population in the next section, accurately reflects offenders who are serving lifetime sentences.

Current Population

As of June 30, 2014, 2,029 offenders were under CDOC supervision for sexual offense convictions sentenced under the lifetime supervision provisions. Of these, 1,320 were in state prisons, 380 were in private prisons, 10 were in community inmate placements, 312 were on parole, and 7 were in other locations (e.g., jail backlog and interstate compact). Figure 1 breaks these placements out further.

Of the 2,029 lifetime supervision offenders currently under CDOC supervision, almost all are male (99%) and the median age is 45. Fifty-seven percent of these offenders are Caucasian, 27% are Hispanic, 13% are African American, and 3% are other ethnicities. Thirteen of these offenders had a more serious offense than the lifetime sex offense as their controlling offense.

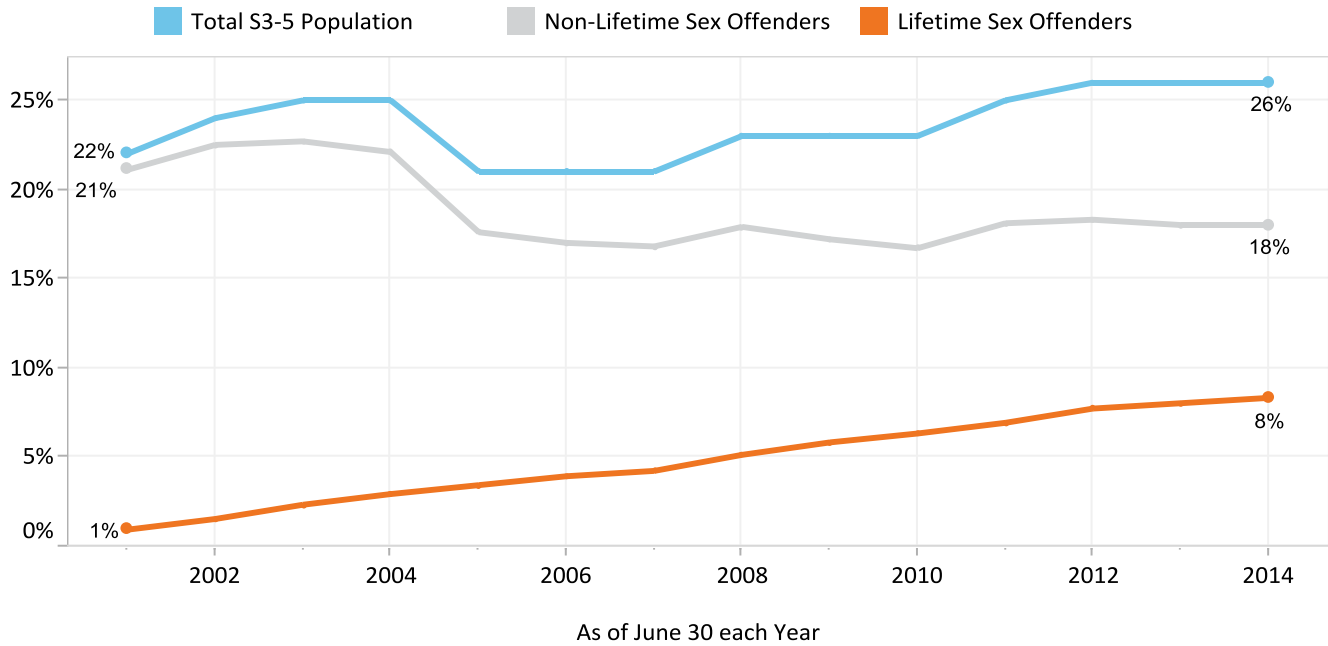
Figure 1. Location of Lifetime Supervision Sex Offenders as of June 30, 2014



Impact on Prison

In order to assess the impact of the Lifetime Supervision Act on the prison population, the percentage of non-lifetime and lifetime sex offender inmates out of the total inmate population since 2001 was examined (see Figure 2). Sex offenders are classified by DOC staff as those scoring 3-5 on a 5-point needs level severity index. The proportion of offenders sentenced under the Lifetime Supervision Act has been steadily increasing over the past decade. Overall, the rate of sex offenders among the DOC prison population is increasing.

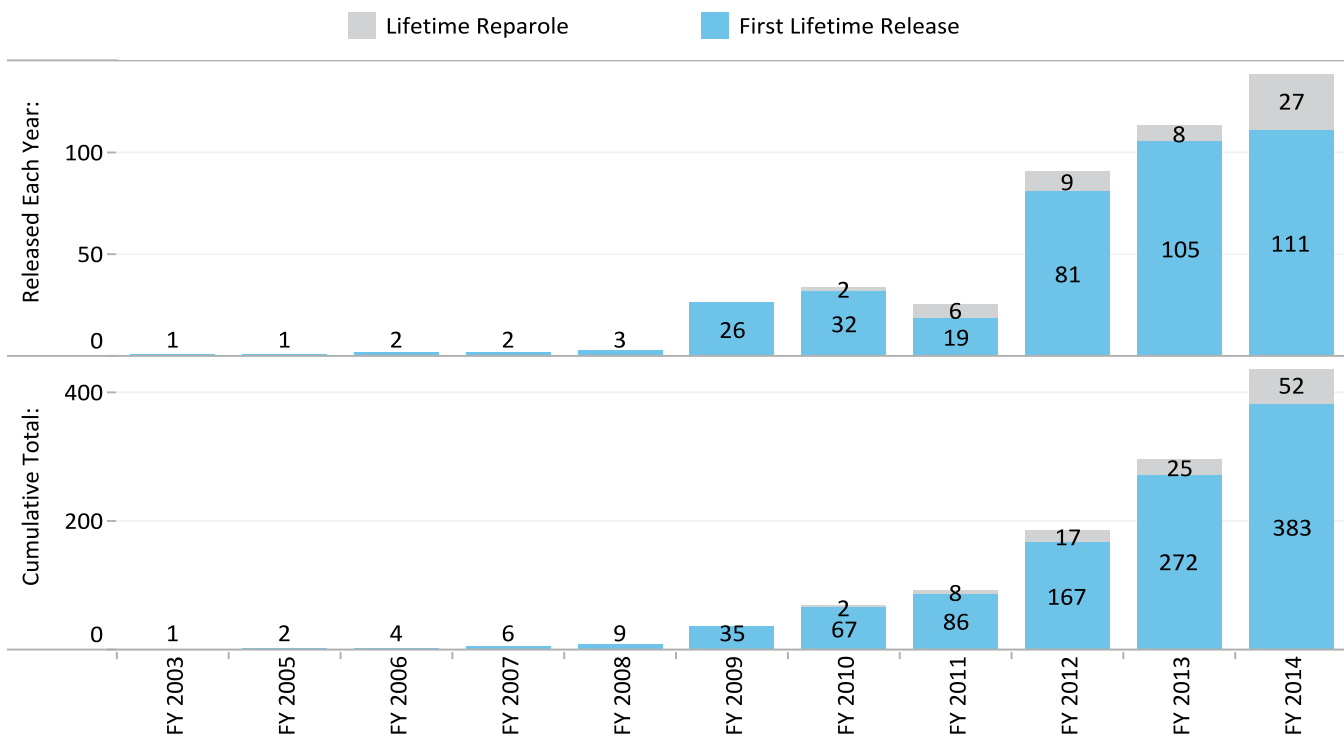
Figure 2. Percentage of Sex Offenders and Lifetime Sex Offenders Out of the Prison Population



Impact on Parole

There have been 383 offenders under lifetime supervision who have released to parole through June 30, 2014. Of these offenders, 111 paroled for the first time under their lifetime supervision sentence during FY 2014. Some who had their parole revoked have re-paroled second and third times, so there have been a total of 435 releases to parole since the inception of the Act. Figure 3 details the raw and cumulative number of initial releases and re-paroles of lifetime supervision offenders by year.

Figure 3. Lifetime Sex Offender Releases by Year



Note. There is one less release in FY 2012 and in FY 2013 than previously reported. These offenders had their sentences amended from lifetime to non-lifetime sentences just prior to their release.

Figure 4 displays length of stay on parole as of June 30, 2014, both for active parolees (gray) and those who have had their parole terminated (blue) due to revocation, death, or sentence change. The longest a lifetime offender has been under parole supervision is nearly 9 years and the average is 17 months. Although the first prison admission for the qualifying lifetime supervision sexual offenses occurred in the fall of 1999; the majority of offenders were not eligible for parole until the recent fiscal years. This helps to explain the low monthly parole supervision average and growth in recent fiscal years shown in figure 3. Eighty-six of the 435 offenders (20%) released to parole supervision in another state. Since the Act began, 292 lifetime sex offenders participated in intensive supervision parole, with median length of time spent on intensive supervision parole through June 30 of about 14 months. This number was a total of every time an offender participated in intensive supervision parole, which was at most four times.

Figure 4. Parole Length of Stay

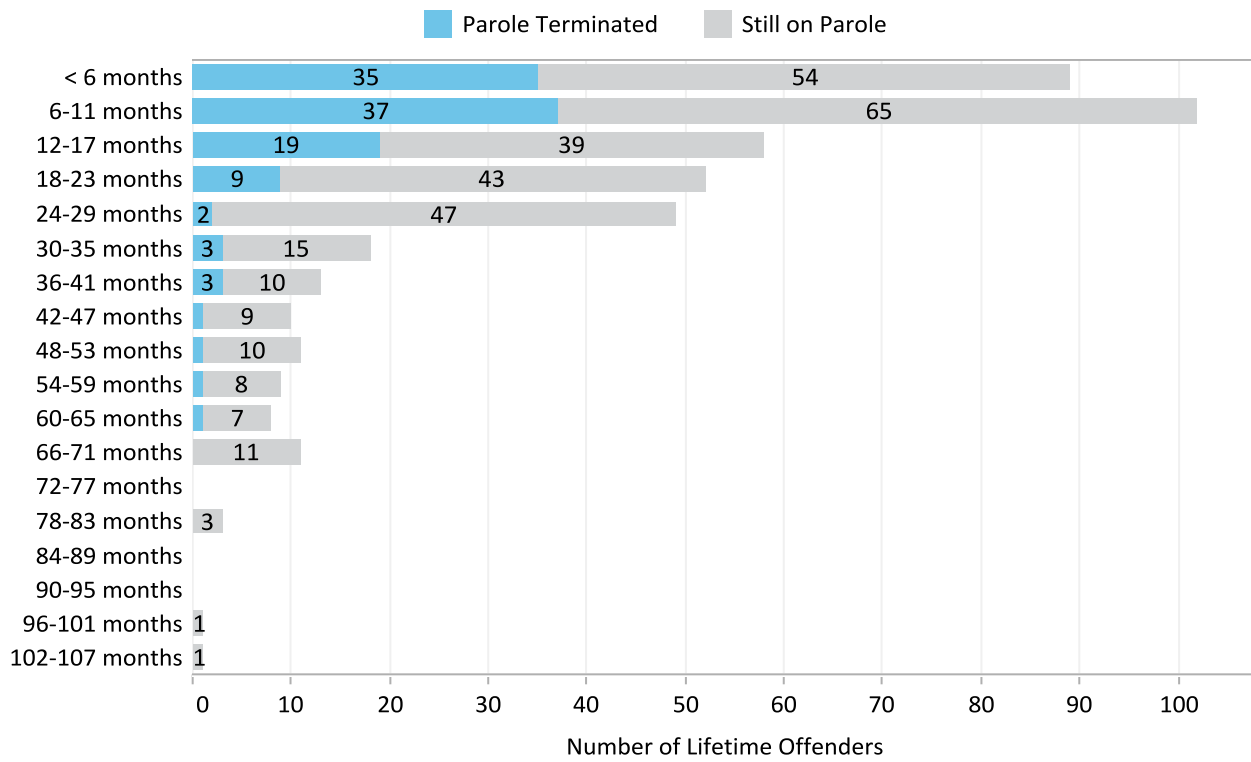
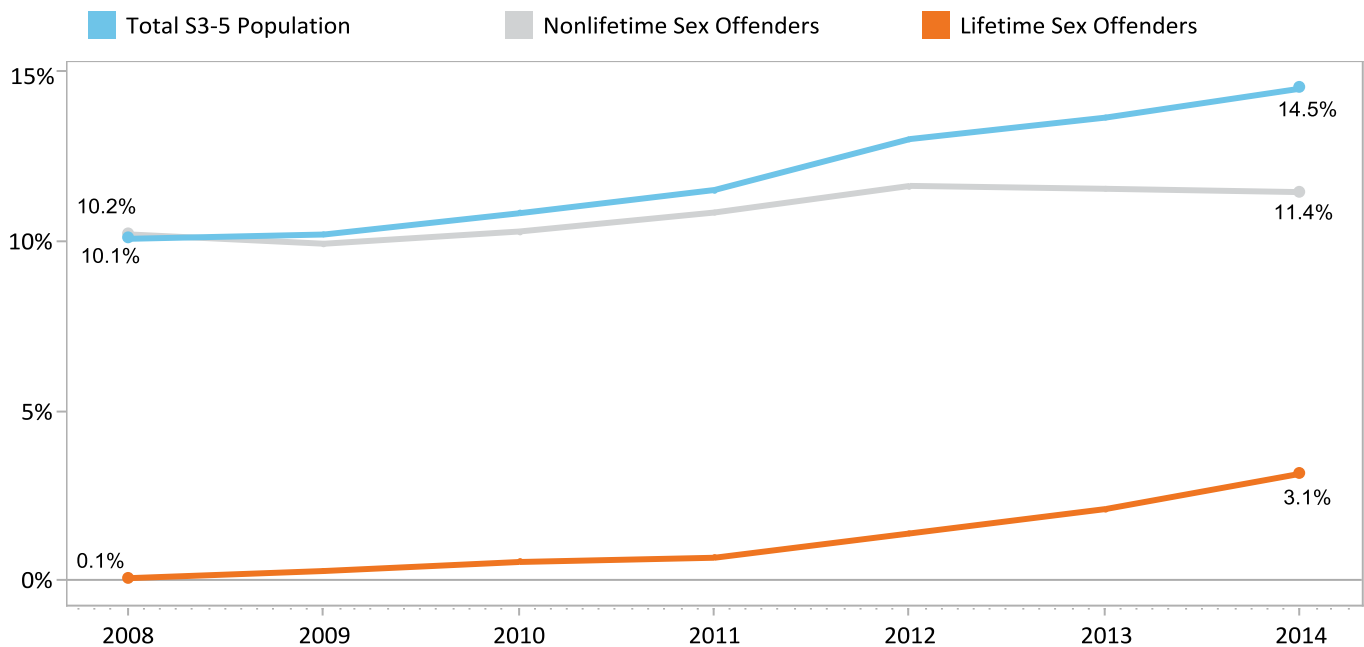


Figure 5 shows the percentage of parolees who are sex offenders (as defined by sex offender needs levels 3-5), broken out by lifetime and non-lifetime supervision sex offenders. The majority of sex offenders under parole supervision are not under the provisions of lifetime supervision. Lifetime supervision parolees appear to be largely responsible for the recent increase of sex offenders on parole, although the proportion is still small (3%).

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



Parole Release Hearings

The Parole Board completed 989 release hearings for 783 lifetime supervision sex offenders during FY 2014; some offenders had multiple hearings over the course of the year. The Parole Board granted discretionary release in 119 of the 989 hearings, 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 52 revocation hearings for 50 lifetime supervision offenders in FY 2014, with a decision to continue parole in 3 cases and to revoke parole in 49 cases (one offender was revoked twice during the year and one was initially continued on parole but revoked 3 months later). These figures exclude hearings held where a decision was not reached (i.e., hearing continued). Additionally, four offenders self-revoked their parole.

Of the 435 releases to parole since the Lifetime Supervision Act went into effect, 103 have resulted in revocation (some offenders have released and been revoked multiple times). Of the 103 revocations, 9 offenders returned with a total of 10 new felony convictions incurred while on parole. During FY 2014, four offenders returned on the following felony convictions: two escape attempts, one possession of methamphetamines, and one sexual exploitation of a child.

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. The longest period of parole to date for a lifetime offender is 9 years, so no discharge hearings have been held yet and are not expected for at least another year at the earliest.

SUMMARY OF EVALUATION INSTRUMENTS

Release to parole or community corrections is subject to the discretion of the Parole Board. CDOC informs the Parole Board if offenders have participated in treatment and have met the Sex Offender Management Board's criteria for successful progress in prison treatment. (See ATTACHMENT A).

ATTACHMENT A: *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 Phases

Following the release of a comprehensive evaluation of the SOTMP, the programming and curriculum was revised and updated based on the evaluation recommendations beginning April 2013. Of note, for part of this fiscal year offenders completed treatment based on previous curriculum reported on in the 2013 report. 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 sexual offenders who are motivated to eliminate sexual abuse behaviors. SOTMP is responsible for assessing the offender's progress when recommending specific SOTMP phases for participation. SOTMP offers:

Risk Assessment to determine level of treatment intensity recommended:

- All offenders with identified sex offense specific treatment needs are assessed with the Static-99R actuarial assessment. This assessment assesses static factors in an offender's history and provides a baseline risk category, which is used to determine recommended treatment dose. All offenders are placed into Phase I Core treatment groups according to risk. During the treatment process, additional dynamic assessments are administered. Clients who remain in the lower risk categories after on-going assessment will progress to maintenance phase upon completion of Phase I Core. Those who are assessed to be in the higher risk categories and who have more significant treatment needs will progress to the Phase II Intensive Treatment Program (ITP). Upon successful progress on identified treatment objectives in the Phase II ITP, clients 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.

Phase I Core

Phase 1 successful completion 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 phase includes cognitive behavioral therapeutic groups based on the evidenced based risk/need/responsivity model focusing on the common problem areas of sex offenders. The 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 offenders, developmentally delayed, and medical restricted offenders are accommodated at Colorado Territorial Correctional Facility. The goals and curriculum of Phase I were revised, to become the Phase I Core program that all offenders who have identified sex offense specific treatment needs will be offered. Offenders will have an opportunity to meet the 7 lifetime supervision criteria upon completion of Phase I. Offenders who based on Static assessment fall into the lower risk categories will complete only Phase I Core; those assessed to fall into the higher risk categories will continue on in Phase II ITP. Clinicians rely upon ongoing dynamic assessment and clinical observations to assess risk continually throughout treatment. 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 Phase I Core include:

- The offender is initially assessed with a Static Risk Assessment, but risk assessment is ongoing throughout treatment with multiple instruments to include a dynamic assessment. This ongoing risk assessment determines the level of treatment needed.
- The offender takes full responsibility for his/her sexually abusive behavior.
- The offender identifies, in depth, problem areas he/she needs to continue to work on if continuing on to Phase II ITC or in community based offense specific treatment.
- The offender 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 offender identifies his/her relapse cycle and methods for intervention in the cycle.
- The offender realizes the importance of sharing his/her relapse cycle and methods of intervention with significant others in his/her life.
- The offender 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 offender will have the opportunity to meet the Lifetime Supervision criteria with a report to the Parole Board that these criteria have been successfully met.
- To further evaluate the offender's motivation for treatment and willingness to commit himself/herself to the change process.

Those Offenders who successfully complete Phase I Core who are assessed as not having a need for Phase II ITC will go to Maintenance Phase (described later), as relapse prevention is lifelong addressing treatment needs as they arise for offenders while incarcerated.

Phase II ITC (Intensive Treatment Community)

During the last fiscal year Phase II ITC was developed. This change combined the existing Standard and Modified formats of the previous Phase II. This phase consists of cognitive behavioral groups based on the evidenced based Risk/Need/Responsivity model focusing on criminogenic factors and changing the

offender's distorted thinking and patterns of behaviors, as well as helping the offender develop effective relapse prevention plans and community based safety plans for effective transition into the community. Phase II ITC program is offered at Arrowhead Correctional Center in an intensive treatment community. It is also offered in a regular group format at Colorado Territorial Correctional Facility, San Carlos Correctional Facility, Denver Women's Correctional Facility, and the Youthful Offender System. The goals of Phase II ITC include:

- The offender receives further evaluation of his/her treatment needs and problem areas including ongoing risk assessment to determine treatment needs.
- The offender applies and incorporates the material learned in Phase I Core into his/her lifestyle.
- The offender identifies and changes distorted thinking.
- The offender prepares for living a responsible lifestyle in the community.
- The offender realizes the importance of developing a balanced lifestyle and monitoring his/her thoughts and behaviors for the rest of his/her life.
- The offender identifies his/her relapse cycle and methods for intervention in the cycle.
- The offender realizes the importance of sharing his/her relapse cycle and methods of intervention with significant others in his/her life.
- The offender 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 offender practices and incorporates a model for solving problems.

Maintenance Phase

Maintenance Phase will be offered for both separated risk tracks and at each facility. After the completion of Phase I Core offenders in the Low Risk track will progress to Maintenance Phase. Offenders identified as having additional high risk factors will receive more intensive treatment in Phase II ITC after the completion of Phase I Core. Offenders in the High Risk track successfully completing Phase II will transition to Maintenance Phase. The Maintenance Phase will have a decreased number of groups, however, are expected to report a treatment need as it arises so that it can be addressed. The Maintenance Phase will include these treatment areas:

- Healthy Relationships
- Re-entry planning to include:
 - Job Readiness workshop
 - Career and Personality class
 - Community Resources Guide class
 - Safety planning

- Relapse Prevention/Rehearsal Groups to include:
 - Personal Change Contract work and rehearsal

Specialized Services: SOTMP also offers, to the extent that resources permit, specialized services to the following sex offenders: females, youth, Spanish speaking, and offenders with medical restrictions, hearing impairments, developmental disabilities, 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 offenders 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 the last year, the SOTMP has begun moving towards an ongoing risk assessment format to replace the previous specialized format for Lifetime Supervision 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.

Sex offenders will continue in treatment and supervision if placed in community corrections or on parole.

- Offenders need to be willing to work on problems and demonstrate motivation to change.
- The Parole Board will be informed when offenders meet the Lifetime Supervision criteria for successful progress in prison treatment.

All Offenders meet the following criteria when successful completion of treatment is attained, at this time the SOTMP informs the Parole Board or Community Corrections Boards when offenders meet the following Lifetime Supervision criteria for successful progress in treatment in prison:

- Is actively participating in treatment and applying what he or she is learning.
- Completes a full disclosure of their sexual history as verified by a non-deceptive polygraph assessment of his or her deviant sexual history.
- Defines and documents his or her sexual offense cycle.
- Identifies, at a minimum, one approved support person who has participated in SOTMP family/support education. The SOTMP also must have received an approved copy of the offender's sexual offense cycle through their participation in a SOTMP therapist facilitated disclosure session with the offender.
- Practice relapse prevention as verified by any recent monitoring polygraphs and has had no institutional acting out behaviors within the past year.

- Stays compliant with any DOC psychiatric recommendations for medication which may enhance his or her ability to benefit from treatment and or reduce his or her risk of re-offense.
- Demonstrates the ability to be supervised in the community without presenting an undue threat.

The CDOC has changed administrative regulation 700-19 so that the SOTMP will prioritize offenders for treatment based on their parole eligibility date. Phase I Core treatment groups are formed based on initial static risk level. The department will assess the treatment needs of offenders, in addition to providing an ongoing dynamic risk assessment administered at different designated times based on treatment goals met. The department will no longer use sentence type (indeterminate or determinate) as a criterion for treatment priority. Offenders that score moderate-high and high on treatment need will be grouped together and receive a more intensive level of treatment. Those offenders who score low and low-moderate level of treatment needs will be grouped together and receive a lower level of intensity of treatment. Prioritization now occurs in the following manner:

A. 1st Priority

Offenders with active judicial determinations of sex offending (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. Offenders who have not had an opportunity to participate in treatment will have priority over an offender 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. Offenders who participated in a phase of treatment, and demonstrated motivation and effort, but needed additional time to understand the concepts will not fall in “did not take advantage of an opportunity” category.
2. Offenders 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. All offenders waiting for treatment will be assigned to Phase I Core groups. Those Offenders who are assessed as High or Moderate-High Risk and are in need of a higher intensity level of treatment will be placed on the Global Referral List for Phase II ITC following completion of Phase I Core.
 - a. To be placed in a Phase I group:
 - i. Offenders must have a minimum of 18 months to sentence discharge
 - ii. Offenders must have a minimum of 6 months to their Mandatory Release Date (MRD)
 - b. To be placed in a Phase II program:
 - i. Offenders must have a minimum of 18 months to sentence discharge
 - ii. Offenders must have a minimum of 12 months to their Mandatory Release Date (MRD)

3. Once all offenders who have not had prior opportunities to participate in SOTMP and are within 4 years of their PED have been placed in group, offenders with the fewest prior opportunities will be placed in group by order of their waitlist placement date.

B. 2nd Priority

Administratively determined sex offenders whose offenses are based on an active DOC sentence:

- 1) Offenders who have not had an opportunity to participate in treatment will have priority over an offender 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. Offenders who participated in a phase of treatment and demonstrated motivation and effort, but needed additional time to understand the concepts will not fall in “did not take advantage of an opportunity” category.
- 2) Offenders will be prioritized for group placement by their PED. Those with the earlier PED dates will be placed in group before others with later PED dates.
 - a) To be placed in a Phase I group:
 - i) Offenders must have a minimum of 18 months to sentence discharge
 - ii) Offenders must have a minimum of 6 months to their Mandatory Release Date (MRD)
 - b) To be placed in a Phase II program:
 - i) Offenders must have a minimum of 18 months to sentence discharge
 - ii) Offenders must have a minimum of 12 months to their Mandatory Release Date (MRD)
- 3) Once all offenders who have not had prior opportunities to participate in SOTMP and are within 4 years of their PED have been placed in group, offenders with the fewest prior opportunities will be placed in group by order of their waitlist placement date.

In an effort to meet the growing treatment needs of lifetime supervision offenders with CDOC’s limited treatment resources, the following changes were implemented to increase treatment opportunities for offenders:

- Developed a Phase II ITC outpatient program at Colorado Territorial Correctional Facility, San Carlos Correctional Facility and Denver Women’s for offenders who cannot progress to Arrowhead Correctional Center in August 2008.
- Moved the Phase I program at Sterling Correctional Facility to Arkansas Valley Correctional Facility in October 2008. This location improves the CDOC’s ability to recruit and retain therapists.
- Active 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.

- Obtained a Bureau of Justice grant to increase sex offender community transition options and resources October 2010 through September 2012. This grant continues currently as CDOC has done “no cost extensions,” extending the grant period through September 2015.

COST OF SEX OFFENDER TREATMENT

The FY 2014 CDOC budget included \$3,762,972 for assessment, treatment, testing (including polygraphs), program evaluation, and registration coordination for incarcerated sex offenders in state facilities. Of the total, approximately \$242,500 was allocated for polygraph testing. For offenders on parole, \$1,253,610 was spent for approved sex offender treatment provider services for FY 2014.

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 referral list for all sex offenders who meet the requirements for sex offender treatment. Both lifetime supervision and non-lifetime sentenced sex offenders who meet the requirements are placed on a statewide priority referral list for treatment. Offenders must be within four years or less of their PED to be placed on the list. In addition, offenders who are classified as a low treatment priority are not placed on the priority referral list. Offenders may be classified as having a low treatment priority if they have a sex offense that has not been decided by a court yet. The statewide list ensures offenders are moved to a facility offering SOTMP when they are prioritized to start treatment.

As of June 30, 2014, a total of 1,830 sex offenders were on the referral list for treatment with 395 of these being lifetime supervision offenders. Of the 1,830 sex offenders, 1,687 were referred to Phase I and 143 were referred to Phase II.

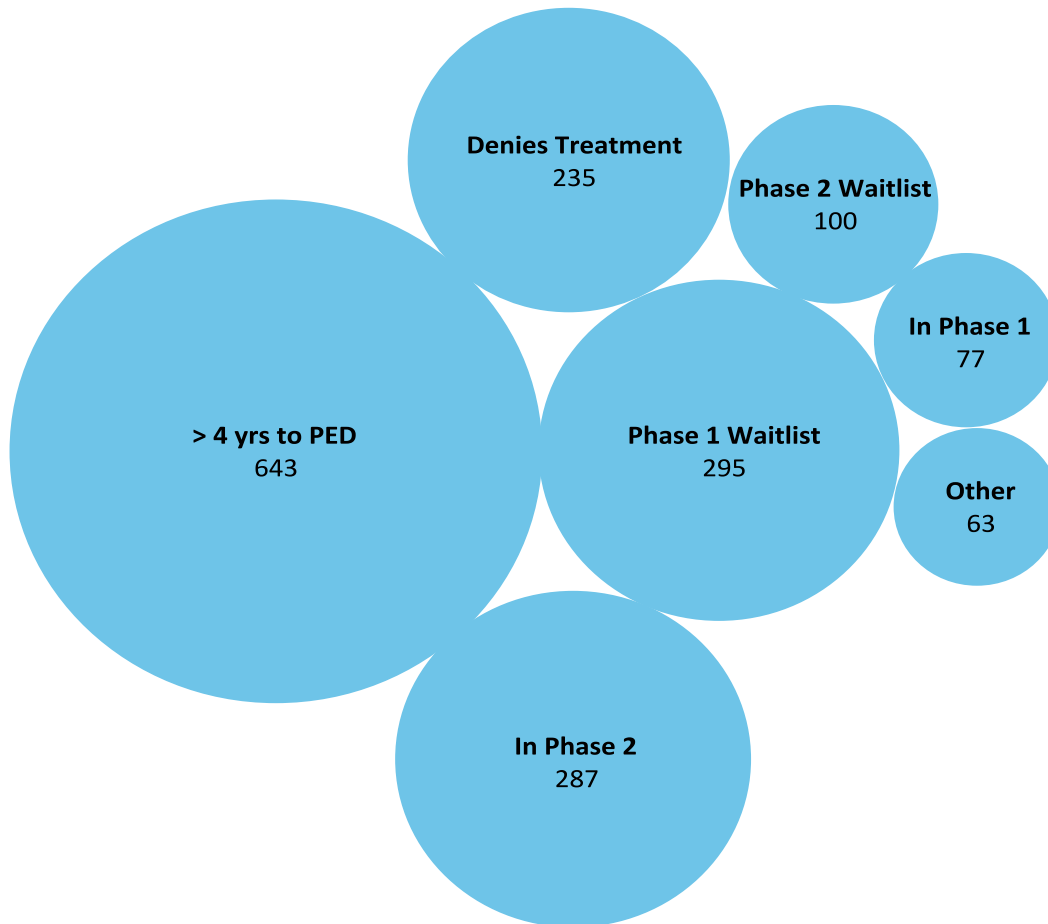
DENIED ADMISSION OR READMISSION TO PHASE I AND PHASE II

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

- Must have four years or less to parole eligibility date to be placed on the priority referral list.
- Must admit to sexually abusive behavior and be willing to discuss the details of their behavior.
- Must be willing to admit to 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.

Offenders are interviewed and screened prior to participation in treatment using these criteria. Even if the offender does not initially meet participation requirements, the requirements and the specific reasons for the requirements are explained, and the offender is encouraged to reapply when he or she meets the criteria in the future. Typically, offenders are able to meet the criteria and become amenable to treatment over time. The cumulative number of inmates who do not meet treatment criteria is difficult to measure due to the dynamic nature of their status. Offenders 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.

Figure 6. Treatment status of lifetime sex offenders as of June 30, 2014



The treatment admission and participation status of all incarcerated lifetime supervision offenders on June 30, 2014 ($N = 1,700$), was reviewed. Based on time to parole eligibility, 643 lifetime supervision offenders did not meet the time criteria (i.e., four years to parole eligibility) for the global referral list. Of the remaining 1,057 offenders, 364 offenders were assigned to treatment, 395 offenders were on the global referral list, 235 denied their sex offense or refused treatment, 2 had a medical reason for not being in treatment, and the remaining 61 offenders were waiting to be assessed for treatment.

Sex offenders 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 offenders are encouraged to reapply for treatment as soon as they are willing to comply with the requirements.

Offenders who drop out of Phase I treatment or are terminated due to lack of progress or failing to comply with treatment requirements can be placed back on the program referral list upon completion of assignments regarding their treatment issues.

PARTICIPATION IN PHASE I CORE AND PHASE II ITC

During FY 2014, 510 lifetime supervision offenders participated in treatment. Their participation in treatment may not be continuous for various reasons, including successfully completing a phase of treatment and waiting for the next phase. The number of lifetime supervision sex offenders participating in sex offender treatment each month is provided in Table 1. Length of participation during the fiscal year for lifetime supervision offenders in treatment was calculated using program participation admission and termination dates, or June 30, 2014, if the offender was still in the program on that date. For lifetime supervision offenders who participated in treatment at any point during FY 2014, the average length of stay in treatment within the fiscal year was 9.3 months in Phase I, 10.7 months in Phase II ITC and 6.4 months in Maintenance.

Table 1. Treatment Participation of Lifetime Supervision Offenders During Each Month of FY 2014

Program	July	August	September	October	November	December	January	February	March	April	May	June	Average
Phase I	81	80	78	105	103	110	102	97	104	101	77	78	93
Phase II ITC	223	222	213	205	217	229	228	234	233	233	223	21	207
Maintenance	47	50	51	46	48	41	44	51	57	65	74	85	55
Total	348	349	340	355	364	361	367	372	384	387	365	376	364

Note: Figures include 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, so the sum of phase I, phase II ITC, and maintenance offenders may be greater than the total (the total counts unique offenders only).

TERMINATIONS FROM PHASE I AND PHASE II

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 Phase I and Phase II have been grouped into the following categories for this report:

- **Dropped Out/Self Terminated:** offender decides to discontinue treatment or stops attending groups and informs the treatment staff that they are no longer interested in participating in treatment.
- **Expelled and/or Lack of Progress:** offender is terminated from treatment for a group contract violation. In the majority of cases, the offender is terminated after being placed on probation and given opportunities to improve his/her participation. If the offender is terminated, completion of assignments is required before readmission to treatment is allowed. This category includes offender 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.

- **Finished program/Satisfactory completion:** offender completes a time limited group, meeting the group’s goals.
- **Transferred from program:** Offender transfers to another facility, releases to parole, or discharges his sentence.
- **Administrative termination/Maximum Security:** offender is terminated due to medical reasons or because they were moved to maximum security.
- **Unsatisfactory/Administrative completion:** If the offender needs more time to understand the material or achieve the group goals, he/she unsatisfactorily completes and may be recommended to repeat the group.

As of April 2007, 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 offenders for termination based on their behavior. The facility sex offender treatment team reviews the therapist’s recommendation. If the team supports the termination recommendation, the offender is suspended and served with a Notice of Right to Termination Review. The offender can request a termination review where a three member panel evaluates all information presented by the offender and his or her therapist. A disposition is issued regarding the termination. Table 2 shows SOTMP terminations. The number of lifetime supervision offenders who received achievement earned time for reaching a milestone in treatment was 32 for Phase I and 106 for Phase II.

Table 2. Lifetime Supervision SOTMP Terminations by Program, FY 2014

Termination Type	Phase I		Phase II ITC		Maintenance		Total	
	n	%	n	%	n	%	N	%
Dropped out/Self terminated	2	3	5	3	0	0	7	3
Expelled from program	5	8	11	6	0	0	16	6
Finished/Satisfactory	32	52	106	55	0	0	138	51
Transferred from program	13	21	50	26	17	100	80	30
Admin termination/Max	9	15	8	4	0	0	17	6
Unsatisfactory	0	0	10	5	0	0	10	4
Medical	0	0	1	1	0	0	1	0
Total	61	100%	191	100%	17	100%	269	100%

Note: Percents may not total 100 due to rounding error. For offenders who had multiple termination codes within FY 2014, the most recent termination code within each phase was selected. Termination codes of “inter-program transfer” and “computer terminated no attendance entries” were not included because most of the offenders with those codes remained in treatment. Offenders in Phase II outpatient and Phase II developmental disabilities, as well as Phase II modified were included in the Phase II mod category.

MET CRITERIA FOR COMMUNITY OR RELEASE TO PAROLE

All lifetime supervision offenders meeting the statutory and departmental criteria are referred to community corrections providers unless the offender chooses to waive his or her rights. Criteria for lifetime supervision sex offenders to progress to the community include the following (described in more detail in Administrative Regulation 700-19):

- Active participation in treatment
- An approved support person (or a plan to establish one depending on minimum sentence length)
- Relapse prevention (depending on minimum sentence length)
- Compliance with DOC psychiatric recommendations for medication
- Must be able to be supervised in the community without presenting an undue threat
- A non-deceptive polygraph

Lifetime supervision offenders actively participating in treatment are individually staffed to determine whether they meet the Lifetime Supervision 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 2014, 211 lifetime supervision sex offenders met criteria for successful progress in prison treatment. Seven of these were released to parole and none were placed at community corrections centers during FY 2014. Because treatment participation is only one of several criteria for progress to the community, the number of successful treatment completions does not equal the number of offenders who met criteria for placement in the community or on parole. As well, there is a delay between meeting criteria and being placed in the community or on parole, which explains why the number released was so low.

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.

Any adult convicted of a felony sex offense, who receives a sentence to probation, is required to be supervised by the sex offender intensive supervision program (SOISP). The goal of SOISP is to minimize risk to the public to the greatest extent possible, by holding probationers accountable for their present and past anti-social and criminal behavior, encouraging pro-social skill building, and assisting the probationer's ability to repair the harm caused by their actions, when possible. SOISP should include a combination of high level surveillance and monitoring; evidenced-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 probationer, elements of community supervision may include severely 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 to include the use of polygraph testing. SOISP consists of three phases, each with specific criteria that must be met prior to a reduction in the level of supervision. Movement within all phases is behaviorally-based and guided by specific criteria. The program design anticipated a two-year period of supervision in the SOISP program but due to additional requirements developed since program inception, the average length of time for completion has increased to approximately four years. There were originally 46.0 FTE appropriated for the program. Caseload sizes were capped at 25 offenders, for a program capacity of 1,150. Those offenders that satisfactorily meet the requirements of the program are then transferred to non-SOISP, sex offender regular probation for supervision of the remainder of their sentence.

Between July 1, 2013 and June 30, 2014, 419 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, 78 offenders (19%) received an indeterminate sentence to probation of at least 10 or 20 years to a maximum of the offender's natural life and, in addition, were sentenced to Sex Offender Intensive Supervision Probation (SOISP). As a condition of probation, 7 of these offenders were sentenced to community corrections and 7 offenders were ordered to serve a Department of Corrections sentence prior to being supervised by probation.

House Bill 12-1310 removed the "economic sexual crimes" previously listed under §18-1.3-1004(4)(b)(I-IX) from the list of offenders who may have been subject to indeterminate sentences if certain conditions were met.

Using E-Clipse/ICON, the State 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 FY 2013–14. 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	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

Criminal attempts, conspiracies and solicitations of the above offenses, when the original charges were class 2, 3 or 4 felonies, were also included in the selection.

An effort was made in 2002 to install coding in E-Clipse/ICON that would differentiate between lifetime and non-lifetime cases. As an ongoing check to determine that the coding changes provide the necessary level of detail required for this report a manual review of the dispositions of 572 active cases was completed. This report also required the review of an additional 395 cases terminated from probation supervision for lifetime eligible offenses during FY 2013-14.

The following table reflects an analysis comparison of sentences to probation for lifetime eligible offenses for Fiscal Years 2009 through 2014:

Table 3: Placement of **New** Cases Eligible for Indeterminate Lifetime Term Sentences to Probation for Fiscal Years 2009-10 through 2013-14:

Type of Supervision	Fiscal Year									
	2009-2010		2010-2011		2011-2012		2012-2013		2013-2014	
	n	%	n	%	n	%	n	%	n	%
Lifetime Probation with SOISP	107	28.3	123	33.9	121	35.4	74	22.2	78	18.6
SOISP (Non-lifetime Probation for felony sex offenses with SOISP)	138	36.5	231	63.6	204	59.6	259	77.5	221	52.7
Intensive Supervision Program (ISP) or Domestic Violence Programs (DV)	5	1.3	2	0.6	1	0.3	1	0.3	0	0
Regular Probation (Cases Ineligible for Lifetime or SOISP and/or sex offense reduced to misdemeanors)*	128	33.9	7	1.9	16	4.7	0	0	120	28.6
TOTAL CASES	378		363		342		334		419	

Note: **Offenders whose offense date is prior to November 1, 1998 are ineligible for indeterminate sentences and not eligible for SOISP as created in 16-13-807 C.R.S.

A comparison of data from FY 2012-13 to FY 2013-14 reflects a 3.2% (4 cases) increase in the number of offenders eligible and sentenced to indeterminate lifetime sentences and under SOISP supervision.

As of June 30, 2014, there were approximately 1,379 offenders under active Sex Offender Intensive Supervision (SOISP). Of these, approximately 816 (59%) offenders are under lifetime supervision.

PROBATION DISCHARGE HEARINGS AND DISCHARGES

For FY 2013-14, 68 offenders under a lifetime supervision sentence completed SOISP and were transferred to regular probation and are currently actively under supervision.

PROBATION REVOCATION HEARINGS AND REVOCATIONS

During FY 2013-14, twenty-nine (29) sex offenders had their lifetime supervision sentences terminated. The following represents the termination status for these probationers:

Table 4. Probationer Termination Status, FY 2014

Termination Status	Number of Probationers
Probation revoked; new felony	1
Probation revoked; new misdemeanor	0
Probation revoked; technical violations	11
Deported	3
Died	4
Absconded; warrants issued and remain outstanding	1
Terminated successfully	9

There was one probationer revoked for a new felony conviction. The conviction was Sexual Assault on a Child (F3) and the sentence resulted in 10 years to Life in DOC.

COST OF SERVICES

In July 1998, the SOISP program was created with a General Fund appropriation for 46.0 FTE probation officers and funding to provide treatment services. In FY 2000-01 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 and case law.

Table 5. Treatment and Evaluation Costs by Fund

Year	Purpose	CF – Sex Offender Surcharge	CF – Offender Services Fund	TOTAL
FY 04	SOISP Treatment	\$0	\$383,207	\$720,667
	Evaluation	\$202,933	\$134,527	
FY 05	SOISP Treatment	\$0	\$454,547	\$850,847
	Evaluation	\$200,400	\$195,900	
FY 06	SOISP Treatment	\$0	\$524,608	\$873,625
	Evaluation	\$172,245	\$176,772	
FY 07	SOISP Treatment	\$0	\$434,416	\$1,119,894
	Evaluation	\$275,029	\$410,449	
FY 08	SOISP Treatment	\$0	\$771,186	\$1,659,578
	Evaluation	\$253,704	\$634,688	
FY 09	SOISP Treatment	\$0	\$974,996	\$2,014,100
	Evaluation	\$247,664	\$791,440	
FY 10	SOISP Treatment	\$0	\$960,239	\$2,259,704
	Evaluation	\$226,522	\$1,072,943	
FY 11	SOISP Treatment	0\$	\$988,809	\$2,327,071
	Evaluation	\$226,522	\$1,111,740	
FY 12	SOISP Treatment	\$0	\$931,861	\$2,282,138
	Evaluation	\$247,664	\$1,102,613	
FY 13	SOISP Treatment	\$0	\$995,049	\$2,336,896
	Evaluation	\$289,948	\$1,051,899	
FY 14	SOISP Treatment	\$0	\$1,042,242	\$2,345,847
	Evaluation	\$302,029	\$1,001,576	

The costs expended for adult polygraphs for FY 2013-14 were \$414,811. This is a 7% increase from last fiscal year. The expenses associated with the sex offender offense specific evaluations, the sexually violent predator assessments and the child contact assessments 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 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 generally result in sentences to DOC, a significantly higher cost option for the state. The expenditure of \$2.3 million for adult sex offender related evaluation and treatment costs represents approximately 17% of the total dollars (\$13.4 million) spent in FY 2014 for treatment and service support for all offenders on probation. The adult sex offender population represents approximately 3.5% of the adult offender 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 (**ATTACHMENT A**). The second is the Sexual Predator Risk Assessment Screening Instrument (**ATTACHMENT B**), developed in collaboration with the Office of Research and Statistics in the Division of Criminal Justice, Department of Public Safety. 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 pre-sentence investigation which occurs post-conviction and prior to sentencing. It is intended to provide the court with information that will assist in identifying risk and making appropriate sentencing decisions. Most offenders sentenced under the Lifetime Supervision Act receive a sex offense-specific evaluation as a part of their Pre-Sentence Investigation Report (PSIR). However, a PSIR is not required for those offenders with mandatory prison sentences, and therefore, they may have their evaluation requirement waived.

The process requires that certain areas or components be evaluated for each offender, and identifies a number of instruments or methods that may be utilized to accomplish each task. This allows each evaluator to design the most effective evaluation for each offender, based on the individual behaviors and needs of the offender. It also ensures that each evaluation performed under the Standards will encompass the appropriate areas necessary to assess risk and recommend appropriate interventions.

According to the *Standards and Guidelines for the Assessment, Evaluation, Treatment and Behavioral Monitoring of Adult Sex Offenders*, Standard 2.020, 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 offender);
- To provide a written clinical evaluation of an offender'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 offender;
- 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 offenders who should not be referred for community-based treatment.

Please refer to **ATTACHMENT A** 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 **ATTACHMENT A**.

ATTACHMENT A: *Standards and Guidelines for the Assessment, Evaluation, Treatment and Behavioral Monitoring of Adult Sex Offenders, Standards 2.000 Sex Offense-Specific Evaluation;*

Lifetime Supervision Criteria

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 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, subject to community notification (Section 16-13-903, C.R.S.).

Instrument

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 developed a new, updated instrument (**ATTACHMENT B**) and handbook (**ATTACHMENT C**) in 2010 and concluded that the SORS instrument reliably predicts both new sexual and violent crime arrests within five years.

Case Law

Several recent Colorado Supreme Court decisions have raised some important legal and policy implications for both the Sexually Violent Predator Risk Assessment as well as its enabling statute. In Allen v. People, 307 P.3d 1102 (CO. 2013), the Colorado Supreme Court reaffirmed the Court of Appeals' decision which held that the trial court has the discretion for designating an offender as a sexually violent predator under section 18-3-414.5(1)(a)(IV), C.R.S. (2012). While the concurring opinion noted that the trial court should give substantial deference to the SVPASI scored risk assessment screening instrument, it sets the precedent to operate outside of the SVP risk assessment. The results of this ruling could lead to the trial court designating offenders as an SVP based upon credible facts presented in the case, rather than an evidence-based actuarial risk measure. This could have significant unintended consequences such as an excessive amount of SVP designations being applied to offenders, causing an increase in the SVP population overall. Such a scenario could strain governmental resources to manage this population and may place undue risk to the public. Conversely, another result of this ruling could involve offenders who would normally be classified as an SVP per the risk assessment may not receive an SVP designation which also increases the risk to public safety.

The definition of the relationship criteria has also been reviewed and the Colorado Supreme Court has identified how the relationship criteria is defined (People v. Gallegos, 2013 CO 45, 307 P.3d 1096, Uribe-Sanchez v. People, 2013 CO 46, 307 P.3d 1090, Candelaria v. People, 2013 CO 47, 303 P.3d 1202, People v. Hunter, 2013 CO 48, 307 P.3d 1083). While the SVP risk assessment includes the relationship criteria, it is not a risk-based factor for sexual recidivism. Rather, the relationship criteria are based on the original federal statutory language.

In response to this case law, the SOMB has convened a committee with various criminal justice stakeholders to evaluate how to address these issues within the assessment protocol including a possible recommendation for statutory change. New language has subsequently been drafted for the SVP assessment handbook to address the relationship criteria issue. In August of 2014, the SOMB approved changes to the relationship criteria based upon this case law, and added further guidance for assessing female sex offenders and sex offenders with developmental disabilities.

This committee is also engaging in strategic and systemic discussions surrounding the possibility of making a recommendation to the Colorado Legislature to remove the SVP assessment and designation, and instead implement a risk-based, tiered classification leveling system for designating offenders on the registry. While these discussions are currently formative, the research and literature speak clearly to the use of evidence-based practices for the registry. More in-depth information will be provided in the 2015 Annual Legislative Report regarding this policy issue.

Implementation

Currently, when an offender commits one of five specific crime types or associated inchoate offenses, the Sexual Predator Risk Assessment Screening Instrument 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 offenders 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 offender meets the criteria outlined in the instrument, he or she is deemed to qualify as a Sexually Violent Predator. The authority to designate an offender an SVP rests with the sentencing judge and the parole board.

Training

SOMB staff will be conducting statewide trainings over the next year to educate approved providers, probation officers and other CST members of the recent changes to the SVP handbook and instrument. Additionally, updates regarding the Sexual Predator Risk Assessment Screening Instrument are presented at the various Sexually Violent Predator Community Notification meetings held throughout the state.

ATTACHMENT B: Sexual Predator Risk Assessment Screening Instrument

ATTACHMENT C: Sexual Predator Risk Assessment Screening Instrument Handbook

AVAILABILITY AND LOCATION OF SEX OFFENDER SERVICE PROVIDERS

Currently, there are 211 adult SOMB approved treatment providers in Colorado (Figure 7) located in 21 of the 22 judicial districts in the state (Figure 8). This marks the first sizeable decline in provider availability since FY 2007 and FY 2008. Most approved providers offered services in multiple counties. On average, providers operated in 6 different counties. The following table lists the number of providers approved in each specialty area:

Table 6. SOMB Approved Provider Total, FY 2014

Type of Provider	Full		Associate		Provisional		Totals	
	n	%	n	%	n	%	N	%
Treatment Provider	127	60.2	81	38.4	3	1.4	211	100
Treatment Provider DD/ID	25	73.5	9	26.5	0	0.0	34	100
Evaluator	60	74.1	21	25.9	0	0.0	81	100
Evaluator DD/ID	10	90.9	1	9.1	0	0.0	11	100
Polygraph Examiner	22	84.6	4	15.4	0	0.0	26	100
Polygraph Examiner DD/ID	12	85.7	2	14.3	0	0.0	14	100
	256	67.9	118	31.3	3	0.8	377	

Note: These figures denote higher frequencies as service providers may be approved to provide multiple services.

The SOMB approved 27 new adult applicants and conducted 53 adult re-applications which are included in the numbers above. There were 15 applicants that either moved up or over in status.

Please refer to **ATTACHMENT D** for the SOMB Provider List for the approved service providers and their locations throughout the state.

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

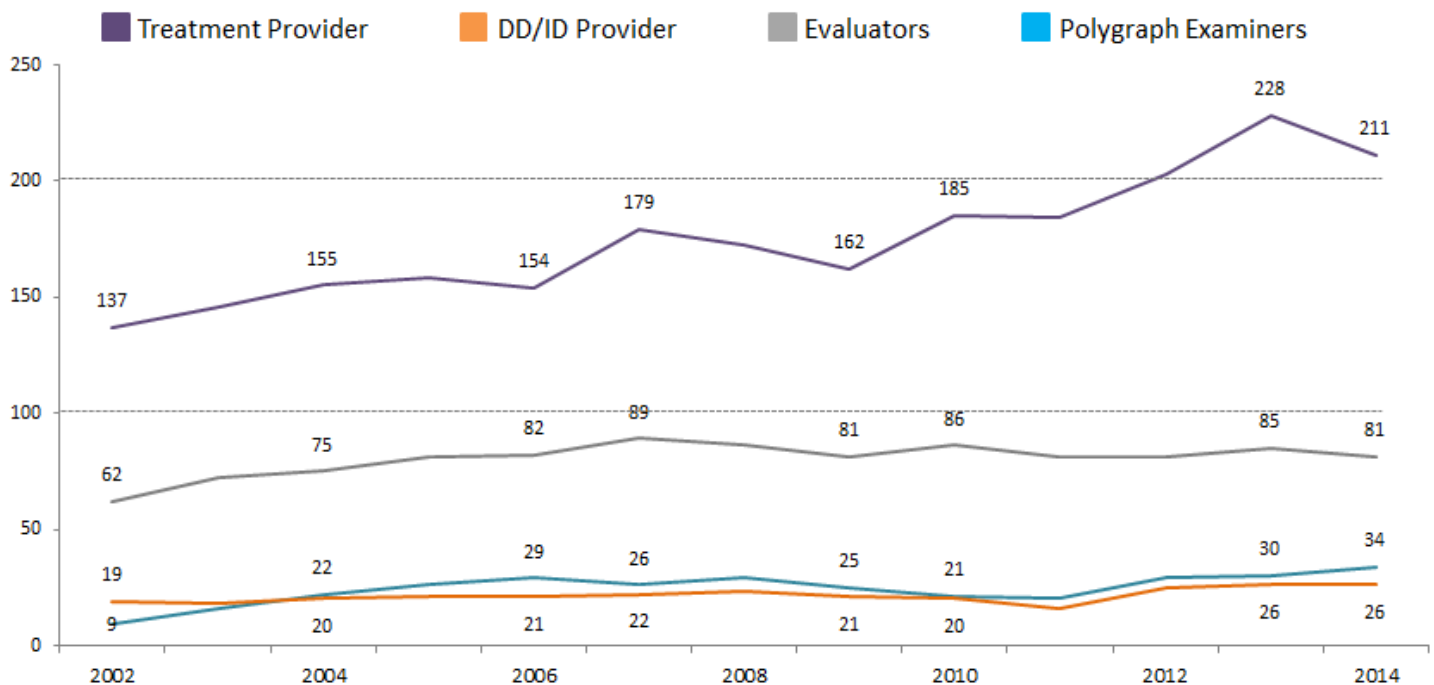
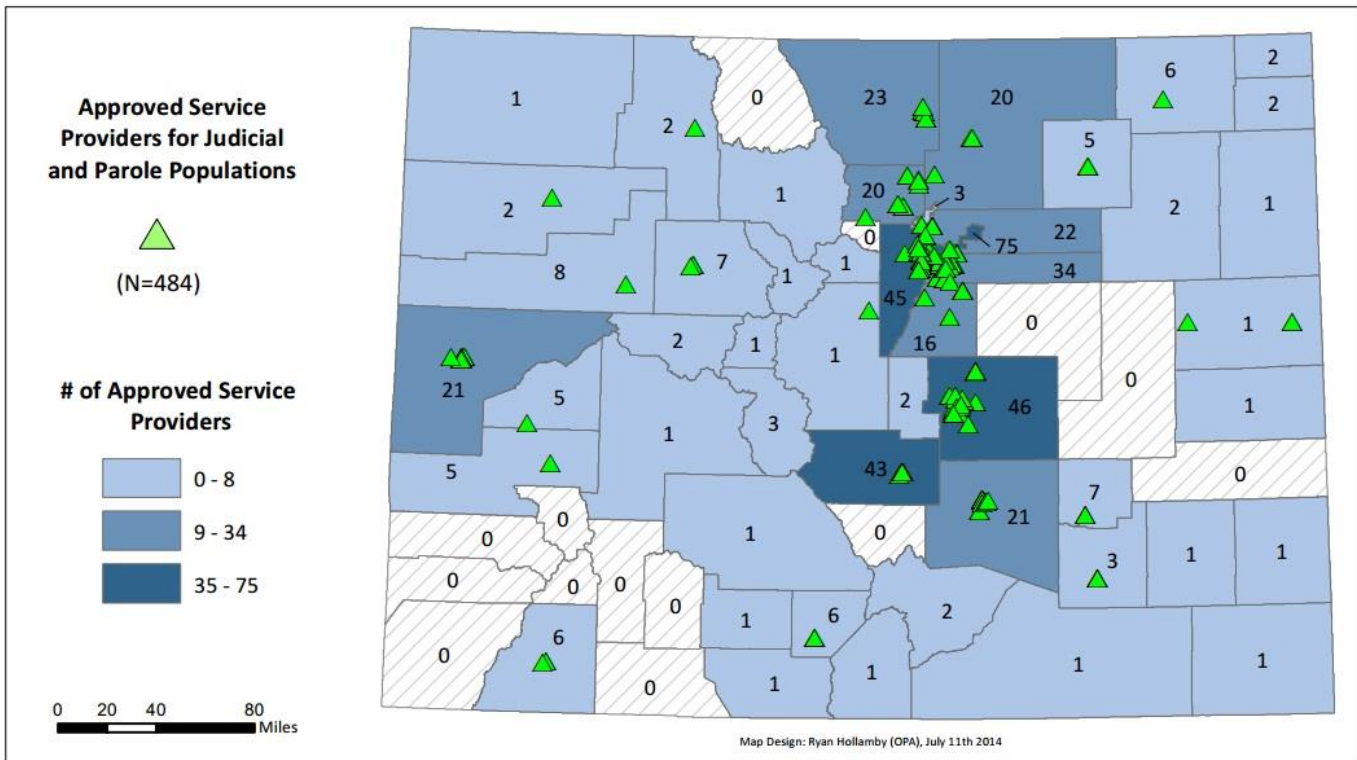


Figure 8. Number and Location of SOMB Service Providers by County, 2014



Note: The total number of service providers that are approved to practice are listed by county. These figures denote higher frequencies as service providers may be approved to operate in multiple counties.

ATTACHMENT D: SOMB Provider List

COST OF SERVICES

The average costs of services in Table 8 (below) were determined by surveying SOMB listed providers throughout the state. Many providers offer services on a sliding scale, dependent on the offender’s income. Some providers charge an additional fee for conducting an evaluation in jail. In community based programs, most sex offenders are expected to bear the costs of treatment and behavioral monitoring themselves. The Standards require weekly group treatment and polygraph examinations every six months at a minimum. Most programs require some additional services during the course of treatment.

Table 7. Average Cost of Services by Judicial District

Judicial District	Mental Health Sex Offense Specific Group Treatment Session	Mental Health Sex Offense Specific Individual or Other Adjunct (i.e., family or couples counseling) Treatment Session	Sex Offense Specific Evaluation, including a PPG or VRT, or Both	Polygraph Examination
1 st	\$58.00	\$75.00	\$1,000.00	\$255.00
2 nd	\$58.00	\$77.00	\$1,023.00	\$245.00
3 rd	\$60.00*	\$70.00*	X	\$260.00*
4 th	\$56.00	\$68.00	\$978.00	\$250.00
5 th	\$58.00	\$75.00	\$1,044.00	\$260.00*
6 th	X	X	X	X

Table 7. Average Cost of Services by Judicial District (Continued)

7 th	\$55.00	\$74.00	\$1,138.00	\$260.00*
8 th	\$57.00	\$83.00	\$1,038.00	\$230.00
9 th	\$58.00	\$76.00	\$1,425.00	\$260.00*
10 th	\$53.00	\$72.00	\$1,216.00	\$260.00*
11 th	\$60.00	\$75.00	\$1,195.00	\$243.00
12 th	\$50.00*	\$60.00*	\$850.00*	\$260.00*
13 th	\$54.00	\$70.00	\$981.00*	\$260.00*
14 th	\$60.00	\$80.00	\$1138.00*	\$255.00
15 th	\$55.00*	\$64.00	\$825.00	\$260.00*
16 th	\$50.00*	\$60.00*	\$850.00*	\$260.00*
17 th	\$57.00	\$78.00	\$1,013.00	\$247.00
18 th	\$58.00	\$76.00	\$1,102.00	\$245.00
19 th	\$51.00	\$71.00	\$996.00	\$250.00
20 th	\$56.00	\$77.00	\$1,000.00	\$247.00
21 st	\$50.00	\$68.00	\$850.00*	X
22 nd	X	X	X	X
Average	\$56.19	\$74.06	\$1,070.93	\$246.70
Range	\$35.00 - \$73.00	\$40.00 - \$130.00	\$590.00 - \$2000.00	\$230.00 - \$260.00

Note: 'X' denotes services that were not provided by the local providers contacted, no response from the service provider contacted, or there were no providers in that judicial district. Figures were obtained in September 2014 and are rounded to the nearest dollar. Across the state, the average cost of an evaluation including only a Penile Plethysmograph (PPG) and Visual Reaction Time (VRT) is \$850.00 and \$961.67 respectively. An asterisk denotes only one responding provider from that Judicial District.

The average number of treatment sessions a typical adult offender receives, reported by therapists throughout the state, was 5 sessions per month. This typically included four group treatment sessions and one individual treatment session per month. Some treatment providers vary the amount of treatment sessions by adjusting containment based upon the risks, needs and responsivity of the offender.

Figure 9. Average Costs of Approved Provider Services by Fiscal Year

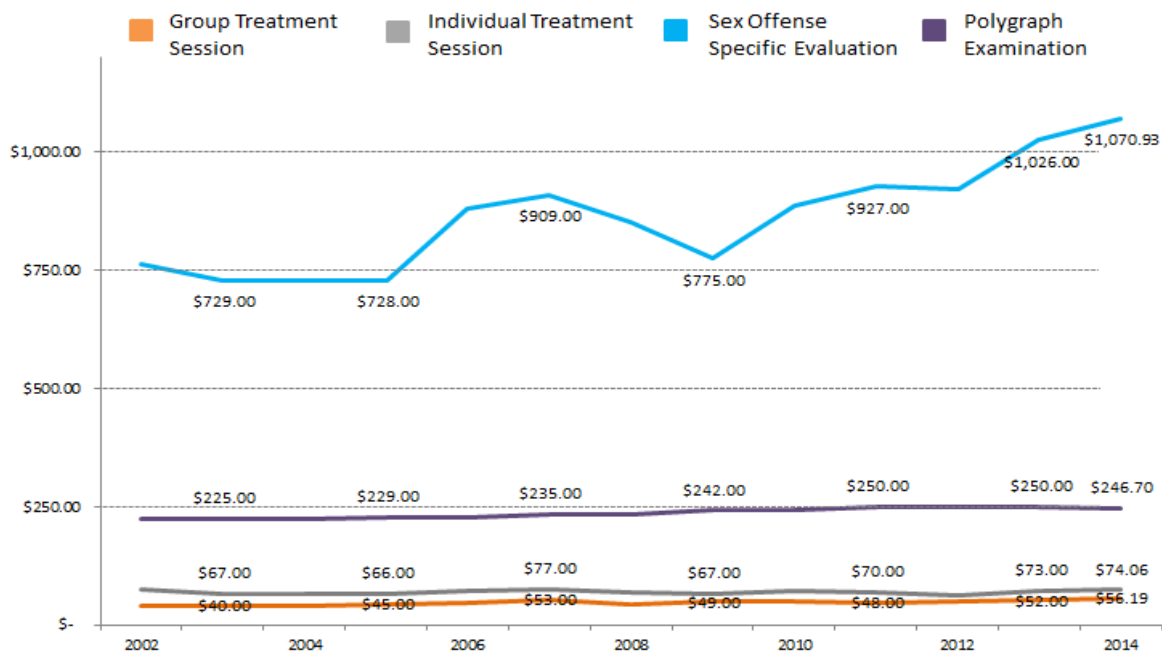


Figure 9 illustrates the average costs of approved provider services by fiscal year. Average costs for group treatment, individual treatment, and polygraph examinations have remained relatively stable. However, while the costs for a sex offense specific evaluation have fluctuated over the last 10 years, its statewide average has steadily increased from \$775.00 in FY 2009 to \$1,070.93 in FY 2014.

The SOMB recommended that \$302,029 from the Sex Offender Surcharge Fund be allocated to the Judicial Department in FY 2014-15. 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 \$302,029 from the Sex Offender Surcharge Fund be allocated to the Judicial Department for FY 2015-16 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. A total of 42 adult and 35 juvenile providers responded¹ to the survey of which 60.6% (n = 43) were community-based programs, 12.7% (n = 9) were residential programs and 26.8% (n = 19) were a combination of both. Of those, the following statistics are based solely on adult service providers.

As of August 31st, 2014, over a third of participating providers (40.1%, n = 17) indicated having more than 20 sex offenders currently serving an indeterminate sentence at their treatment program. Nearly, 31% of participating providers reported the average length of stay for sex offenders serving an indeterminate sentence was 7 to 9 years. Further, roughly 1 in 5 providers (19.1%, n = 8) proportion of participating providers reported sex offenders sentenced under the Lifetime Supervision Act as having 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 are in compliance 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 and other appointed 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 make a determination that the services being provided appear to be in accordance with the Standards. In addition, each provider

¹ Approved service providers were asked to have only one representative respond to the survey per program.

agrees in writing to provide services in compliance with the standards of practice outlined in the Standards.

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

At the beginning of FY 2014, the SOMB began to implement a revised and streamlined reapplication process upon learning that a significant amount of time and resources were being invested with limited return. This overhaul to the reapplication data is of importance for two distinct reasons: (1) to increase SOMB capabilities for oversight of approved provider compliance with the Standards through efficient and cost-effective use of limited staff resources by determining which factors enhance or do not enhance provider competency in the current reapplication process; and (2) to decrease the time required for provider reapplication approval.

The new process involved expediting the required background checks and adopting a much shorter and simplified reapplication form. The curtailed requirements to assess compliance by providers upfront in the reapplication process were replaced with Standards Compliance Reviews (SCR). Whether random or for-cause (i.e., a founded complaint is made against a provider) SCRs will involve SOMB staff and the ARC to conduct a thorough review of Standards compliance on the part of the approved provider through file review and consultation with the provider on either a random basis or for cause based on concerns raised to the ARC. The effect of this change is intended to drive two outcomes: (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 on the part of approved providers subject to SCR. As of July 2014, SOMB Staff were evaluating the process-time and scheduling the first SCRs.

Competency Based Model

The SOMB has been working over the past 2 years on making some significant changes to section 4.00 of the *Standards and Guidelines*. The Best Practices Committee has been developing new criteria for approving treatment providers and evaluators using therapeutic competencies. This Competency Based Model would utilize 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 a number of 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. These requirements are pending SOMB approval and are planned to be implemented across the state at the start of calendar year 2015.

Sex Offender Service Providers

The *general* requirements for service providers are as follows:

- *Treatment Provider – Full Operating Level*: In addition to meeting all the other applicable Standards, a Treatment Provider at the Full Operating Level has accumulated at least 1000 hours of clinical experience working with sex offenders in the last five years (and in no less than one year), and may practice without supervision.

- *Treatment Provider – Associate Level:* In addition to meeting all the other applicable Standards, a Treatment Provider at the Associate Level has accumulated at least 100 hours of co-facilitated clinical experience working with sex offenders in the last five year (and not less than one year), and must receive regular supervision from a Treatment Provider at the Full Operating Level.
- *Evaluator – Full Operating Level:* In addition to meeting all the other applicable Standards, an evaluator has conducted at least 30 mental health sex offense-specific evaluations of sex offenders in the last five years.
- *Evaluator – Associate Level:* In addition to meeting all the other applicable Standards, an evaluator at the Associate Level has conducted 10 adult sex offense specific evaluations in the past five years and is receiving supervision from an Evaluator at the Full Operating Level.
- *Clinical Polygraph Examiner – Full Operating Level:* In addition to meeting all the other applicable Standards, a Clinical Polygraph Examiner has conducted at least 200 post-conviction sex offender polygraph tests and has received 100 hours of specialized clinical sex offender polygraph examiner training.
- *Clinical Polygraph Examiner – Associate Level:* In addition to meeting all the other applicable Standards, a Clinical Polygraph Examiner at the Associate Level is working under the guidance of a qualified Clinical 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.
- *Intent to Apply for Listing:* Non-listed providers working towards applying for listed provider status are able to provide services under the supervision of a full operating level provider. These non-listed providers are required to submit a letter of Intent to Apply to the SOMB within 30 days of beginning to provide services to sex offenders covered under the Standards, undergo a criminal history check, provide a signed supervision agreement, and agree to submit an application within one year from the date of Intent to Apply status.

For a comprehensive list of requirements, please refer section 4.00 of the *Standards and Guidelines for the Assessment, Evaluation, Treatment and Behavioral Monitoring of Adult Sex Offenders*.

ATTACHMENT A: *Standards and Guidelines for the Assessment, Evaluation, Treatment and Behavioral Monitoring of Adult Sex Offenders;*

Lifetime Supervision Criteria

PROGRAM EVALUATION

Since the inception of the SOMB, several evaluations have been conducted to assess implementation as well as outcomes related to the *Adult Standards and Guidelines*. State law requires the SOMB to study how effective the *Standards and Guidelines* are in terms of reducing sexual recidivism (Section 16-11.7-103(4)(d)(II), C.R.S.). However, before the effectiveness of any program or system can be evaluated, a process evaluation must be conducted to first establish whether that program/system is actually implemented as intended and with fidelity. Upon validating the implementation of a given program or system, a second step to evaluate the effectiveness may be employed.

Beginning in FY 2000, DCJ was awarded grant funding² which was used to fulfill the first step towards this legislative mandate. A process evaluation evaluating compliance with the *Adult Standards and Guidelines* throughout the state was conducted by the Division of Criminal Justice Office of Research and Statistics. This evaluation was completed in December of 2003 (**Attachment E**) and indicated that the Adult Standards and Guidelines were sufficiently implemented statewide.

Based on the results of the process evaluation, the SOMB undertook the second portion of this legislative mandate and evaluated the effectiveness of the *Adult Standards and Guidelines* (**Attachment F**). A final report was submitted to the legislature in December of 2011. Specifically, the study focused on outcomes related to the behavior of offenders subject to the *Adult Standards and Guidelines* by examining 1-and 3-year sexual and general recidivism rates. The sample consisted of 689 sex offenders (Probation n = 356, Parole n = 333) who successfully discharged or completed from a parole or probation sentence between July 1, 2005 and June 30, 2007. In order for adult sex offenders to successfully discharge from criminal justice supervision, all areas of the *Adult Standards and Guidelines* must be sufficiently completed. Table 9 presents the findings from the report.

Table 8. Probation and Parole Recidivism Outcomes

Recidivism Type		Probation	Parole	TOTAL
One Year	No Recidivism	339	260	599 (86.9%)
	New Sexual Crime	3	2	5 (0.7%)
	New Violent, Non-Sexual Crime	5	33	38 (5.5%)
	New Non-Violent, Non-Sexual Crime	9	38	47 (6.8%)
TOTAL		356	333	689 (100%)
Three Year	No Recidivism	319	117	496 (72.0%)
	New Sexual Crime	8	10	18 (2.6%)
	New Violent, Non-Sexual Crime	10	64	74 (10.7%)
	New Non-Violent, Non-Sexual Crime	19	82	101 (14.7%)
TOTAL		356	333	689 (100%)

Note: Recidivism was defined in this evaluation as the occurrence of new court filings within one year and within three years of termination of supervision. This includes both district and county filings (Denver county data were not available for this study). This new court filing method uses new prosecutions as a conventional approach adopted by varying agencies throughout the state. New convictions are concededly lower than court filings, while new arrests are much higher. As a result, court filings are a more neutral measure of recidivism which neither overestimate arrest rates nor underestimate conviction rates. These data are based on Colorado filings as out-of-state data were not available.

Compared nationally and the current literature, sex offender recidivism rates in Colorado were consistent with national trends. Less than one percent of the sample (n = 5) had new sexual crime recidivism one year after successful discharge from supervision, while 2.6% (n = 18) had a new sexual crime three years after successful discharge from supervision.

External Evaluation

The most recent evaluation of the SOMB occurred in FY 2013. The Joint Budget Committee authorized in Senate Bill 2013-230 to fund \$100,000 for an external evaluation, specifically to “conduct a thorough review, based on risk-need-responsivity principles and the relevant literature, with recommendations for improvement as warranted, of the efficacy, cost-effectiveness, and public safety implications of Sex Offender Management Board programs and policies with particular attention to:

² Drug Control and System Improvement Program Grant (Federal dollars administered through the Division of Criminal Justice)

1. The Guidelines and Standards to treat adult sex offenders issued by the Sex Offender Management Board pursuant to Section 16-11.7-103 (4) (b), C.R.S.;
2. The Criteria for Release from Incarceration, Reduction in Supervision, Discharge for Certain Adult Sex Offenders, and Measurement of an Adult Sex Offender’s Progress in Treatment issued by the Sex Offender Management Board pursuant to Section 16-11.7-106 (4) (f), C.R.S., and;
3. The application and review for treatment providers, evaluators, and polygraph examiners who provide services to adult sex offenders as developed by the Sex Offender Management Board pursuant to Section 16-11.7-106 (2) (a), C.R.S.”

Central Coast Clinical and Forensic Psychology Services (CCCFPS) conducted the external evaluation and submitted a final report on January 3rd, 2014 (**ATTACHMENT G**). Based upon the literature to date, several themes emerged regarding the *Adult Standards and Guidelines*, including a recommendation to more explicitly incorporate the Risk, Need, Responsivity principles into the *Adult Standards and Guidelines*.

Since the release of this report, the SOMB has engaged in several strategic planning sessions with multiple stakeholders aimed at developing collaborative systems that enhance the *Adult Standards and Guidelines*. The SOMB subsequently prioritized and delegated specific issues identified within the report to various committees, who were charged with the responsibility of reviewing and recommending future improvements for the SOMB to consider. More details regarding this *Strategic Action Plan* can be found in **Attachment H**.

ATTACHMENT E: *Process Evaluation of the Colorado Sex Offender Management Board Standards and Guidelines*

ATTACHMENT F: [2011 Adult Standards and Guidelines Outcome Evaluation](#)

ATTACHMENT G: *An External Evaluation of the Colorado Sex Offender Management Board Standards and Guidelines*

Strategic Action Plan

SUMMARY

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

In FY 2014, 122 lifetime supervision offenders were admitted to prison and 26 discharged their sentence. As of June 30, 2014, 2,029 offenders were under CDOC supervision for sexual offense convictions sentenced under the lifetime supervision provisions. A total of 383 offenders under lifetime supervision have released to parole, with 111 paroling for the first time in FY 2014. The Parole Board conducted 52 revocation hearings for lifetime supervision offenders in FY 2014 with a decision to revoke parole in 49 cases. No parole discharge hearings have occurred for offenders sentenced under the Lifetime Supervision Act, as offenders would need to complete a minimum of 10 - 20 years on parole, dependent upon their conviction. Figures 2 and 5 illustrate that the Lifetime Supervision Act may be at least partially responsible for the increase in the percentage of sex offenders among prison and parole populations within Colorado.

The Sex Offender Treatment and Monitoring Program (SOTMP) for DOC 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 Department of Corrections has designed treatment formats that provide offenders the opportunity to progress in treatment and be considered a candidate for parole within the time period of their minimum sentence. During FY 2014, 510 lifetime supervision sex offenders participated in the SOTMP.

As of June 30, 2014, there were approximately 1,379 offenders under SOISP probation supervision. Of these, approximately 816 (59.2%) offenders were under lifetime supervision. A comparison of data for FY 2012-13 to FY 2013-14 reflects a 3.2% (4 cases) increase in the number of offenders eligible and sentenced to indeterminate lifetime sentences and under SOISP supervision.

The expenses associated with the sex offender offense specific evaluations, the sexually violent predator assessments and the Child Contact Assessments 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 offenders 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 DOC, 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 service providers has increased since FY 2009. However, the number of approved treatment providers decreased this fiscal year by 7.5%. The number of approved polygraph examiners has remained relatively stable since FY 2007. 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.

The results of the external evaluation will provide the SOMB with current research and evidence-based practices in the field of sex offender management. The results of this evaluation are in the process of being reviewed in the *Adult Standards Revision Committee* which may have policy implications for Lifetime Supervision.

In summary, the number of sex offenders subject to Lifetime Supervision in prison and in the community are 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 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 Department of Corrections, the State Judicial Department, and the 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.