

# Lifetime Supervision of Sex Offenders

## Annual Report



November 1, 2013

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

# Lifetime Supervision of Sex Offenders | 2013

**November 1, 2013**

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

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## INTRODUCTION

The Colorado Department of Corrections (CDOC), Colorado Department of Public Safety (CDPS) and the State Judicial Department has 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 thirteenth 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.



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## 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 2013

During fiscal year (FY) 2013, 144 new court commitments were admitted to CDOC under the lifetime supervision provisions for sex offenses, plus 8 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 nonlifetime 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, 19 offenders discharged their sentence: 9 received court-ordered releases (one was a parolee), 8 died (3 were parolees), and 2 were released by the courts to probation.

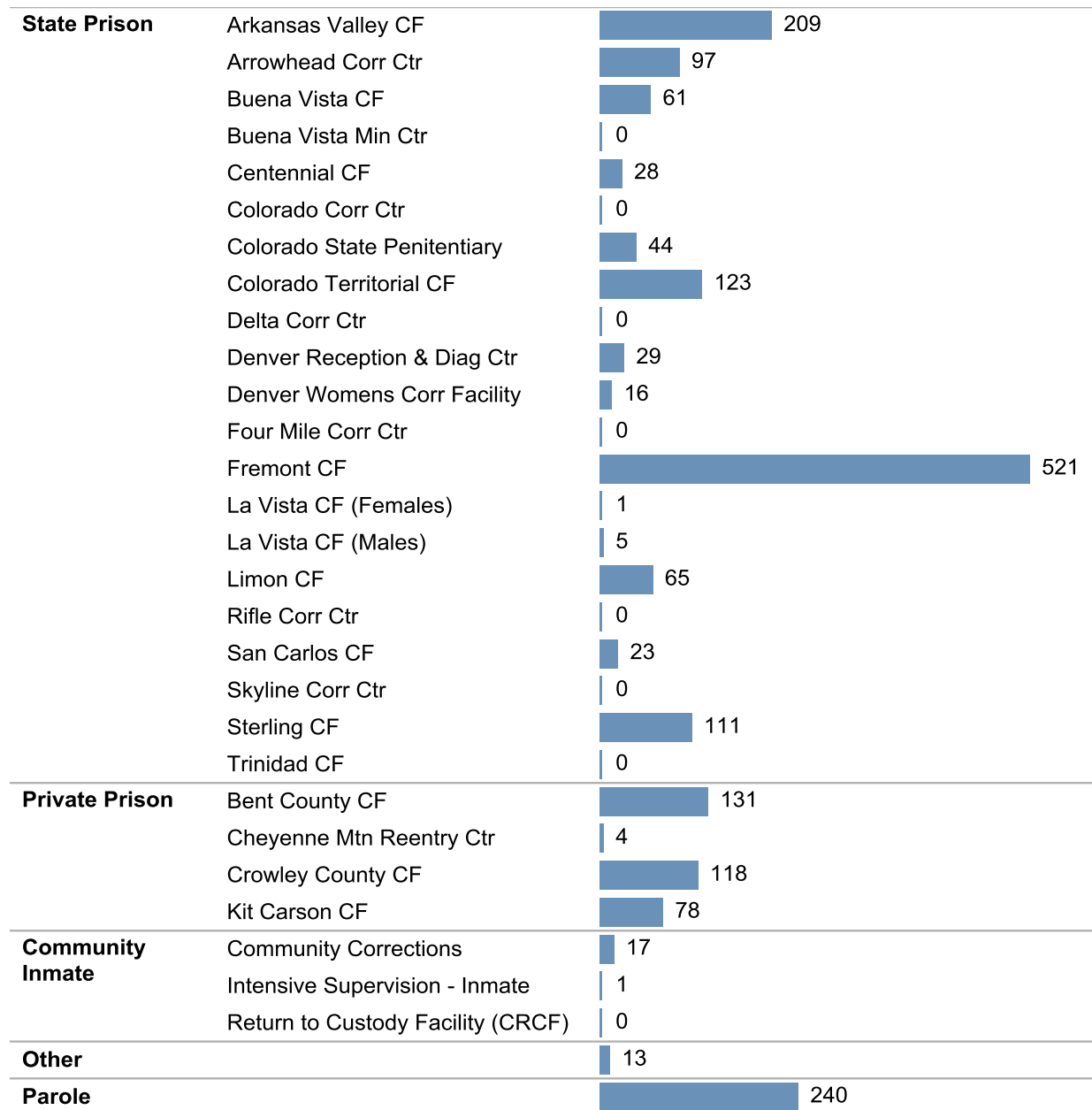
Offenders who receive prison sentences may have their sentences amended from a determinate sentence to a lifetime sentence or vice versa. A history of amended mittimus is not recorded electronically, so it is impossible to identify all sex offenders who have had their sentences amended in the midst of 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, 2013, 1,935 offenders were under CDOC supervision for sexual offense convictions sentenced under the lifetime supervision provisions. Of these, 1,333 were in state prisons, 331 were in private prisons, 18 were in community inmate placements, 240 were on parole, and 13 were in other locations (e.g., jail backlog and interstate compact). Figure 1 breaks these placements out further.

Of the 1,935 lifetime supervision offenders currently under CDOC supervision, almost all are male (99%) and the median age is 44. Fifty-seven percent of these offenders are Caucasian, 27% are Hispanic, 13% are African American, and 3% are other ethnicities. Eleven of these offenders had a more serious offense than the lifetime sex offense as their controlling offense.

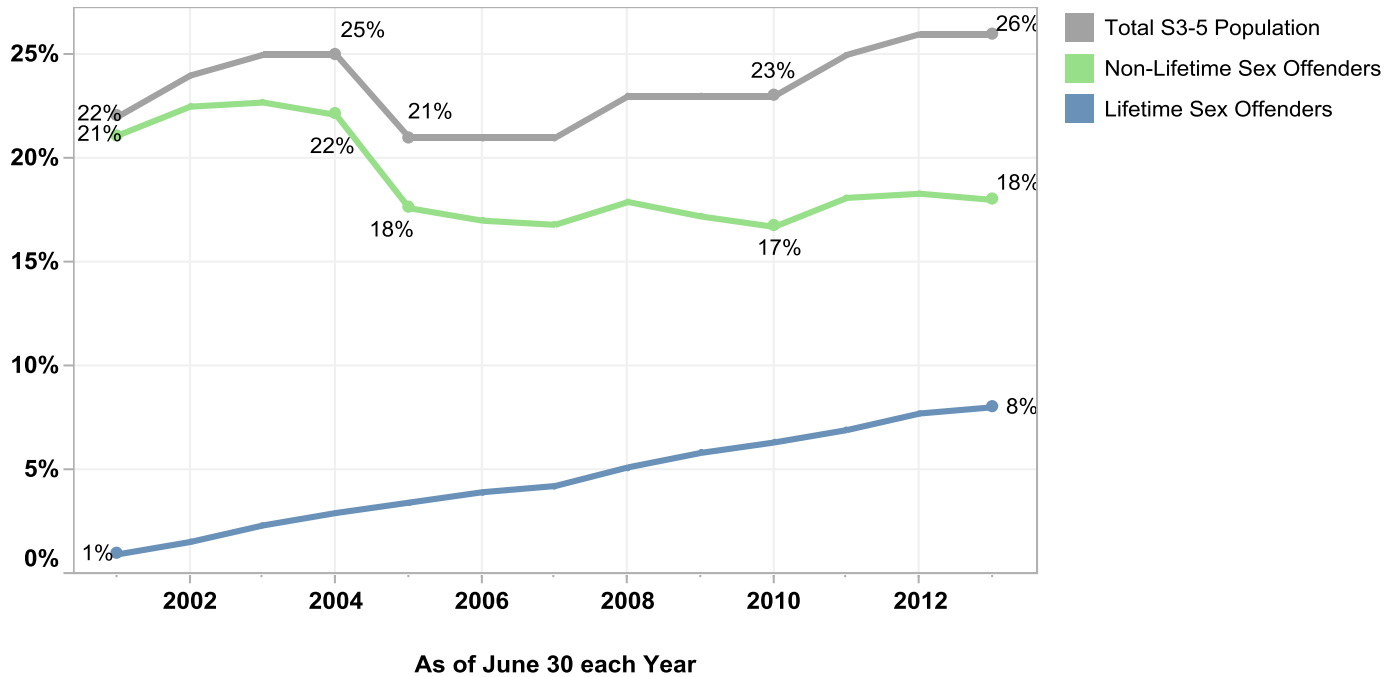
Figure 1. Location of Lifetime Supervision Sex Offenders as of June 30, 2013



### Impact on Prison

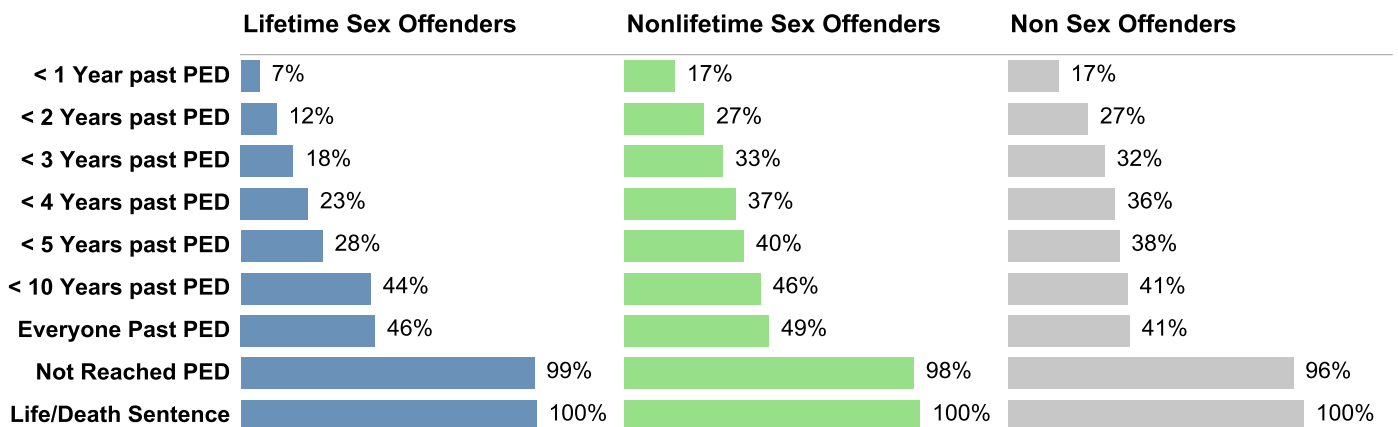
In order to assess the impact of the Lifetime Supervision Act on the prison population, the percentage of nonlifetime and lifetime sex offender inmates out of the total inmate population since 2001 was examined (see Figure 2). Sex offenders are classified by DOC staff as those scoring 3-5 on a 5-point needs level severity index. The proportion of offenders sentenced under the Lifetime Supervision Act has been steadily increasing over the past decade. Conversely, nonlifetime sex offenders decreased in FY 2005 but have leveled off since then. It is not known why the rate of nonlifetime sex offenders dropped so suddenly, but it seems likely that there was a change in how sex offenders were being classified by DOC. Taken together, it seems that the increase in sex offenders among the inmate jurisdictional population since 2005 is largely due to lifetime supervision offenders.

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



In order to further assess the impact of prolonged lifetime supervision sentences on the Colorado prison population, parole eligibility dates (PED) were examined for inmates according to whether they were lifetime sex offenders, nonlifetime sex offenders, or nonsex offenders (see Figure 3). PED represents the earliest date that an offender is eligible for parole; some offenders with life sentences do not have parole eligibility dates because they are not eligible for release. The data indicate that sex offenders are more likely to be past their PED than those who are not sex offenders, but lifetime offenders are slightly less likely to be past their PED than nonlifetime sex offenders. However, lifetime offenders who are past their PED are more likely to be 5 or more years past their PED than nonlifetime sex offenders; 18% of lifetime offenders were more than 5 years past their PED (46% past PED minus 28% < 5 years past PED) compared to 9% of nonlifetime sex offenders (49% past PED minus 40% < 5 years past PED).

Figure 3. Cumulative Rates by Parole Eligibility Blocks and Offender Type



Note. Each column is cumulative; therefore, each row includes data from the previous row.

## Impact on Parole

There have been 274 offenders under lifetime supervision who have released to parole through June 30, 2013. Of these offenders, 106 paroled for the first time under their lifetime supervision sentence during FY 2012-13. Some who had their parole revoked have reparaoled second and third times, so there have been a total of 299 releases to parole since the inception of the Act. Figure 4 details the raw and cumulative number of initial releases and reparaoles of lifetime supervision offenders by year.

Figure 4. Lifetime Sex Offender Releases by Year

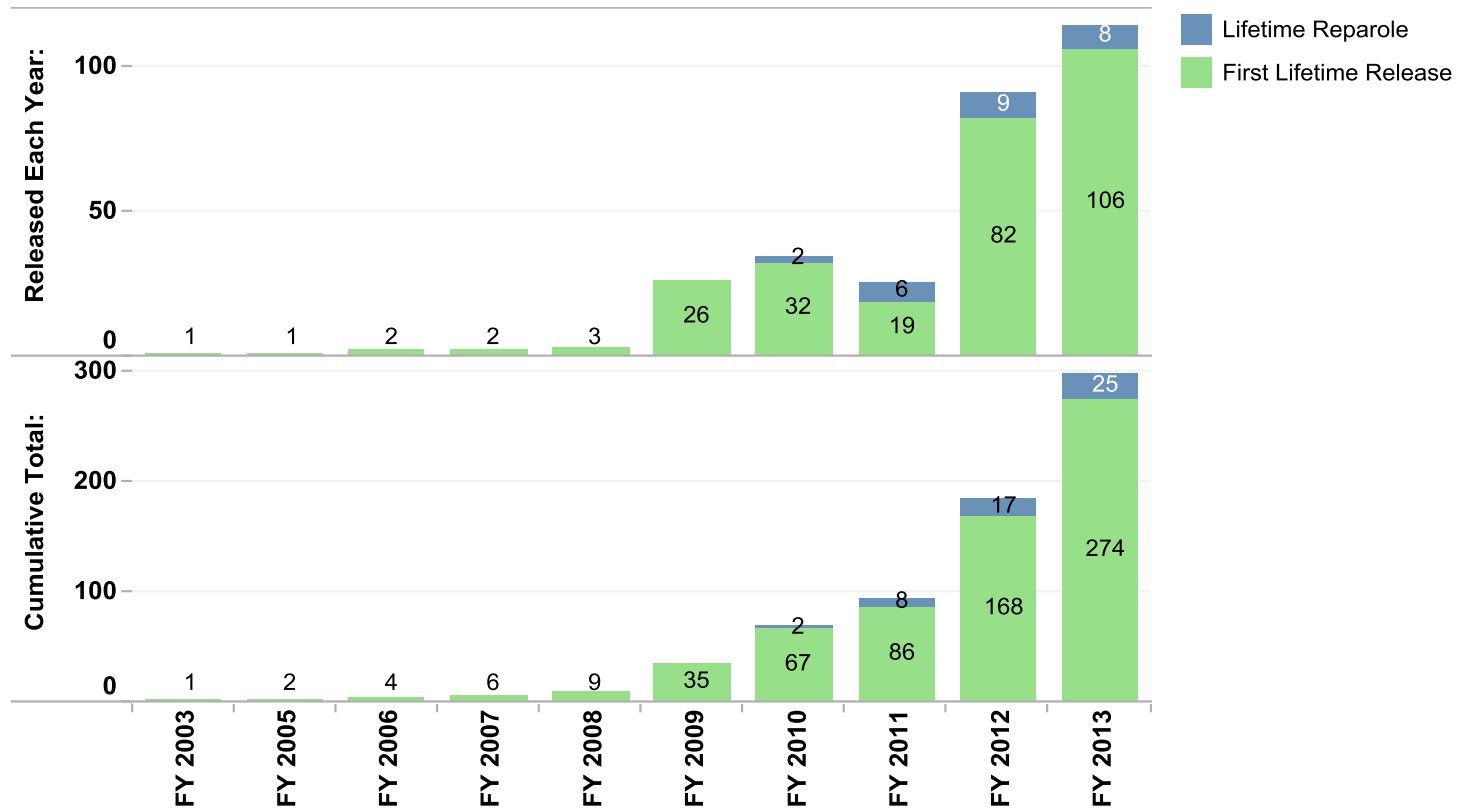


Figure 5 displays length of stay on parole as of June 30, 2013, both for active parolees (green) and those who have had their parole terminated (blue) due to revocation, death, or sentence change. The longest a lifetime offender has been under parole supervision is 8 years and the average is 18 months. Sixty-three of the 274 offenders (23%) released to parole supervision in another state. One hundred and thirty, or 47%, of the lifetime supervision parolees who released from prison since the act began have spent at least a portion of their parole period in intensive supervision parole when they had an active lifetime sex offender sentence. Since the Act began, 199 lifetime sex offenders participated in intensive supervision parole, with median length of time spent on intensive supervision parole through June 30 of about 9 months. This number was a total of every time an offender participated in intensive supervision parole, which was at most three times.

Figure 5. Parole Length of Stay

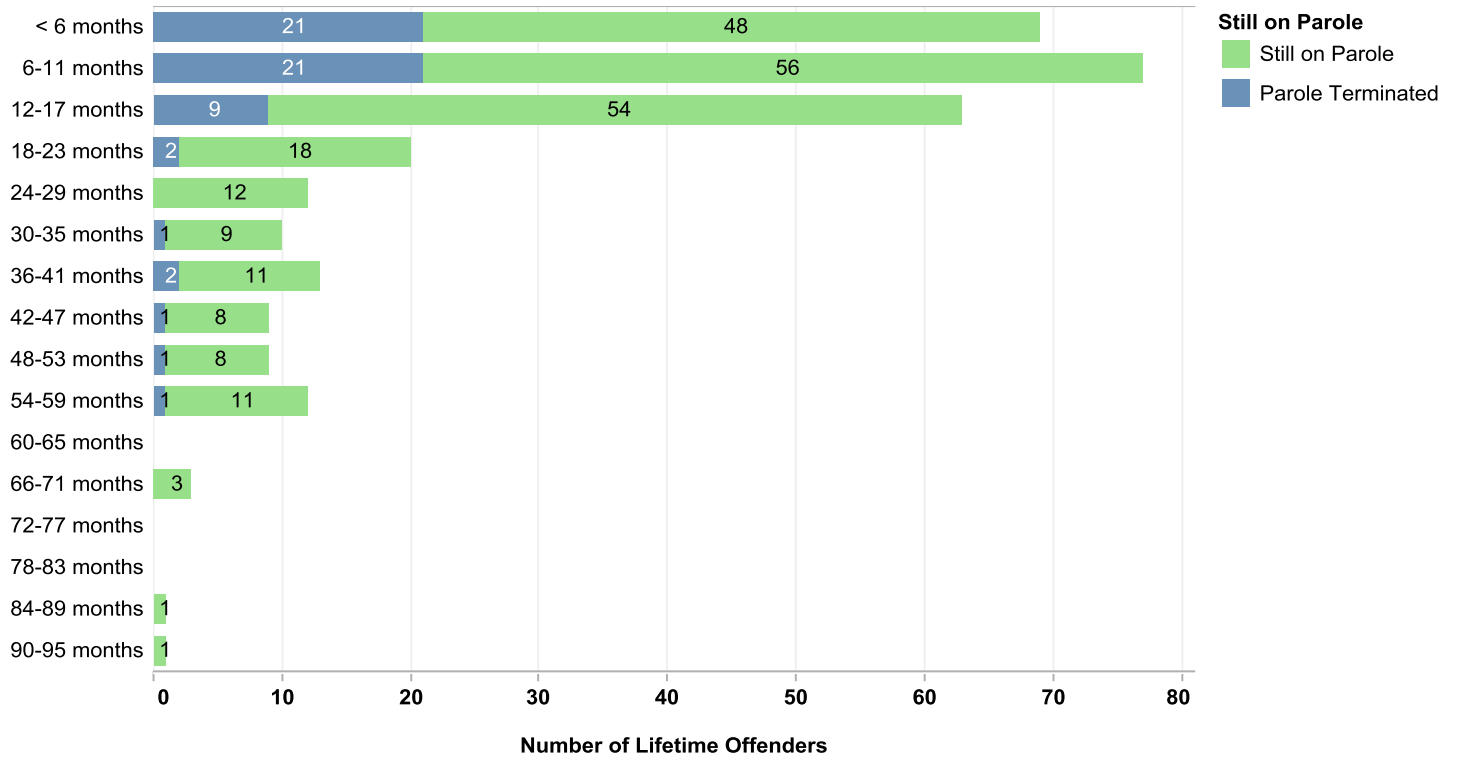
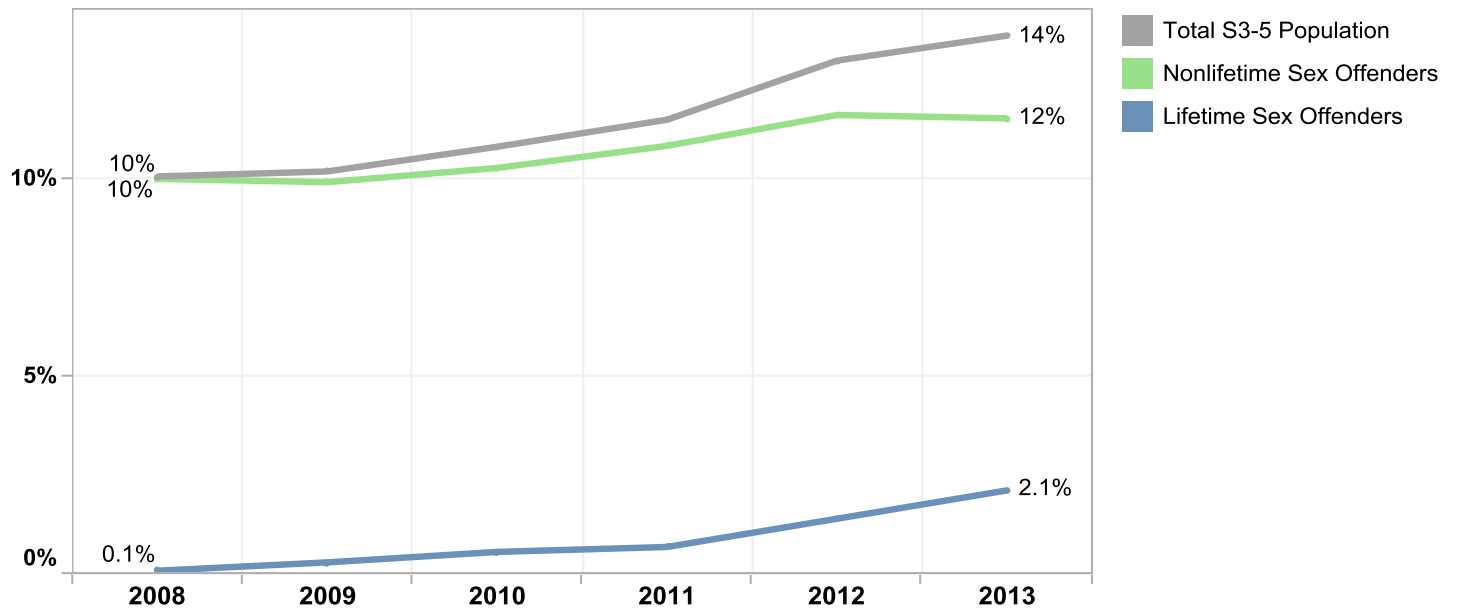


Figure 6 shows the percentage of parolees who are sex offenders (as defined by sex offender needs levels 3-5), broken out by lifetime and nonlifetime supervision sex offenders. The majority of sex offenders under parole supervision are not under the provisions of lifetime supervision. Lifetime supervision parolees appear to be largely responsible for the recent increase of sex offenders on parole, although the proportion is still small (2.1%).

Figure 6. Percentage of Sex Offenders and Lifetime Sex Offenders Out of Total Parolees



## **Parole Release Hearings**

The Parole Board completed 887 release hearings for 731 lifetime supervision sex offenders during FY 2013; some offenders had multiple hearings over the course of the year. The Parole Board granted discretionary release in 96 of the 887 hearings. Some of the offenders granted release had not yet paroled by the end of the fiscal year.

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

The Parole Board completed 30 revocation hearings for 29 lifetime supervision offenders in FY 2012-13, with a decision to continue parole in 6 cases and to revoke parole in 24 cases (one offender was revoked twice during the year). These figures exclude hearings held where a decision was not reached (i.e., hearing continued). Additionally, one offender self-revoked his parole.

Of the 299 releases to parole since the Lifetime Supervision Act went into effect, 64 have resulted in revocation (some offenders have released and been revoked multiple times). Of the 64 revocations, 5 offenders returned with six convictions incurred while on parole: one escape, three escape attempts, one failure to register as a sex offender, and one count of menacing. None of these were during FY 2013.

## **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 8 years, so no discharge hearings have been held yet and are not expected for at least 2 more years.

## **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 Sex Offender Treatment and Monitoring Program (SOTMP), the programming and curriculum was 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 deliver treatment;
- A Clinical Trainer to train, mentor, and coach treatment providers and develop training curriculum.

The Sex Offender Treatment and Monitoring Program (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:

### *Phase I*

Phase 1 used to be a time-limited phase but now successful completion is based on meeting the SOMB criteria. This phase includes cognitive behavioral psycho-educational therapeutic groups 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, Denver Women's Correctional Facility, and the Youthful Offender System. Hearing impaired offenders are accommodated at Colorado Territorial Correctional Facility. The goals and curriculum of Phase I were revised, now covering a "core" program that all offenders in treatment will be offered so as to meet SOMB criteria with the successful completion of Phase I Core. Offenders assessed as low and low-moderate will complete only Phase I Core; those assessed as moderate-high and high will continue on in Phase II. The goals of Phase I Core include:

- The offender is initially assessed on the Static-99R, 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.
- 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 will have the opportunity to meet the SOMB 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.

## *Phase II*

This phase consists of cognitive behavioral groups focusing on changing the offender's distorted thinking and patterns of behaviors, as well as helping the offender develop effective relapse prevention plans (i.e., personal change contracts). Offenders who continue on in Phase II are still categorized into specialized treatment formats (standard or modified) based on sentence length. This is offered as a modified Phase II program at Arrowhead Correctional Center, Arkansas Valley Correctional Facility, and Fremont Correctional Facility. It is also offered in a regular group format at Colorado Territorial Correctional Facility, Denver Women's Correctional Facility, and the Youthful Offender System. The goals of Phase II include:

- The offender receives further evaluation of his/her treatment needs and problems areas including ongoing risk assessment to determine treatment needs.
- The offender applies and incorporates the material learned in Phase I 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.

**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.

### **Specialized Treatment Formats for Lifetime Supervision of Sex 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. CDOC has designed treatment formats that motivate offenders to progress in treatment and be considered a candidate for parole based on their minimum sentence. There is no distinction between the specialized formats when offenders are in Phase I, but offenders are placed into the different treatment formats during Phase II. The treatment formats were designed with the following assumptions:



- Although specialized formats 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 SOMB criteria for successful progress in prison treatment.

*Modified Format:* Offenders with two to five years minimum sentence.

The SOTMP informs the Parole Board and/or Community Corrections Boards when offenders meet the following SOMB 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 nondeceptive polygraph assessment of his or her deviant sexual history.
- Completes a comprehensive Personal Change Contract (relapse prevention plan) which is approved by the SOTMP team.
- 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 Personal Change Contract through participation in a SOTMP therapist facilitated disclosure session with the offender.
- Practices relapse prevention as verified by any recent monitoring polygraphs and has had no institutional acting out behaviors within the past year (e.g., a history of engaging in high risk behavior or committing violations of institutional rules reflective of ongoing criminal behavior).
- 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 (e.g., indications of undue threat may include a history of sadistic behavior or fantasy, a diagnosis of psychopathy based on the PCL-R, or a history of lethality in offense behavior or fantasy).

*Standard Format:* Offenders with six years or more minimum sentences and all non-lifetime supervision offenders.

The SOTMP informs the Parole Board or Community Corrections Boards when offenders meet the following SOMB 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.
- Practices 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.

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 Modified Phase II program at Arrowhead Correctional Center in May 2010, Fremont Correctional Facility in September 2008 and Arkansas Valley Correctional Facility in March 2010 for lifetime supervision offenders with short minimum sentences to help them progress through the program more quickly.
- Developed a Phase II outpatient program at Colorado Territorial Correctional Facility 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.
- Established a priority list to assign sex offenders to treatment openings in June 2010. Since lifetime supervision sex offenders must progress in treatment to be considered a candidate for parole, they are given first priority for the limited treatment openings. The CDOC is currently in the process of changing administrative regulation 700-19 so that the SOTMP will prioritize offenders for treatment based on risk level and their parole eligibility date. 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. However, for FY 2013, prioritization was as follows:

- First Priority – Lifetime supervision offenders who are within four years of their parole eligibility date will be the highest treatment priority.
  - Second Priority – Convicted sex offenders with traditional sentences who are within four years of their parole eligibility date.
  - Third Priority – Offenders who are determined to be sex offenders through administrative review procedures.
- 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.

## COMMUNITY CORRECTIONS AND PAROLE SUPERVISION

The CDOC Division of Adult Parole, Community Corrections and Youthful Offender Services have specially trained officers who supervise sex offenders in the community and under parole supervision through the Community Parole Sex Offenders Program (CPSOP). The program is designed to have a caseload ratio of ten parolees to one community parole officer (CPO). The offenders are supervised on a three tier system of supervision, as outlined in Table 1. As part of the CDOC approved treatment provider process, the department periodically audits service providers.

*Table 1. Three Tier System of the CPSOP*

Level	Contact with Community Parole Officer or Program Contract Worker
1	Eight face-to-face contacts per month
2	Six face-to-face contacts per month
3	Four face-to-face contacts per month

Note. Program contract workers may include an approved treatment provider, TASC contract worker, reentry specialist or designated law enforcement representative.

At a minimum, four of these face to face contacts must be made by the CPO. On each of the levels the contacts can consist of any of the following combinations:

- Daily telephone contact through the Colorado Web-based Integrated Support Environment (CWISE) which shall include a detailed itinerary.
- Two mandatory face-to-face home contacts per month, one of which may be a collateral contact (only for levels one and two).

- Employment visitation and monitoring two times per month, which may be a personal visitation, verification by pay stub, or telephonic verification.
- Treatment monitoring, once per month, to verify participation and progress.
- Treatment staffing, as needed, to be scheduled by the CPO, at least quarterly.
- Collateral contacts, as needed.
- Surveillance activities, as needed, to be staffed with the team leader and approved by the supervisor.
- Office visits, as needed.
- Curfew monitoring, to include electronic monitoring.
- Restitution payments.

The level of supervision shall be measured by behavior that indicates lessened risk, not by the passage of time. The sex offender's community parole officer and treatment provider shall make recommendations to the parole board concerning whether the sex offender has met the requirements specified such that the level of parole supervision should be reduced for each level. Criteria to be met, including but not limited to:

- Offender is taking responsibility for their offense.
- Offender understands their offense cycle.
- The offender has demonstrated full compliance with treatment expectations.
- The offender has demonstrated full compliance with supervision.
- Offender is in compliance with any medication requirements.
- Offender demonstrates stable residence and employment for previous 12 months.
- Community supervision team members agree to a reduction in supervision.
- The offender has provided two nondeceptive maintenance polygraphs.
- The offender has completed and found nondeceptive on part one and two of the sexual history polygraph.
- Offender has established an appropriate community support person who has participated in offense specific education.
- Completion of, or progress in, any substance abuse treatment requirement.

- The offender demonstrates they have developed leisure activities that are appropriate, legitimate, legal and of benefit to the sex offender.
- The offender has and is utilizing an appropriate relapse prevention plan.
- Parole Board notification and concurrence.

### **COST OF SEX OFFENDER TREATMENT**

The FY 2013 CDOC budget included \$2,989,285 for assessment, treatment, testing (including polygraphs), program evaluation, and registration coordination for incarcerated sex offenders in state facilities. Of the total, approximately \$99,569 was allocated for polygraph testing. For offenders on parole, \$1,034,756 was spent for approved sex offender treatment provider services for FY 2013. As seen throughout this report, the department continues to organize resources to maximize opportunities for lifetime supervision sex offenders to participate in treatment.

### **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 nonlifetime 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, 2013, a total of 1,737 sex offenders were on the referral list for treatment with 366 of these being lifetime supervision offenders. Of the 1,737 sex offenders, 1,516 were referred to Phase I and 221 were referred to Phase II.

### **DENIED ADMISSION OR READMISSION TO PHASE I AND PHASE II**

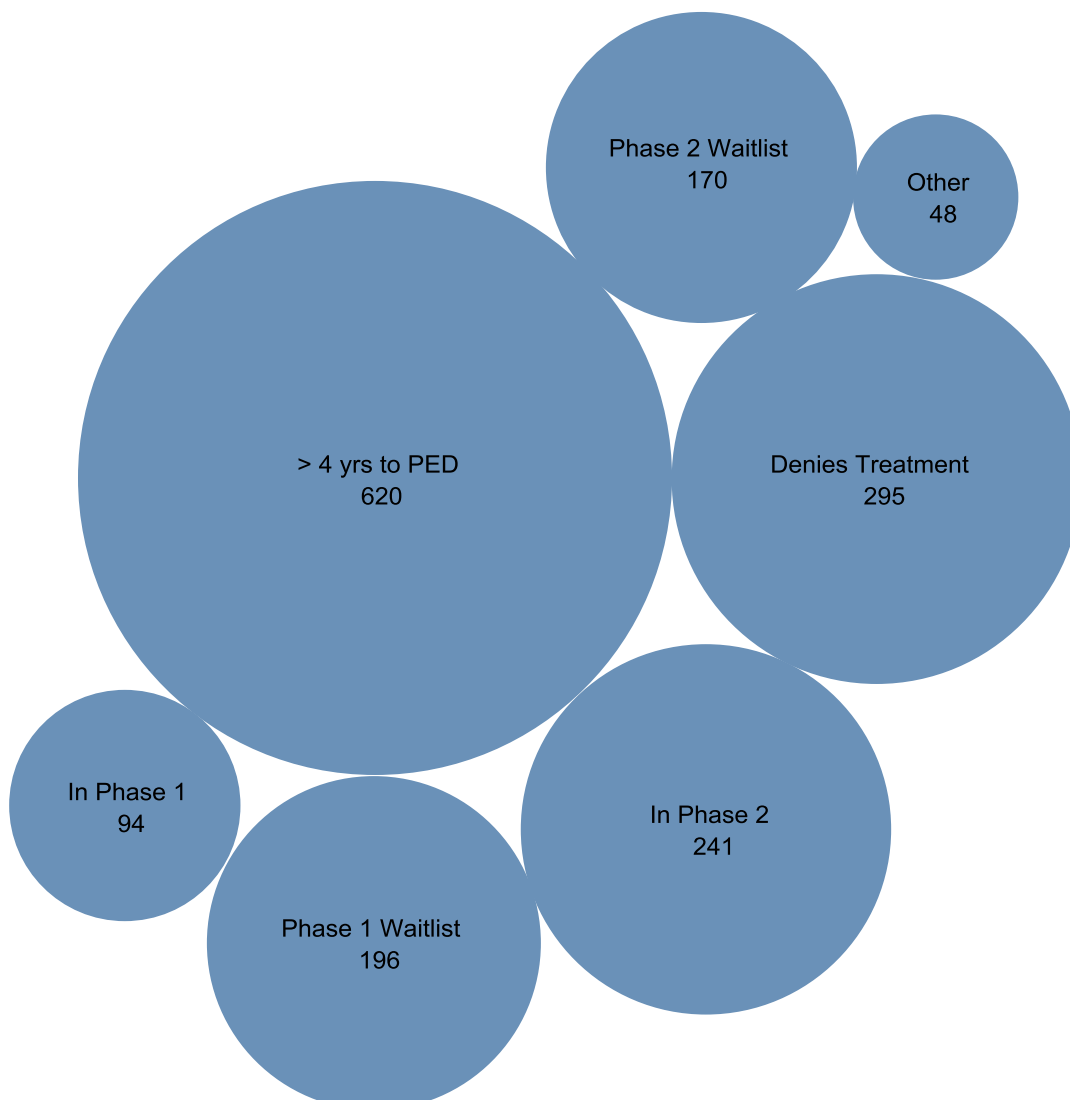
Offenders must meet basic eligibility criteria in order to be placed in treatment. The requirements for admission into sex offender treatment are listed below:

- 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 7. Treatment status of lifetime sex offenders as of June 30, 2013*



The treatment admission and participation status of all incarcerated lifetime supervision offenders on June 30, 2013 (N = 1,664), was reviewed. Based on time to parole eligibility, 620 lifetime supervision offenders did not meet the time criteria (i.e., four years to parole eligibility) for the global referral list. Of the remaining 1,044 offenders, 335 offenders were assigned to treatment, 366 offenders were on the global referral list, 295 denied their sex offense or refused treatment, two had a medical reason for not being in treatment, and the remaining 46 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.

Satisfactory completion of Phase I is an automatic acceptance into Phase II. Only those offenders who refuse Phase II treatment are not placed on the waitlist for Phase II; therefore, no offenders are denied Phase II admission. Offenders who unsuccessfully terminate from treatment may request to be reconsidered at any time. Seventy-seven lifetime supervision offenders were reviewed for re-admission to Phase II treatment in FY 2013, and all were placed on the global referral list.

#### **PARTICIPATION IN PHASE I AND PHASE II**

During FY 2013, 502 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 2. Length of participation during the fiscal year for lifetime supervision offenders in Phase I and Phase II was compiled using the first program participation admission and termination dates, or June 30, 2013, if the offender was still in the program on that date. For lifetime supervision offenders who participated in treatment at any point during FY 2013, the average length of stay in treatment within the fiscal year was 7.9 months in Phase I, 20.3 months in Phase II therapeutic community and 12.5 months in Phase II modified treatment.

*Table 2. End of Month Treatment Participation of Lifetime Supervision Offenders, FY 2013*

<b>Program</b>	<b>July</b>	<b>August</b>	<b>September</b>	<b>October</b>	<b>November</b>	<b>December</b>	<b>January</b>	<b>February</b>	<b>March</b>	<b>April</b>	<b>May</b>	<b>June</b>	<b>Average</b>
Phase I	126	128	113	111	121	108	119	120	119	117	99	105	116
Phase II TC	121	121	122	122	118	118	116	116	113	114	112	109	117
Phase II Mod	97	93	95	95	96	101	103	103	101	100	101	100	99
Maintenance	54	51	45	47	45	47	45	42	42	40	43	45	46
<b>Total</b>	<b>398</b>	<b>394</b>	<b>375</b>	<b>375</b>	<b>380</b>	<b>374</b>	<b>383</b>	<b>381</b>	<b>375</b>	<b>371</b>	<b>355</b>	<b>359</b>	<b>378</b>

Note: 20 offenders were not counted because they enrolled and terminated before the end of the month. 165 offenders had more than one level of treatment in FY 2013. The same offender may be included in more than one program category each month; therefore, these numbers may not match Figure 7.

## 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/Administrative segregation:** offender is terminated due to medical reasons or because they were moved to administrative segregation.
- **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 3 shows SOTMP terminations. The number of lifetime supervision offenders who received achievement earned time for reaching a milestone in treatment was 65 for Phase I and 38 for Phase II.



Table 3. Lifetime Supervision SOTMP Terminations by Program, FY 2013

Termination Type	Phase I		Phase II Mod		Phase II TC		Maintenance		Total	
	n	%	n	%	n	%	n	%	N	%
Dropped out/Self terminated	7	7%	2	14%	4	6%	1	3%	14	6%
Expelled from program	10	10%	2	14%	4	6%	0	0%	16	7%
Finished/Satisfactory	65	63%	n/a	0%	n/a	0%	n/a	0%	65	30%
Transferred from program	2	2%	9	65%	43	68%	36	97%	90	41%
Admin termination/Ad seg	7	7%	1	7%	3	5%	0	0%	11	5%
Unsatisfactory	12	11%	0	0%	9	15%	0	0%	21	11%
Total	103	100%	14	100%	63	100%	37	100%	217	100%

Note: For offenders who had multiple termination codes within FY13, 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
- A non-deceptive polygraph
- 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

Lifetime supervision offenders actively participating in treatment are individually staffed to determine whether they meet the SOMB 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 2013, 89 lifetime supervision sex offenders met criteria for successful progress in prison treatment. Forty-six of these were released to parole and 8 were placed at community corrections centers during FY 2013. The remaining 35 were still incarcerated at the end of the fiscal year. 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 may be a delay between meeting criteria and being placed in the community or on parole.

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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.

Any adult convicted of a felony sex offense and 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 4 years. There were originally 46 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, 2012 and June 30, 2013, 334 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, 74 offenders (22.2%) 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 5 of these offenders were sentenced to community corrections and 17 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 Fiscal Year 2012–2013. 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.

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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 594 active cases was completed. This report also required the review of an additional 396 cases terminated from probation supervision for lifetime eligible offenses during Fiscal Year 2012-2013.

The following table reflects an analysis comparison of sentences to probation for lifetime eligible offenses for Fiscal Years 2009 through 2013:

*Table 4: Placement of New Cases Eligible for Indeterminate Lifetime Term Sentences to Probation for Fiscal Years 2009-10 through 2012-13:*

Type of Supervision	Fiscal Year							
	2009-10		2010-11		2011-12		2012-13	
	n	%	n	%	n	%	n	%
Lifetime Probation with SOISP	107	28.3	123	33.9	121	35.4	74	22.2
SOISP (Non-lifetime Probation for felony sex offenses with SOISP)	138	36.5	231	63.6	204	59.6	259	77.5
Intensive Supervision Program (ISP) or Domestic Violence Programs (DV)	5	1.3	2	0.6	1	0.3	1	0.3
Regular Probation (Cases Ineligible for Lifetime or SOISP and/or sex offense reduced to misdemeanors)*	128	33.9	16	1.9	16	4.7	0	0.0
<b>TOTAL CASES</b>	<b>378</b>		<b>342</b>		<b>342</b>		<b>334</b>	

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 for Fiscal Year 2011-12 to 2012-2013 reflects a 13.7% (47 cases) decrease in the number of offenders eligible and sentenced to indeterminate lifetime sentences and under SOISP supervision.

As of June 30, 2013, there were approximately 1,412 offenders under active Sex Offender Intensive Supervision (SOISP). Of these, approximately 767 (54.3%) offenders are under lifetime supervision.

#### **PROBATION DISCHARGE HEARINGS AND DISCHARGES**

For Fiscal Year 2012-2013, 26 offenders under a lifetime supervision sentence completed SOISP and were transferred to regular probation and are currently under supervision.

#### **PROBATION REVOCATION HEARINGS AND REVOCATIONS**

During Fiscal Year 2012-2013, ninety-seven (97) sex offenders had their lifetime supervision sentences terminated. The following represents the termination status for these probationers:

*Table 5. Probationer Termination Status, FY 2013*

Probationers	Termination Status
3	probation revoked; new felony
2	probation revoked; new misdemeanor
49	probation revoked; technical violations
2	deported
5	died
19	absconded; warrants issued and remain outstanding
17	terminated successfully

There were three probationers revoked for new felony convictions. The convictions and revocation sentencing outcomes are as follows:

1. Possession of a dangerous weapon by a previous offender (F6). The probationer was subsequently sentenced to eighteen months in the Colorado Department of Corrections.
2. Interstate Compact Case: Failure to Register (F6) and returned to New Mexico for sentencing.
3. Failure to Register (F6): received Probation and Community Corrections as a condition.

Probation revocations for new misdemeanor convictions and sentencing outcome of the revocation are as follows:

1. Violation of a Protection Order (M1). Received 2 years to Life sentence to The Department of Corrections.
2. Theft (M1). Received 10 years to Life sentence to the Department of Corrections.

### **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 6: 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	

The costs expended for adult polygraphs for FY 2012-13 were \$387,365 this is a 10% 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 23% of the total dollars (\$9.9 million) expended in FY 2013 for treatment and service support for all offenders on probation. The adult sex offender population represents approximately 3.6% 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. All offenders sentenced under the Lifetime Supervision Act receive a sex offense-specific evaluation as a part of their Pre-Sentence Investigation Report (PSIR).

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 collaborated with the Office of Research and Statistics in the Division of Criminal Justice, to develop 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 and will require periodic updating. An update occurred in June 2006 that included a smaller actuarial risk scale required for offenders who decline to be interviewed, insuring that all offenders will be assessed per the intent of the legislation. In May 2007, the SOMB approved language changes in the description of items in the SOMB Sex Offender Risk Scale (SORS) ten-point scale.

In August of 2010, the Office of Research and Statistics, on behalf of the Sex Offender Management Board, developed a new, updated instrument (**ATTACHMENT B**) and handbook (**ATTACHMENT C**). The Sexual Predator Risk Assessment Screening Instrument (SVPASI) was designed to predict supervision and treatment failure. Follow-up analyses, conducted by the Office of Research and Statistics in 2010 concluded that the SORS instrument reliably predicts both new sexual and violent crime arrests within five years.

#### *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*

Numerous trainings have been conducted on the instrument, process, and research supporting the instrument statewide, since the implementation of the instrument. In the summer of 2010, five trainings were conducted throughout the state on the new, updated 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.

### *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 response to this case law, the SOMB has convened a committee with various judicial stakeholders to evaluate how to address these issues within the assessment protocol and possibly by recommending statutory changes.

**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 228 SOMB approved treatment providers in Colorado (Figure 8) located in 21 of the 22 judicial districts in the state (Figure 9). 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 7. SOMB Approved Provider Total, FY 2013*

Type of Provider	Full		Associate		Provisional		Totals	
	n	%	n	%	n	%	N	%
Treatment Provider	136	59.6	89	39.0	3	1.3	228	100.0
Treatment Provider DD	24	80.0	6	20.0	0	0.0	30	100.0
Evaluator	64	75.3	21	24.7	0	0.0	85	100.0
Evaluator DD	10	90.9	1	9.1	0	0.0	11	100.0
Polygraph Examiner	20	76.9	6	23.1	0	0.0	26	100.0
Polygraph Examiner DD	9	81.8	2	18.2	0	0.0	11	100.0

The SOMB approved 13 new adult applicants and conducted 46 adult re-applications which are included in the numbers above. There were 16 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 8. Number of SOMB Approved Service Providers by Fiscal Year

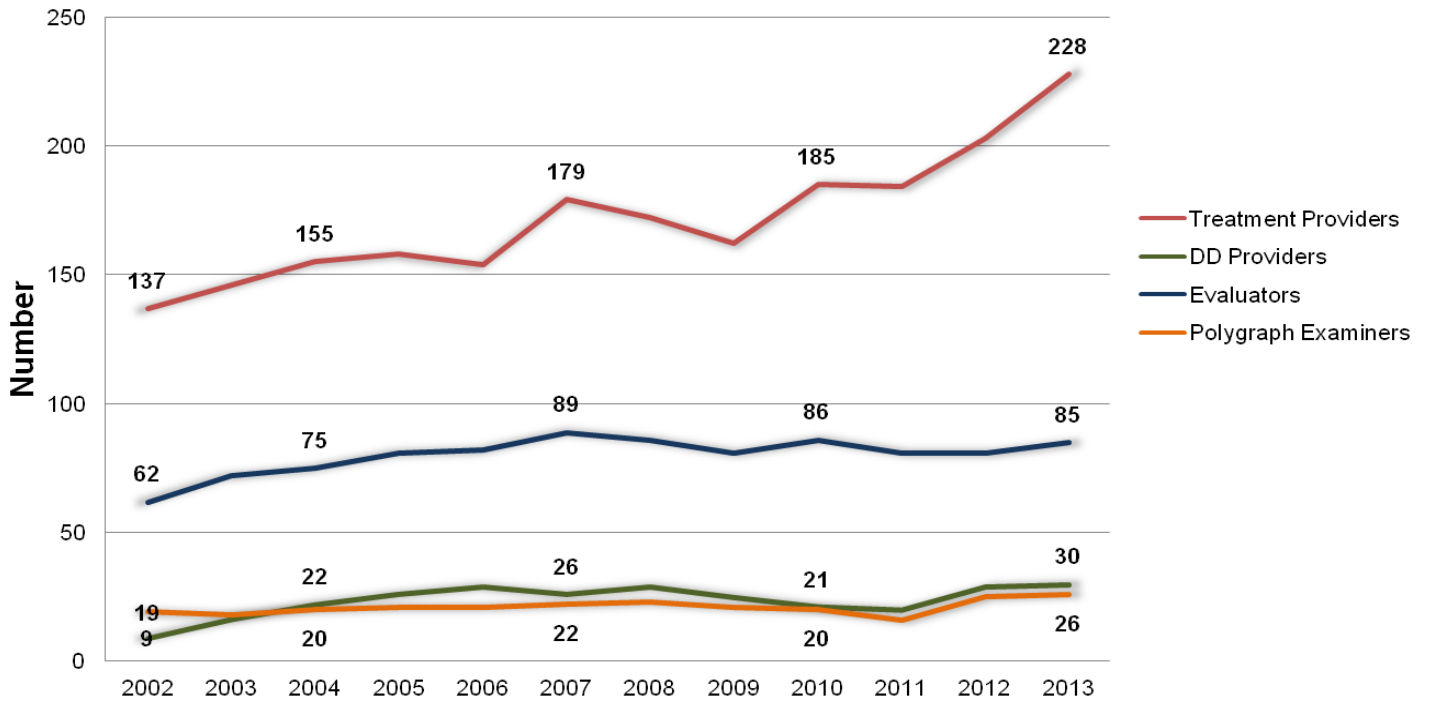
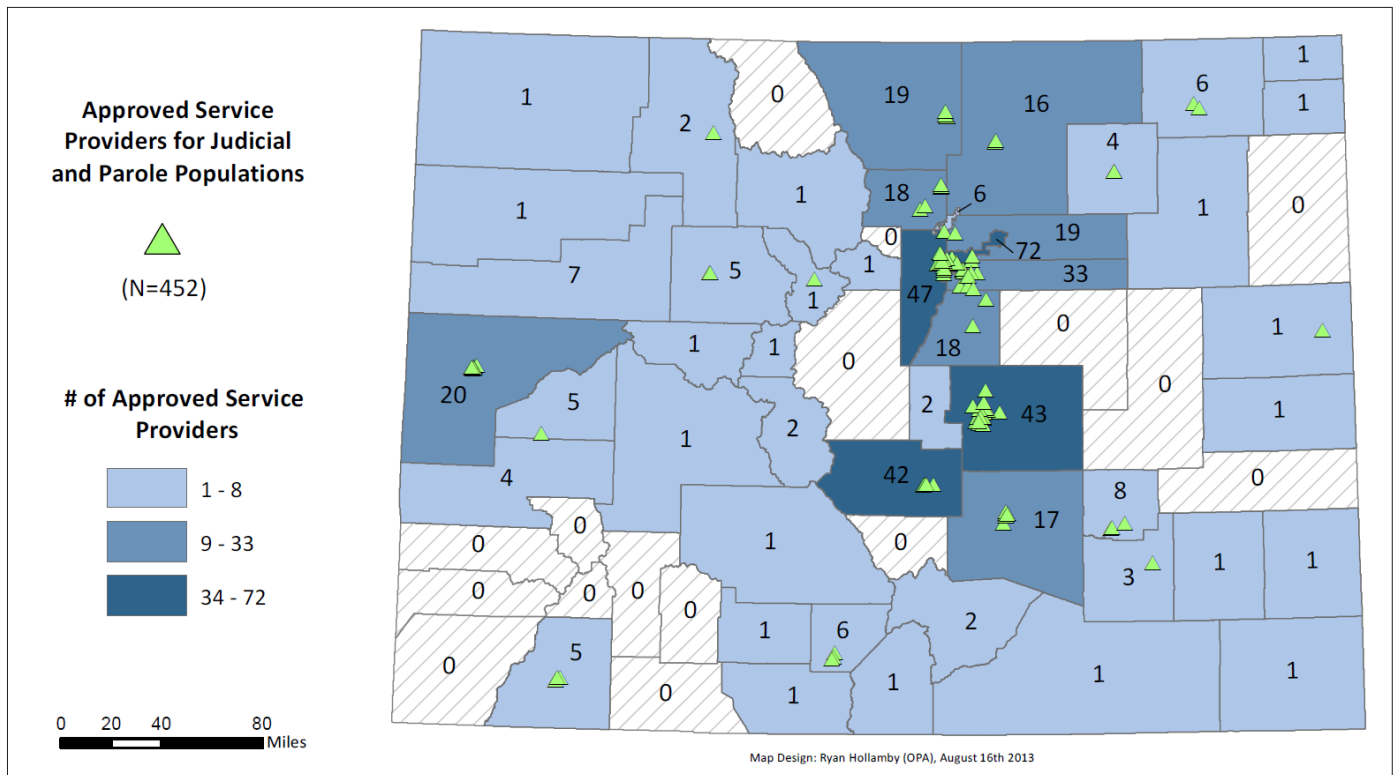


Figure 9. Number and Location of SOMB Service Providers by County, 2013



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. Of those surveyed, approximately 79.5% (n = 31) of treatment providers had 25 or more clients per month. Roughly 87.2% reported to individualize treatment by the offender's risks, needs, and responsivity through offering a wide-range of therapeutic modalities. Additionally, 56.4% of treatment providers offered treatment services designed specifically for the 18-25 year old population.

Table 8. 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 <sup>st</sup>	\$55.00	\$81.00	\$1000.00	\$250.00
2 <sup>nd</sup>	\$57.00	\$80.00	\$1015.00	\$250.00
3 <sup>rd</sup>	X	X	X	\$250.00
4 <sup>th</sup>	\$54.00	\$66.00	\$1035.00	\$250.00
5 <sup>th</sup>	\$56.00	\$78.00	\$1015.00	\$250.00
6 <sup>th</sup>	\$45.00	\$78.00	\$1000.00*	\$250.00
7 <sup>th</sup>	\$45.00*	\$70.00*	X	\$250.00
8 <sup>th</sup>	\$56.00	\$82.00	\$1208.00	\$250.00
9 <sup>th</sup>	\$44.00	\$56.00	\$1200.00*	\$250.00
10 <sup>th</sup>	\$48.00	\$55.00	\$850.00	\$250.00
11 <sup>th</sup>	\$53.00	\$62.00	\$950.00	\$250.00
12 <sup>th</sup>	X	X	X	\$250.00
13 <sup>th</sup>	\$53.00	\$80.00	\$1213.00	\$250.00
14 <sup>th</sup>	\$53.00	\$85.00	\$1213.00	\$250.00
15 <sup>th</sup>	\$50.00*	\$75.00*	\$800.00	\$250.00
16 <sup>th</sup>	X	X	X	\$250.00
17 <sup>th</sup>	\$56.00	\$76.00	\$1010.00	\$250.00
18 <sup>th</sup>	\$55.00	\$76.00	\$1022.00	\$250.00
19 <sup>th</sup>	\$48.00	\$76.00	\$1154.00	\$250.00
20 <sup>th</sup>	\$54.00	\$75.00	\$1059.72	\$250.00
21 <sup>st</sup>	\$44.00	\$69.00	\$850.00	\$250.00
22 <sup>nd</sup>	\$50.00*	\$70.00*	X	\$250.00
<b>Average</b>	<b>\$52.00</b>	<b>\$73.00</b>	<b>\$1,026.00</b>	<b>\$250.00</b>
<b>Range</b>	<b>\$35.00 - \$68.00</b>	<b>\$40.00 - \$68.00</b>	<b>\$750.00 - \$2000.00</b>	<b>\$250.00</b>

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 2013 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 \$955.00 and \$972.12 respectively. \* 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 10. Average Costs of Approved Provider Services by Fiscal Year



Figure 10 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 for FY 2013 exceeded \$1,000 dollars for the first time.

The SOMB recommended that \$302,029 from the Sex Offender Surcharge Fund be allocated to the Judicial Department in Fiscal Year 2013-14. 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 Fiscal Year 2014-15 for the same purposes.

## 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.

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 (who is 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 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. The criminal justice supervising officer is best qualified to select the most appropriate providers for each offender.

The reapplication process for approved providers has changed since last fiscal year. Approval for placement on the SOMB Provider List is still valid for a three-year period. However, in August of 2012, the SOMB Application Review Committee received a staff presentation which presented outcome data on the reapplication process, including required application information and processing time among other data, for approved SOMB providers. The reapplication process outcome 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. In short, this presentation was the first step by the Reapplication Process Workgroup in modifying existing reapplication requirements and processes based on a comprehensive evaluation of the current reapplication process.

Over the course of FY 2013, the workgroup met monthly to evaluate the entire reapplication process. Three recommendations were ultimately agreed upon and presented to ARC in this initial phase of reapplication process evaluation. The first recommendation involved expediting the required background check required of all approved providers seeking reapplication to ensure this information is available for ARC review after the reapplication has been reviewed and is ready for approval. This enhanced efficiency should significantly reduce the turnaround time for reapplication approval.

The second recommendation called for ARC to curtail its extensive reapplication requirements into a more abbreviated reapplication form, which once signed by approved providers, serves as an summary attestation of compliance with SOMB Standards. This recommendation would effectively replace the previous format which required approved providers to submit specific information about clinical experience and continuing education attended during the renewal period, as well as provide copies of work product as documentation of compliance.

With this time-consuming, inefficient, and ineffective aspect of quality assurance removed from the ARC's oversight, a third recommendation sought to improve ARC's capabilities to assess compliance with SOMB Standards by introducing Quality Assurance Reviews (QAR). The recommended QAR process would 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. As a result, these three recommendations intend to provide ARC with a more in-depth and accurate picture of service delivery on the part of approved providers subject to QAR. In July of 2013, ARC approved both of these recommendations and implementation is currently underway.

### **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.

### **Competency Based Model**

It is important to note, however, that the SOMB has been working 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 a Competency Based Model. This 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 still in draft form and subject to change pending final approval by the SOMB.

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**

The SOMB has a legislative mandate to evaluate the system of programs initially developed by the SOMB and to track offenders involved in the programming (Section 16-11.7-103 (4) (d), C.R.S.). This mandate was not originally funded by the state. The SOMB unsuccessfully requested funding through the state budget process in Fiscal Year 1999 to enable compliance with this mandate.

In Fiscal Year 2000, DCJ was awarded a Drug Control and System Improvement Program Grant (Federal dollars administered through the Division of Criminal Justice). This grant funded a process evaluation to evaluate compliance with the Standards throughout the state and the impact of established programs.

In December, 2003, this evaluation (**Attachment E**) was completed by the Office of Research and Statistics in the Division of Criminal Justice (Section 16-11.7-103(4)(d)(II), C.R.S.). The report was a first step in meeting this legislative mandate. Evaluating the effectiveness of any program or system first requires establishing whether the program/system is actually implemented as intended and the extent to which there may be gaps in full implementation. The second step in evaluating effectiveness requires a study of the behavior of those offenders who are managed according to the *Standards and Guidelines*.

The SOMB undertook the second portion of this evaluation and submitted a final report (**Attachment F**) to the legislature in December of 2011. Specifically, the study focused on the behavior of offenders subject to the *Adult Standards and Guidelines* by examining 1-and 3-year 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 9. Probation and Parole Recidivism Outcomes

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

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 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.

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.

Since the release of this report, the SOMB has begun engaging in several strategic planning sessions with multiple stakeholders aimed at developing collaborative systems which assess and evaluate programmatic outcomes related to tracking sex offenders.

#### *External Evaluation*

In FY 2013, the Joint Budget Committee authorized through Senate Bill 2013-230 to fund \$100,000 for an external evaluation of the SOMB. Specifically, the external evaluation sought 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:

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.”

At the time of publishing this report, the evaluation process was underway with an anticipated completion date of January 2nd. Updated information regarding the findings of the investigation will be made available upon completion.



*Lifetime Supervision Data Committee*

In March of 2013, the SOMB discussed the following CCJJ Sex Offender Work Group recommendation:

“A committee shall be created including, but not limited to, representatives from the Department of Corrections, the Colorado Bureau of Investigation, the Division of Criminal Justice, and the Judicial Branch, to evaluate and improve the consistency of data collected across agencies to facilitate the study of the impact of the Lifetime Supervision Act. The collaborating agencies should identify and resolve gaps and inconsistencies in electronic databases. The agencies shall review and provide recommendations to improve the annual Lifetime Supervision Report by July 1, 2012.”

An interagency committee was convened for the purpose of addressing this recommendation. Representing members of each department met three times between July 2013 to October 2013 and discussed several issues with data concerning the Lifetime Supervision Act. The committee is currently working on its response to the CCJJ work group and will provide that information after it has finalized its recommendation.

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

**ATTACHMENT F:**     *2011 Adult Standards and Guidelines Outcome Evaluation*

## SUMMARY

This report is intended to provide the Colorado General Assembly with information on the thirteenth 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 2013, 144 lifetime supervision offenders were admitted to prison and 19 discharged their sentence. As of June 30, 2013, 1,935 offenders were under CDOC supervision for sexual offense convictions sentenced under the lifetime supervision provisions. A total of 274 offenders under lifetime supervision have released to parole, with 106 paroling for the first time in FY 2013. The Parole Board conducted 30 revocation hearings for lifetime supervision offenders in FY 2013 with a decision to revoke parole in 24 cases. And, 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 6 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 2013, 502 lifetime supervision sex offenders participated in the SOTMP.

As of June 30, 2013, there were approximately 1,412 offenders under SOISP probation supervision. Of these, approximately 767 (54.3%) offenders were under lifetime supervision. A comparison of data for Fiscal Year 2011-2012 to 2012-2013 reflects a 13.7% (47 cases) decrease in the number of offenders (2) 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 been increasing since the creation of this report with exception to the number of approved polygraph examiners which 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. As a result of this increase in service providers, the workload for the Sex Offender Management Board (SOMB) staff has expanded substantially.

The results to the external evaluation will provide the SOMB with current research and evidence-based practices in the field of sex offender management. These results of this evaluation are planned to be incorporated during its upcoming revision to the *Adult Standards and Guidelines* which may have policy implications for Lifetime Supervision.

In summary, 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, it appears likely that more sex offenders will be identified, 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, and 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.