

Lifetime Supervision of Sex Offenders

Annual Report



November 1, 2017

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

Lifetime Supervision of Sex Offenders | 2017

November 1, 2017

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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pursuant to this part 10 who received parole or probation revocation hearings and the number whose parole or probation was revoked during the preceding twelve months, if any;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 seventeenth year of implementation of the Lifetime Supervision Act in Colorado. The report is organized into three sections, one for each of the required reporting departments. Each department individually addresses the information for which it is responsible in implementing lifetime supervision and associated programs.

IMPACT ON PRISON AND PAROLE POPULATIONS

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

Admissions and Discharges for Fiscal Year 2017

During fiscal year (FY) 2017, (July 1, 2016 through June 30, 2017) 164 new court commitments were admitted to the CDOC under the lifetime supervision provisions for sex offenses. Offenders may be admitted to prison with a conviction for a determinate 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 (LSX) offenders. During the fiscal year, 26 offenders were removed from lifetime supervision status. Of these 26 offenders, 11 died, 8 were released from LSX designation by court ordered discharge, 4 were released from LSX designation by the courts to probation, 2 remained in custody but had their LSX sentence discharged, and 1 had his LSX designation discharged while on parole.

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

On June 30, 2017, 2,389 offenders were under CDOC supervision for sexual offense convictions sentenced under the lifetime supervision provisions. Of these, 1,192 were in state prisons, 550 were in private prisons, 621 were on parole, and 26 were in other locations (e.g., Community corrections, interstate correction compact transfer, and jail backlog). **Figure 1** breaks these placements out further.

Of the 2,389 lifetime supervision offenders under CDOC supervision during FY 2017, 99% were male and the median age was 47 years. Fifty-seven percent of these offenders were Caucasian, 27% were Hispanic, 13% were African American and 3% were Native American or other ethnicities.

Figure 1. Location of Lifetime Supervision Sex Offenders as of June 30, 2017

State	ARKANSAS VALLEY CORRECTIONAL FACILITY	171
	BUENA VISTA CORRECTIONAL COMPLEX	89
	CENTENNIAL CORRECTIONAL FACILITY	85
	COLORADO STATE PENITENTIARY	48
	COLORADO TERRITORIAL CORRECTIONAL FACILITY	144
	DENVER RECEPTION AND DIAGNOSTIC CENTER	23
	DENVER WOMENS CORRECTIONAL FACILITY	19
	FOUR MILE CORRECTIONAL CENTER	1
	FREMONT CORRECTIONAL FACILITY	396
	LA VISTA CORRECTIONAL FACILITY	2
	LIMON CORRECTIONAL FACILITY	54
	SAN CARLOS CORRECTIONAL FACILITY	16
	STERLING CORRECTIONAL FACILITY	143
	TRINIDAD CORRECTIONAL FACILITY	1
	Private	BENT COUNTY CORRECTIONAL FACILITY
CHEYENNE MOUNTAIN RE-ENTRY CENTER		63
CROWLEY COUNTY CORRECTIONAL FACILITY		249
Community	COMMUNITY CORRECTIONS	16
Parole	COLORADO PAROLEES OUT OF COLORADO	175
	P1 PAROLE-DENVER CENTRAL METRO REGION	10
	P2 PAROLE-DENVER WEST METRO REGION	41
	P3 PAROLE-DENVER SOUTH METRO REGION	71
	PAROLE-NORTHEAST REGION	114
	PAROLE-SOUTHEAST REGION	147
	PAROLE-WESTERN REGION	62
	TECHNICAL PAROLEE AWAITING TRANSFER TO FACILITY	1
Others	ADULT MALES HOUSED AT YOS	2
	INTERSTATE CORRECTION COMPACT TRANSFER	7
	JAIL BACKLOG	1

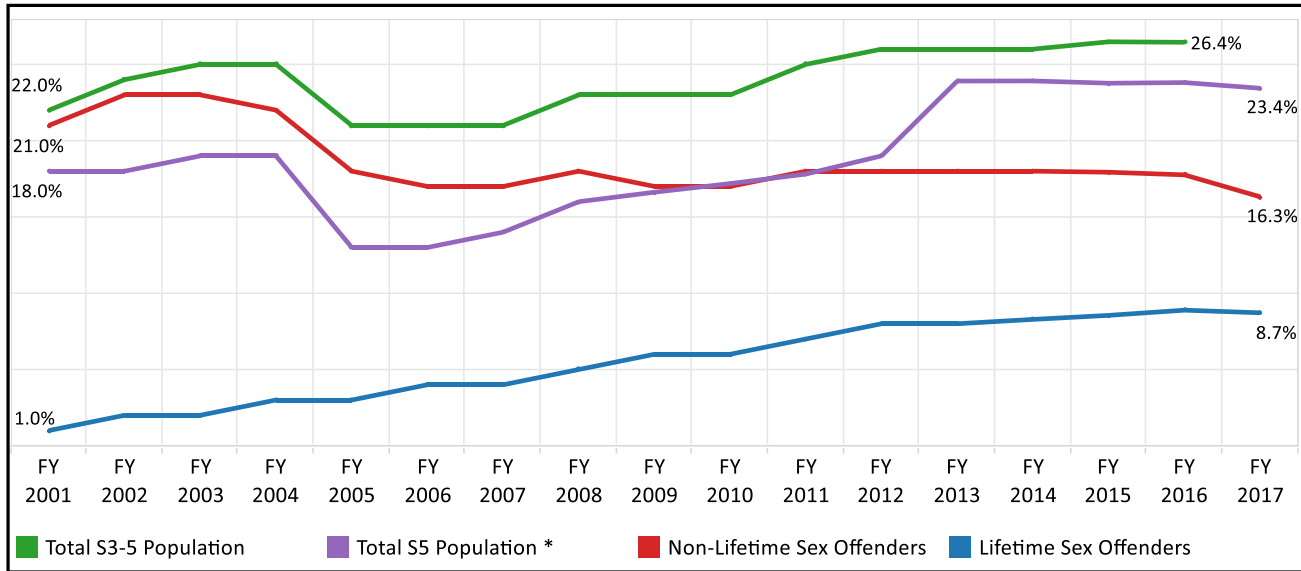
Impact on Prison

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 from the total inmate population is calculated and displayed in **Figure 2**. Sex offenders are classified by CDOC as those scoring 3 and above on a 5-point Needs Level Severity Index. The proportion of offenders sentenced under the Lifetime Supervision Act decreased slightly in FY 2017 to 8.7%, but has been steadily increasing over the past decade.

Impact on Parole

There have been 786 offenders under lifetime supervision who have released to parole for their first time as of June 30, 2017. Of these offenders, 115 paroled during FY 2017 under their lifetime supervision sentence. Some offenders who had their parole revoked have re-paroled second and third times, totaling 888 releases to parole since the inception of the Act. **Figure 3** details the discrete and cumulative number of initial releases and re-paroles of lifetime supervision offenders by fiscal year.

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



*Beginning July 1, 2016 the Administrative regulation on Sex Offender Treatment and Monitoring Program (700-19) was modified. Offenders with a sex offender treatment needs level below 5 are no longer recommended for sex offense specific treatment unless clinically indicated. Offenders scoring below 5 may be recommended for treatment in group. This change will be reflected in future annual reports and offenders with a sex offender treatment needs level of 5 (S5) will be reported instead of the total S3-S5 population.

Figure 3. Lifetime Sex Offender Releases by Year

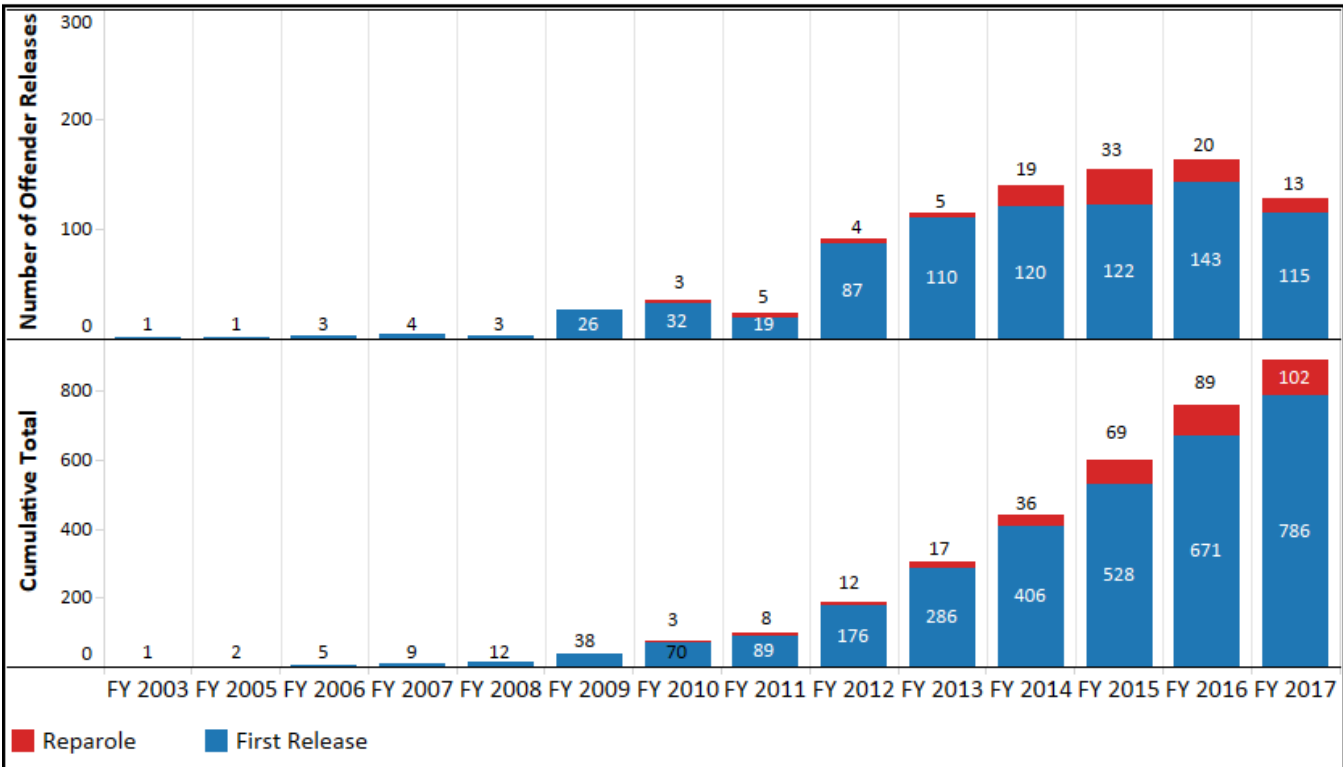
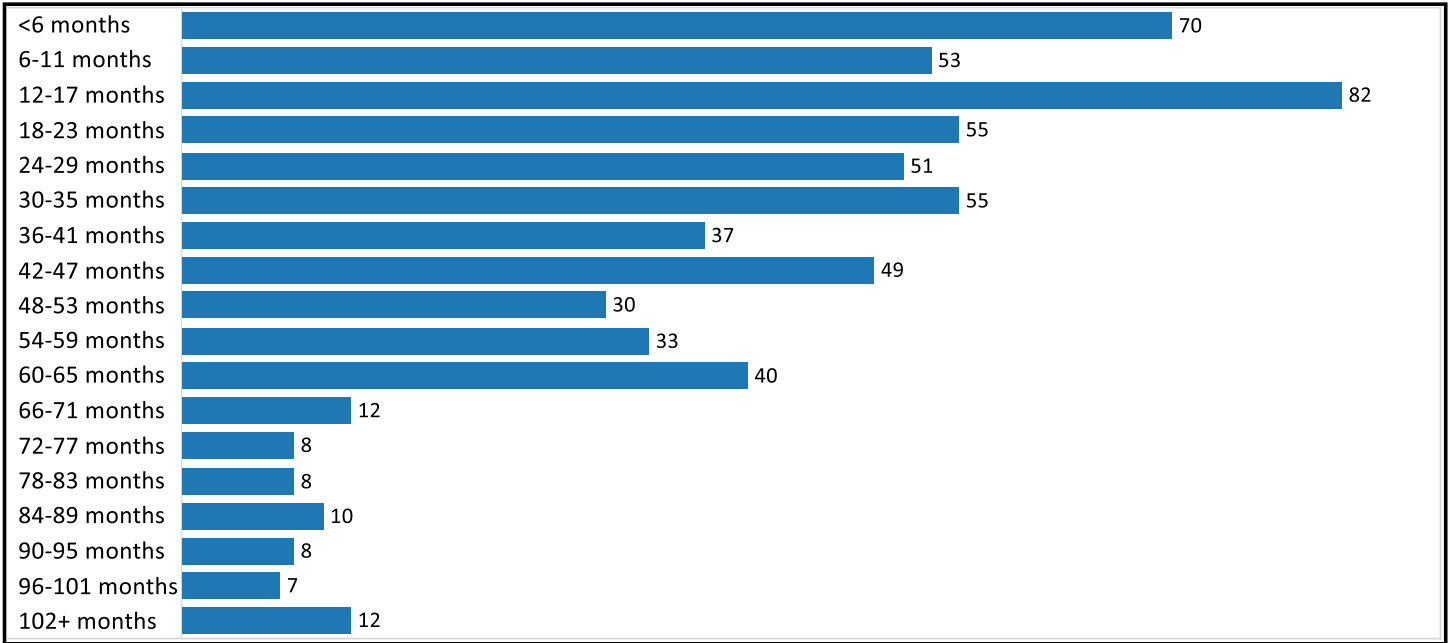


Figure 4 displays the length of stay of lifetime sex offenders on parole as of June 30, 2017. This figure only tracks active parolees, during the fiscal year, who were LSX or whose LSX sentence was discharged. The longest a lifetime sex offender has been under parole supervision is 11.4 years and the average is 2.8 years. Of the 620 LSX parolees under supervision, 175 (28%) released to parole supervision in another state and 18 (3%) were under parole intensive supervision.

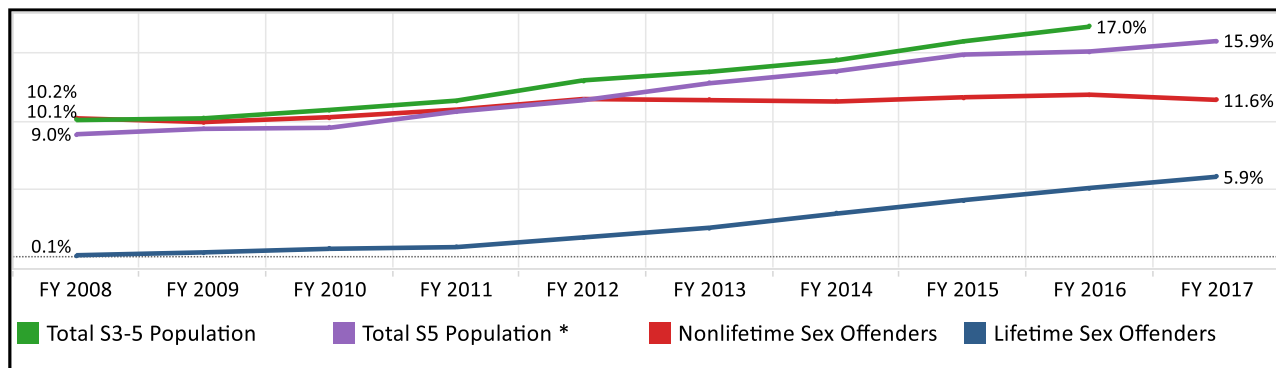
Figure 4. Current LSX Offenders Parole Length of Stay



Note. This is length of stay for LSX offenders on parole as of 6/30/2017 or those who discharged their sentence during FY 2017. Offenders who were paroled but discharged prior to FY 2017 are not included in this figure.

Figure 5 displays the percentage of sex offender parolees (as defined by sex offender needs level 3-5, and S5 for FY 16 and 17) segmented by lifetime and non-lifetime supervision. The majority (76%) of sex offenders under parole supervision are not under the provisions of lifetime supervision.

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



* Beginning July 1, 2016, the Administrative Regulation on Sex Offender Treatment and Monitoring Program (700-19) was modified. Offenders with a sex offender treatment needs level below 5 are no longer recommended for sex offense specific treatment unless clinically indicated. Offenders scoring below 5 may be recommende..

Parole Release Hearings

The Parole Board completed 928 applications for release hearings for 773 lifetime supervision sex offenders during FY 2017; some offenders were not meeting criteria at the time of their hearing, and some had multiple hearings over the course of the year. The Parole Board granted discretionary release for 154 of the 773 lifetime supervision sex offenders, although not all of these had paroled by the end of the fiscal year.

Parole Revocation Hearings and Number of Parole Revocations

The Parole Board completed 80 revocation hearings for 50 lifetime supervision offenders in FY 2017. 28 hearings resulted in revocation of parole, 5 hearings resulted in continuations on parole, 4 offenders self-revoked their parole, and 13 hearings were not yet finalized at the end of the fiscal year.

Of the 888 releases to parole since the Lifetime Supervision Act went into effect, 263 have resulted in revocation (some offenders have released and been revoked multiple times). Of the 263 revocations, 50 offenders returned with new felony convictions incurred while on parole. During FY 2017, 10 offenders returned on new felony convictions.

Parole Discharge Hearings and Number Discharged from Parole

According to CRS 18-1.3-1006, the period of parole for any sex offender convicted of a class 4 felony shall be an indeterminate term of at least 10 years and a maximum of the remainder of the sex offender's natural life. The period of parole for any sex offender convicted of a class 2 or 3 felony shall be an indeterminate term of at least 20 years and a maximum of the remainder of the sex offender's natural life. Early discharge has been approved for two offenders since the inception of the Lifetime Supervision Act.

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 as defined in the *Sex Offender Management Board Standards and Guidelines for the Assessment, Evaluation, Treatment and Behavioral Monitoring of Adult Sex Offenders; Lifetime Supervision Criteria; Standards for Community Entities That Provide Supervision and Treatment for Adult Sex Offenders Who Have Developmental Disabilities*.

SEX OFFENDER TREATMENT AND MONITORING PROGRAM (SOTMP)

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

Sex Offender Treatment Tracks

Following the release of a comprehensive evaluation of the SOTMP, the programming and curriculum 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 staff to deliver treatment;
- A clinical trainer to train, mentor, and coach treatment providers and develop training curriculum.

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

Risk Assessment to determine level of treatment intensity recommended:

- All eligible 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 the initial recommended treatment track. All offenders are placed into treatment groups according to risk and individual needs. During the treatment process, additional dynamic assessments are administered. Clients who remain in the lower risk categories after on-going assessment will progress to maintenance phase upon completion of Track I. Those who are assessed to be in the higher risk categories and who have more significant treatment needs will participate in Track II Intensive Treatment Program (ITP). Upon successful progress on identified treatment objectives in the Track II ITP, clients will move to the maintenance phase. There are no validated risk assessments for use in the female population; therefore CDOC does not assess females with these types of assessment tools.

Track I – (Low Risk/Low to Moderate Risk)

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

Offender System. Hearing impaired offenders, developmentally delayed, and medical restricted offenders are accommodated at Colorado Territorial Correctional and the Denver Diagnostic and Reception Center Facilities. The goals and curriculum of Phase I were revised and the program renamed Track I. The Track I program will be offered to offenders who have a low risk for sexual recidivism. Offenders will have an opportunity to meet the 7 lifetime supervision treatment progress criteria upon completion of Track I. Clients who initially score in the lower risk categories may later fall into higher risk categories based upon this ongoing, dynamic assessment. The goals of Track I (Low Risk/Low to Moderate Risk) include:

- The offender is initially assessed with a Static Risk Assessment, the results of which are used to determine initial treatment level. Risk assessment is ongoing throughout treatment and can be used to determine further treatment needs.
- The offender identifies factors that contribute to his/her sexually abusive behavior.
- The offender identifies, in depth, problem areas he/she needs to continue to work on if continuing on to the maintenance level, Track II ITP 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 will have the opportunity to meet the Lifetime Supervision treatment progress criteria with a report to the Parole Board that these criteria have been successfully met.
- To further evaluate the offender's treatment needs and dynamic risk level.

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

Track II – (Moderate to High Risk/High Risk)

The Phase II Intensive Treatment Program was developed during FY 2014 and later revised in 2016 to become the Track II. The 2014 change combined the existing standard and modified formats of the previous Phase II. The Track II program was revised in 2016 to more closely follow the revised Lifetime Supervision treatment progress criteria. This track consists of cognitive behavioral groups based on the evidence-based risk/need/responsivity model focusing on criminogenic factors and changing the 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. Offenders participate in treatment groups specific to their individual needs. The Track II program is offered at Centennial Correctional Facility in an intensive treatment community (ITC). It is also offered in a traditional group format at Colorado Territorial

Correctional Facility, San Carlos Correctional Facility, Denver Women's Correctional Facility, and the Youthful Offender System. The goals of Track II ITP (Moderate to High Risk/High Risk) include:

- The offender receives further evaluation of his/her treatment needs collaborates with the treatment team to develop treatment plan goals that mitigate individual risk factors.
- 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 Level

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

- Sex offense specific maintenance
- Healthy relationships/sexuality
- Re-entry planning to include:
 - Job Readiness workshop
 - Career and Personality class
 - Community Resources Guide class
 - Safety planning
- Relapse prevention/rehearsal groups to include:
 - Risk management planning

Specialized Services: SOTMP also offers, to the extent that resources permit, specialized services to the following sex offenders: females, youth, Spanish speaking, and 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.

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

Low to Low-moderate Risk Categories

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

Moderate-High to High Risk Categories

- Is actively participating in treatment and demonstrates a reduction in dynamic risk.

- Completes a disclosure of his or her offense related sexual history as verified through either the polygraph process or other clinical indicators.
- Completes a comprehensive plan to manage ongoing risk areas.
- Has an approved support person or system who has participated in SOTMP family/support education. The SOTMP also must have received an approved copy of the offender's sexual offense cycle through their participation in a SOTMP therapist facilitated disclosure session with the offender.
- Demonstrates management of risk factors.
- 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 made changes to administrative regulation AR700-19 in 2015 so that the SOTMP will prioritize offenders for treatment based on their parole eligibility date in addition to sentence type. Treatment participants are assessed to determine their level of risk for committing another sexual offense and participate in the level treatment based on their individual needs. Clients who fall within the lower risk categories for sexual recidivism are recommended to participate in Track I. Clients who fall within the high risk categories for sexual re-offense are recommended for participation in the Track II intensive treatment program. Prioritization now occurs in the following manner:

A. 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.
 - a. To be placed in a Track I (Low Risk/Low to Moderate Risk) 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 Track II (Moderate to High Risk/High Risk) group:
 - 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

- 1) 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 referral list 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 Track II ITP 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 and on-going communication with the Parole Board, the Colorado Association of Community Corrections Boards, and the Colorado Community Corrections Coalition regarding community transition for lifetime supervision sex offenders.
- Started a Track I group for male offenders with significant medical impairments at Denver Reception and Diagnostic Center.
- Started a Maintenance program at Cheyenne Mountain Re-entry Center (CMRC) for offenders who have reached the maintenance level of treatment.

COST OF SEX OFFENDER TREATMENT

The FY 2017 CDOC budget included \$4,236,895 for assessment, treatment, testing (including polygraphs), program evaluation and registration coordination for incarcerated sex offenders in state facilities. Approximately \$242,500 was allocated for polygraph testing. For offenders on parole, \$2,687,792 was spent for approved sex offender treatment provider services for FY 2017.

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 priority referral list. 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 priority referral list ensures offenders are moved to a facility offering SOTMP when they are prioritized to start treatment.

On June 30, 2017, a total of 1,476 sex offenders were on the referral list for treatment, 353 of these being lifetime supervision offenders.

ELIGIBILITY CRITERIA FOR TREATMENT

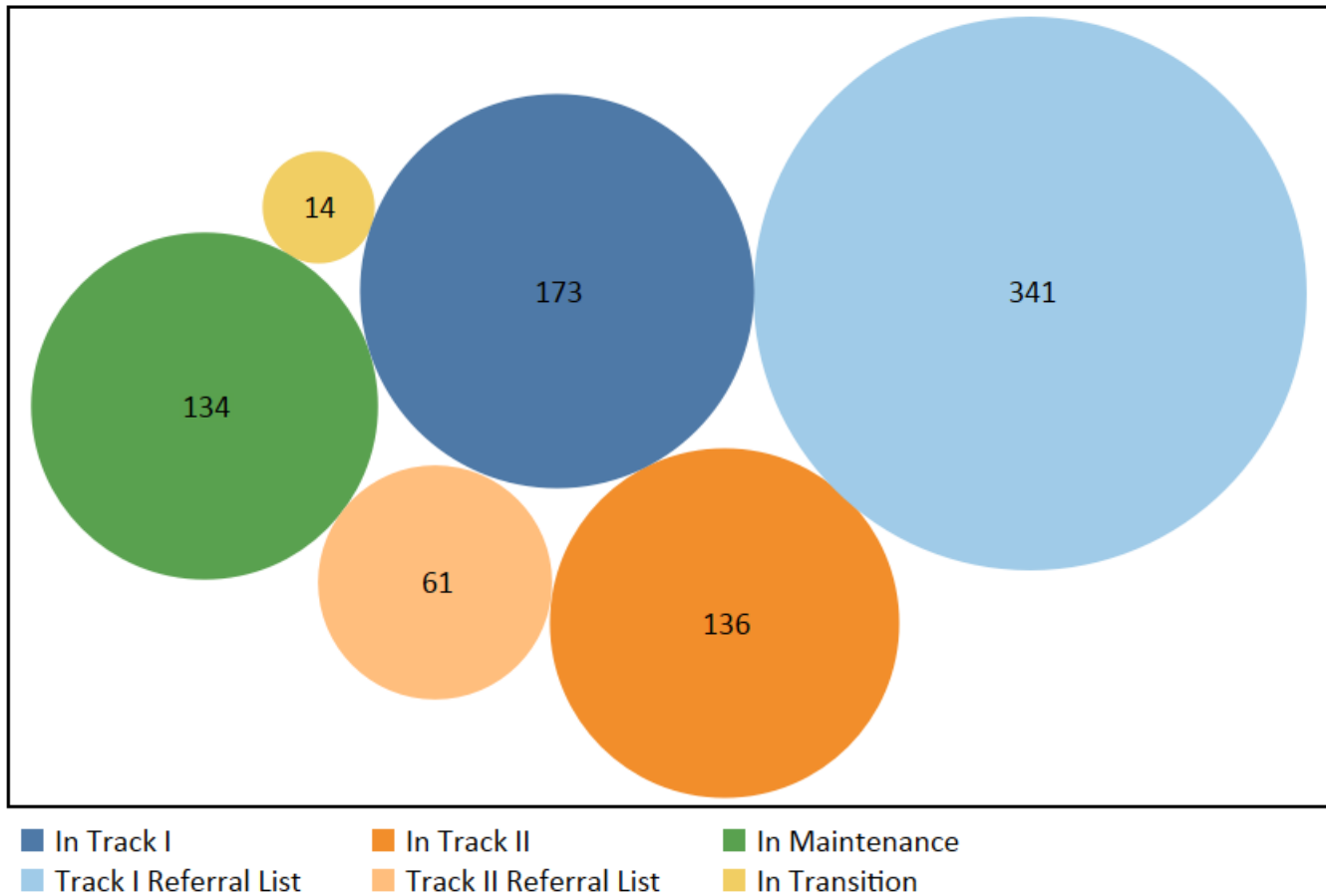
Offenders must meet basic eligibility criteria in order to be placed in treatment. The requirements for admission into sex offender treatment are listed below:

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

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. 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. 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.

During FY 2017, of 1,812 lifetime supervision offenders incarcerated in a state or private facility, 953 did not meet the criteria necessary to be placed on the referral list. **Figure 6** depicts the treatment admission and participation status of lifetime supervision offenders incarcerated in a state or private facility who were eligible for treatment during FY 2017. A total of 457 lifetime supervision offenders were in treatment (Track I, Track II, Maintenance and Transition) and 402 were on the global referral list.

Figure 6. Treatment Status of Lifetime Sex Offenders During FY 2017



Note: This figure shows the treatment status of incarcerated Lifetime Sex Offenders who met basic treatment eligibility requirements during FY 2017.

PARTICIPATION IN TREATMENT

During FY 2017, 457 lifetime supervision offenders participated in treatment. The number of lifetime supervision sex offenders participating in sex offender treatment each month is detailed in **Table 1**. Length of participation for lifetime supervision offenders in treatment was calculated using program participation admission and termination dates, or June 30, 2017, if the offender was still in a SOTMP group on that date. For lifetime supervision offenders who participated in treatment at any point during FY 2017, the average length of stay in treatment was 308.4 days in Track I classes, 353.6 days in Track II classes and 232.1 days in Maintenance Phase classes.

Table 1. Treatment Participation of Lifetime Supervision Offenders During Each Month of FY 2017

	July	August	September	October	November	December	January *	February	March	April	May	June
Track I	172	97	96	89	94	152	163	200	179	165	134	132
Track II	172	58	55	51	53	55	16	40	97	101	100	97
Maintenance	127	143	109	102	105	103	107	127	139	141	130	137
Totals	471	298	260	242	252	310	286	367	415	407	364	366

Note. Table 1 data includes offenders who participated for any amount of time during the month. Some offenders may have participated in more than one level of the program within a month. All participation was counted each time it occurred. *The low participation levels for Track II in January and February can be attributed to data collection gaps stemming from the relocation of a Track II program from Arrowhead Correctional Facility to Centennial Correctional Facility during that time.

TERMINATIONS FROM Track I AND Track 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 Track I and Track 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 from Program:** 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.
- **Satisfactory Completion:** Offender completes a time limited group, meeting the group's goals.
- **Transfer/Paroled/Discharge:** Offender transfers to another facility, releases to parole, or discharges his sentence.
- **Administrative Termination:** Offender is terminated due to medical reasons, or they were moved to maximum security, or other administrative reasons.
- **Unsatisfactory 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.

On 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** provides details on SOTMP terminations in FY 2017.

Table 2. Lifetime Supervision SOTMP Terminations by Program, FY 2017

		% of Total Number of Offenders	Count
Track I	Administrative Termination	10%	3
	Dropped	6%	2
	Expelled	3%	1
	Satisfactory Completion	39%	12
	Transfer/ Paroled/ Discharged	39%	12
	Unsatisfactory Completion	3%	1
Track II	Expelled	4%	3
	Satisfactory Completion	27%	22
	Transfer/ Paroled/ Discharged	69%	57
	Unsatisfactory Completion	1%	1
SOTMP Maintenance	Administrative Termination	2%	1
	Expelled	7%	3
	Satisfactory Completion	16%	7
	Transfer/ Paroled/ Discharged	73%	33
	Unsatisfactory Completion	2%	1

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. Treatment progress criteria for lifetime supervision sex offenders to progress to the community include the following (described in more detail in Administrative Regulation 700-19):

Low to Low-Moderate Risk Categories

- Active participation in treatment
- Compliance with DOC psychiatric recommendations for medication
- Must be able to be supervised in the community without presenting an undue threat

- A disclosure of his or her offense related sexual history relevant to identified risk areas
- A plan to manage ongoing risk areas and treatment needs.

Moderate-High to High Risk Categories

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

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

During FY 2017, 208 lifetime supervision sex offenders met criteria for successful progress in prison treatment. Fifty-nine of these offenders were released to parole and none were placed at community corrections centers during FY 2017. There is a delay between meeting criteria and being placed in the community or on parole, which explains why the number released was lower than the number that met criteria.

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 in the SOISP program. 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 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. Phase progression occurs when a probationer's risk to the community declines and protective factors increase. The goal of supervision for any probationer is a reduction in risk factors. The use of phases provides a structured process designed to provide clear expectations for the supervising officer to assess the probationer's progress. The phase requirements are not intended to be applied with absolute rigidity, since not all conditions will apply to every probationer, but should serve as benchmarks accordingly for the supervising officer to make adjustments in supervision.

Those probationers 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. There were originally 46 FTE appropriated for the SOISP program. Caseload sizes were capped at 25 probationers, for a program capacity of 1,150.

Between July 1, 2016 and June 30, 2017, 414 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, 59 offenders (14.3%) 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 4 of these offenders were sentenced to work release, 12 offenders served a jail sentence as a condition of probation, 5 offenders served a Community Corrections sentence and 1 offender was ordered to serve a Department of Corrections sentence prior to being supervised by probation.

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 2016–2017. 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.

In 2002, coding was installed in E-Clipse/ ICON that distinguishes between lifetime and non-lifetime cases. The coding to differentiate lifetime from non-lifetime is based on sentencing codes entered by the court. This report also includes an additional 179 cases terminated from probation supervision for non-lifetime eligible offenses during Fiscal Year 2016-2017.

The following table reflects an analysis comparison of sentences to probation for lifetime eligible offenses for fiscal years 2011- 2016:

Table 3: Placement of New Cases Eligible for Indeterminate Lifetime Term Sentences to Probation for Fiscal Years 2012-13 through 2016-17:

Type of Supervision	Fiscal Year									
	2012-2013		2013-2014		2014-2015		2015-2016		2016-2017	
	n	%	n	%	n	%	n	%	n	%
Lifetime Probation with SOISP	74	22%	78	19%	60	15%	51	12%	59	14%
**SOISP (non-lifetime probation for felony sex offenses with SOISP)	259	78%	221	53%	236	59%	261	62%	268	65%
Intensive Supervision Program (ISP) or *Domestic Violence Programs (DV)	1	0.3%	0	0%	ISP is no longer statutorily available as a sentencing option. 0 DV cases		ISP is no longer statutorily available as a sentencing option. 0 DV cases		ISP is no longer statutorily available as a sentencing option. 4 DV cases	
Regular Probation (Cases Ineligible for Lifetime or SOISP and/or sex offense reduced to misdemeanors)	0	0%	120	29%	106	26%	108	26%	87	21%
TOTAL CASES	334		419		402		420		414	

*Offenders who received a non-lifetime probation sentence to SOISP for a felony sex offense concurrent with a DV Program.

**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 2015-2016 to 2016-2017 reflects a 15.7% (8 cases) increase in the number of offenders eligible and sentenced to indeterminate lifetime sentences and under SOISP supervision.

As of June 30, 2017, there were approximately 1,377 probationers under active Sex Offender Intensive Supervision (SOISP). Of these, approximately 835 (60%) probationers are under lifetime supervision.

PROBATION DISCHARGE HEARINGS AND DISCHARGES

For Fiscal Year 2016-2017, 145 offenders under a lifetime supervision sentence completed SOISP and were transferred to regular probation and are currently active under supervision.

PROBATION REVOCATION HEARINGS AND REVOCATIONS

During Fiscal Year 2016-2017, 51 sex offenders had their lifetime supervision sentences terminated. The following represents the termination status for these probationers:

- 1 probationer – probation revoked; new felony
- 2 probationers – probation revoked; new misdemeanor
- 18 probationers – probation revoked; technical violations
- 3 probationers – deported
- 6 probationers – died
- 6 probationers – absconded; warrants issued and remain outstanding
- 15 probationers – terminated successfully

The probationer revoked for a new felony conviction noted in the first bullet was convicted of Possession of a Weapon by a Previous Offender (F6). The probationers revoked for a new misdemeanor as noted in the second bullet appears to be a violation of a protection order and domestic violence, as indicated by the case narratives.

COST OF SERVICES

In July 1998, the SOISP program was created with a General Fund appropriation for 46 FTE probation officers and funding to provide treatment services. In FY 2000-2001 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 4: Treatment and Evaluation Costs by Fund

YEAR	PURPOSE	CF - SEX OFFENDER SURCHARGE	CF - OFFENDER SERVICES FUND	TOTAL
FY07	SO Treatment	\$0	\$434,416	\$1,119,894
	Evaluation	\$275,029	\$410,449	
FY08	SO Treatment	\$0	\$771,186	\$1,659,578
	Evaluation	\$253,704	\$634,688	
FY09	SO Treatment	\$0	\$974,996	\$2,014,100
	Evaluation	\$247,664	\$791,440	
FY10	SO Treatment	\$0	\$960,239	\$2,259,704
	Evaluation	\$226,522	\$1,072,943	
FY11	SO Treatment	\$0	\$988,809	\$2,327,071
	Evaluation	\$226,522	\$1,111,740	
FY12	SO Treatment	\$0	\$931,861	\$2,282,138
	Evaluation	\$247,664	\$1,102,613	
FY13	SO Treatment	\$0	\$995,049	\$2,336,896
	Evaluation	\$289,948	\$1,051,899	
FY14	SO Treatment	\$0	\$1,042,242	\$2,345,847
	Evaluation	\$302,029	\$1,001,576	
FY15	SO Treatment	\$0	\$1,098,952	\$2,370,804
	Evaluation	\$302,029	\$969,823	
FY16	SO Treatment	\$0	\$1,016,892	\$2,313,612
	Evaluation	\$302,029	\$994,691	
FY17	SO Treatment	\$0	\$906,930	\$2,182,360
	Evaluation	\$302,029	\$973,401	

The costs expended for adult polygraphs for FY16-17 were \$379,801. This is an eight percent decrease from last fiscal year. Probation funds have been required to pay for evaluations and assessments to avoid any delays in case processing for the courts and to ensure that probationers who are unable to pay all of the costs associated with court ordered evaluation and treatment are not returned to court for revocation based on non-payment. Revocations can result in sentences to DOC, a significantly higher cost option for the state. The expenditure of \$2.1 million for adult sex offender related evaluation and treatment costs represents approximately 21% of the total offender and treatment service dollars (approximately \$9.6 million) spent in FY2016-17 for treatment and service support for all probationers. The adult sex offender population represents approximately 3.7% 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 (<https://cdpsdocs.state.co.us/somb/ADULT/May2017OnLineStandards.pdf>). The second is the Sexual Predator Risk Assessment Screening Instrument (<https://cdpsdocs.state.co.us/SOMB/ADULT/2014SVPASIIInstrument.pdf>), 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 Probation Pre-Sentence Investigation Report (PSIR) which is prepared post-conviction and prior to sentencing. The PSIR is intended to provide the court with information that will assist in identifying individual risks and needs in order to make appropriate sentencing decisions. Most offenders sentenced under the Lifetime Supervision Act receive a sex offense-specific evaluation as a part of their PSIR. However, a PSIR is not required for those offenders with mandatory prison sentences, and in these cases the PSIR may be waived.

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

- To document the treatment needs identified by the evaluation (even if resources are not available to adequately address the treatment needs of the sexually abusive 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 the Standards for additional information on mental health sex offense-specific evaluations located in Section 2.000 of the Standards. For information that outlines criteria and methods

for determining a sex offender's progress through treatment and for successful completion under Lifetime Supervision, please see the Lifetime Supervision Criteria also in the Standards.

Sexual Predator Risk Assessment Screening Instrument

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

Instrument

Currently, when an offender commits one of five specific crime types or associated inchoate offenses, the Sexual Predator Risk Assessment Screening Instrument (SVPASI) is to be administered by either Probation Services or the Department of Corrections and an SOMB Approved Sex Offender Evaluator. Effective May 30, 2006, all 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.

Pursuant to Section 16-11.7-103 (4) (c.5), C.R.S., the Sex Offender Management Board in collaboration with the Office of Research and Statistics in the Division of Criminal Justice, developed criteria and an empirical risk assessment scale for use in the identification of Sexually Violent Predators. The criteria were developed between July 1, 1998 and December 1, 1998 by representatives from the Sex Offender Management Board, the Parole Board, the Division of Adult Parole, the private treatment community and victim services agencies. The actuarial scale was developed by the Office of Research and Statistics in consultation with the SOMB over a three-year period. The Office of Research and Statistics has made subsequent revisions and updates to the instrument and handbook. These updates can be found at: <https://cdpsdocs.state.co.us/ors/docs/Risks/SVPASI%20Handbook2014.pdf>. Revisions to the SORS instrument in 2009 concluded that the instrument reliably predicts both new sexual and violent crime arrests within five years. The most recent updates to the instrument and handbook occurred in 2015 in response to recent case law made by the Colorado Supreme Court. Under the authority of the SOMB, a committee has begun working on revising the SVP assessment tool.

In FY2017, the SOMB, its SVP Committee, and DCJ's Office of Research and Statistics began the process of developing a new actuarial risk assessment scale for the identification of high risk sex offenders whom, then, the court would have the discretion to designate (or not) a SVP. The decision was made to use data available from Judicial's ICON/Eclipse management information system in the development of the risk scale, anticipating that eventually a risk instrument--with the appropriate computer programming--could be self-populated electronically and no longer require staff resources to compute the risk score. The Office of Research and Statistics used Judicial data to begin the process of developing a new actuarial scale. This work is underway, and the SOMB expects to replace the existing risk scale and update the SVPASI in early 2018.

AVAILABILITY AND LOCATION OF SEX OFFENDER SERVICE PROVIDERS

Currently, there are 266 adult SOMB approved treatment providers in Colorado (Figure 7) located in all 22 judicial districts in the state (Figure 8). The number of approved treatment providers and evaluators has increased from last fiscal year by just under 15% and 18%, respectively. Most approved providers offered services in multiple counties. On average, providers operated in approximately four different counties. The following table lists the number of providers approved in each specialty area.

Table 5. SOMB Approved Provider Total, FY 2017

Type of Provider	Clinical Supervisor		Full		Associate		Provisional		Totals	
	n	%	n	%	n	%	n	%	N	%
Treatment Provider	87	69%	162	50.7%	139	66.8%	3	100%	391	59.6%
Treatment Provider DD/ID	N/A	N/A	39	12.2%	22	10.6%	0	0%	61	9.3%
Evaluator	39	31%	66	20.6%	40	19.2%	0	0%	145	22.1%
Evaluator DD/ID	N/A	N/A	14	4.3%	4	1.9%	0	0%	18	2.7%
Polygraph Examiner	N/A	N/A	25	7.8%	3	1.4%	0	0%	28	4.3%
Polygraph Examiner DD/ID	N/A	N/A	13	4.8%	0	0%	0	0%	13	2%
Total	126	100%	319	100%	208	100%	3	100%	656	100%

Note: Providers may be approved to provide multiple services.

The SOMB approved 42 new adult applicants and conducted 53 adult re-applications which are included in the numbers above. There were 18 applicants who either upgraded their status (i.e. Associate Level to Full Operating, or Full Operating to Clinical Supervisor) or added to their status by applying for an additional status (i.e. Evaluator, or Developmentally Disabled/Intellectually Disabled). FY17 appears to have substantially fewer applicants who sought to upgrade or add to their listing status when compared to FY16. This drastic difference is explained by the addition of the Competency Based Model in FY16, which heavily influenced the status upgrades that year.

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

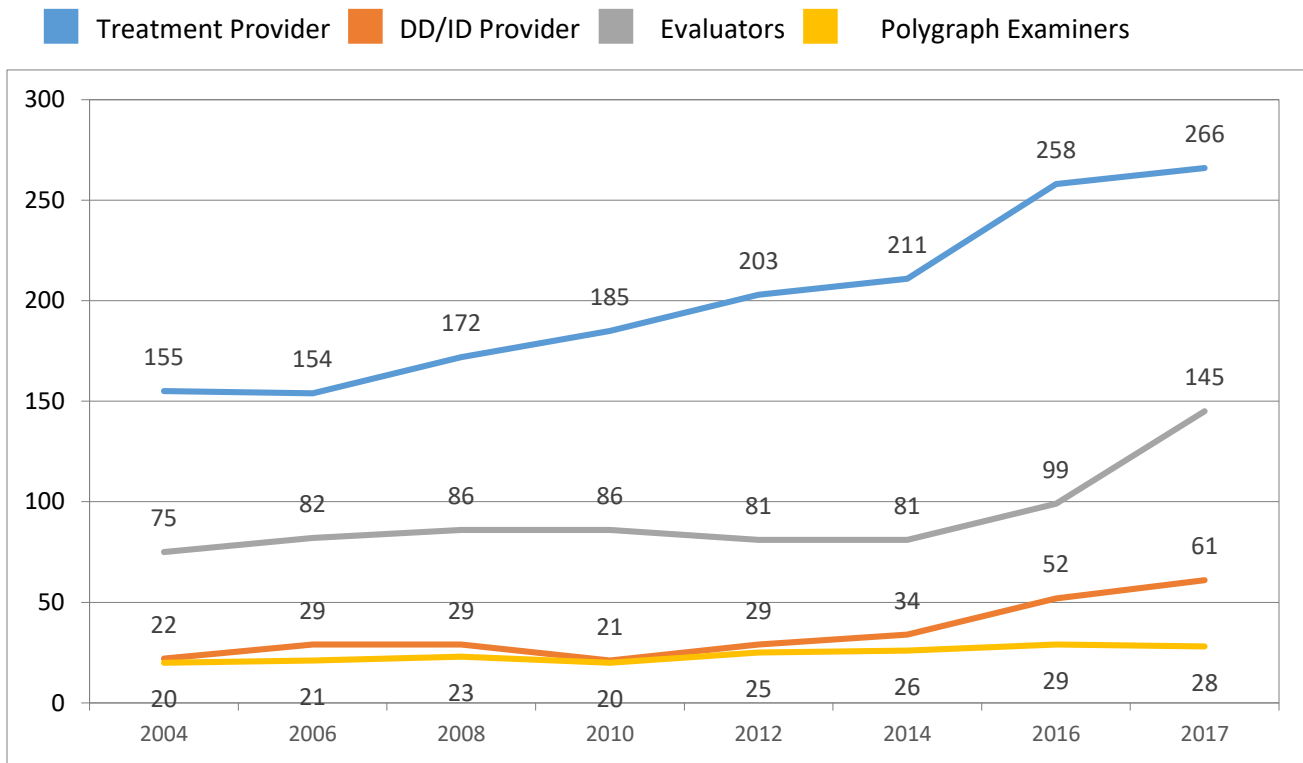
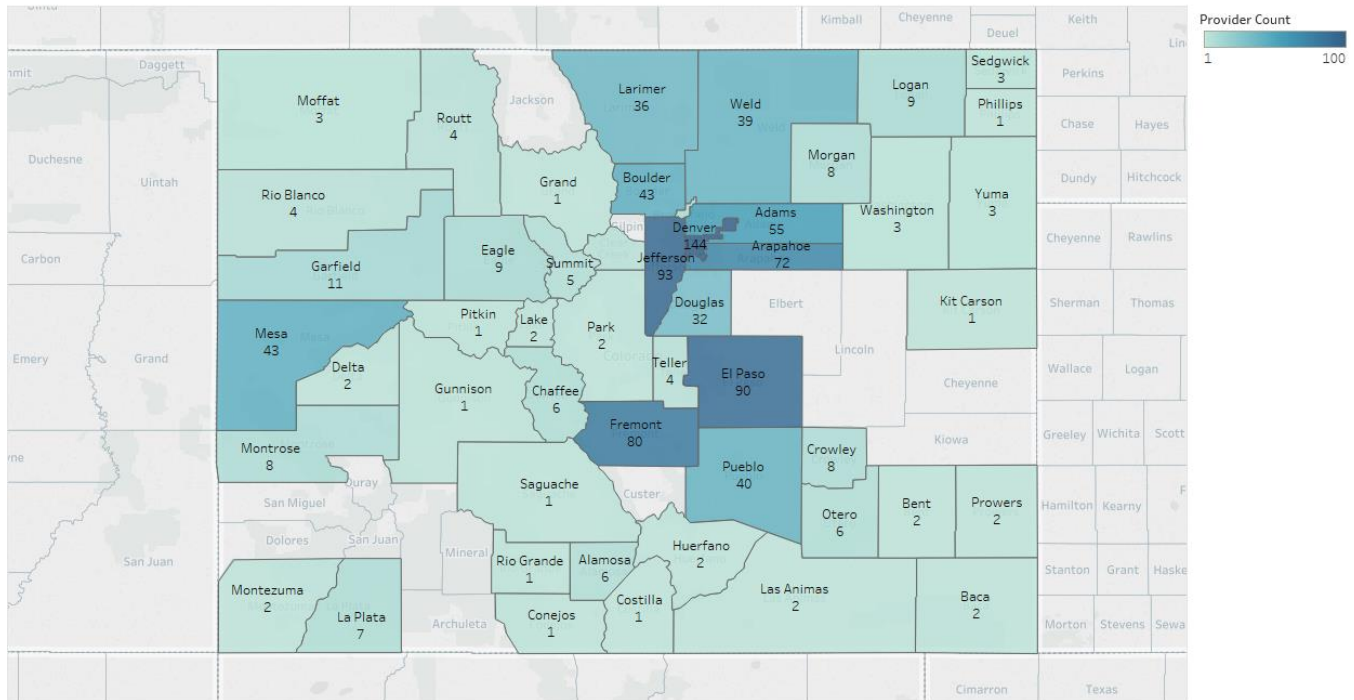


Figure 8. Number and Location of SOMB Service Providers by County, 2017

Provider Service Map



Map based on Longitude (generated) and Latitude (generated). Color shows sum of Provider Count. The marks are labeled by County and sum of Provider Count. Details are shown for County.

Note: The total number of service providers approved to practice are listed by county. Providers may be approved to operate in multiple counties.

COST OF SERVICES

The average costs of services in Table 7 (below) were determined by surveying SOMB listed providers in September of 2017. Many providers offer services on a sliding scale, dependent on the offender's income. In community based programs, most sex offenders are expected to bear the costs of treatment and behavioral monitoring. The Standards require, at a minimum, weekly group treatment and polygraph examinations every six months; however, there is variability for those in advanced levels of treatment. Most programs require some additional services during the course of treatment.

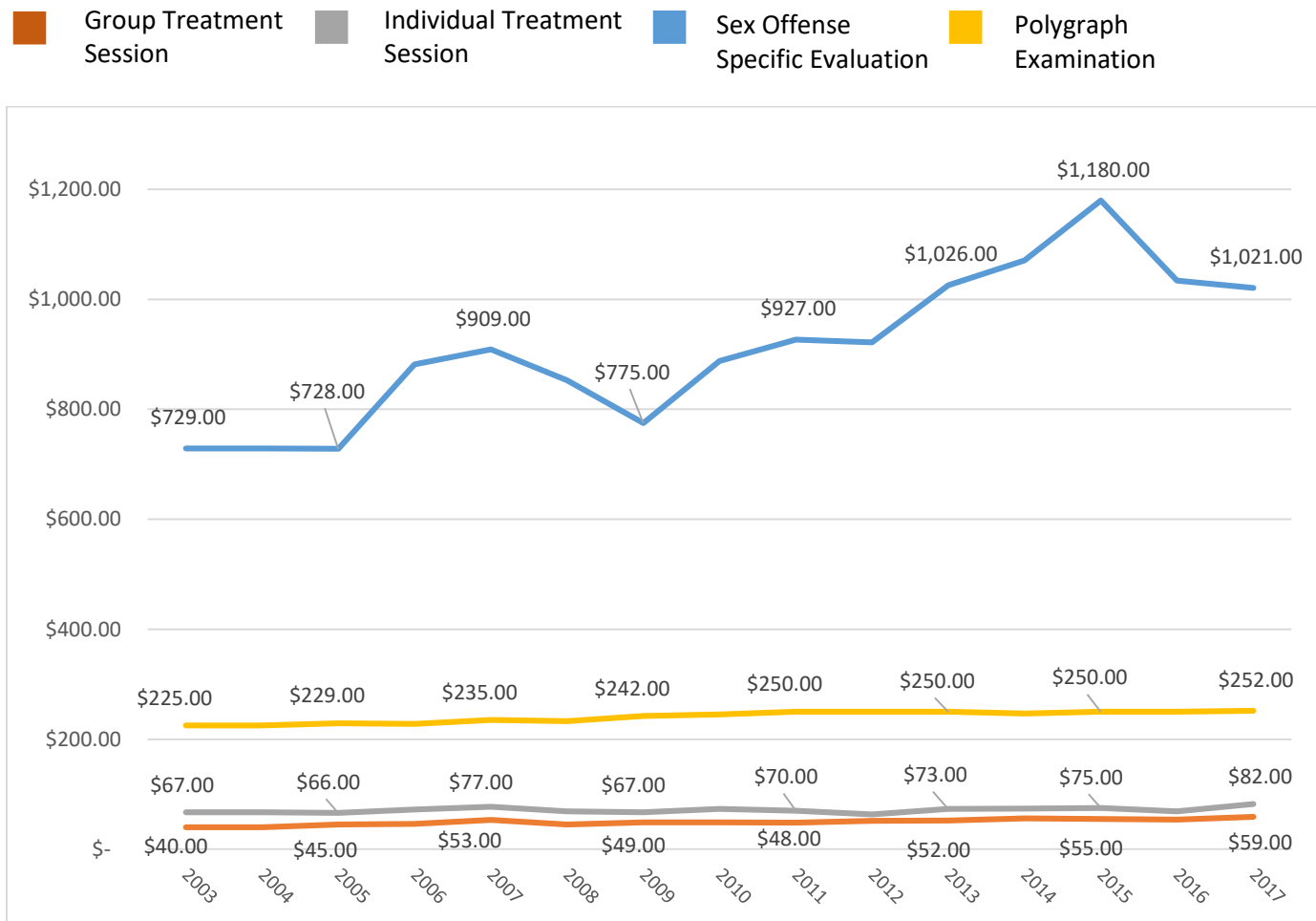
Table 6. Average Cost of Services by Judicial District

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	\$61.00	\$79.00	\$1,064.00	\$251.00
2 nd	\$62.00	\$79.00	\$1,093.00	\$251.00
3 rd	X	X	X	\$253.00*
4 th	\$52.00	\$66.00	\$1,113.00	\$251.00
5 th	\$64.00	\$90.00	\$938.00	\$251.00
6 th	\$60.00	\$71.00	\$925.00	\$253.00*
7 th	\$60.00	\$79.00	X	X
8 th	\$62.00	\$82.00	\$1,213.00	\$251.00
9 th	\$75.00*	\$94.00*	X	X
10 th	\$53.00	\$103.00	\$1,175.00	\$253.00*
11 th	\$45.00*	\$107.00*	\$925.00*	\$251.00
12 th	X	X	X	\$253.00*
13 th	\$55.00	\$93.00	\$1,038.00	X
14 th	\$68.00	\$77.00	\$1,000.00*	X
15 th	\$60.00*	\$60.00*	\$800.00*	X
16 th	X	X	X	\$253.00*
17 th	\$61.00	\$78.00	\$1,093.00	\$251.00
18 th	\$60.00	\$79.00	\$995.00	\$251.00
19 th	\$61.00	\$80.00	\$988.00	\$251.00
20 th	\$60.00	\$72.00	\$972.00	\$251.00
21 st	\$48.00	\$73.00	X	\$250.00*
22 nd	\$60.00*	\$68.00*	\$1,000.00*	X
Average	\$59.00	\$82.00	\$1,021.00	\$252.00
Range	\$23.00 - \$75.00	\$25.00 - \$130.00	\$750.00-\$2,000.00	\$250.00- \$260.00

Note: Costs of services are rounded to the nearest dollar. '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 2017 and are rounded to the nearest dollar. * Denotes only one responding provider from that Judicial District.

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, the statewide average has steadily increased from \$775.00 in FY 2009 to \$1,021.00 in FY 2017.

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



Sex Offender Surcharge Fund

The SOMB recommended that \$302,029 from the Sex Offender Surcharge Fund be allocated to the Judicial Department in FY 2017-18. 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 2018-19 for the same purposes.

PROVIDER SURVEY

The SOMB administers an annual survey to its approved service providers to measure the degree of implementation of current and emerging practices. Out of a total of 162 agencies providing SOMB

approved services, 68 responded¹ to the survey indicating a 42% response rate. The following statistics are based only on the responses from providers who deliver services to adults who commit sexual offenses.

As of June 30, 2017, slightly more than 29% of providers who responded to the survey reported having more than 20 sex offenders currently serving an indeterminate sentence at their treatment program or private practice (29.4%, n=20). In contrast, 7% of providers reported having no sex offenders currently serving an indeterminate sentence at their treatment program (7%, n = 5). Approximately 26 of participating providers (38%, n = 26) reported the average length of stay for sex offenders serving an indeterminate sentence was between one to six years, and 19 providers reported an average length of stay in treatment ranging from seven years to over 10 years (27.9%, n = 19). Further, five in 68 responding providers (7%, n = 5) indicated that sex offenders sentenced under the Lifetime Supervision Act have had an impact on their program's ability to provide services.

REGULATION AND REVIEW OF SERVICES PROVIDED BY SEX OFFENDER TREATMENT PROVIDERS

Application Process

The SOMB works to process the applications of treatment providers, evaluators, and clinical polygraph examiners to create a list of these providers who meet the criteria outlined in the Standards and whose programs 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 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 agrees in writing to provide services in compliance with 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 criminal justice system agencies. To the extent possible, the criminal justice supervising officer, as the referral source, attempts to match each offender to an appropriate treatment agency.

The current re-application process includes an expedited background check and a short reapplication form. The SOMB implemented a new requirement for those providers applying for their first three-year renewal or a change in listing status. In addition to the requirements outlined in Section 4.000, providers are also required to submit work product which will be reviewed by the SOMB Application Review Committee. Standards Compliance Reviews (SCR) are used to assess compliance by providers upfront in

¹ Approved service providers were asked to have only one representative respond to the survey per program. Included in this figure are private agencies that provide SOMB approved treatment and evaluation, agencies that provide SOMB approved polygraph services, and DOC providers.

the re-application process. Whether for-cause (i.e., a founded complaint is made against a provider) or random, SCRs involve SOMB staff and the ARC conducting a thorough review of Standards compliance on the part of the approved provider through file review and consultation with the provider. The intended outcome is to: (1) enhance efficiency and significantly reduce the turnaround time for reapplication approvals, and (2) increase compliance oversight by giving SOMB staff and ARC members a more in-depth and accurate picture of service delivery by those providers subject to a SCR.

Competency Based Model

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

Sex Offender Service Providers Requirements for Listing Status

In addition to meeting all the other applicable Standards, the *general* requirements for service providers are detailed below in Table 8. For a comprehensive list of requirements, please refer section 4.000 of the *Standards and Guidelines for the Assessment, Evaluation, Treatment and Behavioral Monitoring of Adult Sex Offenders* (<https://cdpsdocs.state.co.us/somb/ADULT/May2017OnLineStandards.pdf>).

Table 7. Current Approval Requirements of Treatment Providers and Evaluators

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

Adult Standards Revision Committee

In July 2014, the SOMB reconvened the Adult Standards Revision Committee for the purpose of making recommendations for updating the Adult Standards and Guidelines to ensure that the Standards are aligned with current and emerging research. As of August of 2017, the SOMB has approved revisions to the Introduction and Guiding Principles of the Adult Standards and Guidelines, and, has published revisions within Sections 1.000, 2.000, 4.000, 5.000, 6.000, 7.000, 8.000, and 10.00. The SOMB has continued reviewing Sections 3.000, 5.000 and 6.000 with the goal of completing all revisions by early 2018.

SUMMARY

This report is intended to provide the Colorado General Assembly with information on the seventeenth 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 2017, 164 lifetime supervision offenders were admitted to prison and 26 were removed from lifetime supervision status. During FY 2017, 2,389 offenders were under CDOC supervision for sexual offense convictions sentenced under the lifetime supervision provisions. The Parole Board conducted 80 revocation hearings for lifetime supervision offenders in FY 2017 with a decision to revoke parole in 28 cases. Since FY 2016, one offender sentenced under the Lifetime Supervision Act was granted early discharge.

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 2017, 353 lifetime supervision sex offenders participated in the SOTMP.

As of June 30, 2017, there were approximately 1,377 offenders under SOISP probation supervision. Of these, approximately 835 (60%) offenders were under lifetime supervision. A comparison of data for FY 2015-16 to FY 2016-17 reflects 15.7% (8 cases) increase in the number of offenders eligible and sentenced to indeterminate lifetime sentences and under SOISP supervision. New eligible cases for indeterminate lifetime term sentences to probation include 59 offenders with under lifetime probation with SOISP, 268 offenders under non-lifetime probation with SOISP, and 87 offenders under regular probation. In FY2016-17, 51 sex offenders had their lifetime supervision sentences terminated (one revoked – new felony, two revoked – new misdemeanor, 18 revocations – technical violations, three3 terminated – deportation, six terminated – death, six revoked – absconded, 15 terminated – successful terminations) and 145 offenders under lifetime supervision completed SOISP subsequently being transferred to regular probation.

The expenses associated with the sex offender offense specific evaluations are increasing annually. Probation funds have been required to pay for these evaluations and assessments to avoid any delays in case processing for the courts and to ensure that 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 treatment providers and evaluators increased this fiscal year by 13% and 46%, respectively. The number of approved polygraph examiners has remained relatively stable since FY 2007, but did decrease by 3%. The availability of services across the state has been improving incrementally as more providers are seeking approval to operate within some of the underserved rural counties. Notwithstanding the average cost for sex offense specific evaluations, average costs for services have also remained fairly stable.

In summary, the number of sex offenders subject to Lifetime Supervision in prison and in the community is rising which has resulted in increased caseloads for those agencies responsible for the management of sex offenders. Additionally, sex offenders will continue to be identified in the future including those 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.