SEX OFFENDER MANAGEMENT BOARD

ANNUAL LEGISLATIVE REPORT

Evidence-Based Practices for the Treatment and Management of Adults and Juveniles Who Have Committed Sexual Offenses

A Report of Findings per 16-11.7-109(2) C.R.S.

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Executive Summary

Pursuant to Section 16-11.7-109 (2), Colorado Revised Statutes (C.R.S.),[1] this legislative report presents findings from an examination by the Sex Offender Management Board (SOMB) of best practices for the treatment and management of adult sex offenders and juveniles who have committed sexual offenses.

To identify the most current research- and evidence-based practices to date within the field of sex offender treatment and management, the SOMB conducted a series of literature reviews in support of ongoing committee work and the development of this report.

Section 1: Research- and Evidence-Based Practices

Within the field of sexual offender treatment and management, the interest in Evidence-Based Practice (EBP) is increasing. Establishing the degree to which provided services are effective is an essential part in improving public policies aimed at reducing the risk for future sexual reoffense by identified adult sex offenders.

Best Practices for the Treatment and Management of Adult Sexual Offender

Evidence supporting the Risk, Need, and Responsivity (RNR) principles as an evidence-based approach comes from numerous high-quality and generalizable studies in the broader criminological literature (Sperber, Latessa, and Makarios, 2013). The use of the RNR principles with individuals who commit sexual offenses has also been documented (Hanson, Bourgon, Helmus, and Hodgson, 2009).

[1] C.R.S.16-11.7-109 (2): On or before January 31, 2012, and on or before January 31 each year thereafter, the board shall prepare and present to the judiciary committees of the senate and the house of representatives, or any successor committees, a written report concerning best practices for the treatment and management of adult sex offenders and juveniles who have committed sexual offenses, including any evidence-based analysis of treatment standards and programs as well as information concerning any new federal legislation relating to the treatment and management of adult sex offenders and juveniles who have committed sexual offenses. The report may include the board's recommendations for legislation to carry out the purpose and duties of the board to protect the community.

The RNR principles are as follows:

Risk Services provided to offenders should be proportionate to the offenders' relative level of static and dynamic risk (i.e., low, moderate, or high risk) based upon accurate and valid research-supported risk assessment instruments (Bonta and Wormith, 2013);

Need Interventions are most effective if services target criminogenic needs (both social and psychological factors) that have been empirically associated with sexual reoffending; and

Responsivity Effective service delivery of treatment and supervision requires individualization that matches the offender's culture, learning style, and abilities, among other factors.

The SOMB reported upon the research supporting each of the RNR principles in the 2013 and 2014 annual legislative reports. Given the previous review of the RNR principles collectively, this report includes a narrowed focus on the available literature regarding the responsivity principle.

- *Responsivity Principle*. The degree to which an offender is responsive to treatment and supervision is as important to the effectiveness of that intervention as the treatment itself. The responsivity principle calls for treatment and supervision to be tailored to the offender in a way that will optimize the offender's engagement (Looman, Dickie, and Abracen, 2005). Emerging evidence suggests that while responsivity is perhaps the most understudied of the RNR principles, it is a critical factor in the RNR framework. Responsivity provides general guidance on how to treat offenders in order to reduce risk for sexual reoffending. It calls for the use of cognitive-behavioral treatment (CBT) to target criminogenic needs (general responsivity) and for CBT techniques to be individualized (specific responsivity) to the characteristics of each offender (Andrews and Bonta, 2010; Blasko and Jeglic, 2014).

    - Therapeutic Alliance with Sexual Offending Populations – Emerging research with sex offender populations suggests that the therapist's competencies and style influence offender responsivity to treatment (Blasko and Jeglic, 2014; Collins and Nee, 2010; Collins, Brown, and Lennings, 2010). Therapists who promote a supportive and encouraging environment using a warm, direct, and empathic style have been shown to improve treatment outcomes with sexual offenders (Blasko and Jeglic, 2014; Marshall et al., 2002). The initial evidence suggests that the therapeutic alliance may have an important role in the successful treatment of sexual offenders.

Other responsivity factors such as offender motivation and amenability for treatment may be enhanced through the formation of a healthy therapeutic alliance between the client and therapist. When adequately individualized to the offender's specific responsivity factors, these therapeutic efforts may reduce the offender's risk for dropping out of treatment and the short-term risk for recidivism.

- *Circles of Support and Accountability*. Circles of Support and Accountability (CoSA) is a community-based volunteer program designed to help high risk sexual offenders reintegrate back into the community after their release from incarceration. CoSA is an evidence-based and cost-effective strategy that has been shown to reduce risk for recidivism with sexual offenders (Bates, Williams, Wilson, and Wilson, 2013; Duwe, 2013; Wilson, Cortoni, and McWhinnie, 2009; Wilson, McWhinnie, Picheca, Prinzo, and Cortoni, 2007). The CoSA program consists of different circles made up of 4 to 6 trained volunteers (referred to as the "inner circle") who form a group around a high-risk sex offender (referred to as a "core member") placed in a community setting.

  Professionals from the field (e.g., probation officer, social worker, etc.) form the "outer circle" and support the inner circle. Volunteers and professionals work in collaboration to address risks and provide ongoing support, accountability, and encouragement to the offender. Support from the circle may involve any number of tasks related to reintegration, such as obtaining employment, housing, access to medical care, and other basic needs. CoSAs have generated interest from Europe, New Zealand, and the United States. As of December 2015, there are 17 known circles currently operating in Colorado and Colorado CoSA obtained a contract with Colorado Department of Corrections (CDOC) in 2015 that will provide Colorado CoSA the ability to form additional circles for high-risk offenders being released from prison.

Best Practices for the Treatment and Supervision of Juveniles Who Have Committed Sexual Offenses

The literature concerning juveniles who have committed sexual offenses shows significant differences between this population and adult sexual offenders (Burton, Duty, and Leibowitz, 2010). This literature suggests that juvenile sexual recidivism rates range from 7% to 19% depending upon the length of follow-up period, the type of recidivism measured, and the relative risk level of the youth sampled (Reitzel and Carbonell, 2006). Recidivism rates vary based on the definition of recidivism, the source of information, and the time period studied. According to meta-analytic studies that use official records of recidivism, juveniles who commit sexual offenses generally have low sexual recidivism rates, ranging from 7% to 13% over approximately 5 years (Alexander, 1999; Caldwell, 2010; and Reitzel and Carbonell, 2006). In fact, juveniles who have been adjudicated for sexual offenses are more likely to recidivate with a nonsexual offense than with a sexual offense (Carpentier and Proulx, 2011).

Section 2: Policy Analysis Recommendations

The Policy Analysis Section consists of a literature review of the empirical research on key sex offender management public policy issues. For the purposes of this report, specific policy issues are examined in order to highlight areas that the legislature may wish to consider for possible policy and legislative initiatives and enhancements.[2]

The following sex offender management public policy issues were identified by SOMB members for review:

Reentry and Continuity of Care

The process by which offenders reenter the community from incarceration is a complex and challenging task for the criminal justice system to facilitate. A growing body of correctional literature regarding offender reintegration and overall continuity of care has emerged. Strategies and best practices have been developed for optimizing the success of offender reentry and the reduction of risk to victims and the community. Despite these advancements, offender reentry research with sex offenders is still limited. The research to date suggests that sex offender reentry is often more problematic than with the general offender population for several reasons. Sex offenders experience significant barriers and challenges in finding stable housing and obtaining employment, and there is a lack of prosocial support systems (Andrews, Bonta, and Wormith, 2006; Blumstein and Nakamura, 2010; Brown, Spencer, and Deakin, 2007; Burchfield and Mingus, 2008, 2014; Levenson and Cotter, 2005; Robbers, 2009; Willis and Grace, 2008, 2009). Additionally, sex offender legislation has had an impact on offender reentry in such areas as expanded registration and community notification (Tewksbury, 2005) and residence restrictions (Levenson and Hern, 2007; Mercado, Alvarez, and Levenson, 2008).

Recommendations:

- The goal of release planning is to adequately and efficiently support the offender's holistic needs during the reintegration process while balancing the interests of the community. Experts in sex offender treatment and supervision recommend that both community and prison settings use similar assessment instruments to assist communication and transition planning activities. The SOMB has been actively working to expand upon the release planning efforts and has been identifying Support, Occupation, Accommodation, Programs, and Plans (SOAPP) in the Continuity of Care Committee (Boer, 2013). A summary of these SOAPP efforts is provided below.

[2] SOMB members who wanted to identify sex offender management policy issues for further study were encouraged to identify those issues. Professionals outside the SOMB and members of the public could also propose a specific policy issue for board members to undertake if a SOMB member was willing to support the analysis. The SOMB staff in collaboration with each SOMB member gathered research and best practice literature on the topic, and identified potential policy alternatives for consideration by the legislature.

Sex Offender Registration and Notification (SORN)

Recommendations:

1. Remove the SVP designation and replace the existing classification scheme with a 3-level (i.e., Level I, 2, and 3), risk-based classification system for adult sex offenders based upon the use of a new actuarial risk assessment instrument (developed by Office of Research and Statistics [ORS] in conjunction with the SOMB, or an existing instrument such as the Static-99).

2. All of those convicted of a sex crime should be subject to the risk assessment, not just those defined in the SVP legislation for adult sex offenders.

3. Implement the new risk-based classification scheme as of the date of the legislation with no retroactive provision.

4. Utilize the Court and Parole Board to designate the risk classification level in a manner similar to the current SVP designation process, but consider the need for a risk assessment board or committee to make the designation. The Court and Parole Board currently have the ability to override the results of the Sexually Violent Predator Assessment Screening Instrument SVPASI based upon aggravating and mitigating factors not part of the assessment process, and this discretion should continue to be allowed. This also provides an appeal process for those registrants who believe they are unfairly classified.

5. Make the risk classification information available to law enforcement for tracking registrants, and provide the public with information on higher risk registrants. Community notification meetings may still be performed at the discretion of law enforcement agencies for higher risk registrants.

6. Ensure that information released to the public on registrants is consistent across state and county websites. Make reference on the websites to the availability of information on juveniles and misdemeanants via a paper list from local law enforcement or the Colorado Bureau of Investigation. Prohibit entities that obtain a copy of the paper list of all registered sex offenders from posting that list on a website, as this causes confusion for the public on why similar information is not available from state and county websites.

7. Develop specific criteria to broaden judicial decision-making (and evaluator recommendation) in waiving the registration requirement for certain juveniles.

8. Develop a process whereby the Court can limit the public accessibility of registration information on certain juveniles under certain circumstances based upon set criteria.

9. A process to reassess a risk classification level should be explored based upon changes in risk over time. Such a change in risk level would have to be designated by the Court or Parole Board. A recommendation should be provided to the legislature about the feasibility of such a process.

10. Alternative public education mechanisms from community notification meetings regarding sexual offenders and offenses should be developed and implemented.

Youth Sexting

In late October of 2015, Canon City High School students were involved with a large-scale incident that caught national headlines. Hundreds of students were involved in the exchange of photographic images that are legally considered to be sexually explicit photos of minors under the age of 18, also known as sexting. Hundreds of both male and female students could have faced potential charges for the distribution and/or production of sexually explicit photos of minors. A conviction for these charges could have resulted in far-reaching legal consequences for the youth involved. Per 18-6-403 C.R.S., a juvenile sending or receiving a sexual image of someone under the age of 18 may be charged for the production of child pornography (F3) or the possession of child pornography (F6). If adjudicated, sex offender registration is a requirement. This incident showcases a larger national trend amongst youth as the phenomenon of sexting becomes more acknowledged. Cell phones, tablets and other wireless devices provide instant access to social media. A recent study that used an anonymous sample of undergraduate students (n = 175) found that "over half of respondents (54%) acknowledged sending sexts (including those with and without images) as minors" with only 28% of the sample reporting to have sent photographic sexts with camera equipped phones
(Strohmaier, Murphy and DeMatteo, 2014, pg. 250).

Recommendations:

1. It is recommended that each jurisdiction establish criteria for classifying "sexting" behavior to determine whether it is common adolescent behavior that challenges appropriate boundaries (experimental), or if it is indicative of deviancy or sexual offending (aggravated). If it is determined that the behavior implies more normative adolescent development, a different type of intervention may be necessary, including avoiding an adjudication for a sex crime, and utilizing a different model of education/treatment than treatment for juveniles who have committed sexual offenses. Otherwise, the behavior should be treated as sex offending and handled accordingly.

The following factors may be considered in distinguishing between experimental sexting behavior, as compared to a more malicious sexting behavior that should be treated as sex offending:

- History of prior sexual offenses, whether charged or uncharged;
- Use of force, threats, coercion, or illicit substances to obtain the photos;
- History of prior non-sexual offense history;
- Indication that images were sent to others without consent;
- Age, and power differences between the parties involved.

2. Communities, schools, law enforcement, and other interested groups should sponsor educational forums for youth and their parents to learn about types of “sexting” behavior and the potential legal consequences.

3. Finally, the legislature may wish to consider enacting or revising existing statutory laws that have long-term implications of youth involved with sexting behaviors. In consideration of the research and the communities affected by this phenomenon in Colorado and nationally, the SOMB recommends that the legislature examine this issue further.

Section 3: Milestones and Achievements

Over the course of 2015, the SOMB accomplished many of its strategic goals through the collaboration of multiple stakeholders. For a comprehensive summary of the work of the SOMB, please refer to Appendix A. The following highlights some of the many achievements.

- Continued to direct and examine issues identified in the SOMB strategic plan. These recent efforts include exploring ways to more explicitly integrate the RNR principles into the *Adult Standards and Guidelines*. Since 2014, the Adult Standards Revision Committee has met monthly to make recommendations for updating the *Adult Standards and Guidelines* to ensure that the *Standards* are aligned with current and emerging research. Recommended revisions to the Introduction and Guiding Principles of the *Adult Standards and Guidelines* have been proposed and are currently under review by the SOMB as of the date of this publication. The Adult Standards Revision Committee and other supporting committees have begun reviewing Sections 2.000, 3.000, 4.000, and 5.000.

- Managed 15 SOMB committees that functioned at some point during 2015, including convening one new committee (i.e., Contact with Own Children Committee). Several committees were convened in 2014 to address specific projects related to the strategic plan, such as the Adult Standards Revisions Committee, the Continuity of Care Committee, and policy issues related to the Sexually Violent Predator Assessment Inventory (relationship criteria).

- Conducted 12 statewide trainings for the implementation of the Competency-Based Service Provider Approval Model. These trainings educated service providers on the new requirements of the model and facilitated technical assistance for programs in transitioning from the old to the new system.

- Made efforts to increase visibility of victim issues and increase input on *Standards* revisions, reviewed research on best practices for victim needs, and provided board training and presentations. The Victim Advocacy Committee is currently working on developing an addendum to the *Standards and Guidelines* that highlights victim needs and the victim-centered approach to sex offender management.

- Provided 74 trainings to over 3,244 attendees from across Colorado. These trainings covered a range of topics related to the treatment and supervision of individuals convicted of or adjudicated for sexual offenses. The SOMB also held its 9th annual statewide conference in Breckenridge, Colorado, that offered 3 consecutive days of training for providers, probation officers, law enforcement, victim representatives, and many other stakeholder groups. Presentations were conducted by national speakers on RNR and evidence- and research-based practices.

- Approved 23 new adult treatment provider applicants and 17 new juvenile provider applicants; reviewed 59 adult and 39 juvenile provider reapplications; and processed 26 applicants who either upgraded their status (i.e. Associate Level to Full Operating) or added to their status by applying for an additional status (i.e. Evaluator, Developmentally Disabled or Intellectually Disabled). Currently, there are 204 adult treatment providers and 146 juvenile treatment providers approved by the SOMB in Colorado.

- Supported several community notifications on Sexually Violent Predators (SVPs) by providing ongoing technical assistance around the state.

- Conducted 4 Standards Compliance Reviews, which review pertinent provider files to assess service provider compliance with the *Standards*.

- Received 22 complaints during FY15 made against approved providers and disposed of 17 cases. During FY15, there was one founded complaint; however, 5 cases are still open and under investigation.

- Developed and implemented introductory and booster trainings for the *Adult and Juvenile Standards and Guidelines* as a new requirement under the new Competency-Based Service Provider Approval Model. These trainings ensure that new policies, revisions to the *Standards and Guidelines,* and other changes are operationalized in the field with fidelity.
- Staffed the Family Support and Engagement Committee, which is currently working on providing educational information to family members and assisting with greater integration of familial supports within Community Supervision Teams (CST) and Multi-Disciplinary Teams (MDT).
- Continued to provide board members and other interested stakeholders with research and literature, including monthly journal articles, literature reviews in preparation for any *Standards and Guidelines* revisions, trainings by national leaders in the field for Colorado stakeholders, and research and best practice presentations as part of SOMB meetings.
- Published the 2016 Legislative Report and the 2015 Lifetime Supervision of Sex Offenders Annual Report.

Introduction

Purpose

Pursuant to Section 16-11.7-109 (2), Colorado Revised Statutes (C.R.S.),[3] this legislative report presents findings from an examination by the Sex Offender Management Board (SOMB) of best practices for the treatment and management of adult sex offenders and juveniles who have committed sexual offenses. This report fulfills the statutory mandate by providing:

1. A summary of emerging research- and evidence-based practices regarding evaluation, assessment, treatment, and supervision strategies within the field of sex offender management; and

2. A policy analysis of legislative issues impacting the field of sex offender management that the legislature may wish to review for potential statutory change.

Communicating these research- and evidence-based practices in concert with the policy analysis offers a broader perspective on the impact to public safety, and endeavors to ensure that policies and practice are consistent with the research literature to date.

Finally, this report documents the year-end milestones and current efforts being undertaken by the SOMB.

Background of the Sex Offender Management Board

In 1992, the Colorado General Assembly passed legislation (Section 16-11.7-101 through Section 16-11.7-107, C.R.S.) that created a Sex Offender Treatment Board to develop *Standards and Guidelines* for the assessment, evaluation, treatment, and behavioral monitoring of sex offenders. The General Assembly changed the name to the Sex Offender Management Board (SOMB) in 1998 to more accurately reflect the board's duties. The *Standards and Guidelines for the Assessment, Evaluation, Treatment and Behavioral Monitoring of Adult Sex Offenders* (*Adult Standards and Guidelines*) were originally drafted by the SOMB over a period of 2 years and were first published in January 1996. The *Adult Standards and Guidelines* are designed to establish a basis for systematic management and treatment of adult sex offenders and apply to all convicted adult sexual offenders under the jurisdiction of the Colorado criminal justice system. The legislative mandate of the SOMB and the primary goals of the *Adult Standards and Guidelines* are to improve community safety and protect victims.

[3] C.R.S.16-11.7-109 (2): On or before January 31, 2012, and on or before January 31 each year thereafter, the board shall prepare and present to the judiciary committees of the senate and the house of representatives, or any successor committees, a written report concerning best practices for the treatment and management of adult sex offenders and juveniles who have committed sexual offenses, including any evidence-based analysis of treatment standards and programs as well as information concerning any new federal legislation relating to the treatment and management of adult sex offenders and juveniles who have committed sexual offenses. The report may include the board's recommendations for legislation to carry out the purpose and duties of the board to protect the community.

The *Adult Standards and Guidelines* were subsequently revised in 1998, 1999, 2008, and 2011 for two reasons: (1) to address omissions in the original *Standards and Guidelines* that were identified during its implementation; and (2) to adopt research- or evidence-based practices consistent with the literature in the field of sex offender management. Various sources of information have generated new insights into best practices that subsequently require periodic revision of the *Standards*.

In 2000, the Colorado General Assembly amended and passed legislation (section 16-11.7-103, C.R.S.) that required the SOMB to develop and prescribe a standardized set of procedures for the evaluation and identification of juveniles who have committed sexual offenses. The legislative mandate was to develop and implement methods of intervention for these juveniles, recognizing the need for standards specific to youth. The *Standards and Guidelines for the Evaluation, Assessment, Treatment and Supervision of Juveniles who Have Committed Sexual Offenses* (*Juvenile Standards and Guidelines*) were first published in 2003, and were subsequently revised in 2008, 2011, and 2014. As with the *Adult Standards and Guidelines,* the *Juvenile Standards and Guidelines* hold public safety as a priority, specifically, the physical and psychological safety of victims and potential victims.

The *Adult* and *Juvenile Standards and Guidelines* are both specifically designed to establish a framework for the systematic risk management, assessment, and clinical treatment of adult sex offenders and juveniles who have committed sexual offenses. Both support a comprehensive range of therapeutic modalities and interventions, along with behavioral monitoring strategies for improved supervision based on risk. This systemic approach fulfills a two-fold purpose: (1) to manage and reduce sexually abusive risk behavior, while also (2) promoting protective factors that enable an offender's success in all facets of rehabilitation.

To operationalize this construct, the *Standards and Guidelines* support a coordinated approach in which a Community Supervision Team (CST) for adult sex offenders, or a Multi-Disciplinary Team (MDT) for juveniles who have committed sexual offenses, provide an individualized treatment and supervision plan that targets both psychosocial deficits and potential risk factors, while concurrently building upon the resiliency and positive traits inherent in the adult or juvenile. To be effective, this approach to managing adult sex offenders and juveniles who have committed sexual offenses must include interagency and interdisciplinary teamwork. The CST and MDT commonly consist of a supervising officer, treatment provider, victim representative, polygraph examiner, and other adjunct professionals, where applicable. CST and MDT members, independent of each other, possess critical expertise and knowledge that once shared can enable improved decision-making among the CST or MDT. This enhances not only public safety but also the supervision and accountability of the adult or juvenile. A coordinated system for the management and treatment of adult sex offenders and juveniles who have committed sexual offenses is consistent with the containment approach, and thereby enhances the safety of the community and the protection of victims and potential victims.

The Adult and Juvenile Standards and Guidelines are based on research and best practices known to date for managing and treating adult sex offenders and juveniles who have committed sexual offenses. To the extent possible, the SOMB based the *Standards and Guidelines* on evidence-based practices (EBP) in the field. However, the specialized field of sex offender management and treatment is still developing and evolving. Professional training, literature reviews, and documents from relevant professional organizations were also used to direct the *Standards and Guidelines*. The SOMB will continue to modify the *Standards and Guidelines* periodically based on new empirical findings.

In part, the SOMB stays current on research through the work of 15 committees (14 are currently active and one completed its work and is inactive). These committees meet on a regular basis and report back to the SOMB with relevant research and best practices to inform potential modifications to the *Adult* and *Juvenile Standards and Guidelines*. The SOMB committees are as follows:

1. Adult Standards Revision Committee
2. Juvenile Standards Revision Committee
3. Best Practices Committee
4. Victim Advocacy Committee
5. Continuity of Care Committee
6. Application Review Committee 1
7. Application Review Committee 2
8. Sexually Violent Predator (SVP) Assessment Committee
9. Circles of Support and Accountability (CoSA) Committee
10. Sex Offender Registration Legislative Work Group
11. Contact with Own Children Committee
12. Training Committee
13. Family Support and Engagement Committee
14. Domestic Violence/Sex Offense Crossover Committee
15. School Personnel Resource Guide Committee (inactive)

In addition to reviewing the national and international research and best practices related to sex offender treatment and management, the SOMB also actively conducts its own research. While this research is primarily directed at improving clinical assessment, treatment, and supervision systems for a wide range of professionals, it also addresses policy evaluation and identification of lessons learned.

Report Organization

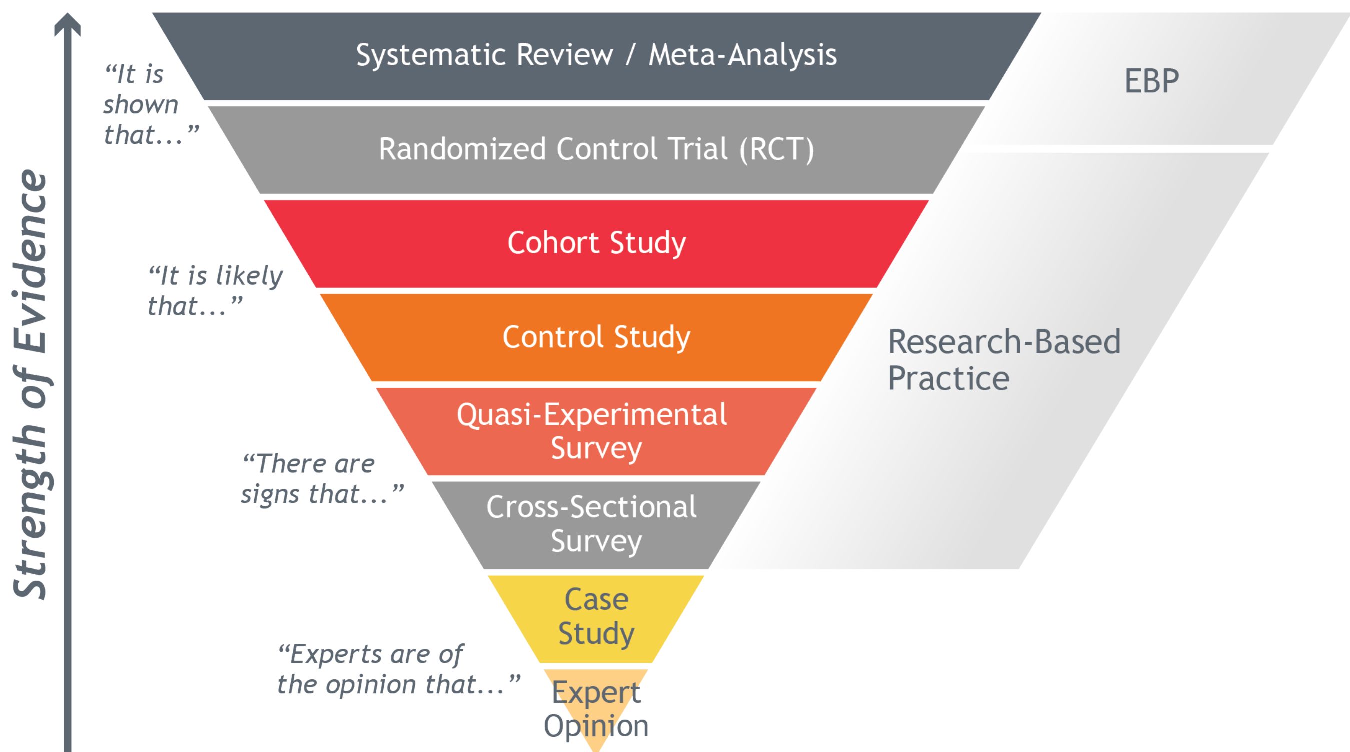
This annual legislative report consists of 4 sections. The first section contains a summary of the current and relevant literature related to research- and evidence-based practices. The second section focuses on specific policy issues impacting the field of sex offender treatment and management. The third section highlights the achievements of the SOMB. The final section provides the future goals and directions of the SOMB.

Section 1: Research- and Evidence-Based Practices

What Defines an Evidence-Based Practice?

Within the field of adult sexual offender treatment and management, the interest in EBP is increasing. However, all research is not conducted to the same standard. According to Boruch and Petrosino (2007), establishing a particular program or practice as evidence-based requires specific research requirements to be met. Systematic reviews, meta-analyses, or research syntheses are considered the most reliable methods for determining if a practice is evidence-based because they combine the empirical outcomes of multiple studies. While EBP have emerged as essential to establishing the degree to which interventions are effective, few studies have systematically evaluated sex offender treatment and management strategies. Alternatively, research-based practices are grounded in some level of evidence, but not to the degree that would satisfy the definition of evidence-based. Figure 1 illustrates the conventional hierarchy used for assessing the quality of the research design employed within a specific study. These methodological approaches determine whether or not a certain practice is considered research-based or an EBP.

Figure 1. Evidence Hierarchy in Research



To identify the most current research- and evidence-based practices to date, the SOMB conducted multiple literature reviews during 2015. Evaluation of the research and best-practice literature for this report followed a structured inclusionary criteria. With the exception of broad literature reviews, it is preferable to review studies that have a research orientation and use well-defined empirical data. Meta-analyses, quasi-experimental design studies, and any peer-reviewed study that utilized a more robust research design received greater emphasis in this report. Theoretical studies that lacked either quantitative or qualitative data (or both) were given less emphasis or not considered.

Best Practices for the Treatment and Management of Adult Sexual Offenders

Establishing the degree to which services are effective is an essential part of improving public policies aimed at reducing the risk for sexual reoffense by adults who have committed sex offenses. While significant advancements have been made in identifying research- and evidence-based practice, few studies have systematically examined the outcomes of therapeutic services provided to adult sex offenders. The emerging research points to effective strategies and interventions that can lower risk with these offenders, but more research is required to fully understand this complex population.

Evidence supporting the Risk, Need, and Responsivity (RNR) principles as an evidence-based approach comes from numerous high-quality and generalizable studies in the broader criminological literature (Sperber, Latessa, and Makarios, 2013). The use of the RNR principles with individuals who commit sexual offenses has also been documented (Hanson, Bourgon, Helmus, and Hodgson, 2009). The RNR principles are as follows:

Risk Services provided to offenders should be proportionate to the offenders' relative level of static and dynamic risk (i.e., low, moderate, or high risk) based upon accurate and valid research-supported risk assessment instruments (Bonta and Wormith, 2013);

Need Interventions are most effective if services target criminogenic needs (both social and psychological factors) that have been empirically associated with sexual reoffending; and

Responsivity Effective service delivery of treatment and supervision requires individualization that matches the offender's culture, learning style, and abilities, among other factors.

Despite the literature supporting the collective effectiveness of the RNR principles with adults sexual offenders, few empirical studies have focused specifically on the responsivity principle (Andrews and Bonta, 2010; Gallo et al., 2014). In fact, the responsivity principle has received the least empirical attention of the RNR principles (Andrews and Bonta, 2010). This lack of research is significant. The responsivity principle is important to the therapeutic and supervision process by virtue of the individualization that can be afforded to offenders receiving services. Tailoring service delivery enhances an offender's willingness to engage and comply with treatment and supervision objectives. However, this individualization is difficult to consistently operationalize due to the complexity of sex offender populations, which often present varied demographic, cognitive, and interpersonal factors (e.g., mental health, trauma, and offense histories, learning styles, and cultural backgrounds). According to Blasko and Jeglic (2014, p. 2), "Clinicians have little empirically supported direction with regard to what it means to adhere to the specific responsivity principle in the process of

addressing the criminogenic needs of offenders" (citing Dowden and Andrews, 2004). The SOMB reported upon the research supporting each of the RNR principles in the 2013 and 2014 annual legislative reports. Given the previous review of the RNR principles collectively, the following section will focus on the available literature regarding the responsivity principle specifically in order to highlight its importance.

Responsivity to Treatment

Responsivity. The degree to which an offender is responsive to treatment and supervision is as important to the effectiveness of that intervention as the treatment itself. The responsivity principle calls for treatment and supervision to be tailored to the offender in a way that will optimize the offender's engagement (Looman, Dickie, and Abracen, 2005). Emerging evidence suggests that while responsivity is perhaps the most understudied of the RNR principles, it is a critical factor in the RNR framework. Responsivity provides general guidance on how to treat offenders in order to reduce risk for sexual reoffending. It calls for the use of cognitive-behavioral treatment (CBT) to target criminogenic needs (general responsivity) and for CBT techniques to be individualized (specific responsivity) to the characteristics of each offender (Andrews and Bonta, 2010; Blasko and Jeglic, 2014).

The concept of responsivity comprises internal and external characteristics related to the offender that can be targeted to foster the greatest engagement in treatment. Internal factors of responsivity include a number of individual characteristics such as age and marital status (demographic factors); intellectual functioning (cognitive factors); hostility, personality profiles, mental health and substance abuse history, and overall sexual interests (interpersonal factors). Treatment amenability, another internal factor, can indicate an offender's readiness and motivation for participating in offense-specific treatment. For example, some sexual offenders who present high levels of denial and minimization may not initially be amenable or motivated for treatment, presenting both clinical and ethical challenges for treatment providers (Levenson, 2011; Levenson and Macgowan, 2004). Learning styles are another important internal factor, as some offenders may learn better from kinesthetic activities in treatment (e.g., role playing) than from visual styles (e.g., completing writing activities).

External factors of responsivity generally include the therapist and the clinical setting (Looman et al., 2005); however, broader definitions add the offender's family, community, and type of placement, as well as the peers with whom the offender associates. Processes related to therapy, such as the group composition and therapeutic climate, are important considerations as well (Beech and Fordham, 1997; Beech and Hamilton-Giachritsis, 2005; Harkins and Beech, 2007, 2008). Mixing offenders of different risk levels in a group has been documented to be problematic for lower risk offenders because of potential iatrogenic effects[4] (Lovins, Lowenkamp, and Latessa, 2009; Lowenkamp and Latessa, 2004). If not managed appropriately, group composition or a poor therapeutic climate can discourage some offenders from engaging in the therapeutic process (Blasko and Jeglic, 2014). Woessner and Schwedler (2014) found that prosocial changes to dynamic risk factors were significantly associated with positive ratings of prison climate, although they were not predictive of general or sexual/violent recidivism.

[4] Iatrogenic effects of group treatment in this context refers to lower risk offenders interacting with and learning from higher risk offenders, which subsequently exposes lower risk offenders to antisocial attitudes and beliefs. Further, mixing lower risk offenders into programming designed for high-risk offenders can disrupt prosocial networks and opportunities.

Another key external factor to responsivity is the set of characteristics of the client's therapist. These often include therapist demographic, personality, and attachment factors. Additionally, the therapeutic alliance—the formation of a positive relationship between the client and the therapist—is central to the responsivity principle. According to Bordin (1979, p. 3), this "client-therapist relationship encompasses the feelings and attitudes that a therapist and client have toward one another and how they are expressed" (as cited in Blasko and Jeglic, 2014; Horvath and Greenberg, 1989; Norcross, 2010). As seen in the general psychotherapy literature, the therapeutic alliance is an empirically established component of influencing client outcomes, sometimes even more integral than the intervention being utilized (Horvath and Bedi, 2002; Horvath and Symonds, 1991; Kirsch and Becker, 2006; Lambert and Barley, 2001; Murphy, Cramer, and Lillie, 1984; Norcross and Lambert, 2006). A positive therapeutic alliance between the client and therapist in nonforensic populations is estimated to account for 30% of patient improvement in psychotherapy (Lambert and Barley, 2001). It is within this context that many scholars, professionals, and policymakers have begun looking at how the therapeutic alliance may assist with correctional populations, specifically, sex offenders.

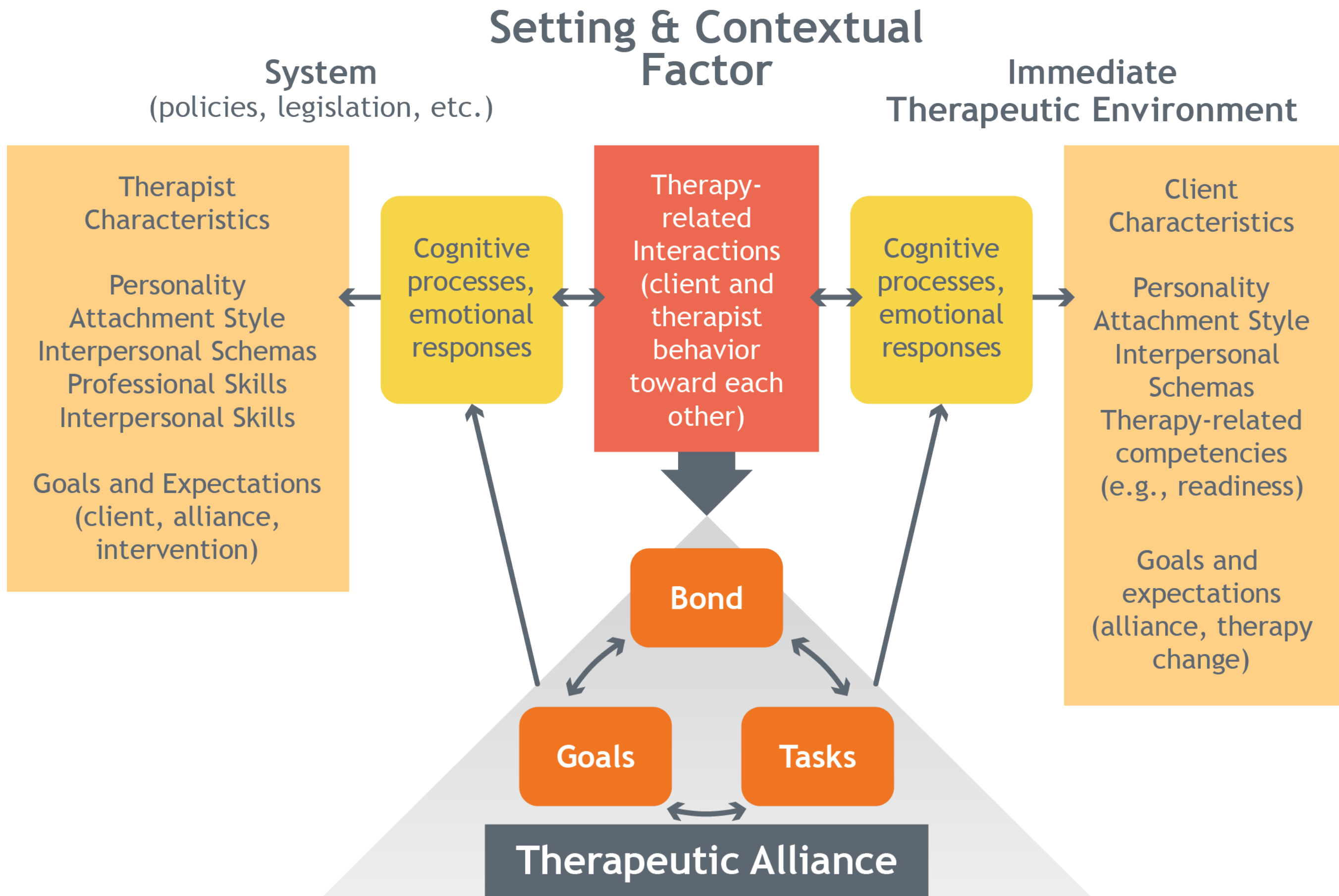
Therapeutic Alliance with Sexual Offending Populations

Limited research examines the use and effects of the therapeutic alliance with sexual offenders (Blasko and Jeglic, 2014; Collins and Nee, 2010; Looman et al., 2005; Marshall, 2005; Marshall et al., 2003; Marshall et al., 2002). The therapeutic alliance literature has been studied with substance abuse treatment (Connors, Carroll, DiClemente, Longabaugh, and Donovan, 1997) and domestic violence treatment (Kozar and Day, 2012; Magaletta and Verdeyen, 2005). This research has begun to establish the importance of the therapeutic alliance specifically regarding the type and quality of what is referred to as a dual-role relationship (Skeem, Louden, Polaschek, and Camp, 2007; Snyder and Anderson, 2009).[5] Unlike in traditional psychotherapy where treatment is often voluntary, many therapists working in the correctional system assume a dual-role relationship with clients, balancing rehabilitation with compliance (i.e., not violating terms and conditions of probation). For example, discharging an offender for not engaging in treatment may be considered a punishment because the offender may receive additional sanctions, increased supervision, or incarceration as a result. Thus, the involuntary nature of mandated treatment presents some unique challenges with correctional populations (Snyder and Anderson, 2009).

Despite this complex dual-role relationship, emerging research demonstrates that the therapeutic alliance is still important with correctional populations. As shown in Figure 2 below, a positive therapeutic alliance between the therapist and client consists of the following core elements (regardless of the clientele): (1) an agreement on the treatment goals, (2) collaboration on the tasks that will be used to achieve the goals (specific interventions), and (3) an overall bond that facilitates an environment of progress and collaboration (see, e.g., Flinton and Scholz, 2006; Levenson, Prescott and D'Amora, 2010; Marshall et al., 2002; Polaschek and Ross, 2010; Ross, Polaschek, and Ward, 2008; Schneider and Wright, 2004). However, developing a therapeutic alliance is often a dynamic and challenging process with forensic populations due to the involuntary nature of mandated treatment (Skeem et al., 2007).

[5] Use of the therapeutic alliance with correctional populations is supported by the Dual-Role Relationship Inventory-Revised (DRI-R) assessment developed by Skeem et al. (2007). The DRI-R found that the quality of dual-role relationships (as measured by therapeutic alliance, relationship satisfaction, symptoms, and offender motivation for treatment) predicted offender compliance with the terms and conditions of probation.

Figure 2. The Therapeutic Alliance: A Theoretical Revision for Offender Rehabilitation



Note: Adapted from Ross, Polaschek, and Ward (2008, p. 474) with permission.

Emerging research with sex offender populations suggests that the therapist's competencies and style influence offender responsivity to treatment (Blasko and Jeglic, 2014; Collins and Nee, 2010; Collins, Brown, and Lennings, 2010). **Therapists who promote a supportive and encouraging environment using a warm, direct, and empathic style have been shown to improve treatment outcomes with sexual offenders** (Blasko and Jeglic, 2014; Marshall et al., 2002). This style differs from the overly confrontational approaches previously used in sex offender treatment (Salter, 1988), which have been criticized for being "judgmental, cold, excessively critical and authoritarian" (Collins and Nee, 2010, p. 313). Additional studies investigating the therapeutic alliance with sex offenders have found promising results:

- Blasko and Jeglic (2014) found that the therapeutic alliance (measured by the Working Alliance Inventory) was not related to risk of sexual recidivism or general recidivism overall. However, of the 3 Working Alliance Inventory (WAI) subscales (i.e., goals, tasks, and bond formation), bond formation between a therapist and client was significantly related to risk of sexual recidivism. Further, female therapists were reported to have poorer bonds with higher risk sexual offenders than male therapists. The authors argue that the results indicate that certain sexual offender groups possess specific responsivity components that should be incorporated into treatment.

- Extensive theoretical work by Marshall and his colleagues (e.g., Marshall, 2005; Marshall and Serran, 2004; Marshall et al., 2003; Marshall et al., 2002) has described several traits and characteristics of sexual offender therapists that can positively or negatively impact the therapeutic alliance. In particular, empirical results from one study (Marshall et al., 2002) indicated that therapists who exhibited behaviors of empathy, warmth, and directiveness were associated with greater client changes.
- Harkins, Beech, and Thornton (2012) examined the influence of risk and psychopathy on the therapeutic climate by comparing 2 groups of sex offenders as they progressed in treatment: offenders with higher levels of psychopathy (i.e., Hare Psychopathology Checklist-Revised [PCL-R] scores of 25 or above) and offenders with lower levels of psychopathy (i.e., PCL-R scores of less than 25). Their findings suggest that psychopathy may be framed better as a responsivity factor in that the therapeutic climate of the lower versus higher PCL-R groups differed significantly "in terms of cohesion, leader support, task orientation, self-discovery, anger and aggression, order and organization, and leader control" (p. 112). However, the authors note that those highly psychopathic male offenders who were able to progress to later phases reported significantly higher ratings of therapeutic climate.
- Negative or poor therapeutic alliances between offenders and their therapists result in higher attrition rates and greater risk for long-term recidivism (Wakefield and Underwager, 1991).

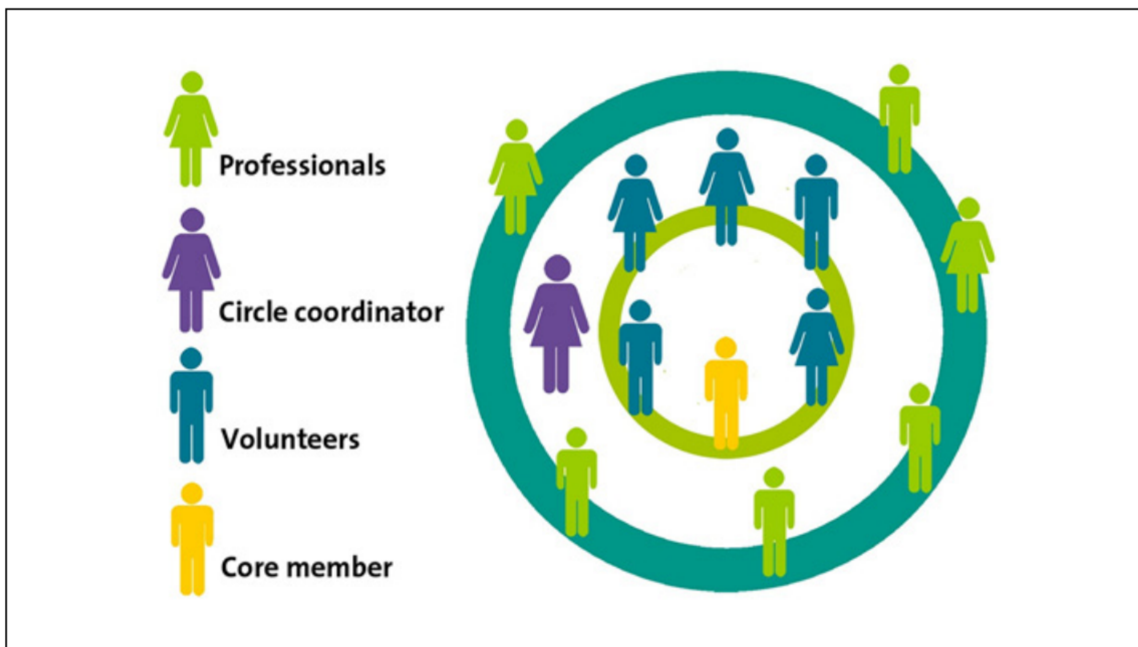
The initial evidence suggests that the therapeutic alliance may have an important role in the successful treatment of sexual offenders. Other responsivity factors such as offender motivation and amenability for treatment may be enhanced through the formation of a healthy therapeutic alliance between the client and therapist. When adequately individualized to the offender's specific responsivity factors, these therapeutic efforts may reduce the offender's risk for dropping out of treatment and the short-term risk for recidivism. Clinical and public safety questions remain, however, as treatment modalities have yet to describe (with empirical support) how to develop a therapeutic alliance with sex offenders. While much of the limited research on sexual offenders has largely focused on the therapist's perception of the therapeutic alliance (Blasko and Jeglic, 2014), future research should examine the therapeutic alliance using an assessment tool designed specifically for correctional populations mandated to attend treatment, such as the Dual-Role Inventory Revised (DRI-R) (Skeem et al., 2007). During the course of treatment, the therapeutic alliance may remain stable or vacillate between improving and deteriorating over time (Hersoug, Høglend, Havik, and Monsen, 2010). However, the ability to evaluate therapeutic alliance is still in the formative stage, and the development of such an alliance is currently reliant in part on clinical training and supervision.

Circles of Support and Accountability

Circles of Support and Accountability (CoSA) is a community-based volunteer program designed to help high risk sexual offenders reintegrate back into the community after their release from incarceration. CoSA originated in Canada nearly and is based on evidence-based strategies that reduce risk for recidivism with sexual offenders (Bates, Williams, Wilson, and Wilson, 2013; Duwe, 2013; Wilson, Cortoni, and McWhinnie, 2009; Wilson, McWhinnie, Picheca, Prinzo, and Cortoni, 2007). As shown in Figure 3, the CoSA program is made up of trained volunteers who form groups of 4 to 6 individuals (referred to as the "inner circle") around a high-risk sex offender (referred to as a "core member") placed in a community setting. Professionals from the field (e.g., probation officer, social worker, etc.) form the "outer circle" and support the inner circle. Volunteers and professionals work in collaboration to address risks and provide ongoing support, accountability, and encouragement to the offender. Support from the circle may involve any number of tasks related to

reintegration, such as obtaining employment, housing, access to medical care, and other basic needs. However, volunteers also help the offender transition back into society by challenging criminal attitudes and behaviors while promoting the use of prosocial coping skills to manage everyday problems. By providing these additional support mechanisms, CoSA works toward the goal of substantially reducing the risk of future sexual reoffending.

Figure 3. Graphic Representation of Circles of Support and Accountability Model



Note: Adapted from Wilson and Picheca, 2005 with permission, Netherlands Probation Service, 2012.

A considerable amount of research focuses on the successful reintegration of sex offenders. Studies have consistently shown that increased social isolation, unemployment, and a lack of housing options increase the likelihood a sex offender will recidivate (Andrews, Bonta, and Wormith, 2006; Blumstein and Nakamura, 2010; Brown, Spencer, and Deakin, 2007; Burchfield and Mingus, 2008, 2014; Levenson and Cotter, 2005; Robbers, 2009; Willis and Grace, 2008, 2009). Accordingly, strategies that minimize instability and promote the use of positive support systems seem to be the most effective in successfully reintegrating sex offenders into the community (Willis and Grace, 2008, 2009). Evaluations of CoSA have produced similar results.

Statistically significant reductions in violent and sexual recidivism have been observed in 2 separate Canadian studies for those who participated in CoSAs versus those who did not. The first study (Wilson Picheca and Prinzo, 2007) evaluated 2 matched groups[6] of high-risk sexual offenders by comparing the outcomes of 60 core members involved with CoSA to 60 high-risk sexual offenders who did not participate in CoSA. Following both groups for an average of 4.5 years, the study found that offenders who participated in CoSA recidivated[7] less often (5.0%, n = 3) than the matched comparison group (16.7%, n = 10). According to the authors, "Sexual recidivism by COSA Core Members is 70% lower than that of the matched comparison sample, and is less than

[6] The offender samples were matched on risk, length of time in the community, and any involvement in sex-offense-specific treatment.

[7] Recidivism in this study was defined as having new sexual charges or sexual convictions. Official records were used and a majority of this information was obtained from the Canadian Police Information Check (a national database of offense histories).

one-quarter of the actuarial sexual recidivism rates projected by the Hanson and Thornton STATIC-99 survival curves – both statistically significant results." (p. 333). The second study (Wilson et al., 2009) replicated the methodology of the first study using a national sample of offenders from Circles projects across Canada and found very similar results. Of the 44 core members who were evaluated against 44 matched comparison subjects, after an average of 3 years "there was an 83% reduction in sexual recidivism, a 73% reduction in all types of violent recidivism (including sexual), and an overall reduction of 71% in all types of recidivism (including sexual and violent) in comparison to the matched offenders" (pp. 863–864).

These Canadian studies have generated interest from Europe, New Zealand, and the United States in examining the usefulness of CoSA. While much research is ongoing, Duwe (2013) has reported findings from a randomized control trial of CoSAs in Minnesota. Despite a small total sample size of 62 participants, the results provide strong empirical evidence that MnCOSA produced significant reductions in different measures of recidivism (e.g., rearrests, technical violation revocations, and any reincarceration rearrest) (p. 157). This study also evaluated the costs of CoSA and found an approximate benefit of $1.82 for every dollar spent on McCOSA, with an overall estimated cost savings of $363,211.

CoSA has been established in communities in Europe, North America, and New Zealand. Recently, CoSA projects have begun taking hold in the United States, particularly in Vermont and Minnesota. As of December 2015, there are 17 known circles currently operating in Colorado. Colorado's CoSA project officially began in May 2011 and has incrementally grown in several major metropolitan areas of the state. Additionally, Colorado CoSA obtained a contract with Colorado Department of Corrections CDOC in 2015 that will provide Colorado CoSA the ability to form additional circles for high-risk offenders being released from prison.

Best Practices for the Treatment and Supervision of Juveniles Who Have Committed Sexual Offenses

The literature concerning juveniles who have committed sexual offenses shows significant differences between this population and adult sexual offenders (Burton, Duty, and Leibowitz, 2010). According to meta-analytic studies that use official records of recidivism, juveniles who commit sexual offenses generally have low sexual recidivism rates, ranging from 7% to 13% over approximately 5 years (Alexander, 1999; Caldwell, 2010; and Reitzel and Carbonell, 2006). Recidivism rates vary based on the definition of recidivism, the source of information, and the time period studied. Table 1 provides a review of recent meta-analytic studies of recidivism. **Many have concluded that juveniles who have committed sexual offenses are more likely to recidivate for a nonsexual offense rather than a sexual offense** (Carpentier and Proulx, 2011; Reitzel and Carbonell, 2006; and Vandiver, 2006). While the treatment efficacy research is mixed, generally low recidivism rates suggest that "many juveniles who commit sexual offenses [can] move to a non-abusive, healthy and normative path of development" (Leversee and Powell, 2012, pp. 19-2–19.3).

Table 1. Meta-Analytic Recidivism Studies of Sexually Abusive Youth

Study (Year)	Age (Range)	Sample Size	Average Follow-up Period (months)	Recidivism Measure	Recidivism Any	Sexual
Reitzel & Carbonell (2006)	14.6 (7 to 20)	K = 9 (N = 2,986)	58.6 (8 to 96)	A = 6, Con = 2, M = 1	N/A	12.5% (7.4% / 18.9%)[1]
Worling & Langstrom, (2006)	15.5 (8 to 20)	K = 22 (N = 2,788)	54.6 (6 to 115)	A = 1, C = 7, SR = 2, Con = 7, M = 4, O = 1	42%	15%
McCann and Lussier (2008)	N/A	K = 18 (N = 3,189)	60		53%	12% (2 to 30)
Caldwell (2010)	14.7 (N/A)	K = 63 (N = 11,219)	59.4 (N/A)	A or C	43.4%	7.1%

Notes: The recidivism measures are defined as follows: A – Any Recidivism; C – Charges; Con – Conviction; SR – Sexual Recidivism; M – Multiple; O – Other. 1. The percentages in parentheses indicate the treatment versus non-treatment groups.

Treatment Services. The EBP literature for juveniles who have committed sexual offenses is limited given the lack of sufficient research to determine whether a program is evidence-based. To date, however, general support has been found for treatment (Caldwell, 2010; Reitzel and Carbonell, 2006; Vandiver, 2006). There is evidence to support the use of cognitive-behavioral treatment (CBT) and Multi-Systemic Therapy for youth with Problem Sexual Behaviors (MST-PSB) (Borduin, Henggeler, Blaske, and Stein, 1990; Reitzel and Carbonell, 2006). CBT is considered a standard sex-offense-specific treatment intervention for youth (Walker, McGovern, Poey, and Otis, 2004), while MST has also been shown to be both cost- and clinically effective with the juvenile population (Borduin et al., 1990; Letourneau, et al., 2009). Additionally, the broader literature regarding delinquent youth has found Multi-Family Group Therapy (MFGT) to be an EBP, but this intervention has not been specifically studied with sexually abusive youth (Nahum and Brewer, 2004).

Promising Approaches. Other promising therapeutic models have recently emerged for treating sexually abusive youth. Models such as the Holistic Model have been discussed in the literature, but have yet to be empirically validated to meet the necessary evidence-based criteria (Leversee and Powell, 2012). In short, this approach attempts to integrate traditional risk management strategies (relapse prevention) with a more strength-based treatment approach, including components related to the youth's health, educational, or vocational fulfillment, prosocial attitudes, a sense of community, and spirituality, among other elements. These components foster a more positive and goal-oriented approach to treatment.

Further, both the RNR model and the Good Lives Model (GLM) as described for adults may have similar application to sexually abusive youth; however, these models have been studied minimally with adolescent populations (Hanson et al., 2009). Given the developmental diversity of the juvenile population, the application of individualized approaches such as RNR and GLM may be conducive for treating and managing youth, but will need further research to demonstrate their effectiveness.

Risk Assessment. To be effective, treatment in general relies upon the degree to which problematic sexual behaviors can be identified, measured, and assessed accurately (Fanniff and Becker, 2006). To date, juvenile risk assessment instruments have not been empirically validated, and are instead considered to be empirically guided. Martinez, Flores, and Rosenfeld (2007) studied the Juvenile Sex Offender Assessment Protocol-II (J-SOAP-II), finding it to be accurate in predicting general and sexual reoffending along with treatment compliance; the total score showed significant correlation, but not the individual subscales. Worling, Bookalam, and Litteljohn (2012) found that the Estimate of Risk of Adolescent Sexual Offense Recidivism (ERASOR) instrument accurately predicted sexual reoffending in the short-term (2.5 years) using the “present” clinical judgment ratings, the total score, and the sum of risk factors. However, Hempel, Buck, Cima, and Marle (2011) found limited to no predictive validity in a study of the J-SOAP-II, the Juvenile Sexual Offense Recidivism Risk Assessment Tool – II (JSORRAT-II), and the ERASOR. Even though these risk assessment instruments show some promising results, their accuracy should be viewed with caution. Despite these limitations, the development of these instruments is a positive step for the field.

Other Research-Based Practices. The results of the *2013 Juvenile Standards and Guidelines Outcome Study* indicated positive findings associated with the presence of the MDT for a juvenile (Hansen, 2013). The presence of a school representative on the MDT was linked to better treatment/supervision outcomes for juveniles. Further, the use of the post-adjudication polygraph examination increased after implementation of the *Juvenile Standards and Guidelines*, and juveniles taking polygraph examinations were more likely to successfully complete probation. However, higher numbers of polygraph examinations were associated with treatment failure, but this finding is confounded by the fact that higher risk youth generally receive more polygraph exams. Furthermore, when a youth’s family was involved in the treatment process, the likelihood of treatment success increased fourfold (Hansen, 2013). Unfortunately, comparing cases from FY 1999 and FY 2007, there was no greater involvement of family members in the juvenile’s case after the *Juvenile Standards and Guidelines* were implemented.

Data collected from focus groups during the study found that professionals believe the *Juvenile Standards and Guidelines* are helpful to them, and they noted the value of the MDT in promoting consistency, adding a school representative to the decision-making process, and providing clarity and support to the family and the youth. Barriers to full implementation of the *Juvenile Standards and Guidelines* included the difficulties associated with ensuring victim representation on the MDT and the lack of local services in rural areas of the state (Hansen, 2013).

Questions persist regarding the identification and implementation of EBP that address the complex issues related to juveniles who commit sexual offenses. In Colorado, the SOMB has integrated numerous stakeholder perspectives into the *Juvenile Standards and Guidelines*. Yet, more research is required to study the variety of practices, policies, and procedures related to the effective evaluation, assessment, treatment, and supervision of juveniles who have committed sexual offenses. The core components that first defined the *Juvenile Standards and Guidelines* remain unchanged, but they have evolved to incorporate new and innovative practices—many of which are either research-based or evidence-based—enabling it to be an effective management strategy.

Section 2: Policy Analysis and Recommendations

Overview

The Policy Analysis Section consists of a review of the key sex offender management public policy issues. For the purposes of this report, specific policy issues are examined in order to highlight areas that the legislature may wish to consider for possible policy and legislative initiatives and enhancements. SOMB members who wanted to identify sex offender management policy issues for further study were encouraged to do so. Professionals outside the SOMB and members of the public could also propose a specific policy issue if a SOMB member was willing to represent and support the proposed issue. The SOMB gathered research and best practice literature on the topic, and identified potential policy alternatives for consideration by the legislature.

The following sex offender management public policy issues were identified by SOMB members for review:

- Reentry and Continuity of Care
- Sex Offender Registration and Notification (SORN)
- Youth Sexting

Reentry and Continuity of Care

The process by which offenders reenter the community from incarceration is a complex and challenging task for the criminal justice system to facilitate. Of concern to the criminal justice system and the general public with sex offenders returning to their communities is the negative outcomes for victims (e.g., Andersen et al., 2008; Chen et al., 2010). In the last decade greater attention has been given to improving this process at the national, state, and local levels. As a result, a growing body of correctional literature regarding offender reintegration and overall continuity of care has emerged. Strategies and best practices have been developed for optimizing the success of offender reentry and the reduction of risk to victims and the community. Despite these advancements, however, research examining the reentry of sex offenders exclusively is still limited. The research to date suggests that sex offender reentry is often more problematic than with the general offender population for several reasons. Sex offenders experience significant barriers and challenges in finding stable housing and obtaining employment, and there is a lack of prosocial support systems (Andrews, Bonta, and Wormith, 2006; Blumstein and Nakamura, 2010; Brown, Spencer, and Deakin, 2007; Burchfield and Mingus, 2008, 2014; Levenson and Cotter, 2005; Robbers, 2009; Willis and Grace, 2008, 2009). Additionally, sex offender legislation has had an impact on offender reentry in such areas as expanded registration and community notification (Tewksbury, 2005) and residence restrictions (Levenson and Hern, 2007; Mercado, Alvarez, and Levenson, 2008). While these policies are aimed at protecting and enhancing community safety,

they "can inadvertently but significantly hamper reintegration efforts" (Center for Sex Offender Management [CSOM], 2007, pg. 1).

Research has consistently shown that support for offender behavioral change is most effective in an environment that reinforces concepts learned in treatment and applied in the community (see Looman et al., 2005; Burchfield and Mingus, 2008, 2014). **Offenders who do not have a stable environment will likely have issues with engaging in treatment and may be at risk for dropout and possible reincarceration.** This is of particular relevance to public safety given that research has demonstrated that the risk for new criminal behavior among general offender populations is greatest after release into the community (Blumstein and Nakamura, 2009; Bushway, Nieuwbeerta, and Blokland, 2011). For sex offenders, there is evidence to suggest that approximately 1 out of every 3 newly released prisoners will be "rearrested for a new crime within the first 6 months of release" (CSOM, 2007, pg. 2, citing Langan et al., 2003). Hence, the importance of release planning may have considerable impact on offender recidivism through the maintenance of treatment gains made while in prison and the minimization of dynamic risks factors during the initial transition period in the community.

According to the Center for Sex Offender Management (2007, citing Harrision and Beck, 2006; Hughes and Wilson, 2003), it is estimated that between 10,000 and 20,000 sex offenders are released from prison into the community every year. Despite these large numbers, few studies have evaluated release planning with sexual offenders in communities. Willis and Grace (2008) compared the release planning activities of 39 adult male recidivists and 42 adult male nonrecidivists to identify what aspects of the reentry process are likely to increase an offender's risk. Both groups attended a 32-week prison-based treatment program near Christchurch, New Zealand, from 1990 to 2000 and were matched according to static risk level[8] and time at risk. To measure release planning, the authors developed a 6-item coding protocol to score the quality of reintegration planning for each of the sampled offenders (see Table 2, below).

Table 2. Release Planning Protocol

	Item and Description	Score
1.	Accommodation. This item measured the extent of accommodation planning. The proposed type of accommodation (e.g., hostel) was recorded.	0 - 2
2.	Social Support. This item measured whether a social support network had been established, and, if so, how many systems it comprised.	0 - 4
3.	Employment. This item measured the extent of employment planning.	0 - 3
4.	Good Lives Model (GLM) Secondary Goods. This item indicated whether secondary goods were present in an offender's reintegration plan. GLM secondary goods were defined as concrete approach goals that had been identified by the offender (rather than suggested by the therapist), relating to one of the 9 primary goods listed by Ward and Brown (2004). The best fitting primary good (or goods) targeted was recorded.	0 - 1
5.	Motivation. This item indicated motivation to follow through with post-release plans, as stated by the therapist.	0 - 1

Note: Included with permission from Scoones, Willis and Grace (2012).

[8] Static risk in this study was calculated using the Automated Sexual Recidivism Scale (ASRS) developed by Skelton, Riley, Wales, and Vess (2006), which is based on the Static-99 (Hanson and Thornton, 2000) and has been found to have similar predictive validity.

Initial findings suggested that nonrecidivists had significantly higher overall release planning scores than recidivists, who collectively scored lower in accommodation, employment, and GLM secondary goods items. However, subsequent analyses found that only the accommodation planning score remained significantly worse for recidivists after controlling for IQ and dynamic risk[9] (see Allan, Grace, Rutherford, and Hudson, 2007). Following these results, Willis and Grace (2009) conducted a replication study using an independent and matched sample of sex offenders.[10] Their findings were consistent with the original study in which recidivists had significantly poorer reintegration planning scores than nonrecidivists. Of greater importance to this study was that poor release planning was identified as a risk factor for sexual recidivism.[11] In a more recent study by Scoones, Willis, and Randolph, (2012), release planning was found to significantly increase the predictive validity of static and dynamic risk factors using a modified version of the release planning protocol developed in Willis and Grace (2008, 2009).

The goal of release planning is to adequately and efficiently support the offender's holistic needs during the reintegration process while balancing the interests of the community. Experts in sex offender treatment and supervision recommend that both community and prison settings use similar assessment instruments to assist communication and transition planning activities. **The challenges associated with offender release and reintegration are numerous and require release planning and case management activities that adhere to evidence-based practices such as the risk, need, responsivity principles** (Bonta and Wormith, 2013). Further, the Center for Sex Offender Management (CSOM)[12] published a document in 2007 that offers a comprehensive sex offender reentry strategy. Based on some of the correctional research on general criminal offenders, the document recommends 6 key elements to include in a sex offender reentry strategy. These 6 key elements are as follows:

- Collaborate to Achieve an "In to Out" Approach
- Manage Sex Offenders in Prison with an Eye Toward Release
- Recognize the Value of Discretionary Release Decision-Making
- "Reach Out" During the Transition and Release Process
- Ensure Victim-Centeredness in the Reentry Process
- Adopt a Success-Oriented Approach to Post-Release Supervision

The SOMB has been actively working to expand upon the release planning efforts and has been identifying Support, Occupation, Accommodation, Programs, and Plans (SOAPP) in the Continuity of Care Committee (Boer, 2013). A summary of these SOAPP efforts is provided below.

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[9] Differences in reintegration planning were confounded by IQ and deviance. Thus, the researchers attempted to control for these in the correlation models in order to isolate the factors of reintegration that remained significant.

[10] The quality of reintegration planning was retrospectively measured for groups of recidivist (n = 30) and nonrecidivist (n = 30) child molesters, who were individually matched on static risk level and time since release.

[11] Samples from the Willis and Grace 2008 and 2009 studies were combined (n = 141) to conduct survival analyses. Results showed that poor accommodation, employment, and social support planning combined to predict recidivism with an area under the curve (AUC) equaling .71.

[12] CSOM serves as a national center for information and technical assistance to state and local jurisdictions in the effective management of sex offenders. The center was originally formed by the Office of Justice Programs, the National Institute of Corrections (NIC), and the State Justice Institute (SJI) in order to synthesize and disseminate research and effective practices to the field.

Continuity of Care

The process by which multiple systems facilitate the coordinated rehabilitation of an individual with behavioral health disorders is called continuity of care. Continuity of care involves offering a comprehensive array of services to populations transitioning from different levels of care, ancillary services, and overall placement settings. For correctional populations, these transitions may involve offenders being released from prison to the community (as previously discussed), reincarceration, and potential within-community transitions between service providers. The continuum of care in the criminal justice system is a multifaceted and complex issue for a variety of reasons that are both policy- and practice-related. Policy issues often stem from legal and ethical requirements of service providers to ensure confidentiality of client records and record retention. Practice-related issues concern the capacity and comprehensiveness of services, the consistency of information made available between service providers, and challenges related to consistent case management planning during transition. Both policy and practice issues have implications on public safety given that these issues may unnecessarily exacerbate the risk and needs of transition for sex offenders. As a result, the SOMB Continuity of Care Committee convened in May 2014 to address systemic issues, improve information sharing, and make recommendations for revisions to both the *Adult and Juvenile Standards and Guidelines*. Table 3 highlights areas the committee has been working to address.

Table 3. Continuity of Care Policy and Practice Issues Identified by SOMB

Policy Issues	Description
Legal Requirements	Various state and federal laws contain strict regulations regarding how and what different agencies and professionals may request and furnish confidential client information. For example, the Health Insurance Portability and Accountability (HIPPA) Act of 1996 requires parental consent for the release of information on juveniles under the age of 15. The Division of Youth Corrections requires parental consent for youth under the age of 18. Both the *Adult and Juvenile Standards and Guidelines* require that offenders waive their rights to confidentiality while undergoing treatment and supervision (Adult Standards 3.300; Juvenile Standards 5.140). This is a common requirement in sex-offense-specific treatment, as relevant information of an offender's progress or regression in treatment or supervision may need to be shared between team members. This information sharing is designed to ensure that the collective efforts of the CST/MDT are synchronized, consistent, and adaptive. Treatment providers and supervision officers often have to obtain release authorizations from offenders, which are commonly built into the offender contracts upon agreement to participate in treatment. The confidentiality of records and record retention are also significant policy issues. Providers are required to expunge confidential client records after a set period of time. Courts have recently been asking providers to make recommendations for offenders who petition to be removed from the registry or provide updates on treatment completion status. However, many providers do not maintain these records beyond 8 years.
Ethical Requirements	Providers have to follow their ethical guidelines through the Department of Regulatory Agencies. Before a provider can share information, a release of information must be obtained. Ethical guidelines generally dictate that a release of information needs to be related to offense-specific treatment, and therefore providers must be cautious with how that release of information will impact the offender's progress in treatment.

Table 3. Continuity of Care Policy and Practice Issues Identified by SOMB (Continued)

Practice Issues	Description
Comprehensiveness and Capacity	Continuum of care is often a challenge for jurisdictions, as gaps in services sometimes exist. In some rural areas, provider availability and the availability of adjunct therapeutic services may be minimal. Where services are available for offenders, capacity can sometimes be limited due to resource constraints, personnel turnover, and high caseloads. As discussed previously, offenders frequently confront reintegration challenges such as finding stable employment, housing, and other resources. Governmental systems may not necessarily be equipped or funded to support offenders in these efforts to establish basic needs. The committee has discussed the need for a template for release and intake treatment planning purposes.
Financial	Costs are a factor in the transfer of clinical records. Some providers in out-patient and institutional facilities have reported that they are unable to obtain records for clients from providers due to high costs for copying records. Additionally, some providers will not release files until unpaid treatment debts have been settled. This is not prohibited by the Department of Regulatory Agencies or the SOMB and makes it difficult to share information. Given the challenges at finding employment, offenders may not be financially capable of paying for their own records. In these circumstances, offenders may be required to restart treatment from the beginning regardless of the progress they previously made.
Treatment and Supervision	Offenders being released from prison or in transition may be without services and are subsequently restricted from many daily activities until they enter into treatment and obtain the appropriate safety plans. During this period of transition, offenders may be more isolated from prosocial support, which can consequently increase dynamic risk. Some Committee participants suggested that the offender/client should be responsible for retaining their own records. Further, extended transition periods may reverse some of the previous treatment gains and create conditions by which offenders are less motivated to engage in treatment.
Fidelity of Release Planning and Case Management Practices	Case management policies regarding continuity of care need to ensure that decisions are assessment-driven and ongoing. For both adult and juvenile offenders moving between systems, assessments should guide decisions among CST/MDT members at critical stages (such as readiness at entry and readiness for release, the appropriateness and monitoring of family reunification efforts, responsivity to intensity and treatment interventions, and responses to noncompliance with supervision or release conditions). Decisions supported by ongoing and assessment-driven practices ensure a proper rational for the individualization of an offender's case management plan (CSOM, 2007).

The Continuity of Care Committee has been actively working to understand the current problems in Colorado, develop tools and resources for service providers, and make recommendations for changes to the *Adult and Juvenile Standards and Guidelines*. Since convening in May 2014, the committee has focused on the following goals:

- Create an Intake Assessment and Discharge Summary Protocol Template
  - The committee has been working to develop and pilot an intake assessment form and a discharge summary form as templates for clinicians. These forms are based on existing tools such as the SOMB Evaluation Matrix and the Sex Offender Treatment Intervention and Progress Scale (SOTIPS).[13] The purpose of the intake assessment form is to ensure continuity of care via a comprehensive review of relevant prior treatment and supervision information in conjunction with the applicable SOMB *Adult or Juvenile Standards and Guidelines*. This information is thought to aid in the planning of treatment needs for the client. This assessment is considered to be a guideline for practitioners to determine what treatment has been completed, what components of treatment need additional focus, and what components of treatment have not yet been completed. Clients should not be required to restart treatment solely due to a change in treatment providers and the lack of available information from the prior treatment provider. Conversely, mere completion of a treatment objective does not preclude the client from repeating such an objective if behavioral indicators suggest the need for additional treatment in this area. Regarding the discharge summary form, some offenders in Colorado will not become eligible or file a petition to be taken off the sex offender registry until many years or decades after their sentences have terminated. For offenders who are petitioning after an extended period of time, those records may not be available, which may become problematic. The discharge summary form allows a therapist to share information with the court about a defendant's status at the time of termination from treatment and while authorizations remain in effect, allowing the therapist to divulge this otherwise confidential information to the court. Another use of the discharge summary form is for offenders who return to court with nonsexual offense-related charges.[14] Unlike most other records, court files are maintained forever. Consequently, by filing this information in the court record, it will remain available to clients and other parties to the case, at the court's discretion. Therapists are being asked to provide this documentation to ensure that the client's involvement in treatment is part of the permanent court record and, if appropriate, that it may be considered by the court in future decision-making.

[13] The Sex Offender Treatment Intervention and Progress Scale (SOTIPS) is a statistically derived dynamic risk measure of sexual recidivism. SOTIPS is designed to assist treatment providers and supervision officers in assessing an offender's risk and needs using 16 factors.

[14] Per 16-11.7-102 (2) (a) (II) C.R.S., the definition of a sex offender in Colorado includes offenders who are convicted of any criminal offense and have a history of a sex crime conviction. All sex offenders are required to receive a sex-offense-specific evaluation for potential treatment needs as part of sentencing (16-11.7-104 (1) C.R.S.).

- Facilitate Interagency and Cross-Sector Relationship Building Efforts

  - *Cross-Training and Education* – For both the intake assessment and discharge summary protocols, dissemination to professionals in the field to use as a resource requires cross-training and education. This committee has been piloting both of these protocols with service providers and will consider feedback in assessing their overall effectiveness. Once these protocols are published, professionals will have several opportunities to attend trainings to learn how to incorporate them into practice.

  - *Explore Measures to Expedite Approved Supervisor Processing* – To help offenders in transition obtain an approved support person, background checks may be expedited. The SOMB *Standards* require approved supervisors to obtain an FBI criminal history check, which can take months to process. An alternative—conducting an initial online background check through the Colorado Bureau of Investigation (CBI) as a temporary approval—was approved by the SOMB. If the CBI criminal history report indicates a person is a "multi-state offender," a national background check is subsequently conducted through the FBI.

  - *Examine Options for Notice of Completion of Registration/Treatment* – The discontinuation of an offender's requirement for registration has been a significant issue the committee has been working to address. The Committee developed an adult completion of treatment form and a juvenile registration form (that can be filed with the court for future use at any court hearings, including deregistration). These forms are currently being piloted by several providers, and the Committee will consider feedback in assessing their overall effectiveness.

  - *Develop Standing Reentry and Transitioning Safety Plans* – The committee is currently piloting a standing safety plan that would allow offenders to do basic activities during the transition period (e.g., riding a bus, attending treatment and supervision meetings, using the Internet for employment purposes, obtaining medication/medical care/mental health care, and other reentry needs) while still complying with supervision requirements. Once the offender enters treatment, a more comprehensive and individualized safety plan would be approved by the CST.

  - *Develop a Point of Contact Resource List* – The SOMB staff has developed a list of contacts for service providers to use when requesting and accessing records of sexual offenders transitioning between programs. This contact list will make this information more readily available and accessible.

Sex Offender Registration and Notification (SORN)

The 2014 and 2015 SOMB Annual Legislative Reports provided a historical overview, recent research, and national trends regarding Sex Offender Registration and Notification (SORN) laws and systems in the United States. Key policy recommendations were made by the SOMB for the general assembly to consider in improving Colorado's SORN statutes and classification system. The following sections review the information discussed and the recommendations made.

Sex Offender Classification Systems

The Adam Walsh Child Protection and Safety Act (AWA) was signed into law on July 27, 2006 (42 § 16911 et seq). AWA is a comprehensive piece of SORN legislation that established stricter registration requirements and created a standardized offense-based classification system for registration tiering, requiring states to set the requirements for the intensity and duration of registration based upon the offense of conviction. In addition, while the Jacob Wetterling Act of 1994 had made the registration of juveniles discretionary, AWA required states to register juveniles. Classification systems for registering adults and juveniles who commit sexual offenses vary nationally despite the AWA. An analysis by SOMB in the 2015 Annual Legislative Report found approximately 37% of states use an offense-based classification scheme and 29.6% use a risk-based classification system. Although risk-based classification systems have been adopted by fewer states, these systems align with the current research and the evidence base. Given the presence of both an offense-based classification system and a risk-based classification system (for Sexually Violent Predators [SVPs]), Colorado was deemed to have substantially implemented AWA based upon the current provisions of SORN in the state. With the enactment of the AWA, the Wetterling Act was repealed and states are no longer required to label certain sex offenders as SVPs. This practice continues in effect in Colorado due to its existence in state statute (16-13-902 (5) C.R.S.).

A risk-based classification system to identify the highest risk sex offenders and provide community notification about these offenders is supported by research, but the criteria in the AWA legislation are not completely consistent with a risk approach. Part of the challenge lies in the development and implementation of the assessment instrument, called the Sexually Violent Predator Assessment Screening Instrument (SVPASI). The SVPASI has been at issue in a number of reviews and court cases. In 2014, the SOMB was subject to an external evaluation of the *Adult Standards and Guidelines*, which included a review of the SVPASI. In addition, a number of 2014 Colorado Supreme Court decisions suggested some limitations to the authority of the SOMB in determining the definition of the relationship criteria of the SVPASI.

As a result of this feedback, the SOMB created an SVP Committee in September 2013 to address the concerns raised and make modification recommendations as appropriate. To date, the SOMB has modified the SVPASI relationship criteria to be consistent with the Colorado Supreme Court rulings, and has also added a qualification related to the limitations of the instrument for female and developmentally disabled sex offenders. In addition, the Committee explored the possibility of developing a new instrument to address the concerns raised in the external evaluation or utilizing an existing actuarial instrument (e.g., Static 99R) for this purpose. This work is ongoing.

Finally, given that there is no longer a federal requirement to designate certain sex offenders as SVP, the SOMB has approved a series of recommendations made by the Committee for the Colorado legislature to consider related to modifying the current classification system to eliminate the SVP designation.

This change can only be made by the legislature, as the SVP requirements are in statute (16-13-901-906 C.R.S.).

Recommendations:

The SOMB hereby recommends the following related to the current SORN system, including SVP designation.

1. Remove the SVP designation and replace the existing classification scheme with a 3-level (i.e., Level I, 2, and 3), risk-based classification system for adult sex offenders based upon the use of a new actuarial risk assessment instrument (developed by Office of Research and Statistics [ORS] in conjunction with the SOMB, or an existing instrument such as the Static-99).

2. All of those convicted of a sex crime should be subject to the risk assessment, not just those defined in the SVP legislation for adult sex offenders.

3. Implement the new risk-based classification scheme as of the date of the legislation with no retroactive provision.

4. Utilize the Court and Parole Board to designate the risk classification level in a manner similar to the current SVP designation process, but consider the need for a risk assessment board or committee to make the designation. The Court and Parole Board currently have the ability to override the results of the SVPASI based upon aggravating and mitigating factors not part of the assessment process, and this discretion should continue to be allowed. This also provides an appeal process for those registrants who believe they are unfairly classified.

5. Make the risk classification information available to law enforcement for tracking registrants, and provide the public with information on higher risk registrants. Community notification meetings may still be performed at the discretion of law enforcement agencies for higher risk registrants.

6. Ensure that information released to the public on registrants is consistent across state and county websites. Make reference on the websites to the availability of information on juveniles and misdemeanants via a paper list from local law enforcement or the Colorado Bureau of Investigation. Prohibit entities that obtain a copy of the paper list of all registered sex offenders from posting that list on a website, as this causes confusion for the public on why similar information is not available from state and county websites.

7. Develop specific criteria to broaden judicial decision-making (and evaluator recommendation) in waiving the registration requirement for certain juveniles.

8. Develop a process whereby the Court can limit the public accessibility of registration information on certain juveniles under certain circumstances based upon set criteria.

9. A process to reassess a risk classification level should be explored based upon changes in risk over time. Such a change in risk level would have to be designated by the Court or Parole Board. A recommendation should be provided to the legislature about the feasibility of such a process.

10. Alternative public education mechanisms from community notification meetings regarding sexual offenders and offenses should be developed and implemented.

Sex Offender Deregistration Policy Issues

Several deregistration issues exist for offenders in Colorado. For offenders attempting to petition off of the registry, it is not clear in which jurisdiction the offender must initiate the deregistration process. Some law enforcement agencies state that the current registering jurisdiction for an offender should initiate the deregistration process. However, other agencies claim deregistration should be managed by the originating jurisdiction that first registered the offender. The SOMB suggests that the originating place of registration should receive and process the deregistration process. Moreover, it is difficult for physically or mentally incapacitated offenders who reside in or are confined to institutions (e.g., hospitals, nursing homes, etc.) to not only petition off of the registry, but meet their legal requirements to register on an ongoing basis. This has become a substantial burden on law enforcement and there are limited options available to either the registering jurisdiction or the offender. This issue received enough attention in 2014 to prompt the Colorado Commission on Criminal and Juvenile Justice (CCJJ) to request the legislature to amend C.R.S. 18-1.3-1008. This CCJJ recommendation would have allowed offenders sentenced under the Lifetime Supervision Act, and who suffer from a severe disability to the extent they are deemed incapacitated and do not present an unacceptable level of risk to public safety, to petition the court for early discharge from probation supervision. This recommendation also requested that, if necessary, the legislature make conforming amendments to the Colorado Victims' Rights Act regarding a "critical stage" for victim notification.

Additionally, the ratification of H.B. 11-127 removed the requirement that an offender deregister (e.g., complete a registration cancelation form) when moving to a new jurisdiction. This has created a significant problem for law enforcement and prosecutors in terms of holding registrants accountable for changing their registration address when they move from one jurisdiction to another. Relying on the registrant to provide this notification hampers offender tracking. The only way to currently know if registrants move is if they lawfully register in a new jurisdiction and notification is made by the new jurisdiction to the prior jurisdiction. This process does not always happen and therefore law enforcement uses a substantial amount of resources trying to track offenders who have moved to a new jurisdiction and may, in fact, be lawfully registered. The Sex Offender Registration Legislative Work Group is currently studying these issues and hopes to have substantive recommendations for the SOMB in 2016.

Consistency of Sex Offender Registration Data

The SOMB, in conjunction with members of law enforcement who are part of the SOMB's Sex Offender Registration Legislative Work Group, have identified a number of areas for review by the Colorado legislature related to sex offender registration and notification (see Table 4). Disparities remain between the state's registry data and the data reported by county-level law enforcement. For example, a sheriff's department website may list a juvenile who has been adjudicated twice for a sexual offense, whereas the state sex offender registration public website does not provide any information on juveniles. This causes confusion for members of the public who review different websites and note the differing information. Therefore, it is suggested that the legislature review the information available on the state sex offender registration public website, local law enforcement websites, and the paper list of registered offenders for possible inconsistency.

Table 4. Adult and Juvenile Registration Data Issues

	Problem Statement	Recommendation
1	Currently adults who have committed sexual offenses and who own multiple properties are not required to register at all of their owned residences.	Law enforcement and other agencies that register offenders have suggested a review of this issue.
2	Currently nonstate residents who may be temporarily employed or cross state lines to commute to work are not required to register their work addresses.	Stakeholders have suggested consideration of a registration requirement for offenders who do not have a state residence to register their work address.
3	Currently there is no specific requirement for offenders to periodically report a change in their employment address.	It is suggested that the legislature consider providing law enforcement with discretion to establish local policies and procedures for requiring offenders to register their work address upon a change.
4	Currently juveniles in detention facilities for crimes other than a registration offense are not required to register.	It is suggested that modification to the registration requirements to allow for the registration of youth in custody be considered.
5	Currently statutory language regarding electronic identifiers does not include an exhaustive list of modern forms of social media.	Statutory language that references social media terms may need to be updated.
6	As discussed previously, posting information on registered sex offenders by non-law enforcement agencies (i.e., private companies) can create challenges for offenders attempting to reintegrate into the community, especially for juveniles, and confuse the public.	It is suggested the legislature consider restrictions on non-law enforcement agencies posting registry information online.
7	As noted previously, differences exist in the content posted on the state sex offender registry, local county registry websites, and the registry paper list.	The Colorado legislature may wish to consider establishing consistency on all of the publicly accessible registration sources.

Table 4. Adult and Juvenile Registration Data Issues (Continued)

8	Clarification is needed to identify specifically which Failure To Register (FTR) cases need to be listed on the public websites, given inconsistencies between what is provided on local and state registries. Additionally, it is not clear if registrants become Internet-eligible based on an FTR or only if they have received an adult felony conviction.	It is suggested that the legislature explore possible clarification of the FTR requirements for posting on the public registry.
9	Non-criminal justice agencies in other states cannot be given criminal justice records per federal law. This makes it difficult to share registry information with certain states. State law defines those eligible to receive registration records as law enforcement only.	The legislature may wish to review this requirement to allow for access to registry records by officials from other states.
10	Currently FTR charges cannot be filed based upon offenders not updating their employment information. Only information related to working at a postsecondary education institution must be updated immediately. This registry information is required, but there is no provision related to failure to provide this information. As a result, there have been problems with offenders who fail to report information on the registration form being charged with FTR.	It is suggested that a modification be considered to note that failing to provide information constitutes FTR. It was suggested that a notification requirement be added for other registration information, but not as a registration event (i.e., call or email).
11	Currently there is no provision for registering to a vehicle in which the offender lives. Therefore, offenders who live in a vehicle are not required to list their address by statute.	This issue should be explored by the legislature.
12	Currently when an offender moves from one jurisdiction to another and fails to register, it is not clear which jurisdiction has the responsibility for initiating the FTR charge. This situation occurs particularly when an offender has been released from incarceration.	The legislature may wish to provide clarification about the jurisdiction to charge a FTR.

Youth Sexting

In late October of 2015, Canon City High School students were involved with a large-scale incident that caught national headlines. Hundreds of students were involved in the exchange of photographic images that are legally considered to be sexually explicit photos of minors under the age of 18, also known as sexting. Hundreds of both male and female students could have faced potential charges for the distribution and/or production of sexually explicit photos of minors. A conviction for these charges could have resulted in far-reaching legal consequences for the youth involved. Per 18-6-403 C.R.S., a juvenile sending or receiving a sexual image of someone under the age of 18 may be charged for the production of child pornography (F3) or the possession of child pornography (F6). If adjudicated, sex offender registration is a requirement. This incident showcases a larger national trend amongst youth as the phenomenon of sexting becomes more acknowledged. Cell phones, tablets and other wireless devices provide instant access to social media. Sexting is the communication or transmission of nude or sexually suggestive images. Once sent, there is no way of retrieving these photos or stopping them from being further circulated. Events such as these can have lifelong consequences.

Sexting has garnered considerable attention in recent years. However, the available literature studying this phenomenon is still limited. A recent study examined the prevalence rates and behavioral motivations of youth sexting using an anonymous sample of undergraduate students (n = 175). Participates took an online survey that about their engagement with sexting as minors.

The findings indicated that "over half of respondents (54%) acknowledged sending sexts (including those with and without images) as minors" with only 28% of the sample reporting to have sent photographic sexts with camera equipped phones (pg. 250).

On average, participants reported their first sext at the age of 15.9 (SD = 0.92) and the most frequently reported reason (44%) for engaging in sexting behaviors was "mutual interest between exclusive romantic partners" (Strohmaier, Murphy and DeMatteo, 2014, pg. 251). Above all, a significant finding from this study was that females sent photographic sexts at twice the reported rate than males. These findings present much higher prevalence rates than what pervious research had found. In a non-peer reviewed study conducted by the National Campaign to Prevent Teen and Unplanned Pregnancy, approximately 1 in 5 youth (22% of teenage girls and 18% of teenage boys) had engaged in sexting. In another study using a nationally representative sample, approximately 7.1% of juveniles reported receiving nude or nearly nude images, while 5.9% of youth received sexually explicit images (Mitchell, Finkelhor, Jones, & Wolak, 2011).

Wolak & Finkelhor (2011) identified 2 categories of minors who engage in sexting: (1) aggravated and (2) experimental cases. By definition, aggravated cases are seen to have criminal or abusive elements beyond the production and distribution of sexual images depicting children. Conversely, the experimental cases do not involve any form of malice. Rather, minors who fall into the experimental category are usually attention-seeking or attempting to create or advance intimate interests (Wolak & Finkelhor, 2011). Following this typology, juveniles who fall into the first category, whereby an underlying factual basis is present, require intervention from the juvenile justice system. However, experimental cases that involve same-aged youth involved in an intimate relationship may benefit more from boundary education or diversion-type programming.

Various jurisdictions across the state respond to these crimes differently. For teenagers engaged in "sexting" behavior that does not involve concerns, the use of a deferred filing can allow for a period of education on appropriate boundaries with the goal of promoting healthy social interactions and self-image, laws related to such behavior, and the appropriate use of technology. Such educational classes can occur over a number of sessions in a structured curriculum. Community service can also be utilized to provide an accountability component. Upon successful completion of the terms of the deferred filing, the prosecution of the young person can be formally declined by the District Attorney's Office.

For cases where the "sexting" behavior involves a more serious concern (i.e., where there may be malicious intent to cause harm) a continuum of judicial alternatives may be considered including an informal adjustment (19-2-703 C.R.S.), a deferred adjudication (19-2-709 C.R.S.), or an adjudication or conviction (if filing on the juvenile as an adult). It is important to recognize the impact on the victims and the long terms costs to the criminal justice system.

When handling sexting cases, law enforcement, prosecutors, judges, and supervising officials should attempt to distinguish between what could truly be characterized as a thoughtless and impulsive adolescent decision-making from more malicious and inappropriate behaviors. The Colorado Sex Offender Management Board (SOMB) encourages professionals addressing this behavior to consider alternatives to adjudication for cases where the sexting behavior seems to fit into the experimental, rather than aggravated, category. Consideration should be given to the following factors: malicious intent, use of intimidation to obtain the images, taking pictures without consent or awareness, sending the images to others in an attempt to embarrass or humiliate the person pictured in the "sexted" image. For certain cases, determination should be given to the use of a non-adjudicatory, education-based plan by law enforcement, prosecutors, and judges. In addition, consideration should be given to whether the sexting behavior was for purposes of sexual gratification or for harassment, and what an appropriate response might be.

Each jurisdiction is encouraged to establish a protocol for addressing "sexting" behavior by young people. Participants in such a plan should include local law enforcement, the school district, the District Attorney's Office, treatment providers, and supervising officials such as probation and diversion.

During the 2011 legislative session, several stakeholders met to discuss potential solutions to the issue of sexting, as it particularly related to juveniles. Stakeholders who participated in these meetings included (but were not limited to): the Colorado Coalition Against Sexual Assault (CCASA), the Colorado Association of School Boards (CASB), the Colorado District Attorneys Council (CDAC), the CO Association of the Chiefs of Police, the Public Defender's Office, Colorado Association of School Executives (CASE), the Colorado Department of Public Safety (CDPS), and the County Sheriffs of Colorado. The group outlined potential strategies to address sexting at that time, which included:

- Making the first sexting offense a petty offense, with a fine, community services, and education or counseling at the discretion of the court. If created, these programs may require additional funding.
- A first sexting offense should not be classified as a sex offense, therefore it would not require sex offender registration or treatment and would not require a psycho-sexual evaluation. Additionally it would not automatically trigger the mandatory arrest upon probable cause of domestic violence statutory requirement.

- Because sex between juveniles is, for the most part, not illegal, we would not create a penalty for sexting that is essentially "phone sex" or exchanging of pictures between consenting juveniles, who could legally have sex with one another. Language adapted from other states would clarify that the provisions of the sexting statute do not apply in these circumstances.
- For a second sexting offense (after adjudication for the first offense) the stakeholder group suggested a misdemeanor three as the penalty.
- For subsequent offenses, the group was unsure of the appropriate penalty.
- There was also some discussion that the recommendation of the School Discipline Committee include as part of their graduated sanctions recommendation, specific school policies on addressing sexting, and educating students about consequences both for the victim and any possible penalties.

Recommendations:

It is recommended that each jurisdiction establish criteria for classifying "sexting" behavior to determine whether it is common adolescent behavior that challenges appropriate boundaries (experimental), or if it is indicative of deviancy or sexual offending (aggravated). If it is determined that the behavior implies more normative adolescent development, a different type of intervention may be necessary, including avoiding an adjudication for a sex crime, and utilizing a different model of education/treatment than treatment for juveniles who have committed sexual offenses. Otherwise, the behavior should be treated as sex offending and handled accordingly. The following factors may be considered in distinguishing between experimental sexting behavior, as compared to a more malicious sexting behavior that should be treated as sex offending:

- History of prior sexual offenses, whether charged or uncharged;
- Use of force, threats, coercion, or illicit substances to obtain the photos;
- History of prior non-sexual offense history;
- Indication that images were sent to others without consent;
- Age, and power differences between the parties involved.

Communities, schools, law enforcement, and other interested groups should sponsor educational forums for youth and their parents to learn about types of "sexting" behavior and the potential legal consequences.

Finally, the legislature may wish to consider enacting or revising existing statutory laws that have long-term implications of youth involved with sexting behaviors. In consideration of the research and the communities affected by this phenomenon in Colorado and nationally, the SOMB recommends that the legislature examine this issue further.

Section 3: Milestones and Achievements

Overview of Year-End Accomplishments

Over the course of 2015, the SOMB accomplished many of its strategic goals through the collaboration of multiple stakeholders. For a comprehensive summary of the work of the SOMB, please refer to Appendix A. The following highlights some of the many achievements.

- Continued to direct and examine issues identified in the SOMB strategic plan. These recent efforts include exploring ways to more explicitly integrate the RNR principles into the *Adult Standards and Guidelines*. Since 2014, the Adult Standards Revision Committee has met monthly to make recommendations for updating the *Adult Standards and Guidelines* to ensure that the *Standards* are aligned with current and emerging research. Recommended revisions to the Introduction and Guiding Principles of the *Adult Standards and Guidelines* have been proposed and are currently under review by the SOMB as of the date of this publication. The Adult Standards Revision Committee and other supporting committees have begun reviewing Sections 2.000, 3.000, 4.000, and 5.000.

- Managed 15 SOMB committees that functioned at some point during 2015, including convening one new committee (i.e., Contact with Own Children Committee). Several committees were convened in 2014 to address specific projects related to the strategic plan, such as the Adult Standards Revisions Committee, the Continuity of Care Committee, and policy issues related to the Sexually Violent Predator Assessment Inventory (relationship criteria).

- Conducted 12 statewide trainings for the implementation of the Competency-Based Service Provider Approval Model. These trainings educated service providers on the new requirements of the model and facilitated technical assistance for programs in transitioning from the old to the new system.

- Made efforts to increase visibility of victim issues and increase input on *Standards* revisions, reviewed research on best practices for victim needs, and provided board training and presentations. The Victim Advocacy Committee is currently working on developing an addendum to the *Standards and Guidelines* that highlights victim needs and the victim-centered approach to sex offender management.

- Provided 74 trainings to over 3,244 attendees from across Colorado. These trainings covered a range of topics related to the treatment and supervision of individuals convicted of or adjudicated for sexual offenses. The SOMB also held its 9th annual statewide conference in Breckenridge, Colorado, that offered 3 consecutive days of training for providers, probation officers, law enforcement, victim representatives, and many other stakeholder groups. Presentations were conducted by national speakers on RNR and evidence- and research-based practices.

- Approved 23 new adult treatment provider applicants and 17 new juvenile provider applicants; conducted 59 adult and 39 juvenile provider reapplications; and processed 26 applicants who either upgraded their status (i.e. Associate Level to Full Operating) or added to their status by applying for an additional status (i.e. Evaluator, Developmentally Disabled or Intellectually Disabled). Currently, there are 204 adult treatment providers and 146 juvenile treatment providers approved by the SOMB in Colorado.

- Supported several community notifications of Sexually Violent Predators (SVPs) by providing ongoing technical assistance around the state.

- Conducted 4 Standards Compliance Reviews, which review pertinent provider files to assess service provider compliance with the *Standards*.

- Received 22 complaints during FY15 made against approved providers and disposed of 17 cases. During FY15, there was 1 founded complaint; however, 5 cases are still open and under investigation.

- Developed and implemented introductory and booster trainings for the *Adult and Juvenile Standards and Guidelines* as a new requirement under the new Competency-Based Service Provider Approval Model. These trainings ensure that new policies, revisions to the *Standards and Guidelines*, and other changes are operationalized in the field with fidelity.

- Staffed the Family Support and Engagement Committee, which is currently working on providing educational information to family members and assisting with greater integration of familial supports within CSTs/MDTs.

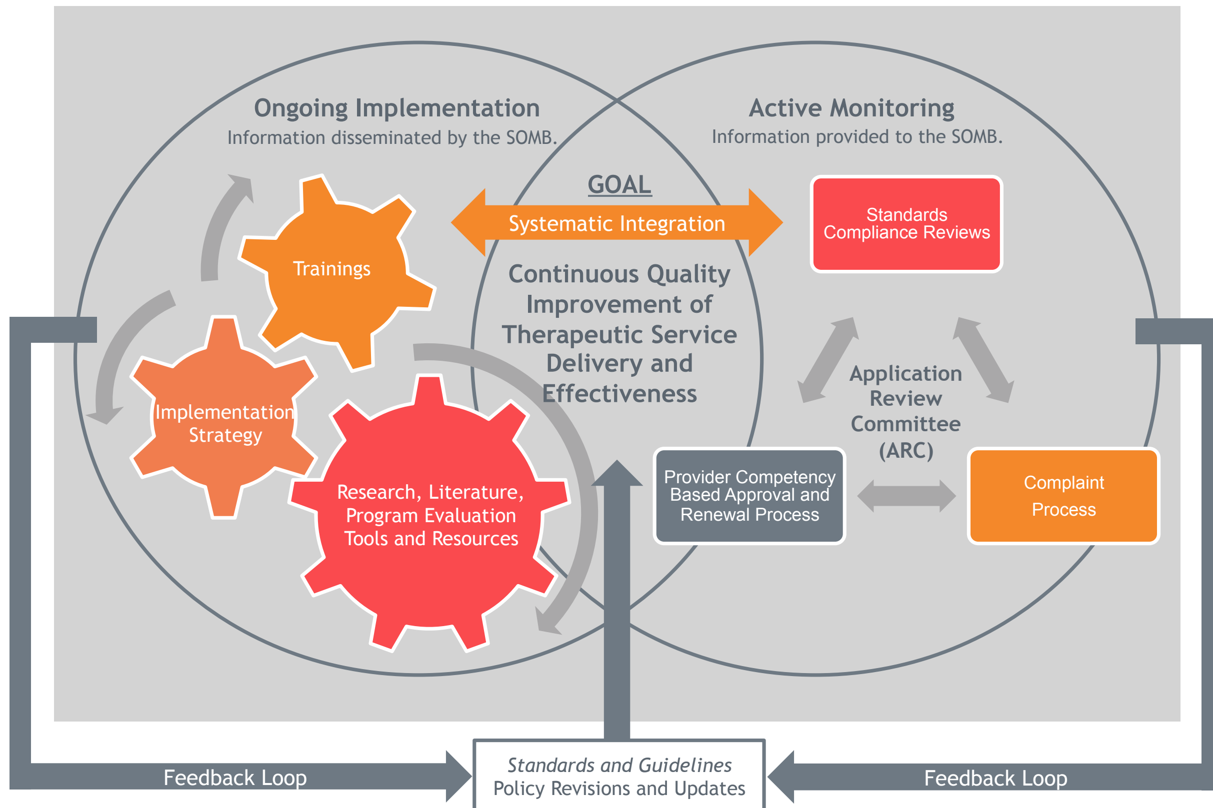
- Continued to provide board members and other interested stakeholders with research and literature, including monthly journal articles, literature reviews in preparation for any *Standards and Guidelines* revisions, trainings by national leaders in the field for Colorado stakeholders, and research and best practice presentations as part of SOMB meetings.

- Published the 2016 Legislative Report and the 2015 Lifetime Supervision of Sex Offenders Annual Report.

SOMB Processes for Systemic Improvement

The purpose of the Sex Offender Management Board is to treat and supervise individuals who have committed sexual offenses, bring justice to victims, and ensure community safety by continuously improving the standards of practice for professionals. To carry out this important public safety mission, the SOMB strives to evolve in line with current and emerging research on what works with individuals who have committed sexual offenses. Incremental improvements to the policies and procedures of the SOMB have led to the development of systematic methods for revising, implementing, and assessing service provider adherence to the *Standards*. Figure 4 illustrates how different functions and activities of the board overlap and integrate with one another to enhance service delivery and effectiveness. Both statutory requirements of the board (e.g., Application Review Committee, Training) and discretionary measures adopted by the board (e.g., Implementation, Program Evaluation, etc.), shown in Figure 4, provide a foundation upon which the board can frequently evaluate and improve itself. The following section outlines each of these structural components of the board in greater detail.

Figure 4. SOMB Processes for Systemic Improvement



Active Monitoring

In Figure 4, the term Active Monitoring represents the regulatory processes of the SOMB, which serve to assess the compliance to the *Standards and Guidelines*, service provider competencies, and determine if providers have met the minimum qualifications to be listed.

Application Review Committee. The Application Review Committee (ARC) plays a significant part in board's regulation of its approved service providers. The ARC processes and thoroughly reviews the applications of treatment providers, evaluators, and 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*. Complaints made against providers alleged to have violated either the *Adult or Juvenile Standards and Guidelines* are reviewed by the ARC. Finally, the ARC conducts periodic reviews of its approved service providers to assess their compliance with the *Standards*. These *Standards Compliance Reviews* may be for cause or be random.

The Application Review Committee consists of selected SOMB members who work with the staff to review the qualifications of applicants based on the *Standards*. Applications are also forwarded to an 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.[15] This serves as an indication that the applicant (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 and Guidelines*.

- *Competency-Based Service Provider Approval Model*. The SOMB has been working over the past 2 years on making some significant changes to section 4.00 of the *Standards and Guidelines*. This new process is intended to help facilitate clinical supervisors to a set of established competencies developed specifically for professionals working in the field of Sex Offense Specific Treatment and Evaluation. The criteria for approving treatment providers and evaluators utilizes both qualitative and quantitative measures to assess the proficiency level of both existing approved providers under renewal as well as new applicants pending approval. A number of specific content areas are 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.

- The SOMB required all approved treatment providers and evaluators to attend an educational training that described the new requirements of the Competency-Based Service Provider Approval Model. A total of 11 trainings were conducted across the state between June and October 2015. These implementation efforts are aimed at helping providers come into full compliance, as full implementation of the Competency-Based Service Provider Approval Model is scheduled for February 2016.

- *Standard Compliance Reviews*. Standard Compliance Reviews (SCRs) conducted by the ARC are periodic reviews of its approved service providers designed to assess the degree to which approved service providers are in compliance with the Standards. 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. Standards Compliance Reviews are intended to 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 an SCR.

- *Complaint Process*. The SOMB received 22 complaints during FY15 against approved providers and disposed of 17 cases. During FY15, there was 1 founded complaint; however, 5 cases are still open and under investigation.

- A second ARC was formed to review the Department of Regulatory Agencies (DORA) Report of Investigation and provide feedback to DORA regarding potential *Standards* violations. This was necessary because DORA indicated that the Report of Investigation is confidential and cannot be released to the treatment provider until and unless a founded violation is determined by DORA. Under this provision, if the original ARC reviewed the Report of Investigation and subsequently used any

[15] 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.

confidential information in the SOMB complaint process, it could not provide this report to the provider in the event of an appeal. After consultation with personnel from DORA and the Attorney General representatives for DORA and the Colorado Department of Public Safety, the SOMB decided to withhold the Report of Investigation from the ARC given that it cannot be used in the SOMB complaint process. As a result, a second committee had to be formed to review the Report of Investigation. This committee is referred to for convenience as ARC 2.

- This duplicative complaint process between DORA and the SOMB was instituted by the previous Sunset Review[16] Process in 2010-2011. As discussed above, one significant consequence of this change was the need to create 2 separate Application Review Committees. The change has substantially increased the workload for the ARC and staff because they now have to review complaints on behalf of both DORA and the ARC's internal complaint process. The ARC has been working closely with DORA to address this dual process.

- DORA recently published the *2015 Sunset Report of the Sex Offender Management Board,* which made recommendations to simplify the dual investigation process of complaints and grievances made against approved service providers. These recommendations include the following:

  - Repeal section 16-11.7-106(7), C.R.S.;

  - Direct the SOMB to investigate complaints and grievances to determine compliance under its standards;

  - Clarify that DORA boards may investigate to determine compliance under their practice acts and the SOMB standards as well; and

  - Require each regulator to report complaints, grievances, and final actions concerning regulated practitioners to its counterpart. The report is to ensure that each is aware of any potential practice issues that should be investigated.

Ongoing Implementation

Ongoing implementation refers to the dissemination of information from the SOMB to approved service providers. The main components of ongoing implementation include training professionals, implementing policies with fidelity, and offering research/program evaluation support activities.

Training. For 2015, the SOMB provided 74 trainings to over 3,244 attendees from across Colorado. These trainings covered a range of topics related to the treatment and supervision of individuals convicted or adjudicated for sexual offenses, such as:

- Adherence and Application of the Risk, Need, and Responsivity Principles

- *Adult and Juvenile Standards* Introduction and Booster Trainings

[16] A sunset provision repeals all or part of a law after a specific date, unless the legislature affirmatively acts to extend it. During the sunset review process, the Department of Regulatory Agencies (DORA) conducts a thorough evaluation of such programs based upon specific statutory criteria (criteria may be found at § 24-34-104, C.R.S.) and solicits diverse input from a broad spectrum of stakeholders including consumers, government agencies, public advocacy groups, and professional associations (DORA, 2015).

- Vermont Assessment of Sex Offender Risk-2 (VASOR-2) and SOTIPS Risk Assessments Trainings
- Assessment of Risk and Manageability of Individuals with Developmental and Intellectual Limitations who Sexually Offend (ARMIDILO-S)
- Competency-Based Service Provider Approval Model – Implementation Training
- Sex Offender Registration and Notification
- Collaboration and Success in Schools – Implementation Training of the Resource Guide for School Personnel
- Treating Generally Delinquent Sexually Abusive Youth
- Sex Offender Suicide Prevention
- Sexting: Balancing the Law
- Informed Supervision Trainings

Additionally, the SOMB held its 9th annual statewide conference in Breckenridge, Colorado, that offered 3 consecutive days of training for providers, probation officers, law enforcement, victim representatives, and many other stakeholder groups. Approximately 375 professionals attended this conference. The SOMB held a conference in early 2015 for professionals working with developmentally disabled (DD) sex offenders, which consisted of one-day training specific to providers with a DD listing status on the use of a validated tool called the ARMIDILO-S.

Implementation Science and Strategy. Evidence-based practices require an evidence-based approach in order to implement those practices consistently and effectively (Fixsen, Naoom, Blasé, Friedman, and Wallace, 2005). How closely a program follows a particular intervention model or theory is called program integrity. Studies examining program integrity (also known as implementation science) show outcomes are linked to how an intervention, model, or practice is being implemented. These findings are not exclusive to the criminal justice system. Rather, disciplines ranging from the medical field to public education have come to similar conclusions (Fixsen et al., 2005). Structured programs tend to have the highest program integrity, which in turn can lead to more effective outcomes (Gendreau and Goggin, 1996). On the other hand, applying a practice in a milieu that lacks programmatic structure can significantly mitigate the effectiveness of an intervention considered to be evidence-based. However, strict adherence to a practice by itself does not always equate to an effective intervention. The reasons for lack of program structure can vary, but typically relate to issues of inadequate training, poor supervision practices, conflicting demands, and staff turnover. By way of example, in Hanson et al.'s (2009) meta-analysis, only 4 of 23 programs were determined to have sufficiently adhered to each of the RNR principles with fidelity.

The SOMB has developed a model for how it implements various policies and standards with practitioners in the field. This model is currently being piloted with the implementation of the Competency-Based Service Provider Approval Model previously discussed. The SOMB implementation model adopts some of the key principles prescribed by the implementation science field. The Evidence-Based Practices Implementation for Capacity (EPIC) program housed in the Division of Criminal Justice (DCJ) uses these key principles of implementation

science in their work. Based on the success of this pilot project, the SOMB may expand its implementation efforts to more functions related to the board.

Research Projects and Literature. The SOMB is currently working on a number of research projects to support the review of the *Standards and Guidelines*. For more information related to the current research projects, see Appendix B. In addition, the SOMB continuously reviews Colorado and national research and best practice literature to determine any potential needed changes to the *Standards and Guidelines*. Methods for research review include:

- Literature reviews to be utilized in conjunction with any *Standards and Guidelines* revisions,
- Sponsoring trainings by national leaders in the field for Colorado stakeholders,
- Research and best practice presentations to the SOMB members during SOMB meetings.
- Monthly article dissemination to the SOMB on articles provided by SOMB members and other interested stakeholders

Research Activities Examining the Post-Conviction Sex Offender Polygraph Testing (PCSOT)

An example of how research activities support the Standards revision process is the current work of the Best Practices committee. This committee strives to ensure that the *Adult and Juvenile Standards and Guidelines* remain current with any emerging research by making recommendations to other active committees. The SOMB tasked the Best Practices committee to make recommendations to the Adult and Juvenile Standards Revision Committee related to the current research, key considerations and policy implications associated with Post-Conviction Sex Offender Polygraph Testing (PCSOT). The committee conducted a thorough review of the available literature which included approximately 56 peer reviewed publications.[17] A synthesis of the available literature is presented in Appendix D. Through this literature review, committee members have given significant consideration to the evidence-based literature and have subsequently focused on analyzing the use of the PCSOT using the Risk, Need and Responsivity (RNR) principles.

Program Evaluation

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

[17] Inclusionary criteria for the literature review required the publications to be peer-reviewed articles that pertained to sexual offenders. Studies conducted prior to 1995 were excluded for the purpose of focusing on the more recent research. Additional consideration was given to higher quality publications in which studies used data to research Post-Conviction Sex Offender Polygraph Testing (PCSOT) with sexual offenders were given more consideration.

Beginning in FY 2000, the Division of Criminal Justice was awarded grant funding[18] that was used to fulfill the first step towards this legislative mandate. A process evaluation examining compliance with the *Adult Standards and Guidelines* throughout the state was conducted by the Division of Criminal Justice Office of Research and Statistics. This evaluation was completed in December 2003 and indicated that the *Adult Standards and Guidelines* were sufficiently implemented statewide.

Based on the results of the process evaluation, the SOMB undertook the second portion of this legislative mandate and evaluated the effectiveness of the *Adult Standards and Guidelines***.** A final report was submitted to the legislature in December 2011. Specifically, the study focused on outcomes related to the behavior of offenders subject to the *Adult Standards and Guidelines* by examining 1- and 3-year sexual and general recidivism rates. Table 5 presents the findings from the report.

Table 5. Adult Sex Offender Probation and Parole Recidivism Outcomes

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

Note: Recidivism was defined in this evaluation as the occurrence of new court filings within 1year and within 3 years of termination of supervision. This includes both district and county filings (Denver county data were not available for this study). This new court filing method uses new prosecutions as a conventional approach adopted by varying agencies throughout the state. Court filings provide a more reliable measure of recidivism that neither overestimate arrest rates nor underestimate conviction rates. These data are based on Colorado filings, as out-of-state data were not available.

The sample consisted of 689 sex offenders (Probation n = 356, Parole n = 333) who successfully discharged or completed 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. Compared nationally and with the current literature, sex offender recidivism rates in Colorado were consistent with national trends. Less than 1 percent of the sample (n = 5) had new sexual crime recidivism 1 year after successful discharge from supervision, while 2.6% (n = 18) had a new sexual crime 3 years after successful discharge from supervision.

[18] Drug Control and System Improvement Program Grant (federal dollars administered through the Division of Criminal Justice).

External Evaluation. In FY2013, the Joint Budget Committee in SB 13-230 authorized $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:

- The *Standards and Guidelines* to treat adult sex offenders issued by the Sex Offender Management Board pursuant to Section 16-11.7-103 (4) (b), C.R.S.;
- 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;
- 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.[19]"

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

Juvenile Standards and Guidelines. Following the successful implementation of the *Juvenile Standards and Guidelines*,[20] the SOMB conducted a recidivism study of the *Juvenile Standards and Guidelines* pursuant to C.R.S. 16-11.7-103(4)(k)[21]. This analysis compared the 5 year recidivism rates of juveniles adjudicated for a sexual offense who successfully[22] discharged from probation before (n =137) and after (n = 173) the *Juvenile Standards and Guidelines* were implemented. As shown in Table 6, the results showed decreases in both sexual recidivism (from 8.0% to 2.3%) and violent, nonsexual recidivism (10.9% to 5.2%) after the Juvenile Standards and Guidelines were implemented.

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[19] C.R.S. 16-11.7-106 (2)(a): The board shall develop an application and review process for treatment providers, evaluators and polygraph examiners who provide services pursuant to this article to adult sex offenders and to juveniles who have committed sexual offenses. The application and review process shall allow providers to demonstrate that they are in compliance with the standards adopted pursuant to this article. The application and review process shall consist of the three parts: (I), (II), (III).

[20] The Juvenile Standards Implementation Assessment Project, was an initial examination conducted on behalf of the Colorado Sex Offender Management Board (SOMB) in 2008 to determine the degree to which juvenile service providers implemented the *Juvenile Standards and Guidelines*. The results from that study showed that the Juvenile Standards and Guidelines were implemented to a sufficient degree to support further analysis of its impact.

[21] C.R.S. 16-11.7-103(4)(k): Evaluation of policies and procedures for juvenile offenders. The board shall research and analyze the effectiveness of the evaluation, identification, and treatment procedures developed pursuant to this article for juveniles who have committed sexual offenses. The board shall revise the guidelines and standards for evaluation, identification, and treatment, as appropriate, based upon the results of the board's research and analysis. The board shall also develop and prescribe a system to implement the guidelines and standards developed pursuant to paragraph (j) of this subsection (4).

[22] In order for a juvenile to successfully discharge from criminal justice supervision, all areas of the *Juvenile Standards and Guidelines* must be sufficiently completed. For the purpose of this study, which is to examine the effectiveness of the *Juvenile Standards and Guidelines*, this sample would provide the most useful information. Those offenders who did not complete their supervision may not have been subject to the complete application of the Juvenile Standards and Guidelines.

Table 6. Juveniles Who Have Committed Sexual Offenses Probation Recidivism Rates at 5 Year Follow-up

Recidivism Type	Pre-Implementation FY1999		Post-Implementation FY2007	
	n	%	n	%
No Recidivism	68	49.6%	104	60.1%
General Recidivism[1]	69	50.4%	69	39.9%
- Sexual Recidivism[2]	11	8.0%	4	2.3%
- Violent, Non-Sexual Recidivism[3]	15	10.9%	9	5.0%
- Non-Violent, Non-Sexual Recidivism[4]	44	32.1%	55	31.8%
Total	137	100.0%	173	100.0%

Note: These figures do not add to 100 percent as juveniles could have recidivated in multiple categories. 1. All crimes that fall within sexual, violent, and non-sexual, non-violent offenses. 2. Sexual crimes include sexual assault, incest, public indecency, and sexual exploitation. Failure to register as a sex offender is excluded. 3. Violent crimes include homicide, robbery, kidnapping, and assault. 4. Crimes such as drugs, burglary, theft, forgery, fraud, and other property crimes are defined as Non-Sexual, Non-Violent.

These recidivism rates for juveniles who have committed sexual offenses in Colorado are consistent with the literature to date (Caldwell, 2010; McCann and Lussier, 2008; Reitzel and Carbonell, 2006; Worling and Langstrom, 2006). Thus, many have concluded that juveniles who have committed sexual offenses are more likely to recidivate for a nonsexual offense rather than a sexual offense (Reitzel and Carbonell, 2006; Vandiver, 2006).

Provider Program Evaluation. Pursuant to 16-11.7-103(4)(h)[23] C.R.S., upon obtaining additional resources the SOMB is instructed to evaluate service delivery and the effectiveness of approved providers. However, at the programmatic and individual service provider levels, assessing the extent to which the *Standards and Guidelines* are regularly implemented as intended using quality and effective treatment methods is a daunting challenge. In addition to current resource limitations, mandating the collection of confidential data requires consistent operational definitions across private practices and agencies. Programs are designed to address different populations of sex offenders, whether high or low risk, juvenile or adult. This differential system allows for innovation and flexibility among programs to structure services that individualize treatment in adherence to the RNR principles. However, program evaluation requires data collection from these differential programs and could result in negatively influencing private practitioners to manualize treatment interventions to a one-size-fits-all model. Finally, there is a very real concern that an onerous quality assurance process could drive practitioners out of the field.

As an alternative, the SOMB offered a voluntary training curriculum for service providers titled, “Is Your Program Effective?” This training is designed to educate service providers on the fundamentals of program evaluation and provide them with tools to evaluate the efficacy of their own programs. The training curriculum is currently set up in two parts: first, an introduction to program evaluation, and second, an advanced seminar covering more of the how-to components of evaluation research. Service providers gain from this training an understanding of program theory, program integrity, current and emerging evidence-based practices, and the

[23] C.R.S. 16-11.7-103(4)(h): Data collection from treatment providers. If the department of public safety acquires sufficient funding, the board may request that individuals or entities providing sex-offender-specific evaluation, treatment, or polygraph services that conform with standards developed by the board pursuant to paragraph (b) of this subsection (4) submit to the board data and information as determined by the board at the time that funding becomes available. This data and information may be used by the board to evaluate the effectiveness of the guidelines and standards developed pursuant to this article to evaluate the effectiveness of individuals or entities providing sex-offender-specific evaluation, treatment, or polygraph services, or for any other purposes consistent with the provisions of this article.

skills to build and validate a logic model of their own program. The SOMB staff has provided 6 introductory trainings conducted with over 60 participants and is currently working with selected programs that sought more advanced technical assistance. The goal of this curriculum is to encourage service providers to willingly participate in program evaluation efforts as a means to fulfill 16-11.7-103(4)(h) C.R.S.

Policy Updates

Committees. The majority of the work conducted by the board occurs at the committee level. Within these committees, a variety of policy- and implementation-related work is proposed, discussed, and reviewed by relevant stakeholders. These committees then make proposals to the SOMB to consider. The SOMB staffed 15 active committees at some point during the course of 2015, which were open to all stakeholders, to work on statutorily mandated duties. These committees include the following:

1. Adult Standards Revision Committee
2. Juvenile Standards Revision Committee
3. Best Practices Committee
4. Victim Advocacy Committee
5. Continuity of Care Committee
6. Application Review Committee 1
7. Application Review Committee 2
8. Sexually Violent Predator (SVP) Assessment Committee
9. Circles of Support and Accountability (CoSA) Committee
10. Sex Offender Registration Legislative Work Group
11. Contact with Own Children Committee
12. Training Committee
13. Family Support and Engagement Committee
14. Domestic Violence/Sex Offense Crossover Committee
15. School Personnel Resource Guide (Inactive)

All of these committees have been and continue to be engaged in studying advancements in the field of sex offender management, recommending changes to the *Standards and Guidelines* as supported by research, and suggesting methods for educating practitioners and the public to implement effective offender management strategies. For a comprehensive summary of the work of the SOMB, please refer to Appendix A.

Figure 5. Organizational Chart of the SOMB Committees and Work Groups

Adult Standards and Guidelines. Prior to the release of CCCFPS report referenced above, the SOMB was engaged in multiple efforts to revise and improve the *Standards*. In July 2014, the SOMB reconvened the Adult Standards Revision Committee to recommend updates to the *Adult Standards and Guidelines* to ensure that they are aligned with current and emerging research. In September 2015, the SOMB approved revisions to the Introduction and proposed revisions to the Guiding Principles of the *Adult Standards and Guidelines* are currently under review by the board. The committee has also begun reviewing Sections 2.000, 3.000, 4.000 and 5.000. Changing the *Standards and Guidelines* at the SOMB level requires a thorough review of all of the available literature, the collaboration of multidisciplinary stakeholders, and numerous opportunities in the revision process for feedback and review. As a result, revising the *Standards and Guidelines* is a slow, but structured process for adopting policy changes that are grounded in evidence.

Current Availability of Providers

Table 7 provides the current statistics on the availability of service providers approved to operate in Colorado. Currently, 204 adult treatment providers and 146 juvenile treatment providers are approved by the SOMB in Colorado.

Table 7. Number of Approved Sex Offender Service Providers in Colorado, 2015

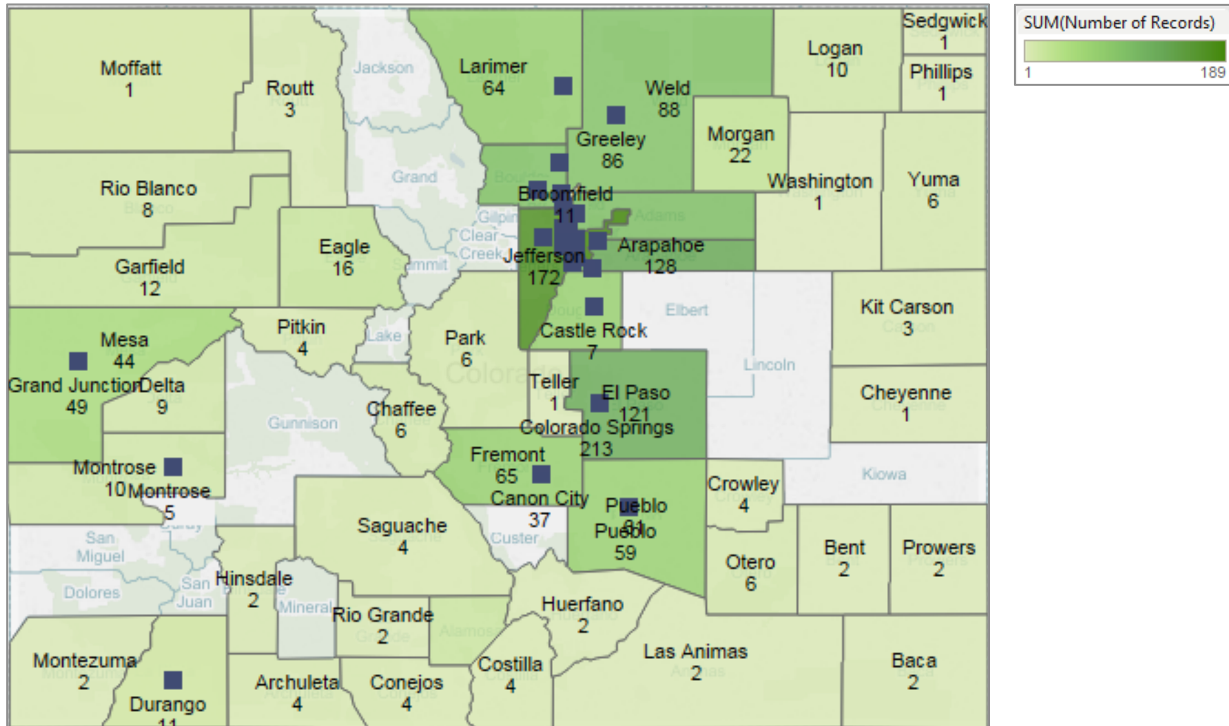
Population	Service	Associate		Full-Operating		Provisional		Grand Total	
		n	%	n	%	n	%	n	%
Adult	Treatment Provider	75	60.5%	126	60.0%	3	75.0%	204	63.4%
	Treatment Provider DD/ID	6	4.8%	23	11.0%	0	0.0%	29	9.0%
	Evaluator	16	12.9%	58	27.6%	0	0.0%	74	23.0%
	Evaluator DD/ID	1	0.8%	9	4.3%	0	0.0%	10	3.1%
	Polygraph Examiner	5	4.0%	21	10.0%	0	0.0%	26	8.1%
	Polygraph Examiner DD/ID	1	0.8%	11	5.2%	0	0.0%	12	3.7%
	Subtotal	86	69.4%	150	71.4%	3	75.0%	233	72.4%
Juvenile	Treatment Provider	47	37.9%	95	45.2%	4	100.0%	146	45.3%
	Treatment Provider DD/ID	3	2.4%	18	8.6%	0	0.0%	21	6.5%
	Evaluator	8	6.5%	35	16.7%	0	0.0%	43	13.4%
	Evaluator DD/ID	0	0.0%	7	3.3%	0	0.0%	7	2.2%
	Polygraph Examiner	2	1.6%	15	7.1%	0	0.0%	17	5.3%
	Polygraph Examiner DD/ID	0	0.0%	7	3.3%	0	0.0%	7	2.2%
	Subtotal	51	41.1%	112	53.3%	4	100.0%	165	51.2%
Grand Total		124	100.0%	210	100.0%	4	100.0%	322	100.0%

Note: "Service Level" is a spanning header over Associate, Full-Operating and Provisional.

Note: DD = developmentally disabled; ID = intellectually disabled. Service providers may possess multiple service statuses so percentages of the total may not add to 100%. Additionally, some service providers are approved to work with both adult and juvenile populations. Figures and subtotals are based on the grand total in the bottom row.

On average, providers operated in 4 different counties. In total, the SOMB has approved providers located in all 22 judicial districts in the state, as depicted in Figure 6.

Figure 6. Number and Location of SOMB Service Providers by County, FY2015



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

The SOMB approved 23 new adult treatment provider applicants and 17 new juvenile provider applicants, and 59 adult and 39 juvenile provider reapplications (see Table 8). A total of 26 applicants either upgraded their status (i.e., Associate Level to Full Operating) or added to their status by applying for an additional status (i.e., Evaluator, Developmentally Disabled or Intellectually Disabled).

Table 8. Number of New and Renewal Applications

Population	Type	Fiscal Year		
		13-14	14-15	15-16
Adult	New	13	40	23
	Renewal	46	77	59
Juvenile	New	22	26	17
	Renewal	47	54	39
Adult and Juvenile	Upgrade or Change in Status	40	22	26

Community Notification and Sexually Violent Predator Assessments. The SOMB works closely with local law enforcement agencies on the required community notification of SVPs. During the 2014 calendar year, the SOMB provided technical assistance to several community notifications throughout the state. Feedback from these jurisdictions indicates that the support offered by the SOMB staff was important for public officials who have not conducted community notifications in the past. Continuous modification of the protocols for community notification have occurred over the past several years as the public and law enforcement needs for community notification have changed and evolved.

Treatment within the Department of Corrections. The SOMB, in conjunction with the Colorado Department of Corrections (CDOC), the Judicial Department, and the State Board of Parole, revised the Criteria for Successful Progress in Treatment in Prison in November 2010, and added Parole Guidelines for Discretionary Release on Determinate-Sentenced Sex Offenders in November 2011. The SOMB has also been working closely with the DOC Sex Offender Treatment and Monitoring Program staff to address modifications to the program being implemented in response to the CCCFPS External Evaluation of the Program completed in 2013.

The SOMB has received notice that the CDOC has generated some proposed changes to the 1998 Lifetime Supervision Criteria, which specify what offenders must do to be released, moved to lower levels of supervision, discharged, or to demonstrate successful progress in treatment (see Lifetime Supervision Criteria Appendix to the *Adult Standards and Guidelines*). The SOMB has been presented with recommendations from the CDOC regarding these proposed revisions. Additionally, CDOC is collaborating in the process of revising Section 5.0 of the *Adult Standards and Guidelines*.

Federal Grant Funding

2014 Adam Walsh Act Implementation Grant

The SOMB was awarded a federal grant titled "Support for the Adam Walsh Act Implementation Grant" in the amount of $194,060. The project has two main goals. The first is to continue to enhance the Sex Offender Tracking and Registration Program (SOTAR) to improve data sharing among all Colorado law enforcement agencies. The second goal is to provide training to law enforcement. The following objectives are necessary to accomplish these goals:

- *Update SOTAR to achieve full compliance with CICJIS*[24]: Modify the SOTAR application so that it is compliant with CICJIS. In early 2013, the Colorado Bureau of Investigation provided a draft audit that included the items to be addressed to achieve compliance with CJIS. Grant funding will be used to make code changes to SOTAR, particularly around authentication and auditing, which are required in order to achieve compliance with CJIS.

[24] CICJIS is the Colorado Integrated Criminal Justice Information System. The purpose of CICJIS is "developing, operating, supporting, maintaining and enhancing in a cost-effective manner, a seamless, integrated criminal justice information system that maximizes standardization of data and communications technology among law enforcement agencies, district attorneys, the courts, and state-funded corrections for adult and youth offenders, and other agencies as approved by the general assembly or by the executive board." C.R.S. 16-20.5-102(2).

- *Provide additional SORNA-related enhancements*. While SOTAR provides fairly robust functionality, analysis of The National Guidelines for Sex Offender Registration and Notification found a number of SORNA-related features that could be added to SOTAR (e.g., documenting passport information, law enforcement agency searches by phone numbers, and providing the ability for the public to search for offenders by city and/or county). Associated training videos will also be updated.

2015 Adam Walsh Act Implementation Grant

The SOMB was awarded another federal grant in 2015 that supports enhancements to the Sex Offender Tracking and Registration Program (SOTAR), previously discussed, in the amount of $396,551. This grant benefits Colorado by assisting with implementation of SORNA, increasing information sharing between jurisdictions through the digitization of registration records, and providing training for law enforcement personnel. Currently SOTAR has proven to be a superior program for law enforcement, and to date 75 of the 249 agencies in Colorado are using it. The most common reason some law enforcement agencies do not utilize the SOTAR is that it does not directly connect to the state sex offender registry (COSOR). Under this grant the SOMB is working to remove the current requirement of dual data entry by allowing SOTAR to interface with COSOR. This has helped recruit non-SOTAR jurisdictions to use the tool. Having all law enforcement agencies utilize SOTAR would improve the tracking of offenders between jurisdictions, given the notification capabilities of SOTAR, and would allow for the transmission of digitized registration records between jurisdictions. This grant also provides funding for law enforcement agencies that do not have the resources for replacing outdated tracking technologies to upgrade to biometric Live Scan Systems.

Section 4: Future Goals and Directions

The mission of the SOMB as written in its enabling statute is to have a continuing focus on public safety. To carry out this mission for communities across the state, the SOMB strives toward the successful rehabilitation of offenders through effective treatment and management strategies while balancing the welfare of victims of sexual crimes, their families and the public at large. The SOMB recognizes that over the past 20 years, much of the knowledge and information on sexual offending has evolved. Since the creation of the SOMB, its *Standards and Guidelines* for the assessment and treatment of sexual offenders have been a "work in progress." Thus, periodic revisions to improve the *Standards and Guidelines* will remain a key strategic priority for the SOMB through its process of adopting new research- and evidence-based practices as they emerge from the literature and the field. The SOMB will continue to recognize the key role that the RNR principles play in the successful rehabilitation and management of adults and juveniles who commit sexual offenses.

Strategic Action Plan

Under the leadership of the SOMB, a preliminary strategic planning session was conducted in FY2013 to identify the priorities for SOMB's future direction. Within the context of these established priorities, the following outline describes the SOMB's current plan for FY2016:

- Modify and revise the *Standards and Guidelines* at the committee level on the basis of current and emerging research.
- Continue to prioritize the critical issues from these evaluations into an Action Plan for FY2016 through completion. This action plan will delegate specific priorities to committees with measurable goals and next steps. This will involve assessing implementation of the changes and documenting feedback.
- Solicit stakeholder feedback on proposed revisions.
- Evaluate the implementation of the Competency-Based Service Provider Approval Model.
- Offer *Standards* training to all relevant stakeholders statewide.
- Provide SOMB members with current and emerging research from the field of sex offender treatment and management.
- Provide ongoing training and technical assistance to interested SOMB approved providers regarding treatment efficacy research and program evaluation.
- Comprehensively address victim issues that have been raised since the last revision to the *Standards and Guidelines*. This includes increasing the access and availability of victim advocates on Community Supervision Teams and Multi-Disciplinary Teams.

- Polygraph – Considerable attention has been paid to the use of the polygraph. The SOMB has committed to studying the use of the polygraph thoroughly to ensure the effective and appropriate use of this treatment and supervision tool.
- Brain Development – A specific area of interest is brain development related to a youth's neurological development from adolescence into young adulthood.

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Appendices

Appendix A. Committee Updates for 2015

1. Adult Standards Revision Committee — *Active*

Committee Chairs: Jeff Geist and Missy Gursky — Formed Prior to 2015

Purpose: This committee is reviewing and revising, as appropriate, different sections of the *Adult Standards and Guidelines*, based on the desire to incorporate the Risk, Need, Responsivity (RNR) model, and new research and literature into the *Standards*. The committee has completed work on the Guiding Principles, and is currently working on Sections 1.000, 2.000, 3.000, and 5.000. Further, this committee is tasked with evaluating the Low-Risk Protocol, the Child Contact Assessment and other areas of the *Standards* that may require revisions. The committee meets once per month.

Major Accomplishments: Recommended revisions to the Introduction and Guiding Principles of the *Adult Standards and Guidelines* have been proposed and are being reviewed by the SOMB as of the date of this publication.

Future Goals for 2016: The committee will continue to review research and revise the *Adult Standards and Guidelines* to more explicitly integrate the RNR principles, with ongoing input from stakeholders.

2. Juvenile Standards Revision Committee — *Active*

Committee Chair: Carl Blake — Formed Prior to 2015

Purpose: The committee is reviewing and revising the *Juvenile Standards and Guidelines* as needed, based on emerging research and best practices. Revisions are also made to clarify information based on any feedback received from stakeholders. This committee meets once per month.

Major Accomplishments: A new version of the *Standards* was published in 2014 which included revised Sections 1.000, 2.000, 5.000, 7.000, 8.000, and 9.000. Since this publication, the committee has further revised section 3.000 and made clarification revisions to section 9.000. The committee is currently updating and revising the Guiding Principles.

Future Goals for 2016: The committee will be reviewing section 4.000, the definitions section, the Guiding Principles, and updating research citations in the *Juvenile Standards and Guidelines*.

3. Best Practices Committee — *Active*

Committee Chair: Tom Leversee — Formed Prior to 2015

Purpose: This committee strives to ensure that the *Adult and Juvenile Standards and Guidelines* remain current with any emerging research by making recommendations to other active committees. The committee is currently working on making recommendations to the Adult and Juvenile Standards Revisions Committees related to the research, and its implication for the use of polygraph examinations with sexual offenders. The committee meets once per month.

Major Accomplishments: The committee conducted a literature review and has examined the available literature regarding the use of the polygraph with adult sexual offenders and juveniles who have committed sexual offenses. Additionally, efforts are underway to survey other states and countries to identify trends, promising practices and research.

Future Goal for 2016: The Best Practices Committee will make recommendations for revisions to Section 6.000 of the *Adult Standards and Guidelines* regarding the Post-Conviction Sex Offender Polygraph Testing (PCSOT). These recommendations will offer research, literature, questions, recommended revisions and policy implications for the Adult Standards Revisions Committee to consider.

4. Continuity of Care Committee — *Active*

Committee Chairs: Allison Watt and Carl Blake — Formed Prior to 2015

Purpose: The purpose of the Continuity of Care Committee is to convene a group of multi-disciplinary stakeholders to address systemic gaps in service delivery for offenders moving between criminal justice and treatment systems (e.g., residential to outpatient care). This focus includes issues related to sharing information (e.g., the release of confidential records, risk assessment information, treatment progress, etc.), where to start in treatment following a transition, and general reentry problems that are experienced by sex offenders. This committee’s body of work has focused on the development of mechanisms to enhance continuity of care for adult sex offenders and juveniles who commit sexual offenses as they move across different supervision and treatment agencies and programs. The committee meets once per month.

Major Accomplishments: The committee has developed an intake assessment form and an interim safety plan, and piloted these forms with providers and supervision officers respectively. The committee has also developed a point of contact resource list for incoming programs to contact the outgoing program to obtain records. Finally, the committee has developed documents to assist providers with filing treatment records with the court, and these forms will also be piloted in the coming months.

Future Goals for 2016: This committee will continue to seek feedback on the piloted forms and processes, and look at incorporating enhanced continuity of care measures into the *Standards*.

5. Sexually Violent Predator Assessment Committee — *Active*

Committee Chair: Chris Lobanov-Rostovsky — Formed Prior to 2015

Purpose: The purpose of the Sexually Violent Predator (SVP) Assessment Committee is to work on addressing recent court cases regarding SVP status designation, and consider potential revisions to the protocol and whether to make recommendations for statutory change. The committee has considered recommendations for a shift from an SVP system of classifying sexual offenders to a risk-based classification system given that the SVP designations is no longer a federal mandate. The committee meets once per month.

Major Accomplishments: Revisions to the SVP assessment form have been made and trainings have been conducted with stakeholders.

Future Goals for 2016: The SVP Assessment Committee will further refine the recommendations for any potential change to a risk classification system based on stakeholder feedback. In addition, a possible new revision to the SVP assessment instrument is being explored.

6. Family Support and Engagement Committee — *Active*

Committee Chairs: Roberta Ponis and Dr. Chris Renda — Formed Prior to 2015

Purpose: The purpose of the Family Support and Engagement Committee is to provide a mechanism for ongoing educational information to offender family members, and guidance to Community Supervision Teams (CSTs)/Multi-Disciplinary Teams (MDTs) on how to better engage with family members. The committee meets once per month.

Major Accomplishments: The committee is working on developing educational materials for families. This task is ongoing. In addition, the committee has worked on better engagement between family member advocates and the SOMB.

Future Goals for 2016: The committee intends to finalize the educational materials currently in development. The committee may propose possible modifications to the *Standards and Guidelines* related to the role of family members within CSTs/MDTs.

7. Reference Guide for School Personnel Committee — *Inactive*

Committee Chair: Raechel Alderete — Formed Prior to 2015

Purpose: The purpose of the Reference Guide for School Personnel Committee is to provide best practices/education for school personnel in working with juveniles who have committed a sexual offense.

Major Accomplishments: The Reference Guide for School Personnel, originally published in 2003, was revised in2014, and implementation of the changes through a variety of training and collaborative efforts is ongoing.

Future Goal for 2016: The committee will continue to train and educate schools throughout the state.

8. Circles of Support and Accountability Committee — *Active*

Committee Chair: Dianna Lawyer-Brook — Formed Prior to 2015

Purpose: The purpose of the SOMB Circles of Support and Accountability (CoSA) Steering Committee is to provide support and guidance to the development and implementation of CoSAs in Colorado.

Major Accomplishments: To date, there are now 17 Circles operating in Denver, Boulder, and Fort Collins. Training for new volunteers has been ongoing throughout the year, and collaboration with the Department of Corrections (DOC) has been useful in identifying appropriate core members (individuals convicted of a sex crime) to participate in Circles. Additionally, Colorado CoSA secured funding for program continuation.

Future Goals for 2016: The goals include continued expansion of CoSA into other areas of the state, possible inclusion of probation clients, and to work toward the long-term sustainability of CoSA.

9. Sex Offender Registration Legislative Work Group — *Active*

Committee Chair: Jeff Shay — Formed Prior to 2015

Purpose: The Sex Offender Registration Legislative Work Group strives to ensure that sex offender registration and community notification is working effectively by addressing system-level concerns of stakeholders. The committee works with law enforcement to examine and make suggestions for improvements to registry processes. The committee typically meets quarterly and is made up of law enforcement and registry professionals

Major Accomplishments: The Committee has continued to work on enhancing registration processes including communication between various stakeholder groups via the registry.

Future Goals of 2015: To continue to explore issues related to transient and incapacitated offenders, and improvements in registry processes.

10. Training Committee — *Active*

Committee Chair: Raechel Alderete — Formed Prior to 2015

Purpose: The Training Committee assists with the ongoing identification of training topics and objectives, and provides support in the planning process of long-range and large-scale training events, to include the annual conference. This committee also helps define and assess training needs for stakeholders affiliated with the treatment and management of adults and juveniles who have committed sexual offenses.

Major Accomplishments: This committee helped identify training objectives for the 2015 SOMB Conference. This successful conference offered 23 breakout sessions to over 375 professionals.

Future Goals for 2016: This committee plans to have stakeholders involved in training and conference planning, which will include hosting or co-hosting 4-5 national speaker training events, the annual conference and continued training for external agencies by SOMB staff this fiscal year.

11. Contact with Own Children Committee — *Active*

Committee Chair: Angel Weant — Formed During 2015

Purpose: The Contact with Own Children Committee is an ad hoc committee with the goal of making recommendations to the Adult and Juvenile Standards Revisions Committees for consideration regarding the implications of *U.S. v. Burns* decided by 10th Circuit Court of Appeals (13-5045). The case law of this appeal now states that offenders have a constitutional right to have contact with their own children unless the government can demonstrate the offender poses a risk to the child.

Major Accomplishments: This committee has developed an expedited variance process that outlines interim steps for listed providers to take if an offender on their caseload is implicated by this case law. The committee has also been exploring assessment instruments to aid in the court’s determination of contact. Few of assessment instruments currently exist; however, the committee has considered the use of the Risk of Sexual Abuse of Children (ROSAC) which is a similar, but briefer, assessment tool to the SOMB’s Child Contact Assessment.

Future Goal for 2016: This committee plans to make recommendations to the Adult Standards Revision Committee regarding Section 5.700 and will continue to explore solutions to this complex legal problem.

12. Victim Advocacy Committee *Active*

Committee Chair: Allison Boyd Formed Prior to 2015

Purpose: To ensure that the SOMB remains victim-centered and that the *Standards and Guidelines* address victim needs and include a victim perspective.

Major Accomplishments: The committee provides input on *Standards* revisions, reviews research on best practice for victim needs, and provides board training and presentations, such as during crime victims' rights week. The committee meets monthly.

Future Goal for 2016: This committee has begun developing a victim section for the *Standards and Guidelines*, and is working on enhancing victim representation on CSTs/MDTs.

13. Application Review Committee 1 *Active*

Committee Chair: Carl Blake Formed Prior to 2015

Purpose: The Application Review Committee (ARC 1) reviews all new and re-applications for treatment providers, evaluators and polygraph examiners. Complaints made against listed providers are also reviewed by the ARC 1. The ARC 1 also conducts randomized or for-cause Standards Compliance Reviews (SCR).

Major Accomplishments: The ARC 1 approved 23 new adult treatment provider applicants and 17 new juvenile provider applicants; conducted 59 adult and 39 juvenile provider re-applications; and 26 applicants that either moved up or over in status. The ARC 1 reviewed a total of 22 complaints made against approved providers were reviewed during FY15 and disposed of 16 cases. There was 1 founded complaint during FY15; however, there are 5 cases still open and under investigation. A total of 3 SCRs were conducted by the ARC 1. The ARC 1 has also monitored the implementation of the Competency Based Provider Approval Model over the past year to assess its impact with listed providers. The committee meets twice monthly.

Future Goal for 2016: In the coming year, the committee will continue processing applications, reviewing complaints and conducting SCRs. Full implementation of the competency based model is scheduled for February 2016 and the ARC 1 will monitor implementation efforts and recommend any necessary improvements.

14. Application Review Committee 2 *Active*

Committee Chair: Merve Davies Formed Prior to 2015

Purpose: The Application Review Committee 2 (ARC 2) is tasked to provide feedback to the Department of Regulatory Agencies (DORA) regarding potential *Standards* violations. DORA has indicated that the DORA Report of Investigation is confidential and cannot be released to the treatment provider until and unless a founded violation is determined by DORA. Under this provision, if the ARC 1 reviewed the Report of Investigation and subsequently used any confidential information it contained for purposes of the SOMB complaint process, it would not be possible to provide this Report to the provider in the event of an appeal for an SOMB complaint

finding. It was therefore decided to not allow the ARC 1 to review the Report of Investigation given that it cannot be used in the SOMB complaint process. As a result, ARC 2 had to be formed to review the Report of Investigation. The committee meets monthly.

Major Accomplishments: ARC 2 reviewed 9 Reports of Investigation and provided feedback to DORA. Additionally, ARC 2 examined 2 complaints against service providers, as the ARC 1 had already reviewed the Reports of Investigation in those cases.

Future Goals for 2016: Continue to review Reports of Investigation and provide input to DORA.

15. Domestic Violence/Sex Offender Crossover Committee *Active*

Committee Chair: Cheryl Davis Formed Prior to 2015

Purpose: The Domestic Violence/Sex Offender Crossover Committee is a combined committee of the Domestic Violence Offender Management Board (DVOMB) and SOMB whose task is to continually address the crossover issues of the domestic violence and sex offending through training, *Standards* revisions and board education/awareness. The committee explores improved assessment tools, treatment and monitoring of domestic violence offenders with sex offending behaviors and sex offenders with domestic violence behaviors.

Major Accomplishments: Members of this committee presented on the DVOMB Appendix "Healthy Sexual Behaviors" at the End Violence Against Women International (EVAWI) Conference in April 2015. Additionally, committee members sit on the SOMB Adult Standards Revision Committee and the SOMB Juvenile Standards Revision Committee.

Future Goals for 2016: Provide trainings as requested, and continue participation on revision committees to allow for greater inclusiveness of crossover issues in the *Standards* for treatment.

Appendix B. Research Project Dashboard

Instructions: To review this spreadsheet, click on the icon below and the document will open in Microsoft Excel.

#	Unit	Title	Status	Task / Next Steps	Start Date	End Date	Modified By	Modified
		SOMB PROJECTS		*BLUE = Completed; GREEN = Project is on track and no issues to report; YELLOW = Project is delayed or stalled and requires attention; RED = Project is severely off-track; BLANK = Project has not started.*			jesse.hansen@state.co.us	08/28/15 11:14 AM
1	SOMB	2015 Lifetime Annual Report	100%	Report electronically submitted to the legislature.	03/09/15	10/30/15	jesse.hansen@state.co.us	10/30/15 9:05 AM
2	SOMB	2016 Legislative Report	85%	Draft under review by SOMB.	02/02/15	01/29/16	jesse.hansen@state.co.us	11/03/15 7:50 AM
3	SOMB	CBM Implementation Evaluation	70%	Pre-implementation survey active with 278 total responses.	02/02/15	06/30/17	jesse.hansen@state.co.us	11/03/15 7:50 AM
4	SOMB	CBM Outcome Evaluation	25%	Project design is in development.	01/05/15	06/28/19	jesse.hansen@state.co.us	09/18/15 1:16 PM
5	SOMB	Program Evaluation Training Package (PETP)	35%	Working with T.H.E. on Logic Model development.	04/21/14	01/27/17	jesse.hansen@state.co.us	08/28/15 11:14 AM
6	SOMB	Colorado Youth Project	50%	Approved by Ohio State University Library IRB, need approval from University of Vermont. Also need to coordinate with DYC.	05/31/13	06/29/20	jesse.hansen@state.co.us	11/03/15 7:50 AM
7	SOMB	Provider Database Workgroup	80%	Meeting with Peg monthly to trouble-shoot issue. Tableau data reports of provider database are being developed.	Ongoing	Ongoing	jesse.hansen@state.co.us	08/28/15 8:50 AM
8	SOMB	Progression Matrix Focus Groups		Not started. Still being piloted.	04/06/15	05/27/16	jesse.hansen@state.co.us	08/28/15 11:14 AM
9	SOMB	Continuity of Care Forms - Focus Groups	100%	Completed	04/06/15	05/27/16	jesse.hansen@state.co.us	11/03/15 7:50 AM
10	SOMB	Evaluation of Shared Living Arrangements (SLAs)	15%	Data has been entered and formatted for SPSS. No analyses have been conducted.	TBD	TBD	jesse.hansen@state.co.us	08/28/15 8:50 AM
11	SOMB	Female Offender Guided Risk Assessment	35%	Literature review completed. Synthesis on hold. The female offender committee is currently not active due to other ongoing committee priorities.	TBD	TBD	jesse.hansen@state.co.us	08/28/15 10:31 AM
		OTHER RESEARCH SUPPORTED ACTIVITIES		*BLUE = Completed; GREEN = Project is on track and no issues to report; YELLOW = Project is delayed or stalled and requires attention; RED = Project is severely off-track; BLANK = Project has not started.*			*jesse.hansen@state.co.us*	*08/28/15 11:20 AM*
1	Both	Literature Reviews	80%				jesse.hansen@state.co.us	08/28/15 9:57 AM
2	Both	Catalog Articles and Files to SOMB Library	65%				jesse.hansen@state.co.us	08/28/15 9:57 AM
3	Both	Provide Citation References	45%	Working on Section 8.0, Adult and Juvenile GPs			jesse.hansen@state.co.us	08/28/15 9:57 AM
				Completed			jesse.hansen@state.co.us	08/28/15 11:14 AM
				Project is on track and no issues to report.			jesse.hansen@state.co.us	08/28/15 11:14 AM
				Project is delayed or stalled and requires attention.			jesse.hansen@state.co.us	08/28/15 11:14 AM
				Project is severely off-track			jesse.hansen@state.co.us	08/28/15 11:14 AM
				Blank indicates project has not started.			jesse.hansen@state.co.us	08/28/15 11:14 AM

Appendix C. Current Practices and Emerging Trends in Sex Offender Management – Survey of Approved Service Providers

Overview. The Sex Offender Management Board (SOMB) conducted an informational study to gather data related to current and emerging trends among SOMB approved service providers. SOMB approved service providers were asked a wide range of programmatic questions concerning treatment services, evaluations and polygraph examinations. The questions used in this survey were adapted from the Safer Society Survey (2009) with permission by Safer Society. This non-randomized survey was disseminated in September of 2014 to all SOMB approved service providers. A total of 77 SOMB approved service providers responded to the online survey and approximately 70-75 completed the survey.

Analyses of these data were conducted between October and November of 2015. Frequency and descriptive statistics were computed using SPSS. Inferential statistical tests were not conducted due to limited power and the potential for sampling bias given the non-randomized recruitment methodology. While responses were collected from service providers operating in most of the state, approximately 20% of approved service providers participated in the survey. Responses from professionals who work in residential/institutional settings were excluded where appropriate (e.g., cost of offender services). As such, these findings provide a baseline for understanding some of the components to the treatment, evaluation and supervision of sexual offenders in Colorado. However, these findings will likely vary by jurisdiction, the risk level of the offender population and other latent factors not measured in the survey.

Question 1

During the last fiscal year (July 1st, 2013 to June 30th, 2014), which of the following was your listing status?						
	Adult		Juvenile		Total[1]	
Response Options	n	%	n	%	n	%
Treatment Provider AND Evaluator	25	48.1%	15	39.5%	30	40.0%
Treatment Provider ONLY	22	42.3%	22	57.9%	40	53.3%
Polygraph Examiner ONLY	5	9.6%	1	2.6%	5	6.7%
Evaluator ONLY	0	0.0%	0	0.0%	0	0.0%
None of the above	0	0.0%	0	0.0%	0	0.0%
Total	52	100.0%	38	100.0%	75	100.0%

Note: 1. Totals are based on the number of providers who responded to the survey and indicated which populations they provide services. Figures in the adult and juvenile columns may not equate to the figures in the total column as many service providers are approved to work with both adults and juvenile.

Question 2

Please select the type of services your agency, organization, or practice provides. If all of the services provided by this agency, organization, or practice are community based, please select community-based only. If the services are entirely residential or institutional, please select residential/institutional only. If the services provided are both community-based services AND residential or institutional, please select both. I and/or we provide: (SELECT ONE)						
	Adult		Juvenile		Total	
Area	n	%	n	%	n	%
Community-based services only	20	60.6%	20	54.1%	43	60.6%
Residential/Institutional services only	1	3.0%	4	10.8%	9	12.7%
Both community-based services and residential/ institutional	12	36.4%	13	35.1%	19	26.8%
Total	33	100.0%	37	100.0%	71	100.0%

Note: Some providers responding to the survey did not indicate which populations they provide services. As such, the added totals from the adult and juvenile columns may not equal the figures in the total column due to these missing data.

Question 3

Which counties did you provide services to between July 1st, 2013 to June 30th, 2014? (PLEASE CHECK ALL THAT APPLY)				
	Adult		Juvenile	
County	n	%	n	%
Adams	23	30.7%	19	25.3%
Alamosa	2	2.7%	3	4.0%
Arapahoe	23	30.7%	18	24.0%
Archuleta	0	0.0%	1	1.3%
Baca	2	2.7%	4	5.3%
Bent	1	1.3%	2	2.7%
Boulder	19	25.3%	16	21.3%
Broomfield	9	12.0%	9	12.0%
Chaffee	1	1.3%	3	4.0%
Cheyenne	0	0.0%	1	1.3%
Clear Creek	8	10.7%	7	9.3%
Conejos	0	0.0%	1	1.3%
Costilla	0	0.0%	1	1.3%
Crowley	2	2.7%	3	4.0%
Custer	0	0.0%	1	1.3%
Delta	3	4.0%	3	4.0%
Denver	26	34.7%	24	32.0%
Douglas	0	0.0%	1	1.3%
Dolores	17	22.7%	13	17.3%
Eagle	7	9.3%	7	9.3%
El Paso	15	20.0%	14	18.7%
Elbert	4	5.3%	3	4.0%
Fremont	10	13.3%	7	9.3%
Garfield	4	5.3%	5	6.7%
Gilpin	5	6.7%	7	9.3%
Grand	5	6.7%	3	4.0%
Gunnison	3	4.0%	3	4.0%
Hinsdale	0	0.0%	1	1.3%
Huerfano	2	2.7%	3	4.0%
Jackson	0	0.0%	1	1.3%
Jefferson	19	25.3%	18	24.0%
Kiowa	4	5.3%	5	6.7%
Kit Carson	3	4.0%	3	4.0%
La Plata	0	0.0%	1	1.3%
Lake	1	1.3%	2	2.7%
Larimer	12	16.0%	10	13.3%
Las Animas	3	4.0%	4	5.3%
Lincoln	2	2.7%	3	4.0%
Logan	4	5.3%	5	6.7%
Mesa	5	6.7%	4	5.3%

Mineral	0	0.0%	1	1.3%
Moffat	1	1.3%	2	2.7%
Montezuma	0	0.0%	1	1.3%
Montrose	3	4.0%	4	5.3%
Morgan	3	4.0%	5	6.7%
Otero	3	4.0%	4	5.3%
Ouray	0	0.0%	1	1.3%
Park	3	4.0%	3	4.0%
Phillips	1	1.3%	2	2.7%
Pitkin	1	1.3%	2	2.7%
Prowers	1	1.3%	2	2.7%
Pueblo	10	13.3%	9	12.0%
Rio Blanco	2	2.7%	2	2.7%
Rio Grande	0	0.0%	1	1.3%
Routt	3	4.0%	4	5.3%
Saguache	0	0.0%	1	1.3%
San Juan	0	0.0%	1	1.3%
San Miguel	0	0.0%	1	1.3%
Sedgwick	2	2.7%	3	4.0%
Summit	7	9.3%	7	9.3%
Teller	2	2.7%	4	5.3%
Washington	2	2.7%	3	4.0%
Weld	15	20.0%	17	22.7%
Yuma	3	4.0%	3	4.0%
Total	75	100.0%	75	100.0%

Note: For this question, providers responding to the survey could select multiple counties. As such, figure totals are based on the total number of respondents to this question.

Part I - Treatment Services

Question 4

In total, how many years have you been an approved treatment provider?						
Answer Options	Adult		Juvenile		Total	
	n	%	n	%	n	%
1 - 4 Years	16	34.0%	10	27.0%	26	31.0%
5 - 9 Years	12	25.5%	14	37.8%	26	31.0%
10 - 14 Years	6	12.8%	3	8.1%	9	10.7%
15 - 19 Years	6	12.8%	5	13.5%	11	13.1%
20 Years or More	7	14.9%	5	13.5%	12	14.3%
Total	47	100.0%	37	100.0%	84	100.0%

Question 5

How many SOMB approved providers work at your program? If you are a private practice as the only provider at your program, please indicate 1. Please include part-time employees.			
	Adult	**Juvenile**	**Both**
n	25	16	20
Median	4	2	5.5
Average	6.9	4.8	7.6
Standard Deviation	6.7	6.3	6.7
Minimum	0.5	1	1
Maximum	28	20	20

Question 6

Which population(s) do you provide treatment services to? (PLEASE CHECK ALL THAT APPLY):		
Population	**n**	**%**
Adult	47	35.3%
Adult DD/ID	13	9.8%
Adult Female	13	9.8%
Juvenile	37	27.8%
Juvenile DD/ID	10	7.5%
Juvenile Female	13	9.8%
Total	133	100.0%

Question 7

What is the approximate number of clients who received any treatment in your program during 2014?							
	Adult Male	Adult Male DD/ID	Juvenile Male	Juvenile Male DD/ID	Adult Female	Juvenile Female	Female DD/ID
n	47	20	34	17	22	21	12
Median	70	8.5	12.5	2	4.5	2	0
Average	126	15	33	3	10	8	2
Standard Deviation	133	18	101	2	11	21	3
Minimum	0	0	0	0	0	0	0
Maximum	500	50	600	8	42.5	100	10
Total	5920	309	1117	45	210.5	159	25

Question 8

How much do you charge for a sex-offense:					
Adult Offender Services	Group Treatment	Individual Treatment	Family Treatment	Couples Treatment	Other Treatment
n	36	37	28	25	18
Median	$60.00	$75.00	$70.00	$70.00	$62.50
Average	$53.61	$72.43	$70.18	$71.80	$63.19
Standard Deviation	$8.99	$19.10	$15.72	$15.87	$15.29
Minimum	$35.00	$40.00	$40.00	$40.00	$35.00
Maximum	$70.00	$130.00	$100.00	$100.00	$87.50

Juvenile Offender Services	Group Treatment	Individual Treatment	Family Treatment	Couples Treatment	Other Treatment
n	29	30	25	17	12
Median	$50.00	$75.00	$75.00	$75.00	$72.50
Average	$51.38	$73.68	$78.15	$77.76	$71.67
Standard Deviation	$9.86	$14.01	$31.32	$15.22	$23.09
Minimum	$35.00	$45.00	$40.00	$40.00	$40.00
Maximum	$72.50	$108.00	$208.33	$108.00	$125.00

Question 9

What types of groups does your program use? (PLEASE CHECK ALL THAT APPLY)						
Response Options	Adult		Juvenile		Total	
Type of Group	n	%	n	%	n	%
Open (rolling)	22	44.9%	18	47.4%	40	46.0%
Closed	4	8.2%	4	10.5%	8	9.2%
Both	22	44.9%	12	34.2%	34	39.1%
None, do not use group	1	2.0%	4	10.5%	5	5.7%
Total	49	100.0%	38	100.0%	87	100.0%

Question 10

On average, how many sessions does a client attend per month for each of the following:					
Adult	Group Treatment	Individual Treatment	Family Treatment	Couple Treatment	Other
n	44	42	20	19	8
Average	4.9	1.9	1.0	1.1	1.3
Standard Dev.	2.0	1.1	0.9	1.0	1.7
Median	4	1.5	1	1	0.8
Minimum	1	0.5	0	0	0
Maximum	12	4	4	4	4

Juvenile	Group Treatment	Individual Treatment	Family Treatment	Couple Treatment	Other
n	32	35	27	14	7
Average	4.3	2.7	2.0	1.1	1.9
Standard Dev.	2.0	1.4	2.3	1.4	3.0
Median	4	3	1	0.75	0.5
Minimum	0	0.5	0	0	0
Maximum	12	6	12	4	8

Question 11

Check each special service your program provides the population you serve:						
Type of Special Service	Adult		Juvenile		Total	
	n	%	n	%	n	%
Separate group for statutory rapists (illegal cooperative sex with a similar age peer)	4	8.5%	3	8.1%	7	8.3%
Separate group for child pornography exclusive offenders	18	38.3%	12	32.4%	30	35.7%
Separate group for deniers	23	48.9%	16	43.2%	39	46.4%
Admitters and full deniers in same group	10	21.3%	6	16.2%	16	19.0%
Group for parents or significant others	26	55.3%	15	40.5%	41	48.8%
High-risk sexual abuser services	20	42.6%	13	35.1%	33	39.3%
Hearing impaired sexual abuser services	6	12.8%	3	8.1%	9	10.7%
Developmentally disabled abuser services	19	40.4%	10	27.0%	29	34.5%
Psychiatrically disordered abuser services	17	36.2%	10	27.0%	27	32.1%
Young Adult	23	48.9%	21	56.8%	44	52.4%
Female Offenders	32	68.1%	21	56.8%	53	63.1%
Other	10	21.3%	7	18.9%	17	20.2%
Total	47	100.0%	37	100.0%	84	100.0%

Note: For this question, providers responding to the survey could select multiple special services. As such, figure totals are based on the total number of respondents.

Question 12

Which three (3) theories best describe your treatment approach? Select one (1) for the theory which best describes your approach, two (2) for the second best theory, and three (3) for the third best theory. You will only be allowed to enter three choices for each population, and they must be rank ordered from one to three. If you select Other as one of your choices, please enter the name of the theory in the text box.

Top Three Adult Theories	Top Three Juvenile Theories
1. Cognitive-Behavioral Therapy (2.2) 2. Risk, Need, Responsivity Principles (3.4) 3. Good Lives Model (4.9)	1. Cognitive-Behavioral Therapy (2.2) 2. Risk, Need, Responsivity Principles (4.6) 3. Family Systems, Multi-systemic, and Relapse Prevention (6.8)

Treatment Approach Theory	Adult Rating Average	Juvenile Rating Average	Rating Average	Response Count
Bio-medical	7.9	8.0	7.9	63
Cognitive-Behavioral	2.2	2.2	2.2	63
Family Systems	7.6	6.8	7.2	63
Good Lives	4.9	5.8	5.4	63
Harm Reduction	8.2	7.7	8.0	63
Multi-systemic	7.1	6.8	6.9	63
Psychodynamic	9.1	9.0	9.1	63
Psycho-Socio-Educational	7.1	7.1	7.1	63
Risk, Need and Responsivity	3.4	4.6	4.0	63
Relapse Prevention	7.3	6.8	7.0	63
Self-regulation	8.3	8.8	8.5	63
Sexual Addiction	10.2	10.4	10.3	63
Sexual Trauma	9.8	9.9	9.8	63

Note: For this question, providers responding to the survey were forced to rank the theories from 1 to 13. These responses were averaged based on population served and the total responding sample.

Question 13

Check each item that is a component of your treatment program for the population you serve. (PLEASE CHECK ALL THAT APPLY):						
Components of Treatment	Adult		Juvenile		Total	
	n	%	n	%	n	%
ART therapies	4	8.5%	8	21.6%	12	14.3%
Assault cycle or offense chain	43	91.5%	35	94.6%	78	92.9%
Client's victimization/trauma	39	83.0%	35	94.6%	74	88.1%
Cognitive restructuring	42	89.4%	33	89.2%	75	89.3%
Drama therapy	3	6.4%	3	8.1%	6	7.1%
EMDR	15	31.9%	15	40.5%	30	35.7%
Emotional regulation	34	72.3%	27	73.0%	61	72.6%
Family reunification	28	59.6%	34	91.9%	62	73.8%
Intimacy/Relationship skills	42	89.4%	34	91.9%	76	90.5%
Motivational Interviewing	31	66.0%	25	67.6%	56	66.7%
Offense responsibility	39	83.0%	34	91.9%	73	86.9%
Offense supportive attitudes	29	61.7%	22	59.5%	51	60.7%
Problem solving training	35	74.5%	31	83.8%	66	78.6%
Relapse prevention	42	89.4%	35	94.6%	77	91.7%
Schema therapy	5	10.6%	4	10.8%	9	10.7%
Self-monitoring training	24	51.1%	12	32.4%	36	42.9%
Sex education	39	83.0%	35	94.6%	74	88.1%
Shared Living Arrangements (SLA)	9	19.1%	5	13.5%	14	16.7%
Social skills training	38	80.9%	33	89.2%	71	84.5%
Therapeutic community	9	19.1%	5	13.5%	14	16.7%
Victim awareness and empathy	43	91.5%	36	97.3%	79	94.0%
Victim clarification	36	76.6%	33	89.2%	69	82.1%
Victim restitution	12	25.5%	15	40.5%	27	32.1%
Other	1	2.1%	1	2.7%	2	2.4%
Total	47	100.0%	37	100.0%	84	100.0%

Note: For this question, providers responding to the survey could select multiple components of treatment. As such, figure totals are based on the total number of respondents to this question.

Question 14

Check each community and other agency involvement activity that is used by your program. (PLEASE CHECK ALL THAT APPLY):						
Type of Community and Other Agency Involvement	Adult		Juvenile		Total	
	n	%	n	%	n	%
Limits of confidentiality agreement requirement for admission to program	42	89.4%	31	83.8%	73	86.9%
Exchange information with probation/parole officers or caseworkers	43	91.5%	35	94.6%	78	92.9%
Probation/parole officers or caseworkers visit group	39	83.0%	24	64.9%	63	75.0%
Probation/parole officers or caseworkers co-lead groups with therapists	6	12.8%	5	13.5%	11	13.1%
Exchange information with victim advocates	23	48.9%	23	62.2%	46	54.8%
Victim advocates visit group	8	17.0%	6	16.2%	14	16.7%
Family educated to be part of client's support system	40	85.1%	32	86.5%	72	85.7%
Community members educated to be part of client's support system (COSA)	18	38.3%	15	40.5%	33	39.3%
Integrated risk management team (e.g., partnering with mental health, law enforcement, corrections, and social services)	33	70.2%	28	75.7%	61	72.6%

External consultants (e.g. treatment advisory board) for quality improvement purposes	13	27.7%	10	27.0%	23	27.4%
Other	0	0.0%	1	2.7%	1	1.2%
Total	47	100.0%	37	100.0%	84	100.0%

Note: For this question, providers responding to the survey could select multiple types of community involvement. As such, figure totals are based on the total number of respondents to this question.

Question 15

Please check each assessment instrument that you (or your program) used in evaluations over the past year on a consistent basis. (PLEASE CHECK ALL THAT APPLY):		
Assessment Instrument	n	%
SOTIPS	49	58.3%
VASOR 2	42	50.0%
Static-99	41	48.8%
Sexually Violent Predator (SVP) Assessment	41	48.8%
J-SOAP-II	39	46.4%
Child Contact Assessment (CCA)	37	44.0%
Stable and Acute 2007	33	39.3%
PCL-R	31	36.9%
Low Risk Protocol (LRP)	28	33.3%
SORAG	18	21.4%
VRAG	18	21.4%
LSI-R, LSI-R:SV, or LS/CMI	12	14.3%
ERASOR-II	16	19.0%
Static 2002	16	19.0%
VASOR	10	11.9%
ERASOR	9	10.7%
Child Sexual Behavior Inventory	8	9.5%
PCL:YV	8	9.5%
MSI-II	8	9.5%
SVR-20	3	3.6%
MnSOST-R	2	2.4%
SRA - Structured Risk Assessment	2	2.4%
JSORRAT-II	1	1.2%
YLS/CMI	0	0.0%
Other (please specify)	14	16.7%

Note: For this question, providers responding to the survey could select multiple types of assessment instruments. As such, figure totals are based on the total number of respondents to this question. Others Included: MCMI-III, MMPI-2, MACI, TSCC, Phase, Sentence Completion, Rorschach, TAT, Human Sexuality Questionnaire, MMPI-A, SAVRY, WAIS-IV, WIAC-IV, WMS-IV, WRAT-4, Vineland-2, Bender, Risk Matrix 2000, HCR-20v3, SORS, and the Static-99.

Question 16

Are you providing treatment services designed specifically for the 18-25 year old population?						
Young Adult Population	Adult		Juvenile		Total	
	n	%	n	%	n	%
Yes	23	48.9%	18	48.6%	41	48.8%
No	20	42.6%	17	45.9%	37	44.0%
Total	47	100.0%	37	100.0%	84	100.0%

Question 17

Between July 1st 2013 and June 30th, 2014, how many offenders have been determined to be low risk pursuant to the Low-Risk Protocol (LRP) AND have received a change in their treatment and supervision as a result?		
	Adults	Juveniles
n	29	16
Average	3.5	2.7
Standard Dev.	6.5	5.3
Median	2	1
Minimum	0	0
Maximum	30	21.5

Question 18

For each population, please enter the typical average number of months it takes to complete less intensive maintenance treatment ("aftercare" or "step-down" services). Please enter 0 if you do not provide "aftercare" or "step-down" services.		
	Adults	Juveniles
n	35	27
Average	13.6	8.0
Standard Dev.	11.8	7.5
Median	12	5
Minimum	0	0
Maximum	48	24

Question 19

Do you provide services in any language other than English?						
Languages Offered	Adult		Juvenile		Total	
	n	%	n	%	n	%
Yes	9	19.1%	8	21.6%	17	20.2%
No	35	74.5%	28	75.7%	63	75.0%
Total	47	100.0%	37	100.0%	84	100.0%

Question 20

About what percentage of clients who begin the program SUCCESSFULLY complete the program? (Please enter the %)		
	Adults	Juveniles
n	32	29
Average	58.0%	71.7%
Standard Dev.	26.6%	18.4%
Median	65%	75%
Minimum	5%	5%
Maximum	98%	95%

Part II - Evaluation

Question 21

Which population do you evaluate? (PLEASE CHECK ALL THAT APPLY)		
Populations	n	Percent
Adult	22	84.6%
Adults with DD/ID	9	34.6%
Juvenile	11	42.3%
Juvenile with DD/ID	5	19.2%
Adult Female	17	65.4%
Juvenile Female	9	34.6%
None - I am approved but no longer provide direct services	1	3.8%
Total	26	86.7%

Question 22

What is the approximate number of clients your program evaluated during 2014?							
	Adult Male	Adult Male DD/ID	Juvenile Male	Juvenile Male DD/ID	Adult Female	Juvenile Female	Female DD/ID
n	19.0	12	12	8	14	9	8
Average	116.3	11.0	34.4	3.1	8.9	1.4	1.0
Standard Dev.	135.8	10.7	54.7	3.5	13.1	1.9	1.8
Median	65.0	8.0	19.0	2.5	4.5	0.0	0.0
Minimum	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Maximum	450.0	30.0	200.0	10.0	50.0	5.0	5.0

Question 23

How much do you charge for a sex-offense specific evaluation?	
n	22
Average	$991.59
Standard Dev.	$318.17
Median	$850.00
Minimum	$590.00
Maximum	$2,000.00

Question 24

Does this fee include a PPG (plethysmograph) or a VRT?		
Answer Options	n	%
YES, this includes a PPG	1	3.8%
YES, this includes a VRT	15	57.7%
Yes, this includes both a PPG and a VRT	4	15.4%
NO, this does not include either	6	23.1%

Question 25

Please check each assessment instrument that you (or your program) used in evaluations over the past year on a consistent basis. (PLEASE CHECK ALL THAT APPLY)		
Assessment Instrument	n	%
SOTIPS	18	72.0%
Sexually Violent Predator (SVP) Assessment	18	72.0%
VASOR 2	17	68.0%
Static-99R	16	64.0%
PCL-R	16	64.0%
Stable and Acute 2007	14	56.0%
Child Contact Assessment (CCA)	14	56.0%
J-SOAP-II	11	44.0%
Low Risk Protocol (LRP)	10	40.0%
VRAG	9	36.0%
SORAG	9	36.0%
ERASOR-II	7	28.0%
Static 2002	6	24.0%
ERASOR	4	16.0%
Child Sexual Behavior Inventory	4	16.0%
PCL:YV	4	16.0%
VASOR	4	16.0%
MSI-II	3	12.0%
SVR-20	2	8.0%
LSI-R, LSI-R:SV, or LS/CMI	2	8.0%
MnSOST-R	1	4.0%
JSORRAT-II	1	4.0%
SRA - Structured Risk Assessment	1	4.0%
YLS/CMI	0	0.0%
Other (please specify)	7	28.0%
Total	25	83.3%

Note: For this question, providers responding to the survey could select multiple types of assessment instruments. As such, figure totals are based on the total number of respondents to this question. Others Included: MCMI-III, MMPI-2, MACI, TSCC, Phase, Sentence Completion, Rorschach, TAT, Human Sexuality Questionnaire, MMPI-A, SAVRY, WAIS-IV, WIAC-IV, WMS-IV, WRAT-4, Vineland-2, Bender, Risk Matrix 2000, HCR-20v3, SORS, and the Static-99.

Question 26

How much do you charge for a Child Contact Assessment (CCA)? If you do not conduct the CCA, please respond with N/A.	
n	15
Average	$1,231.25
Standard Dev.	$501.94
Median	$1,012.50
Minimum	$600.00
Maximum	$2,000.00

Note: Some providers include the CCA in the fee associated with conducting an OSE.

Question 27

Between July 1st 2013 and June 30th 2014, how many Child Contact Assessments (CCA) have you conducted? If you do not conduct the CCA, please respond with N/A.	
n	15
Average	22.6
Standard Dev.	51.3
Median	5
Minimum	0
Maximum	200

Part III - Polygraph Examiners

Question 28

In total, how many years have you been an approved polygraph examiner?		
Answer Options	Total	
	n	%
1 - 4 Years	2	40.00%
5 - 9 Years	1	20.00%
10 - 14 Years	0	0.00%
15 - 19 Years	0	0.00%
20 Years or More	2	40.00%
Total	5	100.00%

Question 29

How many SOMB approved polygraph examiners are employed at your business? If you are the only polygraph examiners at your program, please indicate 1. Please include part-time employees.	
n	5
Average	2.4
Standard Dev.	2.6
Median	1
Minimum	1
Maximum	7

Question 30

Which population do you polygraph? (PLEASE CHECK ALL THAT APPLY)		
Answer Options	n	Percent
Adult	5	100.0%
Adults with Developmental Disabilities	1	20.0%
Juvenile	1	20.0%
Juvenile with Developmental Disabilities	1	20.0%
None - I am approved but no longer provide direct services	0	0.0%
Total	5	100.0%

Question 31

How much do you charge for:			
	Sex History	Maintenance	Specific Issue
n	5	5	5
Average	$246.00	$246.00	$246.00
Standard Dev.	$11.40	$11.40	$11.40
Median	$250.00	$250.00	$250.00
Minimum	$230.00	$230.00	$230.00
Maximum	$260.00	$260.00	$260.00

Appendix D. Best Practice Committee Literature Review of the Post-Conviction Sex Offender Polygraph Testing (PCSOT)

Instructions: To review this PowerPoint, click on the icon below and power point will open the presentation in Microsoft PowerPoint.

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