

Incarceration Task Force

Date/Time: April 8, 2009, 2:00-5:00pm

Attendees:

Christine Adams, Division of Criminal Justice
Kerry Cataldo, Division of Criminal Justice
Pam Clifton, CCJRC
Peggy Heil, Department of Corrections
Paul Herman, The Center for Effective Public Policy
Laurie Kepros, Public Defender
Inta Morris, Department of Education
Norm Mueller, Defense Attorney
David Stephens, Department of Corrections
Martin Stuart, CCDB
Glenn Tapia, Division of Criminal Justice
Debbie Zwirn, Logan County Commissioner

Absent:

Grayson Robinson (Chair)
Michelle Sykes (TFL)
Tony Carochi, Deputy Director of Prisons
Rhonda Johnson, Victim advocate
Bennie Lombard, Division of Behavioral Health
Bill Lovingier, Denver Undersheriff
John Suthers, Attorney General

Issue/Topic:	Discussion:
Welcome and Introductions	Christine Adams welcomed the group, reviewed the agenda, and went over the goals for today's meeting.

Issue/Topic:	Discussion:
Sex offenders in DOC	<p>Peggy Heil and David Stephens from the Colorado Department of Corrections came and presented information on sex offenders and those in sex offense specific treatment in DOC.</p> <p>The Sex Offender Management Board (SOMB) has created standards and guidelines for the assessment, evaluation, treatment, and behavioral monitoring of adult sex offenders. Standard 3.160 states a provider shall employ treatment methods (<i>whether in prison or out in the community</i>) that are supported by current professional research and practice (<i>Standard 3.160 can be found at the end of these minutes</i>).</p> <p>If you wish to review all the SOMB standards and guidelines visit: http://dcj.state.co.us/odvsom/sex_offender/SO_Pdfs/2008%20Adult%20Standards%20FINAL.pdf</p> <p>Offenders in prison must meet standards developed by DOC's sex offender treatment program (SOTMP) in order receive a recommendation to progress to a community placement (<i>this criteria can be found at the end of these minutes</i>). However, the Parole Board doesn't have to listen to the SOTMP's recommendation. Paul Herman mentioned that at yesterday's Post-Incarceration Supervision Task Force meeting, David Michaud, head of the Parole Board, said that if an offender has an SOTMP recommendation for release he would be willing to release them because it is would be a professional decision.</p> <p>Also, there are standards offenders must meet in order to receive a recommendation for decreased treatment in the community (<i>these standards can be found at the end of these minutes</i>).</p> <p>Peggy Heil contacted several of the larger sex offender treatment programs in Colorado to show the relationship between prison sex offender treatment and community treatment (<i>a copy of their responses can be found at the end of these minutes</i>). Peggy mentioned that when an offender is released to community supervision the SOTMP program will provide the next treatment provider and/or supervising officer with treatment materials that were completed while in sex offense specific treatment in DOC (e.g., relapse prevention plans, cycle, polygraphs, sex history disclosure, etc). However, when they return to the community many of these things may need to be updated (since being locked up they haven't been around children, etc). And if an offender discharges their sentence, then they need to be self-motivated to continue treatment in the community.</p> <p>Sex offense specific treatment in prison: Phase I:</p> <ul style="list-style-type: none"> • Manualized treatment • 6 months long (1.5-2 hrs of treatment per day) • At the end of Phase I they must complete their offense cycle. • Offered at Arkansas Valley, Territorial, Fremont, and Women's.

Phase II/Therapeutic Community:

- More individualized treatment
- Open-ended
- Several level through maintenance
- Primarily located at Arrowhead.

For more information about DOC's Sex Offender Treatment and Monitoring Program visit:

https://exdoc.state.co.us/secure/combo2.0.0/ajax/ajax_nodes_contentPreview.php?id=658 OR look at page 7 and 8 of the 2008 Lifetime Supervision Report.

In 2003, the Division of Criminal Justice evaluated the SOTMP and found that that the program significantly reduced recidivism and improved community safety. A copy of their findings can be found at the end of these minutes. For a copy of this report visit:

<http://dcj.state.co.us/ors/pdf/docs/WebTC.pdf>

When DOC was asked about the changes they would like to see to improve the continuity of care, they mentioned the following:

- Community Corrections:
 - Higher per diem for sex offenders at Community Corrections, so that more Community Correction programs will accept them.
 - Creating a step down program for sex offenders in Community Corrections.
- DOC needs to do a better job of sex offender re-entry. (It was noted that it is very hard for an offender to go straight from prison into the community with no money, no job, and no place to live).
- Educating as well as communicating more with the Parole Board.
- DOC needs more resources because currently sex offender treatment is backlogged with more and more offenders trying to get into treatment. This is especially true of those on lifetime supervision are interested in getting into treatment.
 - More bridge money so that they can get the sex offenders into treatment when they go out into the community. (Currently DOC has limited generalized ATP funds that allows for them to pay the first four weeks of sex offender treatment out in the community).

Issue/Topic:

Sex offenders from a Public Defenders perspective

Discussion:

Laurie Kepros, a public defender from Arapahoe County, came to report on some of the findings from the November 2008 Lifetime Supervision of Sex Offenders Annual Report.

- 1,275 minimum to lifetime supervision sentenced offenders represent 21% of the 5,958 DOC offenders that need sex offender treatment.
- As of June 30, 2008, 65% of sex offenders participating in phase I and 77% participating in phase II treatment were lifetime supervision offenders.
- 675 sex offender treatment beds within DOC (Paul Herman noted that this is a good number of beds compared to the national figure).
- For admission into sex offender treatment an offender must have 8 years

or less to their parole eligibility date.

- For lifetime supervision offenders who participated in treatment at any point during FY08, the average length of stay in Phase I was 6.9 months and 13.3 months for Phase II through June 30 or to date of termination.

Table 1.10 Treatment Participation of Lifetime Supervision Offenders

Program	# Waitlist	# Participated	# Still In
Phase I	132	142	68
Phase II	127	124	74
IB	0	8	2
IC	0	1	1
IID	0	5	4
Total	259	280	149

Table 1.20 Lifetime Supervision Sex Offender Terminations by Facility Fiscal Year 2008 *(This table can be found at the end of these minutes)*

- Sex offender therapists recommended all sex offenders who met SOMB criteria for community placement during FY08. Of the 27 that were recommended, 10 were granted, three were paroled, and 14 were deferred by the Colorado Parole Board. (When Peggy Heil and David Stephens were asked what attributed to this increase in the number of releases, the said providing the Parole Board with better information and the Parole Board looking at the sex offender criteria).

Table 3.00 Average cost of service by Judicial district *(This table can be found at the end of these minutes)*

The Lifetime Supervision of Sex Offenders Annual Report (November 2008) is available at:

http://dcj.state.co.us/odvsom/Sex_Offender/SO_Pdfs/Complete%202008%20Lifetime%20Report.pdf

When Laurie was asked about her wish list with sex offenders, she mentioned:

- Giving offenders immunity. Not being able to use statements made in treatment against the offender (e.g., new victims, new charges).

<p>Issue/Topic:</p> <p>Comparison of the continuity of care between sex offender and substance abuse treatment</p>	<p>Discussion:</p> <p>The task force was asked to compare the continuity of care between sex offender treatment and substance abuse treatment.</p> <table border="0" style="width: 100%;"> <tr> <td style="vertical-align: top; width: 50%;"> <p>Sex Offender Treatment</p> <ul style="list-style-type: none"> • Have treatment standards • Treatment is well defined • Will look at work done in previous sex offender treatment. </td> <td style="vertical-align: top; width: 50%;"> <p>Substance Abuse Treatment</p> <ul style="list-style-type: none"> • No standards • Not as clear cut or well defined • Not good about looking at what done previously in treatment. They will normally need to repeat it. </td> </tr> </table>	<p>Sex Offender Treatment</p> <ul style="list-style-type: none"> • Have treatment standards • Treatment is well defined • Will look at work done in previous sex offender treatment. 	<p>Substance Abuse Treatment</p> <ul style="list-style-type: none"> • No standards • Not as clear cut or well defined • Not good about looking at what done previously in treatment. They will normally need to repeat it.
<p>Sex Offender Treatment</p> <ul style="list-style-type: none"> • Have treatment standards • Treatment is well defined • Will look at work done in previous sex offender treatment. 	<p>Substance Abuse Treatment</p> <ul style="list-style-type: none"> • No standards • Not as clear cut or well defined • Not good about looking at what done previously in treatment. They will normally need to repeat it. 		

<p>Issue/Topic:</p> <p>GP-17: Transferability of Program and Treatment Credit Action</p> <p>Glenn Tapia is going to put something together about this larger system issue.</p>	<p>Discussion:</p> <p>Glenn Tapia commented that he felt that we were “patching little holes that are already rusting.”</p> <p>There are two issues that have developed as a result: (1) smaller concrete things; and (2) larger system problems.</p>
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

<p>Issue/Topic:</p> <p>GP-24: Educations Opportunities for Offenders and Staff</p>	<p>Discussion:</p> <p>Pam Clifton gave a status update on HB 1264-College level education for state inmates: which passed and was signed by the governor yesterday (April 7, 2009)</p> <p>It was noted that so far this incarceration task force has not dealt with the staff education issue.</p>
-------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

<p>Issue/Topic:</p> <p>House Bills update</p>	<p>Discussion:</p> <p>Pam Clifton gave a status report on the other House Bills (from the Task Force) as well:</p> <ul style="list-style-type: none"> • HB 09-1044-Expungement of juvenile delinquent records: was signed into law on March 18, 2009. • HB 09-1122 Concerning increasing the age of persons eligible for sentencing to the Youthful Offender System: was signed into law on April 2, 2009. • HB 1262-Summons in lieu of arrest warrant : was signed into law on April 3, 2009 • HB 1263-Time computation for jail inmates: was signed into law on April 3, 2009 • HB 1266-Repeal of the loss of driving privileges: passed and sitting on the Governor’s desk.
------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Issue/Topic:	Discussion:
<p data-bbox="110 205 521 306">GP-39: Development of Statewide Bond Schedule Action</p> <p data-bbox="94 348 527 415">Change in the recommendation title to include advisory and guideline.</p>	<p data-bbox="560 237 1463 304">Grayson Robinson could not attend this meeting. However, he provided this language to Christine Adams.</p> <p data-bbox="560 338 1297 369"><u>GP-39 DEVELOPMENT OF A STATEWIDE BONDING SCHEDULE</u></p> <p data-bbox="560 407 1484 541">A statewide committee should be formed to develop an advisory, statewide bond schedule that is generally consistent across jurisdictions. Each judicial district shall develop a committee of stakeholders to review the existing bond schedule.</p> <ul data-bbox="609 583 1520 932" style="list-style-type: none"> • A representative of the Colorado Criminal and Juvenile Justice Commission should meet with representatives of state Judicial regarding the feasibility of consideration for a statewide bonding schedule. While the original recommendation focused upon a consistent bonding schedule across jurisdictions, concerns related to local control and to the community specific issues associated with a establishment of standard bonding schedules requires the perspective of state judicial. (Although initial discussions have demonstrated a strong opposition to the concept of a consistent statewide bonding schedule, a meeting to discuss the matter will be accomplished in the very near future). <p data-bbox="560 974 1487 1041">It was decided that these summaries represent where this task force is at. The only change need was in the title. It is going to be changed to:</p> <p data-bbox="560 1045 1333 1077">GP-39: Development of a Statewide Advisory Bonding Schedule</p>

Issue/Topic:	Discussion:
<p data-bbox="183 1190 444 1291">GP-40: Establish Bond Commissioners Action</p>	<p data-bbox="560 1190 1463 1257">Grayson Robinson could not attend this meeting. However, he provided this language to Christine Adams.</p> <p data-bbox="560 1295 1070 1327"><u>GP-40 ESTABLISH BOND COMMISSIONERS</u></p> <p data-bbox="560 1365 1523 1499">Each judicial district should be encouraged to establish a bond commissioner and process that give authority to the specially trained commissioner or their designee to undertake an individual assessment of the accused and set bonds and/or summonses as appropriate.</p> <ul data-bbox="609 1541 1516 1923" style="list-style-type: none"> • The Division of Criminal Justice (DCJ) of the Colorado Department of Public Safety should conduct a detailed analysis of the bond commission project currently functioning in Larimer County Colorado. Once the detailed DCJ research of the existing bond commission is completed, the data will be provided to the Colorado Criminal and Juvenile Justice Commission for further consideration. In the event that the research data related to the bond commission demonstrates a potential for positive and sustainable impacts, the Colorado Criminal and Juvenile Justice Commission should establish a recommendation that all judicial districts initiate the measures required to replicate the Larimer County Bond Commission project. <p data-bbox="560 1965 1459 1997">It was concurred that these summaries represent the Task Force’s wishes in</p>

regard to these issues.

Issue/Topic:	Discussion:
<p data-bbox="164 247 464 348">GP-54: Distance Learning Opportunities Action</p> <p data-bbox="94 394 527 636">Ask Inta Morris to contact both the Indiana and New Mexico Department of Corrections to get some more information about these programs (i.e. how doing it, where doing it, where they get their funding, etc)</p> <p data-bbox="94 678 521 814">Pam Clifton is going to contact Jim Bullington, of DOC, to see what he thinks, how it will start, and could it be a pilot program.</p> <p data-bbox="94 856 505 919">Talk with Grayson Robinson to get the jail's perspective.</p> <p data-bbox="94 961 516 1098">Create a subcommittee on distance learning to continue to pursue this issue once the Task Force has terminated.</p>	<p data-bbox="560 247 1495 348">Since Tony Carochi was not able to be at today's meeting he provided some information, via Christine Adams, on what other state's were doing in terms of distance learning program:</p> <p data-bbox="560 390 984 422"><i>Indiana Department of Corrections</i></p> <p data-bbox="560 426 1528 562">Indiana currently uses federal funds to supply post-secondary education to offenders. They offer diverse college courses to offenders by providing in class room instruction as well distance learning through teleconference video that was developed by IDOC and is maintained within IDOC through a dedicated server.</p> <p data-bbox="560 604 1040 636"><i>New Mexico Department of Corrections</i></p> <p data-bbox="560 640 1520 814">Associates and Baccalaureate Degrees are available through Web-CT, a distance education program in partnership with colleges throughout New Mexico. This is an internet based program that was developed by NMDOC and maintained within NMDOC. NMDOC college courses are offered via internet based programming.</p> <p data-bbox="560 856 1000 888"><i>Colorado Department of Corrections</i></p> <p data-bbox="560 892 1511 955">"At this time [the] CDOC [is] only in the discussion process with our colleges and [are] finding that funding is an issue for most of our college."</p> <p data-bbox="560 997 1490 1123">Since Inta Morris had to leave the meeting early she passed along a strong statement via Christine Adams about this issue to push this issue forward. She feels that there are ways to block websites that are not allowed and to pursue education via Web CT and other such educational tools.</p> <p data-bbox="560 1165 1528 1297">It was the decision of this group to create a subcommittee on distance learning in order to continue to pursue this issue and then report their findings to the Re-Entry Oversight Committee and/or Commission. Potential subcommittee members include:</p> <p data-bbox="560 1308 1422 1339">Toni Carochi, Inta Morris, Tony Romero, Pam Clifton, and Jim Bullington.</p>

Next Meeting:

This will be the final meeting where all recommendations must be FINALIZED.

Wednesday, April 29th

2-4PM

150 10th Ave

Denver, CO

Colorado Sex Offender Management Board Standards
Standards Related to the Treatment Continuum

3.160 A provider shall employ treatment methods that are supported by current professional research and practice:

1. Offense-specific treatment for sex offenders shall:

1. Hold offenders accountable for their behavior and assist them in maintaining their accountability;
2. Require offenders to complete a full sex history disclosure and to disclose all current sex offending behaviors;
3. Reduce offenders' denial and defensiveness;
4. Decrease and/or manage offenders' deviant sexual urges and recurrent deviant fantasies;
5. Educate offenders and individuals who are identified as the offenders' support systems about the potential for re-offending and an offender's specific risk factors, in addition to requiring an offender to disclose critical issues and current risk factors;
6. Teach offenders self-management methods to avoid a sexual re-offense;
7. Identify and treat the offenders' thoughts, emotions, and behaviors that facilitate sexual re-offenses or other victimizing or assaultive behaviors;
8. Identify and treat offenders' cognitive distortions;
9. Educate offenders about non-abusive, adaptive, legal, and pro-social sexual functioning;
10. Educate offenders about the impact of sexual offending upon victims, their families, and the community;
11. Provide offenders with training in the development of skills needed to achieve sensitivity and empathy with victims;
12. Provide offenders with guidance to prepare, when applicable, written explanation or clarification for the victim(s) that meets the goals of: establishing full perpetrator responsibility, empowering the victim, and promoting emotional and financial restitution for the victim(s);
13. Identify and treat offenders' personality traits and deficits that are related to their potential for re-offending;
14. Identify and treat the effects of trauma and past victimization of offenders as factors in their potential for re-offending. (It is essential that offenders be prevented from assuming a victim stance in order to diminish responsibility for their actions);
15. Identify deficits and strengthen offenders' social and relationship skills, where applicable;
16. Require offenders to develop a written plan for preventing a re-offense; the plan should identify antecedent thoughts, feelings, circumstances, and behaviors associated with sexual offenses;
17. Provide treatment or referrals for offenders with co-existing treatment needs such as medical, pharmacological, psychiatric needs, substance abuse, domestic violence issues, or disabilities;
18. Maintain communication with other significant persons in the offenders' support systems to the extent possible to assist in meeting treatment goals;
19. Evaluate existing treatment needs based on developmental or physical disabilities, cultural, language, sexual orientation, and gender identity that may require different treatment arrangements;
20. If clinically indicated, every effort should be made to provide services in the client's primary language using professional interpretive and translation resources as needed;
21. Identify and address issues of gender role socialization;
22. Identify and treat issues of anger, power, and control.

Inmates must meet the following standards to receive a recommendation to progress to a community placement:

A. Criteria for the Standard Format

Offenders with 6 years or more minimum sentence will be assigned to the Standard Format.

1. The offender must be actively participating in treatment and applying what he or she is learning.
2. The offender must have completed a non-deceptive polygraph assessment of his or her deviant sexual history. Any recent monitoring polygraph exams must also be non-deceptive.
3. The offender must have completed a comprehensive Personal Change contact (relapse prevention plan) which is approved by the SOTMP team.
4. The offender must have, at a minimum, one approved support person who has attended family/support education and has reviewed and received a copy of the Offender's Personal Change Contract.
5. The offender must be practicing relapse prevention with no institutional acting out behaviors within the past year.
6. The offender must be compliant with any DOC psychiatric recommendations for medication which may enhance his or her ability to benefit from treatment and or reduce his or her risk of re-offense.
7. The offender must be able to be supervised in the community without presenting an undue threat.

Offenders must meet the following standards to receive a recommendation for decreased treatment in the community:

L. Recognizing the importance that the continuum of treatment intensity is dependant on offender progress, providers shall offer phases of reduced treatment intensity following an offender successfully addressing all applicable issues and concepts contained in *Standards 3.160 (I) 1-22*. This phase of treatment shall include regular polygraph examinations. The main focus of this reduced intensity "maintenance treatment" shall be to:

- Enhance application of those concepts learned in *Standards 3.160 (I) 1-22* in the client's current lifestyle, including internalizing, integrating and consolidating these concepts;
- Refine re-offense prevention skills. As offenders apply concepts it is possible that they will have lapses, which shall be addressed during the maintenance treatment;
- Return offenders to a more intensive phase of treatment if clinically indicated.

M. An offender can be moved to maintenance treatment when the community supervision team reaches consensus that the sex offender has:

- Satisfactorily addressed all applicable issues listed in *Standards 3.160 (I) 1 - 22*;
- Completed the non-deceptive sexual history disclosure polygraph process;
- Yielded non-deceptive results on the two most recent and consecutive maintenance polygraphs and they are absent any information not previously disclosed to the containment team;
- Produced an objective sexual arousal or interest measure demonstrating management of deviance;
- Demonstrated consistent compliance with treatment and supervision conditions;
- Modified his/her lifestyle to actively manage his/her risk and consistently applies the concepts learned in treatment. In addition, he/she discloses and addresses ongoing risk factors in treatment;
- Accepted s/he needs ongoing treatment and external support irrespective of required supervision conditions.

In assessing offender progress, teams shall look for external, objective and behaviorally measurable evidence.

Relationship between Prison Sex Offender Treatment and Community Treatment

Progress in treatment is not linear, incremental, static, nor reliable and must be consistently re-assessed. Progress is multi-dimensional; high risk can exist despite progress on many dimensions. Risk in any single dimension must be taken seriously. Concerns expressed by any individual member of the community supervision team should also be taken seriously. Progress indicated by repetitive testing over extended periods of time may be invalid due to deception, habituation, and socially desirable responsiveness. Consequently, results of such tests should not stand alone and multiple measures should always be used to indicate risk. (SOMB Lifetime Supervision Standards)

Redirecting Sexual Aggression (RSA):

This agency conducts a competency exam to determine the offenders' current treatment needs. This includes having the offender complete a questionnaire in addition to reviewing documentation and certificates from completed DOC groups. DOC provides copies of completed treatment tasks such as the personal change contract (relapse prevention plan), polygraph reports, and sexual history. Offenders may be placed in more advanced groups after reviewing all available information.

Teaching Humane Existence (THE):

This agency interviews inmates/parolees upon intake to assess whether they have integrated the treatment skills that they learned in DOC. As part of this process, the THE therapists routinely contact DOC therapists to obtain copies of the offender's personal change contract, defined offense cycle, polygraph reports and sexual history. After gathering this information, THE therapists determine the offender's current treatment needs and plan.

Progressive Therapy Systems, PC

This agency gives offenders credit for any treatment tasks (e.g., non-deceptive sexual history) that they adequately completed in DOC. Offenders can achieve privileges more rapidly based on their prior work and progress in DOC treatment.

The Offenders Group at Aurora Mental Health Center

This agency starts offenders in the first phase of treatment. Offenders are quickly moved up to higher levels of treatment if they can demonstrate knowledge of the concepts.

Steel City Consultants

This agency requests DOC treatment records and reviews the information with the offender to establish his/her treatment needs. Offenders can use treatment tasks that they completed in DOC (e.g., offense cycle, sexual history) and present the information to their community group.

Sex Offender Treatment and Monitoring Program
Colorado Department of Corrections

The Colorado Division of Criminal Justice evaluated the Sex Offender Treatment and Monitoring Program (SOTMP) and found that the program significantly reduced recidivism and improved community safety.¹

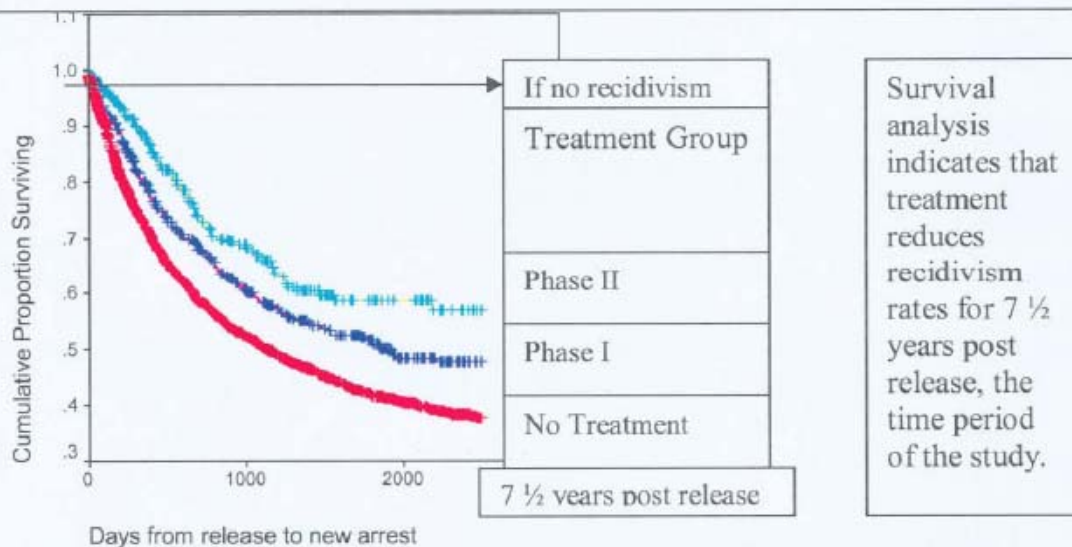
Finding: Participation in treatment was significantly associated with success on parole.

Parole Outcomes		
	Successfully completed	Revoked
No treatment	52%	48%
Phase I treatment	70%	30%
Phase II treatment	84%	16%

Finding: The combination of institutional treatment combined with specialized parole supervision and treatment during transition to the community resulted in the best outcomes.

Sex Offender Released from DOC Facilities between 1993 and 2002				
	Any New Arrest within 1 Year After Release		Any New Arrest within 3 Years After Release	
	Released to parole (N=1003)	Discharged without supervision (N=2040)	Released to parole (N=689)	Discharged without supervision (N=1514)
No treatment	23%	34%	42%	55%
Phase I only	16%	24%	41%	43%
Phase II	6%*	16%	21%	35%

Survival Analysis – Number remaining without New Arrests after Community Release



¹ Lowden, K., Hetz, N., Patrick, D., Pasini-Hill, D., English, K., and Harrison, L. (2003). *Evaluation of Colorado's Prison Therapeutic Community for Sex Offenders: A Report of Findings*. Office of Research and Statistics, Colorado Division of Criminal Justice, Denver, CO.

Table 1.20. Lifetime Supervision Sex Offender Program Terminations by Facility Fiscal Year 2008

Termination Type	Phase I		Phase I		Phase II		Total	%
	Fremont	%	Colorado Womens	%	Arrowhead	%		
Self Terminated	17	59%	0	0%	5	14%	22	33%
Lack of Progress	11	38%	2	100%	30	81%	43	63%
Paroled	1	3%	0	0%	2	5%	3	4%
Total	29	100%	2	100%	37	100%	68	100%

TABLE 3.00
Average Cost of Services (Figures were obtained in October 2008)

	Average Cost of....			
	Sex Offense Specific Evaluation, including a PPG or Abel Screening*	Mental Health Sex Offense Specific Group Treatment Session	Mental Health Sex Offense Specific Individual or Other Adjunct (i.e., family or couples counseling) Treatment Session	Polygraph Examination
1 st Judicial District	\$850	\$50	\$60	\$225
2 nd Judicial District	\$990	\$49	\$78	\$225
3 rd Judicial District	\$700	\$45	\$60	X
4 th Judicial District	\$925	\$58	\$50	\$248
5 th Judicial District	X	X	X	X
6 th Judicial District	X	X	X	\$220
7 th Judicial District	\$775	\$43	\$68	\$220
8 th Judicial District	\$925	\$41	\$110	X
9 th Judicial District	\$775	\$43	\$68	X
10 th Judicial District	\$850	\$42	\$42	\$248
11 th Judicial District	X	X	X	\$248
12 th Judicial District	X	\$45	\$45	X
13 th Judicial District	X	\$35	\$80	X
14 th Judicial District	X	\$40	\$100	X
15 th Judicial District	X	X	X	X
16 th Judicial District	X	X	X	X
17 th Judicial District	X	X	X	\$236
18 th Judicial District	\$775	\$47	\$68	\$236
19 th Judicial District	\$900	\$50	\$60	X
20 th Judicial District	\$1000	\$50	\$80	X
21 st Judicial District	\$767	\$40	\$66	X
22 nd Judicial District	X	X	X	\$220
Average	\$853	\$45	\$69	\$233
Range	\$767-\$1000	\$35 - \$58	\$42 - \$110	\$220 - \$248

NOTE: 'X' denotes services that were not provided by the local providers contacted or there were no providers in that judicial district. Services to those areas may be available through other providers, traveling providers or by providers in adjoining areas.

*Average cost of a PPG or Abel Screening alone, across the state, is \$231 (range = \$225 - \$250).