

# Lifetime Supervision of Sex Offenders

## Annual Report



November 1, 2020

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

# Lifetime Supervision of Sex Offenders | FY 2020

**November 1, 2020**

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## INTRODUCTION

The Colorado Department of Corrections (CDOC), Colorado Department of Public Safety (CDPS) and the State Judicial Department have collaborated to write this Annual Report on the Lifetime Supervision of Sex Offenders. The report is submitted pursuant to Section 18-1.3-1011, C.R.S.:

“On or before November 1, 2000, and on or before each November 1 thereafter, the department of corrections, the department of public safety, and the judicial department shall submit a report to the judiciary committees of the house of representatives and the senate, or any successor committees, and to the joint budget committee of the general assembly specifying, at a minimum:

- (a) The impact on the prison population, the parole population, and the probation population in the state due to the extended length of incarceration and supervision provided for in sections 18-1.3-1004, 18-1.3-1006, and 18-1.3-1008;
- (b) The number of offenders placed in the intensive supervision parole program and the intensive supervision probation program and the length of supervision of offenders in said programs;
- (c) The number of sex offenders sentenced pursuant to this part 10 who received parole release hearings and the number released on parole during the preceding twelve months, if any;
- (d) The number of sex offenders sentenced pursuant to this part 10 who received parole or probation discharge hearings and the number discharged from parole or probation during the preceding twelve months, if any;
- (e) The number of sex offenders sentenced pursuant to this part 10 who received parole or probation revocation hearings and the number whose parole or probation was revoked during the preceding twelve months, if any;
- (f) A summary of the evaluation instruments developed by the management board and use of the evaluation instruments in evaluating sex offenders pursuant to this part 10;
- (g) The availability of sex offender treatment providers throughout the state, including location of the treatment providers, the services provided, and the amount paid by offenders and by the state for the services provided, and the manner of regulation and review of the services provided by sex offender treatment providers;
- (h) The average number of sex offenders sentenced pursuant to this part 10 that participated in Phase I and Phase II of the department's sex offender treatment and monitoring program during each month of the preceding twelve months;
- (i) The number of sex offenders sentenced pursuant to this part 10 who were denied admission to treatment in Phase I and Phase II of the department's sex offender treatment and monitoring program for reasons other than length of remaining sentence during each month of the preceding twelve months;

- (j) The number of sex offenders sentenced pursuant to this part 10 who were terminated from Phase I and Phase II of the department's sex offender treatment and monitoring program during the preceding twelve months and the reason for termination in each case;
- (k) The average length of participation by sex offenders sentenced pursuant to this part 10 in Phase I and Phase II of the department's sex offender treatment and monitoring program during the preceding twelve months;
- (l) The number of sex offenders sentenced pursuant to this part 10 who were denied readmission to Phase I and Phase II of the department's sex offender treatment and monitoring program after having previously been terminated from the program during the preceding twelve months;
- (m) The number of sex offenders sentenced pursuant to this part 10 who were recommended by the department's sex offender treatment and monitoring program to the parole board for release on parole during the preceding twelve months and whether the recommendation was followed in each case; and
- (n) The number of sex offenders sentenced pursuant to this part 10 who were recommended by the department's sex offender treatment and monitoring program for placement in community corrections during the preceding twelve months and whether the recommendation was followed in each case.”

This report is intended to provide the Colorado General Assembly with information on the nineteenth year of implementation of the Lifetime Supervision Act in Colorado. The report is organized into three sections, one for each of the required reporting departments. Each department individually addresses the information for which it is responsible in implementing Lifetime Supervision and associated programs.

## IMPACT ON PRISON AND PAROLE POPULATIONS

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

### Admissions and Discharges for Fiscal Year 2020

During fiscal year (FY) 2020 (July 1, 2019 through June 30, 2020), 114 new court commitments were admitted to the CDOC under the Lifetime Supervision provisions for sex offenses. Offenders may be admitted to prison with a conviction for a determinate offense as well as a concurrent or consecutive Lifetime Supervision sentence to probation for the qualifying sex offense, but these offenders are not included among those counted as Lifetime Supervision sex (LSX) offenders. During FY 2020, 42 offenders were removed from Lifetime Supervision status. Of these 42 offenders, 12 were released from LSX designation by court ordered discharge, 18 died (9 while in prison, and 9 while on parole), 1 was released from LSX designation by the courts to probation, 8 had their LSX designations discharged while on parole, and 3 offenders had their sentence discharged.

Offenders who receive prison sentences may have their sentences amended from a determinate sentence to a lifetime sentence or vice versa. A history of amended mittimus are not recorded electronically, so it is impossible to identify all sex offenders who have had their sentences amended in the midst of serving their sentence.

### Current Population

On June 30, 2020, 2,653 offenders were under CDOC supervision for sexual offense convictions sentenced under the Lifetime Supervision provisions. Of these, 1,194 were in state prisons, 506 were in private prisons, 916 were on parole, and 37 were in other locations, including community corrections, interstate corrections compact transfer, and jail backlog. **Figure 1** further breaks down these placements.

Of the 2,653 LSX offenders under CDOC supervision on June 30, 2020, 98.7% were male and the median age was 48.6 years. Of these offenders, 55.7% percent were Caucasian, 27.1% were Hispanic, 13.3% were African American and 3.9% were other ethnicities.

**Figure 1. Location of Lifetime Supervision Sex Offenders as of June 30, 2020**

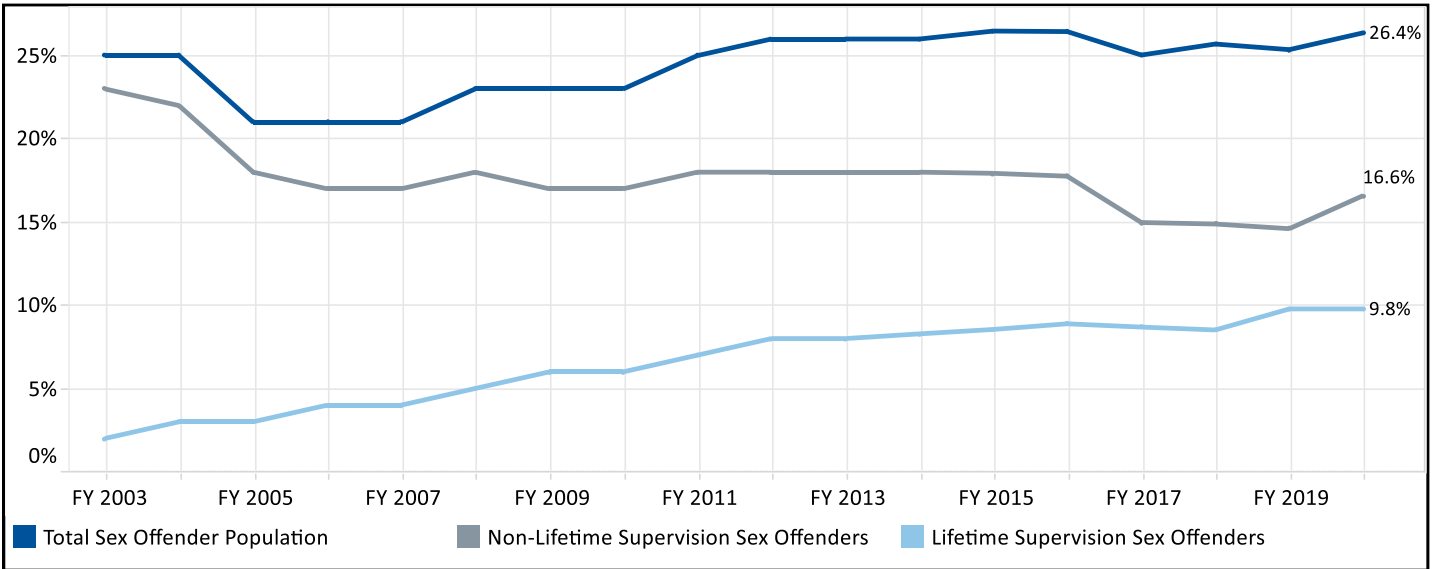
State Prison	Arkansas Valley Correctional Facility	190
	Arrowhead Correctional Center	1
	Buena Vista Correctional Complex	76
	Centennial Correctional Facility	114
	Colorado State Penitentiary	49
	Colorado Territorial Correctional Facility	122
	Denver Reception and Diagnostic Center	37
	Denver Women's Correctional Facility	17
	Four Mile Correctional Center	1
	Fremont Correctional Facility	353
	La Vista Correctional Facility	4
	Limon Correctional Facility	44
	San Carlos Correctional Facility	23
	Sterling Correctional Facility	162
Trinidad Correctional Facility	1	
Private Prison	Bent County Correctional Facility	248
	Crowley County Correctional Facility	258
Community	Community Corrections	14
	Intensive Supervision - Inmate	3
Parole	Awaiting Transfer - Parole to Facility	1
	Colorado Parolees Out of Colorado	257
	Denver Central Metro Region	68
	Denver South Metro Region	73
	Denver West Metro Region	92
	Northeast Region	139
	Southeast Region	206
	Western Region	80
Others	Federal Transfer Tracking	1
	Fugitive	1
	Interstate Compact Transfer	8
	Jail Backlog	10

### Impact on Prison Population

To assess the impact of the Lifetime Supervision Act on the total prison population, the percentage of Lifetime Supervision Sex Offenders and non-LSX sex offenders within the total sex offender inmate population is displayed in **Figure 2**. The percentage of total offenders sentenced under the Lifetime Supervision Act increased from 8.8% in FY 2019 to 9.8% in FY 2020. On July 1, 2016, the Administrative Regulation on the Sex Offender Treatment and Monitoring Program (SOTMP) was modified and offenders with a sex offender treatment needs level below 5 are no longer recommended for sex offense specific treatment, unless clinically indicated.



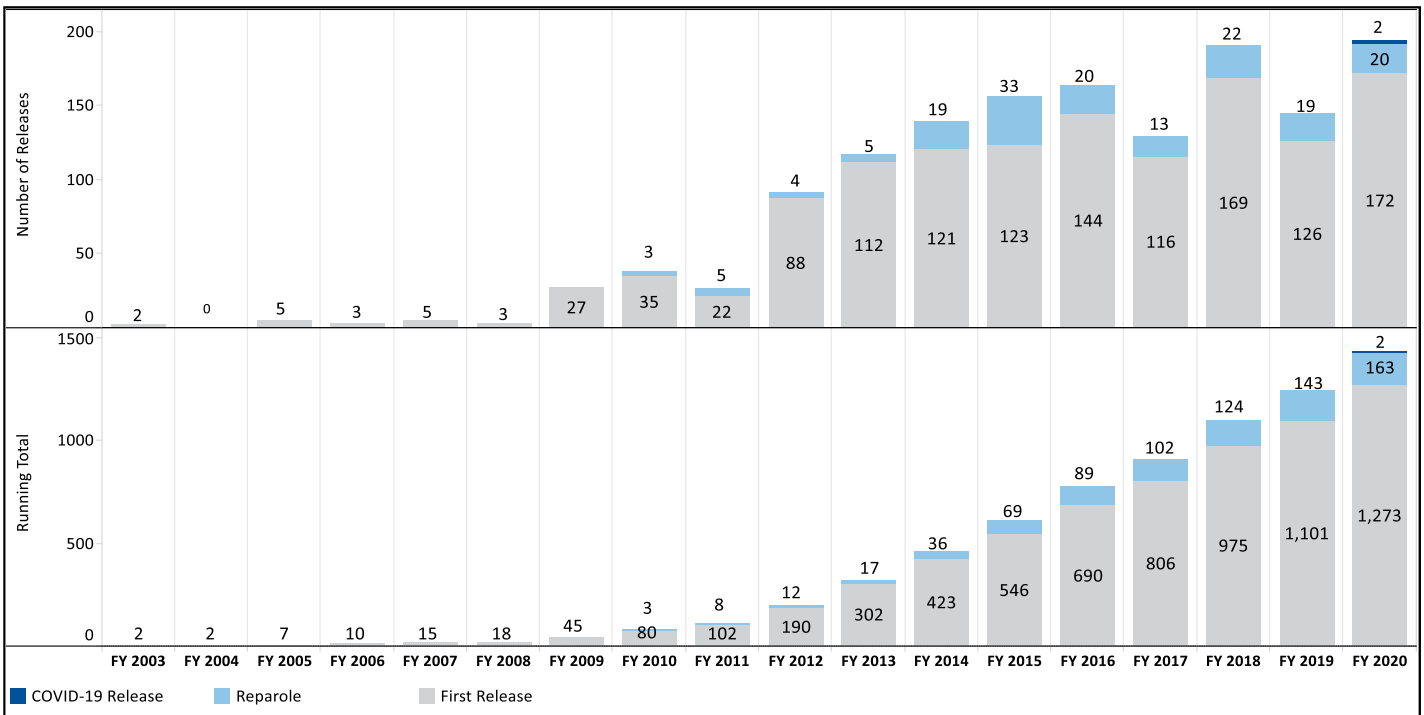
**Figure 2. Percentage of Sex Offenders and Lifetime Supervision Sex Offenders Out of the Prison Population**



**Impact on Parole Population**

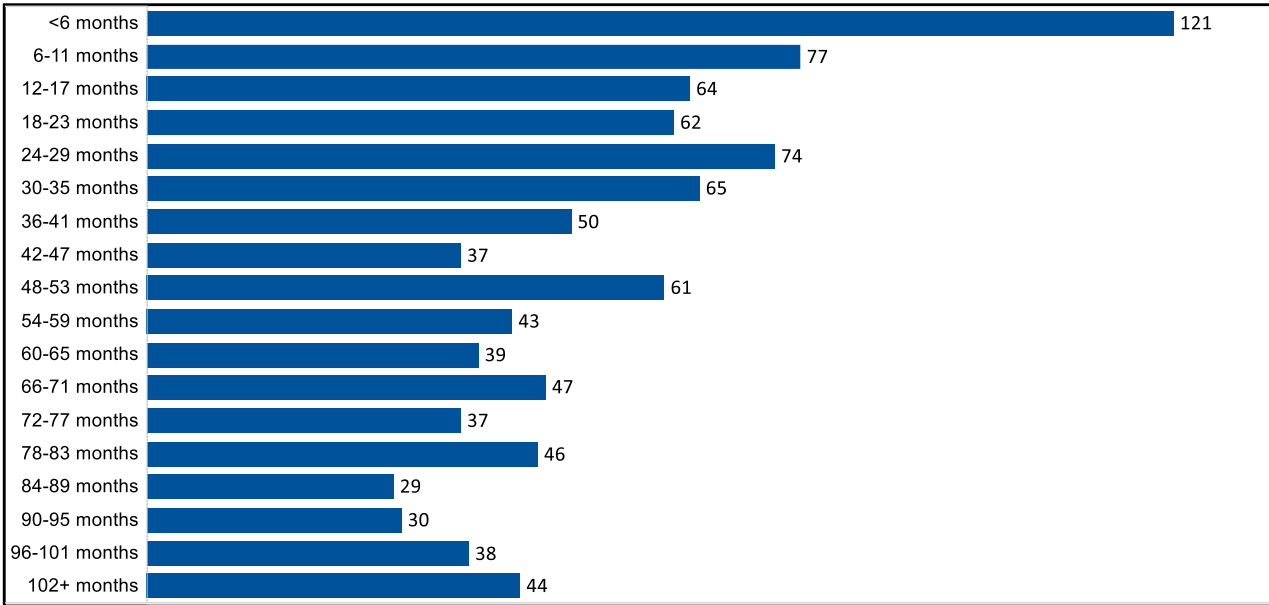
As of June 30, 2020, there were 1,275 Lifetime Supervision Sex Offenders who had released to parole for the first time. Of these, 174 paroled during FY 2020, including 2 offenders who were released under COVID-19 criteria. Since the inception of the Act, a total of 1,438 offenders have been released to parole. One hundred sixty-three (163) offenders have had their parole revoked, returned to incarceration and were subsequently re-paroled, including 20 who re-paroled in FY 2020. **Figure 3** details the discrete and cumulative number of initial releases to parole and re-paroles of Lifetime Supervision Sex Offenders by fiscal year.

**Figure 3. Lifetime Supervision Sex Offender Releases by Year**



**Figure 4** displays the length of stay of Lifetime Supervision Sex Offenders on parole as of June 30, 2020. This figure only tracks active parolees, during the fiscal year, who were Lifetime Supervision Sex Offenders or whose sentence was discharged. The longest a Lifetime Supervision Sex Offender has been under parole supervision is 12.8 years and the average is 3.7 years. Of the 915 parolees under lifetime supervision, 257 (28.1%) released to parole supervision in another state and 242 (26.4%) were under intensive supervision parole.

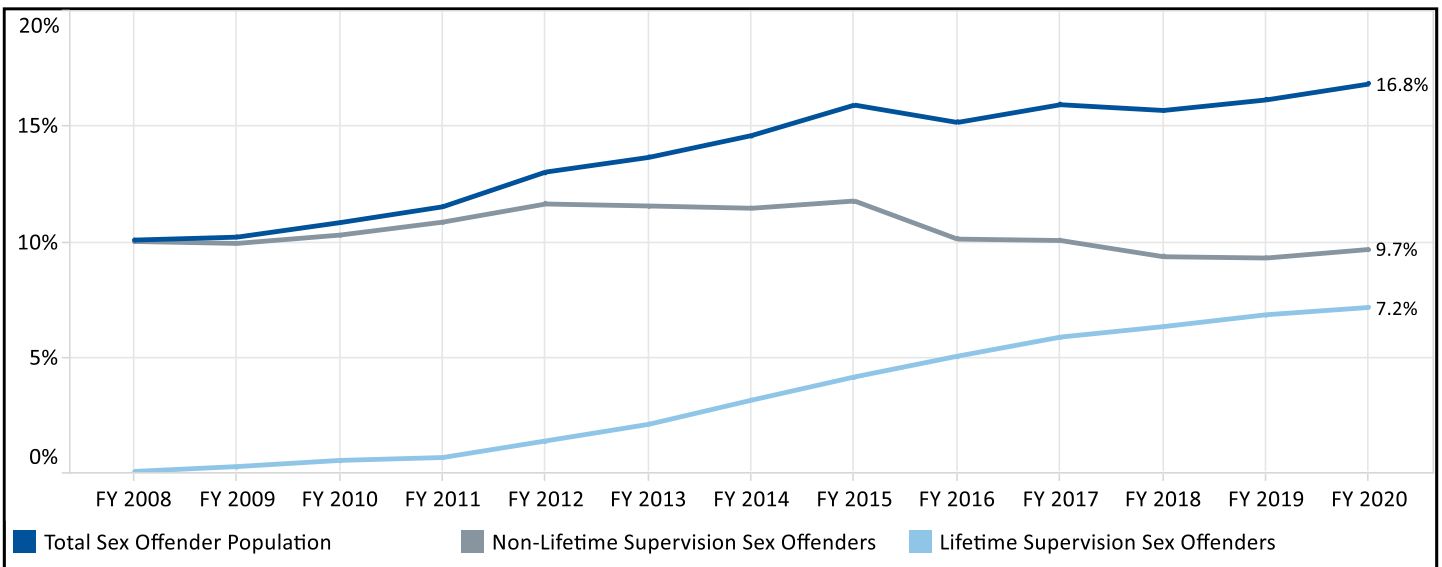
**Figure 4. Current Lifetime Supervision Sex Offenders Parole Length of Stay**



Note. This is length of stay for LSX offenders on parole as of 6/30/2020 or those who discharged their sentence during FY 2020. Offenders who were paroled, but discharged prior to FY 2020 are not included in this figure.

**Figure 5** displays the total percentage of parolees who are sex offenders (16.8%). Of these, 9.7% are non-LSX sex offenders and 7.2% are Lifetime Supervision Sex Offenders (0.1% difference is due to rounding.)

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



## **Parole Release Hearings**

The Parole Board completed 925 applications for release hearings for 741 Lifetime Supervision Sex Offenders during FY 2020; some offenders were not meeting criteria at the time of their hearing, and some had multiple hearings over the course of the year. The Parole Board granted discretionary release for 146 of the 741 Lifetime Supervision Sex Offenders, although not all of these had paroled by the end of the fiscal year.

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

The Parole Board completed 86 revocation hearings for 59 Lifetime Supervision Sex Offenders in FY 2020, for whom, 39 hearings resulted in revocation of parole, seven hearings resulted in continuations on parole, five offenders self-revoked their parole, and eight hearings were not yet finalized at the end of the fiscal year.

Of releases to parole since the Lifetime Supervision Act went into effect, 442 have resulted in revocation (some offenders have released and been revoked multiple times). Of the 442 revocations, 69 returns were for new felony convictions. During FY 2020, five offenders returned on new felony convictions.

## **Parole Discharge Hearings and Number Discharged from Parole**

According to CRS 18-1.3-1006, the period of parole for any sex offender convicted of a class 4 felony shall be an indeterminate term of at least 10 years and a maximum of the remainder of the sex offender's natural life. The period of parole for any sex offender convicted of a class 2 or 3 felony shall be an indeterminate term of at least 20 years and a maximum of the remainder of the sex offender's natural life. Early discharge has been reviewed and approved for nine offenders as of June 30, 2020.

## **SUMMARY OF EVALUATION INSTRUMENTS**

Release to parole or community corrections is subject to the discretion of the Parole Board. The CDOC informs the Parole Board if offenders have participated in treatment and have met the criteria for successful progress in prison treatment as defined in the *Sex Offender Management Board Standards and Guidelines for the Assessment, Evaluation, Treatment and Behavioral Monitoring of Adult Sex Offenders; Lifetime Supervision Criteria; Standards for Community Entities That Provide Supervision and Treatment for Adult Sex Offenders Who Have Developmental Disabilities*.

## **SEX OFFENDER TREATMENT AND MONITORING PROGRAM (SOTMP)**

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

### **Sex Offender Treatment Tracks**

Following the release of a comprehensive evaluation of the SOTMP, the programming and curriculum were revised and updated based on the evaluation recommendations beginning April 2013. In order to implement positive change to programming and treatment, key positions were filled to include:

- Psychologist to complete assessments;
- Staff to complete risk assessments and staff to deliver treatment;
- A clinical trainer to train, mentor, and coach treatment providers and develop training curriculum.

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

Risk assessment to determine level of treatment intensity recommended:

- All eligible offenders with identified sex offense specific treatment needs are assessed with the Static-99R actuarial assessment. This assessment assesses static factors in an offender's history and provides a baseline risk category, which is used to determine the initial recommended treatment track. All offenders are placed into treatment groups according to risk and individual needs. During the treatment process, additional dynamic assessments are administered. Clients who remain in the lower risk categories after on-going assessment and meet the established criteria, will progress to maintenance phase upon completion of Track I. Those who are assessed to be in the higher risk categories and who have more significant treatment needs will participate in Track II Intensive Treatment Program (ITP). Upon successful progress on identified treatment objectives in the Track II ITP, clients who meet the established criteria will move to the maintenance phase. There are no validated risk assessments for use in the female population; therefore, CDOC does not assess females with these types of assessment tools.

### **Track I – (Very low, Below Average and Average)**

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

Phase I were revised and the program renamed Track I. The Track I program will be offered to clients who have a very low, below average or average risk for sexual recidivism. Clients will have an opportunity to meet the Lifetime Supervision treatment progress criteria upon completion of Track I. Clients who initially score in the lower risk categories may later fall into higher risk categories based upon this ongoing, dynamic assessment. The goals of Track I (very low, below average and average) include:

- The client is initially assessed with a Static Risk Assessment, the results of which are used to determine initial treatment level. Risk assessment is ongoing throughout treatment and can be used to determine further treatment needs.
- The client identifies factors that contribute to his/her sexually abusive behavior.
- The client identifies, in depth, problem areas he/she needs to continue to work on if continuing on to the maintenance level, Track II ITP, or in community-based offense specific treatment.
- The client demonstrates a willingness to utilize the treatment program to make changes to prevent further sex offense behavior through participation in the treatment group and behavior in the institution.
- The client identifies his/her relapse cycle and methods for intervention in the cycle.
- The client realizes the importance of sharing his/her relapse cycle and methods of intervention with significant others in his/her life.
- The client will have the opportunity to meet the Lifetime Supervision treatment progress criteria with a report to the Parole Board that these criteria have been successfully met.
- Further evaluation of the client's treatment needs and dynamic risk level.

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

### **Track II – (Average/Well Above Average)**

The Phase II Intensive Treatment Program was developed during FY 2014 and later revised in 2016 to become the Track II. The 2014 change combined the existing standard and modified formats of the previous Phase II. The Track II program was revised in 2016 to more closely follow the revised Lifetime Supervision treatment progress criteria. This track consists of cognitive behavioral groups based on the evidence-based risk-need-responsivity model focusing on criminogenic factors and changing the clients' distorted thinking and patterns of behaviors. This track also helps the client develop effective relapse prevention plans and community-based safety plans for effective transition into the community. Clients participate in treatment groups specific to their individual needs. The Track II program is offered at Centennial Correctional Facility in an intensive treatment community (ITC). It is also offered in a traditional group format at Colorado Territorial Correctional Facility, San Carlos Correctional Facility, Denver Women's Correctional Facility, and the Youthful Offender System. The goals of Track II ITP (Average/Well Above Average) include:

- The client receives further evaluation of his/her treatment needs and collaborates with the treatment team to develop treatment plan goals that mitigate individual risk factors.
- The client identifies and changes distorted thinking.
- The client prepares for living a responsible lifestyle in the community.
- The client realizes the importance of developing a balanced lifestyle and monitoring his/her thoughts and behaviors for the rest of his/her life.
- The client identifies his/her relapse cycle and methods for intervention in the cycle.
- The client realizes the importance of sharing his/her relapse cycle and methods of intervention with significant others in his/her life.
- The client identifies an approved support person in the community, often a family member though it is not a requirement that this identified person is a family member.
- The client practices and incorporates a model for solving problems.

### **Maintenance Level**

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

- Sex offense specific maintenance
- Healthy relationships/sexuality
- Re-entry planning to include:
  - Job readiness workshop
  - Career and personality class
  - Community resources guide class
  - Safety planning
- Relapse prevention/rehearsal groups to include:
  - Risk management planning

### **Specialized Services**

SOTMP also offers, to the extent that resources permit, specialized services to the following sex offenders: females, youth, Spanish speaking, and client with medical restrictions, hearing impairments, developmental

needs, and chronic mental illness. Treatment formats for Lifetime Supervision of Sex Offenders are no longer any different than formats for all offenders.

The 1998 passage of the Colorado Lifetime Supervision Act requires that offenders must serve the term of their minimum sentence in prison and participate and progress in treatment in order to be considered a candidate for parole. In FY 2016, the SOTMP collaborated with representatives from Parole and the Parole Board to replace the previous specialized format for Lifetime Supervision Sex Offenders. The new format will afford all sex offenders (both determinate and indeterminate) the opportunity to participate in treatment commensurate with their relative level of risk. The treatment phases have been designed with the following assumptions:

- Although treatment phases and curriculum are designed to encourage cooperation with and progress in treatment, they do not ensure it.
- Clients will continue in treatment and supervision if placed in community corrections or on parole.
- Clients need to be willing to work on problems and demonstrate motivation to change.
- The Parole Board will be informed when clients meet the Lifetime Supervision criteria for successful progress in prison treatment.

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

#### **Very Low to Average Risk Categories**

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

#### **Above Average to Well Above Average**

- Is actively participating in treatment and demonstrates a reduction in dynamic risk.
- Completes a disclosure of the offender's offense related sexual history as verified through either the polygraph process or other clinical indicators.
- Completes a comprehensive plan to manage ongoing risk areas.

- Has an approved support person or system who has participated in SOTMP family/support education. The SOTMP also must have received an approved copy of the offender's sexual offense cycle through their participation in a SOTMP therapist facilitated disclosure session with the offender.
- Demonstrates management of risk factors.
- Stays compliant with any DOC psychiatric recommendations for medication which may enhance the offender's ability to benefit from treatment and or reduce his or her risk of re-offense.
- Demonstrates the ability to be supervised in the community without presenting an undue threat.

The CDOC made changes to administrative regulation AR700-19 in 2015 so that the SOTMP will prioritize clients for treatment based on their parole eligibility date (PED) in addition to sentence type. Treatment participants are assessed to determine their level of risk for committing another sexual offense and participate in the level treatment based on their individual needs. Clients who fall within the lower risk categories for sexual recidivism are recommended to participate in Track I. Clients who fall within the high-risk categories for sexual re-offense are recommended for participation in the Track II intensive treatment program. Prioritization now occurs in the following manner:

#### A. 1<sup>st</sup> Priority

Clients with active judicial determinations of sex offenses (convicted of a sex offense, finding of sexual factual basis) who are within 4 years of their PED. Active sentences include judicial determinations that were active during any time period of their current DOC sentence:

1. Clients who have not had an opportunity to participate in treatment, will have priority over a client who has had an opportunity and did not take advantage of that by; refusing to participate in group, dropping out of group, being terminated from group, or not successfully completing group. Clients who participated in a phase of treatment, and demonstrated motivation and effort, but needed additional time to understand the concepts will not fall in the previous treatment attempt category.
2. Clients will be prioritized for group placement by their PED. Those with earlier PED dates will be placed in group before others with later PED dates.
  - a. To be placed in a Track I (Very low, Below Average and Average) group:
    - i. Clients must have a minimum of 18 months to sentence discharge
    - ii. Clients must have a minimum of 6 months to their Mandatory release date (MRD)
  - b. To be placed in a Track II (Average/Well Above Average) group:
    - i. Clients must have a minimum of 18 months to sentence discharge
    - ii. Clients must have a minimum of 12 months to their Mandatory release date (MRD)
3. Once all clients who have not had prior opportunities to participate in SOTMP and are within 4 years of their PED have been placed in group, clients with the fewest prior opportunities will be placed in group by order of their referral date.



## B. 2<sup>nd</sup> Priority

- 1) Once all clients who have not had prior opportunities to participate in SOTMP and are within 4 years of their PED have been placed in group, clients with the fewest prior opportunities will be placed in group by order of their referral list placement date.

In an effort to meet the growing treatment needs of Lifetime Supervision Sex Offenders with CDOC's limited treatment resources, the following changes were implemented to increase treatment opportunities for clients:

- Developed a Track II ITP outpatient program at Colorado Territorial Correctional Facility, San Carlos Correctional Facility and Denver Women's Correctional Facility for clients who cannot progress to Arrowhead Correctional Center in August 2008.
- Moved the Phase I program at Sterling Correctional Facility to Arkansas Valley Correctional Facility in October 2008. This location improves the CDOC's ability to recruit and retain therapists.
- Active and on-going communication with the Parole Board, the Colorado Association of Community Corrections Boards, and the Colorado Community Corrections Coalition regarding community transition for Lifetime Supervision Sex Offenders.
- Started a Track I group for male clients with significant medical impairments at Denver Reception and Diagnostic Center.
- Started a Maintenance program at Cheyenne Mountain Re-entry Center (CMRC) for clients who have reached the Maintenance level of treatment.
- Revised the treatment curriculum in order to implement an open group format.

### **Cost of Sex Offender Treatment**

The FY 2020 CDOC budget included \$3,604,934 for assessment, treatment, testing (including polygraphs), program evaluation, and registration coordination for incarcerated sex offenders in state facilities. Approximately \$242,500 was allocated for polygraph testing. For offenders on parole, \$3,478,369 was spent for approved sex offender treatment provider services for FY 2020.

### **Referral to Sex Offender Treatment**

A statewide referral process was created for CDOC behavioral health treatment in prison. One of the goals of the referral system was to establish a global referral list for all clients who meet the requirements for sex offender treatment. Both Lifetime and Non-Lifetime Supervision Sex Offenders who meet the requirements are placed on a statewide global referral list for treatment. Clients must be within 4 years or less of their parole eligibility date (PED) to be placed on the global referral list. Clients who are classified as a low treatment priority are not placed on the global referral list. Clients may be classified as having a low treatment priority if they previously completed treatment and do not demonstrate the need for treatment or have a sex offense that has not yet been decided by a court. The statewide global referral list ensures clients are moved to a facility offering SOTMP when they are prioritized to start treatment. On June 30, 2020, 345 Lifetime Supervision Sex Offenders were referred for treatment.

## Eligibility Criteria for Treatment

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

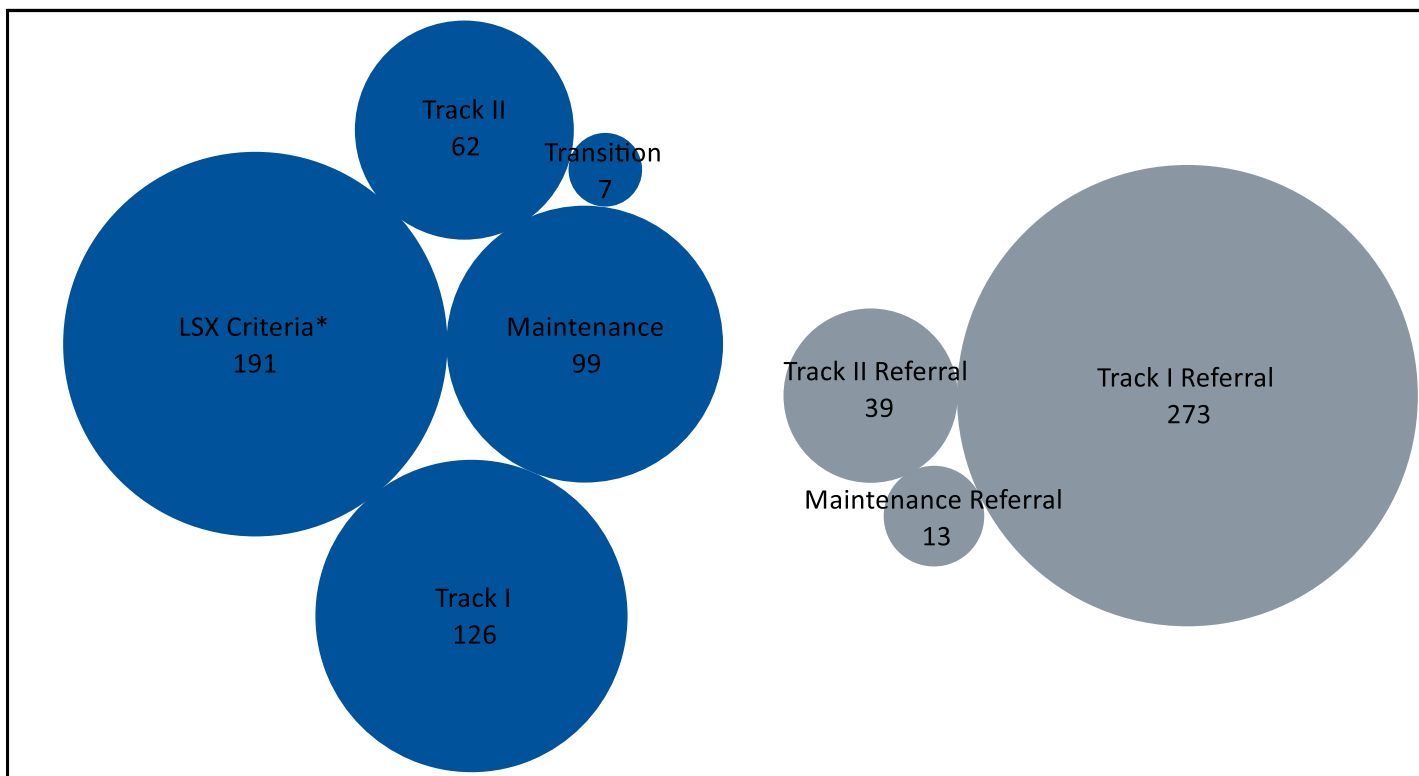
- Must have 4 years or less to parole eligibility date (PED) to be placed on the global referral list.
- Must be willing to discuss problems related to sexually abusive behavior and work on them in treatment.
- Must demonstrate a willingness to participate in group treatment at the level recommended by the program.
- Must sign and comply with the conditions of all SOTMP treatment contracts.

Clients are interviewed and screened prior to participation in treatment using these criteria. Even if the client does not initially meet participation requirements, the requirements and the specific reasons for the requirements are explained, and the client is encouraged to reapply when he or she meets the criteria in the future. Typically, clients are able to meet the criteria and become amenable to treatment over time.

Clients are re-interviewed and screened upon request for reconsideration and may change from not meeting criteria to meeting criteria within the course of the year. Clients may initially refuse to participate in treatment, may not progress in treatment, may cease complying with treatment requirements or may drop out of treatment. These clients are encouraged to re-apply for treatment as soon as they are willing to comply with the requirements.

As of June 30, 2020, of the 1,714 Lifetime Supervision Sex Offenders incarcerated in a state or private facility, 1,095 did not meet the eligibility criteria to be placed on the global referral list (see description above). **Figure 6** depicts the treatment and referral status of Lifetime Supervision Sex Offenders on June 30, 2020; 485 Lifetime Supervision Sex Offenders were in various stages of treatment (294 distinct) and 325 were on the global referral list.

**Figure 6. Treatment Status of Lifetime Supervision Sex Offenders as of June 30, 2020**



Note: This figure shows the treatment status of incarcerated Lifetime Sex Offenders who met basic treatment eligibility requirements as of June 30, 2020.

\*Treatment progress criteria for lifetime supervision sex offenders to progress to the community includes: active participation in treatment, compliance with psychiatric recommendations for medication, must be able to be supervised in the community without presenting an undue threat, a disclosure of his or her offense related sexual history relevant to identified risk areas, a plan to manage ongoing risk areas and treatment needs, an approved support person or system (Moderate-High to High Risk Categories).

### Participation in Treatment

On June 30, 2020, 294 Lifetime Supervision Sex Offenders were participating in treatment. **Table 1** details the number of Lifetime Supervision Sex Offenders who participated in sex offender treatment during each month of FY 2020. The length of participation for Lifetime Supervision Sex Offenders in treatment was calculated using program participation admission and termination dates, or June 30, 2020, if the client was currently in a sex offender treatment program. For Lifetime Supervision Sex Offenders who participated in treatment at any point during FY 2020, the average length of stay in treatment was 196.7 days in Track I groups, 366.0 days in Track II groups and 123.9 days in Maintenance Phase groups.

**Table 1. Treatment Participation of Lifetime Supervision Offenders During Each Month of FY 2020**

	July 2019	August 2019	September 2019	October 2019	November 2019	December 2019	January 2020	February 2020	March 2020	April 2020	May 2020	June 2020
Track I	185	178	172	169	155	168	173	165	146	140	133	141
Track II	69	72	76	74	70	71	70	71	71	69	70	65
Maintenance	88	94	100	104	106	93	91	63	95	114	111	106
Totals	342	344	348	347	331	332	334	299	312	323	314	312

Note: Table 1 data includes offenders who participated for any amount of time during the month. Some offenders may have participated in more than one level of the program within a month. All participation was counted each time it occurred.

### Terminations from Track I, Track II, and Maintenance

Standardized program termination types are used for all program and work assignments throughout the department and describe positive and negative termination reasons. Terminations may also be administrative in nature to include situations such as medical emergencies or movement from the facility for security reasons. Terminations from Track I and Track II have been grouped into the following categories for this report:

- **Administrative Termination:** Client is terminated due to medical reasons, or they were moved to a higher classification due to negative or dangerous behavior, or other administrative reasons.
- **Dropped Out/Self Terminated:** Client decides to discontinue treatment or stops attending groups and informs the treatment staff that they are no longer interested in participating in treatment.
- **Expelled from Program:** Client is terminated from treatment for a group contract violation. In the majority of cases, the client is terminated after being placed on probation and given opportunities to improve his/her participation. If the client is terminated, completion of assignments is required before readmission to treatment is allowed. This category includes client behaviors that threaten the safety and security of other treatment participants. Termination from treatment without a period of probation may result based on the seriousness of the behaviors.
- **Satisfactory Completion:** Client completes a time limited group, meeting the group's goals.
- **Transfer/Paroled/Discharge:** Client transfers to another facility, releases to parole, or sentence discharges.
- **Unsatisfactory Completion:** If the client needs more time to understand the material or achieve the group goals, the client unsatisfactorily completes and may be recommended to repeat the group.

In April of 2007, the CDOC instituted a due process system for sex offender treatment terminations due to treatment noncompliance or lack of progress. Under this system, the therapist recommends clients for termination based on their behavior. The facility sex offender treatment team reviews the therapist's

recommendation. The SOTMP administrator reviews the request for suspension, and if the administrator supports the request, the client is suspended. If the team supports the termination recommendation, the client is suspended and served with a Notice of Right to Termination Review. The client can request a termination review where a three-member panel evaluates all information presented by the client and his or her therapist. A disposition is issued regarding the termination. **Table 2** provides details on SOTMP terminations in FY 2020. In FY 2020, 61.1% of Track I participants who terminated had a satisfactory completion, and 60.0% of Track II participants who terminated had a satisfactory completion.

**Table 2. Lifetime Supervision SOTMP Terminations by Program, FY 2020**

		Number of Offenders	Percentage of Offenders
<b>Track I</b>	Administrative Termination	11	3.8%
	Dropped	6	2.1%
	Expelled	5	1.7%
	Refused	1	0.3%
	Satisfactory Completion	176	61.1%
	Transfer/ Paroled/ Discharged	65	22.6%
	Unsatisfactory Completion	24	8.3%
<b>Track II</b>	Behavior	1	1.2%
	Dropped	12	14.1%
	Satisfactory Completion	51	60.0%
	Transfer/ Paroled/ Discharged	18	21.2%
	Unsatisfactory Completion	3	3.5%
<b>SOTMP Maintenance</b>	Administrative Termination	8	2.1%
	Expelled	1	0.3%
	Non Attendance	25	6.5%
	Punitive Segregation	3	0.8%
	Satisfactory Completion	82	21.4%
	Transfer/ Paroled/ Discharged	260	67.9%
	Unsatisfactory Completion	4	1.0%

### **Met Criteria for Community or Release to Parole**

All Lifetime Supervision Sex Offenders meeting the statutory and departmental criteria are referred to community corrections providers by case manager unless the offender chooses to waive his or her rights. The SOTMP may make referrals to community corrections providers for clients who meet treatment progress criteria. Treatment progress criteria for Lifetime Supervision Sex Offenders to progress to the community include the following (described in more detail in Administrative Regulation 700-19):

#### **Categories**

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

### **Above Average to Well Above Average Categories**

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

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

During FY 2020, 346 sex offenders, of which 295 were Lifetime Supervision Sex Offenders, met the statutory and departmental criteria for successful progress in prison treatment (see description above for risk categories and requirements). Eighty-seven (87) Lifetime Supervision Sex Offenders, recommended to the Parole Board by the department's sex offender treatment and monitoring program during FY 2020, were released to parole, and 3 to community corrections.

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**PROBATION POPULATION IMPACT**

The Sex Offender Intensive Supervision Program (SOISP) is designed to provide the highest level of supervision to adult sex offenders who are placed on probation pursuant to §18-1.3-1007(2). Although initially created in statute in 1998 to address the risk posed by lifetime supervision cases, the legislature made a significant change to the statute in 2001. Pursuant to HB01-1229, all felony sex offenders convicted on or after July 1, 2001, are statutorily mandated to be supervised by the SOISP program.

The goal of SOISP is to minimize risk to the public to the greatest extent possible, by holding probationers accountable for anti-social and sexually assaultive behavior. The program promotes decreased risk factors and increased protective factors along with encouraging pro-social skill building, and assisting the probationer's ability to repair the harm caused by their actions, when possible. SOISP should include a combination of high-level surveillance and monitoring; evidenced-based and best practice supervision strategies, physiological monitoring, and collaboration with Community Supervision Teams. Some sex offenders cannot or will not respond to treatment and there is no implication that all sex offenders can be successful in treatment. Depending on the strengths and risk of the probationer, elements of community supervision may include restricted activities, daily contact with the probationer, curfew checks, home visitation, employment visitation and monitoring, drug and alcohol screening, and/or sex offense specific treatment. SOISP consists of three phases, each with specific criteria that must be met prior to a reduction in the level of supervision. Phase progression occurs when a probationer's risk to the community declines and protective factors increase. The goal of supervision for any probationer is a reduction in risk factors. The use of phases provides a structured process designed to provide clear expectations for the supervising officer to assess the probationer's progress. The phase requirements are intended to be applied with an individualized approach, since not all conditions will apply to every probationer, but should serve as benchmarks accordingly for the supervising officer to make adjustments in supervision.

Those probationers that satisfactorily meet the requirements of the program are then transferred to non-SOISP, sex offender regular probation supervision for the remainder of their sentence. There were originally 46 FTE appropriated for the SOISP program. Caseload sizes were capped at 25 probationers, for a program capacity of 1,150.

Between July 1, 2019 and June 30, 2020, 581 adults were charged in district court with one of the 12 mandatory lifetime eligible sex offenses identified in statute and were sentenced to probation. Of these, 65 offenders (11%) received an indeterminate sentence to probation of at least 10 or 20 years to a maximum of the offender's natural life and sentenced to Sex Offender Intensive Supervision Probation (SOISP). As a condition of probation 2 of these offenders were sentenced to work release, 20 offenders served a jail sentence as a condition of probation, 3 offenders served a Community Corrections sentence and 1 offender was ordered to serve a Department of Corrections sentence prior to being supervised by probation.

Using E-Clipse/ICON, the State Judicial Department's case management information system, staff at the Division of Probation Services selected all sex offender cases eligible for mandatory indeterminate sentences,

as well as all applicable sex offender cases which terminated probation supervision, during Fiscal Year 2018–2020. The following statutory charges were reviewed and included in this analysis:

I. Offenders who **must** be sentenced to an indeterminate term:

18-3-402 C.R.S.	Sexual Assault; or Sexual Assault in the First Degree, as it existed prior to July 1, 2000
18-3-403 C.R.S.	Sexual Assault in the Second Degree, as it existed prior to July 1, 2000
18-3-404(2) C.R.S.	Felony Unlawful Sexual Contact; or Felony Sexual Assault in the Third Degree, as it existed prior to July 1, 2000
18-3-405	Sexual Assault on a Child
18-3-405.3 C.R.S.	Sexual Assault on a Child by One in a Position of Trust
18-3-405.5(1) C.R.S.	Aggravated Sexual Assault on a Client by a Psychotherapist
18-3-305 C.R.S.	Enticement of a Child
18-6-301 C.R.S.	Incest
18-6-302 C.R.S.	Aggravated Incest
18-7-406 C.R.S.	Patronizing a Prostituted Child
18-3-306(3) C.R.S.	Class 4 Felony Internet Luring of a Child
18-3-405.4 C.R.S.	Internet Sexual Exploitation of a Child

In 2002, coding was installed in E-Clipse/ ICON that distinguishes between lifetime and non-lifetime cases. The coding to differentiate lifetime from non-lifetime is based on sentencing codes entered by the court. This report also includes an additional 168 cases terminated from probation supervision for non-lifetime eligible offenses during Fiscal Year 2019-2020.



The following table reflects an analysis comparison of sentences to probation for lifetime eligible offenses for Fiscal Years 2015 through 2020:

**Table 3: Placement of New Cases Eligible for Indeterminate Lifetime Term Sentences to Probation for Fiscal Years 2015-16 through 2019-20:**

Type of Supervision	Number of Cases (Percent) FY2015-2016	Number of Cases (Percent) FY2017-2018	Number of Cases (Percent) FY2017-2018	Number of Cases (Percent) FY2018-2019	Number of Cases (Percent) FY2019-2020
Lifetime Probation with SOISP	51 (12%)	59 (14%)	59 (15%)	64 (15%)	65 (11%)
*SOISP (non-lifetime probation for felony sex offenses with SOISP)	261 (62%)	268 (65%)	253 (63%)	267 (62%)	281 (48%)
Regular Probation (Cases Ineligible for Lifetime or SOISP and/or sex offense reduced to misdemeanors)	108 (26%)	87 (21%)	89 (22%)	100 (23%)	235 (41%)
<b>TOTAL CASES</b>	<b>420</b>	<b>414</b>	<b>401</b>	<b>431</b>	<b>581</b>

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

Of the 65 cases sentenced to SOISP for lifetime, 8 (12%) cases had a proven claim of domestic violence associated with the sentence. The non-lifetime group included 17 (.06%) of the 281 cases where a domestic violence factual basis was proven. This is an increase of 18 cases from the previous year, where 7 cases overall had a similar claim for both lifetime and non-lifetime.

As of June 30, 2020, there were 1,446 probationers under active Sex Offender Intensive Supervision (SOISP). Of these, approximately 837 (58%) probationers are under lifetime supervision.

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

For Fiscal Year 2019-2020, 119 offenders under a lifetime supervision sentence completed SOISP and were transferred to regular probation and are currently active under supervision.

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

During Fiscal Year 2019-2020, **59** sex offenders had their lifetime supervision sentences terminated. The following represents the termination status for these probationers:

- 1 probationer – probation revoked; new felony
- 0 probationer – probation revoked; new misdemeanor
- 18 probationers – probation revoked; technical violations
- 3 probationers – deported
- 4 probationers – died
- 2 probationers – Closed with a neutral outcome
- 4 probationers – absconded; warrants issued and remain outstanding
- 27 probationers – terminated successfully

The one probationer revoked for new felony convictions noted above received a conviction of Failure to Register as a Sex Offender (F6).

## COST OF SERVICES

In July 1998, the SOISP program was created with a General Fund appropriation for 46 FTE probation officers and funding to provide treatment services. In FY 2000-2001 all expenses associated with SOISP were transferred from General Fund to the Offender Services Cash Fund. Section 18-21-103 C.R.S. requires that sex offenders pay a surcharge, with collected revenue deposited in the Sex Offender Surcharge Fund. A portion of the funds are appropriated to Judicial and partially meet expenses associated with completion of the offense specific evaluations required by statute and case law.

**Table 4: Treatment and Evaluation Costs by Fund**

YEAR	PURPOSE	CF - SEX OFFENDER SURCHARGE	CF - OFFENDER SERVICES FUND	TOTAL
FY10	SO Treatment	\$0	\$960,239	\$2,259,704
	Evaluation	\$226,522	\$1,072,943	
FY11	SO Treatment	\$0	\$988,809	\$2,327,071
	Evaluation	\$226,522	\$1,111,740	
FY12	SO Treatment	\$0	\$931,861	\$2,282,138
	Evaluation	\$247,664	\$1,102,613	
FY13	SO Treatment	\$0	\$995,049	\$2,336,896
	Evaluation	\$289,948	\$1,051,899	
FY14	SO Treatment	\$0	\$1,042,242	\$2,345,847
	Evaluation	\$302,029	\$1,001,576	
FY15	SO Treatment	\$0	\$1,098,952	\$2,370,804
	Evaluation	\$302,029	\$969,823	
FY16	SO Treatment	\$0	\$1,016,892	\$2,313,612
	Evaluation	\$302,029	\$994,691	
FY17	SO Treatment	\$0	\$906,930	\$2,182,360
	Evaluation	\$302,029	\$973,401	
FY18	SO Treatment	\$0	\$944,130	\$2,369,183
	Evaluation	\$302,029	\$1,123,024	

FY19	SO Treatment	\$0	\$961,814	\$2,430,301
	Evaluation	\$81,413	\$1,387,073	
FY20	SO Treatment	\$0	\$1,093,191	\$2,401,772
	Evaluation	\$123,140	\$1,185,441	

The costs expended for adult polygraphs for FY19-20 were \$337,565 which is approximately a \$35,054 decrease from FY19 spending. Probation funds have been required to pay for evaluations and assessments to avoid any delays in case processing for the courts and to ensure that probationers who are unable to pay all of the costs associated with court ordered evaluation and treatment are not returned to court for revocation based on non-payment. Revocations can result in sentences to DOC, a significantly higher cost option for the state. The expenditure of \$2.5 million for adult sex offender related evaluation and treatment costs represents approximately 16% of the total offender and treatment service dollars (approximately \$15.5 million) spent in FY2019-20 for treatment and service support for all probationers. The adult sex offender population represents approximately 4.1% of the adult offender population. The Judicial Department continues to seek options for the containment of these costs.

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## SUMMARY OF EVALUATION INSTRUMENTS

The Sex Offender Management Board (SOMB) has participated in the development of two distinct evaluation processes for convicted sex offenders. The first is the sex offense-specific evaluation process outlined in the *Standards and Guidelines for the Assessment, Evaluation, Treatment and Behavioral Monitoring of Adult Sex Offenders*, referred to in this document as the Standards (<https://cdpsdocs.state.co.us/dvomb/SOMB/Standards/SAdult.pdf>). The second is the Sexual Predator Risk Assessment Screening Instrument (<https://cdpsdocs.state.co.us/ors/docs/Risks/SVPASISHandbook.pdf>), developed in collaboration with the Office of Research and Statistics in the Division of Criminal Justice, Department of Public Safety. Each type of evaluation is described below:

### Sex Offense-Specific Evaluation

The sex offense-specific evaluation is to be completed as a part of the Probation Pre-Sentence Investigation Report (PSIR) which is prepared post-conviction and prior to sentencing. The PSIR is intended to provide the court with information that will assist in identifying individual risks and needs in order to make appropriate sentencing decisions. Most offenders sentenced under the Lifetime Supervision Act receive a sex offense-specific evaluation as a part of their PSIR. However, a PSIR is not required for those offenders with mandatory prison sentences, and in these cases the PSIR may be waived.

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

- To document the treatment needs identified by the evaluation (even if resources are not available to adequately address the treatment needs of the sexually abusive offender);
- To provide a written clinical evaluation of an offender's risk for re-offending and current amenability for treatment;
- To guide and direct specific recommendations for the conditions of treatment and supervision of an offender;
- To provide information that will help to identify the optimal setting, intensity of intervention, and level of supervision, and;
- To provide information that will help to identify offenders who should not be referred for community-based treatment.

Please refer to the Standards for additional information on mental health sex offense-specific evaluations located in Section 2.000 of the Standards. For information that outlines criteria and methods for determining a sex offender's progress through treatment and for successful completion under Lifetime Supervision, please see the Lifetime Supervision Criteria also in the Standards.

## **Sexual Predator Risk Assessment Screening Instrument**

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

### *Instrument*

Currently, when an offender commits one of five specific crime types or associated inchoate offenses, the Sexually Violent Predator Risk Assessment Screening Instrument (SVPASI) is to be administered by either Probation Services or the Department of Corrections and an SOMB Approved Sex Offender Evaluator. Effective May 30, 2006, all offenders convicted of attempt, conspiracy, and/or solicitation to commit one of the five specific crime types is referred for a Sexual Predator Risk Assessment (Section 18-3-414.5, C.R.S.). If the offender meets the criteria outlined in the instrument, he or she is deemed to qualify as a Sexually Violent Predator. The authority to designate an offender an SVP rests with the sentencing judge and the parole board.

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

In FY 2017, the SOMB, its SVP Committee, and DCJ's Office of Research and Statistics began the process of developing a new actuarial risk assessment scale for the identification of high-risk sex offenders whom, then, the court would have the discretion to designate (or not) an SVP. The decision was made to use data available from Judicial's ICON/Eclipse management information system in the development of the risk scale, anticipating that eventually a risk instrument--with the appropriate computer programming--could be self-populated electronically and no longer require staff resources to compute the risk score. The Office of Research and Statistics used Judicial data to develop a new actuarial scale. This work was completed in early 2018. The new instrument and handout are available on the SOMB website (<https://cdpsdocs.state.co.us/ors/docs/Risks/SVPASI.pdf> and <https://cdpsdocs.state.co.us/ors/docs/Risks/SVPASISHandbook.pdf>)

## AVAILABILITY AND LOCATION OF SEX OFFENDER SERVICE PROVIDERS

Currently, there are 315<sup>1</sup> adult SOMB approved treatment providers in Colorado (**Figure 7**) located in all 22 judicial districts in the state (**Figure 8**). The number of approved treatment providers has decreased from last fiscal year by just under 3% and the number of approved evaluators has decreased from last fiscal year by just under 3%. Additionally, there are currently 28 SOMB approved polygraph examiners. Just over half of all approved providers offered services in multiple counties. On average, providers operated in approximately three different counties. The following table lists the number of providers approved in each specialty area.

**Table 5. SOMB Approved Provider Total, FY 2020**

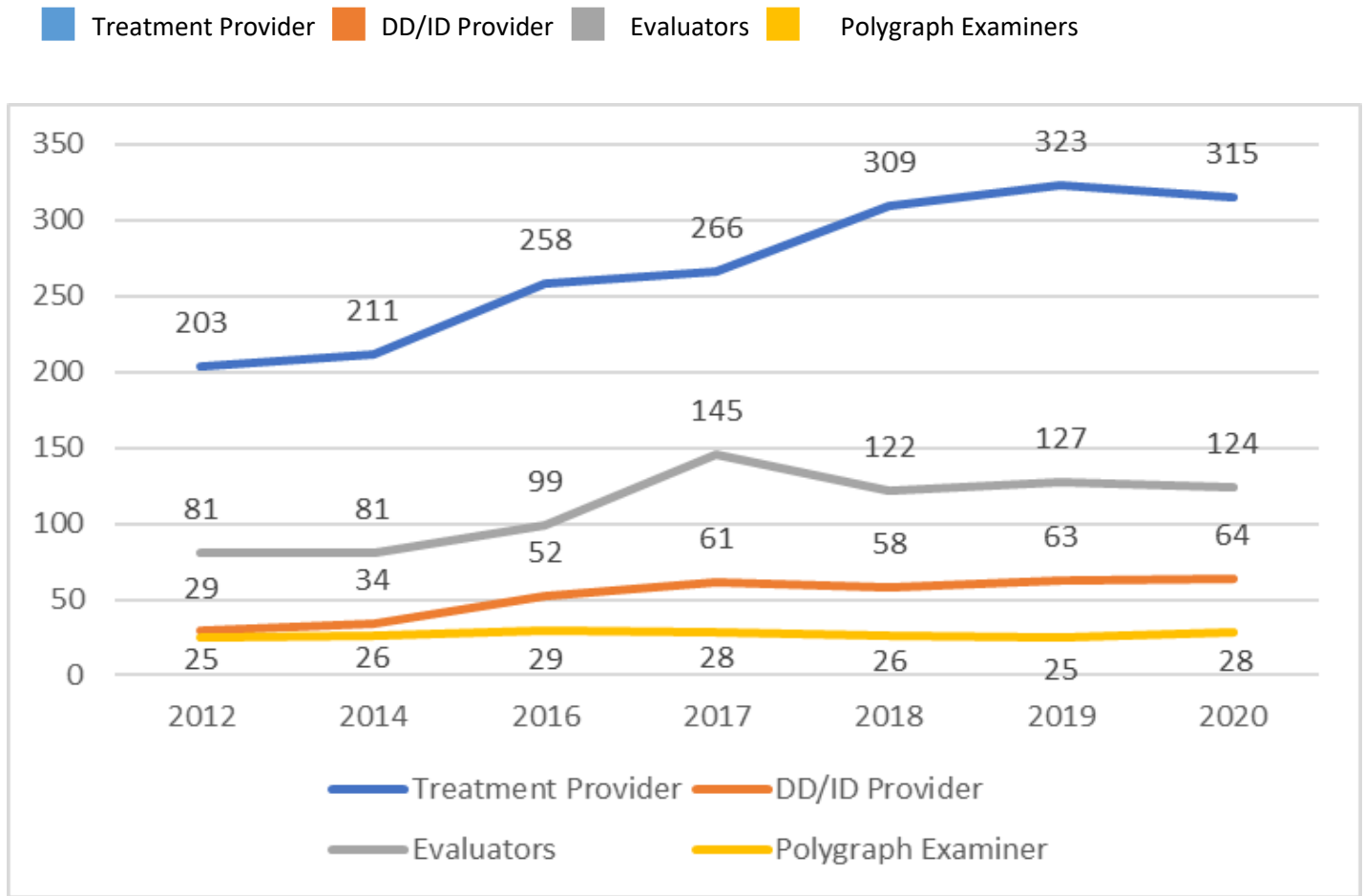
Note: Italicized categories contain providers who may be approved to provide multiple services and are not used to calculate the sum.

	<b>Treatment Provider</b>	<i>Treatment Provider DD/ID</i>	<i>Clinical Supervisor Treatment</i>	<b>Evaluator</b>	<i>Evaluator DD/ID</i>	<i>Clinical Supervisor Evaluation</i>	<b>Polygraph Examiner</b>	<i>Polygraph Examiner DD/ID</i>
<i>Full Operating</i>	184	41	105	81	15	46	24	11
<i>Associate</i>	131	23	-	43	9	-	4	1
<b>Total</b>	<b>315</b>	64	105	<b>124</b>	24	46	<b>28</b>	12

The SOMB approved 71 applicants and conducted 69 re-applications which are included in the numbers above. Re-applications are for continuous approval purposes. There were 62 applicants who either upgraded their status (i.e., Associate Level to Full Operating, or Full Operating to Clinical Supervisor) or added to their status by applying for an additional status (i.e., Evaluator, or Developmentally Disabled/Intellectually Disabled).

<sup>1</sup> The SOMB's new database calculates numbers differently than the old database. The new calculations are based off the numbers of services provided by an individual so some numbers may look inflated due to many providers offering multiple services (i.e. One provider can provide treatment for both adults and juveniles AND be an approved evaluator)

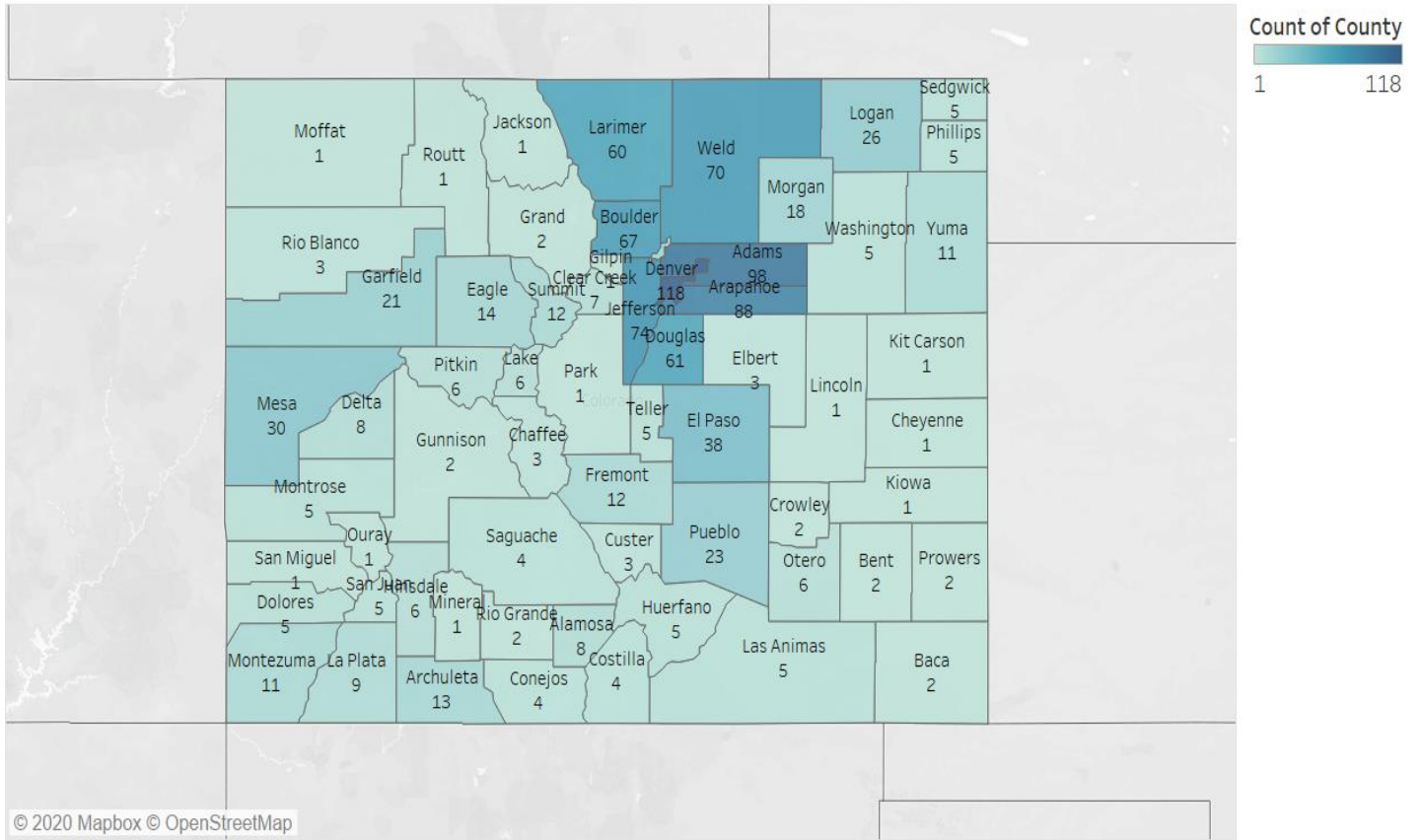
**Figure 7. Number of SOMB Approved Service Providers by Fiscal Year**







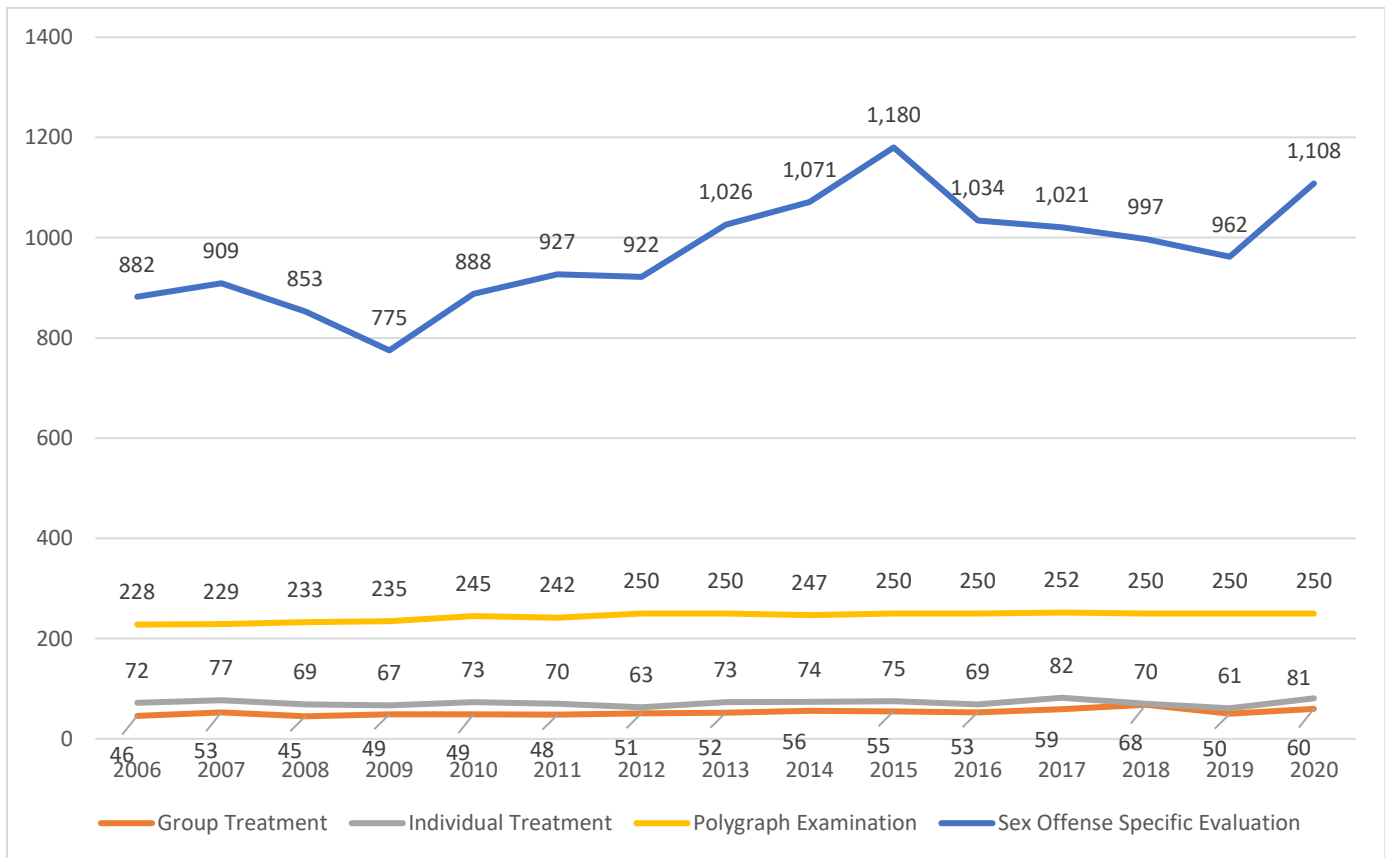
**Figure 9. Number and Location of SOMB Evaluators by County, 2020**





**Figure 11. Average Costs of Approved Provider Services by Fiscal Year**

■ Group Treatment Session    
 ■ Individual Treatment Session    
 ■ Sex Offense Specific Evaluation    
 ■ Polygraph Examination



**Table 6. Average Cost of Services by Judicial District**

Judicial District	Mental Health Sex Offense Specific Group Treatment Session	Mental Health Sex Offense Specific <i>Individual or Other Adjunct (i.e., family or couples counseling)</i> Treatment Session	Sex Offense Specific Evaluation, including a PPG or VRT, or Both	Polygraph Examination
1 <sup>st</sup>	\$60.00	\$80.00	\$1,210.00	\$250.00*
2 <sup>nd</sup>	\$57.00	\$70.00	\$1,057.00	\$250.00*
3 <sup>rd</sup>	X	X	X	X
4 <sup>th</sup>	\$50.00	\$65.00	\$661.00	\$250.00*
5 <sup>th</sup>	\$60.00	\$70.00	\$950.00	\$250.00*
6 <sup>th</sup>	X	X	X	\$250.00*
7 <sup>th</sup>	\$45.00	\$50.00	\$1,050.00	\$250.00*
8 <sup>th</sup>	\$48.00	\$70.00	\$925.00	\$250.00*
9 <sup>th</sup>	X	X	X	\$250.00*
10 <sup>th</sup>	\$50.00	\$50.00	\$1,100.00*	X
11 <sup>th</sup>	\$40.00	\$70.00	\$1,100.00*	\$250.00*
12 <sup>th</sup>	X	\$80.00*	\$1,100.00*	X
13 <sup>th</sup>	X	X	X	\$250.00*
14 <sup>th</sup>	\$60.00	\$80.00	\$850.00	\$250.00*
15 <sup>th</sup>	\$45.00*	\$90.00*	X	\$250.00*
16 <sup>th</sup>	X	X	X	\$250.00*
17 <sup>th</sup>	\$80.00	\$80.00	\$1,000.00*	\$250.00*
18 <sup>th</sup>	\$60.00	\$86.00	\$1,043.00	\$250.00*
19 <sup>th</sup>	\$56.00	\$96.00	\$1,269.00	\$250.00*
20 <sup>th</sup>	\$52.00	\$99.00	\$875.00	\$250.00*
21 <sup>st</sup>	\$43.00*	\$75.00	\$1,033.00	\$250.00*
22 <sup>nd</sup>	X	X	\$1,100.00*	X
<b>Average</b>	\$54.00	\$68.00	\$972.00	\$250.00
<b>Range</b>	\$25.00 - \$100.00	\$50.00 - \$150.00	\$850.00-\$2,500.00	\$250.00

**Note:** Costs of services are rounded to the nearest dollar. ‘X’ denotes services that were not provided by the local providers contacted, no response from the service provider contacted, or there were no providers in that judicial district. Figures were obtained in September 2020 and are rounded to the nearest dollar. \* Denotes only one responding provider from that Judicial District.

*Sex Offender Surcharge Fund*

The SOMB recommended that \$302,029 from the Sex Offender Surcharge Fund be allocated to the Judicial Department in FY 2020-21. These funds are used for sex offense-specific evaluations and assessments for pre-sentence investigation reports for indigent sex offenders and for assistance with polygraph examination costs post-conviction. These funds are made available to all indigent sex offenders through local probation

departments. The SOMB recommended that \$302,029 from the Sex Offender Surcharge Fund be allocated to the Judicial Department for FY 2021-22 for the same purposes.

## **PROVIDER SURVEY**

The SOMB administers an annual survey to its approved service providers to measure the degree of implementation of current and emerging practices. Out of approximately 182 agencies providing SOMB approved services, 42 responded<sup>2</sup> to the survey indicating a 23% response rate. The following statistics are based only on the responses from providers who deliver services to adults who commit sexual offenses.

As of June 30, 2020, 12% of providers who responded to the survey reported having 20 or more sex offenders currently serving an indeterminate sentence at their treatment program or private practice (11.9%, n=5). In contrast, 43% of providers reported having no sex offenders currently serving an indeterminate sentence at their treatment program (42.85%, n = 18). Approximately 15 of participating providers (35.71%, n = 15) reported the average length of stay for sex offenders serving an indeterminate sentence was between one to six years, and 5 providers reported an average length of stay in treatment ranging from seven years to over 10 years (11.9%, n = 5). Further, 4 in 42 responding providers (9.52%, n = 4) indicated that sex offenders sentenced under the Lifetime Supervision Act have had an impact on their program's ability to provide services.

## **REGULATION AND REVIEW OF SERVICES PROVIDED BY SEX OFFENDER TREATMENT PROVIDERS**

### **Application Process**

The SOMB works to process the applications of treatment providers, evaluators, and clinical polygraph examiners to create a list of these providers who meet the criteria outlined in the Standards and whose programs are in compliance with the requirements in the Standards. These applications are reviewed through the SOMB Application Review Committee (ARC).

The Application Review Committee consists of Sex Offender Management Board members who work with the staff to review the qualifications of applicants based on the Standards. The application is also forwarded to a private investigator contracted by the Division of Criminal Justice to conduct background investigations and personal interviews of references and referring criminal justice personnel. When the Application Review Committee deems an applicant approved, the applicant is placed on the SOMB Provider List. When a provider is listed in the Provider List, it means that he/she (1) has met the education and experience qualifications established in the Standards and (2) has provided sufficient information for the committee to make a determination that the services being provided appear to be in accordance with the Standards. In addition, each provider agrees in writing to provide services in compliance with the Standards.

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

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<sup>2</sup> Approved service providers were asked to have only one representative respond to the survey per program. Included in this figure are private agencies that provide SOMB approved treatment and evaluation, agencies that provide SOMB approved polygraph services, and DOC providers.

The current re-application process includes an expedited background check and a short reapplication form. The SOMB implemented a new requirement for those providers applying for their first three-year renewal or a change in listing status. In addition to the requirements outlined in Section 4.000, providers are also required to submit work product which will be reviewed by the SOMB Application Review Committee. Standards Compliance Reviews (SCR) are used to assess compliance by providers upfront in the re-application process. Whether for-cause (i.e., a founded complaint is made against a provider) or random, SCRs involve SOMB staff and the ARC conducting a thorough review of Standards compliance on the part of the approved provider through file review and consultation with the provider. The intended outcome is to: (1) enhance efficiency and significantly reduce the turnaround time for reapplication approvals, and (2) increase compliance oversight by giving SOMB staff and ARC members a more in-depth and accurate picture of service delivery by those providers subject to a SCR.

### **Competency Based Model**

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

### **Adult Standards Revision Committee**

In July 2014, the SOMB reconvened the Adult Standards Revision Committee for the purpose of making recommendations for updating the Adult Standards and Guidelines to ensure that the Standards are aligned with current and emerging research. As of September of 2020, the SOMB has approved revisions to the Introduction and Guiding Principles of the Adult Standards and Guidelines, and, has published revisions within Sections 1.000, 2.000, 3.000, 4.000, 5.000, 6.000, 7.000, 8.000, and 10.00. The SOMB has also completed the revision to the subsections of Section 5.700.

### **Sex Offender Service Providers Requirements for Listing Status**

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



**Table 7. Current Approval Requirements of Treatment Providers and Evaluators**

Service Level and Service Type	Current Competency Based Approval Requirements (effective 2017)
<b>Full Operating Level Treatment Provider:</b>	Treatment Providers seeking placement at the Full Operating Level must demonstrate the necessary competencies as determined by the ARC. Additionally, providers must receive the minimum professional training hours required and co-facilitation hours may be required. Providers at this level may practice without supervision and can apply for clinical supervisor status. Providers at this level must demonstrate competency every three years in order to renew their status at this level.
<b>Associate Level Treatment Provider:</b>	Treatment Providers seeking initial or renewing placement at the Associate Level status must demonstrate competency at the Associate Level as verified by a clinical supervisor. Additionally, providers must receive the minimum professional training hours (e.g. - initial Standards orientation, booster trainings, etc.) and co-facilitation hours may be required. Providers at this level must demonstrate competency every three years in order to renew their status at this level. At the initial three-year renewal or in the event of change in status, providers must also provide work product in their re-application.
<b>Full Operating Level Evaluator:</b>	Evaluators seeking placement at the Full Operating Level must demonstrate the necessary competencies as determined by the ARC. Additionally, providers must receive the minimum professional training hours and co-facilitation may be required. Providers at this level may practice without supervision and can apply for clinical supervisor status. Providers at this level must demonstrate competency every three years in order to renew their status.
<b>Associate Level Evaluator:</b>	Evaluators seeking initial or renewing placement at the Associate Level must also apply for placement as an Associate Level Treatment Provider. Additionally, providers must demonstrate competency at the Associate Level as verified by a clinical supervisor. Additionally, providers must receive the minimum professional training hours (e.g. - initial Standards orientation, booster trainings, etc.). Providers at this level must demonstrate competency every three years in order to renew their status at this level.
<b>Clinical Supervisor Listing Status:</b>	Full Operating providers may apply for approval as an SOMB clinical supervisor once they have met the required qualifications and completed the following; (1) receive supervision from an approved SOMB clinical supervisor for assessment of their supervisory competence; (2) be assessed as competent in SOMB clinical supervisor Competency #1; and (3) provide supervision, when deemed appropriate, under the oversight of their SOMB clinical supervisor.
<b>Full Operating Level Polygraph Examiner:</b>	Polygraph Examiners at the Full Operating Level have conducted at least 200 post-conviction sex offender polygraph tests and has received 100 hours of specialized sex offender polygraph examiner training.
<b>Associate Level Polygraph Examiner:</b>	Examiner at the Associate Level are working under the guidance of a qualified Polygraph Examiner listed at the Full Operating Level while completing 50 post-conviction sex offender polygraph tests as required for Clinical Polygraph Examiners at the Full Operating Level.



## SUMMARY

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

During FY 2020, 114 Lifetime Supervision Sex Offenders were admitted to prison and 42 removed from Lifetime Supervision status. As of June 30, 2020, 2,653 offenders were under CDOC supervision for sexual offense convictions sentenced under the Lifetime Supervision provisions. The Sex Offender Treatment and Monitoring Program (SOTMP) for CDOC offenders was designed to utilize the most extensive resources with those offenders who have demonstrated a desire and motivation to change. Because the Lifetime Supervision legislation is not intended to increase the minimum sentence for sex offenders, the Colorado Department of Corrections has designed treatment formats that provide offenders the opportunity to progress in treatment and be considered a candidate for parole within the time period of their minimum sentence. In FY 2020, 194 Lifetime Supervision Sex Offenders were released to parole. During FY 2020, 485 Lifetime Supervision Sex Offenders participated in treatment and 295 Lifetime Supervision Sex Offenders met the statutory and departmental criteria for successful progress in prison treatment.

In FY 2020, the Parole Board completed 925 applications for release hearings for 741 Lifetime Supervision Sex Offenders; some offenders were not meeting criteria at the time of their hearing, and some had multiple hearings over the course of the year. The Parole Board granted discretionary release for 146 of the 741 Lifetime Supervision Sex Offenders, although not all of these had paroled by the end of the fiscal year.

The Parole Board completed 86 revocation hearings for 59 Lifetime Supervision Sex Offenders in FY 2020, for whom, 39 hearings resulted in revocation of parole, 7 hearings resulted in continuations on parole, 5 offenders self-revoked their parole, and 8 hearings were not yet finalized at the end of the fiscal year.

As of June 30, 2020, there were approximately 1,446 offenders under SOISP probation supervision. Of these, approximately 837 (58%) offenders were under lifetime supervision. A comparison of data for FY 2018-19 to FY 2019-20 reflects an 1.5% (1 case) increase in the number of offenders eligible and sentenced to indeterminate lifetime sentences and under SOISP supervision. New eligible cases for indeterminate lifetime term sentences to probation include 65 offenders with under lifetime probation with SOISP, 281 offenders under non-lifetime probation with SOISP, and 235 offenders under regular probation. In FY2019-20, 59 sex offenders had their lifetime supervision sentences terminated (one revoked – new felony, zero revoked – new misdemeanor, 18 revocations – technical violations, three terminated – deportation, four terminated – death, two closed – neutral outcome, four revoked – absconded, 27 terminated – successful terminations) and 119 offenders under lifetime supervision completed SOISP subsequently being transferred to regular probation.

The expenses associated with the sex offender offense specific evaluations are increasing annually. Probation funds have been required to pay for these evaluations and assessments to avoid any delays in case processing for the courts and to ensure that offenders who are unable to pay all of the costs associated with court ordered evaluation and treatment are not returned to court for revocation based on non-payment. Revocations generally result in sentences to DOC, a significantly higher cost option for the state. The Judicial Department is seeking alternative options in order to manage and curb these rising costs.

The number of approved treatment providers decreased this fiscal year by 3%. The number of evaluators decreased by 3%. The number of approved polygraph examiners has remained relatively stable since FY 2007, but did increase by 10%. The availability of services across the state has been improving incrementally as more providers are seeking approval to operate within some of the underserved rural counties. Notwithstanding the average cost for sex offense specific evaluations, average costs for services have also remained fairly stable. –

In summary, the number of sex offenders subject to Lifetime Supervision in prison and in the community is rising which has resulted in increased caseloads for those agencies responsible for the management of sex offenders. Additionally, sex offenders will continue to be identified in the future including those who are subject to lifetime supervision. In an effort to achieve community safety, accurate static and dynamic risk assessments must be an element of sex offense specific evaluations to insure the proper placement of sex offenders in an appropriate level of supervision, thereby using available resources wisely. Accordingly, the Department of Corrections, the State Judicial Department, and the Department of Public Safety will continue to evaluate the impact of the Lifetime Supervision Act for sex offenders both in prison and in the community.