



**Colorado Sex Offender Management Board
Provider Data Collection System
Policy Brief #2
September 2023**

Colorado Sex Offender Management Board

In 1992, the Colorado General Assembly passed legislation that created a Sex Offender Treatment Board to develop standards and guidelines for the assessment, evaluation, treatment and behavioral monitoring of sex offenders. The General Assembly changed the name to the Sex Offender Management Board (SOMB) in 1998 to more accurately reflect the duties assigned to the SOMB.

The Legislative Declaration for the Sex Offender Management Board (SOMB) states:

“(1) The general assembly finds that, to protect the public and to work toward the elimination of sexual offenses, it is necessary to comprehensively evaluate, identify, treat, manage, and monitor adult sex offenders who are subject to the supervision of the criminal justice system and juveniles who have committed sexual offenses who are subject to the supervision of the juvenile justice system. (2) Therefore, the general assembly declares that it is necessary to create a program that establishes evidence-based standards for the evaluation, identification, treatment, management, and monitoring of adult sex offenders and juveniles who have committed sexual offenses at each stage of the criminal or juvenile justice system to prevent offenders from reoffending and enhance the protection of victims and potential victims. The general assembly does not intend to imply that all offenders can or will positively respond to treatment.” (§16-11.7-101, C.R.S.)

Provider Data Collection System

Colorado House Bill 16-1345 requires the SOMB to collect data from the evaluators, treatment providers, and polygraph examiners who provide services to adults convicted and juveniles adjudicated for a sex offense. Each provider is required to submit service information about the treatment to the SOMB Provider Data Management System at the time of service completion, regardless of the outcome of each service. Formal data collection began in 2019, and has continued since that time. Annual reports on the data can be found in the SOMB Annual Legislative Report beginning in 2020.

Policy Issue

In addition to the annual report on the SOMB Data Collection outcomes, the SOMB will periodically complete policy briefs related to special topics from the data collection by approved providers. This is the second in a series of briefs related to specialized topics, and will cover data related to factors contributing to discharge from treatment. Treatment discharge and the need to improve successful treatment outcomes has been a point of discussion at SOMB meetings, with stakeholders, and at the Colorado State Legislature. Successful treatment for the purposes of this policy brief includes not only successfully completing treatment, but also maintaining treatment compliance through the end of the treatment process, even if the discharge is administrative in nature to facilitate providing other sex offense-specific and non-sex offense-



specific treatment resources. This brief aims to further that discussion, and review factors that may contribute to successful compliant and unsuccessful non-compliant discharges.

Sample

Approved treatment providers in the state of Colorado submitted data on 1,786 treatment discharge records between October 18, 2019 and November 1, 2022. Of these, 867 completed records submitted from January 2020 to February 2022 were considered for analysis in the treatment attrition analysis referenced in the 2023 Annual Legislative Report (for more information related to this study, the full report may be viewed at <https://cdpsdocs.state.co.us/dcj/DCJ%20External%20Website/SOMB/Research.Reports/2023%20Legislative%20Report.pdf>). The purpose of this brief is to gain an increased understanding of what factors contribute to compliance and non-compliance in treatment. In addition, and more specifically, this brief highlights factors that contribute to a lower-risk client being more likely to be non-compliant and a higher-risk client being more likely to be compliant.

Results

The SOMB has collected three years of treatment outcome data. The following figure displays treatment outcomes across years one, two, and three, which allows for cross-year analysis. Overall, approximately half (48%) of the treatment completions in year three were successful, an increase from 40% in year two and 36% in year one. This represents an improvement in successful treatment completion of 20% from year two to year three, and 33% from year one to year three. Non-compliant discharge decreased to 36% in year three from 42% in year two and 38% in year one.



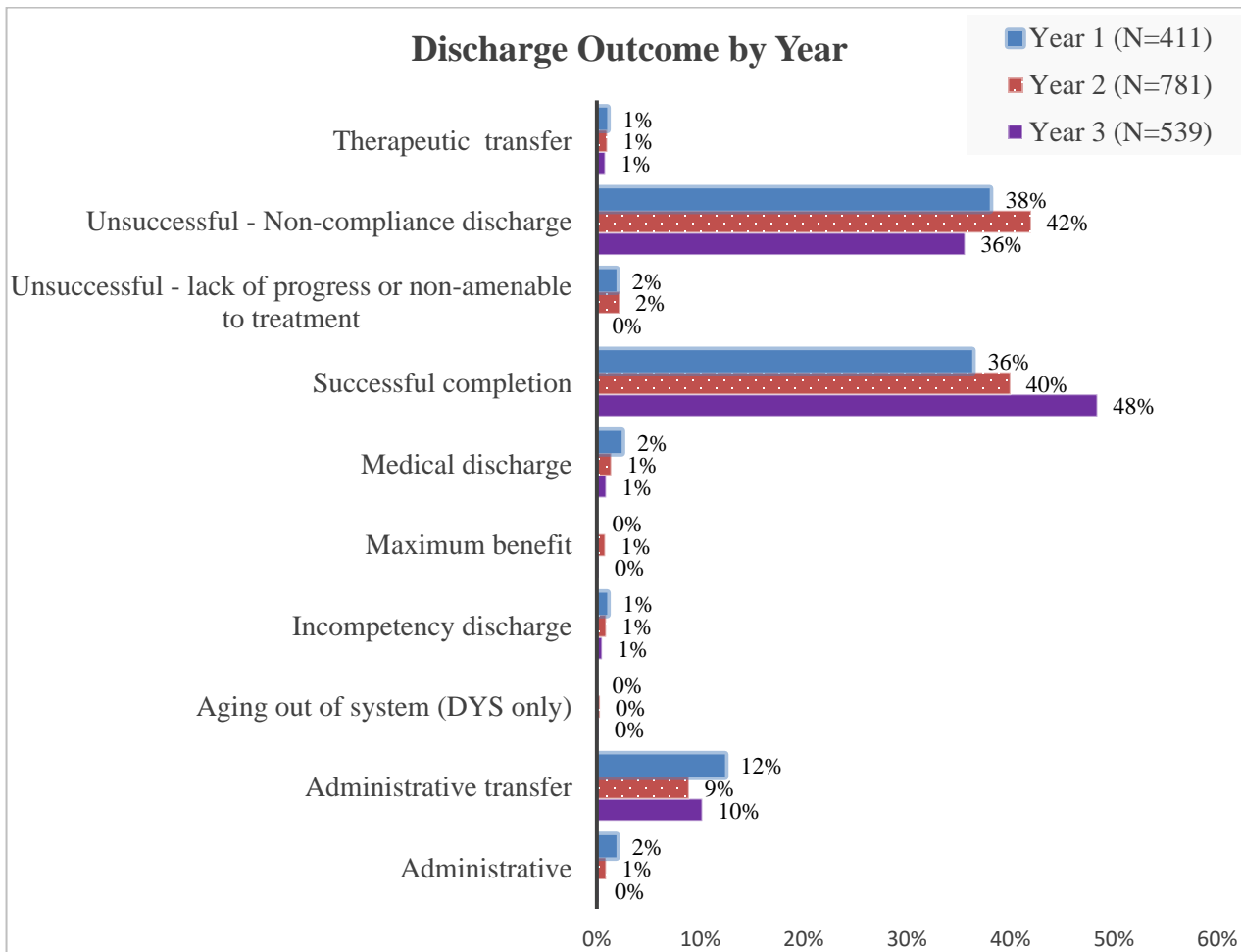


Figure 1: SOMB discharge outcomes reported by Approved Treatment Providers from 2020-2022

Based on this data and an interest in better understanding factors consistent with treatment non-compliance, a subsequent analysis of treatment attrition was conducted. The results indicated having a Hispanic or Asian racial-ethnic identity, being in an urban location, and having a higher recidivism risk level significantly increased the likelihood of a non-compliant discharge. Based upon the strength that individual risk assessment results played in determining the discharge outcome, further sub-analyses were conducted to look at identifying critical factors in lower risk individuals who were discharged as non-compliant and higher risk individuals who were discharged as compliant.

The discharge outcomes comparing lower risk and higher risk clients separately identified additional factors contributing to attrition in addition to client risk level. In the subgroup analysis focusing on the lower-risk group non-compliance, client responsivity factors, substance use, lack of community engagement, and greater denial all significantly increased the odds of a non-compliant discharge compared to a compliant discharge. In addition, having a contact offense, and having, presumably unsuccessfully, received treatment modifications to address risk were also significantly associated with a non-compliant discharge in the lower-risk group, perhaps reflecting that there were additional indicators of risk not initially captured in the pre-treatment evaluation.

For the higher-risk group, maintaining for a longer period of time in treatment (up to six years) and having modifications to the individualized treatment plan were significantly associated with a compliant discharge.



In keeping with the findings for the lower-risk group, having fewer client responsivity barriers (client factors, substance abuse, and lack of community engagement) was significantly associated with compliant discharge, although to a lesser degree than it was in the lower-risk group.

As part of the data collection process, treatment providers are also able to enter qualitative data related to factors contributing to discharge. Treatment providers entered 760 comments as part of the data collection, of which 267 specific comments related to factors (note, providers were able to enter comments more than once for a given treatment record, and presumably listed the most significant reasons for treatment outcome but may not have listed them all) were analyzed in this policy brief. The following summarizes the optional data entered, including the number of entries for each factor. It should be noted that the numbers highlight the frequency of entries, but do not denote statistical significance. The numbers are provided merely to show the weight of the responses.

In analyzing the qualitative data, it was determined that the factors consistent with successful vs. unsuccessful discharge can be summarized across the domains of the Risk, Need, Responsivity (RNR) Principles, as well as a few other factors. The RNR Principles are a required component of treatment in Colorado per statute, as well as the Standards and Guidelines.

Principles	RNR factors related to unsuccessful completion	RNR factors related to successful completion
Risk (78)	<ul style="list-style-type: none"> ● Treatment non-attendance including absconding (20) ● Illegal possession of a smartphone (8) ● Drug and alcohol usage (14) ● Violence or threats of violence (7) ● Treatment requirement non-compliance (18) ● Contact with victim and/or significant victim-blaming (4) 	<ul style="list-style-type: none"> ● Successfully managing risk factors (6) ● Use of the Young Adult Modification Protocol (1)
Need (85)	<ul style="list-style-type: none"> ● Other treatment needs interfered with sex offense specific treatment (31) ● Lack of housing (6) ● Moved to a different area (12) ● Financial issues (3) 	<ul style="list-style-type: none"> ● Financial support to pay for treatment (2) ● Employment and stable housing (6) ● Improved engagement with family, other clients, and prosocial activities (13) ● Transfer to another treatment program, either for sex offense specific treatment that can better meet the individualized treatment needs, or other needed treatment (12)



Responsivity (69)	<ul style="list-style-type: none"> ● Lack of motivation (2) ● Denial and victim-blaming (11) ● Medical issues and lack of medication management (2) ● Struggles with use of telehealth and need for in-person treatment (2) ● Lack of treatment engagement (10) ● Problems with provider but refused transfer (1) ● Supervision team conflicts (4) ● Need for treatment accommodations related to learning disability (2) 	<ul style="list-style-type: none"> ● Increased motivation during treatment (6) ● Improved self-esteem, and overcoming guilt and shame (4) ● Improved therapeutic engagement, and holding oneself accountable and decreasing denial (11) ● Addressed medical issues and physical limitations (9) ● Treatment in client’s primary language (2) ● Use of telehealth (3)
Other factors (35)	<ul style="list-style-type: none"> ● No clarification completed (1) ● Sentence completion prior to treatment completion (11) ● Unavailable for treatment due to deportation (3) ● Unable to resolve polygraph issues (6) 	<ul style="list-style-type: none"> ● Worked with victim advocate on clarification and reunification (11) ● Completed treatment despite polygraph not being fully resolved (3)

Summary

Overall, the specific qualitative factors identified by SOMB Approved Treatment Providers as contributing to either successful or unsuccessful completion of treatment appear consistent with the findings of both the quantitative analysis of the treatment outcome data and treatment attrition. The rate of successful completion of treatment has increased from 36% in year one to 48% in year three. Correspondingly, the rate of non-compliance treatment discharges decreased from 40% in year two to 37% in year three. However, the overall rate of non-compliance treatment discharge still warrants attention given that it adversely impacts community and victim safety, and client rehabilitation and reintegration.

Implementation of and adherence to the RNR Principles appear to play a consistent role in improving treatment outcomes across both quantitative and qualitative measures. In particular, the role of risk assessment and the client developing effective risk management strategies is of particular importance. Assessed level of risk is a significant determinant of whether a client is likely to successfully complete treatment or not. Clients with higher levels of risk are less likely to be compliant in treatment than clients with lower levels of risk.

However, there are a number of additional factors that appear to be able to moderate the impact of risk on treatment outcomes, either positively or negatively, that were seen in both the quantitative and qualitative analysis:

- Effective management of risk factors
- Modification of treatment to address RNR factors
- Compliance with treatment requirements



- Development of protective factors such as prosocial engagement, housing, and employment, which also impacts the ability to pay for treatment
- Transferring to a different treatment provider or a different type of treatment, where needed, to address factors that may be interfering with being able to benefit from treatment
- Increasing the level of treatment motivation and engagement
- Minimizing the level of denial, lack of accountability, and victim-blaming
- Enhancing the cohesiveness of community supervision team functioning
- Participation with a victim representative, and completion of victim clarification work
- Completion of the polygraph testing process, even if not all areas were successfully resolved via a no significant reactions/non-deceptive results

For lower risk clients, the following factors, in particular, contributed to a non-compliant discharge: substance use, lack of community engagement, greater denial, having a contact offense, and having a larger number of treatment modifications.

For higher risk clients, the following factors, in particular, contributed to a compliant discharge: maintaining a longer time in treatment, having modifications to the individualized treatment plan, and having fewer client responsivity barriers (e.g., client factors, substance use, and lack of community engagement).

In summary, there is now a significant body of research related to what factors contribute to treatment attrition. The data contained in this policy brief add to this knowledge by noting client, treatment, and systems-based factors that contribute to successful, compliant treatment completion. While the rate of successful completion is rising, additional work is needed to take full advantage of the opportunity to provide successful treatment to a client who has committed a sexual offense. Even though there are times when non-compliance can lead to a recalibration of treatment and supervision needs being provided more effectively to a client, including the need for incarceration to mitigate risk, there are also considerations that treatment providers can utilize to improve the likelihood of success for a client in treatment. While a client must assist in the treatment process for a successful outcome, there are things providers can do to improve the likelihood of such a result. Treatment providers are encouraged to consider factors related to the RNR Principles, as well systemic processes, which can enhance treatment outcomes. The SOMB is committed not only to disseminating this information but also to supporting steps to further develop these factors. In particular, the SOMB has been, and will continue to, sponsor trainings related to working with clients from diverse backgrounds, educate the community regarding the importance of suitable housing and employment, and focus on the importance of protective factors in addition to risk management strategies.

