

SOMB ADULT STANDARDS

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COLORADO
Division of Criminal Justice
Department of Public Safety

WHAT ARE WE DOING TODAY?



AGENDA

- ❖ SOMB BASICS
- ❖ FOUNDATION AND ROLE
- ❖ OVERVIEW OF THE STANDARDS
 - ❖ APPLICATION Section 1.0 – 9.0
 - ❖ RESOURCES IN THE STANDARDS
- ❖ RECENT UPDATES AND CHANGES



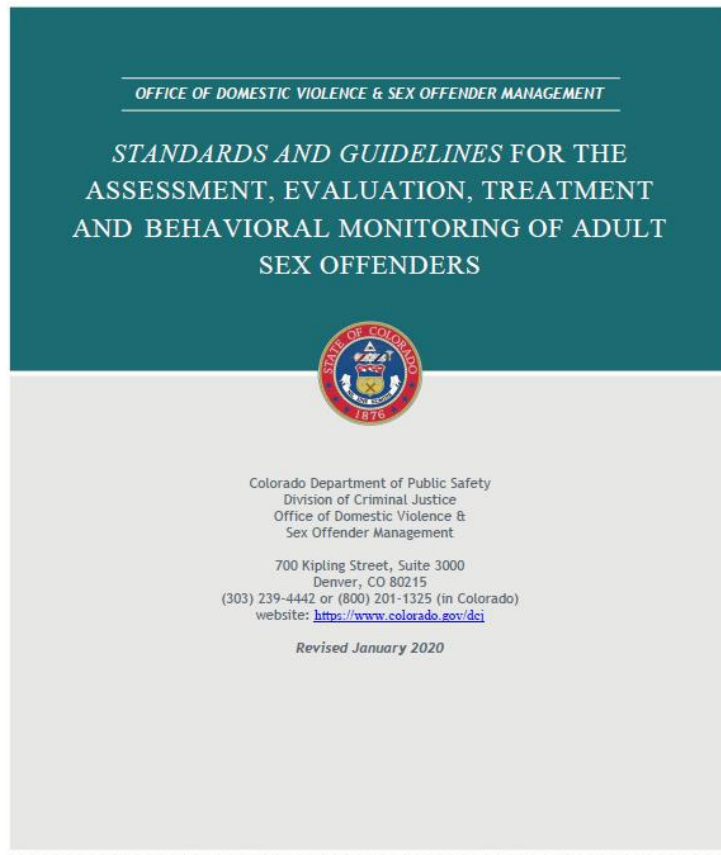
Colorado Sex Offender Management Board

COLORADO REVISED STATUTE §16-11.7-101

- Legislation passed in 1992 that created the Sex offender Treatment Board
 - Tasked to develop standards and guidelines for assessment, evaluation, treatment and behavioral monitoring of sex offenders.
 - Re-named Sex Offender Management Board in 1998.
- Originally had 12 members
- Currently has 25 members
- Members include representatives from:
 - Judicial, Department of Corrections, Community Corrections, Human Services, Law Enforcement, Division of Criminal Justice, DA's, PD's, Private Defense, Victim Advocates, Treatment Providers, Polygraph Examiner, Judges-Adult and Juvenile, Education, Residential Treatment, County Commissioners.



THE STANDARDS



- First Adult Standards were published in 1996
- Regularly revised as mandated by statute
- Revisions or additions go through the Board and/or its Committees
- Most recent versions are available on the SOMB website
- Revisions were based on changes to legislation, emerging case law and research



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NAVIGATING THE STANDARDS

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What's in an Appendix?

- Appendix A: Sex Offender Management Board Administrative Policies
- Appendix B: Guidance Regarding Victim/Family Member Readiness for Contact, Clarification, or Reunification
- Appendix C: Young Adult Modification Protocol
- Appendix D: Guidelines for the Use of Sexually Stimulating Materials
- Appendix E: Guidelines for the Evaluation and Treatment of Sex Offenders with a Current Non-Sex Crime
- Appendix F: Sex Offense-Specific Intake Review for Clients Who Have Been in Prior Treatment
- Appendix G: SOB Position Paper Regarding a Sex Offender's Contact with His or Her Own Child
- Appendix H: Disaster Emergency Management Safety Plan
- Appendix I: Guidance to SOMB Listed Providers on the Use of Medical Marijuana, Prescription Medications and Over the Counter Medications by Sexual Offenders
- Appendix J: Notice of Discharge Status Form
- Appendix K: Interim General Movement Safety Plan
- Appendix L-1: The Use of Phallometry, Viewing Time, and Polygraphy to Support Information-Gathering for Assessments
- Appendix L-2: APA Model Policy for the Evaluation of Examinee Suitability for Polygraph Testing
- Appendix L-3: Plethysmograph Examination and Viewing Time
- Appendix M: Female Sex Offender Risk Assessment
- Appendix N: Computer Use Agreement for Sex Offenders
- Appendix O: Digital Technology Use Factors
- Appendix P: Background Investigations for Approved Supervisors
- Appendix Q: Approved 2018 Sexual Behavior Disclosure Packet
- Appendix R: Parole Guidelines for Discretionary Release on Determinate-Sentenced Sex Offenders 311
- Appendix S: Sexual Offenses Identified in Colorado Revised Statute
- Appendix T: Use Immunity Determination
- Appendix U: Lifetime Supervision Criteria



INTRODUCTION & GUIDING PRICIPLES

- The Introduction explains in detail the formation, purpose and philosophy of the SOMB.
- The Guiding Principles purpose is to establish the core foundation principles from which the Standards and Guidelines are created and to provide guidance in the absence of a specific standard or guideline.
- Contains 15 principles
 - Highest priority is to maximize community safety!
 - Victim's Rights and Safety are paramount!
 - #4 – **Offenders are Capable of Change!!!**
 - The “No Cure” Model is no more!
 - Reinforces Risk, Need, Responsivity
 - Outlines importance of working collaboratively within the CST



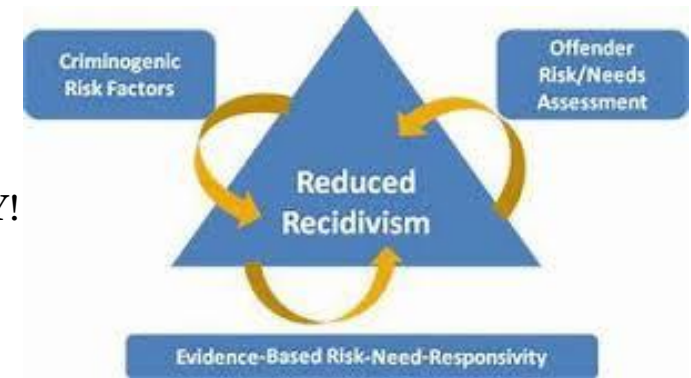
PHILOSOPHY AND APPROACH

Treatment, Engagement, Assessment, Management and Supervision (TEAMS) Model



COMMUNITY SUPERVISION
TEAM (CST)
MULTI-DISCIPLINARY TEAM
(MDT)

RISK, NEED &
RESPONSIVITY!



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PRE-SENTENCE INVESTIGATION REPORTS

1.000

1.000: PSIRs

- ❑ Required & shall include a sex offense-specific evaluation
- ❑ Shall go where the client goes



1.000: PSIRs

- 1.500 : Sex offense-specific evaluations received by the pre-sentence investigation writer that have been performed prior to an admission of guilt by the sex offender (pre-plea) may not meet the requirements of these Standards.



2.000: EVALUATION



2.120

- Evaluators are expected to stay current with special considerations available in the SOMB Standards and Guidelines for the clients they are evaluating. Evaluators should use appropriate tools, including but not limited to those contained in the SOMB appendices. Applicable appendices include the following:

- 1. Appendix C: Young Adult Modification Protocol**
- 2. Appendix E: Guidelines for the Evaluation and Treatment of Sex Offenders with Current Non-Sex Conviction**
- 3. Appendix F: Sex Offense-Specific Intake Review for Clients who have been in Prior Treatment**
- 4. Appendix M: Female Offender Risk Assessment**



2.200

Evaluation Areas - Required & Optional Required Evaluation Procedures

- Closed bullet
indicates a required
method
- Open bullet indicates
an optional method

HOW?

- Valid and Reliable Instruments specific to the client.
- Examination and integration of Criminal Justice data and other collateral information.
- Structured Clinical Interview
- Offense-Specific Standardized Assessments/Instruments
- Testing of Deviant Arousal or Sexual Interest



What?

Cognitive Functioning

Mental Health

Medical

Drug Alcohol Use

Stability of Functioning

Developmental History

What?

**SEXUAL
EVALUATION**

RISK

**READINESS FOR
TREATMENT**

DD/ID & Competency

Individualize Methodologies

- If a required procedure is not appropriate for a specific client, document in the evaluation why the required procedure was not done.
 - Standards 2.130, 2.140 and 2.150(DD/ID)

The Standards outlines exceptions for the DD/ID population throughout each section.



WHAT?

Victim Impact

- Multi-dimensional Assessment of Victim Impact
- Includes Secondary and Tertiary Victim Impact





Formulations & Recommendation

Provide information about a client's potential contact with his/her own children and risk factors to consider



Applicable Appendices

☐ **B: Guidance Regarding Victim & Family Member Readiness for Contact, Clarification or Reunification**

☐ **F: Sex Offense-Specific Intake Review for Clients who have been in Prior treatment**

☐ **E: Guidelines for the Evaluation & Treatment of Sex Offenders with a Current Non-Sex Conviction**

☐ **G: SOMB Position Paper Regarding a Sex Offender's Contact with His or Her Own Child**

☐ **M: Female Offender Risk Assessment**



Standards of Practice for Treatment Providers

3.000

What is Sex Offense-Specific Treatment?





Assign Risk Within First 30 Days



3.160

CORE TREATMENT CONCEPTS

- Acceptance of Responsibility
- Identify Thoughts, Feelings & Behaviors
- Restructure Cognitive Distortions
- Establish Adaptive Pro-Social Functioning
- Promote Healthy Sexuality & Relationship Skills
- Gain Knowledge of Victim Impact & Empathy



CORE TREATMENT CONCEPTS



Pro-Social Living Plan



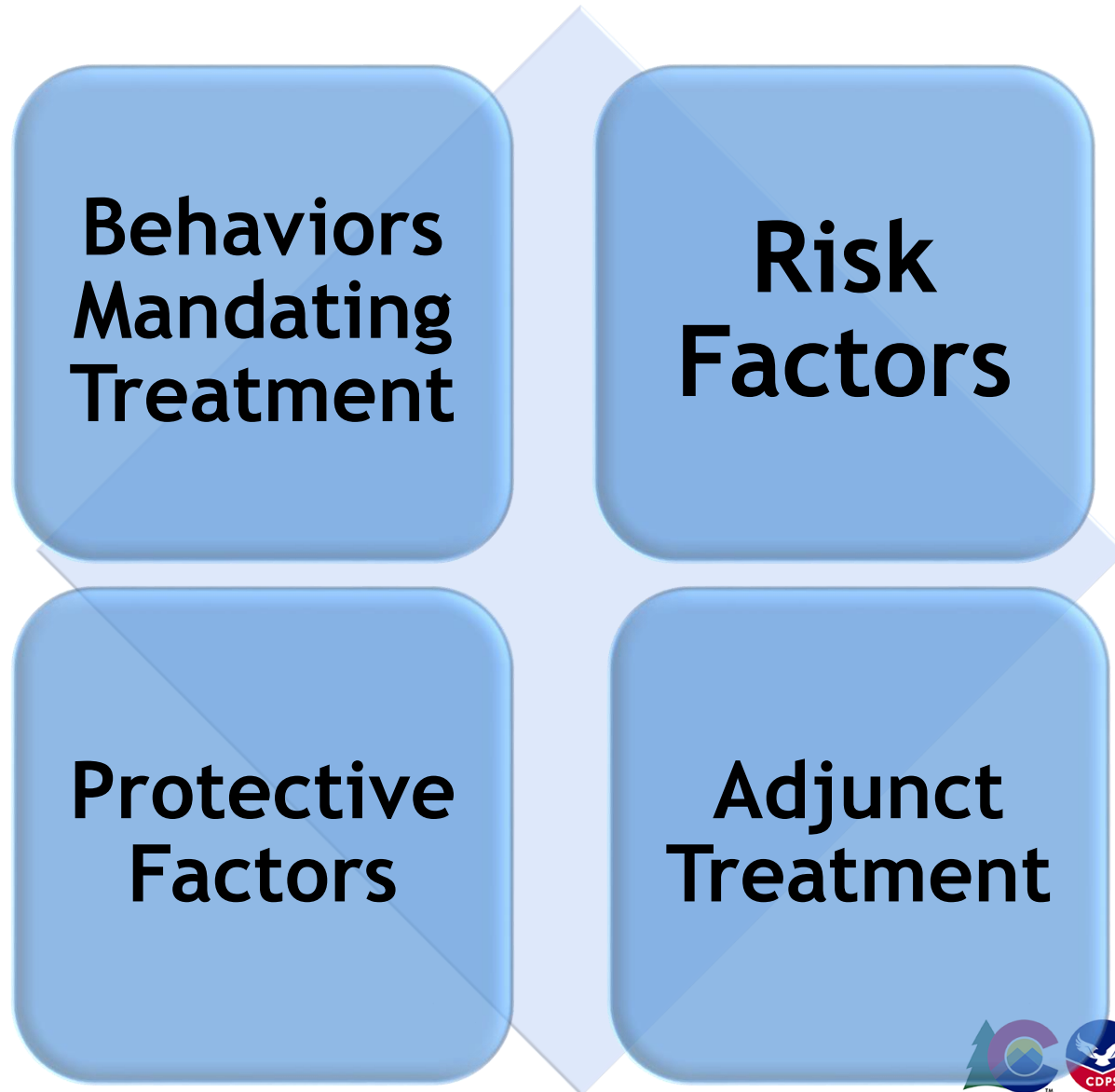
good to know

Sexual Interest &
Arousal Assessments
Adjunct Treatment
Group Composition



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TREATMENT PLANS



TREATMENT PLANS



MAINTENANCE PHASE OF TREATMENT



TREATMENT DISCHARGE



Administrative Transfer
Therapeutic Transfer
Medical Discharge
Incompetency Discharge
Non-Compliance Discharge

DISCHARGE SUMMARY

The Precipitating Offense
Length of Time in Treatment
Specific Reason(s) for Discharge
Status of Treatment Goals & Objectives
Current Risk Level
Specific Risk & Protective Factors
Further Recommendations



WAIVER OF CONFIDENTIALITY



PROVIDER-CLIENT CONTRACT

Provider Responsibilities

- List Costs
- Limits & Waiver of Confidentiality
- Right of Client to Refuse Treatment
- How to Revoke Waiver
- Limits Regarding Contact
- Expectations for Victim Safety

Client Responsibilities

- Pay Costs
- Participate in Treatment
- Comply
- Protect Community Safety
- Commit to Victim Safety



RELEASES OF INFORMATION

- 3.315: NEW STANDARD REGARDING RESEARCH
 - As of January 2020, the SOMB has started collecting data regarding standards implementation.
 - Providers are responsible for entering data regarding treatment discharges



DENIAL

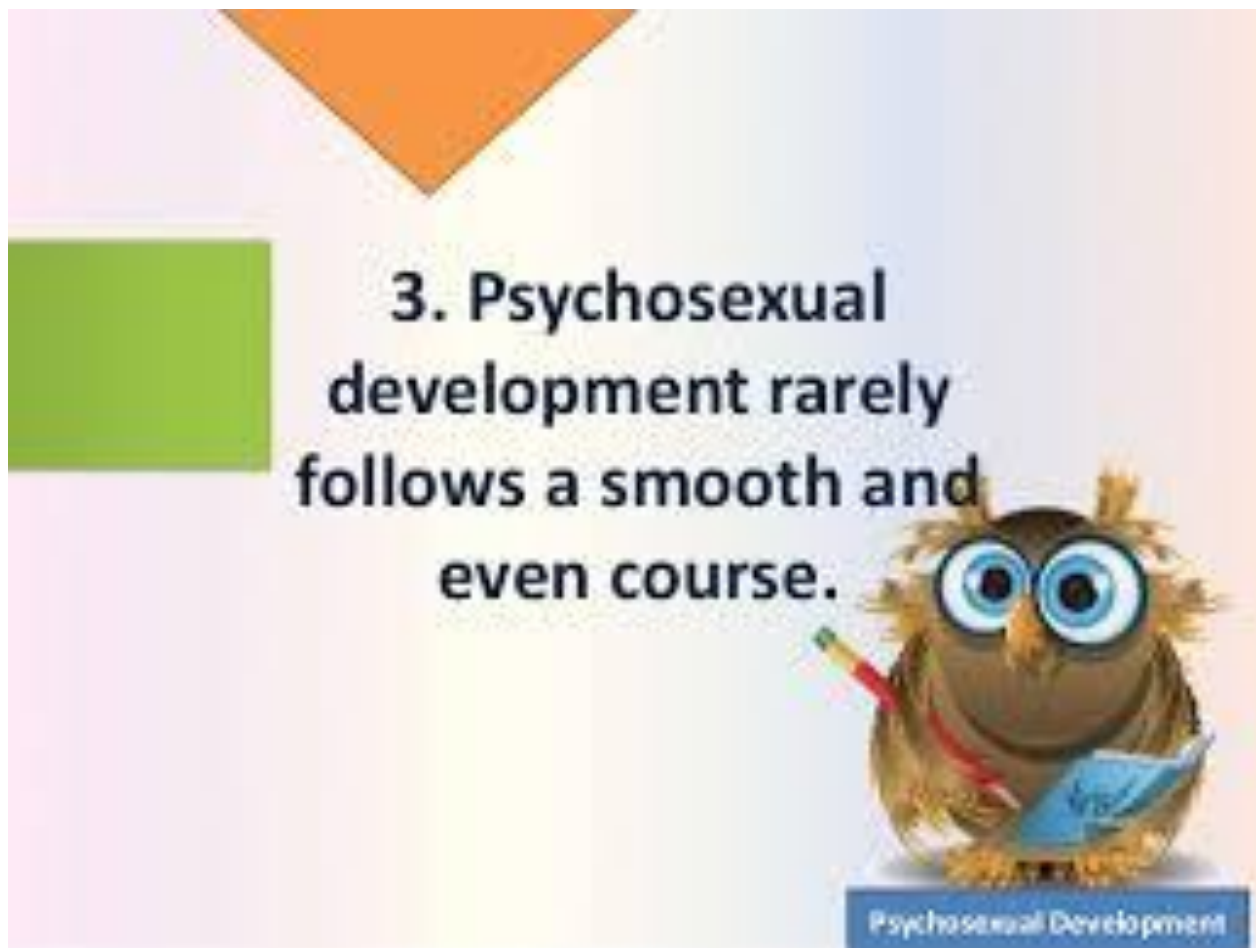
- 3.510 Level's of Denial
- 1 -Low, 2 – Moderate, 3 – High
 - Those in Level 3 denial may not be appropriate for treatment!
- 3.520
 - Clients in denial shall be referred for an instant offense polygraph examination
 - This applies to clients evaluated to be in any level of denial

THE POLYGRAPH RESULT DOES NOT CHANGE THE CONVICTION!



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3.600 TREATMENT OF CLIENTS WITHIN DEPARTMENT OF CORRECTIONS



3.630

SOTMP TREATMENT PROVIDERS SHALL:

- Prepare a summary of client's progress, participation in sex offender treatment and their institutional behavior.

Forward pertinent documents including any pre-sentence investigation reports to outpatient treatment providers upon request and with a valid release.

Applicable Appendices

- ☐ **C: Young Adult Modification Protocol**
- ☐ **D: Guidelines for the Evaluation & Treatment of Sex Offenders with a Current Non-Sex Conviction**
- ☐ **Sex Offense-Specific Intake Review for Clients who have been in Prior treatment**
- ☐ **Female Offender Risk Assessment**
- ☐ **B: Guidance Regarding Victim & Family Member Readiness for Contact, Clarification or Reunification**
- ☐ **SOMB Position Paper Regarding a Sex Offender's Contact with His or Her Own Child**



QUALIFICATIONS

4.000

SOMB Statuses

Treatment
Providers
&
Evaluators

Associate Level

Full Operating Level

DD/ID Specialty

Clinical Supervisor



SOMB Statuses

**POLYGRAPH
EXAMINERS**

Associate Level

Full Operating Level

DD/ID Specialty



Training



Applicable Appendices

SOMB Administrative Policies



Polygraph Examiners

- Intent to Apply
- Associate Level
- Full Operating Level

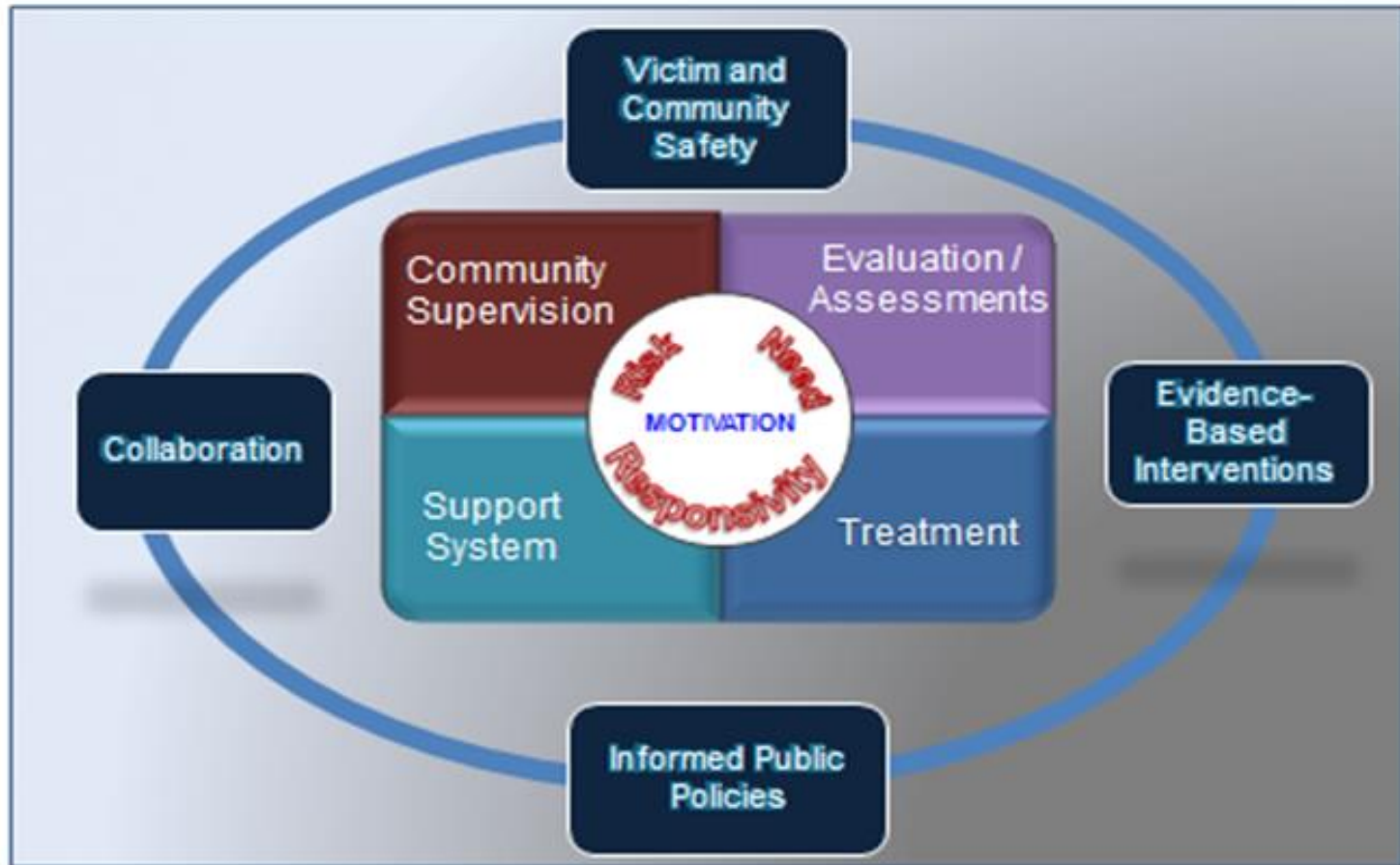


Community Supervision

5.000

TEAMS Model

Treatment, Engagement, Assessment, Management and Supervision
(TEAMS) Model



5.050: Promoting & Monitoring Behavioral Change

Final decisions concerning matters of the Court or parole board will be made by the supervising officer in consultation with the treatment provider.

Final decisions concerning matters of treatment will be made by the treatment provider in consultation with the supervising officer.



5.025 CST Make-Up

Supervising Officer
Treatment Provider
Evaluators

Polygraph Examiner
Victim Representative



Dual Supervision



Community Supervision

5.130 Supervising Response
to Violations

5.210 Provider Choice



Community Supervision

5.165 Referral to community-based treatment after unsuccessful discharge from community-based treatment.



Community Supervision

- 5.400 Responsibilities of the
Victim Representative
within the Team

- 5.500 Role of Family Members
and Natural Supports
within the Team



Victim Representative Responsibilities

Provide an avenue for
victims and their families
to be informed and heard



Role of Family Members & Friends



Role of Family Members & Friends



5.050: Promoting & Monitoring Behavioral Change

Enhance Protective Factors
Decrease Risk
Increase Offender
Motivation for Positive
Behavioral Change



5.050: Promoting & Monitoring Behavioral Change



Incentives



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5.050: Promoting & Monitoring Behavioral Change



5.600: Use of Polygraph Within the Team

The polygraph shall be used in conjunction with other information to inform adjustments to supervision and treatment.



5.600: Use of Polygraph Within the Team

5.065 Protective factors

5.630 The CST may decrease
polygraph frequency

5.645 No threats & no promises



5.600: Use of Polygraph within the Team

The wise person must
exercise discretion at
all times



5.70 CONTACT WITH MINORS

DEFINITIONS

- Parental Role
- Own Minor Child
- Vulnerable Adult Populations



TYPES OF CONTACT

INCIDENTAL


- Incidental contact can become unapproved purposeful contact if the offender does not take steps to avoid any additional interaction with children in these circumstances.

PURPOSFUL

- This standard does not preclude conversations with a person about a child as long as that communication does not attempt to communicate with the child through that person.



DEFINITIONS

Approved Community Support Person	Positive Support 	Approved Supervisor
<p>Activities that do not involve purposeful interaction with children</p> <p>Previous definition included peer in tx</p>	<p>Provides positive support for behavior change Approved by CST</p>	<p>Supervises specific contact between an offender and a specific child</p>
<p>Now have Standards for qualification, approval, disqualification and education</p>	<p>No additional Standards 5.780-5.786 discusses the important of positive support systems in client success</p>	<p>Standards for Standards for qualification, approval, disqualification and education</p>



5 PATHWAYS FOR CONTACT

- ☐ A Court or Parole Board has not prohibited contact
- ☐ Child Contact Screen
- ☐ The client has achieved criteria established in order to be approved for contact
- ☐ The client has successfully completed Clarification.
- ☐ Young Adult Modification Protocol



EXCLUSIONARY CRITERIA

❌ PEDOPHILIA –
EXCLUSIVE TYPE

❌ PSYCOPATHY OR
PERSONALITY
DISORDER

❌ SEXUAL SADISM

UNLESS.....

1. A Court or Parole Board has not prohibited or restricted contact between an offender and his own minor child.
2. The offender no longer meets the clinical diagnosis
3. The offender is nearing the end of the period of supervision and treatment, and the CST determines that monitoring the initial contact prior to the end of Court or Parole Board jurisdiction would be in the best interest of the child.



Child Contact Screen

- 5.732 – Evaluators Conductions CCS
- 5.733 – Disqualifying Criteria
- 5.734 – Process
 - A) Pre-Screen
 - B) Child Contact Screen Grid
 - Required Areas of Evaluation
 - Risk Factors
 - Evaluation Procedures Key



5.7 - CONTACT WITH MINORS

- 5.735 - Criteria for CST Approval of Supervised Contact with Secondary and Non-Victim Minor Children
- 5.736 Ongoing Assessment of Supervised Contact with Secondary Victim and Non-Victim Minor Children
- 5.738 Application of Sections 5.735 – 5.736 to Minors Under Age 18 and Young Adults Under age 25



CONTACT, CLARIFICATION AND REUNIFICATION

- 5.740 Contact, Clarification, or Reunification with Minor-Aged Victims
- 5.745 Victim clarification procedures
- 5.748 Contact with victims who are currently under the age of 18
- 5.750 Unsupervised Contact with Offender's own Minor Child(ren) who are not Victims and are Currently Under the Age of 18



OTHER TYPES OF MINOR CONTACT

- 5.751 Unsupervised Contact with an Offender's Grandchildren who are not Victims and Currently Under the Age of 18.
- 5.760 Circumstances under Which Criteria May Be Waived
- 5.770 Contact with Adult Victims
- 5.775 Contact with Vulnerable Adult Populations



Applicable Appendices

Young Adult Modification Protocol

Guidelines for the Evaluation & Treatment of Sex Offenders with a Current Non-Sex Conviction

Sex Offense-Specific Intake Review for Clients who have been in Prior treatment

Female Offender Risk Assessment

Applicable Appendices

Guidance Regarding Victim & Family Member Readiness for Contact, Clarification or Reunification

SOMB Position Paper Regarding a Sex Offender's Contact with His or Her Own Child

SOMB Position Paper Regarding a Sex Offender's Contact with His or Her Own Child

Research Supporting Restricted Contact with Children



Polygraph

6.000

Polygraph



6.002: Sexual History Exams

Sexual history exams
are most beneficial
when initiated within
the 1st year of
treatment.



6.012: Sexual History Exams

- SOMB Sexual History Packet is Mandatory
- Required Questions *May Not Be Enough* (fetishes, on-line behaviors)



6.012: Sexual History Exams

The CST shall consider
using questions
consistent with research
and offending patterns of
female offenders.



6.012: Sexual History Exams

In some instances, the CST can waive requirements for fully resolved sexual history examination results.



MAINTENANCE EXAMS Vs. MONITORING EXAMS



Maintenance Polygraph

Timeframe *Guidelines*

6.002: Implement within first 3 months of sex offense specific treatment, and continue on a regular basis every 6 months thereafter.

- The CST can decide to modify timeframe as deemed appropriate



6.013: Maintenance Exams

- Start within the first 90 days of treatment
- Implement every 3 - 6 months
- Based on Risk Factors



6.013: Maintenance Exams

In the case of an offender who consistently exhibits as lower risk, the CST may decrease the frequency of the maintenance exams to 9 months and monitoring exams to 1 year.



6.030 Follow-Up Exams

CST Determines:

- ✓ Time Frame
- ✓ Questions
- ✓ CST Choice of Examiner



Applicable Appendices

APA Model Policy for the
Evaluation of Examinee
Suitability for Polygraph Testing

APA Model Policy for the
Evaluation of Examinee
Suitability for Polygraph Testing



Continuity of Care and Information Sharing

7.000

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Members of the CST should prioritize continuity of care through collaboration with past and present service providers.



CST members, including treatment providers, should determine the level of service that is needed *in relationship to what has already been completed.*



Continuity of Care

Transition Points

- ☐ Changing treatment providers
- ☐ Release from the Department of Corrections
- ☐ Clients returning to treatment and/or supervision



Continuity of Care

- Importance of Information Sharing
- Releases of Information
- Records
 - Court Files
 - Discharge Summaries



Applicable Appendices

Sex Offense-Specific
Review Intake Review

Notice of Discharge
Status Form



Victim Impact

8.000

Victim Impact & A Victim Centered Approach

- Discussion of Victim Impact
- Explanation of What Victim Centered Approach
- Introduction to Colorado Statutes and Guidance Pertaining to Victims
- How CSTs can Support Victims
- Common Victim Concerns and Safety Issues



Victim Impact & A Victim Centered Approach

8.000

The Community Supervision
Team shall operate with a
victim centered approach.



Victim Impact & A Victim Centered Approach

8.010

The supervision team should help inform victims regarding the treatment and supervision process and share information on how this process demonstrates the commitment towards victim recovery, community safety and no new victims.



PLETHYSMOGRAPHY

9.000

SOMB Website:

<https://www.colorado.gov/dcj>

- Provider List
- Training
- Forms
- Research
- Standards/Policy Updates
- Bulletins



THANK YOU!!!

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