

Lifetime Supervision of Sex Offenders

Annual Report



November 1, 2015

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

Lifetime Supervision of Sex Offenders | 2015

November 1, 2015

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Please contact Jesse Hansen (see contact information below) or visit the Sex Offender Management Board website at <http://dcj.somb.state.co.us/> if you would like copies of the following attachments:

Attachment A:

Standards and Guidelines for the Assessment, Evaluation, Treatment and Behavioral Monitoring of Adult Sex Offenders
Lifetime Supervision Criteria

Attachment B:

Sexual Predator Risk Assessment Screening Instrument

Attachment C:

Sexual Predator Risk Assessment Screening Instrument Handbook

Attachment D:

SOMB Provider List

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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 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 fifteenth 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 the Fall of 1999.

Admissions and Discharges for FY 2015

During fiscal year (FY) 2015, 149 new court commitments were admitted to CDOC under the lifetime supervision provisions for sex offenses. Offenders may be admitted to prison with a conviction for a non-lifetime supervision offense along with 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 offenders. Also during the fiscal year, 20 offenders discharged their sentence: 7 received court-ordered releases, 8 died (4 were parolees), 3 were released by the courts to probation, 1 released on an appeal bond, and 1 released as a sentence discharge.

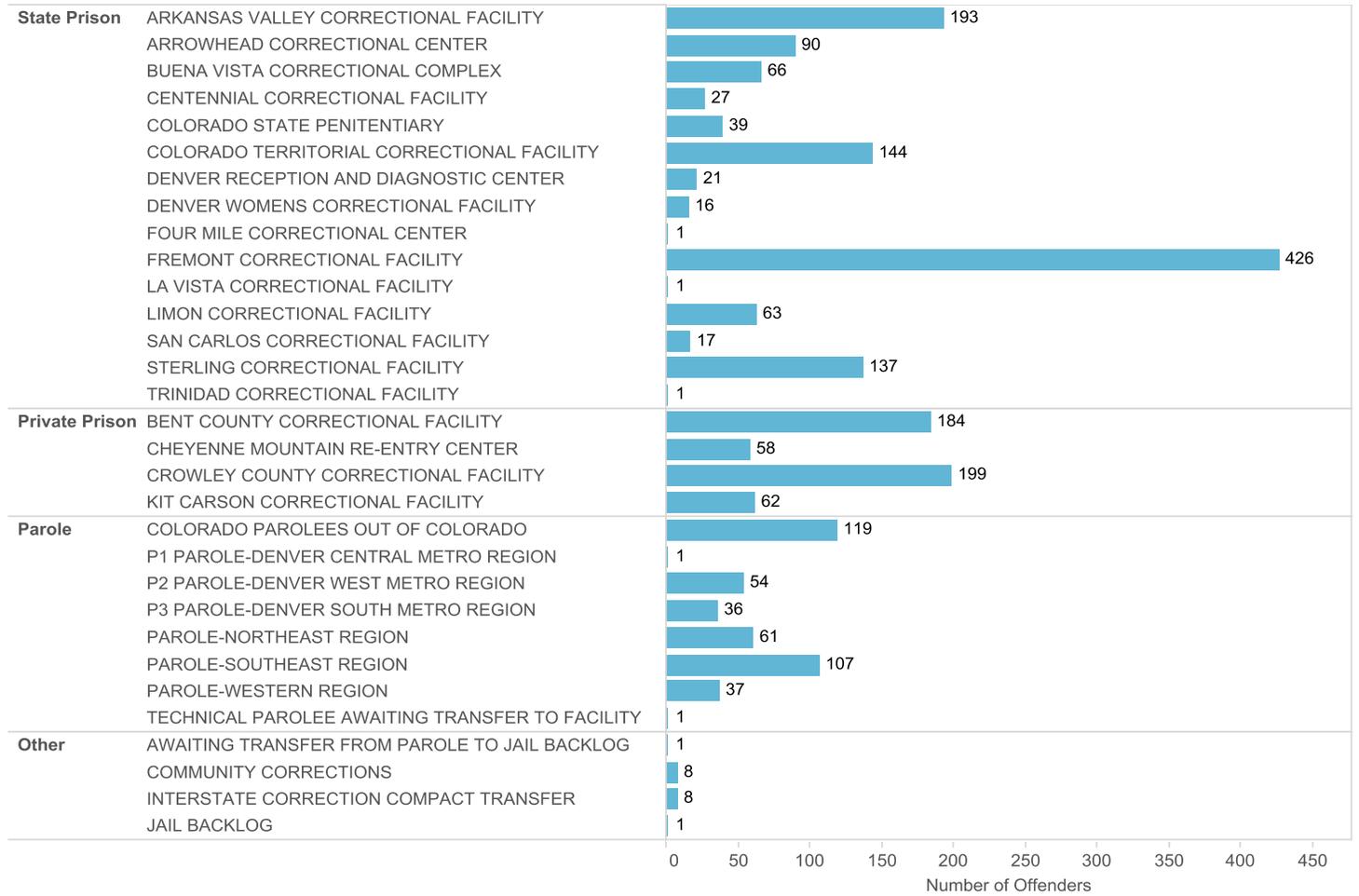
Offenders who receive prison sentences may have their sentences amended from a determinate sentence to a lifetime sentence or vice versa. A history of amended mittimus is not recorded electronically, so it is impossible to identify all sex offenders who have had their sentences amended in the midst of serving their sentence. However, point-in-time data, such as that used to describe the current population in the next section, accurately reflects offenders who are serving lifetime sentences.

Current Population

On June 30, 2015, 2,179 offenders were under CDOC supervision for sexual offense convictions sentenced under the lifetime supervision provisions. Of these, 1,242 were in state prisons, 503 were in private prisons, 416 were on parole, and 18 were in other locations (e.g., Community corrections, interstate correction compact transfer, and jail backlog). Figure 1 breaks these placements out further.

Of the 2,179 lifetime supervision offenders currently under CDOC supervision, almost all are male (99%) and the median age is 45. Fifty-seven percent of these offenders are Caucasian, 27% are Hispanic, 13% are African American, and 3% are other ethnicities.

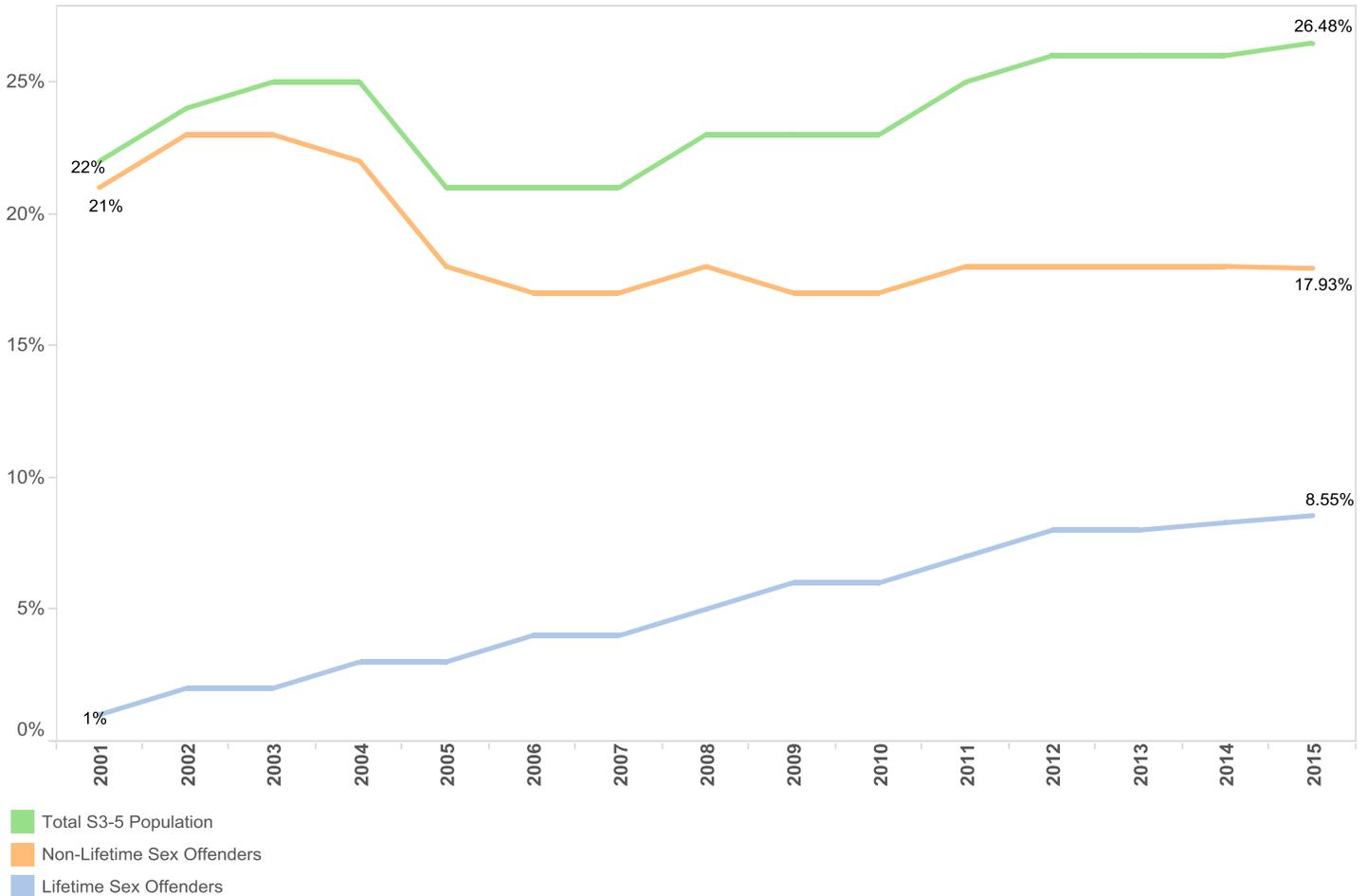
Figure 1. Location of Lifetime Supervision Sex Offenders on June 30, 2015



Impact on Prison

In order to assess the impact of the Lifetime Supervision Act on the prison population, the percentage of non-lifetime and lifetime sex offender inmates out of the total inmate population since 2001 was examined (see Figure 2). Sex offenders are classified by DOC staff as those scoring 3-5 on a 5-point needs level severity index. The proportion of offenders sentenced under the Lifetime Supervision Act has been steadily increasing over the past decade. Overall, the rate of sex offenders among the population is increasing.

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



Impact on Parole

Since 2003, there have been 507 offenders under lifetime supervision who have released to parole through June 30, 2015. Of these offenders, 115 paroled for the first time under their lifetime supervision sentence during FY 2015. Some who had their parole revoked have re-paroled second and third times, so there have been a total of 599 releases to parole since the inception of the Act. Figure 3 details the raw and cumulative number of initial releases and re-paroles of lifetime supervision offenders by year.

Figure 3. Lifetime Sex Offender Releases by Year

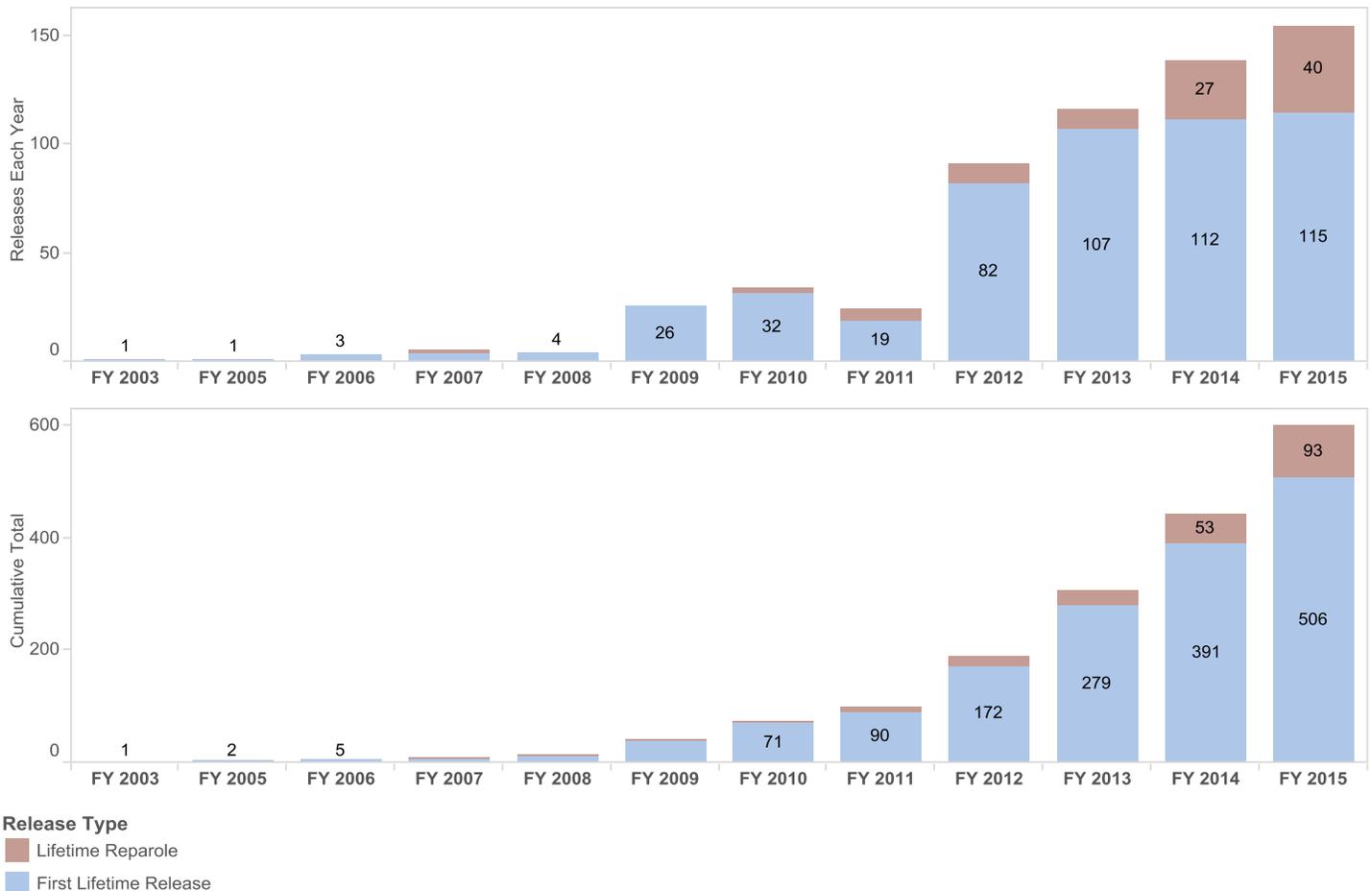


Figure 4 displays length of stay on parole as of June 30, 2015, both for active parolees (gray) and those who have had their parole terminated (green) due to revocation, death, or sentence change. The longest a lifetime sex offender has been under parole supervision is nearly 10 years and the average is 23 months. 111 of the 599 releases (19%) released to parole supervision in another state. Since the Act began, 476 lifetime sex offenders participated in intensive supervision parole, with median length of time spent on intensive supervision parole through June 30 of about 8 months. This number was a total of every time an offender participated in intensive supervision parole, which was at most three times.

Figure 4. Parole Length of Stay

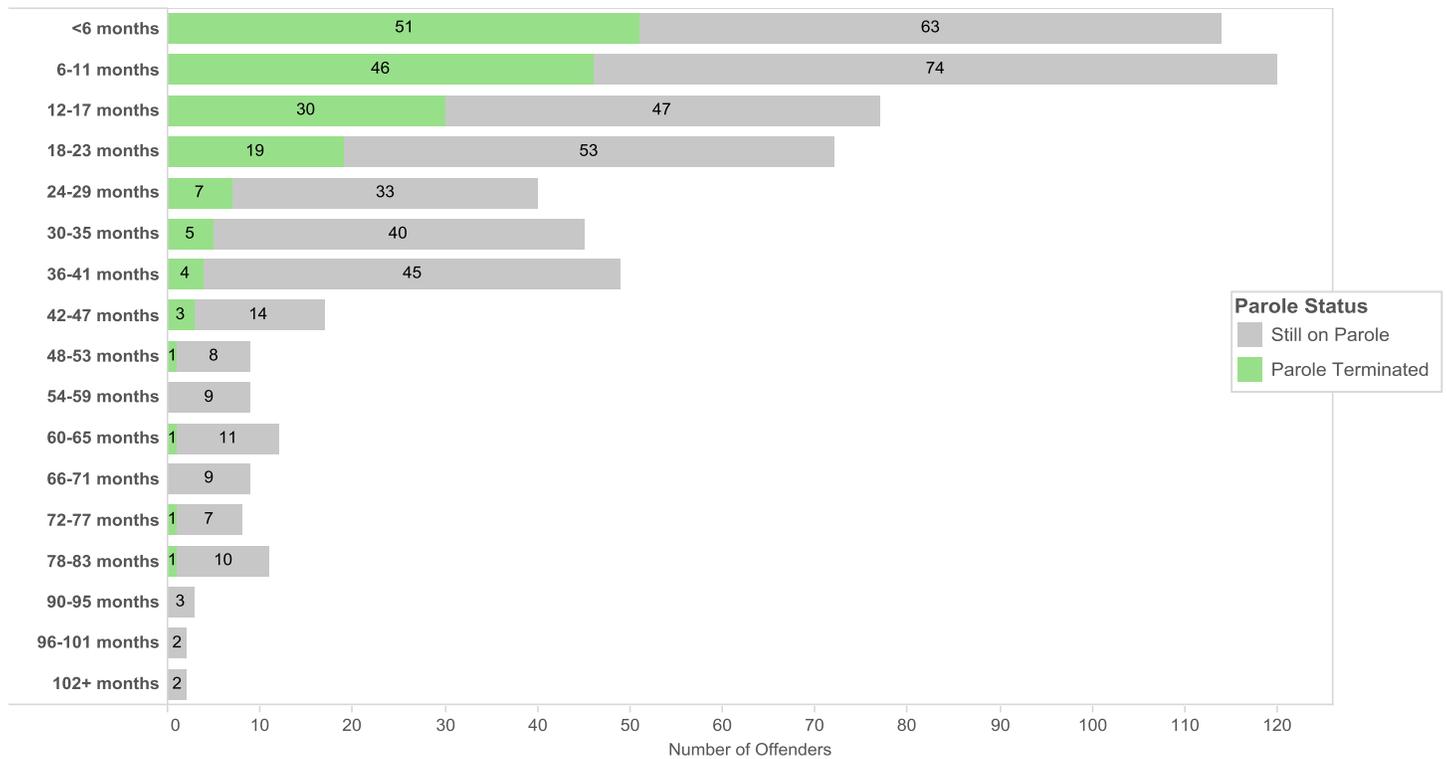
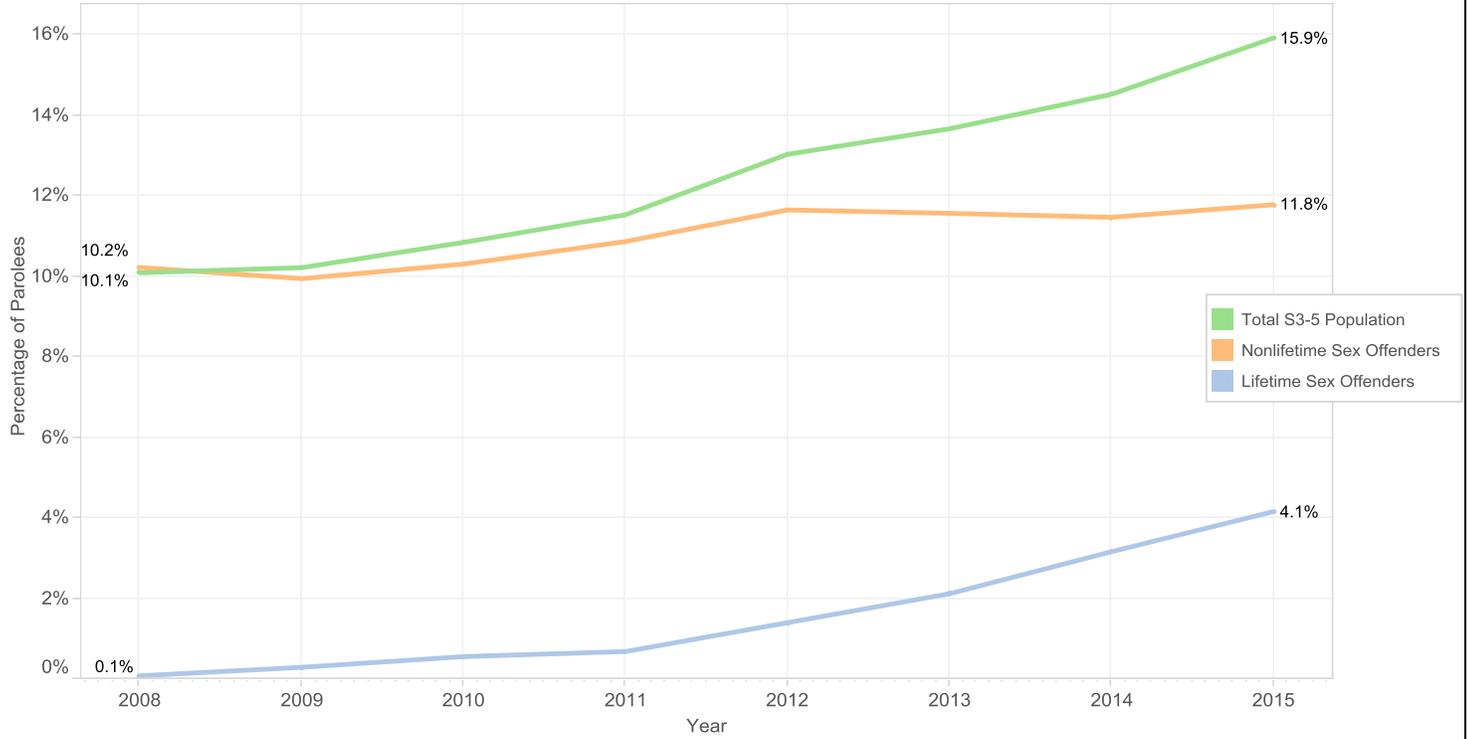


Figure 5 shows the percentage of parolees who are sex offenders (as defined by sex offender needs levels 3-5), broken out by lifetime and non-lifetime supervision sex offenders. The majority of sex offenders under parole supervision are not under the provisions of lifetime supervision. Lifetime supervision parolees appear to be largely responsible for the recent increase of sex offenders on parole, although the proportion is still small (4.1%).

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



Parole Release Hearings

The Parole Board completed 1,021 applications for release hearings for 798 lifetime supervision sex offenders during FY 2015; 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 in 111 of the 1,021 hearings, 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 51 revocation hearings for 50 lifetime supervision offenders in FY 2015, with a decision to revoke in all (one offender was revoked twice during the year). Additionally, seven offenders self-revoked their parole.

Of the 599 releases to parole since the Lifetime Supervision Act went into effect, 154 have resulted in revocation (some offenders have released and been revoked multiple times). Of the 154 revocations, 13 offenders returned with a total of 15 new felony convictions incurred while on parole. During FY 2015, five offenders returned on the following felony convictions: four escape attempts and one unlawful distribution, manufacturing, dispensing, or sale of a controlled substance.

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. One discharge hearing was held in FY 2015 and the early discharge was approved for the offender.

SUMMARY OF EVALUATION INSTRUMENTS

Release to parole or community corrections is subject to the discretion of the Parole Board. CDOC informs the Parole Board if offenders have participated in treatment and have met the Sex Offender Management Board's criteria for successful progress in prison treatment. (See ATTACHMENT A).

ATTACHMENT A: *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 Phases

Following the release of a comprehensive evaluation of the SOTMP, the programming and curriculum was 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 sexual offenders who are motivated to eliminate sexual abuse behaviors. SOTMP is responsible for assessing the offender's progress when recommending specific SOTMP phases for participation. SOTMP offers:

Risk Assessment to determine level of treatment intensity recommended:

- All 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 recommended treatment dose. All offenders are placed into Phase I Core treatment groups according to risk. During the treatment process, additional dynamic assessments are administered. Clients who remain in the lower risk categories after on-going assessment will progress to maintenance phase upon completion of Phase I Core. Those who are assessed to be in the higher risk categories and who have more significant treatment needs will progress to the Phase II Intensive Treatment Program (ITP). Upon successful progress on identified treatment objectives in the Phase II ITP, clients 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.

Phase I Core

Phase 1 successful completion 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 phase includes cognitive behavioral therapeutic groups based on the evidenced based risk/need/responsivity model focusing on the common problem areas of sex offenders. The 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 offenders, developmentally delayed, and medical restricted offenders are accommodated at Colorado Territorial Correctional Facility. The goals and

curriculum of Phase I were revised, to become the Phase I Core program that all offenders who have identified sex offense specific treatment needs will be offered. Offenders will have an opportunity to meet the 7 lifetime supervision criteria upon completion of Phase I. Offenders who based on Static assessment fall into the lower risk categories will complete only Phase I Core; those assessed to fall into the higher risk categories will continue on in Phase II ITP. Clinicians rely upon ongoing dynamic assessment and clinical observations to assess risk continually throughout treatment. 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 Phase I Core include:

- The offender is initially assessed with a Static Risk Assessment, but risk assessment is ongoing throughout treatment with multiple instruments to include a dynamic assessment. This ongoing risk assessment determines the level of treatment needed.
- The offender takes full responsibility for his/her sexually abusive behavior.
- The offender identifies, in depth, problem areas he/she needs to continue to work on if continuing on to Phase II ITP or in community based offense specific treatment.
- The offender 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 offender identifies his/her relapse cycle and methods for intervention in the cycle.
- The offender realizes the importance of sharing his/her relapse cycle and methods of intervention with significant others in his/her life.
- The offender 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 offender will have the opportunity to meet the Lifetime Supervision criteria with a report to the Parole Board that these criteria have been successfully met.
- To further evaluate the offender's motivation for treatment and willingness to commit himself/herself to the change process.

Those Offenders who successfully complete Phase I Core who are assessed as not having a need for Phase II ITP will go to Maintenance Phase (described later), as relapse prevention is lifelong addressing treatment needs as they arise for offenders while incarcerated.

Phase II ITP (Intensive Treatment Program)

During the last fiscal year Phase II ITP was developed. This change combined the existing Standard and Modified formats of the previous Phase II. This phase consists of cognitive behavioral groups based on the evidenced based Risk/Need/Responsivity model focusing on criminogenic factors and changing the offender's distorted thinking and patterns of behaviors, as well as helping the offender develop

effective relapse prevention plans and community based safety plans for effective transition into the community. Phase II ITP program is offered at Arrowhead Correctional Center in an intensive treatment community. It is also offered in a regular group format at Colorado Territorial Correctional Facility, San Carlos Correctional Facility, Denver Women's Correctional Facility, and the Youthful Offender System. The goals of Phase II ITP include:

- The offender receives further evaluation of his/her treatment needs and problems areas including ongoing risk assessment to determine treatment needs.
- The offender applies and incorporates the material learned in Phase I Core into his/her lifestyle.
- The offender identifies and changes distorted thinking.
- The offender prepares for living a responsible lifestyle in the community.
- The offender realizes the importance of developing a balanced lifestyle and monitoring his/her thoughts and behaviors for the rest of his/her life.
- The offender identifies his/her relapse cycle and methods for intervention in the cycle.
- The offender realizes the importance of sharing his/her relapse cycle and methods of intervention with significant others in his/her life.
- The offender 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 offender practices and incorporates a model for solving problems.

Maintenance Phase

Maintenance Phase will be offered for both separated risk tracks and at each facility. After the completion of Phase I Core offenders in the Low Risk track will progress to Maintenance Phase. Offenders identified as having additional high risk factors will receive more intensive treatment in Phase II ITP after the completion of Phase I Core. Offenders in the High Risk track successfully completing Phase II will transition to Maintenance Phase. The Maintenance Phase will have a decreased number of groups, however, are expected to report a treatment need as it arises so that it can be addressed. The Maintenance Phase will include these treatment areas:

- Healthy Relationships
- Re-entry planning to include:
 - Job Readiness workshop
 - Career and Personality class
 - Community Resources Guide class
 - Safety planning

- Relapse Prevention/Rehearsal Groups to include:
 - Personal Change Contract work and rehearsal

Specialized Services: SOTMP also offers, to the extent that resources permit, specialized services to the following sex offenders: females, youth, Spanish speaking, and offenders with medical restrictions, hearing impairments, developmental disabilities, 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 the last year, the SOTMP has begun moving towards an ongoing risk assessment format to replace the previous specialized format for Lifetime Supervision 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.

Sex offenders will continue in treatment and supervision if placed in community corrections or on parole.

- Offenders need to be willing to work on problems and demonstrate motivation to change.
- The Parole Board will be informed when offenders meet the Lifetime Supervision criteria for successful progress in prison treatment.

All Offenders meet the following criteria when successful completion of treatment is attained, at this time the SOTMP informs the Parole Board or Community Corrections Boards when offenders meet the following Lifetime Supervision criteria for successful progress in treatment in prison:

- Is actively participating in treatment and applying what he or she is learning.
- Completes a full disclosure of their sexual history as verified by a non-deceptive polygraph assessment of his or her deviant sexual history.
- Defines and documents his or her sexual offense cycle.
- Identifies, at a minimum, one approved support person 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.

- Practice relapse prevention as verified by any recent monitoring polygraphs and has had no institutional acting out behaviors within the past year.
- Stays compliant with any DOC psychiatric recommendations for medication which may enhance his or her ability to benefit from treatment and or reduce his or her risk of re-offense.
- Demonstrates the ability to be supervised in the community without presenting an undue threat.

The CDOC has changed administrative regulation 700-19 so that the SOTMP will prioritize offenders for treatment based on their parole eligibility date. Phase I Core treatment groups are formed based on initial static risk level. The department will assess the treatment needs of offenders, in addition to providing an ongoing dynamic risk assessment administered at different designated times based on treatment goals met. The department now places both determinate and indeterminate offenders into treatment. Offenders that score moderate-high to high on treatment need will be grouped together and receive a more intensive level of treatment. Those offenders who score low to low-moderate level of treatment needs will be grouped together and receive a lower level of intensity of treatment. Prioritization now occurs in the following manner:

A. 1st Priority

Offenders with active judicial determinations of sex offending (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. Offenders who have not had an opportunity to participate in treatment will have priority over an offender 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. Offenders who participated in a phase of treatment, and demonstrated motivation and effort, but needed additional time to understand the concepts will not fall in “did not take advantage of an opportunity” category.
2. Offenders 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. All offenders waiting for treatment will be assigned to Phase I Core groups. Those Offenders who are assessed as High or Moderate-High Risk and are in need of a higher intensity level of treatment will be placed on the Global Referral List for Phase II ITP following completion of Phase I Core.
 - a. To be placed in a Phase I group:
 - i. Offenders must have a minimum of 18 months to sentence discharge
 - ii. Offenders must have a minimum of 6 months to their Mandatory Release Date (MRD)
 - b. To be placed in a Phase II program:
 - i. Offenders must have a minimum of 18 months to sentence discharge
 - ii. Offenders must have a minimum of 12 months to their Mandatory Release Date (MRD)

3. Once all offenders who have not had prior opportunities to participate in SOTMP and are within 4 years of their PED have been placed in group, offenders with the fewest prior opportunities will be placed in group by order of their waitlist placement date.

B. 2nd Priority

Administratively determined sex offenders whose offenses are based on an active DOC sentence:

- 1) Offenders who have not had an opportunity to participate in treatment will have priority over an offender 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. Offenders who participated in a phase of treatment and demonstrated motivation and effort, but needed additional time to understand the concepts will not fall in “did not take advantage of an opportunity” category.
- 2) Offenders will be prioritized for group placement by their PED. Those with the earlier PED dates will be placed in group before others with later PED dates.
 - a) To be placed in a Phase I group:
 - i) Offenders must have a minimum of 18 months to sentence discharge
 - ii) Offenders must have a minimum of 6 months to their Mandatory Release Date (MRD)
 - b) To be placed in a Phase II program:
 - i) Offenders must have a minimum of 18 months to sentence discharge
 - ii) Offenders must have a minimum of 12 months to their Mandatory Release Date (MRD)
- 3) Once all offenders who have not had prior opportunities to participate in SOTMP and are within 4 years of their PED have been placed in group, offenders with the fewest prior opportunities will be placed in group by order of their waitlist placement date.

In an effort to meet the growing treatment needs of lifetime supervision offenders with CDOC’s limited treatment resources, the following changes were implemented to increase treatment opportunities for offenders:

- Developed a Phase II ITP outpatient program at Colorado Territorial Correctional Facility, San Carlos Correctional Facility and Denver Women’s for offenders 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 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.

- Obtained a Bureau of Justice grant to increase sex offender community transition options and resources October 2010 through September 2012. This grant continues currently as CDOC has done “no cost extensions,” extending the grant period through September 2015.
- Started a Phase I group for male offenders with significant medical impairments at Denver Reception and Diagnostic Center.
- Started Phase I treatment for moderate-high to high needs offenders in the ITP at Arrowhead Correctional Center.

COST OF SEX OFFENDER TREATMENT

The FY 2015 CDOC budget included \$4,313,127 for assessment, treatment, testing (including polygraphs), program evaluation, and registration coordination for incarcerated sex offenders in state facilities. Of the total, approximately \$242,500 was allocated for polygraph testing. For offenders on parole, \$1,831,044 was spent for approved sex offender treatment provider services for FY 2015.

REFERRAL TO SEX OFFENDER TREATMENT

A statewide referral process (waitlist) was created for CDOC behavioral health treatment in prison. One of the goals of the referral system was to establish a referral list for all sex offenders who meet the requirements for sex offender treatment. Both lifetime supervision and non-lifetime sentenced sex offenders who meet the requirements are placed on a statewide priority referral list for treatment. Offenders must be within four years or less of their PED to be placed on the waitlist. In addition, offenders who are classified as a low treatment priority are not placed on the priority referral list. Offenders may be classified as having a low treatment priority if they have a sex offense that has not been decided by a court yet. The statewide list ensures offenders are moved to a facility offering SOTMP when they are prioritized to start treatment.

On June 30, 2015, a total of 1,880 sex offenders were on the referral list for treatment with 402 of these being lifetime supervision offenders. Of the 402 offenders, 341 were referred to Phase I and 61 were referred to Phase II.

DENIED ADMISSION OR READMISSION TO PHASE I AND PHASE II

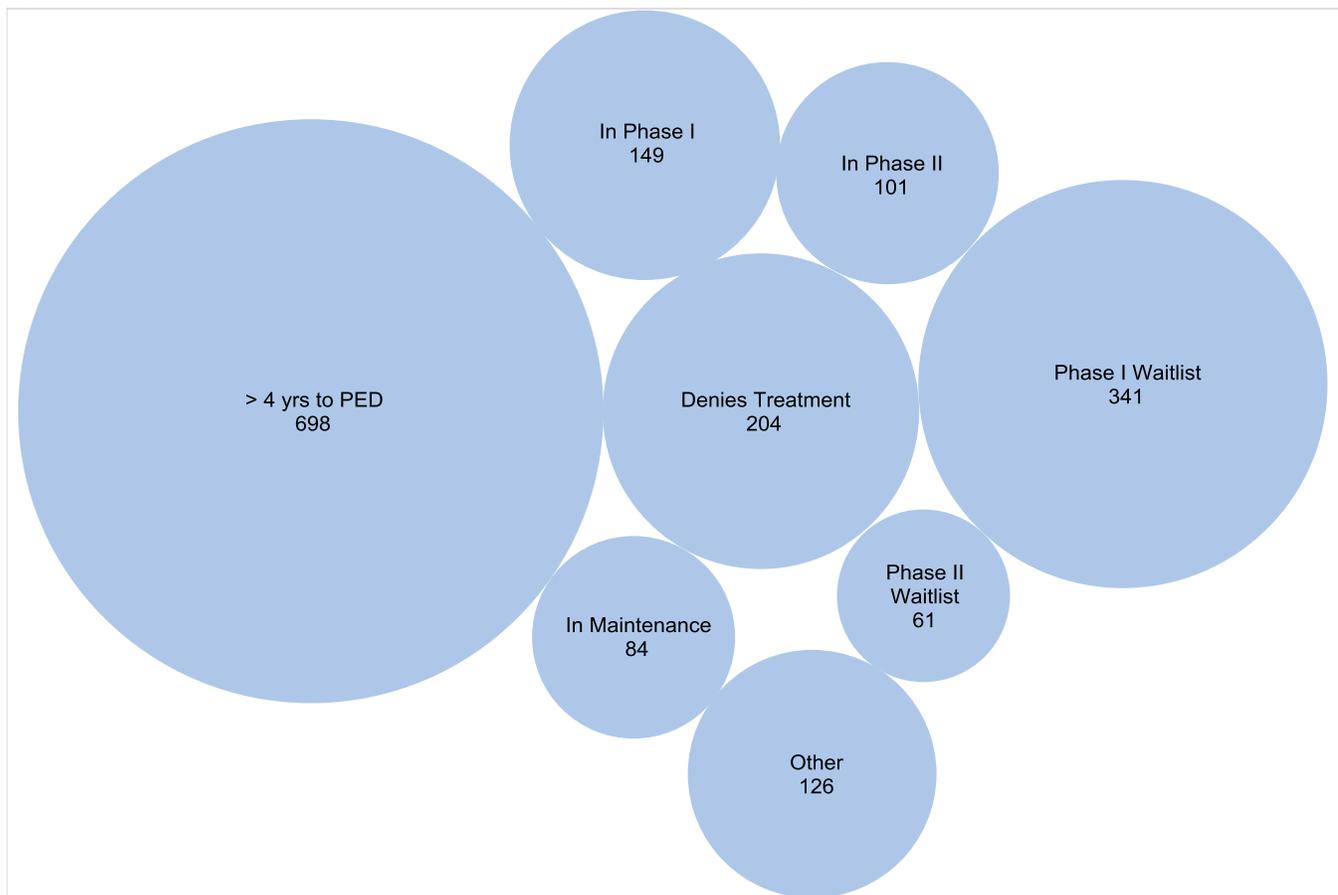
Offenders must meet basic eligibility criteria in order to be placed in treatment. The requirements for admission into sex offender treatment are listed below:

- Must have four years or less to parole eligibility date to be placed on the priority referral list.
- Must admit to sexually abusive behavior and be willing to discuss the details of their behavior.
- Must be willing to admit to 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.

Offenders are interviewed and screened prior to participation in treatment using these criteria. Even if the offender does not initially meet participation requirements, the requirements and the specific reasons for the requirements are explained, and the offender is encouraged to reapply when he or she meets the criteria in the future. Typically, offenders are able to meet the criteria and become amenable to treatment over time. The cumulative number of inmates who do not meet treatment criteria is difficult to measure due to the dynamic nature of their status. Offenders 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.

Figure 6. Treatment Status of Lifetime Sex Offenders on June 30, 2015



In figure 6 above, the treatment admission and participation status of all incarcerated lifetime supervision offenders on June 30, 2015 ($N = 1,764$), was reviewed. There were a total of 334 offenders in treatment (Phase I, Phase II, and maintenance). Of the remaining 1,430 offenders, 204 denied treatment, 402 were on the global referral list, 698 offenders did not meet the time criteria (i.e., at least four years to parole eligibility) for the global referral list, and the remaining 126 were either waiting to be assessed for treatment, or did not meet the criteria to be put on the global referral list.

Sex offenders 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 offenders are encouraged to reapply for treatment as soon as they are willing to comply with the requirements. Offenders who drop out of Phase I treatment or are terminated due to lack of progress or failing to comply with treatment requirements can be placed back on the program referral list upon completion of assignments regarding their treatment issues.

PARTICIPATION IN PHASE I CORE AND PHASE II ITP

During FY 2015, 492 lifetime supervision offenders participated in treatment. Their participation in treatment may not be continuous for various reasons, including successfully completing a phase of treatment and waiting for the next phase. The number of lifetime supervision sex offenders participating in sex offender treatment each month is provided in Table 1. Length of participation during the fiscal year for lifetime supervision offenders in treatment was calculated using program participation admission and termination dates, or June 30, 2015, if the offender was still in the program on that date. For lifetime supervision offenders who participated in treatment at any point during FY 2015, the average length of stay in treatment within the fiscal year was 184 days in Phase I, 340 days in Phase II ITP and 144 days in Maintenance.

Table 1. Treatment Participation of Lifetime Supervision Offenders During Each Month of FY 2015

| Program | July | August | September | October | November | December | January | February | March | April | May | June | Average |
|--------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|
| Phase I | 99 | 182 | 158 | 138 | 152 | 138 | 148 | 126 | 139 | 136 | 142 | 207 | 147 |
| Phase II | 415 | 413 | 335 | 324 | 320 | 311 | 352 | 271 | 261 | 244 | 212 | 208 | 306 |
| Maintenance | 96 | 117 | 96 | 90 | 85 | 81 | 84 | 86 | 91 | 97 | 133 | 113 | 97 |
| Total | 610 | 712 | 589 | 552 | 557 | 530 | 584 | 483 | 491 | 477 | 487 | 528 | 550 |

Note: Figures include 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, and that participation was counted each time that occurred.

TERMINATIONS FROM PHASE I AND PHASE II

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 Phase I and Phase II have been grouped into the following categories for this report:

- **Dropped Out/Self Terminated:** offender 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:** offender is terminated from treatment for a group contract violation. In the majority of cases, the offender is terminated after being placed on probation and given opportunities to improve his/her participation. If the offender is terminated, completion of assignments is required before readmission to treatment is allowed. This category includes offender 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:** Offender completes a time limited group, meeting the group's goals.

- **Transfer/Paroled/Discharge:** Offender transfers to another facility, releases to parole, or discharges his sentence.
- **Administrative termination:** Offender is terminated due to medical reasons, they were moved to maximum security, or other administrative reasons.
- **Unsatisfactory completion:** If the offender needs more time to understand the material or achieve the group goals, he/she unsatisfactorily completes and may be recommended to repeat the group.

On April 2007, 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 offenders for termination based on their behavior. The facility sex offender treatment team reviews the therapist’s recommendation. If the team supports the termination recommendation, the offender is suspended and served with a Notice of Right to Termination Review. The offender can request a termination review where a three member panel evaluates all information presented by the offender and his or her therapist. A disposition is issued regarding the termination. Table 2 shows SOTMP terminations.

Table 2. Lifetime Supervision SOTMP Terminations by Program, FY 2015

| Program | Termination Type | % of Total | Count |
|--------------------|-----------------------------|------------|-------|
| Phase I | ADMINISTRATIVE TERMINATION | 13% | 7 |
| | DROPPED OUT/SELF TERMINATED | 6% | 3 |
| | EXPELLED FROM PROGRAM | 4% | 2 |
| | SATISFACTORY COMPLETION | 39% | 21 |
| | TRANSFER/PAROLED/DISCHARGE | 39% | 21 |
| | Total | 100% | 54 |
| Phase II | ADMINISTRATIVE TERMINATION | 3% | 4 |
| | EXPELLED FROM PROGRAM | 3% | 3 |
| | SATISFACTORY COMPLETION | 66% | 79 |
| | TRANSFER/PAROLED/DISCHARGE | 22% | 26 |
| | UNSATISFACTORY COMPLETION | 6% | 7 |
| | Total | 100% | 119 |
| Maintenance | SATISFACTORY COMPLETION | 16% | 22 |
| | TRANSFER/PAROLED/DISCHARGE | 84% | 115 |
| | Total | 100% | 137 |
| Grand Total | | 100% | 310 |

Note: Percents may not total 100 due to rounding. For offenders who had multiple termination codes within FY 2015, the most recent termination code within each phase was selected. Termination codes of “inter-program transfer” and “computer terminated no attendance entries” were not included because most of the offenders with those codes remained in treatment. Offenders in Phase II outpatient and Phase II developmental disabilities, as well as Phase II modified were included in the Phase II mod category.

MET CRITERIA FOR COMMUNITY OR RELEASE TO PAROLE

All lifetime supervision offenders meeting the statutory and departmental criteria are referred to community corrections providers unless the offender chooses to waive his or her rights. Criteria for lifetime supervision sex offenders to progress to the community include the following (described in more detail in Administrative Regulation 700-19):

- Active participation in treatment
- A non-deceptive polygraph
- An approved support person (or a plan to establish one depending on minimum sentence length)
- Relapse prevention (depending on minimum sentence length)
- Compliance with DOC psychiatric recommendations for medication
- Must be able to be supervised in the community without presenting an undue threat

Lifetime supervision offenders actively participating in treatment are individually staffed to determine whether they meet the Lifetime Supervision 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 2015, 89 lifetime supervision sex offenders met criteria for successful progress in prison treatment. Forty-nine of these were released to parole and none were placed at community corrections centers during FY 2015. There is a delay between meeting criteria and being placed in the community or on parole, which explains why the number released was lower than the number that met criteria.

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.

Any adult convicted of a felony sex offense and receives a sentence to probation is required to be supervised in the SOISP program. The goal of SOISP is to minimize risk to the public to the greatest extent possible, by holding probationers accountable for their present and past anti-social and criminal behavior, 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 probationer, elements of community supervision may include severely 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 to include the use of polygraph testing. SOISP consists of three phases, each with specific criteria that must be met prior to a reduction in the level of supervision. Movement within all phases is behaviorally-based and guided by specific criteria. The program design anticipated a two-year period of supervision in the SOISP program but due to additional requirements developed since program inception, the average length of time for completion has increased to approximately 4 years. Those offenders that satisfactorily meet the requirements of the program are then transferred to non-SOISP, sex offender regular probation for supervision of the remainder of their sentence. There were originally 46 FTE appropriated for the program. Caseload sizes were capped at 25 offenders, for a program capacity of 1,150.

Between July 1, 2014 and June 30, 2015, 402 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, 60 offenders (15%) received an indeterminate sentence to probation of at least 10 or 20 years to a maximum of the offender's natural life and, in addition, were sentenced to Sex Offender Intensive Supervision Probation (SOISP). As a condition of probation 1 of these offenders was sentenced to work release 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 FY 2014–2015. 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 |

Criminal attempts, conspiracies and solicitations of the above offenses, when the original charges were class 2, 3 or 4 felonies, were also included in the selection.

An effort was made in 2002 to install coding in E-Clipse/ ICON that would differentiate between lifetime and non-lifetime cases. As an ongoing check to determine that the coding changes provide the necessary level of detail required for this report a manual review of the dispositions of 594 active cases was completed. This report also required the review of an additional 246 cases terminated from probation supervision for lifetime eligible offenses during FY 2014-2015.

The following table reflects an analysis comparison of sentences to probation for lifetime eligible offenses for FY 2010 through 2015:

*Table 3. Placement of **New** Cases Eligible for Indeterminate Lifetime Term Sentences to Probation for Fiscal Years 2010-11 through 2014-15.*

| Type of Supervision | Fiscal Year | | | | | | | | | |
|--|-------------|------|-----------|------|-----------|------|-----------|------|----------------|----|
| | 2010-2011 | | 2011-2012 | | 2012-2013 | | 2013-2014 | | 2014-2015 | |
| | n | % | n | % | n | % | n | % | n | % |
| Lifetime Probation with SOISP | 123 | 33.9 | 121 | 35.4 | 74 | 22.2 | 78 | 18.6 | 60 | 15 |
| SOISP (Non-lifetime Probation for felony sex offenses with SOISP) ¹ | 231 | 63.6 | 204 | 59.6 | 259 | 77.5 | 221 | 52.7 | 236 | 59 |
| Intensive Supervision Program (ISP) or Domestic Violence Programs (DV) | 2 | 0.5 | 1 | 0.3 | 1 | 0.3 | 0 | 0 | 0 ² | 0 |
| Regular Probation (Cases Ineligible for Lifetime or SOISP and/or sex offense reduced to misdemeanors) ¹ | 7 | 1.9 | 16 | 4.7 | 0 | 0 | 120 | 28.6 | 106 | 26 |
| TOTAL CASES | 363 | | 342 | | 334 | | 419 | | 402 | |

Note: 1. 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. 2. ISP is no longer statutorily available as a sentencing option; 0 DV cases

A comparison of data for FY 2013-2014 to 2014-2015 reflects a 4% (17 cases) decrease in the number of offenders eligible and sentenced to indeterminate lifetime sentences and under SOISP supervision.

As of June 30, 2015, there were approximately 1,452 probationers under active Sex Offender Intensive Supervision (SOISP). Of these, approximately 829 (57%) probationers are under lifetime supervision.

Probation Discharge Hearings and Discharges

For FY 2014-2015, 43 offenders under a lifetime supervision sentence completed SOISP and were transferred to regular probation and are currently actively under supervision.

Probation Revocation Hearings and Revocations

During FY 2014-2015, for 47 sex offenders had their lifetime supervision sentences terminated. The following table represents the termination status for these probationers.

Table 4. Probationer Termination Status, FY 2015

| Termination Status | Number of Probationers |
|---|------------------------|
| Probation revoked; new felony | 3 |
| Probation revoked; new misdemeanor | 2 |
| Probation revoked; technical violations | 18 |
| Deported | 4 |
| Died | 3 |
| Absconded; warrants issued and remain outstanding | 7 |
| Terminated successfully | 10 |

There were 3 probationers revoked for a new felony conviction. These convictions were 2 Failure to Register (F6) cases and Escape from a Felony Conviction (F3).

Cost of Services

In July 1998, the SOISP program was created with a General Fund appropriation for 46.0 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 5: Treatment and Evaluation Costs by Fund

| Year | Purpose | CF – Sex Offender Surcharge | CF – Offender Services Fund | TOTAL |
|--------|-----------------|-----------------------------|-----------------------------|-------------|
| FY 05 | SOISP Treatment | \$0 | \$454,547 | \$850,847 |
| | Evaluation | \$200,400 | \$195,900 | |
| FY 06 | SOISP Treatment | \$0 | \$524,608 | \$873,625 |
| | Evaluation | \$172,245 | \$176,772 | |
| FY 07 | SOISP Treatment | \$0 | \$434,416 | \$1,119,894 |
| | Evaluation | \$275,029 | \$410,449 | |
| FY 08 | SOISP Treatment | \$0 | \$771,186 | \$1,659,578 |
| | Evaluation | \$253,704 | \$634,688 | |
| FY 09 | SOISP Treatment | \$0 | \$974,996 | \$2,014,100 |
| | Evaluation | \$247,664 | \$791,440 | |
| FY 10 | SOISP Treatment | \$0 | \$960,239 | \$2,259,704 |
| | Evaluation | \$226,522 | \$1,072,943 | |
| FY 11 | SOISP Treatment | 0\$ | \$988,809 | \$2,327,071 |
| | Evaluation | \$226,522 | \$1,111,740 | |
| FY 12 | SOISP Treatment | \$0 | \$931,861 | \$2,282,138 |
| | Evaluation | \$247,664 | \$1,102,613 | |
| FY 13 | SOISP Treatment | \$0 | \$995,049 | \$2,336,896 |
| | Evaluation | \$289,948 | \$1,051,899 | |
| FY 14 | SOISP Treatment | \$0 | \$1,042,242 | \$2,345,847 |
| | Evaluation | \$302,029 | \$1,001,576 | |
| FY 15* | SOISP Treatment | \$0 | \$1,098,952 | \$2,370,804 |
| | Evaluation | \$302,029 | \$969,823 | |

Note: *At the time of this report, the figures for FY15 are not official due to a delay in the fiscal year close.

The costs expended for adult polygraphs for FY14-15 were \$414,315. This is less than a one percent decrease from last fiscal year. The expenses associated with the sex offender offense specific evaluations, the sexually violent predator assessments and the child contact assessments 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 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 21% of the total dollars (approximately \$12 million) spent in FY2014-15 for treatment and service support for all probationers. The adult sex offender population represents approximately 2.8% of the adult offender population. The Judicial Department continues to seek options for the containment of these costs.

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 (**ATTACHMENT A**). The second is the Sexual Predator Risk Assessment Screening Instrument (**ATTACHMENT B**), 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 pre-sentence investigation which occurs post-conviction and prior to sentencing. It 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 Pre-Sentence Investigation Report (PSIR). However, a PSIR is not required for those offenders with mandatory prison sentences, and therefore, they may have their evaluation requirement waived.

The process requires that certain areas or components be evaluated for each offender, and identifies a number of instruments or methods that may be utilized to accomplish each task. This allows each evaluator to design the most effective evaluation for each offender, based on the individual behaviors and needs of the offender. It also ensures that each evaluation performed under the Standards will encompass the appropriate areas necessary to assess risk and recommend appropriate interventions.

According to the *Standards and Guidelines for the Assessment, Evaluation, Treatment and Behavioral Monitoring of Adult Sex Offenders*, Standard 2.020, 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 **ATTACHMENT A** 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 **ATTACHMENT A**.

ATTACHMENT A: *Standards and Guidelines for the Assessment, Evaluation, Treatment and Behavioral Monitoring of Adult Sex Offenders, Standards 2.000 Sex Offense-Specific Evaluation;*

Lifetime Supervision Criteria

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 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, 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 Sexual 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 (**ATTACHMENT B**) and handbook (**ATTACHMENT C**). Revisions to the SORS instrument in 2009 concluded that the instrument reliably predicts both new sexual and violent crime arrests within five years. The most recent updates to the instrument and handbook occurred in 2015 in response to recent case law made by the Colorado Supreme Court.

Case Law

Several recent Colorado Supreme Court decisions have raised some important legal and policy implications for both the Sexually Violent Predator Risk Assessment as well as its enabling statute. In

Allen v. People, 307 P.3d 1102 (CO. 2013), the Colorado Supreme Court reaffirmed the Court of Appeals' decision which held that the trial court has the discretion for designating an offender as a sexually violent predator under section 18-3-414.5(1)(a)(IV), C.R.S. (2012). While the concurring opinion noted that the trial court should give substantial deference to the SVPASI scored risk assessment screening instrument, it sets the precedent to operate outside of the SVP risk assessment. The results of this ruling could lead to the trial court designating offenders as an SVP based upon credible facts presented in the case, rather than an evidence-based actuarial risk measure. This could have significant unintended consequences such as an excessive amount of SVP designations being applied to offenders, causing an increase in the SVP population overall. Such a scenario could strain governmental resources to manage this population and may place undue risk to the public. Conversely, another result of this ruling could involve offenders who would normally be classified as an SVP per the risk assessment may not receive an SVP designation which also increases the risk to public safety.

The definition of the relationship criteria has also been reviewed and the Colorado Supreme Court has identified how the relationship criteria is defined (People v. Gallegos, 2013 CO 45, 307 P.3d 1096, Uribe-Sanchez v. People, 2013 CO 46, 307 P.3d 1090, Candelaria v. People, 2013 CO 47, 303 P.3d 1202, People v. Hunter, 2013 CO 48, 307 P.3d 1083). While the SVP risk assessment includes the relationship criteria, it is not a risk-based factor for sexual recidivism. Rather, the relationship criteria are based on the original federal statutory language.

In response to this case law, the SOMB has convened a committee with various criminal justice stakeholders to evaluate how to address these issues within the assessment protocol including a possible recommendation for statutory change. New language has subsequently been drafted for the SVP assessment handbook to address the relationship criteria issue. In August of 2014, the SOMB approved changes to the relationship criteria based upon this case law, and added further guidance for assessing female sex offenders and sex offenders with developmental disabilities.

The SOMB committee approved a recommendation for the Colorado legislature to consider the possibility removing the SVP assessment and designation, and instead implement a risk-based, tiered classification leveling system for designating offenders on the registry. There is some research supporting the use of a risk-based classification system for designating risk on state registries. Specific details regarding this legislative recommendation may be found in the 2015 Annual Legislative Report.

Training

The SOMB is currently in the process of educating approved providers, probation officers and other CST members of the recent changes to the SVP handbook and instrument. Additionally, updates regarding the Sexual Predator Risk Assessment Screening Instrument are presented at the various Sexually Violent Predator Community Notification meetings held throughout the state.

ATTACHMENT B: Sexual Predator Risk Assessment Screening Instrument

ATTACHMENT C: Sexual Predator Risk Assessment Screening Instrument Handbook

AVAILABILITY AND LOCATION OF SEX OFFENDER SERVICE PROVIDERS

Currently, there are 204 adult SOMB approved treatment providers in Colorado (Figure 7) located in 21 of the 22 judicial districts in the state (Figure 8). The number of approved treatment providers and evaluators decreased from last fiscal year by 3.3% and 12.9%, respectively. Most approved providers offered services in multiple counties. On average, providers operated in 4 different counties. The following table lists the number of providers approved in each specialty area.

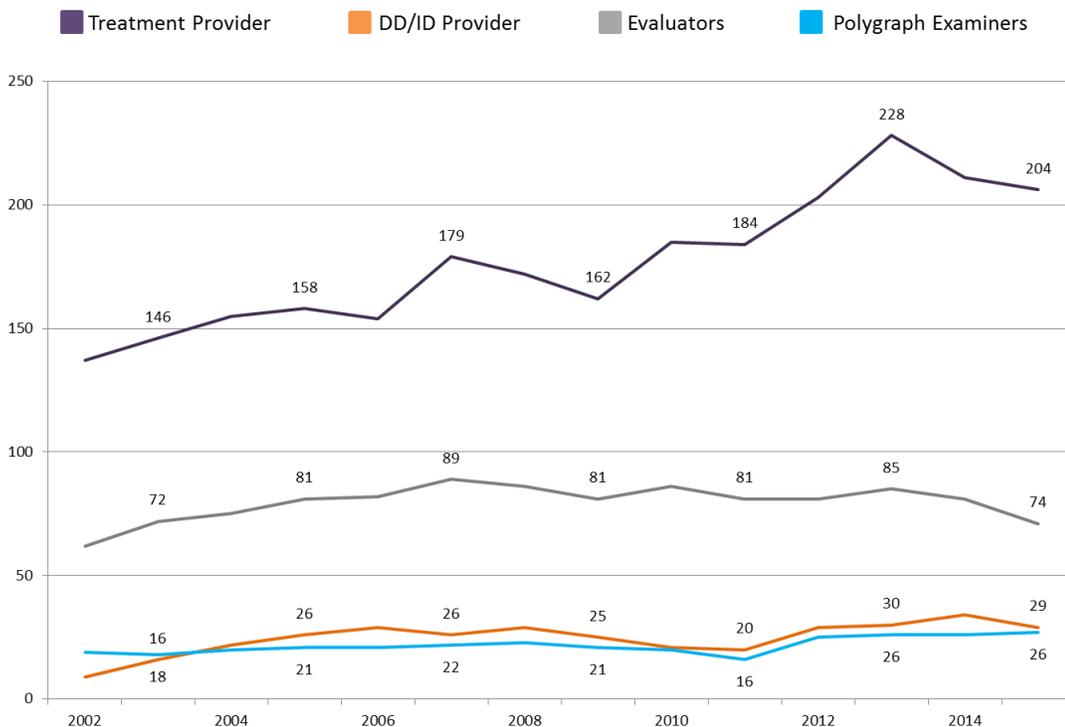
Table 6. SOMB Approved Provider Total, FY 2015

| Type of Provider | Full | | Associate | | Provisional | | Totals | |
|--------------------------|------|-------|-----------|-------|-------------|------|--------|-------|
| | n | % | n | % | n | % | N | % |
| Treatment Provider | 126 | 50.8% | 75 | 72.1% | 3 | 100% | 204 | 57.5% |
| Treatment Provider DD/ID | 23 | 9.3% | 6 | 5.8% | 0 | 0.0% | 29 | 8.2% |
| Evaluator | 58 | 23.4% | 16 | 15.4% | 0 | 0.0% | 74 | 20.8% |
| Evaluator DD/ID | 9 | 3.6% | 1 | 1.0% | 0 | 0.0% | 10 | 2.8% |
| Polygraph Examiner | 21 | 8.5% | 5 | 4.8% | 0 | 0.0% | 26 | 7.3% |
| Polygraph Examiner DD/ID | 11 | 4.4% | 1 | 1.0% | 0 | 0.0% | 12 | 3.4% |
| | 246 | 100% | 106 | 100% | 3 | 100% | 355 | 100% |

Note: Providers may be approved to provide multiple services.

The SOMB approved 23 new adult applicants and conducted 59 adult re-applications which are included in the numbers above. There were 18 applicants who either upgraded their status (i.e. Associate Level to Full Operating) or added to their status by applying for an additional status (i.e. Evaluator, Developmentally Disabled or Intellectually Disabled).

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



COST OF SERVICES

The average costs of services in Table 7 (below) were determined by surveying SOMB listed providers in August of 2015. Many providers offer services on a sliding scale, dependent on the offender's income. In community based programs, most sex offenders are expected to bear the costs of treatment and behavioral monitoring. The Standards require, at a minimum, weekly group treatment and polygraph examinations every six months. Most programs require some additional services during the course of treatment.

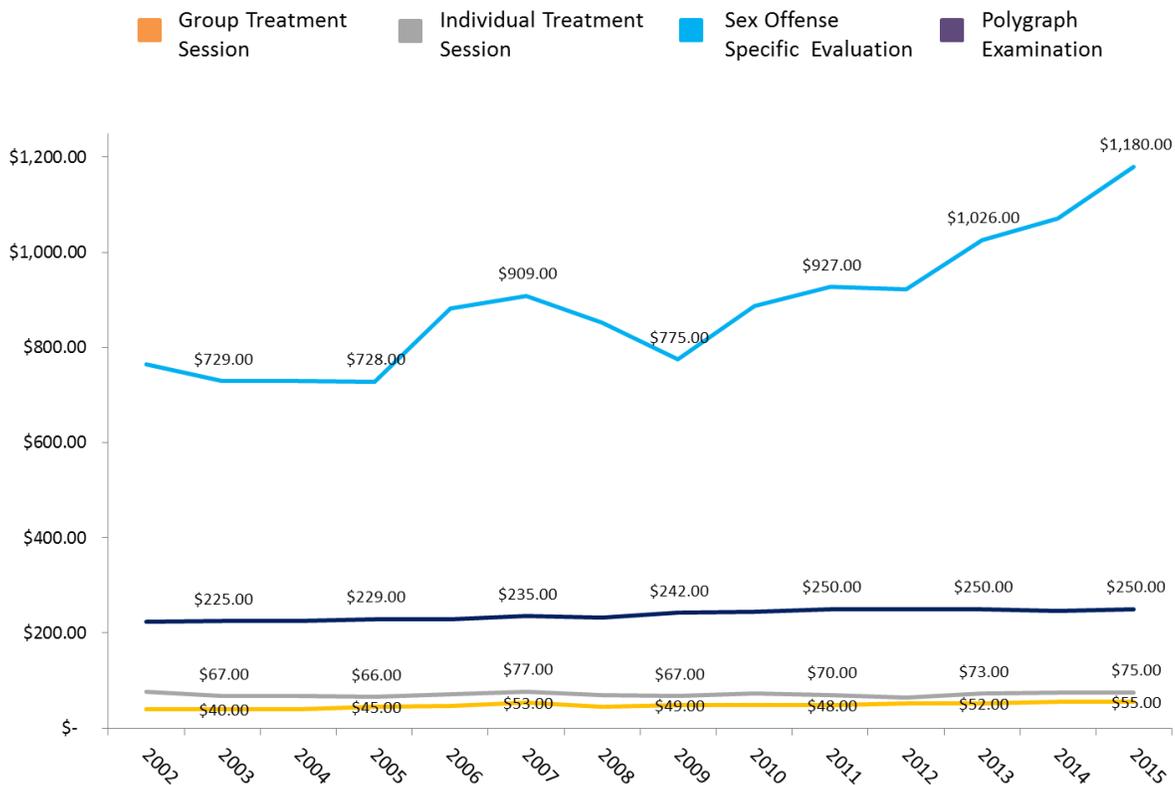
Table 7. Average Cost of Services by Judicial District

| Judicial District | Mental Health Sex Offense Specific Group Treatment Session | Mental Health Sex Offense Specific Individual or Other Adjunct (i.e., family or couples counseling) Treatment Session | Sex Offense Specific Evaluation, including a PPG or VRT, or Both | Polygraph Examination |
|-------------------|--|---|--|----------------------------|
| 1 st | \$56.00 | \$78.00 | \$1,150.00 | \$250.00 |
| 2 nd | \$56.00 | \$77.00 | \$1,138.00 | \$250.00 |
| 3 rd | \$45.00* | \$60.00* | X | \$250.00* |
| 4 th | \$57.00 | \$67.00 | \$1,207.00 | \$250.00 |
| 5 th | \$58.00 | \$77.00 | \$1,165.00 | \$250.00 |
| 6 th | \$50.00* | \$70.00* | X | \$250.00 |
| 7 th | \$50.00 | \$65.00 | \$1,038.00 | \$250.00 |
| 8 th | \$60.00 | \$85.00 | \$1,079.00 | \$250.00 |
| 9 th | \$50.00 | \$65.00 | \$1,263.00 | \$250.00* |
| 10 th | \$52.00 | \$80.00 | \$1,310.00 | \$250.00 |
| 11 th | \$54.00 | \$74.00 | \$1,180.00 | \$250.00 |
| 12 th | \$60.00* | \$60.00* | X | \$250.00 |
| 13 th | \$54.00 | \$74.00 | \$1,058.00 | \$250.00* |
| 14 th | \$57.00 | \$77.00 | \$1,042.00 | \$250.00* |
| 15 th | \$59.00 | \$87.00 | \$925.00 | \$250.00 |
| 16 th | \$60.00* | \$60.00* | X | \$250.00* |
| 17 th | \$55.00 | \$81.00 | \$1,118.18 | \$250.00 |
| 18 th | \$56.00 | \$81.00 | \$1,154.00 | \$250.00 |
| 19 th | \$55.00 | \$92.00 | \$1,046.00 | \$250.00 |
| 20 th | \$56.00 | \$86.00 | \$1,089.00 | \$250.00 |
| 21 st | \$51.00 | \$66.00 | \$1,425.00 | \$250.00* |
| 22 nd | X | X | X | X |
| Average | \$55.00 | 75.00 | \$1,180.00 | \$250.00 |
| Range | \$35.00 - \$90.00 | \$45.00 - \$120.00 | \$700.00 - \$2200.00 | \$250.00 - \$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 August 2015 and are rounded to the nearest dollar. Across the state, the average cost of a Sex Offense Specific Evaluation that includes a Penile Plethysmograph (PPG), Visual Reaction Time (VRT), or both is priced at \$1,188.00, \$1,137.00 and 1,121.00 respectively. * Denotes only one responding provider from that Judicial District.

Figure 9 illustrates the average costs of approved provider services by fiscal year. Average costs for group treatment, individual treatment, and polygraph examinations have remained relatively stable. However, while the costs for a sex offense specific evaluation have fluctuated over the last 10 years, its statewide average has steadily increased from \$775.00 in FY 2009 to \$1,180.00 in FY 2015.

Figure 9. Average Costs of Approved Provider Services by Fiscal Year



Sex Offender Surcharge Fund

The SOMB recommended that \$302,029 from the Sex Offender Surcharge Fund be allocated to the Judicial Department in FY 2015-16. 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 2016-17 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 a total of 322 approved SOMB providers, 113 responded¹ to the survey (61.0%, n = 69 adult; 36.3%, n = 41 juvenile providers; 2.7%, n = 3 missing) indicating a 35.1% 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 30th, 2015, slightly more than one third of providers who responded to the survey (34.9%, n = 22) reported having more than 20 sex offenders currently serving an indeterminate sentence at their treatment program or private practice. Approximately 68.5% of participating providers (n = 37) reported the average length of stay for sex offenders serving an indeterminate sentence was between 1 to 6 years. Further, only of 1 in 7 responding providers (15.8%, n = 9) indicated that sex offenders

¹ Approved service providers were asked to have only one representative respond to the survey per program.

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.

The SOMB implemented a revised and streamlined reapplication process in FY 2014. The new process involved expediting the required background checks and adopting a much shorter and simplified reapplication form. The curtailed requirements to assess compliance by providers upfront in the reapplication process were replaced with Standards Compliance Reviews (SCR). 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. This change intended to drive two outcomes: (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 has been working over the past two years on making some significant changes to section 4.00 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. This Competency

Based Model (CBM) would utilize 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.

The SOMB required all approved providers to attend a CBM focused training in order to facilitate the transition to the CBM. A total of 11 trainings were conducted across the state between June and October 2015. These implementation efforts are aimed to educate providers on the requirements of the CMB and to help providers come into compliance. Full implementation of the CBM is scheduled for February 2016.

Sex Offender Service Providers Requirements for Listing Status

In addition to meeting all the other applicable Standards, the *general* requirements for service providers are as follows:

Table 8. Differences between Current and New Approval Requirements of Treatment Providers and Evaluators

| Service Level and Service Type | Current Approval Requirements | New Competency Based Approval Requirements (effective February 1 st , 2016) |
|---|---|---|
| Full Operating Level Treatment Provider: | Treatment Providers at the Full Operating Level have accumulated at least 1000 hours of clinical experience working with sex offenders in the last five years (and in no less than one year), and may practice without supervision. | 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. |
| Associate Level Treatment Provider: | Treatment Providers at the Associate Level have accumulated at least 100 hours of co-facilitated clinical experience working with sex offenders in the last five year (and not less than one year), and must receive regular supervision from a Treatment Provider at the Full Operating Level. | 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. |
| Full Operating Level Evaluator: | Evaluators at the Full Operating Level have conducted at least 30 mental health sex offense-specific evaluations of sex offenders in the last five years. | 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. |
| Associate Level Evaluator: | Evaluators at the Associate Level have conducted 10 adult sex offense specific evaluations in the past five years and are receiving supervision from an Evaluator at the Full Operating Level. | 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.) 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. |
| Full Operating Level Polygraph Examiner: | 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 clinical sex offender polygraph examiner training. | No Change |
| Associate Level Polygraph Examiner: | Examiner at the Associate Level are working under the guidance of a qualified Clinical 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. | No Change |
| Intent to Apply for Listing: | Non-listed providers working towards applying for listed provider status are able to provide services under the supervision of a full operating level provider. These non-listed providers are required to submit a letter of Intent to Apply to the SOMB within 30 days of beginning to provide services to sex offenders covered under the Standards, undergo a criminal history check, provide a signed supervision agreement, and agree to submit an application within one year from the date of Intent to Apply status. | This listing status will be removed and new providers seeking placement on the approved provider list will first need to demonstrate competency at the Associate Level as either a Treatment Provider or as a Treatment Provider and Evaluator. |
| Clinical Supervisor Listing Status: | No previous listing status for this category. | 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 |

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| | | 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. |
|--|--|--|

For a comprehensive list of requirements, please refer section 4.00 of the *Standards and Guidelines for the Assessment, Evaluation, Treatment and Behavioral Monitoring of Adult Sex Offenders*.

ATTACHMENT A: *Standards and Guidelines for the Assessment, Evaluation, Treatment and Behavioral Monitoring of Adult Sex Offenders;*

Lifetime Supervision Criteria

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. In September of 2015, the SOMB has approved revisions to the Introduction and Guiding Principles of the Adult Standards and Guidelines and, as of the date of this publication, had begun reviewing Sections 2.000, 3.000, 4.000 and 5.000.

Lifetime Supervision Criteria

The SOMB has received notice that the Colorado Department of Corrections (CDOC) has generated some proposed changes to the 1998 Lifetime Supervision Criteria which specify what offenders must do to be released, moved to lower levels of supervision, discharged or to demonstrate successful progress in treatment (see Lifetime Supervision Criteria Appendix to the Adult Standards and Guidelines). The SOMB along with the Judicial Department have begun to meet with CDOC to discuss these proposed revisions.

SUMMARY

This report is intended to provide the Colorado General Assembly with information on the fifteenth 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.

In FY 2015, 149 lifetime supervision offenders were admitted to prison and 20 discharged their sentence. As of June 30, 2015, 2,179 offenders were under CDOC supervision for sexual offense convictions sentenced under the lifetime supervision provisions. A total of 507 offenders under lifetime supervision have released to parole, with 115 paroling for the first time in FY 2015. The Parole Board conducted 798 revocation hearings for lifetime supervision offenders in FY 2015 with a decision to revoke parole in 51 cases. No parole discharge hearings have occurred for offenders sentenced under the Lifetime Supervision Act, as offenders would need to complete a minimum of 10 - 20 years on parole, dependent upon their conviction. Figures 2 and 5 illustrate that the Lifetime Supervision Act may be at least partially responsible for the increase in the percentage of sex offenders among prison and parole populations within Colorado.

The Sex Offender Treatment and Monitoring Program (SOTMP) for DOC inmates was designed to utilize the most extensive resources with those inmates 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 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. During FY 2015, 402 lifetime supervision sex offenders participated in the SOTMP.

As of June 30, 2015, there were approximately 1,452 offenders under SOISP probation supervision. Of these, approximately 829 (57%) offenders were under lifetime supervision. A comparison of data for FY 2013-14 to FY 2014-15 reflects 4% (17 cases) decrease in the number of offenders eligible and sentenced to indeterminate lifetime sentences and under SOISP supervision.

The expenses associated with the sex offender offense specific evaluations, the sexually violent predator assessments, and the Child Contact Assessments 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 and evaluators decreased this fiscal year by 3.3% and 12.9%, respectively. The number of approved polygraph examiners has remained relatively stable since FY 2007. 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 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.