SEX OFFENDER MANAGEMENT BOARD

ANNUAL LEGISLATIVE REPORT

Evidence-Based Practices for the Treatment and Management of Adults and Juveniles Who Have Committed Sexual Offenses

A Report of Findings per 16-11.7-109(2) C.R.S

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Prepared By:
Kelli Reynolds
Chris Lobanov-Rostovsky

Office of Domestic Violence and Sex Offender Management
Chris Lobanov-Rostovsky, Sex Offender Management Unit Administrator

Division of Criminal Justice
Jeanne M. Smith, Director

Colorado Department of Public Safety
Stan Hilkey, Executive Director

COLORADO
Division of Criminal Justice
Department of Public Safety

COLORADO
Department of Public Safety
Executive Director's Office

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Introduction

Purpose

Pursuant to Section 16-11.7-109 (2), C.R.S.,[1] this annual report presents findings from an examination by the Sex Offender Management Board (SOMB) of best practices for the treatment and management of adult sex offenders and juveniles who have committed sexual offenses. This report fulfills the statutory mandate by providing:

1. A summary of emerging research- and evidence-based practices regarding evaluation, assessment, treatment and supervision strategies in the field of sex offender management; and

2. A review of policy issues affecting the field of sex offender management that the Legislature may wish to review for potential statutory change.

Additionally, this report documents the 2016 achievements and current efforts being undertaken by the SOMB.

Background of the Sex Offender Management Board

In 1992, the Colorado General Assembly passed legislation (Section 16-11.7-101 through Section 16-11.7-107, C.R.S.) that created a Sex Offender Treatment Board to develop *Standards and Guidelines* for the assessment, evaluation, treatment and behavioral monitoring of adult sex offenders. The General Assembly changed the name to the Sex Offender Management Board (SOMB) in 1998 to more accurately reflect the duties assigned to the SOMB. The *Standards and Guidelines for the Assessment, Evaluation, Treatment and Behavioral Monitoring of Adult Sex Offenders* (henceforth referred to as the *Standards*) were originally drafted by the SOMB over a period of two years and were first published in January 1996. The *Standards* applied to convicted adult sexual offenders under the jurisdiction of the criminal justice system. From the beginning, the *Standards* were designed to establish a basis for systematic management and treatment of adult sex offenders. The legislative mandate to the SOMB and the primary goals of the *Standards* are the safety of the community and the protection of victims.

[1] C.R.S.16-11.7-109 (2): On or before January 31, 2012, and on or before January 31 each year thereafter, the board shall prepare and present to the judiciary committees of the senate and the house of representatives, or any successor committees, a written report concerning best practices for the treatment and management of adult sex offenders and juveniles who have committed sexual offenses, including any evidence based analysis of treatment standards and programs as well as information concerning any new federal legislation relating to the treatment and management of adult sex offenders and juveniles who have committed sexual offenses. The report may include the board's recommendations for legislation to carry out the purpose and duties of the board to protect the community.

The *Adult Standards* were revised in written form in 1998, 1999, 2008 and 2011. In addition, both the *Adult* and *Juvenile Standards* are now continuously revised in real time on the SOMB website, updating each section with new revisions as they are approved. Between 2011 and 2016, a number of revisions have been made to each document. New print versions of the *Adult* and *Juvenile Standards* are set to be published in 2017. These revisions are addressing omissions in the prior versions and continue to incorporate the growing literature on sex offender treatment and management.

In 2000, the Colorado General Assembly amended and passed legislation (16-11.7-103, C.R.S.) that required the SOMB to develop and prescribe a standardized set of procedures for the evaluation and identification of juveniles who committed sexual offenses. The *Standards and Guidelines for the Evaluation, Assessment, Treatment and Supervision of Juveniles Who Have Committed Sexual Offenses* (henceforth referred to as the *Juvenile Standards*) was first published in 2003, and subsequently revised in 2008, 2011, and 2014. As with the *Adult Standards*, the *Juvenile Standards* continue to hold public safety as a priority, specifically the physical and psychological safety of victims and potential victims.

The *Adult* and *Juvenile Standards* are both specifically designed to establish a framework for the systematic risk management, assessment, and clinical treatment of adult sex offenders and juveniles who have committed sexual offenses. Both the *Adult* and *Juvenile Standards* support a comprehensive range of therapeutic modalities and interventions for identified treatment needs, along with behavioral monitoring strategies for improved supervision based on risk level. This systemic approach fulfills a two-fold purpose: (1) managing and reducing sexually abusive risk behavior, while also (2) promoting protective factors that enable an offender's success.

The *Standards* support a coordinated approach in which a Community Supervision Team (CST) for adult sex offenders, or a Multi-Disciplinary Team (MDT) for juveniles who have committed sexual offenses, provide an individualized treatment and supervision plan that targets both psycho-social deficits and potential risk factors, while concurrently building upon the resiliency and positive traits inherent in the person. To be effective, this approach must include interagency and interdisciplinary teamwork. The CST and MDT commonly consist of a supervising officer, treatment provider, victim representative, polygraph examiner, and other adjunct professionals, where applicable. CST and MDT members, independent of each other, possess critical expertise and knowledge that once shared can enable improved decision-making among the team. This enhances not only public safety but the supervision and accountability of the individual under supervision.

The *Adult* and *Juvenile Standards* are based on research and best practices for managing and treating adult sex offenders and juveniles who have committed sexual offenses. To the extent possible, the SOMB has based the *Standards* on evidence-based practices (EBP) in the field. However, the specialized field of sex offender management and treatment is still developing and evolving. Professional training, literature reviews, and documents from relevant professional organizations

have also been used to direct the *Standards*. The SOMB will continue to modify the *Standards* periodically on the basis of new empirical findings.

In part, the SOMB stays current on research through the work of its active committees. These committees meet on a regular basis and report back to the SOMB to inform potential modifications to the *Adult* and *Juvenile Standards*. The list of committees below include all committees that were active during 2016. All committees besides the Continuity of Care committee remain active at this time. The following is a list of the SOMB committees:

1. Adult Treatment Standards Revisions Section 3.000 Committee
2. Adult Community Supervision Standards Revisions Section 5.000 Committee
3. Adult Polygraph Standards Revisions Section 6.000 Committee
4. SOMB Executive Committee
5. Juvenile Standards Revision Committee
6. Best Practices/Treatment Provider Committee
7. Victim Advocacy Committee
8. Continuity of Care Committee
9. Application Review Committee
10. Sexually Violent Predator (SVP) Assessment Committee
11. Circles of Support and Accountability (CoSA) Advisory Committee
12. Training Committee (in Collaboration with the Domestic Violence Offender Management Board)
13. Family Support and Engagement Committee
14. Sex Offender Registration Legislative Work Group

Report Organization

This annual legislative report consists of four sections. The first section provides a summary of the current and relevant literature concerning research- and evidence-based practices. The second section highlights relevant policy issues, including the data collection plan required by the Legislature. The third section highlights the 2016 achievements of the SOMB. This section will include an update to the progress of the SOMB Strategic Plan that was created in 2014 in part in response to the external evaluation of the *Adult Standards*. The fourth and final section provides the future goals and directions of the SOMB.

Executive Summary

Pursuant to Section 16-11.7-109 (2), Colorado Revised Statutes (C.R.S), this annual report presents findings from an examination by the Sex Offender Management Board (SOMB) of best practices for the treatment and management of adult sex offenders and juveniles who have committed sexual offenses.

To identify the most current research- and evidence-based practices to date within the field of sex offender treatment and management, the SOMB conducted a series of literature reviews in support of ongoing committee work and the development of this report.

Section 1: Research and Evidence-Based Practices

Within the field of sexual offender treatment and management, the interest in evidence-based practice (EBP) is increasing. Establishing the degree to which provided services are effective is an essential part in improving public policies aimed at reducing the risk for future sexual re-offense by identified adult sex offenders.

Best Practices for the Treatment and Management of Adult Sex Offenders

- *RNR-I.* The Risk, Need and Responsivity (RNR) Principles have received empirical support in the literature, however there has been criticism regarding its implementation in practice (Laws & Ward, 2011; Ward, Mann & Gannon, 2007; Ward & Stewart 2003). In particular, little research has been conducted regarding the effectiveness of the responsivity principle. In response to criticisms of RNR, Looman & Abracen (2013) introduced a revised RNR model, RNR-I (Integrated). RNR-I addresses recent research related to recidivism among sexual offenders, focusing on the changing needs of the offender population and how it relates to prior trauma and other adverse developmental experiences, mental health and mental disorders. RNR-I addresses the ways risk factors interact with one another and interfere with progress in treatment. RNR-I suggests a practical approach to treatment based upon the offender's identified risks and needs. As a result, the RNR Model could benefit from an integrative approach accounting for factors related to a client's past trauma, possible serious mental illness, psychotropic medication needs, the overall style of treatment, and the potential impact of these factors on responsivity.

- *Post-conviction polygraph.* In the United States, polygraph testing is widely used in the treatment of sex offenders (Marshall & Thomas, 2015; Safer Society, 2009), and has recently been adopted in the United Kingdom. Treatment and supervision programs

utilize polygraph examinations post-conviction to verify compliance with treatment and supervision. Post-conviction polygraph also assists treatment providers in determining the risks and needs of the client, furthering the treatment providers understanding of the client's treatment needs. While there is continued debate surrounding the use of the polygraph in sex offender treatment and supervision, a growing body of evidence does support the utility of polygraph testing as an adjunct treatment tool to elicit information that offenders are otherwise unlikely to reveal. Post-conviction polygraph testing exists as a mandatory treatment requirement for adult sexual offenders in Colorado. More research is needed to specifically examine and determine how the therapeutic alliance is impacted by the use of post-conviction polygraph exams. In addition, there is a general lack of research around responsivity factors in treatment. The Adult Polygraph Standards Revision Section 6.000 Committee continues to explore and document best practices regarding the use of the polygraph exam.

- *Crossover offenders.* Crossover sexual offenses are defined as those in which the offender perpetrates crimes against multiple age, gender and relationship categories of victims. Research conducted over the last 25 years (Abel, Becker, Cunningham-Rathner, Mittelman & Rouleau, 1988; English, Jones, Patrick & Pasini-Hill, 2003; Heil, Ahlmeyer & Simons, 2003; Levenson, Becker & Morin, 2008; Tjaden & Thoennes, 2006) shows that only 1-3 percent of self-admitted sexual offenses are reported in official records. Recent research (Cann, Friendship, & Gozna, 2007; Kleban, Chesin, Jeglic & Mercado, 2012; Levenson et al., 2008) supports the prevalence of crossover offending in sexual offender populations. While past studies have explored the importance of post-conviction polygraph in crossover offending research, there is evidence that offenders' crossover behaviors can be linked back to official records and their treatment case files. Crossover research continues to be of interest to the SOMB, and has been integrated throughout the *Standards* revisions focusing on treatment and supervision of sex offenders in Sections 2.000, 3.000, and 5.000. Please see section 3 of this report for a more in-depth explanation of *Standards* revisions.

- *Family education, support, and engagement.* In order to prepare for release from incarceration or from community supervision and treatment, an offender must be equipped with knowledge, skills and opportunities as well as resources to help them integrate positively into society (Scoones, Willis & Grace, 2012). Release planning for offenders who have recently been released from incarceration has been shown to have a positive effect on offender treatment and reentry into the community (Scoones et al., 2012). Offender rehabilitation with a focus on strength-based principles such as the Good Lives Model (GLM) (Ward & Marshall, 2004; Ward & Maruna, 2007; Ward & Stewart, 2003) has shown positive impact on an offender's rehabilitation and progress in treatment. Incorporating the strengths of the offender, along with relevant environmental variables present upon release, may play a role in promoting the offender's successful integration into society.

Best Practices for the Treatment and Supervision of Juveniles Who Have Committed Sexual Offenses

- *Emerging adulthood.* Emerging adulthood is a concept from the developmental psychology field, describing the stage of life that bridges adolescence and adulthood. This 18-25 age group is a special population with different risks and needs than their juvenile or older adult counterparts. Arnett and Tanner (2005) note that this transition age into adulthood encompasses identity exploration, self-focus instability, possibilities and the feeling of being "in-between." The pre-frontal cortex of the brain is key to an individual's ability to make decisions and regulate emotions. By the age of 14, adolescents have an understanding of risks associated with behavior; however, the mechanisms required to resist these risky behaviors still lack maturation in comparison to individuals who are at least 20 years of age (Spear, 2010). These high-risk behaviors include unprotected sex, substance abuse, binge drinking, and behaviors such as driving recklessly or driving while intoxicated (Arnett, 2000). In response to the needs of this young adult population, the **Young Adult Modification Protocol** was developed by the SOMB and is available as Appendix J in the *Standards*.

- *Juvenile registration.* In 1996, states were federally mandated for the first time to implement adult sex offender registration and notification (SORN). While states were federally mandated to register adults at this time, it was not mandated to register juveniles. The purpose of SORN is to protect the public from sex offenders by creating a more uniform registration and notification system across the country (Caldwello, Ziemke & Vitacco, 2008). In 2006, the *Adam Walsh Act* (AWA) initially made it a federal mandate that juveniles ages 14 and older who are adjudicated delinquent for certain violent sexual offenses are registered sex offenders. In 2011, SORN requirements under AWA began to shift away from this registration requirement, indicating that jurisdictions could still register juveniles who commit sexual offenses; however, jurisdictions were no longer mandated to make this information available to the public. Finally, in August of 2016, the requirements of AWA again shifted for registration concerning juveniles who commit sexual offenses. SORN requirements have been theorized to improve the management of juveniles who commit sexual offenses in the community while promoting public safety. However, risk assessment tools have not been sufficiently validated for this offending population. This leaves a gap in understanding the risk and needs of the juveniles who commit sexual offenses. The registration of juveniles who commit sexual offenses has potential policy impacts for evidenced-based practice and research into its application and efficacy.

Section 2: Relevant Policy Issues and Recommendations

Relevant Policy Issues and Recommendations consist of a literature review of the empirical research on issues in sex offender management, policies, and practices. Specific policy issues are examined to highlight areas that may be of particular interest to the members of the general assembly. The following recent court cases and policy issues were identified by the SOMB for review:

Court cases concerning contact with children

In 2014, the Tenth Circuit U.S. Court of Appeals ruled in favor of James Howard Burns in *United States v. Burns (No 13-5045)*. This ruling determined that restricted contact with the offender's own children is a violation of his or her constitutional right of parenting. The Tenth Circuit U.S. Court of Appeals ruled that an offender's access to his/her own children may not be restricted as a universal condition of supervision. In light of this, SOMB-approved evaluators have begun adding information to the evaluation document that discusses the factors which may impact the risk a client poses to his or her own child. As research suggests, crossover offending has its highest prevalence across categories of age. The topic of parent-child contact continues to be discussed by SOMB stakeholders working on revisions to Section 5.000 of the *Standards* to provide guidance to community supervision teams (CSTs) and to judges who may make a determination that a sex offender is allowed to have contact with his/her own child.

Recommendations:

- In response to the U.S. v. Burns decision, the SOMB worked quickly to ensure that a variance process was put in place so providers would not be out of compliance with the *Standards* if they were treating a client who had contact with his/her own child. Moving forward, the SOMB will continue to work on incorporating this into *Standards*.
- Encourage CSTs to notify the court if they feel there is an increased risk between their client and contact with his/her own child.

Court cases concerning self-incrimination

The mandated treatment and supervision process in Colorado includes being asked sex offense history questions during evaluation, treatment and polygraph exams. Sex offense history questions are a crucial part of the treatment process, as it allows the CST/MDT to adequately devise treatment plans based on the client's risks and needs. Through recent court cases, the expectation of offenders answering sex offense history specific questions in treatment and supervision has been found to be potentially self-incriminating. While sex offense-specific history questions have been shown to provide valuable information for treatment interventions and supervision purposes, asking sex offense specific history questions as a condition of treatment and supervision creates an environment where the offender could potentially feel forced to incriminate themselves, causing 5th Amendment protection concerns.

Recommendations:

- The SOMB took immediate steps to address the noted court cases by working on language providing direction to CSTs/MDTs regarding response expectations of sex offense history questions, and the SOMB will continue to modify language as necessary to address stakeholder concerns and unintended consequences.
- Comply with U.S. v. Von Behren language; offenders will not be terminated from treatment when they refuse to answer questions on their sexual offense history to protect their Fifth Amendment right of self-incrimination.

Registration of adult sex offenders

Recommendations:

- The SOMB recommends that, at a minimum, the receiving law enforcement agency that registers the offender in the new jurisdiction should receive and process the deregistration of an offender to notify the prior jurisdiction of the move.
- The Legislature should study further the issue of deregistration in order to identify a solution to address the unintended consequences of no formal de-registration process. This includes the possibility of reinstating the deregistration requirement.
- The legislature should study the issues around incapacitated registrants, and provide guidance to law enforcement agencies in statute on how to ensure incapacitated offenders are appropriately registered, or conversely released from registration, in accordance with mandate;
- Continue to monitor the transient registrant process to ensure that it is effective;
- The legislature should study the potential effects of creating a mandate which allows for offenders who are mentally or physically incapacitated to petition off of the registry, provided there is documented medical support.
- Remove the SVP designation and replace the existing classification system with a 3-level (i.e., Level 1, 2 and 3), risk-based classification system for adult sex offenders based upon the use of a new actuarial risk assessment instrument (developed by the Office of Research and Statistics [ORS] in conjunction with the SOMB);
- All of those convicted of a sex crime should be subject to the risk assessment, not just those defined in the SVP legislation for adult sex offenders;
- Implement the new risk-based classification system as of the date of legislation, while addressing offenders who have previously been assessed as SVP;

- A process to reassess a risk classification level should be explored based upon changes in risk over time. Such a change in risk level would have to be designated by the Court or Parole Board. A recommendation should be provided to the legislature about the feasibility of such a process.

- Utilize the Court and Parole Board to designate the risk classification level in a manner similar to the current SVP designation process, but consider the need for a risk assessment board or committee to make the designation. The Court and Parole Board currently have the ability to override the results of the SVPASI based upon aggravating and mitigating factors not part of the assessment process, and this discretion should continue to be allowed. This also provides an appeal process for those registrants who believe they are unfairly classified;

- If the SVP designation is maintained, remove the relationship criteria, allow for a broad recidivism measure in the development of the SVPASI, and create an opportunity for reconsideration of SVP designation.

Juvenile Registration

Recommendations:

- The SOMB has previously identified in prior Annual Legislative Reports recommendations that specific criteria be developed to broaden judicial decision-making in waiving the registration requirements for certain juveniles;

- The SOMB recommends the Legislature study the possibility of exempting juvenile registry information from being made public throughout all jurisdictions within Colorado (e.g., no internet posting on county websites, and not including this information in paper lists available to the public).

Data Collection Plan

Pursuant to C.R.S 16-11.7-103, the SOMB has been tasked with creating a data collection plan. This data collection plan will collect data from treatment providers, evaluators and polygraph examiners who provide services to sex offenders. On a large scale, this data collection plan seeks to capture information on the incorporation of RNR into practice. Questions in the data collection plan primarily focus on the principles of RNR and how treatment providers, evaluators and polygraph examiners are addressing them. Overall, data collected will identify what steps treatment providers, evaluators and polygraph examiners are taking in treatment to adhere to RNR principles and provide treatment that is based specifically on their client's identified risks and needs. A pilot data collection plan will initially collect a baseline of data. Based upon the results from this baseline data collection, there will be further discussion for modifications and potential additions to this current data collection plan.

Section 3: Milestones and Achievements

In 2016, the SOMB accomplished many of its strategic goals in collaboration with multiple stakeholders. For the purposes of this report, the SOMB has focused on accomplishments of the SOMB Strategic Plan created and approved in 2014. For a comprehensive summary of the work of the SOMB, please refer to Appendix E. Section 3 addresses the SOMB Strategic Action Plan in-depth, highlighting its accomplishments and continued progress towards achieving its goals. The following highlights some of the many additional achievements of the SOMB in 2016:

- Managed 14 SOMB committees that functioned at some point during 2016. Several of these committees were convened in 2014 to address specific projects related to the strategic plan, such as the Adult Standards Revision Committee, the Continuity of Care Committee, and policy issues related to the Sexually Violent Predator Assessment Screening Instrument (SVPASI).

- Conducted 72 trainings to over 2,985 attendees from across Colorado in calendar year 2016. These trainings covered a range of topics related to the treatment and supervision of individuals convicted of or adjudicated for sexual offenses. The SOMB also held its 10th annual statewide conference in Breckenridge, Colorado that offered 3 consecutive days of training for providers, probation officers, law enforcement, victim representatives, and many other stakeholder groups. Presentations were conducted by national speakers on RNR and research-based practices.

- Supported several community notifications of Sexually Violent Predators (SVP's) by providing ongoing technical assistance around the state.

- Conducted 2 *Standards* compliance reviews, which review pertinent provider files to assess service provider compliance with the *Standards*.

- Received 11 complaints during FY16 made against approved providers, and disposed of 7 cases. During FY16 there was 1 founded complaint; however 4 cases are still open and under investigation.[2]

- Continued to provide board members and other interested stakeholders with research and literature, including monthly journal articles, literature reviews in preparation for any *Standards* revisions, trainings by national leaders in the field for Colorado stakeholders, and research and best practice presentations as part of SOMB meetings.

- Published the 2016 SOMB Annual Legislative Report and the 2016 Lifetime Supervision of Sex Offenders Annual Report.

[2] Complaints that have been closed or remain open may have originated prior to FY2016.

Section 1: Research and Evidence Based Practices

Best Practices for the Treatment and Management of Adult Sexual Offenders

An update to RNR: Risk, Need, Responsivity and Integrity (RNR-I) – principles of effective treatment and supervision

The Risk, Need and Responsivity (RNR) Principles require that offenders should receive treatment and supervision based upon the offender's assessed individualized risk level, needs, and responsivity factors. While RNR has received empirical support in the literature, there has been criticism regarding its implementation in practice (Laws & Ward, 2011; Ward, Mann & Gannon, 2007; Ward & Stewart 2003). In particular, little research has been conducted regarding the effectiveness of the responsivity principle. In response to criticisms of RNR, Looman & Abracen (2013) introduced a revised RNR model, RNR-I (Integrated). RNR-I addresses recent research related to recidivism among sexual offenders, focusing on the changing needs of the offender population and how it relates to prior trauma and other adverse developmental experiences, mental health and mental disorders. RNR-I addresses the ways risk factors interact with one another and interfere with progress in treatment.

Abracen, Gallo, Looman, and Goodwill (2015) argue that issues both associated with criminogenic needs and serious mental illness, when applicable, need to be further incorporated into the management of moderate to high risk groups of offenders. While it has been found that offenders who have a diagnosis of a sexual paraphilia or a personality disorder separately did not recidivate at higher rates, those who had both sexual deviance and a personality disorder were found to be more likely to recidivate with sexual crimes (Hanson & Bussiere, 1998). RNR-I suggests a practical approach to treatment based upon the offender's identified risks and needs. This application additionally encompasses the identification of medication needs for the offender. An evaluator or treatment provider may find that psychotropic medications would assist in a client's amenability to treatment, or that individual treatment rather than traditional group sessions would be better suited for the client's treatment. Integrating these outside factors in response to the client's criminogenic risks and needs may result in positive treatment progress, as well as a noticeable reduction in recidivism rates for both sex offenses and general criminal offenses (Abracen et al., 2015).

As a result, the RNR Model could benefit from an integrative approach accounting for factors related to a client's past trauma, possible serious mental illness, psychotropic medication needs, the overall style of treatment, and the potential impact of these factors on responsivity. While there have been successes in the use of the RNR model and Cognitive Behavioral Therapy (CBT) alone in reducing recidivism rates, the introduction of RNR-I suggests a path towards further reductions in recidivism at a community level, and positive progress in treatment on a client level. The SOMB has been active in integrating RNR research into the *Standards* revisions, and subsequent trainings. Please

see Section 3.000 for further information regarding the integration of the RNR principles into the *Standards*.

Post-conviction polygraph testing with sex offenders

In the United States, polygraph testing is widely used in the treatment of sex offenders (Marshall & Thomas, 2015; Safer Society, 2009), and has recently been adopted in the United Kingdom after nearly a decade of pilot studies. Polygraph examination is a diagnostic tool which detects various changes throughout the autonomic nervous system. The exam tracks physiological changes in respiration, cardiovascular functions and electro-dermal functions (Grubin & Madsen, 2006; Madsen, Parsons & Grubin, 2004; USA Employee Polygraph Protection Act of 1988). These physiological changes are associated with changes in the body that indicate the client is potentially being untruthful. Any continuous physiological changes are recorded and used to diagnose the probable truthfulness of the individual.

The use of the polygraph examination extended to sex offenders in Oregon and Washington State beginning in the 1970s. Not long after, the use of the polygraph exam for sex offender management spread throughout western states. The use of the post-conviction polygraph exam for adult sex offenders has increased in use in the United States, from 30% utilization in adult treatment programs in 1996, to 70% in 2002, and 79% in 2009 (Safer Society, 2009). During the same time period, the use of polygraph testing for juveniles who commit sexual offenses rose from 22% in 1996 to 50% in 2009 (Safer Society, 2009). Treatment and supervision programs utilize polygraph examinations post-conviction to verify compliance with treatment and supervision. Post-conviction polygraph also assists treatment providers in determining the risks and needs of the client, furthering the treatment providers understanding of the client's treatment needs. The use of the polygraph examination in combination with treatment has resulted in clinically significant sexual history disclosures of past sexual behaviors and offenses; this is information not available in official records. Polygraph examinations have also assisted treatment providers and supervising officers in determining whether the offender has had contact with a victim, has entered an exclusion zone or otherwise violated treatment/supervision conditions (Marshall & Thomas, 2015). The use of the polygraph exam allows for treatment planning to become more comprehensive, given the identification of static and dynamic risk factors identified through the use of the polygraph (Grubin, 2010).

While there is continued debate surrounding the use of the polygraph in sex offender treatment and supervision, a growing body of evidence does support the utility of polygraph testing as an adjunct treatment tool to elicit information that offenders are otherwise unlikely to reveal. Polygraph examination elicits a comprehensive picture of crossover offenses among this population of offenders. For example, there is particular interest in developing risk measures for internet offenders who do not appear to have had any contact sexual offenses. In a meta-analysis of 21 studies involving 4,464 offenders (Seto, Hanson & Babchishin, 2011), it was found that 1 in 8 (12%) internet offenders had an officially known contact sexual offense history at the time of their index offense. However, approximately 1 in 2 (55%) internet offenders ultimately admitted to a past contact sexual offense in the six studies which used self-report data. Additionally, a study conducted by Bourke, Fragomeli, Detar, Sullivan, Meyle and O'Riordan (2014) found that 74% of their subjects did not have a documented contact sexual offense pre-treatment. Post treatment, 85% of these offenders admitted that they had a contact sexual offense, which accounts for a 59% increase in the number of subjects with known contact sexual offenses.

There have been a limited number of studies of the polygraph examination as a stand-alone tool in reducing sex offender recidivism rates. However, the use of the polygraph exam has shown some promise in determining offender recidivism rates, when combined with treatment and supervision as part of a comprehensive approach (Aytes, Olsen, Zakrajsek & Murray, 2001; English, 1998; English, Jones, Patrick & Pasini-Hill, 2003; Heil et al., 2000).

Table 1. Polygraph use by programs, percentage.

	Male		Female	
Community Programs	Adults n=330	Adolescents n=275	Adults n=174	Adolescents n=102
Polygraphy, disclosure tests	67.0	46.6	69.5	44.1
Polygraphy, monitoring or maintenance tests	74.5	42.5	72.4	41.2
Polygraphy, special issue tests	60.6	42.5	64.4	41.2
Use one or more of the above	79.4	50.5	77.0	49.0
Residential Programs	Adults n=85	Adolescents n=98	Adults n=19	Adolescents n=19
Polygraphy, disclosure tests	52.9	38.8	52.6	26.3
Polygraphy, monitoring or maintenance tests	38.8	27.6	26.3	31.6
Polygraphy, special issue tests	41.2	35.7	36.8	31.6
Use one or more of the above	56.5	49.0	52.6	31.6

Source. Safer Society Survey (2009)

Table 2. Disclosure polygraph test required to successfully complete treatment, percentage.

	Male		Female	
Community Programs	Adults n=328	Adolescents n=269	Adults n=171	Adolescents n=99
Required	50.0	26.8	54.4	27.3
Not required	28.0	34.2	29.8	32.3
Does not use polygraph	22.0	39.0	15.8	40.4
Residential Programs	Adults n=83	Adolescents n=97	Adults n=18	Adolescents n=19
Required	34.9	15.5	38.9	10.5
Not required	25.3	40.2	33.3	47.4
Does not use polygraph	39.8	44.3	27.8	42.1

Source. Safer Society Survey (2009)

Post-conviction polygraph testing exists as a mandatory treatment requirement for adult sexual offenders in Colorado. More research is needed to specifically examine and determine how the therapeutic alliance is impacted by the use of post-conviction polygraph exams. In addition, there is a general lack of research around responsivity factors in treatment. This is true especially for research on polygraph exams when they are used as a treatment tool. Standards of practice for post-conviction sex offender polygraph testing are addressed in Section 6.000 of the *Standards*.

The Adult Polygraph Standards Revision Section 6.000 Committee continues to explore and document best practices regarding the use of the polygraph exam. In 2016, the SOMB Best Practices Committee was charged by the SOMB to review the research on polygraph examinations and provide a synopsis of this research to the SOMB in order to make a recommendation regarding the research impact on the *Standards* revisions. The Best Practices Committee solicited polygraph research from all stakeholders, with the criterion that the research be of high quality and peer-reviewed, and have a focus on sex offending populations. Based upon this charge, the Best Practices Committee came to a consensus that the current *Standards* must better address the individualization of polygraph exams in accordance with the principles of RNR. Specifically, the SOMB created the Adult Polygraph Revisions Committee Section 6.000, and the Committee began meeting in August 2016. The Committee is working on addressing some of the overly prescriptive language and *Standards* where they may be inconsistencies with the RNR principles, in order to comport with the current evidence-based practices and research on polygraph examination. The following is a synopsis of the Best Practices Committee's recommendations for areas to address in the revisions to the Polygraph Standards:

- Prescribed frequency of, or duration between polygraph exams;
- Prescribed requirements for progress and outcomes/sanctions based on polygraph results;
- Assumptions about the risk of the offender based specifically on polygraph results
- Guidance on how to respond to specific polygraph results;
- What role the polygraph examiner plays on the MDT/CST (core vs. adjunct member);
- Guidance related to suitability and special considerations for polygraph testing;
- Requirements related to content of exams including sex history content areas; and
- Appendix with outdated version of ATSA ethical standards.

It is important to note that the use of the polygraph examination does not replace other forms of behavioral monitoring that may be utilized by the CST. In practice, the post-conviction polygraph is beneficial to treatment providers and supervision officers as an additional tool to determine offender dynamic risks and needs (Ward, Mann & Gannon, 2007).

Crossover and offender specializations

Relatively few sex offenders offend against only one type of victim (Heil, Ahlmeyer & Simons, 2003). Crossover sexual offenses are defined as those in which the offender perpetrates crimes against multiple age, gender and relationship categories of victims. Research conducted over the last 25 years (Abel, Becker, Cunningham-Rathner, Mittelman & Rouleau, 1988; English et al., 2003; Heil et al., 2003; Levenson, Becker & Morin, 2008; Tjaden & Thoennes, 2006) shows that only 1-3 percent of self-admitted sexual offenses are reported in official records. Indeed, offenders have been found to report more sexual offenses through the use of polygraph exams integrated with treatment, as summarized in Table 1. Research has found that approximately half of adult rapists report sexually assaulting children and that two-thirds of incest offenders report sexually assaulting children both within and outside the family (Abel et. al, 1988; English et. al., 2000; Heil et al., 2003). Please see Appendix A for an expanded list of studies with crossover information.

Table 3. Comparison of Cross Over Offending Studies.

Sex Offender Study	Sample Description	Location	% with one type of behavior	Gender Cross-over	Age Cross-over	Relationship Cross-over	Rapists Victimizing Children	Incest Victimizing non-relatives	Non-Contact Committing
Ahlmeyer et al. (2000); Heil et al. (2003)	35 and 223 adult male inmates in a prison treatment program	Colorado	11%	37%	73%	87%	52%	64%	X
English et al. (2000)	180 adult males in treatment and on probation or parole	Wisconsin, Oregon & Texas	26%	29%	33%	X	53.60%	64%	80%
Abel et al. (1988, 1992, 2000)	561 paraphilics	New York & Tennessee	10.4%[3]	20%	42.30%	X	49%	65.8%	64%

In sum, sex offender typologies are created in order to divide offenders into categories of rapists or child molesters, which is determined based on the age, gender, and relationship to the victim. Research into crossover offending by sexual offenders instead finds that sexual offending may be opportunistic, calling for a focus on motivational factors behind offending rather than the characteristics of victims (Heil et al., 2003).

[3] This represents the percentage of individuals committing paraphilic behavior against family members who also committed paraphilic behaviors against non-family members.

Emerging research: crossover offending among age categories

Recent research (Cann, Friendship, & Gozna, 2007; Kleban, Chesin, Jeglic & Mercado, 2012; Levenson et al., 2008) supports the prevalence of crossover offending in sexual offender populations. While past studies have explored the importance of post-conviction polygraph in crossover offending research, there is evidence that offenders' crossover behaviors can be linked back to official records and their treatment case files. Levenson et al. (2008) found that child molesters abuse children of both genders. This study, conducted using a sample of 362 offenders considered for civil commitment, used file reviews to determine that sex offenders with victims who were both male and female increased as the age of the victim decreased. Kleban et al. (2013) found that offenders were most likely to cross over age groups, meaning that those who offended against a particular age group were likely to cross over to other age groups of victims. While crossover offending has been observed across all victim categories (e.g., gender, age, and relationship), the most prevalent findings of crossover offending remain in the age categories. Crossover research continues to be of interest to the SOMB, and has been integrated throughout the *Standards* revisions focusing on treatment and supervision of sex offenders in Sections 2.000, 3.000, and 5.000. Please see section 3 of this report for a more in depth explanation of Standards revisions.

Family Support, Engagement, and Integration

In order to prepare for release from incarceration or from community supervision and treatment, an offender must be equipped with knowledge, skills and opportunities as well as resources to help them integrate positively into society (Scoones, Willis & Grace, 2012). Research conducted by Willis and Grace (2008, 2009) suggests that sexual offenders who had poor release planning recidivated at higher rates than sex offenders who had a more supportive release plan. Factors examined in this study include accommodation planning, employment, community based treatment and social support. These factors can be assisted by family members and friends through building a strong social support system for the offender upon their release.

Release planning for offenders who have recently been released from incarceration has been shown to have a positive effect on offender treatment and reentry into the community (Scoones et al., 2012). Offender rehabilitation with a focus on strength-based principles such as the Good Lives Model (GLM) (Ward & Marshall, 2004; Ward & Maruna, 2007; Ward & Stewart, 2003) has shown positive impact on an offender's rehabilitation and progress in treatment. Incorporating the strengths of the offender, along with relevant environmental variables present upon release, may play a role in promoting the offender's successful integration into society. Please see section 3 for more information regarding the work of the SOMB in promoting Family Engagement, Encouragement and Support for offenders through the SOMB Family Engagement Committee.

Best Practices for the Treatment and Supervision of Juveniles Who Have Committed Sexual Offenses

Emerging adults

Emerging adulthood is a concept from the developmental psychology field, describing the stage of life that bridges adolescence and adulthood. This 18-25 age group is a special population with different risks and needs than their juvenile or older adult counterparts. This population has different risks and needs than adults or juveniles because of their brain functioning and position in life. Little empirical

work exists regarding emerging adults, with the majority of literature being explored and published by Arnett and Tanner (2000, 2005, 2006, 2007, & 2014). Arnett and Tanner (2006) note that this transition age into adulthood encompasses identity exploration, self-focus instability, possibilities and the feeling of being "in-between."

During adolescence, the human brain experiences increased growth, connectivity, and synaptic pruning (Spear, 2010). The rate at which the development of the neural pathways associated with regulation and reward sensitivity may provide insight into the characteristics of emerging adulthood. For example, the development of neural pathways associated with regulation and reward sensitivity could possibly explain an increase in negative and risky behaviors in the emerging adulthood timeframe of 18 to 25 years of age (Gardner, 1999; Spear, 2000). The pre-frontal cortex of the brain is key to an individual's ability to make decisions and regulate emotions. By the age of 14, adolescents have an understanding of risks associated with behavior; however, the mechanisms required to resist these risky behaviors still lack maturation in comparison to individuals who are at least 20 years of age (Spear, 2010). Arnett (2000) notes that the prevalence of several types of risk behavior peak during emerging adulthood, and not during adolescence. These high-risk behaviors include unprotected sex, substance abuse, binge drinking, and behaviors such as driving recklessly or driving while intoxicated (Arnett, 2000). High-risk behaviors in emerging adulthood are important to consider when working with the emerging adult population of sex offenders.

In response to the needs of this young adult population, the **Young Adult Modification Protocol** was developed by the SOMB and is available as Appendix J in the *Standards*. The addition of Appendix J to the *Standards* is consistent with the integration of RNR in to the *Standards*. Please see section 3 for more information regarding the incorporation of RNR in to the *Standards,* and appendix B of this report for a comprehensive overview of the Young Adult Modification Protocol.

Registration for juveniles adjudicated for a sexual offense

The registration of sexual offenders has been used as a community safety management strategy at the state-level for adults since the 1930s. In 1996, states were federally mandated for the first time to implement adult sex offender registration and notification (SORN). While states were federally mandated to register adults at this time, it was not mandated to register juveniles. The purpose of SORN is to protect the public from sex offenders by creating a more uniform registration and notification system across the country (Caldwello, Ziemke & Vitacco, 2008). In 2006, the *Adam Walsh Act* (AWA) initially made it a federal mandate that juveniles ages 14 and older who are adjudicated delinquent for certain violent sexual offenses are registered sex offenders. The juvenile must have been adjudicated for committing or attempting to commit a sexual act with another by force, by threat of serious violence, or by rendering unconscious or drugging the victim.[4] Juveniles were initially not subject to lifetime registration requirements and able to petition off of the registry after 25 years if they remain crime-free. In 2011, SORN requirements under AWA began to shift away from this registration requirement, indicating that jurisdictions could still register juveniles who commit sexual offenses; however, jurisdictions were no longer mandated to make this information available to the public. Finally, in August of 2016, the requirements of AWA again shifted for registration concerning juveniles who commit sexual offenses.

[4] 42 U.S.C 16911(8).

Per the current guidelines, AWA no longer requires jurisdictions to register juveniles who commit sexual offenses, provided jurisdictions have statutes and policies in place to waive juveniles over to adult court for a serious sexual offense, which would result in registration.

Today, there are 41 states with registration for juveniles adjudicated delinquent of sexual offenses, 30 states that either permit or require public website posting for registered juveniles, and the vast majority require registration and public notification for juveniles transferred for trial and convicted as adults (Lobanov-Rostovsky, 2015).

At this time, empirical support for the effectiveness of juvenile registration is limited. Letourneau and Miner (2005) note that restrictive policies such as SORN towards juveniles who commit sexual offenses are based on the assumptions that juveniles who commit sexual offenses are at epidemic levels, that juveniles who commit sexual offenses have more in common with adult sex offenders than with other delinquents, and that juveniles who commit sexual offenses are at exceptionally high risk for sexual recidivism. These assumptions have no empirical basis or support. Hunter (1999) notes that juveniles who commit sexual offenses are not more likely to commit sexual offenses as adults than juveniles who have not committed sexual offenses.

In a study conducted by Holmes (2009), sex crime arrest rates were examined before and after SORN implementation for juveniles who commit sexual offenses. An analysis of Uniform Crime Report (UCR) data collected from 47 states between 1994-2009 did not find a statistically significant decrease in the rate of sex crime arrests in juvenile registration states after the implementation of juvenile SORN (Holmes, 2009). However, it should be noted that during this time arrest rates were significantly decreasing overall. An additional study (Letourneau et al., 2009) found that juvenile registration was not found to be associated with a significant reduction in sexual recidivism, and instead found that registering juveniles was associated with higher rates of non-sexual and non-assault recidivism. In response to the perception that juvenile registration is “harsh,” Calley (2008) found that practitioners regularly reduced the charges to non-sexual offenses. This results in a lack of treatment for these juveniles.

SORN requirements have been theorized to improve the management of juveniles who commit sexual offenses in the community while promoting public safety. However, risk assessment tools have not been sufficiently validated for this offending population. This leaves a gap in understanding the risk and needs of the juveniles who commit sexual offenses. In a meta-analysis, Caldwell, Ziemke and Vitacco (2008) found that there were inconsistencies in the use and scoring of juvenile risk assessment tools across jurisdictions. Consequently, the researchers question the validity of the instruments and their use to determine something as important as registration. They also found the instruments were not predictive of risk, and that registered juveniles who commit sexual offenses were not at a greater risk of committing sexual or general offenses than juveniles who were not registered as juveniles who commit sexual offenses. The registration of juveniles who commit sexual offenses has potential policy impacts for evidenced-based practice and research into its application and efficacy. Policy impact and recommendations regarding the registration of juveniles who commit sexual offenses is discussed further in section 2 of this report.

Section 2: Relevant Policy Issues and Recommendations

Overview

Specific policy issues are examined here in order to highlight areas that may be of interest to the General Assembly. The following policy issues were identified by the SOMB members and stakeholders for review in the past year:

- Recent court cases impacting management and treatment of sexual offenders
- Registration of adult sex offenders
- Registration of juveniles adjudicated for a sexual offense
- SOMB data collection plan[5]

RECENT COURT CASES IMPACTING MANAGEMENT AND TREATMENT OF SEXUAL OFFENDERS

Court cases concerning contact with offenders' own children

In Colorado, adults who have committed sexual offenses are required to complete sex offense specific treatment in accordance with the *Standards*. According to the *Standards* prior to these recent court cases, offenders were not allowed contact with their own children unless the offender meets the criteria for a Child Contact Assessment (CCA) and completed the multi-disciplinary evaluation process[6] with favorable recommendations. The Community Supervision Team (CST) would then have to adopt those recommendations. If the offender is not recommended for contact, then the offender must engage in treatment and meet the criteria as outlined in Section 5.700 of the *Standards*.[7]

In 2014, the Tenth Circuit U.S. Court of Appeals ruled in favor of James Howard Burns in *United States v. Burns (No 13-5045)*. This ruling determined that restricted contact with the offender's own children is a violation of his or her constitutional right of parenting. The Tenth Circuit U.S. Court of Appeals

[5] Pursuant to C.R.S 16-11.7-103 "If the Department of Public Safety acquires sufficient funding, the board may request that individuals or entities providing sex offender specific evaluation, treatment or polygraph services that conform with standards developed by the board pursuant to paragraph (b) of this subsection (4) submit to the board data and information as determined by the board at the time that funding becomes available. This data and information may be used by the board to evaluate the effectiveness of the guidelines and standards developed pursuant to this article; to evaluate the effectiveness of individuals or entities providing sex offense specific evaluation, treatment or polygraph services; or for any other purposes consistent with the provisions of this article." (HB 16-1345).

[6] Completing the CCA requires the participation of the supervising officers, SOMB evaluators and treatment providers, and the client's attorney if necessary.

[7] Please see the *Standards and Guidelines for the Evaluation, Assessment, Treatment and Behavioral Monitoring of Adult Sex Offenders*

ruled that an offender's access to his/her own children may not be restricted as a universal condition of supervision.

The case *U.S. v. Burns (No. 13-5045)* determined that a conviction alone may not meet the criteria for compelling evidence to restrain a parent's constitutional right to parental association. In light of this, SOMB-approved evaluators have begun adding information to the evaluation document that discusses the factors which may impact the risk a client poses to his or her own child. As research suggests, crossover offending has its highest prevalence across categories of age. For example, a study conducted by Keblan et al. (2013) found that a sample of offenders who had multiple victims at their time of conviction had a 14% rate of offending against victims in different age categories, including child, adolescent and adult.

Since the ruling in 2014, the SOMB has re-evaluated the *Standards* related to parent-child contact. The SOMB is in the process of reviewing how a determination of the suitability for contact can be made at the time of sentencing by the judge in a manner that includes risk factors identified by the evaluator. These risk factors could then be used to make a recommendation to the judge in each case concerning the offender's contact with his/her own children. The SOMB encourages this multi-stakeholder collaboration to assist the judge in his or her decision-making. The SOMB has put into place a process allowing treatment providers to provide services to sexual offenders who are having contact with their own child, as ordered by the court, without risk of violation under the Standards. The topic of parent-child contact continues to be discussed by SOMB stakeholders working on revisions to Section 5.000 of the *Standards* to provide guidance to community supervision teams (CSTs) and to judges who may make a determination that a sex offender is allowed to have contact with his/her own child.

Recommendations:

- In response to the U.S. v. Burns decision, the SOMB worked quickly to ensure that a variance process was put in place so providers would not be out of compliance with the *Standards* if they were treating a client who had contact with his/her own child. Moving forward, the SOMB will continue to work on incorporating this into *Standards*.
- Encourage CSTs to notify the court if they feel there is an increased risk between their client and contact with his/her own child.

Court cases concerning self-incrimination

The mandated treatment and supervision process in Colorado includes being asked sex offense history questions during evaluation, treatment and polygraph exams. Sex offense history questions are a crucial part of the treatment process, as it allows the CST/MDT to adequately devise treatment plans based on the client's risks and needs. Through recent court cases, the expectation of offenders answering sex offense history specific questions in treatment and supervision has been found to be potentially self-incriminating. This applies to any question throughout the client's treatment that may reference their past history of sexual offenses through evaluation, group treatment, and sex offense history polygraph exams.

Sex offense history questions are an important tool for treatment and supervision of sex offenders in Colorado. For example, sex offense history questions asked within treatment and supervision help to

identify risks and needs of the offender that otherwise may remain unknown. While sex offense-specific history questions have been shown to provide valuable information for treatment interventions and supervision purposes, asking sex offense specific history questions as a condition of treatment and supervision creates an environment where the offender could potentially feel forced to incriminate themselves, causing 5th Amendment protection concerns. The court ruled that sex offense specific history questions may be asked, however, the offender does not need to submit to these questions if it is in violation of Fifth Amendment protections. Specifically, the 10th Circuit U.S. Court of Appeals in *US v. Behren (No. 15-1033)* held that sex offense history polygraph exams can be a violation of 5th Amendment protections against self-incrimination, as did two Colorado Court of Appeals cases (People v. Roberson and People v. Ruch).

Consequently, the SOMB is in the process of modifying the Adult *Standards*. In Section 3.160 I. 2, language was added to provide guidance to treatment providers who work with offenders that invoke the Fifth Amendment protection. The revised section reads: "Require offenders to disclose all current sex offending behaviors and complete a full sex history disclosure. If the offender refuses to answer sexual offense history questions, including sexual offense history polygraph questions, then the provider shall meet with the supervising officer to identify and implement alternative methods of assessing and managing risk and needs. The provider shall not unsuccessfully discharge an offender from treatment for solely refusing to answer sexual offense history questions, including sexual offense history polygraph questions."[8]

Language comporting with these recent court rulings has been incorporated into *Standards* Section 2.000 and 5.000 to ensure guidance is available for both CSTs and MDTs.

Recommendations:

- The SOMB took immediate steps to address the noted court cases[10] by working on language providing direction to CSTs/MDTs regarding response expectations of sex offense history questions, and the SOMB will continue to modify language as necessary to address stakeholder concerns and unintended consequences.
- Comply with U.S. v. Von Behren language; offenders will not be terminated from treatment when they refuse to answer questions on their sexual offense history to protect their Fifth Amendment right of self-incrimination.

Registration of adult sex offenders

Law enforcement agencies and registrants across the state are experiencing unintended consequences stemming from a lack of a process for deregistering offenders. In addition, law enforcement agencies are also encountering concerns regarding the management of the registration process for sex offenders who are mentally or physically incapacitated, or transient.[9] The Sex Offender Registration Legislative Work Group was created over a decade ago by the SOMB to address and make recommendations about

[8] Please see the *Standards and Guidelines for the Assessment, Evaluation, Treatment and Behavioral Monitoring of Adult Sex Offenders* for full text.

[9] The survey defines incapacitation as "incapacitated persons means any person who is impaired by reason of mental illness, mental deficiency, physical illness or disability, chronic use of drugs, chronic intoxication, or other cause (i.e. language ability) to the extent of lacking sufficient understanding or capacity to make or communicate responsible actions. An incapacitated person may not be able to make or communicate responsible personal decisions. S/he exhibits an inability to meet his/her own personal needs for medical care, nutrition, clothing, shelter or safety."

the effectiveness of the process of sex offender registration in Colorado. The purpose of the Sex Offender Registration Legislative Work Group is to make recommendations related to how to improve registry practices and address problems with the registry statute. In 2016, the Sex Offender Registration Legislative Work Group began examining and discussing the issues of deregistration of sex offenders, and registration issues concerning incapacitated offenders and transient offenders. In response to the recommendations and concerns raised in this work group, the SOMB created a survey sent to law enforcement registration officials in September 2016. The survey was developed with the aim of collecting information from law enforcement agencies in Colorado regarding registration practices for sex offenders. Please see Appendix C for more information.

Deregistration

Sex offenders are not mandated to deregister in their jurisdiction when they move elsewhere in the state. In 2011, the General Assembly passed House Bill 11-127 which removed the requirement that an offender de-register when moving to a new jurisdiction within Colorado. This has created a significant problem for law enforcement as well as prosecutors, as it makes it difficult to hold registrants accountable for changing their registration address while moving from one jurisdiction to another within the state. While some law enforcement agencies can communicate electronically if they use the Sex Offender Tracking and Registration (SOTAR) data system, its use is inconsistent across agencies. Most officers report that they communicate about registration issues via e-mail or phone, raising concerns about the lack of consistency in the process of registration communication. Law enforcement agencies are frequently finding that they are not able to notify a jurisdiction when a sex offender is moving there, because they do not have any information regarding that offender's move.

The lack of defined process for deregistration and re-registration is resulting in the need to issue and serve warrants on offenders who have actually properly registered their address in a new jurisdiction within Colorado. It has also resulted in registrants not being lawfully registered in the new jurisdiction based on the lack of awareness of the offender's presence. This is causing a significant burden of resources on law enforcement agencies.

Recommendations:

- The SOMB recommends that, at a minimum, the receiving law enforcement agency that registers the offender in the new jurisdiction should receive and process the deregistration of an offender to notify the prior jurisdiction of the move.
- The Legislature should study further the issue of deregistration in order to identify a solution to address the unintended consequences of no formal de-registration process. This includes the possibility of reinstating the deregistration requirement.

Incapacitated and transient offenders

Physically or mentally incapacitated offenders are at a significant disadvantage regarding both registration and release from their registration requirement. Transient offenders may also be at a disadvantage for certain registration requirements. Due to their incapacitation or transient status, they may be unable to meet their registration requirements, or petition off of the registry when they are statutorily able. Instead, offenders may become non-compliant with their registration. The issues of deregistration and registration compliance for mentally or physically incapacitated offenders in particular, has become a substantial burden on law enforcement, as there are limited options available to both the registering jurisdiction or the offender.

With no current statutory guidance on how to deal with incapacitated offenders, law enforcement agencies are working to take care of this concern in their own jurisdictions. For example, some officers ensure that incapacitated offenders will continue their registration by visiting them in a senior care facility, or by contacting their power of attorney/family member. While law enforcement agencies have created processes that work for their jurisdiction, they lack the resources and statutory authority to implement these programs.

In 2014, the Colorado Commission on Criminal and Juvenile Justice (CCJJ) requested that the General Assembly amend C.R.S 18-1.3-1008 to allow offenders sentenced under the Lifetime Supervision Act and who were suffering from a severe disability[10] to petition the court for early discharge from probation supervision. Unfortunately, this recommendation was not taken up as a bill by the Legislature and remains a present concern. This recommendation did not include registration status, but members of the SOMB Committee agreed the issues were the same.

Recommendations:

- The legislature should study the issues around incapacitated registrants, and provide guidance to law enforcement agencies in statute on how to ensure incapacitated offenders are appropriately registered, or conversely released from registration, in accordance with mandate;
- Continue to monitor the transient registrant process to ensure that it is effective;
- The legislature should study the potential effects of creating a mandate which allows for offenders who are mentally or physically incapacitated to petition off of the registry, provided there is documented medical support.

Sexually violent predators

In 1994, the Jacob Wetterling Act was passed, mandating that states identify their most sexually dangerous offenders, labeling them accordingly for registration and notification purposes. In response to the passage of the Jacob Wetterling Act, the Colorado legislature created the Sexually Violent Predator (SVP) requirements for sex offenders. The Adam Walsh Child Protection and Safety Act (AWA) was signed into law in 2006. AWA is the most recent sex offender registration and notification (SORN)

[10] Those who suffer from a severe disability to the extent that they are deemed incapacitated and do not present an unacceptable level of risk to public safety.

legislation, which established stricter registration requirements and created a standardized offense-based classification system for registration teiring. These tiers are based solely on the offender's crime of conviction, instead of the offender's risk level. The system of teiring mandated by the Adam Walsh Act requires that tier I offenders register for a minimum of 15 years, tier II offenders register for a minimum of 25 years, and tier III offenders are required to register for life. The passage of AWA repealed the requirements of The Jacob Wetterling Act (1994), which meant that states were no longer required by federal legislation to label certain sex offenders as SVPs. However, this practice continues in Colorado due to its existence in state statute (16-13-902 (5) C.R.S). An SOMB analysis in 2015 found that approximately 37% of states use an offense-based classification system and 29.6% use a risk-based classification system. While fewer states have adopted the risk-based classification system, they are in alignment with current research and evidence-based practice. Colorado continues to utilize both an offense-based-classification system and a risk-based classification system, however this risk based classification system is only used currently for SVPs.

A risk-based classification system to identify the highest risk sex offenders and provide community notification about these high-risk offenders is supported by research. AWA does not require the use of risk-based assessment, but does allow it to be used as an additional component to the offense-based classification system. As a result, the SOMB has recommended moving from the SVP designation to a risk categorization of all registrants. But, in the absence of repealing the SVP designation, the SOMB has determined that the current risk assessment instrument, called the Sexually Violent Predator Assessment Screening Instrument (SVPASI), should be modified. An external evaluation of the SOMB conducted in 2014 included a review of the SVPASI with the recommendation of revising the instrument. In addition, a number of 2014 Colorado Supreme Court Decisions suggested some limitations to the authority of the SOMB in determining the definition of the relationship criteria of the SVPASI.

While the SOMB has modified the SVPASI relationship criteria to be consistent with Colorado Supreme Court rulings, and added a qualification related to the limitations of the instrument for female and developmentally disabled sex offenders, the SOMB has identified additional concerns related to the development and implementation of the SVPASI. The recent Supreme Court rulings determined that relationship criteria should be left up to the courts. The relationship criteria included in the SVPASI is not evidence-based, and was included based upon federal requirements. If the Legislature does not wish to repeal the requirements for SVP designation and replace them with a risk leveling system, the SOMB recommends the Legislature remove the relationship criteria from the SVP assessment requirements. Additional concerns have been noted by the SOMB regarding the recidivism measure outlined in statute. The current statute regarding SVP designation indicates likelihood to commit a future defining-crime type offense. However, it is not possible to develop a risk assessment instrument with this specific recidivism measure. Therefore, if the Legislature elects to keep the SVP designation, it is recommended that the recidivism measure be expanded to include all violent crime as the recidivism measure. Finally, the SVP legislation mandates only certain opportunities for assessment and does not include an opportunity for reassessment in the future once treatment and supervision have been successfully completed. The SOMB recommends that a reassessment process be implemented to allow offenders designated as SVP to be reconsidered based upon change in risk categorization in the future.

Given that there is no longer a federal requirement to designate certain sex offenders as SVP, the SOMB has approved a series of recommendations for the Legislature to consider in relation to modifying the current classification system to eliminate SVP designation. This change would allow for the addition of a risk-based classification system on top of the offense-based classification system which is already in place and compliant under AWA mandates. This change can only be made by the legislature, as the SVP requirements are included in statute (16-13-901-906 C.R.S).

Recommendations:

- Remove the SVP designation and replace the existing classification system with a 3-level (i.e., Level 1, 2 and 3), risk-based classification system for adult sex offenders based upon the use of a new actuarial risk assessment instrument (developed by the Office of Research and Statistics [ORS] in conjunction with the SOMB);
- All of those convicted of a sex crime should be subject to the risk assessment, not just those defined in the SVP legislation for adult sex offenders;
- Implement the new risk-based classification system as of the date of legislation, while addressing offenders who have previously been assessed as SVP;
- A process to reassess a risk classification level should be explored based upon changes in risk over time. Such a change in risk level would have to be designated by the Court or Parole Board. A recommendation should be provided to the legislature about the feasibility of such a process.
- Utilize the Court and Parole Board to designate the risk classification level in a manner similar to the current SVP designation process, but consider the need for a risk assessment board or committee to make the designation. The Court and Parole Board currently have the ability to override the results of the SVPASI based upon aggravating and mitigating factors not part of the assessment process, and this discretion should continue to be allowed. This also provides an appeal process for those registrants who believe they are unfairly classified;
- If the SVP designation is maintained, remove the relationship criteria, allow for a broad recidivism measure in the development of the SVPASI, and create an opportunity for reconsideration of SVP designation.

Juvenile registration

Federal sex offender registration laws originated in the mid-1990s, mandating registration of adult sex offenders. Federal sex offender registration legislation such as *The Jacob Wetterling Act* (1994), *Megan's Law* (1996) *and the Pam Lyncher Sex Offender Tracking and Identification Act* (1996) did not provide a mandate requiring states to register juveniles, or provide guidance to states on registering juveniles who commit sexual offenses. Although there was no mandate, Colorado added juvenile registration to the registry statute in 1998.[11] The development of the Colorado juvenile registry in 1998

[11] C.R.S 16-22-103 (4): "The provisions of this article shall apply to any person who receives a disposition or is adjudicated a juvenile delinquent based on the commission of any act that may constitute unlawful sexual behavior or who receives a deferred adjudication based on commission of any act that may constitute unlawful sexual behavior".

also included the discretion of a judge in the application of registration requirements. A court may exempt a juvenile adjudicated for a sex offense from registration requirements if the offender meets certain guidelines, such as the offender being unlikely to commit a future sex crime. Juveniles who fall under Colorado registration requirements have their information entered into the statewide sex offender registry that is operated by the Colorado Bureau of Investigation. The public is able to view a paper list of both registered adult and juvenile sex offenders upon request; however internet notification for juveniles is not allowed on the internet registry website. In 2002, Colorado added measures that allow county jurisdictions to notify the community via the county internet-based registry in certain circumstances.[12] This is inconsistent with what is allowable for the state's sex offender registration internet website.

In 2006, the *Adam Walsh Act* (AWA) mandated states to incorporate registration requirements for juveniles into their sex offender registration laws; however this is no longer required per AWA. As previously noted, as of 2008, AWA no longer mandated that juvenile registration information be made public. Finally, in 2016, AWA no longer mandated juvenile registration under AWA, instead relying on jurisdictions to waive to adult court serious juvenile offenders and require registration as part of an adult sentence. In sum, Colorado has been registering juveniles since 1998, and continues to revisit and amend juvenile registration. Most recently, Colorado revised its juvenile registration statute allowing for juveniles convicted of a sexual offense to petition off of the registry at the time of their termination from supervision.[13]

Recommendations:

- The SOMB has previously identified in prior Annual Legislative Reports recommendations that specific criteria be developed to broaden judicial decision making in waiving the registration requirements for certain juveniles;
- The SOMB recommends the Legislature study the possibility of exempting juvenile registry information from being made public throughout all jurisdictions within Colorado (e.g., no internet posting on county websites, and not including this information in paper lists available to the public).

[12] C.R.S 16-22-112 (2.III) states that a juvenile with a second or subsequent adjudication involving unlawful sexual behavior or for a crime of violence as defined in section 18-1.3-406, C.R.S 16-22-112 (2.IV), must register. In addition, a juvenile who is required to register pursuant to section 16-22-103 because he or she was adjudicated for an offense that would have been a felony if committed by an adult and has failed to register by section 16-22-103.

[13] 16-22-113 (1) (e): "if the person was younger than eighteen years of age at the time of disposition or adjudication, after the successful completion of and discharge from the sentence, if the person prior to such time has not been subsequently convicted of unlawful sexual behavior and the court did not issue an order either continuing the duty to register pursuant to paragraph (e) may also petition for an order removing his or her name from the sex offender registry."

SOMB data collection plan

Pursuant to C.R.S 16-11.7-103, the SOMB has been tasked with creating a data collection plan. This data collection plan will collect data from treatment providers, evaluators, and polygraph examiners who provide services to sex offenders. Per this mandate:

> "If the Department of Public Safety acquires sufficient funding, the board may request that individuals or entities providing sex offender specific evaluation, treatment or polygraph services that conform with standards developed by the board pursuant to paragraph (b) of this subsection (4) submit to the board data and information as determined by the board at the time that funding becomes available. This data and information may be used by the board to evaluate the effectiveness of the guidelines and standards developed pursuant to this article; to evaluate the effectiveness of individuals or entities providing sex offense specific evaluation, treatment or polygraph services; or for any other purposes consistent with the provisions of this article." (HB 16-1345)

In compliance with this legislative mandate, the SOMB Best Practices Committee began meeting in September 2016 to prepare a data collection plan. From the Best Practices Committee, a work group of treatment providers and Division of Criminal Justice (DCJ) staff was created in order to finalize possible data points. The work group presented their recommendations to both the Adult Polygraph Standards Revisions Committee to review the polygraph examiner data collection recommendations, and then ultimately to the Best Practices Committee. The Best Practices Committee accepted these recommendations, and provided feedback for data points that had been created. Of importance to this Committee was establishing an adequate research question for this data collection, and to create a data collection plan which would be beneficial and easy for treatment providers, evaluators and polygraph examiners to utilize.

On a large scale, this data collection plan seeks to capture information on the incorporation of RNR into practice. Questions in the data collection plan primarily focus on the principles of RNR and how treatment providers, evaluators and polygraph examiners are addressing them. Overall, this study will identify what steps treatment providers, evaluators and polygraph examiners are taking in treatment to adhere to RNR principles and provide treatment that is based specifically on their client's identified risks and needs.

The SOMB data collection plan is in its infancy. Once the data collection plan has been approved by the Legislature, the Best Practices Committee will have the ability to fine tune some of the questions and wording of the current plan. At this time, the operationalization of this data collection plan may also be determined. If the Legislature elects to implement the SOMB Data Collection Plan via statute, there will be fiscal implications to consider. Additional staff support would be needed beyond the current SOMB staffing capacity in order to effectively collect and analyze the data. Other costs are associated with the programming and maintenance of the database which will house all of the collected data from providers. Based on the type and quantity of data collected, these projected costs may expand over time. A pilot data collection plan will initially collect a baseline of data. Based upon the results from this baseline data collection, there will be further discussion for revisions and potential additions to this current data collection plan. Please see Appendix D for a sample of the SOMB data collection tool.

Section 3: Milestones and Achievements

Overview of 2016 Accomplishments

The SOMB established the SOMB Strategic Action Plan in March, 2014. Over the last two years, the SOMB Strategic Action Plan has driven change and enhanced collaboration between stakeholders. Throughout 2016, the SOMB accomplished many of its strategic goals through collaboration with multiple stakeholders. The following section addresses the SOMB Strategic Action Plan, highlighting its accomplishments and continued progress towards achieving its goals.

Formation of the SOMB strategic action plan

The SOMB Strategic Action Plan was approved on March 21, 2014, following the January 3, 2014 publication of *External Evaluation of The Colorado Sex Offender Management Board Standards and Guidelines*, and a series of stakeholder focus groups conducted by SOMB staff. Analysis of the information provided by the External Evaluation and the SOMB focus groups resulted in the identification of 22 action items to improve the effectiveness of the *Standards*. Nine of these were prioritized and are discussed below. While these 9 items were prioritized for the SOMB Strategic Action Plan, the additional 13 recommended items have also been addressed through these nine prioritized areas, as well as related policy initiatives. Please see Table 4 for a brief description of the status of the additional action items.

The SOMB Strategic Action Plan includes the following nine prioritized items:

1. Incorporate the Risk-Need-Responsivity (RNR) Principles into the *Standards*
2. Incorporate victim voice into treatment
3. Ensure treatment continuity
4. Replace the Sexually Violent Predator Assessment Screening Instrument (SVPRASI) with a different instrument
5. Develop an implementation model and strategy
6. Replace the Low Risk Protocol with a different process
7. Study whether to deemphasize the role of polygraph, including sex history
8. Special populations: Develop standards for adults with developmental disabilities
9. Develop alternative conflict resolution for team disagreement

Incorporate the RNR Principles into the SOMB revisions to the Standards and Guidelines

The Adult Standards Revision Committee reconvened in 2014. The Adult Standards Revision Committee began an incorporation of RNR, as well as other best practices such as the Good Lives Model (GLM), into revisions of the *Standards*. The incorporation of RNR and other evidenced-based practices into revisions of the *Standards* is compliant with the SOMB external evaluation, and internal stakeholder recommendations. In the last two years, the following Sections have been revised and approved by the SOMB with the incorporation of RNR and evidence-based practices:

- Introduction and Guiding Principles
- Section 1.000
- Section 2.000
- Section 4.000
- Section 9.000

In addition, the original Section 8.000, Denial of Placement on Provider List was removed and replaced with the new Section 8.000, Victim Impact and Victim Centered Approach. Denial of Placement on Provider List has been incorporated into Section 4.000, Qualifications of Treatment Providers, Evaluators, and Polygraph Examiners Working with Adult Sex Offenders. Revisions continue to be made on several sections of the *Standards* in order to incorporate the RNR Principles, as well as language from recent court rulings concerning contact with an offender's own children and sex offense history questions. The Adult *Standards* Revision Committee split into the Adult Treatment *Standards* Revisions Section 3.000 Committee, Adult Community Supervision *Standards* Revisions Section 5.000 Committee, and the Adult Polygraph *Standards* Revisions Section 6.000 Committee to revise their respective sections. These sections are still under revision, with anticipated completion dates of July 2017 for Section 3.000 and Section 5.000, and December 2017 for Section 6.000. The Definitions section of the *Standards* has not been revised at this time, and has an anticipated completion date of December 2017.

The SOMB has also undertaken revisions to the *Standards and Guidelines for the Evaluation, Assessment, Treatment and Supervision of Juveniles who have Committed Sexual Offenses* (*Juvenile Standards*). The following sections have been revised and approved by the SOMB:

- Guiding Principles
- Definitions
- Section 4.000: Qualifications of Treatment Providers, Evaluators and Polygraph Examiners Working with Juveniles who have Committed Sexual Offenses
- Section 6.000: Additional Conditions of Community Supervision
- Section 7.000: Polygraph Examination of Juveniles Who Have Committed Sexual Offenses
- Section 9.000 Informed Supervision Protocol

In addition, the Juvenile Standards Revision Committee also added the following new sections to the *Juvenile Standards*:

- Section 10.000, Victim Impact and a Victim Centered Approach
- Section 11.000, Continuity of Care and Information Sharing

To ensure that service providers and other stakeholders have access to the most up-to-date information, the Office of Domestic Violence and Sex Offender Management provides dynamic, on-line *Standards* that can be accessed here (adult) and here (juvenile).

Incorporate victim voice into treatment

In achieving this strategic goal, the SOMB Victim Advocacy committee continues to provide input into all *Standards* revisions to ensure that the victim voice is represented throughout the *Standards*. In addition, the Adult *Standards* Revision Committee replaced Section 8.000 of the *Adult Standards* with a new section. This section is called Victim Impact and a Victim Centered Approach. The *Juvenile Standards* also added Section 10.000, Victim Impact and a Victim Centered Approach. In addition, the SOMB Victim Advocacy Committee continuously incorporates programming and presents it to the SOMB to ensure that the *Standards* continue with a victim-centered focus. The Victim Advocacy Committee offers input into *Standards* revisions to ensure that they are being crafted in a way that is sensitive to the needs of victims.

The SOMB Victim Advocacy Committee collaborated with The Colorado Coalition against Sexual Assault (CCASA) and The Blue Bench in obtaining a Victims of Crime Act Fund (VOCA) grant. The objective of this grant is to provide the resource of victim representation on MDTs and CSTs. This pilot project will take place in the 1st Judicial District, utilizing employees of The Blue Bench. This overall goal has been completed as of September 2016, with the grant program ongoing.

Treatment continuity

Section 9.000, Continuity of Information, is now Section 9.000, Continuity of Care and Information Sharing. Continuity of care involves offering a comprehensive array of services to populations transitioning from different levels of care, ancillary services, and overall placement settings. The revisions to Section 9.000, Continuity of Care and Information Sharing, aims to reduce fragmentation and duplication of information in case files as well as in the offender's treatment process. This section provides guidance to stakeholders in delivering a seamless service by integrating and coordinating information about the client and his/her care. Updating Section 9.000 emphasizes the importance of providing a full and complete record of a sex offender's history of offending, history of care and history of compliance with supervision and treatment conditions. This improvement in the description of continuity of information and care is intended to improve outcomes for clients, keeping clients from having repeat treatment or being set back in privileges based on not having records of prior treatment and supervision. In addition, resources to promote the continuity of care among stakeholders and clients have been added to the SOMB website. Resources include a point of contact list which provides a one-stop guide for all stakeholders to ensure fluid communication and treatment information, and an intake assessment template so that approved providers can consider prior treatment services in treatment planning. This goal has been completed as of September 2016.

Replace the Sexually Violent Predator Assessment Screening Instrument (SVPASI) with a different instrument

The SOMB established the Sexually Violent Predator Assessment Committee in 2013 to revise the SVPASI with a focus on the following four goals:

- Clarifying the relationship criteria
- Identifying needs of special populations
- Making recommendations about the SVP/Registry Process
- Exploring the possibility of developing a new actuarial scale in the instrument

In 2014, language was added to the SVPASI that addressed the first two bullets above. Addressing the third bullet, the SVP Assessment Committee explored how other states manage the SVP identification process, along with the registration process. These discussions led to conversations about the problems with the SVP statute in general. Law enforcement representatives on the SVP Assessment Committee expressed a need for a risk evaluation that allows officers to better understand the levels of risk presented by those who register. The Committee investigated the development and validation of a new actuarial risk scale (one component of the SVPASI), and made a recommendation to the SOMB in October 2016 that a new scale should be pursued. The SOMB approved this idea, and the Office of Research and Statistics (ORS) in the Division of Criminal Justice (DCJ) is working on a new scale to identify those at higher risk to commit a subsequent violent or sex offense, keeping with the recommendations from the external evaluation. Moving forward, the SVP Assessment Committee and the SOMB advocate for the development of a new actuarial risk assessment scale and the replacement of the term "sexually violent predator" with "high risk offender." It should be noted that the SVP Committee and the SOMB, as a whole, believes that the SVP statute should be modified, especially since there is no longer a federal mandate to implement this process. Please see Section 2 for more information regarding the SOMB recommendation for SVP. This goal is in progress with an anticipated completion date of July 2017.

Develop an implementation model and strategy

To create a strategy regarding the implementation of *Standards* revisions and policy changes pertaining to sex offender management, the SOMB staff partnered with Evidence Based Practices Implementation for Capacity (EPIC) within DCJ. The goals of the implementation model and strategy were to provide a standardized mechanism for consistent implementation of *Standards* and policy, and to communicate changes to the MDTs and CSTs. The creation of the implementation model and strategy had a focus of communication and training for providers in the field. In calendar year 2016, SOMB staff (adult standards coordinator and juvenile standards coordinator) conducted 10 introduction trainings to the *Adult* and *Juvenile Standards*, as well as 6 booster trainings. In calendar year 2017, SOMB staff plans to continue this training by providing 4 mandatory introduction trainings to providers which will be available in webinar format, as well as 9 in-person booster trainings. These booster trainings will also include technical assistance to CSTs and MDTs so that their specific questions or concerns can be addressed. A pilot for policy and *Standards* implementation has been completed by the SOMB, focusing on one specific policy implementation (the new competency based provider approval process) across the state. An Implementation Specialist was hired as DCJ staff to provide expertise and assistance in

the execution of this pilot program. The pilot program was successful, providing recommendations to SOMB staff to move forward. However, SOMB staff resources do not allow for further pursuance of this strategy at this time. While staff resources are unavailable to continue with recommendations gathered from this pilot study, recommendations made by the external evaluation have been addressed through the incorporation of treatment provider training and support, and online updates to the *Standards* and the creation of a live document, as well as e-mail blasts by staff directing stakeholders to the SOMB website. This goal is completed as of December 2016.

Replace the Low Risk Protocol with different process

As RNR has been incorporated into the *Standards*, guidance regarding the use of risk assessment tools has been updated in Section 2.000 and Section 3.000. The update allows evaluators and treatment providers to assess risk based on risk assessment tools and instruments that are specified in the *Standards*. The Low Risk Protocol will be addressed in the Adult *Standards* Revision Committee 2.000/3.000, with the recommendation for the Low Risk Protocol to be removed from the *Standards*, as this need is being adequately addressed through the guidelines for risk assessment tools outlined within Sections 2.000 and 3.000. As a result, the *Standards* are more risk-based with differential treatment and supervision based upon risk. This focus on proper assessment of risk has led to an initiative to train all adult providers on the Vermont Assessment of Sex Offender Risk 2 (VASOR) and the Sex Offender Treatment Intervention and Progress Scale (SOTIPS) instruments, and all juvenile providers on the J-SOAP instrument. This initiative is completed with sustainability of the training ensured into 2017 with ongoing trainings being offered.

Study whether to deemphasize the role of polygraph, including sex history

The role of the polygraph in sex offender treatment has been established in the research and literature (see Sections 1 and 2 of this report). To clarify the role and use of polygraph in treatment, the SOMB Best Practices Committee conducted a literature/research review, determining that this action item should be addressed by a multi-disciplinary stakeholder group, and thus, the SOMB Adult Polygraph *Standards* Committee was established to revise section 6.000, Standards of Practice for Post-Conviction Sex Offender Polygraph Testing. This committee began meeting in August, 2016 and continues to meet monthly. All specific recommendations from the SOMB Best Practices Committee will be incorporated into the revision of Section 6.000, Standards of Practice for Post-Conviction Sex Offender Polygraph Testing. The Recommendations of the SOMB Best Practices Committee are included as Appendix F. At this time, revisions have been made to this section, however they have not yet been finalized by the SOMB. This goal is in progress, with the anticipated completion date of December 2017.

Explore whether and how to add the special populations/specializations Standards

The SOMB has not created a new section to specifically address special population. However, as the *Standards* are being revised, discussion points are being added into relevant sections that highlight the need for sensitivity and the need for potential modification of services when are working with special populations. This includes providing caution and guidance in the administration of polygraph, risk assessment tools, treatment planning and needs of special populations. This guidance includes addressing client trauma and PTSD. This goal is in progress, with anticipated completion of December 2017.

Develop a formal conflict resolution process for team disagreement

The SOMB staff receives inquiries regarding conflicts arising within the multidisciplinary teams working with offenders (CSTs and MDTs). The nature of the conflicts vary based on the situation, however, stakeholders have noted that there is no formal process available to resolve disagreements. To better understand the problems, and to identify potential solutions, the SOMB engaged stakeholders in discussions as part of the SOMB formal meeting agenda. This effort over several months included inviting expert panels to discuss family engagement, treatment providers discussing challenges with the multidisciplinary teams, a panel with supervising officer/case workers, and a panel with victim stakeholders. This issue was recognized in all panels, and next steps were identified. Currently, the SOMB offers voluntary mediation to teams, as well as offering any guidance and technical support related to the *Standards*. This includes offering assistance in interpreting the *Standards*, so teams may resolve any uncertainty on how to proceed. This goal is completed as of January 2016.

Additional SOMB action items

The SOMB Strategic Action Plan was developed following the publication of *External Evaluation of The Colorado Sex Offender Management Board Standards and Guidelines* and a series of stakeholder focus groups conducted by SOMB staff. Analysis of the information provided by the External Evaluation and the SOMB focus groups resulted in the identification 22 action items to improve the effectiveness of the *Standards*. The SOMB prioritized 9 strategic action items following external and internal stakeholder recommendations. The remaining 13 items that were recommended to be addressed by the SOMB are listed below. While these 13 strategic items were not prioritized in the SOMB Strategic Action Plan, the majority of these items have been addressed in compliance with external and internal stakeholder recommendations through the 9 prioritized Strategic Action Items or related policy initiatives. Please see section 4 of this report for a summary of work on the SOMB Strategic Action Plan.

Table 4. Additional action items identified from external and internal evaluations

Action Item Identified	How Action Item has been addressed
Revise the Lifetime Supervision Criteria	Lifetime supervision criteria revisions have been proposed by CDOC and revised by the SOMB. The new lifetime supervision criteria was updated into the *Standards*. This action item has been addressed under Strategic Action item #1, Incorporating RNR into the *Standards*.
Modify CCA	The CCA is currently being addressed in the Adult Standards Revision Committee for Section 5.000, *Standards* and Guidelines for Management of Sex Offenders on Probation, Parole and Community Corrections. Anticipated completion December 2017
Incorporate Good Lives Model and Motivational Factors	While the Good Lives Model (GLM) has not specifically been added into the revisions of the *Standards*, factors that are outlined in the GLM have been incorporated. For example, revisions of the *Standards* include the incorporation of motivational factors, protective factors and risk factors as they have been attributed to GLM and RNR. Included in Section 3.000 and 5.000 Revisions with anticipated completion dates of July 2017 and December 2017 respectively.

Revise the Application and complaint process (treatment providers)	The SOMB Application Review Committee (ARC) revised the application process in 2014. The application process has been revised to include the incorporation of the Competency Based Model (CBM). This goal is complete.
Address concerns with Probation and Parole	Treatment providers concerns with parole and probation have been addressed via the goal of developing an informal conflict resolution process for team disagreement. This goal is complete as of now.
Revise the Guiding Principles	The Guiding Principles have been revised and completed, and were incorporated under Strategic Action Item #1, Incorporating RNR into the *Standards*.
Consider whether to de-emphasize denial as a risk factor	Denial as a risk factor has been addressed in the Adult *Standards* Revision Committee Section 2.000/3.000. These revisions reframed denial as a responsivity factor, as it is an important treatment issue. In addition, given the SOMB mandate to address victim needs, the impact of denial on victims has been highlighted. This action item has been completed under strategic action item #1, Incorporating RNR into the *Standards*. Section 2.000 has been revised and finalized by the SOMB; Section 3.000 has an anticipated completion date of July 2017.
Advocacy for Providers	Revisions to the application process provide safeguards for providers. The SOMB worked with treatment providers to ensure their recommendations were heard in *Standards* revisions. The SOMB Best Practices Committee is now mandated to include 80% treatment provider representation[14] to ensure their concerns are addressed. This action item is complete.
Address clarification and reunification	Clarification and reunification is being addressed in the Adult *Standards* Revision Committee for Section 5.000, *Standards* and Guidelines for Management of Sex Offenders on Probation, Parole or Community Corrections. Clarification and reunification has also been addressed in Section 8.000, Victim Impact and a Victim Centered Approach. Section 5.000 has an anticipated completion date of December 2017, and Section 8.000 was completed and approved by the SOMB in September 2016.
Improve external Communication[15]	External communication has been addressed under Strategic Action Item #1, Incorporate RNR into *Standards* and Strategic Action Item #5, Create an Implementation Model and Strategy.
Consider whether to de-emphasize empathy as a risk factor	While literature does not cite empathy of offenders as a potential risk factor, the SOMB believes that offender empathy is important to both offenders and victims. The SOMB enabling statute [16] "the board shall develop and implement methods of intervention for adult sex offenders, which methods have as a priority the physical and psychological safety of victims and potential victims, and which are appropriate to the assessed needs of the particular offender, so long as there is no reduction in the safety of victims and potential victims" reflects the SOMB's mission of protecting community safety and victim safety. While empathy will not be referred to as a risk factor in the *Standards*, it will remain an important facet of treatment, and its benefit to victims will be highlighted. As a result, this issue has been addressed and is complete.

[14] C.R.S. 16-11.7-103

[15] External communication refers to communication of *Standards* revision and policy updates including outreach, solicitation and messaging to all external stakeholders.

[16] C.R.S 16-11.7-103

Educate all professionals on RNR	Education on RNR is being provided throughout all committees and *Standards* revisions. RNR has been incorporated into every revision of the *Standards*. As part of the training initiative, RNR is incorporated into statewide trainings per the SOMB Implementation Model and Strategy, and national speakers have been brought in to address this issue. Education on RNR has been addressed under Strategic Action Item #1, Incorporate RNR into the *Standards*, and Strategic Action Item #5, Create an Implementation Model and Strategy.
Revise victim clarification and contact readiness criteria	Victim contact readiness and clarification have been updated in the *Standards* under Section 8.000, Victim Impact and a Victim Centered Approach, and will be additionally incorporated into Section 5.000 revisions. Section 8.000 was completed in September 2016, and Section 5.000 has an anticipated completion date of December 2017.

Policy Updates

Committees

The majority of the work conducted by the SOMB occurs at the committee level. Within these committees, a variety of policy and implementation related work is proposed, discussed, and reviewed by relevant stakeholders. These committees then make proposals for the SOMB to consider. The SOMB staffed 14 active committees during the course of 2016, which were open to all stakeholders in order to work on statutorily mandated duties. These committees included the following:

1. Adult Treatment *Standards* Revisions Section 3.000 Committee
2. Adult Community Supervision *Standards* Revisions Section 5.000 Committee
3. Adult Polygraph *Standards* Revisions Section 6.000 Committee
4. SOMB Executive Committee
5. Juvenile *Standards* Revision Committee
6. Best Practices Committee
7. Victim Advocacy Committee
8. Continuity of Care Committee
9. Application Review Committee
10. Sexually Violent Predator (SVP) Assessment Committee
11. Circles of Support and Accountability (CoSA) Advisory Committee
12. Training Committee (in Collaboration with the Domestic Violence Offender Management Board)
13. Family Support and Engagement Committee
14. Sex Offender Registration Legislative Work Group

All of these committees have been and continue to be engaged in studying advancements in the field of sex offender management, recommending changes to the *Standards* as supported by research, and suggesting methods for educating practitioners and the public to implement effective offender management strategies. For a comprehensive summary of the work of the SOMB, please refer to Appendix D.

Figure 1. Organizational chart of the SOMB committees and workgroups.

Current Availability of Providers

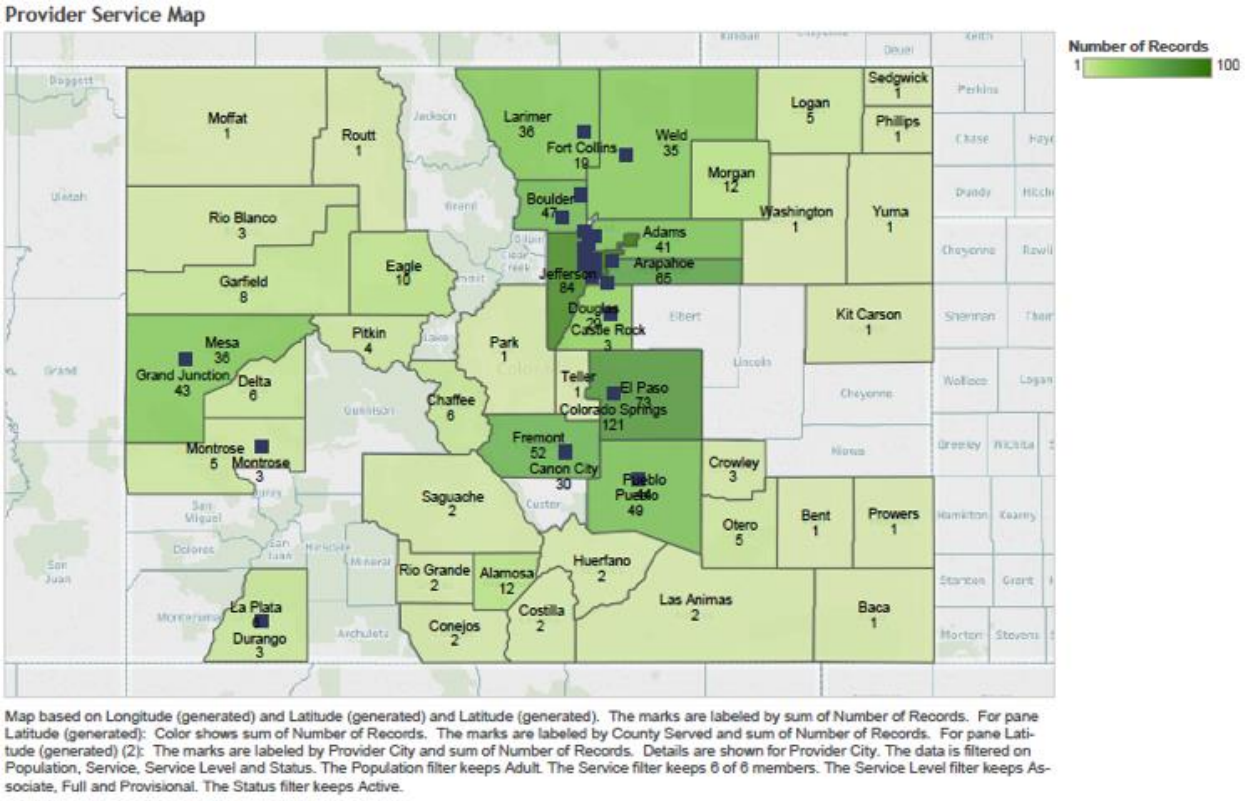
Table 3 provides the current statistics on the availability of service providers approved to operate in Colorado. Currently, there are 287 adult treatment providers and 197 juvenile treatment providers approved by the SOMB in Colorado. As of December 2016, there are 29 adult polygraph examiners and 20 juvenile polygraph examiners. Treatment providers may choose to pursue an addition of services onto their status. For example, a full operating treatment provider may also be approved as a full operating treatment provider DD/ID, a full operating evaluator, a full operating evaluator DD/ID, a clinical supervisor for treatment providers, and a clinical supervisor for evaluators. Since the incorporation of the Competency Based Model in 2016, the SOMB has approved 82 adult clinical treatment supervisors, 34 adult clinical evaluators, 64 juvenile clinical treatment supervisors and 27 juvenile clinical evaluators.

On average, providers operated in 4 different counties. In total, the SOMB has approved providers located in all 22 judicial districts in the state, as depicted in figure 2.

Table 5. Number of approved sex offender service providers in Colorado, 2016

		Service Level				Grand Total	
Population	**Service**	**Associate**		**Full Operating**			
		n	%	n	%	n	%
Adult	**Treatment Provider**	**136**	**47%**	**151**	**53%**	**287**	**100%**
	Treatment Provider DD/ID	22	39%	34	61%	56	100%
	Clinical Treatment Provider	N/A		82	100%	82	100%
	Evaluator	**29**	**31%**	**66**	**69%**	**95**	**100%**
	Evaluator DD	4	24%	13	76%	17	100%
	Clinical Evaluator	N/A		34	100%	34	100%
	Polygraph Examiner	**4**	**14%**	**25**	**86%**	**29**	
	Polygraph Examiner DD/ID	0	0%	13	100%	13	100%
Juvenile	**Treatment Provider**	**89**	**45%**	**108**	**55%**	**197**	**100%**
	Treatment Provider DD/ID	9	31%	20	69%	29	100%
	Clinical Treatment Provider	N/A	0%	64	100%	64	100%
	Evaluator	**29**	**43%**	**39**	**57%**	**68**	100%
	Evaluator DD	4	29%	10	71%	14	100%
	Clinical Evaluator	N/A	0%	27	100%	27	100%
	Polygraph Examiner	**5**	**25%**	**15**	**75%**	**20**	**100%**
	Polygraph Examiner DD/ID	1	11%	8	89%	9	100%

Figure 2. Number and location of SOMB service providers by county, FY2016



Map based on Longitude (generated) and Latitude (generated) and Latitude (generated). The marks are labeled by sum of Number of Records. For pane Latitude (generated): Color shows sum of Number of Records. The marks are labeled by County Served and sum of Number of Records. For pane Latitude (generated) (2): The marks are labeled by Provider City and sum of Number of Records. Details are shown for Provider City. The data is filtered on Population, Service, Service Level and Status. The Population filter keeps Adult. The Service filter keeps 6 of 6 members. The Service Level filter keeps Associate, Full and Provisional. The Status filter keeps Active.

Note: The total number of service providers approved to practice are listed by county. Providers may be approved to operate in multiple counties.

Additional year end accomplishments

Over the course of 2016, the SOMB accomplished many goals in addition to the SOMB strategic action plan. For a comprehensive summary of the work of the SOMB, please refer to appendix D. The following highlights some of the many achievements of the SOMB:

- Managed 14 SOMB committees that functioned at some point during 2016. Several of these committees were convened in 2014 to address specific projects related to the strategic plan, such as the Adult *Standards* Revision Committee, the Continuity of Care Committee, and policy issues related to the Sexually Violent Predator Assessment Inventory.
- Conducted 72 trainings to over 2,985 attendees from across Colorado in calendar year 2016. These trainings covered a range of topics related to the treatment and supervision of individuals convicted of or adjudicated for sexual offenses. The SOMB also held its 10th annual statewide conference in Breckenridge, Colorado that offered 3 consecutive days of training for providers, probation officers, law enforcement, victim representatives, and many other stakeholder groups. Presentations were conducted by national speakers on RNR and research based practices.
- Supported several community notifications of Sexually Violent Predators (SVP's) by providing ongoing technical assistance around the state.

- Conducted 2 *Standards* compliance reviews, which review pertinent provider files to assess service provider compliance with the *Standards*.
- Received 11 complaints during FY16 made against approved providers, and disposed of 7 cases. During FY16 there was 1 founded complaint; however 4 cases are still open and under investigation.[17]
- Continued to provide SOMB members and other interested stakeholders with research and literature, including monthly journal articles, literature reviews in preparation for any *Standards* revisions, trainings by national leaders in the field for Colorado stakeholders, and research and best practice presentations as part of SOMB meetings.
- Published the 2017 SOMB Annual Legislative Report and the 2016 Lifetime Supervision of Sex Offenders Annual Report.

Ongoing implementation

Ongoing implementation refers to the dissemination of information from the SOMB to approved service providers. The main components of ongoing implementation include training professionals, implementing policies with fidelity, and offering research/program evaluation support activities.

Training

In calendar year 2016, the SOMB provided 72 trainings to over 2,985 attendees from across Colorado. These trainings covered a range of topics related to the treatment and supervision of individuals convicted or adjudicated for sexual offenses such as:

- Adherence and Application of the Risk, Need and Responsivity Principles;
- *Adult* and *Juvenile Standards* Introduction Trainings
- *Adult* and *Juvenile Standards* Booster Trainings
- Vermont Assessment of Sex Offender Risk -2 (VASOR – 2), Sex Offender Treatment Intervention and Progress Scale (SOTIPS)Risk Assessment Trainings and the Juvenile Sex Offender Assessment Protocol II (J-SOAP II)
- Competency Based Service Provider Approval Model – Implementation Training
- Sex Offender Registration and Notification
- Implementation Training of the Resource Guide for School Personnel
- Community Strategies for Managing Sex Offenders During Disasters
- Victim-Centered Sex Offender Treatment
- Challenging and Problematic Cases with High Risk Juveniles who Have Committed Sexual Offenses

[17] Complaints that have been closed or remain open may have originated in FY2016.

Section 4: Future Goals and Directions

The mission of the SOMB as written in its enabling statute is to have continuing focus on public safety. To carry out this mission for communities across the state, the SOMB strives toward the successful rehabilitation of offenders through effective treatment and management strategies while balancing the welfare of victims of sexual crimes, their families and the public at large. The SOMB recognizes that over the past 20 years, much of the knowledge and information on sexual offending has evolved. Since the creation of the SOMB, its *Standards and Guidelines* for the assessment and treatment of sexual offenders has been a 'work in progress.' Thus, periodic revisions to improve the *Standards and Guidelines* remains a key strategic priority for the SOMB through its process of adopting new research and evidence based practices as they emerge from the literature and the field. The SOMB will continue to recognize the key role that the RNR model plays in the successful rehabilitation and management of adults and juveniles who commit sexual offenses.

Strategic goals and initiatives

Over the last two years, the SOMB has driven change and enhanced collaboration between stakeholders through the creation of the SOMB Strategic Action Plan. Utilizing feedback and recommendations from the external evaluation as well as external and internal stakeholders allowed for the creation of such plan. In these last two years, the SOMB accomplished many of its strategic goals through the collaboration of multiple stakeholders. While there have been many revisions and changes to SOMB practice, and in particular the *Standards and Guidelines,* in the last two years there have also been factors which remain constant. The SOMB consistently demonstrates and fulfills its statutory authority and mandate to ensure that a community safety and victim centered approach is the focus of any work that is done. Research and evidence based practices have allowed for the SOMB to continue to evolve over the years, and will continue to encourage growth and evolvement while work is continued on additional goals.

Table 6. Summary of SOMB Strategic Action Plan goal completion.

Action Item	SOMB Prioritized Action Item? (Y/N)	Action Item Status (Completed, in progress, ongoing)	Completion Date or Anticipated Completion Date
Incorporate the Risk-Need-Responsivity (RNR) Principles into the *Standards*	Yes	In Progress	Anticipated completion date: July 2018
Ensure Treatment Continuity	Yes	Completed	Completed: September 2016
Replace the SVPASI with a Different Instrument	Yes	In Progress	Anticipated Completion Date: July 2017
Replace the Low Risk Protocol with a Different Process	Yes	In Progress	Anticipated Completion Date: July 2017
Revise the Lifetime Supervision Criteria	No	Completed	Completed: January 2016
Study Whether to Deemphasize the Role of Polygraph, Including Sex History	Yes	In Progress	Anticipated Completion Date: December 2017
Develop a Formal Conflict Resolution Process for Team Disagreement	Yes	Completed	Completed: January 2016
Explore whether and How to Add Special Populations and Specializations *Standards*	Yes	Completed	Anticipated Completion Date: December 2017
Modify Contact with Children and Contact with Children Assessment	No	In Progress	Anticipated Completion Date: December 2017
Incorporate Victim Voice into Treatment	Yes	Completed	Completed: September 2016
Incorporate Good Lives Model and Motivational Factors	No	In Progress	Anticipated Completion Date: December 2017
Revise the Application and Complaint Process (Treatment Providers)	No	Completed	Completed: December 31, 2015
Address Concerns with Probation and Parole	No	Completed	Completed in January 2016
Revise the Guiding Principles	No	Completed	Completed: May 2016
Consider Whether to Deemphasize Denial as a Risk Factor	No	Completed	Completed: January 2014

Develop an Implementation Model and Strategy	Yes	In Progress	Anticipated Completion Date: January 2017
Advocacy for Providers	No	Completed	Completed: January 2016
Address Clarification and Reunification	No	In Progress	Anticipated Completion Date: December 2017
Improve External Communication	No	Completed	Completed: December 2016
Consider whether to Deemphasize Empathy as a Risk Factor	No	Ongoing	Anticipated Completion Date: December 2017
Educate all Professionals on RNR	No	Completed	Completed: December 2016
Revise Victim Clarification and Contact Readiness Criteria	No	Completed	Completed: September 2016

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Appendices

Appendix A. Full Chart of Crossover Offending Studies

Sex Offender Studies	Emerick & Dutton (1993)	Abel et al. (1988, 1992, 2000)	O'Connell (1998)	Wilcox et al. (2005)	English et al. (2000)	Weinrott & Saylor (1991)	Freeman-Long & Blanchard (1998)	Ahlmeyer et al. (2000); Heil et al. (2003)*
Sample Description	76 high-risk adolescents assessed at a hospital treatment facility	561 Paraphiliacs in the community	127 adult males evaluated in the community	14 medium to high risk adult males in treatment and on probation	180 adults in treatment and on probation or parole[18]	99 adult males civilly committed to a forensic treatment program	53 adult male inmates in a forensic treatment program	35 & 223* adult male inmates in a prison treatment program
Location	Arizona	New York & Tennessee	Washington	United Kingdom	Wisconsin, Oregon & Texas	Washington	Oregon	Colorado
Data collection technique	Polygraphed self report	Confidential self report	Polygraphed self report	Polygraphed self report	Polygraphed self report	Confidential Computer Administrated Interview	Anonymous self report survey	Polygraphed self report
Mean age of onset	13 for contact offenses (median)	13 to 26 with the majority prior to age 20		13.4	11.2 Incest 12.8 Non-incest		18 Rapists 15 Child SA	12
Mean years from onset to detection	3.5 years			14 years	10 years (Estimated)		6 yrs Rapists 13 yrs Child SA	16 years
% with one type of behavior		10.4 %[19]	9%		26%	47%		11%
Mean # of different behaviors		**2 mean (1987)** **2 to 3 mode**	**4.5 mean** **3 to 5 mode**					**4 mean*** **3 mode***

[18] The sample of probationers and parolees was combined after it was determined that the two groups were not statistically different on the variables of interest although parolees had more extensive criminal histories.

[19] This percent represents all paraphilias combined. Based on primary diagnosis, 27% of rapists, 15.2% of non-incest female target pedophilia, 19% of non-incest male target pedophilia, 28.3% of incest female target pedophilia and 4.5% of incest male target pedophilia admitted only one type of behavior.

Sex Offender Studies	Emerick & Dutton,	Abel et al. (1988, 1992)	O'Connell (1998)	Wilcox et al.	English et al. (2000; 2003*)	Weinrott & Saylor (1991)	Freeman-Long & Blanchard (1998)	Simons et al. (2004) & Heil et al. (2003)*
Sample Description	76 high-risk adolescents assessed at a hospital treatment facility	561 Paraphiliacs	127 adult males evaluated in the community	14 medium to high risk adult males in treatment and on probation	180 adults in treatment and on probation or parole	99 adult males civilly committed to a forensic treatment program:37 rapist & 67 child molesters	53 adult male inmates in a forensic treatment program: 23 rapist & 30 child molesters	222 nondeceptive & 223* adult male inmates in prison treatment program
Age crossover		42.3%		29%	33%			73%
Gender crossover	43.3%	20%			29%			37%
Relationship crossover	41.7%							87%
Rapists victimizing children		49%	64%	60%	53.6%	32%	(23 rapists reported 319 child SAs)	52%*
Incest victimizing non-relatives		65.8%[20]	59%		64%	50%		64%*
Noncontact committing contact		64%		44% [21]	80%[22]*			

[20] This represents the percentage of individuals committing paraphilic behavior against family members who also committed paraphilic behaviors against nonfamily members.

[21] Percent of exhibitionists admitting female child molestation

[22] Percent of ten convicted exhibitionists admitting hands-on offenses.

Sex Offender Studies	Emerick & Dutton (1993)	Abel et al. (1987, 1988, 1992)	O'Connell (1998)	Wilcox et al. (2005)	English et al. (2000)	Weinrott & Saylor (1991)	Freeman-Long & Blanchard (1998)	Simons et al. (2004)
Sample Description	76 high-risk adolescents assessed at a hospital treatment facility	561 Paraphiliacs	127 adult males evaluated in the community	14 medium to high risk adult males in treatment and on probation	180 adults in treatment and on probation or parole	99 adult males civilly committed to a forensic treatment program	53 adult male inmates in a forensic treatment program	**222 nondeceptive adult male inmates in prison treatment program**
Median (Mean) offenses at referral/official record	(27.2) contact		(22.5) contact; (28.1) offenses	3 (37.2) contact; 3 (26.2) noncontact		Rapist:(1.8) contact; Child SA: 2 contact		**2 (11.3) contact;**
Median (Mean) offenses with clinical interview	(20.7) contact		(46.2) contact; (84.6) offenses					**20.5 (152) contact;**
Median (Mean) offenses with polygraph, confidentiality, or anonymous survey	12 (76.6) contact	Child SA: 1.4 to 10.1 (23.2 to 281.7) depending on type; Rape: 0.9 (7.2)	(91.2) contact; (220.5) offenses	4 (81.9) contact; 5 (80.8) noncontact		Rapists: (11.7) contact; Child SA: (119.4) contact	Rapists: (21.6) contact & (242.9) offenses; Child SA: (203.5) contact & (892.4) offenses	**35.5 (218.4) contact**
% of self-reported sex offenses in official records	35%	3% contact; 0.7% noncontact		45.4% contact; 32.4% noncontact	3 to 5 times the number of victims were disclosed in treatment/polygraph	Rapists: 15.4% contact; Child SA: 1.7%		**5.6% contact**

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Appendix B. Young Adult Modification Protocol

The SOMB recognizes that due to responsivity[23] issues and the unique needs of some young adults, applying the Adult *Standards* without flexibility can be problematic. A different approach may be needed when addressing the unique challenges a portion of this population poses.

Neurobiological research gives us a deeper understanding of adolescent and young adult brain development. This research (Teicher, 2002; Siegel, 2006; Perry, 2006; Burton, 2010) indicates that the brains of many young adults, ages 18 to 25, are still developing thus it is imperative for CST/MDT members to assess and treat this population and consider allowing exceptions according to each individual regardless of where they are in the criminal justice system.

Offenders, ages 18-25 may be more inclined to make poor decisions. This may or may not be related to risk for recidivism. It is important for the CST/MDT to evaluate an offender's problematic behavior, specifically, when responding to violation or rule breaking behavior, to best determine whether or not it signifies an increase in risk and if so, what needs exist and what response best addresses those needs and manages risks. Such assessment should include strengths and protective factors[24]. The nature and severity of the behavior and the degree which it relates to risk should be commensurate with the appropriate interventions. Risk of harm to others must not be ignored and should be balanced when assessing impulsive behavior typical in adolescence versus criminal, anti-social characteristics which are indicative of risk.

Many young adults may present more like an adolescent rather than an adult. Research indicates over responding to non-criminal violations with this population can cause more harm than good for both the offender and the community (Teicher, 2002).

Guiding Principles

The following guiding principles, in addition to the guiding principles in the Adult Standards, are for Community Supervision Teams (CSTs)/Multi-Disciplinary Teams (MDTs) considering a recommendation of making exceptions to the Adult Standards for a specific Young Adult population.

1. Victim and Community Safety are paramount. See Guiding Principle #3 in the Adult Standards and Guidelines for further detail.
2. Victim self- determination regarding involvement and input. See Guiding Principle #7 in the Adult Standards and Guidelines for further detail.
3. Sexual offenses cause harm.
4. Psychological well-being of victims is critical.
5. Focus needs to be on promoting strengths/health to reduce risk.
6. Emphasis on developing pro-social support systems.

[23] The Responsivity Principle means that correctional services are more effective when treatment and management services use methods which are generally more effective with offenders and when these services are individualized in response to the culture, learning style, cognitive abilities, etc. of the individual.

[24] Protective factors are conditions or attributes (skills, strengths, resources, supports or coping strategies) in individuals, families, communities or the larger society that help people deal more effectively with stressful events and mitigate or eliminate risk in families and communities.

7. Ensuring offender accountability for offending behavior.
8. Treatment planning includes development of social/interpersonal skills.
9. Treatment planning takes into account stages of brain development.
10. Not to minimize the impact to the victim but to improve/creating pathways for more effective treatment.
11. Collaboration of CST/MDT and review factors 1-10.

Exclusionary Criteria

(If previous records indicate or current testing establishes that one of the following is true)

- Primary sexual interest/arousal in pre-pubescent individuals.
- Clear documented pattern of sexual sadism
- Sexually Violent Predator
- Psychopathy
- Meets criteria for mental abnormality (Millon)

Protective Factors

1. In school/stable employment
2. Living in a home and receiving developmentally appropriate supervision
3. Pro-social support system
4. Maturation
5. No substance abuse
6. No delinquent lifestyle
7. Absence of severe MH-Axis I or II
8. Compliance with treatment and supervision expectations
9. Amenable to treatment, willingness to engage
10. Lack of known multiple offenses

CSTs and MDTs are encouraged to look at young adult offenders, and develop individualized treatment plans and containment efforts based on the maturation and risk of the individual. Independent living skills, risk and protective factors should be discussed by CSTs/MDTs and factored into programming for the offender. CSTs/MDTs should consider consulting with other experienced adult or juvenile practitioners to assist in the development of effective treatment and supervision as well as to identify possible resources that may aid in information gathering. In some cases it may be appropriate to use juvenile risk assessments with this population for informational purposes only, and with the understanding that using a juvenile risk assessment instrument on an individual over the age of 18 is not a validated assessment of risk. The CST/MDT based on a unanimous decision, is empowered to make exceptions to specific standards as needed and changes shall be clearly documented. After conducting a thorough evaluation in accordance with section 2.000 of the Standards, evaluators should document any recommendation to vary from, or waive a Standard with the appropriate rationale for such.

Risk in young adults will likely be best mitigated by ensuring the CST/MDT pays close and careful attention to risk, need, and responsivity principles[25] as well as dynamic and static risk factors and ensures all of these are assessed and addressed as major treatment targets. "Treatment should use methods, and be delivered in such a way as to maximize participants' ability to learn. To achieve this, treatment programs should selectively employ methods that have generally been shown to work. Further, participants' response to treatment will be enhanced by effortful attendance to their individual learning style, abilities and culture." (Andrews and Bonta, 2006)

It is important for CSTs to consider Section 5.7 in the Adult Standards when addressing issues of sibling/child contact. Standard 5.780 specifies circumstances when parts of 5.7 may be waived with unanimous decision of the CST. This might allow contact with adolescents in unique situations. CSTs/MDTs are encouraged to review young adult situations, and make decisions that help the offender be successful while maintaining community safety.

[25] The Risk Needs Responsivity (RNR) model indicates that the comprehensiveness, intensity and duration of treatment provided to individual offenders should be proportionate to the degree of risk that they present (the *Risk* principle), that treatment should be appropriately targeted at participant characteristics which contribute to their 3 risk (the *Need* principle), and that treatment should delivered in a way that facilitates meaningful participation and learning (the *Responsivity* Principle). DOC SOTMP Evaluation, 2012, Central Coast Clinical & Forensic Psychology Services

Criteria Checklist

Instructions:

This form should be completed by the CST/MDT and serves as documentation for the client file. As new information becomes available, the CST/MDT should re-evaluate the inclusionary and exclusionary items to determine if there has been any change. An offender who meets criteria for the Young Adult Modifications at one point in treatment, may not meet the criteria at subsequent points in treatment, and therefore any modification to the Standards should not be considered automatic grounds for future modifications.

Protocol for determining if the Individual meets criteria for Young Adult Modifications

Inclusionary Items: If you select YES to any of the following item, continue to Exclusionary Items.

Yes___ No___ Individual is aged 18-21 and adjudicated delinquent for a sex crime that occurred prior to the age of 18, subsequently convicted of a non-sex crime as an adult while remaining in the DYC.

Yes___ No____ Individual is aged 18-25, convicted as an adult for a non-sex crime with a history of a sexual offense.

Yes___ No___ Individual is aged 18-25, convicted of a sex crime that occurred prior to age 18.

Yes___ No___ Individual is aged 18-25, convicted as an adult for a sex crime (includes failure to register).

Yes___ No___ Individual is under the age of 18, charged and convicted as an adult for a sex crime and sentenced to YOS.

Exclusionary Items: If you select YES to any of the following items, the individual will not meet criteria for Young Adult Modifications, and the applicable Standards shall be followed.

Yes___ No___ Primary Sexual Interest/arousal in pre-pubescent individuals.

Yes___ No___ Clear and documented pattern of sexual sadism.

Yes___ No___ Sexually Violent Predator as determined by the SVPASI.

Yes___ No___ Psychopathy (as determined by the PCL-R)

Yes___ No___ Meets criteria for mental abnormality as referenced in C.R.S. 16-11.7-103(4)(c.5) and determined by the SVPASI.

_____ _____

Treatment Provider Signature Date Supervising Officer Signature Date

Appendix C. Sex Offender Management Board Law Enforcement Survey of Registered Sex Offenders

Pursuant to C.R.S. 16-22-109(3.5)(d), this survey requests law enforcement agencies provide data to the Sex Offender Management Board (SOMB) in order to gather basic information on registered sex offenders, law enforcement procedures and potential policy issues. The information collected from this survey will be provided to the Sex Offender Registration Legislative workgroup where various law enforcement agencies and the SOMB collaborate on a number of important initiatives.

Figure 1. Survey respondents.

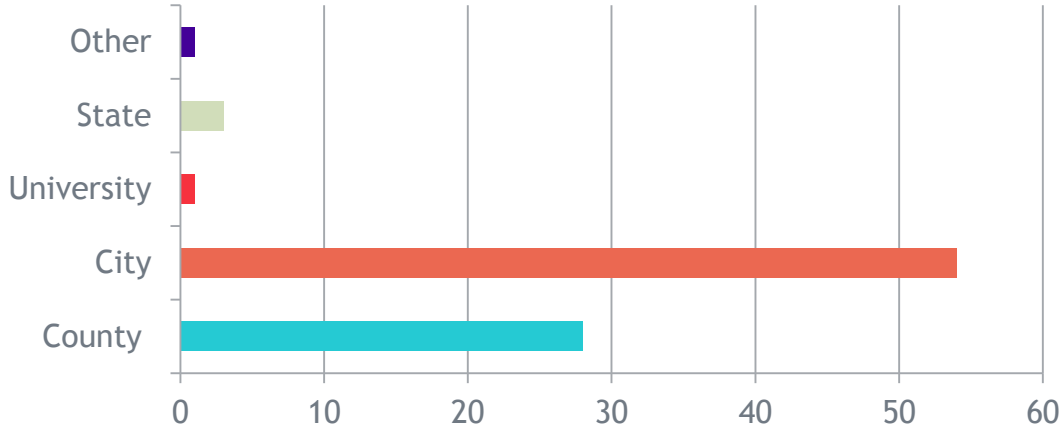


Figure 2. Respondents jurisdiction types.

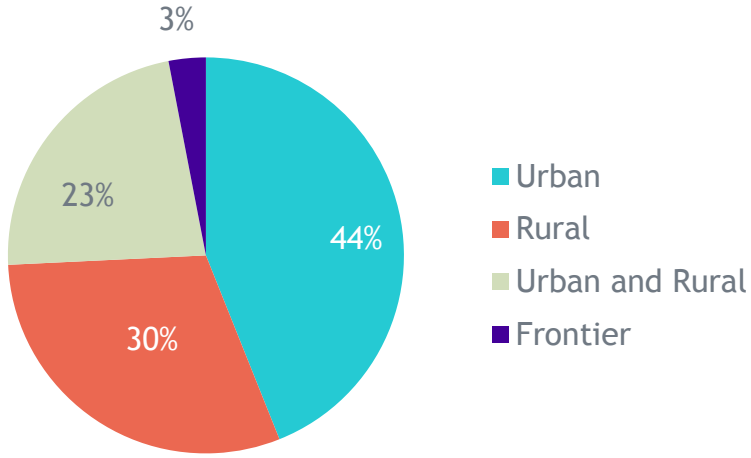


Figure 3. Average number of registered sex offenders and registered incapacitated offenders

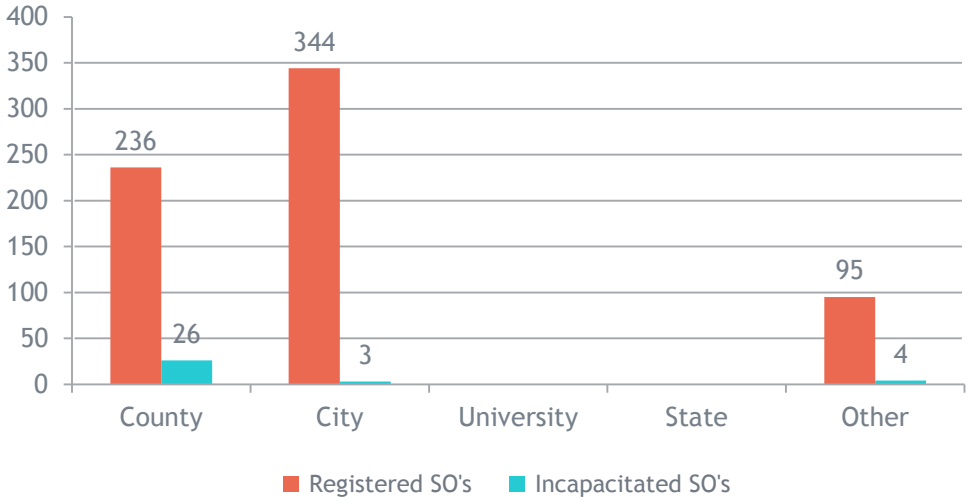


Figure 4. Deregistration of sex offenders 2015-2016

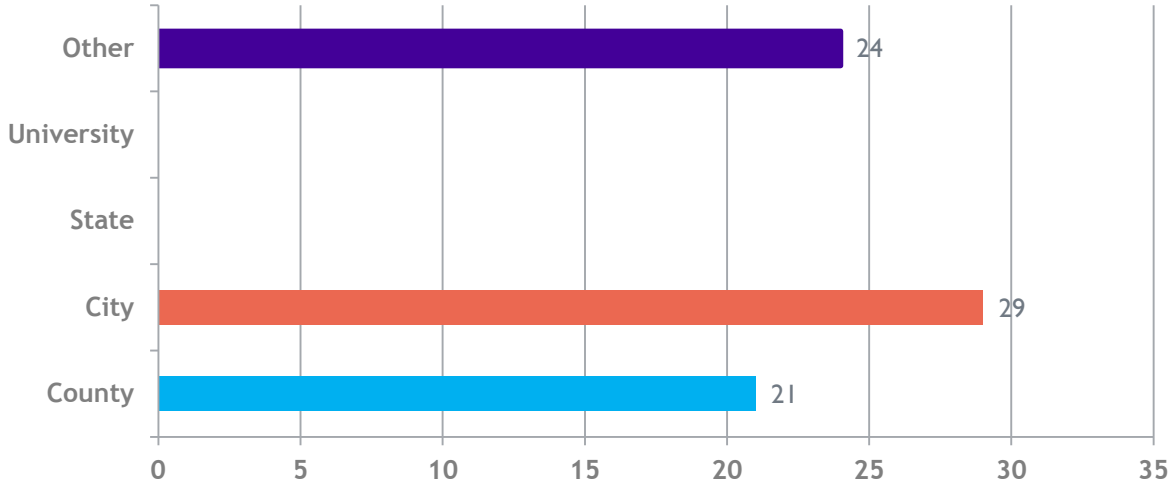


Figure 5. Has your jurisdiction experienced an increase in new sex offender registrants who are coming to Colorado based on the legalization of marijuana?

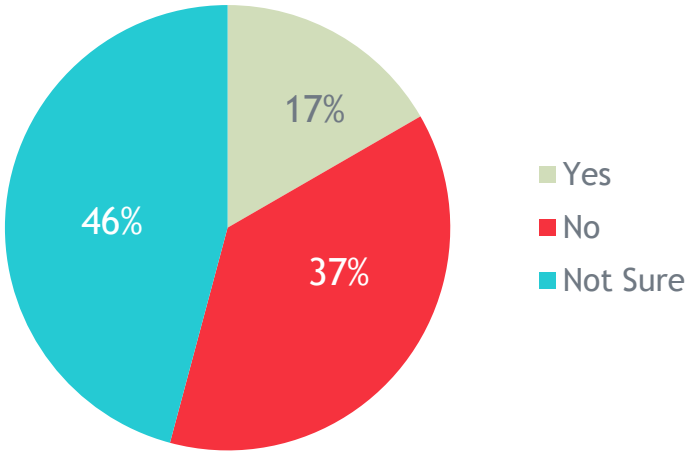


Figure 6. Average amount of transient sex offenders per jurisdiction

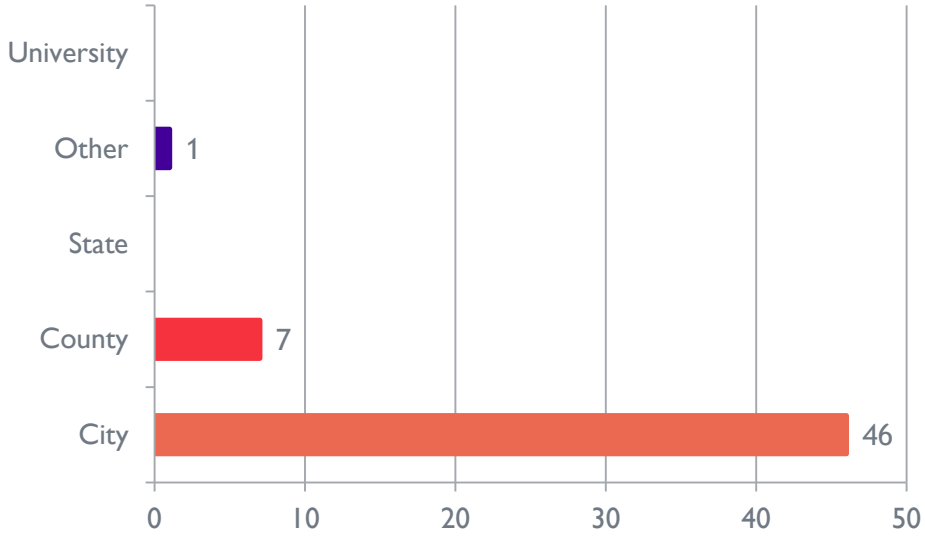


Figure 7. Compliance of transient registered sex offenders

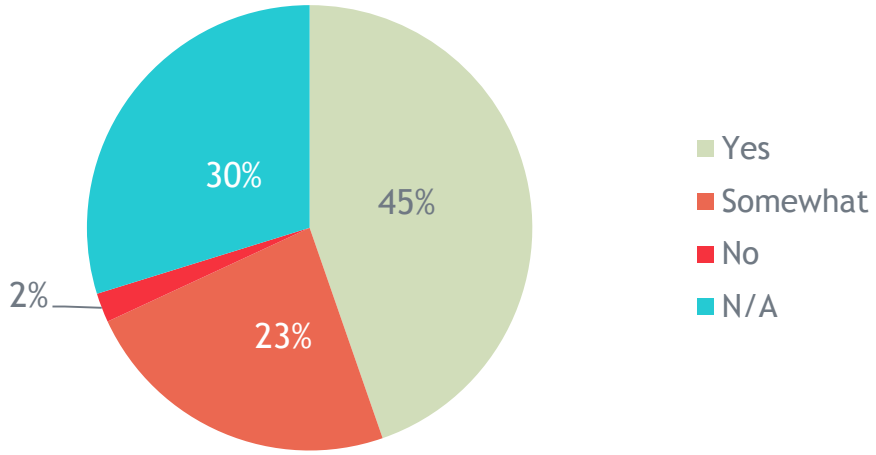
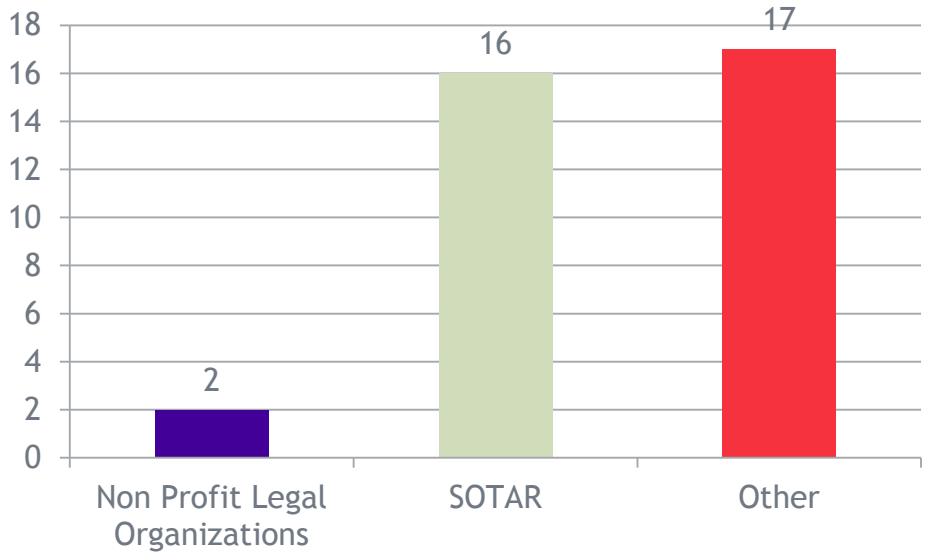
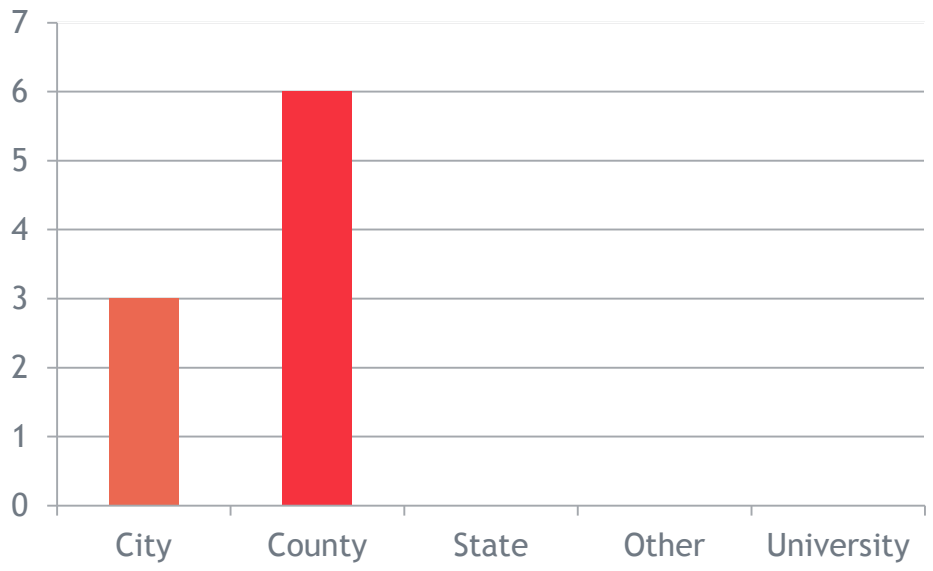


Figure 8. What resources are available in your jurisdiction currently to assist with deregistration?



Note. Other includes: local assistance with COMCOR, ECPSDD, CCIC/NCIC and Offender Watch, CBI, phone and e-mail, State Public Defenders of Colorado and SXORELO.

Figure 9. Number of out of state sex offenders registered per jurisdiction



Note. State, other and university did not provide answers to this question.

Table 1. Ratings of possible changes to current statutory requirements for incapacitated offenders

	1=excellent	2	3	4	5=poor
Giving law enforcement the discretion to remove offenders from the registry	21%	18%	27%	12%	21%
Giving law enforcement the discretion to reduce check ins or other registration requirements	36%	27%	21%	3%	12%
Giving law enforcement the discretion to allow remote or 3rd party registration	24%	15%	21%	12%	27%
Giving law enforcement an option for an expedited petition to remove an offender from the registry	42%	15%	27%	3%	12%

Appendix D. Sample of SOMB Data Collection Tool

Treatment Providers

To be completed by treatment providers at the time of discharge for each client. Completed data collection surveys will be sent to SOMB upon completion.

1. Where was the client referred from?

	Probation		County DHS
	DOC/Parole/TASC		Court
	Community Corrections		Other

2. Demographic Information

   a. Gender

	Male
	Female
	Other

   b. Ethnicity

	White		Hispanic or Latino
	Black or African American		Native American or American Indian
	Asian or Pacific Islander		Other:

   c. Age [ ]

3. What is the crime of conviction/adjudication for the current treatment?

	Contact offense		Non-contact human victim (exposing, voyeurism image/video capturing)
	Forced Contact offense		Non-contact anonymous [child porn, chat (sexting, social network)]
	Non sex crime with a history of sex crime		Other:

4. Has the client previously been in Sex Offense Specific Treatment?

	Yes
	No

5. What was the Treatment setting for the current discharge from treatment?

	DOC		Residential RCCF/TRCCF
	SLA		Group Home/Foster home
	CommCorr		Community private provider
	DYC – Secure facility		DYC – staff supervised or community placement
	Other:		

6. For **adult offenders** what is the identified level of risk, at time of intake, based on validated instrument (such as; SOTIPS, STATIC 99, and VASOR 2? *N/A for female and DD/ID

	Low
	Low-moderate
	Moderate
	High

   a. What Instrument was used?
   b. What was the final determination of risk?

	Low
	Low-moderate
	Moderate
	High

7. **For juveniles** what is the client's identified level of risk, at time of intake, based on structured clinical judgement/assessment?

	Low
	Low-moderate
	Moderate
	High

8. Which of the following factors were used to match treatment to the level of risk? Check all that apply

	Adjustments in frequency of treatment services		Recommended changes to supervision
	Adjustments to community access		Implemented changes to supervision
	Adjunct non-sex offense specific treatments		Adjustments to types of groups
	Other:		

9. How were the client's needs identified? Check all that apply

	Formal assessment		Discussion with support system
	Informal assessment		Review of past records/ Collateral data
	Client self-report		Discussion with CST/MDT
	Other:		

10. Which of the following factors were used to address client's needs in treatment?

	Individualized treatment plan		Modifications to treatment expectations
	Modified assignments		Increased support
	Increased resources		Modified programming
	Recommendation to modify supervision conditions		Implemented modification to supervision conditions
	Young adult protocol		Evaluation matrix
	Modifications to standards through a variance (adult) or by the MDT (juvenile)		Other:

11. Which of the following factors were used to address the client's responsivity to treatment?

    a. How was the therapeutic alliance assessed and adjusted?
    b. What additional factors were used? Check all that apply

	Adjustments in frequency of treatment services		Feedback from client
	Feedback from support systems		Modifications to increase progress
	Assessment of functioning		Assessment of cultural/language needs

	Recommendation to modify supervision conditions		Implemented modification to supervision conditions
	Other:		

12. Date current treatment started:

13. Date of current treatment discharge:

14. Outcome information

a. Type of discharge

	Successful completion		Aging out of system (DYC)
	Administrative		New sex crime
	Unsuccessful – lack of progress or non-amenable to treatment		New non-sexual crime
	Violation of treatment contract or terms and conditions of supervision		Other:

b. Has the client improved their quality of life during the course of treatment?

	Yes
	No

If yes, check all that apply

	Healthy relationships		Stable housing
	Stable employment		Community supports
	Improved metal health functioning		Improved problem solving/coping skills
	Other:		

a. What barriers to progress have been identified?

	Standards:		Terms of Supervision
	Lack of supports		Community limitations
	Client Factors		Specific Resources
	Substance use		Housing/employment
	Other:		

b. What recommendations can be made to overcome identified barriers?

	Change in provider		Change in supervision
	Additional resources		Additional support systems
	Housing/employment		
	Other:		

15. **For adult offenders** what is the identified level of risk, at time of discharge, based on validated instrument (such as; SOTIPS, STATIC 99, and VASOR 2)? *N/A for female and DD/ID

	Low
	Low-moderate
	Moderate
	High

a. What instrument was used?
b. What was the final determination of risk?

	Low
	Low-moderate
	Moderate
	High

16. **For juveniles** what is the client's identified level of risk, at time of discharge, based on structured clinical judgement/assessment?

	Low
	Low-moderate
	Moderate
	High

Evaluators

To be completed by Evaluators at the time the evaluation is completed. Completed data collection summary will be sent to SOMB staff at the time of completion.

1. Where was the client referred from?

	Probation		County DHS
	DOC/Parole/TASC		Court
	Community Corrections		Other

2. Demographic Information

   a. Gender

	Male
	Female
	Other

   b. Ethnicity

	White		Hispanic or Latino
	Black or African American		Native American or American Indian
	Asian or Pacific Islander		Other:

   c. Age ____

3. What is the crime of conviction/adjudication for the current treatment?

	Forced Contact offense		Non-contact human victim
	Contact offense		Non-contact anonymous
	Non sex crime with a history of sex crime		Other:

4. Has the client previously been in Sex Offense Specific Treatment?

	Yes
	No

5. For **adult offenders** what is the identified level of risk, at time of intake, based on validated instrument (such as; SOTIPS, STATIC 99, and VASOR 2? * N/A for females and DD/ID

	Low
	Low-moderate
	Moderate
	High

   a. What instrument was used?
   b. What was the final determination of risk?

	Low
	Low-moderate
	Moderate
	High

6. **For juveniles** what is the client's identified level of risk, at time of intake, based on structured clinical judgement/assessment?

	Low
	Low-moderate
	Moderate
	High

7. What is the **recommended** Treatment setting based on the evaluation?

	DOC		Residential RCCF/TRCCF
	SLA		Group Home/Foster home
	CommCorr		Community private provider
	DYC – Secure facility		DYC – staff supervised or community placement
	Other:		

8. Which **of** the following factors were **recommended** to match treatment to the level of risk? Check all that apply

	Adjustments in frequency of treatment services		Recommended changes to supervision
	Adjustments to community access		Implemented changes to supervision
	Adjunct non-sex offense specific treatments		Adjustments to types of groups
	Other:		

9. How were the client's needs identified in the evaluation? Check all that apply

	Formal assessment		Discussion with support system
	Informal assessment		Review of past records/ Collateral data
	Client self-report		Discussion with CST/MDT
	Other:		

10. Which of the **following** factors were **recommended** to address client's needs in treatment?

	Individualized treatment plan		Modifications to treatment expectations
	Modified assignments		Increased support
	Increased resources		Modified programming
	Recommendation to modify supervision conditions		Implemented modification to supervision conditions
	Young adult protocol		Evaluation matrix
	Modifications to standards through a variance (adult) or by the MDT (juvenile)		Other:

11. Which of the **following** factors were **recommended** to address the client's responsivity to treatment? Check all that apply

	Adjustments in frequency of treatment services		Feedback from client
	Feedback from support systems		Modifications to increase progress
	Assessment of functioning		Assessment of cultural/language needs
	Recommendation to modify supervision conditions		Implemented modification to supervision conditions
	Other:		

Polygraph Examiners

To be completed at the time of examination

1. Where was the client referred from?

	Probation		County DHS
	DYC		Treatment provider
	DOC/Parole/TASC		Court
	Community Corrections		Other

2. Demographic Information

   a. Gender

	Male
	Female
	Other

   b. Ethnicity

	White		Hispanic or Latino
	Black or African American		Native American or American Indian
	Asian or Pacific Islander		Other:

   c. Age

3. Type of exam

	Sex History		Maintenance
	Specific issues		Re-test follow up
	CCA		

4. Was this a repeat exam?

5. What were the results of previous exams

No Deception Indicated / No Significant Response	
Deception Indicated / Significant Response	
Inconclusive/No opinion	

6. What were the results of the current exam?

No Deception Indicated / No Significant Response	
Deception Indicated / Significant Response	
Inconclusive/No opinion	

7. Where counter measures used by the client?

	Yes		No

8. Where new admissions made?

	Yes – pre-test		Yes – during exam
	Yes – posttest		No

9. Were you consulted with by CST/MDT to provide information to the team to aid the client in successfully clearing polygraph concerns?

	Yes
	No

10. Which of the following were used to address client responsivity factors?

	Discussions with client during pre-test interview		Discussions with the MDT/CST
	Adjustments to testing situation		Discussion with client support systems
	Recommendations to MDT/CST		Other

11. Comments:

Appendix E. Committee updates

1. **Adult Treatment Standards Revisions Section 3.000 Committee** **Active**
   Committee Chair: Missy Gursky

   Purpose: This Committee is reviewing and revising, as appropriate, Section 3.000 of the Adult *Standards and Guidelines*, based on the desire to incorporate the Risk, Need, Responsivity (RNR) model, and new research and literature into the *Standards*. The Committee has previously completed work on Section 2.000, and has moved forward to complete Section 3.000. This committee meets once per month.

   Major Accomplishments: In 2016, the Adult Treatment *Standards* Revisions Section 3.000 committee completed and finalized revisions of Section 2.000. Section 3.000 is being revised in its entirety, and to date the Committee has revised the introduction through Section 3.24 however these revisions have not yet been ratified by the SOMB.

   Future Goals for 2017: Throughout 2017, the Adult Treatment Standards Revisions Section 3.000 Committee will continue to meet monthly. This Committee will continue to revise all parts of Section 3.000 with the incorporation of RNR principles.

2. **Adult Community Supervision Standards Revisions Section 5.000 Committee** **Active**
   Committee Chairs: Jeff Geist and Angel Weant

   Purpose: This Committee is reviewing and revising, as appropriate, Section 5.000 of the Adult *Standards and Guidelines*, based on the desire to incorporate the Risk, Need, Responsivity (RNR) model, and new research and literature into the *Standards*. This Committee meets once per month.

   Major Accomplishments: In 2016, this committee has incorporated the TEAMS model. The TEAMS model has increased the collaborative role of each member of the CST. In addition, the flexibility of the CST has been clarified in terms of who can be added to the team. In revising Section 5.000, the Committee has re-ordered sections to create a better flow within the *Standards*. Throughout the streamlining process, this Committee is making the *Standards* more concise and less repetitive wherever possible.

   Future Goals for 2017: This Committee will continue to revision Section 5.000, embedding principles of RNR throughout. Revisions will also incorporate case law that impacts an offender's contact with their own children. In addition, this Committee will reflect a coordinated team approach known as the TEAMS model. Specific guidance will be provided to teams on how to respond to polygraph disclosures and results while incorporating RNR principles. This Committee will be reworking the role of the Victim Representative within the team, as well as replacing and updating any research footnotes throughout Section 5.000.

3. **Adult Polygraph Standards Revisions Section 6.000 Committee** **Active**
   Committee Chair: Jeff Jenks

   Purpose: This Committee is reviewing and revising, as appropriate, Section 6.000 of the Adult *Standards and Guidelines*, based on the desire to incorporate the Risk, Need, Responsivity (RNR) model, and new research and literature into the *Standards*. This Committee meets once per month.

   Major Accomplishments: This Committee has ensured that there is sufficient stakeholder participation for revisions, including participation of polygraph examiners. Since it has begun meeting in August,

2016, the Committee has reviewed literature, research and best practices relating to the use of the polygraph. The charge of the Committee, including the recommendations from the Best Practices Committee, has also been reviewed. This Committee has additionally provided feedback and input from polygraph examiners to the Best Practices Committee regarding the SOMB data collection plan. As of this date, the Committee has removed the sanctions language and grids from the *Adult Standards* related to deceptive polygraph results and updated the information on the practice standards to include the current ATSA guidelines and the American Polygraph Association suitability criteria. This Committee addressed the purpose of the use of polygraph, to include both treatment and supervision, related to risk assessment and identification of treatment and supervision needs.

Future Goals for 2017: This Committee is working to Section 6.000 of the *Adult Standards* related to the use of polygraph; this will be ongoing throughout 2017. In addition to revisions, this Committee will provide training to stakeholders about the adjustments related to the use of the polygraph as identified in the newly revised SOMB *standards*.

4. **SOMB Executive Committee** **Active**
Committee Chair: Judge Marcelo Kopcow

Purpose: The purpose of the SOMB Executive Committee is to review and maintain the mission of the SOMB. The Executive Committee prepares the agenda consisting of presentations, decisions items and discussions prior to the SOMB meeting. This Committee meets once per month.

Major Accomplishments: Managed the SOMB agenda and strategic plan planning process, which includes the completion and progress on many of the SOMB strategic goals. The SOMB Executive Committee additionally ensures the efficiency and efficacy of the SOMB's work.

Future goals: The SOMB Executive Committee will continue to maintain the mission of the SOMB and ensure that the SOMB continues to move forward with its initiatives.

5. **Juvenile *Standards* Revision Committee** **Active**
Committee Chair: Carl Blake

Purpose: The Committee is reviewing and revising *the Juvenile Standards* as needed, based on emerging research and best practices. Revisions are also made to clarify information based on any feedback received from stakeholders. This Committee met once per month.

Major Accomplishments: The Committee completed the final sections of *Standards* revisions. In 2016, the committee revised the Guiding Principles, Section 4.000, Section 6.000, Section 7.000 and the Appendices. The Committee also included the new Continuity of Care Section as well as the new Victim Centered Section. The Committee is planning for a January 2017 publication for the revised *Juvenile Standards*.

Future Goals: Begin reviewing juvenile registration and providing recommendations for *Standards* and future legislation. The Committee will be working with the Task Force for the Mentally Ill in the Criminal Justice System.

6. **Best Practices/Treatment Provider Committee** **Active**
Committee Chair: Tom Leversee

Purpose: This Committee strives to ensure that the *Adult and Juvenile Standards* remain current with any emerging research by making recommendations to other active committees. The Committee is currently working on making recommendations for the SOMB Data Collection Plan. This Committee meets once per month.

Major Accomplishments: The SOMB directed the Best Practices/Treatment Provider Committee to address the use of the polygraph examination with juveniles and adults. The Committee came to a consensus that the current *Standards* need to better address individualization of treatment based on RNR. The Committee presented their findings to the SOMB in June 2016. These findings and recommendations caused the SOMB to form the Adult Polygraph *Standards* Revision Committee, Section 6.000 which began meeting in August 2016.

Future Goals: The Committee was charged with complying with language from the Sunset Bill, that mandated the Committee to consist of 80% treatment providers. This change in Committee composition transitioned the Committee to be formalized with appointed members. With this charge in mind, the Committee has been tasked with creating the SOMB Data Collection Plan, included in the 2017 SOMB Annual Legislative Report.

7. **Victim Advocacy Committee** **Active**
Committee Chair: Allison Boyd

Purpose: To ensure that the SOMB remains victim-centered and that the *Standards* address victim needs and include a victim perspective.

Major Accomplishments: In 2016, the Victim Advocacy Committee completed a new section of the *Adult and Juvenile Standards* – Victim Impact and a Victim Centered Approach. In addition, this Committee reviewed and provided input for various *Juvenile and Adult Standards* revisions and provided a panel presentation to the SOMB regarding Victim Representation on Supervision Teams. The Committee assisted in writing a new grant for a pilot project on victim representation on supervision teams. At the 2016 SOMB Conference, the Victim Advocacy Committee nominated a recipient for the Norma Anderson Excellence in Victim Advocacy, and also screened the film "The Hunting Ground" for conference participants. During Sexual Assault Awareness Month and National Crime Victims' Rights Week the Committee conducted an additional presentation for the SOMB.

Future Goals: Moving forward, the Victim Advocacy Committee will provide input into the SOMB *Standards* revisions, in particular in sections related to offender contact with children, clarification and family reunification. The Committee will monitor the pilot project in the 1st judicial district of victim representation on supervision teams. Overall, the Committee will continue to support the SOMB in a victim-centered approach to sex offender management.

8. **Continuity of Care Committee** **Inactive**
Committee Chair: Carl Blake

Purpose: The purpose of the Continuity of Care Committee is to convene a group of multi-disciplinary stakeholders to address systemic gaps in service delivery for offenders moving between criminal justice and treatment systems (e.g., residential to outpatient care). This focus includes issues related to sharing information (e.g., the release of confidential records, risk assessment information, treatment

progress, etc.), where to start in treatment following a transition, and general reentry problems that are experienced by sex offenders. This Committee's body of work has focused on the development of mechanisms to enhance continuity of care for adult sex offenders and juveniles who commit sexual offenses as they move across different supervision and treatment agencies and programs. The Committee formerly met once per month.

Major Accomplishments: This was a time limited Committee, which accomplished a tremendous amount of work in a very short time. The Committee drafted, finalized and implemented the following: 1. A new client intake assessment to determine clients previous participation in treatment and current needs, 2. Court filing documents for adult (participation in treatment) and juveniles (participation in treatment and registration recommendations), 3. An interim community safety plan for clients coming out of DOC, and 4. A new continuity of care section to the adult and *juvenile Standards*.

Future Goals: This Committee is no longer meeting; however the Committee will reconvene if the need arises.

9. **Application Review Committee** **Active**
Committee Chair: Carl Blake

Purpose: The Application Review Committee (ARC) reviews all new and re-applications for treatment providers, evaluators and polygraph examiners. Complaints made against listed providers are also reviewed by ARC. The ARC additionally conducts randomized or for-cause *Standards* Compliance Reviews. This Committee meets twice per month.

Major Accomplishments: The ARC continued to review provider applications and complaints. The ARC has fully implemented the new Competency Based Model for provider approval as well as a more streamlined approach to variances.

Future Goals: The ARC will continue reviewing applications, complaints and variances, and review and revise, as needed, the Competency Based Model and the application process.

10. **Sexually Violent Predator (SVP) Assessment Committee** **Active**
Committee Chair: Chris Lobanov-Rostovsky

Purpose: The purpose of the Sexually Violent Predator (SVP) Assessment Committee is to work on addressing recent court cases regarding SVP status designation, and consider potential revisions to the protocol and whether to make recommendations for statutory change. The Committee has considered recommendations for a shift from an SVP system of classifying sexual offenders to a risk-based classification system given that the SVP designations is no longer a federal mandate. The Committee meets once per month.

Major Accomplishments: in 2016, ORS has developed a new proposed SVP risk assessment instrument. The SOMB has reviewed this instrument, and provided feedback to the Committee including maintaining the sexual offense history conviction portion of the assessment process (3A). The SOMB has discussed communicating with the Legislature regarding SVP considerations and will be identifying these in the both the 2017 SOMB Annual Legislative Report and report cover letter.

Future Goals: Modify the new proposed SVP risk assessment instrument based on maintaining 3A

(remove sexual offense history convictions from the instrument), and review the modification. The overall goal of this Committee is to implement the new SVP assessment instrument once all modifications and revisions have been made.

11. **Circles of Support and Accountability (CoSA) Advisory Committee** **Active**
Committee Chair: Dianna Lawyer-Brook

Purpose: The purpose of the SOMB Circles of Support and Accountability (CoSA) Steering Committee is to provide support and guidance to the development and implementation of CoSAs in Colorado. This Committee meets once every other month.

Major Accomplishments: The SOMB staff supports the work of Colorado CoSA, who now have 22 offenders in circles, including both probation and parole clients. At this time, CoSA is currently operating in Denver, Boulder, Colorado Springs, Greeley and Fort Collins.

Future Goals: Identify permanent funding for the CoSA program, as it is currently being funded by a time-limited grant, as well as probation and parole discretionary funding. In addition, expansion in the availability of CoSA to other offenders in varying geographic areas across the state will be pursued.

12. **Training Committee (In collaboration with the Office of Domestic Violence Offender Management)** **Active**

Committee Chair: Merve Davies

Purpose: The Training Committee assists with the ongoing identification of training topics and objectives, and provides support in the planning process of long-range and large-scale training event, to include the annual SOMB conference. This Committee also helps define and assess training needs for stakeholders affiliated with the treatment and management of adults and juveniles who have committed sexual offenses. This Committee meets once every other month.

Major Accomplishments: The Training Committee has focused on bringing *Standards* Introduction Trainings and *Standards* Booster Trainings to SOMB providers across Colorado. In addition, trainings have been held on topics such as VASOR and SOTIPS as well as sex offender registration and notification. The SOMB held its 9th Annual SOMB Conference in July of 2016, featuring trainings and panels impacting the management of adult sex offenders and juveniles who commit sexual offenses.

Future Goals: In 2017, the Training Committee is planning trainings that will be impactful to both SOMB providers and DVOMB providers. The Training Committee has sent out the call for papers for the 2017 SOMB Conference that will be held in July. Advanced series trainings are currently being planned for both SOMB and DVOMB providers.

13. **Family Education, Engagement and Support Committee** **Active**
Committee Chairs: Chris Renda and Roberta Ponis

Purpose: The purpose of the Family Support and Engagement Committee is to provide a mechanism for ongoing educational information to offenders' family members and guidance to Community Supervision Teams (CSTs)/Multi-Disciplinary Teams (MDTs) on how to better engage with family members. This Committee meets once per month.

Major Accomplishments: This Committee provided panel presentations to the SOMB to educate them on family engagement. This Committee completed the role of the family representative on the CST and submitted this to the Section 5.000 Committee for inclusion.

Future Goals: The Committee is currently working on drafting an educational document for families to help them better understand the system and what will happen with their loved one, while also working with other agencies such as the Colorado Department of Corrections (CDOC) and the Colorado Judicial Branch to translate what these agencies do for family members.

14. **Sex Offender Registration Legislative Workgroup** **Active**
Committee Chair: Jeff Shay

Purpose: The Sex Offender Registration Legislative Work Group strives to ensure that sex offender registration and community notification is working effectively by addressing system-level concerns of stakeholders. The Committee works with law enforcement to examine and make suggestions for improvements to registry processes. The Committee typically meets quarterly and is made up of law enforcement and registry professionals.

Major Accomplishments: In 2016, the Sex Offender Registration Legislative Workgroup discussed key sex offender registration policy issues including transience, incapacitation and deregistration. The Committee developed a law enforcement survey to gather data on these issues. In addition, this Committee has reviewed the survey data and made recommendations to the SOMB regarding how to address these issue. The Committee continues to identify other key registration issues and concerns while attempting to problem solve within the work group.

Future Goals: Moving forward, the Committee will continue to discuss key registration issues and identify problem areas and potential solutions. This committee will continue to provide input into the work of the Adam Walsh Act (AWA) 2015 Implementation Grant obtained by the Sex Offender Management Unit to work on further registration training for law enforcement personnel, and the integration of COSOR (the state sex offender registry system) and SOTAR.

Appendix F. Summary of standards recommendations for polygraph

Best Practices Committee: Summary of Standards Recommendations for the Adult and Juvenile Standards Revision Committees regarding the use of Polygraph

SOMB charge to the Best Practices committee

- Summarize the research
- Synopsis of our conclusions
- Recommendations in regard to implications for the standards
    - Includes highlighting standards that are not consistent with RNR and other research findings
    - Making recommendations that these standards need to be addressed

There was a consensus on the committee that the current standards do not individualize according to RNR. The significant amount of prescriptive language is inconsistent with the individualized approach of RNR

I. **Prescribed frequency of or duration between polygraph exams**

a. Get away from prescribed time frames. Determine frequency based on risk and needs.
b. Emphasize an individualized approach based on RNR.
c. Establish guidelines for MDT/CST to use when determining frequency. Some possible questions include:

i. What information is being sought by the polygraph and how will this information and the outcome impact or inform the course of treatment/supervision?

ii. Besides Polygraph testing what alternate methods have been utilized or can be utilized to gain this information? What alternate methods can be utilized to address deceptive or inconclusive results?

iii. What risk factors are the teams concerned with and how are these factors connected to the frequency of examination?

iv. What factors are important in ensuring the polygraph examination is consistent with best practices to ensure the highest possible validity and accuracy (e.g., a multi-year maintenance exam on certain risk markers such as use of pornography and contact with children may impact validity and accuracy, etc.)

d. Update suitability criteria and review with APA criteria.
e. Clarify standard 6.230 regard cultural awareness. Discuss sensitivity and how provider matching can help in this area.
f. Possibly consider adding appropriateness criteria similar to those in the juvenile standards. Appropriateness is differentiated from suitability (i.e. responsivity nuances, etc.) (juvenile standard 7.120)- (cross reference VII, c below in this document)

g. Cross reference standards to ensure that the standards uniformly identify an approach that is individualized and based on RNR and there are not pre-determined requirements for a polygraph to be administered or sanctions based on results.

II. Prescribed requirements for progress and outcomes/sanctions based specifically on polygraph results.

a. Clarify and strengthen language stating that decisions/changes/responses should not be based solely on the machine generated results of a polygraph examination (see c.ii. below).
b. Adjustments to treatment/supervision should be based on risk and need as determined by all forms of Clinical Indicators[1i] including; information from pre and post-test interviews, offender behavior and accountability, transparency and engagement in treatment, dynamic risk assessment, information gained during clinical sessions, information provided by family and support systems, and information gained through supervising officer interactions.
c. Provide clarity to teams responding to polygraph outcomes

    i. The MDT/CST should discuss outcomes of the polygraph exam (including information obtained from interviews) and decide on the best course of action

    ii. It may not be suitable that a follow-up examination should be based solely on machine generated results of deception or inconclusive. The team must identify a rational and specific area of concern related to follow up testing. Prior to a second (or follow-up) examination, the MDT/CST shall consider whether any new information has been disclosed that would explain the results of prior exams.

    iii. Emphasize that the MDT/CST's has the discretion to change polygraph examiners. The wording of the standard should not dictate specific criteria/rationale for changing polygraphers so as not to tie the MDT/CST's hands in having complete discretion as professionals to do make this decision

        1. Clarify discussion points, if needed, regarding follow up polygraphs and reasons for and against using the same examiner (6.031B)

III. Assumptions about the risk of the offender based specifically on polygraph results

a. Clarify how a polygraph can and cannot be used
b. Clarify the limitations of polygraph

    i. The ATSA Adult Guidelines Polygraph Appendix may be a good resource in describing how a polygraph can and cannot be used and limitations to the use of the polygraph

    ii. The machine generated results in and of themselves in isolation do not indicate risk without further supporting information

c. Adjustments to treatment/supervision should be based on risk and need as determined by all forms of collateral information including; information from pre- and post-test interviews, information gained during clinical sessions, information provided by family and support systems
d. Clarify the purpose of the polygraph- Explore utilizing "polygraph assisted risk assessment" (Gannon, et al., 2008) as a language that more clearly articulates that we are using the

polygraph to "inform" risk. The standards revision should also have some discussion as to differentiating in a particular case whether the polygraph is being used for treatment, supervision, etc. The Polygraph is an adjunct tool.

IV. Guidance on how to respond to specific polygraph results

a. Eliminate the sanctions grid
b. The CST/MDT must clarify the reason for the polygraph (treatment tool vs supervision tool) and respond accordingly.
c. Clarify that responding to information gained from a polygraph (including the machine generated results) should be based on all forms of data and that responding to concerns about risk and needs should include methods besides polygraph testing.
d. Reiterate that decisions should not be based solely on the machine generated results of the polygraph.

V. What role the polygraph examiner plays on the MDT/CST (core vs adjunct member)

a. Clarify how the polygraph examiner could be utilized in a consultant manner to the MDT/CST when polygraph testing is being considered.
b. Clarify that the polygraph examiner can play a role in discussing case specific issues that may impact the frequency (i.e. the utility of the polygraph at different time intervals based on the information being sought).
c. Clarify that the polygraph examiner can provide information about how a polygraph test can and cannot be used as well as the limitations to testing.

VI. Guidance related to suitability and special considerations for polygraph testing

a. Update suitability criteria
b. Review APA criteria
c. Consider appropriateness criteria
d. Discuss the impacts of medication, trauma, age, and cognitive functioning.

    i. Include medical marijuana as a medication. Address dementia under cognitive functioning. Address minimum age also, adverse childhood experiences and trauma

    ii. In addition to critically examining the current wording in our standards, need to explore what new research is available in these areas.

a. Clarify that suitability, exclusionary, and appropriateness criteria need be evaluated on an on-going basis and prior to each exam. If the team determines suitability and appropriateness and the individual is referred for a polygraph examination the final determination of suitability shall be made by the polygraph examiner. (see juvenile standards 7.110 and 7.160). There is still some confusion about the appropriateness vs. suitability in the juvenile standards. Also that the polygrapher is not a core member of the MDT. Are they a core member of the CST? Does the CST feel like they can make a decision about the use of the polygraph without a polygraph examiners involvement.

VII. Requirements related to content of exams including sex history content areas.

a. Clarify that content areas should be based on risk and need.
b. Clarify that teams can supply the content area and topics of concern but the polygraph examiner is responsible for framing the actual question.

    i. Consider reviewing language from the juvenile standards. 7.130 "The MDT [CST] shall identify question areas for a juvenile's [offenders] exam prior to the scheduling of the exam. This information along with the Sexual History Disclosure Packet shall be referred to the polygraph examiner so that the examiner can formulate suitable questions for the exam based on input from the MDT [CST]."

c. Possible discussion point regarding unnecessarily testing on a content area when it is already known to be a risk area (i.e. asking about number of times someone has engaged in frottage when this is already known to be an area of concern. 25 times vs. 20 times is not going to alter treatment/supervision).
d. Provide clarification regarding whether it is being used as a treatment tool vs. a supervision tool. Possibly consider alternate sections with guidelines for each type of polygraph. Provide cautionary statements around sanctioning when it is used as a treatment tool and information is gained that could aid in treatment (include in this limitations regarding laws and mandatory reporting). Are there different guidelines when the polygraph is being utilized as a treatment vs. a supervision tool? This includes more clearly differentiating maintenance and monitoring polygraphs.

VIII. Appendix with outdated version of ATSA ethical standards

a. Update the appendix with APA guidelines, ATSA guidelines, as well as other general ethical principles related to polygraph testing.

[i] Clinical indicators can be anything that provides information about a client's overall clinical presentation, which may include but is not limited to interviews, quality of treatment participating, polygraph examination results, scores on dynamic risk assessments, psychological evaluation, behavioral observations, and collateral reports.