



COLORADO

Department of Corrections

Priority: R-4

*Sex Offender Treatment Monitoring
FY 2014-15 CHANGE REQUEST*

Cost and FTE

- The Department requests \$1,201,702 General Fund and 13.0 FTE to continue the funding for revamping of the Department's Sex Offender Treatment and Monitoring Program (SOTMP) in FY 2014-15, and \$1,209,082 General Fund and 13.0 FTE in FY 2015-16.

Current Program

- The Sex Offender Treatment and Management Program is a form of mental health treatment with the goal of changing the pattern of behavior of sex offenders who are incarcerated in correctional facilities for sexual offenses. Within the restructured program and current funding levels, the Department serves approximately 550 offenders annually. However, there has been a significant increase in offenders requiring treatment, which has led to a backlog.
- The Department was appropriated \$3,163,351 and 42.8 FTE for the SOTMP in FY 2013-14, and an additional 13.0 FTE and \$956,795 was allocated via a 1331 request for FY 2013-14.

Problem or Opportunity

- Currently, there is a backlog of 1,694 offenders within four years of their parole eligibility date (PED) awaiting required sex offender treatment. In many cases treatment is a necessary condition for Parole and potential release.

Consequences of Problem

- With previous resource levels, the current backlog (July 31, 2013) of 1,694 could take 20 years or more to process.
- With limited resources for treatment, offenders will be incarcerated longer, which will increase costs, and there would be more litigation filed regarding treatment availability. Costs for defending access to treatment litigation would rise substantially.

Proposed Solution

- This request is to annualize funding from the FY 2013-14 1331 supplemental for sex offender treatment within the revamped program, which is based upon recommendations of an independent evaluation requested by the Joint Budget Committee in the 2012 Legislative session. The evaluation was conducted by Central Coast Clinical and Forensic Psychology Services. With the requested FTE, DOC estimates that approximately 120 additional sex offenders will be treated annually.
- Faster treatment times and processing will benefit the State by reducing incarceration costs.

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FY 2014-15 REQUEST
Priority R-4: Sex Offender Treatment Monitoring
Request Detail

Problem or Opportunity:

In FY 2013-14, the JBC approved funding for a Budget Amendment of 2.0 FTE and \$193,658 for the hiring of a Training Manager and a Risk Assessment Psychologist, and in addition approved an additional 13.0 FTE and \$956,795 via a 1331 request for FY 2013-14 to assist with the mounting backlog (July 31, 2013) of 1,694 offenders awaiting required and needed treatment within 4 years of their pending parole eligibility date (PED). Without the continued additional staffing resources of therapists, DOC cannot significantly increase the current caseload of those receiving treatment. By completing treatment, offenders will meet the Sex Offender Management Board (SOMB) parole criteria and potentially result in a release to parole, which ultimately reduces incarceration costs and recidivism.

Background

During the 2012 Legislative session, the Joint Budget Committee (JBC) funded an external program evaluation of the Sex Offender Treatment and Monitoring Program (SOTMP). The study focused on the efficacy and cost-effectiveness of the program and provided recommendations to improve the program. The report was provided to the JBC on February 1, 2013. While the program evaluation provided valuable recommendations for program improvement, there was insufficient time to incorporate them during the Long Bill figure setting process. This continued request is based upon the recommendations from the evaluation conducted by Central Coast Clinical and Forensic Psychology Services.

To ensure that the restructured program met the letter and spirit of the recommendations in the study, the Department engaged Central Coast Clinical and Forensic Psychology Services (the evaluation authors) to participate in the development of an implementation plan for the new program. The key recommendations made by Central Coast for revamping the treatment program and the primary components of the implementation plan are:

- **Measure Risk:** Do a comprehensive evaluation of each offender's regular treatment that includes actuarial assessment and psychological risk factors.
 - **Increase Individualization:** Program should offer two intensity levels of treatment with different duration of timing (dosage), and place offenders in treatment plans based on their measured risk (not mingling different risk populations).
 - **Increase Quality of Therapeutic Relationship:** Increase time for meaningful contact between providers and participants and have a smaller group size.
 - **Increase Access to Treatment:** Increase treatment slots and reduce wait times for treatment.
 - **Recruit Skilled Staff:** Increase the number of therapists to properly implement the program.
 - **Retain Qualified Staff and Provide Training.**
 - **Provide Clinical Oversight and Supervision:** Create a position focused on clinical supervision and training.
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Historic SOTMP funding levels were not in line with caseload demands of sex offenders, creating a mounting backlog of 1,694 offenders awaiting required and needed treatment. One of the Department of Corrections' goals within its Strategic Plan is to increase the number of eligible offenders receiving sex offender treatment by revamping the program based upon the recommendations of the program evaluation and increasing resource levels to begin to reduce the current backlog. To accomplish these goals, DOC is requesting annualization of the 1331 funding approved in June 2013, for FY 2013-14, for the additional staffing resources of eight therapists, two supervisors, two psychologists, and one administrative assistant.

Proposed Solution:

A 1331 supplemental funding request was approved in June 2013 for \$956,795 General Fund to increase staff by 13.0 FTE (accounting for personal services, operating expenses, and polygraph testing). DOC requests an annualization of the funding allocated via the 1331 to continue the revised Sex Offender Treatment Program in FY 2014-15. DOC requests \$1,201,702 General Fund (annualized funding) and 13.0 FTE for FY 2014-15, and \$1,209,082 General Fund and 13.0 FTE FY for 2015-16. Of the 13.0 FTE requested in the 1331, 8.0 FTE are therapists; as of August 31, 2013 a total of 7.0 therapists have been hired. The 1331 funding request was reduced for the polygraph testing by \$100,000. This request includes the approved reduced funding of \$142,931 for polygraph testing, as DOC will be requesting a continued variance to SOMB in October on the requirements of polygraph testing for offenders. In addition, the JBC requested an evaluation of the SOMB to validate the current program criteria requirements. In light of the SOMB evaluation and unknown recommendations made of the SOMB study, there is a potential the plan will be adjusted to meet new criteria.

New Program Criteria

The program evaluation of DOC's Sex Offender Treatment and Monitoring Program (SOTMP) by Central Coast Clinical and Forensic Psychology Services detailed numerous recommendations. The implementation plan, developed in conjunction with the contractor, is attached to this request and categorizes the recommendations into two main topics: program level and staff-related recommendations. Individual recommendations have been grouped together, and some will be noted under both program and staff-related recommendations.

The new program, by virtue of working directly with the authors of the evaluation, considered the same priorities articulated in the final report of the Sex Offender Treatment Evaluation. To focus on the primary priorities, assessment tools are introduced into the program to determine the risk that offenders present, and the necessary intensity and duration of treatment in order to tailor the treatment to specific risk levels. The Department immediately identified and implemented this risk assessment process, beginning with those offenders currently in the Treatment Program. The next priority will be those offenders who are on the waitlist for treatment, and then those offenders who are parole eligible. DOC is committed to ensuring that risk assessments are initiated on all offenders as well as all future DOC sex offenders entering the department.

A central tenet to the revamped program is that offenders will be assigned to sex offender treatment based on the risk assessment. The Study also recommended a modification to the individualized treatment plans and the further development thereof. This eliminates the "one size fits all model" that had been used in the

past and was observed in the evaluation. The amount of time offenders spend in each phase of treatment has been modified and tailored to offender risk assessment placement and their corresponding needs; treatment length is an average, and the length of time needed to complete the Sex Offender Management Board (SOMB) criteria will vary from offender to offender. There will be opportunities for some offenders to progress quicker through the program and quickly meet SOMB criteria if they are ambitious. In addition, the program curriculum changes will ensure all seven SOMB criteria required for program compliance will be met in the Phase I treatment, which previously required all offenders to attend Phase I and Phase II.

The standard criteria offenders must meet for program compliance are: 1) the offender must be actively participating in treatment and applying what he or she is learning; 2) they must have a complete full disclosure of their sexual history as verified by a non-deceptive polygraph assessment of his or her deviant sexual history; and, 3) a comprehensive Personal Change Contract, which is a relapse prevention plan approved by the SOTMP team; 4) at a minimum, one approved support person who has participated in SOTMP family/support education; 5) relapse prevention as verified by an recent monitoring polygraphs and no institutional acting out within one year; 6) be compliant with any DOC psychiatric recommendations for medication, which may enhance his or her ability to benefit from treatment and or reduce his or her risk of re-offense; and, 7) be able to be supervised in the community without presenting an undue threat. There are some variances to the required criteria based upon length of sentence.

The Sex Offender Program content is being enhanced based on the evaluation recommendations. The Department has established focus groups to redesign program content for new groups and to assure that all levels of treatment will allow the offender to meet the SOMB criteria.

The Implementation plan detailed full action steps and resource needs for the plan to be successful. The Department received additional resources in the FY 2013-14 Figure Setting based on the evaluation's recommendations. The Department hired a Training Manager and a Risk Assessment Psychologist. The Training manager is a skilled therapist to train clinical staff, observe group treatment sessions, and provide feedback to individual therapists, clinical managers, and the central office about the quality of the treatment. The Risk Assessment Psychologist is a psychologist who will conduct additional risk assessments.

The Department is also developing comprehensive training plans for existing staff and new employees in collaboration with Central Coast. The training program for existing staff began in March with training on the therapeutic relationship and writing individualized treatment plans for offenders in SOTMP. Training initiatives include Motivational Interviewing skills, Partners for Change Outcome Management System (PCOMS) refresher training, risk assessment instrument usage, and others.

Consequences if the request is not funded

Several possible consequences may result if this annualized request is not funded:

- The current backlog would not be reduced, even though the programs will be completely revamped based on risk level and length of anticipated treatment for each risk group.
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- Based upon the current pace of at which the Department can process offenders through treatment with existing FTE, DOC estimates that the current backlog of 1,694 could take 20 years or more to work through.
- There may be more litigation filed regarding treatment availability. Costs for defending access to treatment litigation would rise substantially.
- Incarceration cost savings will not be realized as fewer sex offenders will be seen as good candidates for parole.

No statutory changes will be necessary to 16-11.7-101 C.R.S., 18-1.3-1001 C.R.S., or 18-1.3-1006 C.R.S.

Anticipated Outcomes:

Currently there are approximately 384 offenders in the treatment program at various stages. These offenders have had the risk assessment completed, and of those, 291 will be able to participate in the restructured Phase I program to complete all seven SOMB required criteria. Consequently, this revamped program will focus on the offenders completing the SOMB criteria, as the revised curriculum was completed August 1, 2013.

With the increased number of therapists, the revamping of the program curriculum, and the incorporation of a risk-based approach to treatment duration, DOC anticipates there will be a reduction of the current backlog of 1,694 offenders (measured as of July 31, 2013). (See Table 2 in the Appendix for an estimate of how sex offenders can be treated annually.) Currently lifetime supervision offenders are prioritized for participation in treatment. Due to limited resources, determinate sentenced sex offenders are being released to the community without the benefit of treatment, increasing the risk to public safety when they are released. The increase in therapists will assist in allowing additional offenders to receive treatment over time, thus reducing the backlog and providing treatment before release (see Table 2, Appendix).

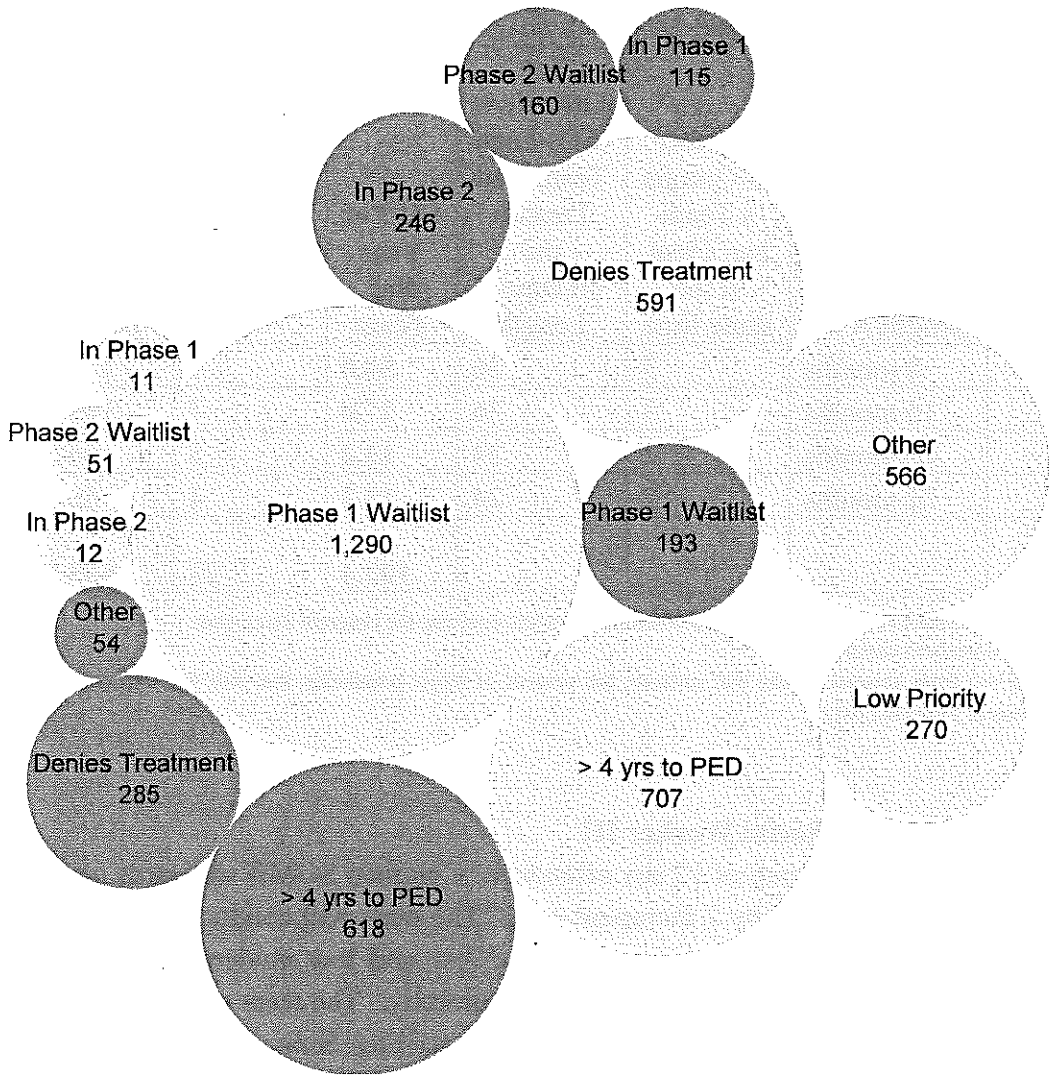
Assumptions and Calculations:

Offenders will be given treatment Phase assignments based on risk assessment scores. There will be a “core” treatment program that all risk level offenders will complete, with offenders separated by risk categories. All sex offenders will participate in Phase I; the Moderate High and High risk sex offenders will complete more intense programming in Phase II and/or Therapeutic Community (TC). All offenders will meet SOMB criteria for successful progress in treatment unless sentencing determines release prior to successful completion.

The Sex Offender Treatment Program’s participation requirements and prioritization require the offender to be within four years of their PED. Currently (July 31, 2013), there are 1,694 incarcerated sex offenders on the waitlist that are within four years of their PED (Table 1).

This request is for the continued funding that was received in FY 2013-14 for the personal services of 13.0 FTE, operating, and polygraph funding for the revised SOTMP program. (See Tables 3 to 6 for associated costs for total FTE)

Appendix:



Sentence Type

- ◻ Determinate
- ◼ Lifetime

Shown here are all inmates in state or private prisons with assessed sex offender needs (S3-5) divided by sentence type (determinate or lifetime). Within each sentence type, offenders are categorized by whether they are in treatment (Phase 1 or Phase 2/Maintenance) or on the waitlist (Phase 1 or Phase 2). Offenders who are not in treatment or on the waitlist are deniers refusing to participate in treatment, have more than 4 years until their parole eligibility date (PED) and thus are not prioritized for treatment, or are new prison admissions needing assessment ("Other").

Table 1 ~ Sex Offender Population Treatment Waitlist Within 4 Years of PED

Required Need	Determinate	Lifetime Sex Offender	Total
Phase 1	1,290	193	1,483
Phase 2	51	160	211
Totals Phase 1 & 2	1,341	353	1,694

Table 2 ~ Based Upon each Team (2 Counselors) doing 3 group sessions for Low and Moderate Risk and 2 groups for High and Moderate/High Risk at the same time

Assessed Risk Levels*	Treatment Length/AVG	Number of Groups a Team can Treat at the same time	Sex Offenders (SO) Each Team Can Treat in the Treatment Length	SO Per Year Per Team	Proposed Teams ~23	SO Treated Per Year ~ 23 Teams
Low 30.1%	8 months	3	36	54.0	7	378.0
Low/Moderate 58.2%	16 months	3	36	27.0	7	189.0
Moderate/High 7.6%	22 months	2	24	13.2	5	66.0
High 4.1%	22 months	2	24	13.2	4	52.8
Total SO Treated Per Year for 4 Teams				107.4	23	685.8

NOTE: Assumption used in determining the year to eliminate backlog is 500 new offenders entering the program every year. Based on these assumptions, it will take 8.6 years to eliminate.

*The risk levels used in this calculation are from normative data that estimate the percent of target population that will fall into each risk category. Source: Hanson, Lloyd, Helmus & Thorton (2012)

Therapists for all phases of the program ~ Social Worker III

Each team of (two therapists) will conduct a group of 12 sex offenders. Colorado SOMB standards set the maximum number of offenders for groups co-led by 2 therapists at 12. The team will conduct three or two groups concurrently, depending on the risk level of treatment. The low and low moderate teams will conduct three groups and the higher risk groups will conduct two concurrently. The team of therapists are required to spend time in evaluations, screenings, group preparation, reading homework assignments, documenting treatment contacts, consultation and training with correctional staff, consultation with offenders' family members, supplemental individual therapy, crisis intervention, monitoring offenders with mental illness, psychiatric appointment facilitation, on-call mental health coverage at multiple facilities, sexually violent predator (SVP) assessments, preparing for and conducting due process administrative reviews, Parole Board and community corrections reports, attending Parole Board hearings and community corrections interviews, and monitoring group members' behavior. The Department is requesting the continued funding of 8.0 FTE Therapist III's –the equivalent of four teams—who are fully licensed, board-approved therapists (required for providing treatment).

Therapist and Operational Supervision ~ Social Worker IV

The requested expansion will result in a need for additional supervision. The Department is requesting the continued funding of 2.0 FTE Supervisor IV's to review and supervise the therapists for half of their time, and conduct their own sessions for the other half.

Mental Health Offense Specific Evaluations ~ Psychologist I

The SOMB Standards require comprehensive offense-specific evaluations on each offender participating in treatment. As the offender nears completion of Phase I, each will be re-evaluated to re-determine the risk level for determination of additional treatment required. This will require face-to-face meetings, file reviews, documentation gathering, psychological testing and interpretation, and report writing. The Psychologists will provide training for therapists on the administration of the assessment tools and will assist offenders by identifying and directing them to locations where they can participate in treatment during the intake process back into DOC (returning offenders). The Department is requesting the continued funding of 2.0 FTE Psychologists who will be assigned full time to sex offender risk assessment evaluations and training.

Program Support ~ Administrative Assistant III

The additional therapists and supervisors will result in a need for additional administrative support. For implementation, the Department is requesting the continued funding of 1.0 FTE Administrative Assistant to maintain the additional workload of caseload files.

Table 3 ~ FTE Requested and Monthly Salary		
Position	FTE Requested (Total)	Monthly Salary
Social Worker Therapist III	8.0	\$5,004
Social Worker Therapist IV	2.0	\$5,379
Administrative Assistant III	1.0	\$3,921
Psychologist I	2.0	\$6,809
Total Annualized (Partial 9.0 FTE)	13.0	

Table 4 ~ Sex Offender Treatment Subprogram Personal Services Summary								
FY 2014-15								
	FTE	Personal Services	HLD	STD	AED	SAED	Total Request	
Social Worker Counselor III	8.0	\$536,109	\$38,853	\$836	\$19,215	\$18,014	\$613,027	
Social Worker Counselor IV	2.0	\$144,071	\$9,713	\$225	\$5,164	\$4,841	\$164,014	
Administrative Assistant III	1.0	\$52,510	\$4,857	\$82	\$1,882	\$1,764	\$61,095	
Psychologist I	2.0	\$182,373	\$9,713	\$284	\$6,537	\$6,128	\$205,035	
Total	13.0	\$915,063	\$63,136	\$1,427	\$32,798	\$30,747	\$1,043,171	

Table 5 ~ Sex Offender Treatment Subprogram Personal Services Summary								
FY 2015-16								
	FTE	Personal Services	HLD	STD	AED	SAED	Total Request	
Social Worker Counselor III	8.0	\$536,109	\$38,853	\$836	\$21,137	\$20,416	\$617,351	

Table 5 ~ Sex Offender Treatment Subprogram Personal Services Summary

FY 2015-16							
Social Worker Counselor IV	2.0	\$144,071	\$9,713	\$225	\$5,680	\$5,487	\$165,176
Administrative Assistant III	1.0	\$52,510	\$4,857	\$82	\$2,070	\$2,000	\$61,519
Psychologist I	2.0	\$182,373	\$9,713	\$284	\$7,190	\$6,945	\$206,505
Total	13.0	\$915,063	\$63,136	\$1,427	\$36,077	\$34,848	\$1,050,551

The Department assumes the following detailed assumptions for FTE calculations:

- FTE requests are based 12 months of salary for FY 2014-15.
- Salaries are calculated at the mid range level rate per the proposed FY 2013-14 compensation plan outlined in Table 3.
- PERA is calculated at 10.15%.
- Medicare is calculated at 1.45%.
- Health, Life, and Dental is calculated at \$4,856.64 annually.
- Short-term Disability is calculated at 0.174%.
- AED is calculated at 4.0% for FY 2014-15 for paid months, and 4.4% for FY 2015-16 for paid months.
- SAED is calculated at 3.75% for FY 2014-15 for paid months, and 4.25% for FY 2015-16 for paid months.
- Operating expenses are calculated at 12 months for FY 2014-15.

Table 6 ~ FTE Continued Operating Expenses

	FTE	Operating Expense Per FTE	FY 2014-15 & FY 2015-16
(1)(C) Inspector General ~ Drug Testing	13.0	\$25	\$325
(3)(D) Communications ~ Telephone	13.0	\$450	\$5,850
(3)(F) Training ~ Supplies	13.0	\$25	\$325
(3)(G) Information Systems	13.0	\$200	\$2,600
(4)(E) Sex Offender Treatment ~ Supplies	13.0	\$500	\$6,500
Total		\$1,200	\$15,600

Polygraph Testing

The Colorado Sex Offender Management Board Standards (SOMB) and Guidelines for the Assessment, Evaluation, Treatment, and Behavioral Monitoring of Adult Sex Offenders require sexual offender treatment providers to utilize polygraph assessment and monitoring of sexual offenders to monitor internal controls and compliance with external controls. The polygraph test is part of the offender's treatment test to pass the polygraph and is administered by contractors who go to the facilities to administer the test. The Department currently is not funded adequately for the increased sex offenders participating in the expanded program. As a result, DOC is requesting the continued funding received for the FY 2013-14 1331 of \$142,931 in GF (\$250 for each test administered). In October 2013, DOC will be requesting a continued

variance to SOMB for reduced requirements of polygraph testing for offenders. In addition, if the SOMB standards are modified for polygraph testing, the Department will make those adjustments in funding in the next budget cycle.

Table 7 ~ Request Summary					
	FY 2014-15			FY 2015-16	
	FTE	Total Request		FTE	Total Request
(1)(A) Executive Director's Office					
Health, Life, and Dental		\$63,136			\$63,136
Short-term Disability		\$1,427			\$1,427
S.B. 04-257 Amortization Equalization Disbursement		\$32,798			\$36,077
S.B. 06-235 Supplemental Amortization Equalization Disbursement		\$30,747			\$34,848
Total		\$128,108			\$135,488
(1)(C) Inspector General					
Operating Expenses		\$325			\$325
Total		\$325			\$325
(3)(D) Communications					
Operating Expenses		\$5,850			\$5,850
Total		\$5,850			\$5,850
(3)(F) Training					
Operating Expenses		\$325			\$325
Total		\$325			\$325
(3)(G) Information Systems					
Operating Expenses		\$2,600			\$2,600
Total		\$2,600			\$2,600
(4)(E) Sex Offender Treatment					
Personal Services	13.0	\$915,063		13.0	\$915,063
Operating Expenses		\$6,500			\$6,500
Polygraph Testing		\$142,931			\$142,931
Total Sex Offender Treatment	13.0	\$1,064,494		13.0	\$1,064,494
Total Request	13.0	\$1,201,702		13.0	\$1,209,082

References

Hanson, R.K., Helmus, L., & Thornton, D. (2010). Predicting recidivism among sexual offenders: A multi-site study. *Law & Human Behavior, 34*, 198-211.

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