



# 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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# EXECUTIVE SUMMARY

Pursuant to Section 16-11.7-109 (2), C.R.S.,<sup>1</sup> this legislative 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: Evidence- and Research-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 Sexual Offenders

### *The Risk-Need-Responsivity (RNR) Principles (Evidence-Based Practice)*

The SOMB reported upon these principles in the 2014 Annual Legislative Report and have begun efforts to explore how the Adult Standards and Guidelines can be enhanced by more explicitly integrating these principles. Evidence supporting the RNR principles are grounded in high-quality and generalizable research from the broader criminological literature. Numerous studies have documented the RNR<sup>2</sup> principles as an evidence-based practice amongst several different populations of offenders (Prendergast et al., 2013; Hanson & Yates, 2013).

**UPDATE:** Following the evaluations conducted in 2013, the SOMB has convened the Adult Standards Revision Committee in order to review and revise the Adult Standards and Guidelines. This committee has reviewed an extensive amount of research related to the RNR principles and have begun revising the *Adult Standards and Guidelines*. The committee has made proposed revisions to the Introduction and the Guiding Principles.

<sup>1</sup> 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.

<sup>2</sup> The Risk-Need-Responsivity-Integrity (RNR) principles assert: Risk - services provided to offenders should be proportionate to the their relative level of static and dynamic risk based upon accurate and valid research-supported risk assessment instruments; Needs - interventions are most effective if services target criminogenic needs (both social and psychological factors) that have been empirically associated with future sexual re-offending; Responsivity - effective service delivery of treatment and supervision requires individualization that matches the offender's culture, learning style, and abilities, among other factors.

Additionally, revisions to Section 3.500 were made in 2014 to provide a more comprehensive framework for the issue of denial and how it relates to risk, treatment, supervision, and community/victim safety using current research. The SOMB, in collaboration with the Division of Probation have launched a statewide initiative to provide training on the VASOR (a static risk assessment scale) and the SOTIPS (a dynamic risk and needs assessment scale). A total of eight trainings were conducted with approximately 500-600 attendees. These trainings were conducted over the course of the first six months of 2014 by national trainers Dr. Bob McGrath and Ms. Georgia Cumming. The SOMB has hosted two national trainers who have conducted RNR trainings.

### ***Treatment Effectiveness and Recidivism***

Overall, the meta-analytic literature to date suggests that the treatment and management of adult sexual offenders may be effective. Studies examining sexual recidivism<sup>3</sup> demonstrate that the rates typically range between 5% and 30% in a five-year time-at-risk period (English, Retzlaff, & Kleinsasser, 2002; Hanson & Morton-Bourgon, 2007; Helmus, Hanson, Babchishin, & Mann, 2013).

The sexual recidivism rate<sup>4</sup> found in the 2011 SOMB Adult Standards and Guidelines Outcome Study was less than 1% in the first year following successful discharge from supervision, and 2.6% in the three years after successful discharge from supervision (Dethlefsen & Hansen, 2011).

**UPDATE:** The SOMB has launched a new and innovative training curriculum titled “Is Your Program Effective?” This training is designed to educate service providers on the fundamentals of program evaluation and provide them with tools to evaluate the efficacy of their own programs. Service providers have gained from this training an understanding of program theory, program integrity, current and emerging evidence-based practices and the skills to build and validate a logic model of their own program.

### ***Trauma-Informed Care***

- Recent developments in the literature regarding treatment for sexual offenders have advanced the theoretical and applied use of Trauma-Informed Care (TIC). TIC is central to enhancing responsivity to treatment amongst sexual offenders by considering the individual context within which early traumatic experiences may have contributed to the development of poor cognition, social deficits and maladaptive behaviors.

<sup>3</sup> Recidivism rates vary depending upon the length of follow-up period, the type of recidivism measured and the relative level of risk. Studies use inconsistent definitions based upon the availability of data that makes drawing conclusions difficult.

<sup>4</sup> Recidivism was defined in this evaluation as the occurrence of new court filings within one year and within three years of termination of supervision. This includes both district and county filings (Denver county data were not available for this study). These data are based on Colorado filings as out-of-state data were not available.



- There is evidence to suggest that a certain subset of sex offenders are exposed to some degree of early traumatic experiences (Reavis, Looman, Franco, & Rojas, 2013; Weeks and Widom, 1998; Lalumière, & Seto, 2009)
- TIC is an emerging treatment approach that for some offenders offers a more holistic process for addressing their traumatic history.

### ***Young Adults - Neurobiology and Treatment Efficacy***

Through years of research the sex offender management field has learned how adults differ from juveniles in a number of important ways (Riser et al., 2013). The research to date indicates that the neurological development of adolescent youth continues into young adulthood until the age of 25 (Teicher, 2002; Siegel, 2006; Perry, 2006; Burton et al., 2010).

**UPDATE:** As a result of this research, the SOMB created and approved the Young Adult Modification Protocol for teams handling young adults between ages 18-25. The Protocol provides an overview of this emerging research and provides CSTs and MDTs flexible parameters for applying appropriate interventions under either the Adult or Juvenile Standards and Guidelines. Regional policy updates began in 2014 and will continue in 2015.

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

#### ***Recidivism Rates for Juveniles Who Have Committed Sexual Offenses***

The literature regarding juveniles who commit sexual offenses suggests that sexual recidivism rates range from 7% to 19% depending upon the length of follow-up period, the type of recidivism measured and the relative risk level of the youth sampled (Reitzel & Carbonell, 2006).

A recent analysis in Colorado conducted by the SOMB compared probation outcomes prior to and after the implementation of the Juvenile Standards and Guidelines. The results indicate that after the Juvenile Standards and Guidelines were implemented the sexual recidivism<sup>5</sup> rate (8.0% to 2.3%) and the violent, non-sexual recidivism rate (10.9% to 5.2%) for the sample both decreased by 5.7% from the rates for the sample prior to the implementation of the Juvenile Standards and Guidelines. These recidivism rates are consistent with literature<sup>6</sup> to date (Caldwell, 2010; McCann & Lussier, 2008; Reitzel & Carbonell, 2006; Worling & Langstrom, 2006).

<sup>5</sup> Recidivism was defined in this evaluation as the occurrence of new court filings within one year and within three years of termination of supervision. This includes both district and county filings (Denver county data were not available for this study). These data are based on Colorado filings as out-of-state data were not available.

<sup>6</sup> The literature regarding juvenile recidivism typically documents intervention-based outcome studies using a pre- and post-design to determine program effectiveness. There are no known studies that evaluate a systemic intervention approach such as that utilized in the Standards and Guidelines. Therefore, caution must be exercised in comparing the Juvenile Standards and Guidelines Outcome Study and other research.

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

### *Polygraph Examinations*

- The polygraph is widely used as an assessment and adjunct treatment tool nationally. A 2009 national survey of community-based adult (79.4%, n = 330) and adolescent (50.5%, n = 275) treatment programs found that a majority of adult programs and half of juvenile programs used the polygraph (McGrath et al., 2010).
- The use of the polygraph is a contentious issue in the field with debates about its ethical, policy, and practice implications (Chaffin, 2011).
- According to the Center for Sex Offender Management (2008), the polygraph has emerged as a tool that may substantially improve the management of individuals who have committed sex offenses.<sup>7</sup> Many practitioners agree that the polygraph has been shown to be useful as an adjunct treatment and supervision tool (Gannon, Beech, & Ward, 2007; McGrath et al., 2010).
- The information obtained from the polygraph also serves as the means by which important services can be delivered to previously undisclosed victims.

### **Section 2: Policy Analysis Recommendations**

The Policy Analysis Section consists of a literature review of the empirical research on key sex offender management public policy issues. For the purposes of this report, specific policy issues are examined in order to highlight areas that the Legislature may wish to consider for possible policy and legislative initiatives and enhancements.<sup>8</sup> The following sex offender management public policy issues were identified by SOMB members for review:

### *Sex Offender Registration and Notification (SORN) Classification Systems*

The SOMB hereby recommends that following:

#### **Recommendation**

- 1) Remove the SVP designation and replace the existing classification scheme with a three-level (i.e. Level 1, 2, and 3), risk-based classification system based for adult sex offenders upon the use of a new actuarial risk assessment instrument (developed by ORS in conjunction with the SOMB, or an existing instrument such as the Static-99).
- 2) 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.

<sup>7</sup> CSOM serves as a national center for information and technical assistance to state and local jurisdictions in the effective management of sex offenders. The center was originally formed by the Office of Justice Programs, the National Institute of Corrections (NIC), and the State Justice Institute (SJI) in order to synthesize and disseminate research and effective practices to the field.

<sup>8</sup> SOMB members who wanted to identify sex offender management policy issues for further study were encouraged to identify those issues. Professionals outside the SOMB and members of the public could also propose a specific policy issue for board members to undertake if a SOMB member was willing to support the analysis. The SOMB staff in collaboration with each SOMB member gathered research and best practice literature on the topic, and identified potential policy alternatives for consideration by the Legislature.

- 3) Implement the new risk-based classification scheme as of the date of the legislation with no retroactive provision.
- 4) 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.
- 5) Make the risk classification information available to law enforcement for tracking registrant purposes, and provide the public with information on higher risk registrants. Community notification meetings may still be performed at the discretion of law enforcement agencies for higher risk registrants.
- 6) Ensure that information released to the public on registrants is consistent across state and county websites. Make reference on the websites to the availability of information on juveniles and misdemeanants via a paper list from local law enforcement or the Colorado Bureau of Investigation. Prohibit entities that obtain a copy of the paper list of all registered sex offenders from posting that list on a website, as this causes confusion for the public on why similar information is not available from state and county websites.
- 7) Develop specific criteria to broaden judicial decision making (and evaluator recommendation) in waiving the registration requirement for certain juveniles.
- 8) Develop a process whereby the Court can limit the public accessibility of registration information on certain juveniles under certain circumstances based upon set criteria.
- 9) 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.
- 10) Alternative public education mechanisms from community notification meetings regarding sexual offenders and offenses should be developed and implemented.

### ***Transient Sex Offenders***

The Sex Offender Management Board (SOMB) recognizes the community safety importance in holding registered sex offenders accountable and ensuring the accuracy of registration information that is provided to law enforcement and the public. The Colorado State Legislature took steps to address this issue in 2012 with the passage of H.B. 12-1346. While clearly not resolving all problems related to the registration of offenders who lack a fixed residence, the bill attempted to balance the competing interests of registrant accountability and sensitivity to the unique issues presented by truly homeless sex offenders. While some jurisdictions continue to refuse to register offenders who lack a fixed residence, many of the law enforcement jurisdictions who responded to an online survey conducted by the SOMB appear to be managing this function effectively and report enhanced accountability for this registration population as a result. A significant concern expressed by law enforcement agencies is the suspicion that some registrants are registering as lacking a fixed residence when in fact they do have a residence but do not wish to disclose this information for various reasons (e.g., not wanting this address on the state sex offender registry, not having told the person with whom they live of their registrant status, etc.).

### Recommendation

The above concerns notwithstanding, given the findings of the annual survey of law enforcement, the SOMB is not recommending any change in the statute related to registration for those who lack a fixed residence. However, the SOMB does support the legislature exploring a more general adjustment to the registration statute based upon a change that took place with the passage of H.B. 11-1278. Within this legislation, the requirement that a registrant deregister (e.g., complete a registration cancellation form) was deleted as a requirement. This has created a significant problem for law enforcement and prosecutors in terms of holding registrants accountable for changing their registration address when they move from one jurisdiction to another. Now, the only way to know if a registrant moves is if they lawfully register in a new jurisdiction and notification is made by the new jurisdiction to the prior jurisdiction. This does not always happen and therefore, law enforcement is spending a great deal of resources trying to track offenders who have moved to a new jurisdiction and may in fact be lawfully registered.

In addition, this impacts registrants who change registration status from registering to residence to lacking a fixed residence, or vice versa. Relying on the registrant to provide this notification hampers offender tracking. Given that law enforcement has expressed significant concern regarding this deleted provision, the SOMB supports the legislature exploring the issue of deregistration further in order to fully address the potential public safety implications.

### *Geriatric and Aging Sex Offender Populations*

There is limited research to date regarding geriatric sex offenders. The available research does appear to suggest that treatment options for geriatric sex offenders require a differential approach to their risk and needs. While some have argued that this population is suitable for treatment, there are no known validated risk assessment instruments specific to geriatric sex offenders. Moreover, clinical evidence suggests that some of the typical characteristics of an aging and geriatric population present unique challenges for treatment and supervision requirements (Hart, 2008). For example, clients with dementia may be more prone to forget requirements of a safety plan or the terms and conditions of probation. As a result, with limited engagement, it is difficult for the therapist to establish a therapeutic alliance and develop an adequate treatment plan, making treatment challenging.

### Recommendation

Whether as a result of an indeterminate or lengthy determinate sentence, or a conviction for a sexual offense committed in the latter stages of life, geriatric sex offenders represent a small segment of a growing public safety problem. The following are identified as policy implications for geriatric sex offenders:

- 1) Based on the Risk, Need, Responsivity (RNR) Principles, treatment and supervision must be based upon the specific risk and needs of geriatric sex offenders, and provided in a manner that is responsive to the specific characteristics and limitations of this population. The Adult Standards and Guidelines Revisions Committee should address

the unique needs of this population as part of the ongoing RNR adjustments to the *Standards and Guidelines*.

- 2) As the number of geriatric sex offenders increase, additional housing and care facility resources will be needed. Such resources must be equipped to manage the unique needs of geriatric sex offenders and provide for the safety of other potentially vulnerable residents. Education may be needed both to provide for the safety of all residents as well as to encourage these resources to be willing to provide services for geriatric sex offenders.
- 3) Sex offender supervision and treatment requirements, including sex offender registration, may need to be adjusted or scaled back should a geriatric sex offender become physically or mentally incapacitated. Treatment providers, supervision officers, and law enforcement officers should be provided discretion to make appropriate adjustments without having to violate statutory mandates.

### Section 3: Milestones and Achievements

Over the course of 2014, the SOMB accomplished many of its strategic goals through the collaboration of multiple stakeholders. The following highlights some of the many achievements.

- Revised and prioritized the SOMB strategic plan based-upon the results of the External Evaluation and the statewide focus groups conducted in 2013.
- Convened 18 SOMB committees that functioned at some point in 2014, and approved new initiatives and revisions (e.g., such as the Competency-Based Treatment Provider Approval Model). Several new committees were convened to address specific projects related to the strategic plan such as the Adult Standards Revisions Committee, the Continuity of Care Committee and policy issues related to SVP (relationship criteria).
- Convened a Family Support and Engagement Committee which held two informational panels for the Board, and distributed a survey through offender advocacy groups, criminal justice agencies, and approved providers that asks families of an adult or juvenile who has committed a sexual offense to share their experiences with the criminal or juvenile justice system.
- Revised Section 3.500 – Managing Offenders in Denial. Updates to Section 3.500 provide a more comprehensive framework for the issue of denial and how it relates to risk, treatment, supervision, and community/victim safety using current research. There is mixed and sometimes conflicting research regarding denial as a risk factor for sexual re-offense. In addition to incorporating more current research, the denial revisions provide direction to

*The SOMB conducted **64 trainings** to over **1,450 attendees** which included a three-day statewide conference to over 300 attendees in Breckenridge. Presentations were conducted by **national speakers** to learn more about RNR, and evidence- and research-based practices. Additionally, this included trainings geared toward the statewide implementation of two risk assessment instruments: the **VASOR-2** and **SOTIPS**.*

Community Supervision Teams and provide evaluators and treatment providers with more authority in determining an offender's level of denial. More detailed descriptions of denial were added to clarify the differential classifications. Of importance, the revisions to Section 3.550 no longer prohibit Level 3 Severe deniers from being referred from community based supervision and treatment.

- Made efforts to increase visibility of victim issues and input on Standards revisions, reviewed research on best practice for victim needs, and provided board training and presentations.
- The SOMB conducted 64 trainings to over 1,450 attendees which included a three-day statewide conference to over 300 attendees in Breckenridge. Presentations were conducted by national speakers to learn more about RNR, and evidence- and research-based practices. Additionally, this included trainings geared toward the statewide implementation of two risk assessment instruments: the VASOR-2 and SOTIPS.
- Approved 40 new providers; reviewed 132 re-applications for provider approval; and processed 22 provider status-changes.
- Helped conduct three community notifications (CN) in Fort Collins, Jefferson County and Westminster and provided ongoing technical assistance around the state.
- Revised the provider re-application process to streamline workflow and increased oversight by implementing Standards Compliance Reviews (SCR).
- Developed an Implementation Model to ensure that new policies, revisions to the *Standards and Guidelines* and other changes are operationalized in the field with fidelity.
- The SOMB received 25 complaints during FY14 made against approved providers and disposed of 17 cases. During FY14, there were two founded complaints, one adult and one juvenile. Both treatment providers were removed from the list of approved providers. For FY15, the SOMB has received 14 complaints. Thus far, three complaints have been disposed of with no founded complaints at time of this publication.
- Initiated the Program Evaluation Training Curriculum – a project aimed at building capacity among approved treatment providers to evaluate their practices and outcomes in both the residential and community settings.
- Continued to provide board members and other interested stakeholders with research and literature including monthly journal articles, literature reviews in preparation for any *Standards and Guidelines* revisions, trainings by national leaders in the field for Colorado stakeholders, and research and best practice presentations as part of SOMB meetings.
- Published the 2014 Legislative Report and the 2014 Lifetime Supervision of Sex Offenders Annual Report.

# INTRODUCTION

## Purpose

Pursuant to Section 16-11.7-109 (2), C.R.S.,<sup>9</sup> this legislative 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 within the field of sex offender management; and
2. A policy analysis of legislative issues impacting the field of sex offender management that the Legislature may wish to review for potential statutory change.

Communicating these research- and evidence-based practices in concert with the policy analysis offers a broader perspective on the impact to public safety, and endeavors to ensure that policies and practice are consistent with the research literature to date.

Finally, this report documents the year-end milestones 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 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 (Standards and Guidelines)* were originally drafted by the SOMB over a period of two years and were first published in January 1996. The *Standards and Guidelines* apply to convicted adult sexual offenders under the jurisdiction of the criminal justice system. The *Standards and Guidelines* are designed to establish a basis for systematic

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<sup>9</sup> 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.

management and treatment of adult sex offenders. The legislative mandate of the SOMB and the primary goals of the *Standards and Guidelines* are to improve community safety and protect victims.

The *Standards and Guidelines* were subsequently revised in 1998, 1999, 2008 and 2011 for two reasons: (1) address omissions in the original *Standards and Guidelines* that were identified during its implementation; and (2) adopt research- or evidence-based practices consistent with the literature in the field of sex offender management. Various sources of information have generated new insights into best-practices that subsequently require periodic revision of the Standards.

In 2000, the Colorado General Assembly amended and passed legislation (section 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 have committed sexual offenses. The legislative mandate to the SOMB was to develop and implement methods of intervention for juveniles who have committed sexual offenses, recognizing the need for standards specific to these youth. The *Standards and Guidelines for the Evaluation, Assessment, Treatment and Supervision of Juveniles who Have Committed Sexual Offenses (Juvenile Standards and Guidelines)* were first published in 2003, and were subsequently revised in 2008, 2011, and 2014. As with the *Adult Standards and Guidelines*, the *Juvenile Standards and Guidelines* continue to hold public safety as a priority, specifically the physical and psychological safety of victims and potential victims.

The *Adult and Juvenile Standards and Guidelines* 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 and Guidelines* support a comprehensive range of therapeutic modalities and interventions, along with behavioral monitoring strategies for improved supervision based on risk. This systemic approach fulfills a two-fold purpose: (1) manage and reduce sexually abusive risk behavior, while also (2) promoting protective factors that enable an offender's success in all facets of their rehabilitation.

To operationalize this construct, the *Standards and Guidelines* 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 adult or juvenile. To be effective, this approach to managing adult sex offenders and juveniles who have committed sexual offenses 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 CST or MDT. This enhances not only public safety but the supervision and accountability of the adult or juvenile. A coordinated system for the management and treatment of adult sex offenders and juveniles who have



committed sexual offenses is consistent with the containment approach, and thereby enhances the safety of the community and the protection of victims and potential victims.

The *Adult and Juvenile Standards and Guidelines* are based on research and best practices known to date for managing and treating adult sex offenders and juveniles who have committed sexual offenses. To the extent possible, the SOMB has based the *Standards and Guidelines* 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 and Guidelines*. The SOMB will continue to modify the *Standards and Guidelines* periodically on the basis of new empirical findings.

In part, the SOMB stays current on research through the work of the 12 committees that are currently active (6 committees completed their work and are inactive). These committees meet on a regular basis and report back to the SOMB with relevant research and best practice to inform potential modifications to the *Adult and Juvenile Standards and Guidelines*. The following is a list of the currently active SOMB committees:

- Adult Standards Revision Committee
- Juvenile Standards Revision Committee
- Best Practices Committee
- Victim Advocacy Committee
- Circles of Support & Accountability (COSA) Committee
- Sex Offender Registration Legislative Work Group
- Application Review Committee
- Female Sex Offender Committee
- School Personnel Reference Guide Committee
- Sexually Violent Predator (SVP) Assessment Committee
- Domestic Violence/Sex Offense Crossover Committee
- Continuity of Care

In addition to a review of the national and international research and best practices related to sex offender treatment and management, the SOMB also actively conducts its own research to enhance the capabilities and knowledge of a wide-range of professionals. While this research is primarily directed at improving clinical assessment, treatment and supervision systems, it is also a source for policy evaluation and identification of lessons learned.

### **Report Organization**

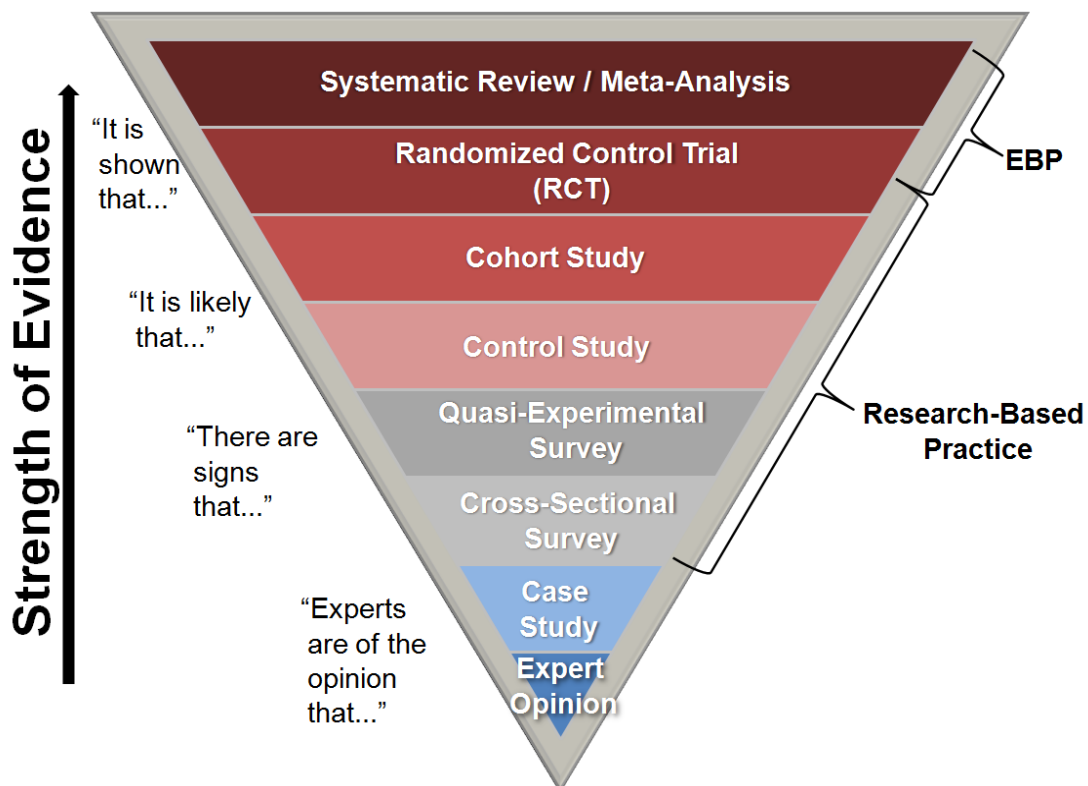
This annual legislative report consists of four different sections. The first section provides a summary of the current and relevant literature concerning research- and evidence-based practices. The second section highlights specific policy issues impacting the field of sex offender treatment and management. The third section highlights the achievements of the SOMB. The final section provides the future goals and directions of the SOMB.

# SECTION 1: EVIDENCE- AND RESEARCH-BASED PRACTICES

## What is an evidence-based practice (EBP)?

Within the field of adult sexual offender treatment and management, the interest in EBP is increasing. However, research is not conducted equally to the same standard. According to Boruch and Petrosino (2007), establishing a particular program or practice as evidence-based requires specific research requirements to be met. The levels of evidence in research studies dictate that a systematic review, meta-analysis or a research synthesis are the most reliable methods for determining if a practice is evidence-based by combining the empirical outcomes of multiple studies. While evidence-based practices (EBP) have emerged as an essential tenet to establishing the degree to which interventions are effective, *few studies* have systematically evaluated sex offender treatment and management strategies. Alternatively, research-based practices are grounded in some level of research, but not to the degree that would satisfy the definition of evidence-based. Figure 1 illustrates the conventional hierarchy used for assessing the quality of the research design employed within a specific study. It is through these methodological considerations that a determination of whether or not a certain practice is research-based or an EBP.

Figure 1. Evidence Hierarchy in Research



To identify the most current research- and evidence-based practices to date, the SOMB conducted multiple literature reviews. Evaluation of the research and best practice literature for this report followed a structured inclusionary criteria. With the exception of broad literature reviews, it is preferable to review studies having a research orientation and using well-defined empirical data. Peer-reviewed meta-analyses, quasi-experimental design studies and any study that utilized a more robust research design received greater emphasis in this report. Alternatively, theoretical studies that lacked either quantitative or qualitative data (or both) were given less emphasis or not considered.

### **Best Practices for the Treatment and Management of Adult Sexual Offenders**

Establishing the degree to which services are effective is an essential part in improving public policies aimed at reducing the risk for future sexual re-offense by identified adults who have committed sex offenses. While significant advancements have been made in identifying research- and evidence-based practice, few studies have examined the outcomes of therapeutic services systematically. Thus, emerging research provides encouragement for the field that effective interventions can lower risk with individuals who have committed sexual offenses.

*The Risk-Need-Responsivity (RNR) Principles.* The SOMB reported upon these principles in the 2014 Annual Legislative Report and have begun efforts to explore how the *Adult Standards and Guidelines* can be enhanced by more explicitly integrating these principles. Evidence supporting the RNR principles are grounded in high-quality and generalizable research from the broader criminological literature. Numerous studies have documented RNR as an evidence-based approach among several different populations of offenders (Sperber, Latessa & Makarios, 2013). The RNR principles assert:

1. Risk - services provided to offenders should be proportionate to their relative level of static and dynamic risk (i.e., low, moderate or high risk) based upon accurate and valid research-supported risk assessment instruments (Bonta & Wormith, 2013);
2. Needs – interventions are most effective if services target criminogenic needs (both social and psychological factors<sup>10</sup>) that have been empirically associated with future sexual re-offending; and
3. Responsivity – effective service delivery of treatment and supervision requires individualization that matches the offender’s culture, learning style, and abilities, among other factors.

The theoretical construct of the RNR model was developed using the research of Andrews and colleagues (1990), which identified differential characteristics among offenders require differential responses by the criminal justice system. According to Levenson (2014), RNR

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<sup>10</sup> These include: sexual preoccupation, sexual preference for children, sexual interest in coercion/violence, multiple paraphilias, offense-supportive attitudes, emotional congruence with children, intimacy deficits, grievance thinking/hostility, self-regulation problems, poor problem-solving, resistance to rules and supervision, and negative social influences (See, for example, the CCCFPS external evaluation in Attachment A).

“adapts an intervention protocol to match the client’s criminogenic needs, risk factors and motivation level, while addressing personal characteristics that may interfere with the ability to embrace and engage in treatment” (pg. 11). Subsequent meta-analyses have provided further confirmation that adherence to these principles translates into greater program effectiveness in recidivism reduction (Andrews and Bonta, 2010). Based upon a recent meta-analysis conducted by Hanson et al. (2009), there is some evidence to suggest that these principles (when implemented correctly) can translate into similar outcomes for sex offender treatment programs.

*Risk.* Reliably assessing an offender’s risk for recidivating is a critical piece towards effectively rehabilitating an offender while simultaneously protecting community safety. The RNR framework begins with the risk principle whereby research-based assessment tools are utilized to identify both static<sup>11</sup> and dynamic<sup>12</sup> risk factors. Over the past few decades, the field has shifted from therapists using clinical judgment to assess offender risk to using structured risk assessment instruments that measure static and dynamic factors empirically validated by research (Craig, Dixon & Gannon, 2013). Recent research has suggested that combining both dynamic and static risk assessment instruments can improve the accuracy of risk assessment over an assessment using only static or dynamic risk assessment (McGrath, Lasher, & Cumming, 2012; Bonta & Wormith, 2013). Validated static risk assessment tools for adult sexual offenders include the STATIC 2002-R, MnSOST-R, VASOR-2, Risk Matrix 2000/Sexual and SORAG. Conversely, dynamic risk assessment tools for adult sexual offenders include: the SRA, the Stable 2007, Acute 2007, and the SOTIPS.

The Division of Probation Services decided in 2013 to standardize the use of the VASOR-2 (static risk assessment instrument) and the SOTIPS (dynamic risk assessment instrument) across all probation offices statewide. The SOMB, in collaboration with the Division of Probation Services, coordinated a statewide initiative to provide trainings<sup>13</sup> to probation and parole officers, community corrections case managers, and SOMB approved providers on the use of these instruments. Full implementation of the use of these instruments was completed in the summer of 2014.

The benefits of using both static and dynamic risk assessments are two-fold: (1) these instruments provide the added capability of assessing ongoing risk while an offender progresses through treatment and supervision; and (2) the intensity of treatment and supervision can be tailored to distribute resources such that those offenders who are the highest risk receive the greatest amount. Alternatively, lower risk offenders may theoretically receive a lesser dosage of treatment and reduced supervision if they remain low risk during the course of treatment.

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<sup>11</sup> Static risk factors are fixed characteristics that cannot be changed or modified (e.g. - individual’s criminal history, date of birth, etc).

<sup>12</sup> Dynamic risk factors are those characteristics which may change over time such as social skills, employment, personality traits and others. Dynamic factors are commonly identified into two classifications: stable and acute. Stable dynamic risk factors are those characteristics of an offender that are relatively constant such as established behaviors or personality traits, but still flexible to treatment interventions. Equally, acute dynamic risk factors are highly changeable (somewhat circumstantial)

<sup>13</sup> Training on the VASOR 2<sup>nd</sup> Edition and SOTIPS was conducted by Bob McGrath and Georgia Cumming, while training on the JSOAP-II was conducted by Sue Righthand.

While the literature regarding RNR emphasizes the notion that high-risk offenders should receive the greatest amount of resources, there remains significant debate surrounding how to adequately treat and manage low risk offenders (Hanson & Yates, 2013). In short, an overestimation of risk results in inefficient use of resources while an underestimation of risk places victim safety and community in jeopardy for re-offense. There is no empirical formula supported by research demonstrating to what degree lower-risk sex offenders should receive treatment and supervision. Issues of adequate dosage, intensity of treatment and supervision and iatrogenic effects have been documented by the literature as significant concerns (Sperber et al., 2013). Additionally, it is important to note that that these instruments predict the relative risk of aggregate samples and evaluators should not overlook contextual issues of each offender individually.

*Need.* The needs of an offender, as defined by the RNR principles, indicate that services should target criminogenic needs that are empirically associated with recidivism. These factors are dynamic meaning that they may change over time and are likely to generate the most impact in terms of recidivism reduction (Andrews & Bonta, 2010). According to Andrews and Bonta (2006), criminogenic need factors consist of the *Central Eight* defined in the table below.

*Table 1. The Central Eight Criminogenic Risk/Need Factors*

<b>Risk Factor</b>	<b>Risk</b>	<b>Dynamic Need</b>
1. History of Antisocial Behavior*	Early and continuing involvement in a number and variety of antisocial acts in a variety of settings	Build noncriminal alternative behavior in risk situations.
2. Antisocial Personality Pattern	Adventurous pleasure, weak self-control, restlessly aggressive	Build problem-solving skills, self-management skills, anger management and coping skills
3. Antisocial Cognition	Attitudes, values, beliefs and rationalizations supportive of crime; cognitive emotional states of anger, resentment, and defiance; criminal versus anti-criminal identity	Reduce antisocial cognition, recognize risky thinking and feeling, build up alternative less risky thinking and feeling, adopt a reform and/or anti-criminal identity
4. Anti-social Associates	Close association with criminal others and relative isolation from anti-criminal others; immediate social support for crime	Reduce association with criminal others, enhance association with anti-criminal others
5. Family and/or Marital Factors	Two key elements are nurturance and/or caring and monitoring and/or supervision	Reduce conflict, build positive relationships, enhance monitoring and supervision
6. School and/or Work Instability	Low levels of performance and satisfaction in school and/or work	Enhance performance, rewards, and satisfaction
7. Leisure and/or Recreation	Low levels of involvement and satisfaction in anti-criminal leisure pursuits	Enhance involvement, rewards and satisfaction.
8. Substance Abuse	Abuse of alcohol and/or other drugs	Reduce substance abuse, reduce the personal and interpersonal supports for substance-oriented behavior, enhance alternatives to drug abuse

Source: Andrews & Bonta (2010)

Despite the promising research supporting this framework for sex offenders, RNR has been criticized for narrowly focusing on criminogenic needs and overlooking the benefits of protective factors<sup>14</sup> such as those highlighted by the Good Lives Model (GLM) (Ward, Mann & Gannon, 2007; Ward & Stewart, 2003). Some have argued that this over-emphasis on risk and need in the RNR framework does not allow for more holistic approach to treatment (Laws & Ward, 2011). The Good Lives Model (GLM) proposes a holistic framework premised upon a strengths-based approach to treatment (Ward & Brown, 2004; Ward & Gannon, 2006; Ward, Mann, & Gannon, 2007). The cornerstone of this model is the notion of self-regulation and that rehabilitation is most effective when offenders develop and build upon 11 primary goods. These include personal characteristics such as healthy living; educational or vocational fulfillment; pro-social attitudes; a sense of community and relatedness; and spirituality, among others. Thus, according to Thakker, Ward, and Tidmarsh (2006), working with these “primary goods” to treat potential pathways to sexual re-offense ultimately shifts the focus from a risk management approach to one that is goal-oriented and positive.

It is important to note, however, that empirical validation of GLM is still needed. For example, the preliminary examination of GLM conducted by Harkins and colleagues (2012) offered promising results from a programming perspective, but lacked any recidivism data.

*Responsivity.* The degree to which an offender is responsive to treatment and supervision is equally important to the effectiveness of that intervention. The responsivity principle calls for treatment and supervision to be tailored in a way that will maximize the engagement of the offender (Looman, Dickie, & Abracen, 2005). Emerging evidence suggests that the responsivity principle is a very important factor in the RNR framework given that it seeks to integrate the offender into the model. Conceptually, responsivity includes both external and internal characteristics that foster the greatest engagement in treatment. Internal components include everything that relates to the offender, including his or her family, community, type of placement, and relationship with a provider, as well as the peers with whom he or she associates. External components include the therapist and the clinical setting (Looman, Dickie, & Abracen, 2005).

The concept of the therapeutic alliance is a core concept of the responsivity principle and provides a more clinical approach to engaging offenders, sustaining their motivation in treatment, and building a rapport between the client and the therapist. A therapeutic alliance between the therapist and the client consists of three core elements: (1) an agreement on the treatment goals, (2) collaboration on the tasks that will be used to achieve the goals, and (3) an overall bond that facilitates an environment of progress and collaboration (see for example, Flinton & Scholz, 2006; Levenson, Prescott & D’Amora, 2010; Marshall et al., 2002; Polaschek & Ross, 2010; Schneider & Wright, 2004; Ross, Polaschek, & Ward, 2005). Research supporting the therapeutic alliance<sup>15</sup> has been shown to aid with client retention and overall

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<sup>14</sup> Protective factors are characteristics or attributes of an individual, family or community that aid in the therapeutic process by mitigating risk and enhancing support systems.

<sup>15</sup> A therapeutic alliance between the therapist and the client consists of three core elements: (1) an agreement on the treatment goals, (2) collaboration on the tasks that will be used to achieve the goals, and (3) an overall bond that facilitates an environment of progress and collaboration (see for example, Flinton & Scholz, 2006; Levenson, Prescott & D’Amora, 2010; Marshall et al., 2002; Polaschek & Ross, 2010; Schneider & Wright, 2004).

outcomes in treatment in the broader clinical literature (Horvath & Huborsky, 1993; Horvath & Symonds, 1991).

*Implementation Science.* Integrity is an important facet to the RNR principles. Evidence-based practices require an evidence-based approach in order to implement those practices consistently and effectively (Fixsen et al., 2005). Studies examining program integrity (also known as implementation science) show outcomes are linked to how an intervention, model or practice is being implemented. These findings are not exclusive to the criminal justice system. Rather, disciplines ranging from the medical field to public education have come to similar conclusions (Fixsen et al., 2005). Structured programs tend to have the highest program integrity which in turn can lead to more effective outcomes (Gendreau & Goggin, 1996). On the other hand, a practice applied in a milieu that lacks programmatic structure can significantly mitigate the effectiveness of the intervention considered to be evidence-based. However, strict adherence to a practice by itself does not always equate to an effective intervention. The reasons for lack of program structure can vary, but typically relate to issues of inadequate training, poor supervision practices, conflicting demands and staff turnover. By way of example, in Hanson et al. (2009) meta-analysis, only 3 of 23 programs were determined to have sufficiently met the RNR criteria. Additionally, the results showed that roughly 16% met all three principles, with implementation of the responsivity principle having the least fidelity across the 23 programs (Hanson et al., 2009).

Challenges associated with adopting and implementing the RNR principles are due in part to their complexity (Polaschek, 2012). Large scale implementation of the RNR framework has been problematic in other countries. The United Kingdom and Australia have both documented issues with developing systematic protocols that have manualized the RNR principles. The implementation of RNR has been problematic as the spirit of RNR is to promote the individualization of treatment and supervision. Several authors have noted that standardizing service delivery is necessary for research purposes; however, it can generate unintended consequences by interfering with a clinician's ability to individualize treatment plans accordingly (Levenson & Prescott, 2007; Marshall, 2009).

*Treatment Effectiveness.* Research investigating the underlying effectiveness of treatment indicates that sexual recidivism is generally reduced based upon the type, intensity, and duration of treatment. Several meta-analyses found considerable decreases to recidivism rates (by as much as 37%) for treated adult sexual offenders (Losel & Schumucker, 2005). According to Hanson et al. (2002), the sexual recidivism rate for treated sexual offenders was 9.9% as compared to 17.4% for untreated sexual offenders. Alternatively, a few studies have also shown no treatment effect (Furby, Weinrott, & Blackshaw, 1989; Hanson, Broom, & Stephenson, 2004; Marques et al., 2005; Schweitzer & Dwyer, 2003) with little to no significant differences in recidivism between treated and untreated groups (Hanson, Broom, & Stephenson, 2004; Marques, Wiederanders, Day, Nelson, & van Ommeren, 2005). Researchers have often attributed the lack of significant treatment effects on poor methodological designs, small sample sizes and issues related to data quality (Långström et al., 2013). However, when the samples from individual studies are aggregated together using meta-analyses, such as in Losel &

Schumucker (2005), the results show that the treatment and management of adult sexual offenders may be effective.

*Recidivism.* Studies examining sexual recidivism demonstrate rates that the rates typically range between 5% and 30% in a five-year time-at-risk period (English, Retzlaff, & Kleinsasser, 2002; Hanson, Babchishin, & Mann, 2013; Hanson & Morton-Bourgon, 2007; Helmus). The sexual recidivism rate found in the 2011 SOMB Adult Standards and Guidelines Outcome Study was less than 1% in the first year following successful discharge from supervision, and 2.6% in the three years after successful discharge from supervision (Dethlefsen & Hansen, 2011). Recidivism rates vary depending upon the length of follow-up period, the type of recidivism measured and the relative level of risk. More recently, Hanson et al. (2014) published a meta-analysis that provided evidence that high risk sex offenders may not remain high risk for throughout their lifetime. Analyzing an aggregated sample of 7,740 sexual offenders over a 20 year follow-up period, the findings revealed that the rate of sexual recidivism significantly decreased after the first few years post-release. High-risk sex offenders in the sample who remained offense-free in the community for 10 years post-release recidivated at a rate of 4.2% during the remaining 10 year follow-up period. The findings indicate that sexual recidivism is highest during the first few years post-release. There were limitations to this study that should be noted. Hanson et al. (2014) acknowledges that the “nature of the supervision conditions of the offenders in the current study were not fully known”. Additionally, these findings are based on official criminal records, and undetected and unreported sexual offenses are not included. There was limited information on why these high-risk sex offenders desisted over time. Hanson et al. (2014) recommends additional research on this subject.

It is important to note, however, that recidivism rates are not indicative of true reoffense rates. This is due to the fact that not all offenses are detected. Hanson, R.K & Morton, K. & Harris (2003) posit, “A reasonable estimate would be that the actual recidivism rates are at least 10% to 15% higher than the observed rates (based on the assumptions that 60% (or less) of recidivists commit 5 (or fewer) new offenses over a 20-year period and that the probability of detection is 15% per offense).” In fact, few sexual offenses are ever reported to law enforcement authorities. Only 19 percent of adult female rape victims reported being assaulted, while adult male victims reported only 13 percent of the time (Tjaden & Thoennes, 2006). It is estimated that more than 84 percent of adult rape victims in Colorado are not reported to law enforcement in Colorado (Colorado Department of Public Health and Environment and the Colorado Coalition Against Sexual Assault, 1999).

*Trauma-Informed Care.* Recent developments in the literature regarding treatment for sexual offenders have advanced the theoretical and applied use of Trauma-Informed Care (TIC). TIC is central to enhancing responsivity to treatment among sexual offenders by considering the individual context within which early traumatic experiences may have contributed to the development of poor cognition, social deficits and maladaptive behaviors. According to Levenson (2014), “TIC is a model of service delivery that incorporates evidence about the prevalence and impact of early trauma on behavior across the lifespan” of an offender (p. 9). Levenson (2014) argues that current practices often neglect an offender’s own developmental



history by excessively focusing on cognitive and behavioral modalities. As such, it is important to review the literature that discusses some of the implications associated with TIC.

There is evidence to suggest that a certain subset of sex offenders are exposed to some degree of early traumatic experiences. In a recent study, Reavis, Looman, Franco, & Rojas (2013) collected survey data<sup>16</sup> from a sample of child abusers, domestic violence offenders, sex offenders and stalkers (n = 151) regarding their adverse childhood experiences. The results indicated sex offenders had significantly higher reports of childhood adversity compared to the general population. In another study, increased rates of childhood neglect (18%), sexual abuse (26%) and physical abuse (67%) were reported by sex offenders (Weeks and Widom, 1998). In a meta-analysis conducted by Jespersen, Lalumière, & Seto (2009), findings indicated that sex offenders (n = 1037) were approximately three times more likely than non-sex offenders (n = 1762) to have been sexually abused. The phenomenon of trauma among sexually abusive youth has also been established as well (Burton, 2008; Burton et al., 2010).

A history of trauma does not justify or excuse acts of sexual violence but it has importance for purposes of treatment and supervision. It is also critical to verify the history. There is research that documents the percentage of self-reported victimization by sex offenders decreases when verified by polygraph examination (Hindman, 2001). Further, several research studies have demonstrated that sexual abuse is not predictive of risk for committing future sexual offenses. While most victims of sexual abuse live law-abiding and productive lives, it is still unclear how prevalent a history of victimization is within the offender population (Burton, 2008; Centers for Disease Control and Prevention, 2013b; Hunter, 1990; Jespersen, Lalumière, & Seto, 2009). This presents some significant challenges to therapists in terms of integrating an offender's individual history of abuse through the treatment process.

Trauma can be an impediment to an offender's ability to progress in treatment for a myriad of reasons. Proponents of TIC call for offense specific therapy to place equal importance on the content as well as the process of engaging the offender in treatment. Sex offenders with traumatic histories may initially or periodically resort to maladaptive coping strategies in order to manage distress or communicate with others (Singer, 2013). This interference can hinder clinical efforts to establish a therapeutic alliance. However, using a safe environment, service providers can view and respond to maladaptive behaviors while taking into consideration the context of an offender's individual traumatic experiences. Service providers can similarly model healthy communication and respectful boundaries, helping the offender "recognize negative interaction patterns, learn and generalize new skills, enhance their interpersonal relationships and improve their general well-being" (Levenson, 2014, p. 16-17). Some offenders in need of

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<sup>16</sup> The Adverse Childhood Experiences (ACE) study was a collaborative research study between the Centers for Disease Control and Prevention (CDC) and Kaiser Permanente that provided evidence of the prevalence of early trauma (Centers for Disease Control and Prevention, 2013b). The study began in 1997 and was designed to collect etiological data about childhood adversity and its relationship to adult health outcomes. A total of 17,337 participants who sought health services from Kaiser Permanente participated in the study (Felitti et al., 1998). The sample was 54% female, 75% white, with an average age of 57. Data were collected via a 10-item survey developed from existing scales and literature related to abuse (emotional, physical and sexual), neglect (emotional and physical) and household dysfunction (domestic violence, divorce and the presence of a substance-abusing, mentally ill or incarcerated member of the household). One's ACE score reflects the total number of adverse experiences endorsed by that individual.

TIC may be inadvertently re-traumatized if confrontational modalities of treatment are employed unnecessarily by service providers.

TIC is an emerging treatment approach that for some offenders offers a more holistic process for addressing their traumatic history. By incorporating an offender's abuse history, TIC strives to maximize offender engagement throughout the entire treatment process so that behavioral change is not only achieved but sustained. It is important to consider childhood adversity in the development of high-risk behaviors. However, more research is required to demonstrate the effectiveness of TIC with sex offenders.

*Young Adults – Neurobiology and Treatment Efficacy.* Through years of research, the sex offender management field has learned that adults differ from juveniles in a number of important ways (Riser et al., 2013). New questions have emerged regarding young adults (e.g., ages 18-25), questioning how to effectively treat and supervise this unique population (Riser et al., 2013; Langstrom et al., 2000). The young adult population presents some significant challenges to age-based legal classifications of young adults in the criminal justice system. In Colorado when a juvenile reaches the age of 18, the criminal justice system automatically treats them as an adult even if their behavioral and cognitive functioning is under-developed (Center for Sex Offender Management, 2014).

The criminological literature offers little empirical research regarding the young adult population. What is known to date about young adults is derived from the emerging adulthood literature. As youth mature from adolescence into young adulthood, a myriad of socio-ecological and cognitive factors contribute to their development (CSOM, 2014). Specifically, the research to date indicates that the neurological development of youth continues into young adulthood through the age of 25 (Teicher, 2002; Siegel, 2006; Perry, 2006; Burton et al., 2010). As a result, policymakers and practitioners have responded by searching for innovative ways to assess, treat and manage young adults in order to meet their risks and needs appropriately. Given these implications, the SOMB developed the *Young Adult Modification Protocol* (discussed further in a later section of this report) in 2014. This *Protocol* provides guidelines regarding assessment, treatment, and supervision practices with emerging adults who have committed sex offenses.

At the same time, the Center for Sex Offender Management (CSOM) recently published a paper regarding young adults, "Transition-Aged Individuals who have Committed Sex Offenses: Considerations for the Emerging Adult Population." CSOM serves as a national center for information and technical assistance to state and local jurisdictions in the effective management of sex offenders. The center was originally formed by the Office of Justice Programs, the National Institute of Corrections (NIC), and the State Justice Institute (SJI) in order to synthesize and disseminate research and effective practices to the field. This document is much more comprehensive, but mirrors the essential elements included in the *Young Adult Modification Protocol*. Both of these documents provide general and specific guidelines for best-practices in the assessment, evaluation, treatment and supervision of young adults.

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

The literature concerning juveniles who have committed sexual offenses shows significant differences between this population and adult sexual offenders (Burton et al., 2010). The literature regarding juveniles who commit sexual offenses suggests that sexual recidivism rates range from 7% to 19% depending upon the length of follow-up period, the type of recidivism measured and the relative risk level of the youth sampled (Reitzel & Carbonell, 2006). In addition, a recent analysis in Colorado conducted by the SOMB compared probation outcomes prior to and after the implementation of the *Juvenile Standards and Guidelines*. The results indicate that after the *Juvenile Standards and Guidelines* were implemented, the sexual recidivism<sup>17</sup> rate (8.0% to 2.3%) and the violent, non-sexual recidivism rate (10.9% to 5.2%) for the sample both decreased by 5.7% from the rates for the sample prior to the implementation of the *Juvenile Standards and Guidelines*. These recidivism rates are consistent with the literature<sup>18</sup> to date (Caldwell, 2010; McCann & Lussier, 2008; Reitzel & Carbonell, 2006; Worling & Langstrom, 2006). Thus, many have concluded that juveniles who have committed sexual offenses are more likely to recidivate for a non-sexual offense rather than a sexual offense (Reitzel & Carbonell, 2006; Vandiver, 2005). While the treatment efficacy research to date is mixed, generally low recidivism rates suggest that “many juveniles who commit sexual offenses [can] to move to a non-abusive, healthy and normative path of development” (Leversee & Powell, 2012:19-2 to 19-3).

*Treatment Services.* The EBP literature for juveniles who have committed sexual offenses is limited given the lack of sufficient research to make such a determination. To date, however, general support has been found for treatment (Caldwell, 2010; Reitzel & Carbonell, 2006; Vandiver, 2005). There is evidence for the use of cognitive-behavioral treatment (CBT) and Multi-Systemic Therapy for youth with Problem Sexual Behaviors (MST-PSB) (Borduin, Henggeler, Blaske, & Stein, 1990; Reitzel & Carbonell, 2006). CBT is considered a standard sex offense specific treatment intervention for youth (Walker, McGovern, Poey, & Otis, 2004), while MST has also been shown to be both cost- and clinically-effective with the juvenile population (Borduin, Henggeler, Blaske, & Stein, 1990; Letourneau, et al., 2009). Additionally, the broader literature regarding delinquent youth has found Multi-Family Group Therapy (MFGT) to be an EBP, but this intervention has not been specifically studied with sexually abusive youth (Nahum & Brewer, 2004).

*Promising Approaches.* Other promising therapeutic models have recently emerged for treating sexually abusive youth. Models such as the Holistic Model have been theorized in the literature, but have yet to be empirically validated to meet the evidence-based criteria (Leversee and Powell, 2012). In short, this approach attempts to integrate traditional risk management

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<sup>17</sup> Recidivism was defined in this evaluation as the occurrence of new court filings within one year and within three years of termination of supervision. This includes both district and county filings (Denver county data were not available for this study). These data are based on Colorado filings as out-of-state data were not available.

<sup>18</sup> The literature regarding juvenile recidivism typically documents intervention-based outcome studies using a pre- and post-design to determine program effectiveness. There are no known studies that evaluate a systemic intervention approach such as that utilized in the Standards and Guidelines. Therefore, caution must be exercised in comparing the Juvenile Standards and Guidelines Outcome Study and other research.

strategies (relapse prevention) with a more strengths-based treatment approach, including components related to the youth's health, educational or vocational fulfillment, pro-social attitudes, a sense of community, and spirituality, among others. These components foster a more positive and goal-oriented approach treatment.

Further, both the RNR model and the GLM as described for adults may have similar application to sexually abusive youth; however, these models have been studied minimally with adolescent populations (Hanson et al., 2009). Given the developmental diversity of the juvenile population, the application of individualized approaches such as RNR and GLM may be conducive for treating and managing youth, but will need further research demonstrating their effectiveness.

*Risk Assessment.* To be effective, treatment in general is reliant upon the degree to which problematic sexual behaviors can be identified, measured, and assessed accurately (Fanniff & Becker, 2006). To date, juvenile risk assessment instruments have not been empirically validated, and are instead considered to be empirically guided. Martinez, Flores, and Rosenfeld (2007) studied the J-SOAP-II, finding it to be accurate in predicting general and sexual reoffending along with treatment compliance; there was significant correlation with the total score, but not the individual subscales of the J-SOAP-II. Worling, Litteljohn, & Bookalam (2012) found that the ERASOR accurately predicted sexual reoffending in the short-term (2.5 years) using the "present" clinical judgment ratings, the total score, and the sum of risk factors. However, Hempel, Buck, Cima, and Marle (2011) found limited to no predictive validity in a study of the J-SOAP-II, the J-SORRAT-II, and the ERASOR. Even with some promising results, the accuracy of these risk assessments should be viewed with caution. Despite these limitations, the development of these instruments is a positive step for the field.

*Other Research-Based Practices.* The results of the 2013 Juvenile Standards and Guidelines Outcome Study indicated positive findings associated with the presence of the MDT for a juvenile (Hansen, 2013). The presence of a school representative on the MDT was linked to better treatment/supervision outcomes for juveniles. Further, the use of the post-adjudication polygraph examination increased after implementation of the *Juvenile Standards and Guidelines*, and juveniles taking polygraph examinations were more likely to successfully complete probation. However, higher numbers of polygraph examinations were associated with treatment failure, but this finding is confounded by the fact that higher risk youth generally receive more polygraph exams. Furthermore, when a youth's family was involved in the treatment process, the likelihood of treatment success increased four-fold (Hansen, 2013). Unfortunately, comparing cases from FY 1999 and FY 2007, there was no greater involvement of family members in the juvenile's case after the *Juvenile Standards and Guidelines* were implemented.

Data collected from focus groups during the Study found that professionals believe the *Juvenile Standards and Guidelines* are helpful to them, and they noted the value of the MDT in promoting consistency, adding a school representative to the decision making process, and providing clarity and support to the family and the youth. Barriers to full implementation of the *Juvenile Standards and Guidelines* included the difficulties associated with ensuring victim

representation on the MDT and the lack of local services in rural areas of the state (Hansen, 2013).

Questions persist regarding identifying and implementing EBP that address the complex issues related to juveniles who commit sexual offenses. In Colorado, the SOMB has integrated numerous perspectives into the *Juvenile Standards and Guidelines*. Yet, more research is required to study the variety of practices, policies and procedures related to the effective evaluation, assessment, treatment, and supervision of juveniles who have committed sexual offenses. The core components that first defined the *Juvenile Standards and Guidelines* remain unchanged, but have evolved to incorporate new and innovative practices—many of which are either research-based or evidence-based—enabling it to be an effective management strategy.

### **Best Practices for the Treatment and Management of Adults and Juveniles who Commit Sexual Offenses**

*Polygraph.* The polygraph is widely used as an assessment and adjunct treatment tool nationally. A 2009 national survey of community-based adult (79.4%, n = 330) and adolescent (50.5%, n = 275) treatment programs found that a majority of adult program and half of juvenile programs used the polygraph (McGrath et al., 2010). According to the CSOM (2008), the polygraph has emerged as a tool that may substantially improve the management of individuals who have committed sex offenses. The polygraph is typically used in combination with treatment to accomplish the following:

- 1) Assess the individual on offending history (frequency, duration, victim type),
- 2) Monitor treatment and supervision compliance by obtaining information about whether the youth is currently engaging in high risk behaviors or reoffending,
- 3) Obtain details about the crime of conviction (relieving the victim of providing this information),
- 4) Serve as a mechanism for deterring a juvenile from reoffending, and
- 5) Allow for interventions and treatment to be offered to previously undisclosed victims.

The use of the polygraph is a contentious issue in the field with debates about its ethical, policy, and practice implications (Chaffin, 2011). Proponents of the polygraph argue that its use is analogous to urinalysis testing with substance abuse treatment clients, and its use reduces secret keeping, promoting an honest therapeutic alliance. Anecdotal information suggests it helps clients move through the “denial phase” of treatment. This progression past the denial phase is a valuable outcome since offenders who are in denial about their offenses do not typically engage in and comply with treatment (Hunter & Figueredo, 2000; Maletzky, 1996). In practice, the polygraph is an aid in obtaining a complete picture of the risk—or lack of risk (Gannon, Beech, & Ward, 2007). In fact, Gannon, Beech and Ward (2007:29) conclude that there is “reasonable evidence supporting polygraph use in some areas of risk assessment.” Opponents believe the instrument is intrusive, potentially inaccurate, and its use may undermine the therapeutic relationship, potentially eroding the juvenile’s progress in treatment (Vess, 2011). There is no significant body of research to support these assertions either.

The early onset of the sexually assaultive behavior combined with the (relatively long) duration from onset to detection reflects the fact that these crimes occur in secret and few victims report the crime. According to the National Crime Victimization Survey (Truman and Planty, 2012), 27% of sexual assaults of individuals over the age of 12 were reported to law enforcement. Moreover, child victims—the typical victim of juveniles with sexual behavior problems—are the least likely to report the crime. Saunders et al. (1999) analyzed data from a national survey of women and found that only 12% of child sexual assaults were reported to authorities (law enforcement or social services). Smith et al. (2000), studying disclosure of childhood sexual assault, found 28% never reported the abuse until the research interview, and 47% did not tell for 5 years. Finkelhor et al. (1990), analyzing data from a national survey of adult men and women sexually assaulted as children found 33% of women and 42% of men never reported the abuse until the research interview. These low victim reporting rates mean that official records considerably underestimate the actual occurrence of sex offenses.

In a recent study published by the Office of Juvenile Justice and Delinquency Prevention in the U.S. Department of Justice, Van Arsdale et al. (2012) studied the use of the polygraph with 60 sexually abusive youth. Their results showed a significant increase in both the number and types of victims disclosed using the polygraph. This victim information is critical to the assessment process. The authors concluded: "...the fact that a substantial proportion (40%) of new disclosures revealed child victims aged 6 or younger, many of whom were family members, suggests that polygraph testing may directly impact community safety" (page 74). In a 2003 study of 109 juveniles under supervision in Colorado (Colorado Division of Criminal Justice, 2003), consistent with Van Arsdale et al. (2012), youth disclosed more victims and more types of victims (family, friend, stranger), and many supervision/treatment violations. Perhaps the most important finding was the disclosure of eight previously unknown sibling victims. The siblings had not reported the victimizations even though the youth was in treatment for sexual abuse. The disclosure of these victims allowed them to receive needed services. Additionally, Emerick and Dutton (1993) studied the use of the polygraph on 76 adolescents and found the median age of onset for contact offenses to be age 13, with an average of 3.5 years from first contact offense to detection. Their results also provide evidence that juveniles can have abused a variety of different victims (also known as cross-over) when compared to official records and self-report data. The research on the polygraph related to juveniles is limited, however.

The use of the polygraph with both adults and juveniles convicted or adjudicated of sex crimes can be traced in part to an influential study by Abel and colleagues (Abel & Rouleau, 1990; Abel et al., 1987; Abel et al., 1988) that found that more than half (53.6%) of 561 adult men who sought voluntary assessment/treatment reported (under a federal certificate of confidentiality) engaging in sexually abusive behaviors before the age of 18. The group that reported onset of sex offending behaviors prior to age 18 each reported committing an average of 380 sex offenses (contact and non-contact) by the time he reached adulthood. Of the 561 men in the study, only 49% had targeted victims in only one age group, 43% reported assaulting both genders, two thirds (65.8%) of those reporting incest assaults also reported victimizing nonrelatives, and 64% of those who said they committed noncontact offenses also committed contact offenses. Most reported multiple paraphilias. It should be noted that only 3% of these offenders had been arrested for a contact sex crime.

Additional self-report studies revealed similar patterns. Weinrott and Saylor (1991) studied 99 male sexual abusers and found 47% reported only one paraphilia, and half of the incest offenders reported victimizing nonrelatives. Wilcox's et al. (2005) small study of 14 adult men in treatment and on probation in the United Kingdom found a mean age of onset of 13.4 years, and that the sexual offending behavior was not detected until 14 years after its occurrence.

In terms of polygraph studies, English et al. (2000) studied 180 adults who were subject to polygraph examinations in Wisconsin, Oregon and Texas. They found an average age of onset of 11.2 years for incest offenders and 13 years for non-incest offenders; the researchers estimated 10 years, on average, between onset and detection. Freeman-Longo and Blanchard's (1998) study of 53 adult men who received polygraph tests found an average age of onset of 18 for rapists and 15 for child molesters; the average time from onset to detection was six years for rapists and 13 years for child molesters. The Simons et al. (2004) study of Colorado prisoners who were given polygraph tests in sex offender treatment found the average time between onset to detection to be 16 years, and only 5.6% of contact offenses were reported in official records. Further, frequently those who commit sexual offense are reluctant to disclose the full extent of their offending behavior and victimization patterns.

The information obtained from the polygraph also serves as the means by which important services can be delivered to previously undisclosed victims. Because having accurate information is also critical to the development of a meaningful treatment and supervision plan, the use of polygraph testing as part of the treatment process has become a common practice across the United States. Accurate information from the polygraph can enhance community safety by integrating information into the treatment process. The collective findings show that the polygraph can be useful as an adjunct treatment and supervision tool (English et al., 2000).

# SECTION 2: POLICY ANALYSIS

## Overview

The Policy Analysis Section consists of a literature review of the empirical research on key sex offender management public policy issues. For the purposes of this report, specific policy issues are examined in order to highlight areas that the Legislature may wish to consider for possible policy and legislative initiatives and enhancements. SOMB members who wanted to identify sex offender management policy issues for further study were encouraged to identify those issues. Professionals outside the SOMB and members of the public could also propose a specific policy issue for board members to undertake if a SOMB member was willing to support the analysis. The SOMB staff in collaboration with each SOMB member gathered research and best practice literature on the topic, and identified potential policy alternatives for consideration by the Legislature.

The following sex offender management public policy issues were identified by SOMB members for review:

- Sex Offender Registration Classification Systems
- Transient Sex Offenders
- Geriatric Sex Offenders and Aging Populations
- Policy Updates from FY2014

## Sex Offender Registration and Notification (SORN) Classification Systems

Sex offender registration was first instituted by the state of California in 1947, requiring sex offenders to register with local law enforcement for tracking and monitoring purposes. Sex offender registration information was first provided to the public via community notification by the state of Washington in 1990. The federal government first passed sex offender registration and notification (SORN) legislation in 1994 with the passage of the Wetterling Act, which required all states to implement sex offender registration or be penalized 10% of their Byrne Grant funding. The Wetterling Act was subsequently modified in 1996 with the passage of Megan's Law, which required states to provide community notification on certain high risk sex offenders. In response to the federal SORN legislation, all fifty states, including Colorado, implemented unique SORN systems based on individual policy preferences, provided that basic SORN requirements were met.

Colorado passed the Colorado Sex Offender Registration Act in 2002 in order to comply with the terms of the Wetterling Act, and Community Notification Concerning Sexually Violent Predators (SVPs) in 1999 to comply with Megan's Law. As a result, Colorado created requirements for registrants based upon the offense of conviction with an additional requirement



to assess those sex offenders convicted of certain sex crimes for SVP status utilizing a risk assessment instrument developed by the Sex Offender Management Board (SOMB) and the Division of Criminal Justice (DCJ) Office of Research and Statistics (ORS).

Despite the fact that all fifty states implemented the Wetterling Act as instructed by the federal government, concerns were raised regarding the lack of consistency across different state SORN schemas, the accuracy of SORN information, and the difficulty jurisdictions were having in interpreting the laws from other states and obtaining information about the registrant. Given these concerns, the federal government passed and President George W. Bush signed the Adam Walsh Child Protection and Safety Act (AWA) into law on July 27, 2006 (42 § 16911 et seq). The AWA was a comprehensive piece of SORN legislation that established stricter registration requirements and created a standardized offense-based classification system for registration tiering, requiring states to set the requirements for the intensity and duration of registration requirements based upon the offense of conviction (Zgoba et al., 2012). In addition, while the Wetterling Act had made the registration of juveniles discretionary, AWA required states to register juveniles.

Based on the more rigorous SORN requirements of AWA as identified in Title 1, the Sex Offender Registration and Notification Act (SORNA), only 17 of the 50 states<sup>19</sup> have thus far been found to have substantially implemented the AWA eight years after the passage of the Act, despite the federal government continuing to penalize states with a loss of 10% of their Byrne Grant funding. States not yet implementing the AWA cite impediments including the implementation costs<sup>20</sup> associated with SORNA, the requirements to register juveniles, and the limited research support for the offense-based classification system. Offense-based classification systems use the index crime of conviction to determine an offender's tier which is the AWA's proxy for the level of risk for committing a sexual crime in the future. For example, an offender convicted of a felony aggravated sexual assault is automatically designated as tier III or high-risk for reoffending sexually, whereas an offender convicted of possessing child pornography may be charged with a misdemeanor sexual exploitation of a child charge, which would result in a lower tier classification. Research suggests, however, that this type of offense-based classification system is not effective at predicting risk of sexual recidivism (Spohn, 2013; Zgoba et al., 2012). In two separate studies that included 8,200 sexual offenders covering five states, results indicated that risk-based classification schemes consistently surpassed the predictive validity of an offense-based classification system.<sup>21</sup> In contrast to offense-based classification systems, risk-based classification schemes utilize actuarial risk instruments that have been validated on sex offender populations. These actuarial risk instruments typically include static risk factors that are empirically linked with sexual recidivism.

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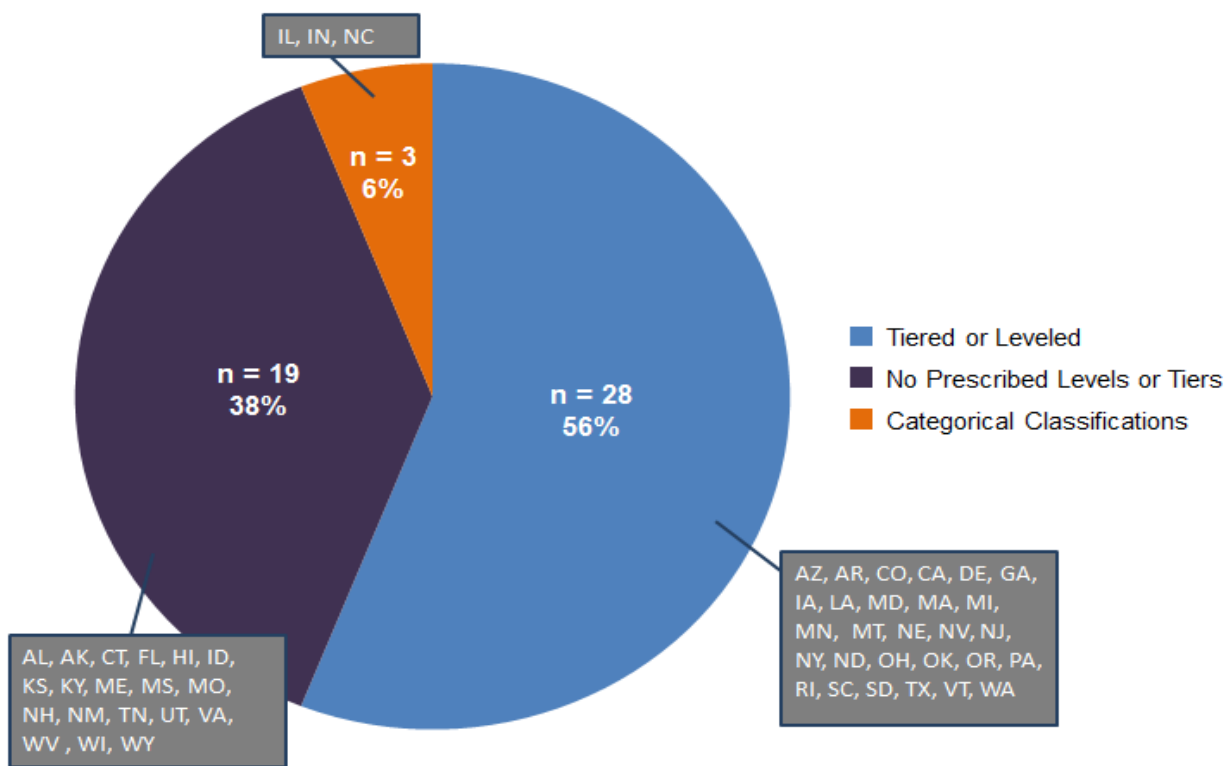
<sup>19</sup> Only 19 of the original 37 jurisdictions that submitted substantial implementation packets were found to have substantially implemented AWA. Of the remaining jurisdictions (which included Colorado initially), 15 were reported to have implemented at least half of the requirements of SORNA (GAO-13-211, 2013).

<sup>20</sup> States were required to comply with SORNA requirements by July 2009 or again receive an automatic 10% loss in Byrne Grant Funds (Freeman & Sandler, 2010). Many states cited fiscal reasons for not adopting the AWA mandates due to the costs associated with SORNA would outweigh the 10% loss of Byrne Grant Funds (Harris & Lobanov-Rostovsky, 2010).

<sup>21</sup> Higher tiered offenders were not accurately distinguished from lower tiered offenders.

Classification systems for registering adults and juveniles who have committed sexual offenses continue to vary nationally despite the AWA reform efforts. As illustrated in Figure 2, of the 27 states that have implemented a tiered classification system, approximately 37.0% register sex offenders utilizing an offense-based classification scheme whereas 29.6% use a risk-based classification system. Although risk-based classification systems have been adopted by fewer states, these systems appear to align with the current research and the evidence base. Several states classify sex offenders using a committee or board (i.e., Sex Offender Registration Review Board), whereby a group of multi-disciplinary professionals (e.g., law enforcement, therapist, defense attorney, prosecutor, victim advocate, etc.) review each offender’s case and criminal history to determine the designated risk level. The purview of these boards or committees can either be prospective or retroactive, with some states only classifying new sex offenders coming into the criminal justice system while others seek to classify all registered sex offenders. The use of actuarial risk assessment instruments is a common feature for these committees and is incorporated into the evaluation criteria for designating a risk level. In addition, some committee formats include an override option in the decision-making process, which allows for a group to change an offender’s assessed risk level if there is a compelling reason. However, research has been shown overrides can undermine the accuracy of the actuarial assessments (Craig, Dixon, & Gannon, 2013). In reviewing state risk classification schemes, only one other state (New York) uses a court-based<sup>22</sup> method for classifying an offender’s risk level.

Figure 2. Breakdown of Sex Offender Registration Classification Systems



<sup>22</sup> In New York, risk classification is determined by a sentencing hearing which examines the facts in a particular case, including, but not limited to: the use of force, weapons, alcohol or drugs, victim’s age, number of victims, assault or injury to the victim, relationship to the victim.

Given the presence of both an offense-based classification system as well as the risk-based classification system (SVP), Colorado was deemed to have substantially implemented AWA based upon the current provisions of SORN in the state. With the enactment of AWA, the Wetterling Act was repealed and states are no longer required to label certain sex offenders as SVP. This practice continues in effect in Colorado due to its existence in state statute. A risk-based classification system to identify the highest risk sex offenders and provide community notification on these offenders is supported by research, but the criteria in the legislation are not completely consistent with a risk approach.

Part of the challenge is in the development and implementation of the assessment instrument called the Sexually Violent Predator Assessment Screening Instrument (SVPASI). The SVPASI has been at issue in a number of reviews and court cases. In 2014, the SOMB was subject to an external evaluation of the *Adult Standards and Guidelines*, which included a review of the SVPASI. 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.

As a result of this feedback, the SOMB created a SVP Assessment Sub-Committee in September 2013 to address the concerns raised and make modification recommendations as appropriate. To date, the SOMB has modified the SVPASI relationship criteria to be consistent with the Colorado Supreme Court rulings, and has also added a qualification related to the limitations of the instrument for female and developmentally disabled sex offenders. In addition, the Sub-Committee has explored the possibility of developing a new instrument to address the concerns raised in the external evaluation or utilizing an existing actuarial instrument (e.g., Static 99) for this purpose. This work is ongoing. Finally, given there is no longer a federal requirement to designate a sex offender as SVP, the SOMB has approved a series of recommendations made by the Sub-Committee for the Colorado Legislature to consider related to modifying the current classification system to eliminate the SVP designation. This change can only be made by the Legislature as the SVP requirements are in statute (16-13-901-906 C.R.S.).

### Recommendation

The SOMB hereby recommends that following related to the current SORN system, including SVP designation.

- 1) Remove the SVP designation and replace the existing classification scheme with a three-level (i.e. Level 1, 2, and 3), risk-based classification system based for adult sex offenders upon the use of a new actuarial risk assessment instrument (developed by ORS in conjunction with the SOMB, or an existing instrument such as the Static-99).
- 2) 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.
- 3) Implement the new risk-based classification scheme as of the date of the legislation with no retroactive provision.
- 4) 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.

- 5) Make the risk classification information available to law enforcement for tracking registrant purposes, and provide the public with information on higher risk registrants. Community notification meetings may still be performed at the discretion of law enforcement agencies for higher risk registrants.
- 6) Ensure that information released to the public on registrants is consistent across state and county websites. Make reference on the websites to the availability of information on juveniles and misdemeanants via a paper list from local law enforcement or the Colorado Bureau of Investigation. Prohibit entities that obtain a copy of the paper list of all registered sex offenders from posting that list on a website, as this causes confusion for the public on why similar information is not available from state and county websites.
- 7) Develop specific criteria to broaden judicial decision making (and evaluator recommendation) in waiving the registration requirement for certain juveniles.
- 8) Develop a process whereby the Court can limit the public accessibility of registration information on certain juveniles under certain circumstances based upon set criteria.
- 9) 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.
- 10) Alternative public education mechanisms from community notification meetings regarding sexual offenders and offenses should be developed and implemented.

### **Transient Sex Offenders**

The literature is consistent in stating that sex offenders who exhibit lifestyle instability, such as lacking stable housing and employment, are at higher risk for sexual and general re-offense than offenders living a stable lifestyle (Hanson & Morton-Bourgon, 2004; Harris & Hanson, 1998). In addition, displaced sex offenders who are removed from their communities based upon residence restrictions have been found to experience increased rates of homelessness due to the limited availability of affordable and appropriate housing and stable employment<sup>23</sup> (CASOMB, 2011; Council of State Governments, 2008). Support systems and services that promote the successful reintegration may be inadequate for the increased numbers in the remaining areas available to displaced offenders (Chajewski & Mercado, 2008; Youstin, 2009). As a result, a sex offender's ability to find employment and participate in treatment is often limited. This displacement may subsequently lead to a higher proportion of sex offenders going underground, making accountability and supervision problematic (CASOMB, 2011; Council of State Governments, 2008; Davey, 2006; Rood, 2006).

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<sup>23</sup> For more information related to the SOMB's recommendations related to adult sex offender housing, please see Attachment C.

Other states have also recognized that their homeless sex offender population is growing. In California, the number of sex offenders registered as homeless or transient grew from 88 sex offenders in 2006 to over 2,100 sex offenders in 2011 following the passage of Proposition 83, which placed residence restrictions on where sex offenders could live (CASOMB, 2011). Offenders who are no longer under supervision may simply fall through the cracks and live in the community unmonitored. Law enforcement faces the ongoing challenge of tracking offenders who are constantly on the move, and the public is at greater risk because more offenders have moved underground (WSIPP, 2006). Colorado does not currently maintain statistics on registered sex offenders that differentiate by residence location such as homeless shelters, parking lots, automobiles, campers or campgrounds, under bridges, public parks, or other alternative housing sites that homeless and transient offenders use as their designated address.

*Passage of Legislation in Colorado.* In 2012, Colorado passed H.B. 12-1346 concerning sex offender registration for those who lack a fixed residence. As described in 16-22-109 (3.5) (I), “In addition to any other requirements pursuant to this article, a person who is subject to annual registration and who lacks a fixed residence shall, at least every three months, report to each local law enforcement agency in whose jurisdiction the person is registered for the self-verification enhanced reporting of the location or locations where the person remains without a fixed residence...” Similarly, in 16-22-109 (3.5) (c) (II) C.R.S., “In addition to any other requirements pursuant to this article, a person who is subject to quarterly registration or registration every three months and who lacks a fixed residence shall, at least every month, report to each local law enforcement agency in whose jurisdiction the person is registered for the self-verification enhanced reporting of the location or locations where the person remains without a fixed residence...”

In addition, per 16-22-109 (3.5) (b) C.R.S., “If a person registers as “lacks a fixed residence”, verification of the location or locations reported by the person shall be accomplished by the self-verification enhanced reporting process as described in paragraph (c) of this sub-section (3.5). A local law enforcement agency shall not be required to verify the physical location of a person who is required to comply with the self-verification enhanced reporting process.”

H.B. 12-1346 was designed to address two major concerns. First, the bill was intended to reduce the amount of false claims of homelessness by adding a greater registration responsibility to those registering as lacking a fixed residence. Second, the bill also served to relieve law enforcement agencies from the burden of verifying the physical address of registered sex offenders who are considered transient, or lack a fixed residence. Indeed, numerous factors contributed to the passage of this law; however, proponents of the new law cited the inefficient use of law enforcement resources as a predominate reason. Critics argue that under the new law, offenders could register as lacking a fixed residence with law enforcement without there being any mechanism to determine if this status is valid. Although the effects of this legislation are not completely clear, there remains widespread concern that community safety may be at greater risk of offenders failing to register and going underground if the registration process is perceived as too burdensome.

*Transient Sex Offender Survey.* To measure the impact of this legislation on law enforcement, the SOMB, in conjunction with the Colorado Bureau of Investigation (CBI), administered an annual statewide survey<sup>24</sup> to county and city law enforcement agencies. The questionnaire was administered online and data were collected in waves for FY2012, FY2013 and FY2014. These data were cleaned for any missing data or duplicative responses. Initial analyses revealed little variability within the data so the 3 fiscal years were aggregated together. The key findings from this annual survey include the following:

- The survey was sent to all the city and county law enforcement agencies in Colorado and the average response rate to the survey for each fiscal year was approximately 20.5%. In addition, some law enforcement agencies did not respond to every question.
- Transient sex offenders represented, on average, approximately 1 in 20 registered sex offenders, with higher concentrations of transient populations in urban regions of the state.
- Of those law enforcement agencies who participated, on average, 69.9% of law enforcement agencies reported registering transient sex offenders.
- Approximately 80.2% of law enforcement agencies who participated indicated that transient offenders were compliant with the new self-verification requirements.
- Some law enforcement agencies indicated that they would be in compliance with new requirements; however, at the time of the survey there were no transient sex offenders in their respective jurisdictions.
- Law enforcement agencies reported mixed experiences with the new self-verification law. Concerns among the law enforcement community included themes related to limited resources to manage transient sex offenders, the accuracy of self-reported information about their current whereabouts and false claims of a transient status by sex offenders who are not in fact transient.
- Despite the reports of general compliance with the transient registration requirements, law enforcement agencies noted concern that the lack of accountability (i.e. verification of addresses by law enforcement) diminishes the accuracy of determining offender compliance.
- Another issue identified by law enforcement agencies is the relocation of displaced sex offenders to neighboring jurisdictions. This phenomenon was attributed by some as possibly due to inadequate resources for transient offenders in certain jurisdictions. However, other law enforcement agencies suggested that this displacement is occurring due to some municipalities not accepting transient sex offenders per local ordinances. Some law enforcement agencies are reported to have directed transient sex offenders to move to a new county or city without notifying the receiving jurisdiction. This practice has

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<sup>24</sup> The online questionnaire was disseminated to all city and county law enforcement agencies throughout Colorado. The questionnaire collected data in waves for the following fiscal years: FY2012, FY2013 and FY2014. On average, roughly 20.5% of law enforcement agencies responded to the survey. While the completion rate of the survey was moderate, missing data was present as some law enforcement agencies chose not to respond to questions regarding why they do not register transient sex offenders.

created “dumping grounds” in which law enforcement agencies must assume the burden of managing a larger proportion of transient sex offenders with no additional resources.

The Sex Offender Management Board (SOMB) recognizes the community safety importance in holding registered sex offenders accountable and ensuring the accuracy of registration information that is provided to law enforcement and the public. The Colorado State Legislature took steps to address this issue in 2012 with the passage of H.B. 12-1346. While clearly not resolving all problems related to the registration of offenders who lack a fixed residence, the bill attempted to balance the competing interests of registrant accountability and sensitivity to the unique issues presented by truly homeless sex offenders. While some jurisdictions continue to refuse to register offenders who lack a fixed residence, many of the law enforcement jurisdictions who responded to the survey appear to be managing this function effectively and report enhanced accountability for this registration population as a result. A significant concern expressed by law enforcement agencies is the suspicion that some registrants are registering as lacking a fixed residence when in fact they do have a residence but do not wish to disclose this information for various reasons (e.g., not wanting this address on the state sex offender registry, not having told the person with whom they live of their registrant status, etc.).

#### **Recommendation**

The above concerns notwithstanding, given the findings of the annual survey of law enforcement, the SOMB is not recommending any change in the statute related to registration for those who lack a fixed residence. However, the SOMB does support the legislature exploring a more general adjustment to the registration statute based upon a change that took place with the passage of H.B. 11-1278. Within this legislation, the requirement that a registrant deregister (e.g., complete a registration cancelation form) was deleted as a requirement. This has created a significant problem for law enforcement and prosecutors in terms of holding registrants accountable for changing their registration address when they move from one jurisdiction to another. Now, the only way to know if a registrant moves is if they lawfully register in a new jurisdiction and notification is made by the new jurisdiction to the prior jurisdiction. This does not always happen and therefore, law enforcement is spending a great deal of resources trying track offenders who have moved to a new jurisdiction and may in fact be lawfully registered.

In addition, this impacts registrants who change registration status from registering to residence to lacking a fixed residence, or vice versa. Relying on the registrant to provide this notification hampers offender tracking. Given that law enforcement has expressed significant concern regarding this deleted provision, the SOMB support the legislature explore the issue of deregistration further in order to fully address the potential public safety implications.

## Geriatric and Aging Sex Offender Populations

Over the past three decades, the growth rate<sup>25</sup> of offenders who are aging in prison is creating a sizeable population of elderly offenders<sup>26</sup> over the age of 60 (Hart, 2008). In fact, elderly offenders represent the fastest growing segment of federal and state prisons. The aging population includes those individuals who are serving out sentences for committing sexual offenses prior to age 60 and those elderly individuals who are convicted of a sexual offense in the later stages of their life. According to the U.S. Bureau of Justice Statistics (BJS), approximately 25% of prisoners serving sentences for federal sex crimes were age 50 or older during FY2011. Similar to other aging populations, elderly sex offenders represent a unique population who possess a wide range of needs in both the mental and physical health arenas. Elderly sex offenders (referred to as geriatric sex offenders) pose additional challenges that have spurred new questions for policy-makers and professionals in the criminal justice system regarding effective case management and treatment, fiscal resources, and alternative sentencing options. The following section provides an overview of the initial literature that has begun to address issues associated with geriatric sex offenders.

At present and in general, geriatric sex offenders remains an understudied subpopulation in the sexual offending literature as well as in the general criminological literature. There have been a few studies on this population from which certain information has been identified.

One study found that sexual preoccupation appears to be acted out by geriatric offenders who commit sexual offenses later in life using more passive methods rather than physical force characteristic of younger offenders. Commonly, these behaviors may consist of pedophilia, exhibitionism, compulsive masturbation and fondling, or some combination (Hart, 2006). Another study found that victim selection for geriatric sex offenders typically focuses on younger victims who are more susceptible to bribes, responsive to threats and the least likely to report their victimization (London et al., 2008). Moreover, the available research suggests that geriatric sex offenders are predominately male and first-time offenders with no prior criminal records. However, the psychological motivations for committing these offenses are not well-established. Some have hypothesized that geriatric sex offenders commit these offenses in order to regain their sense of masculinity (McNamara & Walton, 1998) or because it is the only means to fulfill their sexual desires due to physical limitations (Hucker & Ben-Aron, 1985). Other studies suggest that these behaviors may manifest out of loneliness and social isolation following the death of a significant other or the separation from family. A second area of research focus for geriatric sex offenders has been the degree to which problematic sexual behaviors can be explained by higher rates of mental health diagnoses. The findings here also remain uncertain to date. A United Kingdom study that compared elderly sex-offenders to non-sex offenders reported that 6% of geriatric sex offenders had some form of mental illness and 7% had a major depressive episode as defined by the DSM-IV (Fazel et al., 2002). Further, 33% of the sample

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<sup>25</sup> The number of people 55 or older in state and federal prisons grew 76.9% between 1999 and 2007 (U.S. Bureau of Justice Statistics)

<sup>26</sup> There is no universal definition of a geriatric offender. State governments and agencies have adopted definitions for an elderly offender using a variety of minimum ages (e.g. 50, 55, 60 etc.).



had a personality disorder and approximately 1% had dementia. However, these prevalence rates for mental illness among geriatric sex offenders were similar to elderly non-sex-offenders. Rather, Fazel et al. (2002) concluded that geriatric sex offenders had “increased schizoid, obsessive-compulsive, and avoidant personality traits, supporting the view that sex offending in the elderly is associated more with personality factors than mental illness or organic brain disease” (pg. 225). In a follow-up study conducted by Fazel et al., (2007), a consecutive sample of 50 elderly sexual offenders and 50 elderly non-sexual offenders were compared using neuropsychological tests in order to determine how changes to the frontal lobe of the brain are associated with sexual offending. The study’s results found sexual offending to be unrelated to frontal lobe dysfunction.

A third area of focus for geriatric sex offenders has been to identify whether inappropriate sexual behaviors exhibited with elderly sex offenders can be explained to some degree by changes in the brain. Specifically in cases of geriatric offenders with dementia, Black et al. (2005) documents how various brain systems may drive three common types of inappropriate sexual behaviors: sex talk<sup>27</sup>, sexual acts<sup>28</sup>, and implied sexual acts.<sup>29</sup> The neurobiology of the frontal system, the temporo-limbic system, the striatum and the hypothalamus each play an important role in the brain’s regulation of sexual impulses and acts.

Black et al. (2005) also documents how diseases affecting the central nervous system, such as strokes, tumors, surgeries and trauma to the brain can trigger inappropriate sexual behaviors. Certain medications can cause or worsen inappropriate behaviors, such as Levodopa in patients with Parkinson’s disease. The Journal of the American Medical Association reported that “inmates older than 55 have an average of three chronic conditions and as many as 20 percent have a mental illness” (Chiu, T., 2010, p. 35). As such, correctional resources are disproportionately expended for geriatric offenders due to medical service needs. While Black et al. (2005) distinguishes sexual dysfunction from inappropriate sexual behaviors, these behaviors could have implications related to the criminal justice system nonetheless. Specifically, the literature has documented the increasing costs of incarceration and rehabilitation for geriatric offenders, estimated at an annual rate of \$70,000 per offender (National Institute of Corrections, 2004).

In summary, it is problematic to draw conclusions about geriatric sex offenders from the research to date. Definitive conclusions are difficult in light of the small sample sizes of the available research and the lack of non-sex offender comparison groups. Given the preliminary research to date, it does appear as if treatment options for geriatric sex offenders require a differential approach to their risk and needs. While some have argued that this population is suitable for treatment, there are not any known validated risk assessment instruments specific to geriatric sex offenders. Clinical evidence suggests that some of the typical characteristics of an aging and geriatric population present unique challenges for treatment and supervision requirements (Hart, 2008). For example, clients with dementia may be more prone to forget

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<sup>27</sup> Sex talk is the most common form of inappropriate behavior which involves using foul language that is not in keeping with the patient’s personality characteristics.

<sup>28</sup> Sex acts include acts of touching, grabbing, exposing, or masturbating. They can occur in private or in public areas.

<sup>29</sup> Implied sexual acts include openly reading pornographic material or requesting unnecessary genital care.

requirements of a safety plan or the terms and conditions of probation. As a result, with limited engagement, it is difficult for the therapist to establish a therapeutic alliance and develop an adequate treatment plan, making treatment challenging.

### Recommendation

Whether as a result of an indeterminate or lengthy determinate sentence, or a conviction for a sexual offense committed in the latter stages of life, geriatric sex offenders represent a small segment of a growing public safety problem. The following are identified as policy implications for geriatric sex offenders:

- 4) Based on the Risk, Need, Responsivity (RNR) Principles, treatment and supervision must be based upon the specific risk and needs of geriatric sex offenders, and provided in a manner that is responsive to the specific characteristics and limitations of this population. The Adult Standards and Guidelines Revisions Committee should address the unique needs of this population as part of the ongoing RNR adjustments to the *Standards and Guidelines*.
- 5) As the number of geriatric sex offenders increase, additional housing and care facility resources will be needed. Such resources must be equipped to manage the unique needs of geriatric sex offenders and provide for the safety of other potentially vulnerable residents. Education may be needed both to provide for the safety of all residents as well as to encourage these resources to be willing to provide services for geriatric sex offenders.
- 6) Sex offender supervision and treatment requirements, including sex offender registration, may need to be adjusted or scaled back should a geriatric sex offender become physically or mentally incapacitated. Treatment providers, supervision officers, and law enforcement officers should be provided discretion to make appropriate adjustments without having to violate statutory mandates.

In 2014, the Colorado Commission on Criminal and Juvenile Justice (CCJJ) approved a recommendation (FY15-CS #01) that was titled: *Early discharge from Lifetime Supervision Probation for sex offenders due to disability or incapacitation*. This recommendation requested the legislature to amend C.R.S. 18-1.3-1008 in order to provide offenders sentenced to the Lifetime Supervision Act, who suffer from a severe disability to the extent they are deemed incapacitated and do not present an unacceptable level of risk to public safety, may petition the court for early discharge from probation supervision. This recommendation also requested, if necessary, the legislature make conforming amendments to the Colorado Victims' Rights Act regarding a "critical stage" for victim notification.

### Policy Updates from FY2014

- Residence Restrictions: In August of 2013, a federal Circuit Court Judge ruled that the City of Englewood's sex offender residence restriction was unconstitutional. The ordinance "prevented sex offenders from living within 2,000 feet of any school, park or

playground; within 1,000 feet of any licensed day care center, recreation center or swimming pool; or from living at any property located next to a bus stop, walk-to-school route, or recreational trail” (Holden, 2013). Beginning with Iowa in 2002, many states and thousands of local jurisdictions have enacted residence restriction policies (Council of State Governments, 2008). In fact, Meloy, Miller, and Curtis (2008) reported that at least 30 states and thousands of local municipalities have adopted some form of residence restrictions. Yet, while these policies have grown in popularity, the case of Englewood echoes a broader national trend whereby local jurisdictions are facing increased litigation over these policies.

Update: As a result of this case, a few local jurisdictions that have residence restriction ordinances have sought to modify the existing requirements.

### Recommendation

The issue of residence restrictions and zoning ordinances for registered sex offenders is clearly an issue for local communities as well as the state. In light of this, it is recommended that local municipalities that currently possess a residence restriction ordinance should study the public safety and fiscal impact of this case law and determine whether any modifications are necessary. Further, a state statute prohibiting local jurisdictions from enacting residence or zoning restrictions against registered sex offenders may be beneficial. While Colorado may be a home rule state, the ramifications associated with residence restrictions merit a review of state level policy to ensure that public safety is the priority. This recommendation was supported by the August 2013 Circuit Court ruling that this is an issue of statewide concern, and that the lack of a legislative residence restriction statute is still a legislative position.

- Sexting: Cell phones, tablets and other wireless devices provide instant access to social media. These devices have led to a new phenomenon within the youth culture, sexting. Sexting is the communication or transmission of nude or sexually suggestive images. Once sent, there is no way of retrieving these photos or stopping them from being further circulated. Events such as these can have lifelong consequences, especially from a legal perspective. Per 18-6-403 C.R.S., a juvenile sending or receiving a sexual image of someone under the age of 18 may be charged for the production of child pornography (F3) or the possession of child pornography (F6). If adjudicated, sex offender registration is a requirement.

Update: More research is becoming available regarding the prevalence, impact and best-practices for responding to incidents of sexting. The SOMB has submitted a request to the Colorado Department of Public Health and Environment to include questions related to sexting in the Healthy Kids Colorado Survey. The Healthy Kids Colorado Survey is administered every other year in odd-numbered years in randomly selected schools and classrooms in Colorado.

### Recommendation

When handling sexting cases, law enforcement, prosecutors, judges, and supervising officials should attempt to distinguish between what could truly be characterized as a

thoughtless and impulsive adolescent decision-making from more malicious and inappropriate behaviors. The Colorado Sex Offender Management Board (SOMB) encourages professionals addressing this behavior to consider alternatives to adjudication for cases where the sexting behavior seems to fit into the experimental, rather than aggravated, category. Consideration should be given to the following factors: malicious intent, use of intimidation to obtain the images, taking pictures without consent or awareness, sending the images to others in an attempt to embarrass or humiliate the person pictured in the “sexted” image. For certain cases, consideration should be given to the use of a non-adjudicatory, education-based plan by law enforcement, prosecutors, and judges. In addition, consideration should be given to whether the sexting behavior was for purposes of sexual gratification or for harassment, and what an appropriate response might be.

Each jurisdiction is encouraged to establish a protocol for addressing “sexting” behavior by young people. Participants in such a plan should include local law enforcement, the school district, the District Attorney’s Office, treatment providers, and supervising officials such as probation and diversion.

It is recommended that each jurisdiction establish criteria for classifying “sexting” behavior to determine whether it is common adolescent behavior that challenges appropriate boundaries (experimental), or if it is indicative of deviancy or sexual offending (aggravated). If it is determined that the behavior implies more normative adolescent development, a different type of intervention may be appropriate, including avoiding an adjudication for a sex crime and utilizing a different model of education/treatment than treatment for juveniles who have committed sexual offenses. Otherwise, the behavior should be treated as sex offending and handled accordingly. The following factors may be considered in distinguishing between experimental sexting behavior, as compared to a more malicious sexting behavior that should be treated as sex offending:

- History of prior sexual offenses, whether charged or uncharged;
- Use of force, threats, coercion, or illicit substances to obtain the photos;
- History of prior non-sexual offense history;
- Indication that images were sent to others without consent;
- Age, and power differences between the parties involved.

Finally, it is recommended that communities, schools, law enforcement, and other interested groups sponsor educational forums for youth and their parents to learn about types of “sexting” behavior and the potential legal consequences.

# SECTION 3: MILESTONES AND ACHIEVEMENTS

## Overview

Over the course of 2014, the SOMB accomplished many of its strategic goals through the collaboration of multiple stakeholders. The following highlights some of the many achievements.

- Revised and prioritized the SOMB strategic plan based-upon the results of the External Evaluation and the statewide focus groups conducted in 2013.
- Convened 18 SOMB committees that functioned at some point in 2014, and approved new initiatives and revisions (e.g., such as the Competency-Based Treatment Provider Approval Model). Several new committees were convened to address specific projects related to the strategic plan such as the Adult Standards Revisions Committee, the Continuity of Care Committee and policy issues related to SVP (relationship criteria).
- Convened a Family Support and Engagement Committee which held two informational panels for the Board, and distributed a survey through offender advocacy groups, criminal justice agencies, and approved providers that asks families of an adult or juvenile who has committed a sexual offense to share their experiences with the criminal or juvenile justice system.
- Revised Section 3.500 – Managing Offenders in Denial. Updates to Section 3.500 provide a more comprehensive framework for the issue of denial and how it relates to risk, treatment, supervision, and community/victim safety using current research. There is mixed and sometimes conflicting research regarding denial as a risk factor for sexual re-offense. In addition to incorporating more current research, the denial revisions provide direction to Community Supervision Teams and provide evaluators and treatment providers with more authority in determining an offender’s level of denial. More detailed descriptions of denial were added to clarify the differential classifications. Of importance, the revisions to Section 3.550 no longer prohibit Level 3 Severe deniers from being referred from community based supervision and treatment.

*The SOMB conducted **64 trainings** to over **1,450 attendees** which included a three-day statewide conference to over 300 attendees in Breckenridge. Presentations were conducted by **national speakers** to learn more about RNR, and evidence- and research-based practices. Additionally, this included trainings geared toward the statewide implementation of two risk assessment instruments: the **VASOR-2 and SOTIPS**.*

- Made efforts to increase visibility of victim issues and input on Standards revisions, reviewed research on best practice for victim needs, and provided board training and presentations.
- The SOMB conducted 64 trainings to over 1,450 attendees which included a three-day statewide conference to over 300 attendees in Breckenridge. Presentations were conducted by national speakers to learn more about RNR, and evidence- and research-based practices. Additionally, this included trainings geared toward the statewide implementation of two risk assessment instruments: the VASOR-2 and SOTIPS. Approved 40 new providers; reviewed 132 re-applications for provider approval; and processed 22 provider status-changes.
- Helped conduct three community notifications (CN) in Fort Collins, Jefferson County and Westminster and provided ongoing technical assistance around the state.
- Revised the provider re-application process to streamline workflow and increased oversight by implementing Standards Compliance Reviews (SCR).
- Developed an Implementation Model to ensure that new policies, revisions to the *Standards and Guidelines* and other changes are operationalized in the field with fidelity.
- The SOMB received 25 complaints during FY14 made against approved providers and disposed of 17 cases. During FY14, there were two founded complaints, one adult and one juvenile. Both treatment providers were removed from the list of approved providers. For FY15, the SOMB has received 14 complaints. Thus far, three complaints have been disposed of with no founded complaints at time of this publication.
- Initiated the Program Evaluation Training Curriculum – a project aimed at building capacity among approved treatment providers to evaluate their practices and outcomes in both the residential and community settings.
- Continued to provide board members and other interested stakeholders with research and literature including monthly journal articles , literature reviews in preparation for any *Standards and Guidelines* revisions, trainings by national leaders in the field for Colorado stakeholders, and research and best practice presentations as part of SOMB meetings.
- Published the 2014 Legislative Report and the 2014 Lifetime Supervision of Sex Offenders Annual Report.

### **Year-End Accomplishments**

*Program Evaluation.* Since the inception of the SOMB, several evaluations have been conducted to assess implementation as well as outcomes related to the *Adult Standards and Guidelines*. State law requires the SOMB to study the effectiveness of the *Standards and Guidelines* in terms of reducing sexual recidivism (Section 16-11.7-103(4)(d)(II), C.R.S.). However, before the effectiveness of any program or system can be evaluated, a process

evaluation must be conducted to first establish whether that program/system is actually implemented as intended and with fidelity. Upon validating the implementation of a given program or system, a second step to evaluate the effectiveness may be employed.

Beginning in FY 2000, DCJ was awarded grant funding<sup>30</sup> which was used to fulfill the first step towards this legislative mandate. A process evaluation evaluating compliance with the *Adult Standards and Guidelines* throughout the state was conducted by the Division of Criminal Justice Office of Research and Statistics. This evaluation was completed in December of 2003 and indicated that the *Adult Standards and Guidelines* were sufficiently implemented statewide.

Based on the results of the process evaluation, the SOMB undertook the second portion of this legislative mandate and evaluated the effectiveness of the *Adult Standards and Guidelines*. A final report was submitted to the legislature in December of 2011. Specifically, the study focused on outcomes related to the behavior of offenders subject to the *Adult Standards and Guidelines* by examining 1-and 3-year sexual and general recidivism rates. The sample consisted of 689 sex offenders (Probation n = 356, Parole n = 333) who successfully discharged or completed a parole or probation sentence between July 1, 2005 and June 30, 2007. In order for adult sex offenders to successfully discharge from criminal justice supervision, all areas of the *Adult Standards and Guidelines* must be sufficiently completed. Table 2 presents the findings from the report.

*Table 2. Probation and Parole Recidivism Outcomes*

	<b>Recidivism Type</b>	<b>Probation</b>	<b>Parole</b>	<b>TOTAL</b>
One Year	No Recidivism	339	260	<b>599 (86.9%)</b>
	New Sexual Crime	3	2	<b>5 (0.7%)</b>
	New Violent, Non-Sexual Crime	5	33	<b>38 (5.5%)</b>
	New Non-Violent, Non-Sexual Crime	9	38	<b>47 (6.8%)</b>
<b>TOTAL</b>		<b>356</b>	<b>333</b>	<b>689 (100%)</b>
Three Year	No Recidivism	319	117	<b>496 (72.0%)</b>
	New Sexual Crime	8	10	<b>18 (2.6%)</b>
	New Violent, Non-Sexual Crime	10	64	<b>74 (10.7%)</b>
	New Non-Violent, Non-Sexual Crime	19	82	<b>101 (14.7%)</b>
<b>TOTAL</b>		<b>356</b>	<b>333</b>	<b>689 (100%)</b>

**Note:** Recidivism was defined in this evaluation as the occurrence of new court filings within one year and within three years of termination of supervision. This includes both district and county filings (Denver county data were not available for this study). This new court filing method uses new prosecutions as a conventional approach adopted by varying agencies throughout the state. New convictions are admittedly lower than court filings, while new arrests are much higher. As a result, court filings are a more neutral measure of recidivism which neither overestimate arrest rates nor underestimate conviction rates. These data are based on Colorado filings as out-of-state data were not available.

Compared nationally and with the current literature, sex offender recidivism rates in Colorado were consistent with national trends. Less than one percent of the sample (n = 5) had new sexual crime recidivism one year after successful discharge from supervision, while 2.6% (n = 18) had a new sexual crime three years after successful discharge from supervision.

<sup>30</sup> Drug Control and System Improvement Program Grant (Federal dollars administered through the Division of Criminal Justice).

*External Evaluation.* In FY2013, the Joint Budget Committee in SB 13-230 authorized \$100,000 for an external evaluation of the SOMB. Specifically, the external evaluation sought to “conduct a thorough review, based on risk-need-responsivity principles and the relevant literature, with recommendations for improvement as warranted, of the efficacy, cost-effectiveness, and public safety implications of Sex Offender Management Board programs and policies with particular attention to:

1. The *Standards and Guidelines* to treat adult sex offenders issued by the Sex Offender Management Board pursuant to Section 16-11.7-103 (4) (b), C.R.S.;
2. The *Criteria for Release from Incarceration, Reduction in Supervision, Discharge for Certain Adult Sex Offenders, and Measurement of an Adult Sex Offender’s Progress in Treatment* issued by the Sex Offender Management Board pursuant to Section 16-11.7-106 (4) (f), C.R.S., and;
3. The application and review for treatment providers, evaluators, and polygraph examiners who provide services to adult sex offenders as developed by the Sex Offender Management Board pursuant to Section 16-11.7-106 (2) (a), C.R.S.”

Central Coast Clinical and Forensic Psychology Services (CCCFPS) conducted the external evaluation and submitted a final report on January 3rd, 2014. Based upon the literature to date, several themes emerged regarding the *Adult Standards and Guidelines*, including a recommendation to more explicitly incorporate the Risk, Need, Responsivity principles into the *Adult Standards and Guidelines*.

*Adult Standards and Guidelines.* Prior to the release of this report, the SOMB was engaged in multiple efforts to revise and improve the Standards. Subsequent to the report, the SOMB added several strategic planning sessions with multiple stakeholders aimed at developing collaborative systems that enhance the *Adult Standards and Guidelines*. The SOMB prioritized and delegated specific issues identified within the report to various committees charged with the responsibility of reviewing and recommending future improvements for the SOMB to consider. More details regarding this Strategic Action Plan can be found in (Appendix A).

*Provider Program Evaluation.* Pursuant to 16-11.7-103(4)(h)<sup>31</sup> C.R.S., upon obtaining additional resources the SOMB is instructed to evaluate service delivery and the effectiveness of approved providers. However, at the programmatic and individual service provider level, assessing the extent to which the *Standards and Guidelines* are regularly implemented as intended using quality and effective treatment methods is a daunting challenge. In addition to current resource limitations, mandating the collection of confidential data requires consistent operational definitions across private practices and agencies. Programs are designed to address different

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<sup>31</sup> C.R.S. 16-11.7-103(4)(h) - Data collection from treatment providers. 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-offender-specific evaluation, treatment, or polygraph services, or for any other purposes consistent with the provisions of this article.



populations of sex offenders, whether high or low risk, juvenile or adult. This differential system allows for innovation and flexibility among programs to structure services that individualize treatment in adherence to the RNR principles. However, program evaluation requires data collection of these differential programs and could result in negatively influencing private practitioners to manualize treatment interventions to a one-sized fits all model. Finally, there is a very real concern that any quality assurance not be so onerous as to drive practitioners out of the field.

Despite these limitations, the SOMB has launched a new and innovative training curriculum titled “Is Your Program Effective?” modeled from a similar framework developed by Dr. Alan Listiak in Minnesota. This training is designed to educate service providers on the fundamentals of program evaluation and provide them with tools to evaluate the efficacy of their own programs. The training curriculum is currently set-up into two parts: first, an introduction to program evaluation and, second, an advanced seminar covering more of the how-to components of evaluation research. Service providers gain from this training an understanding of program theory, program integrity, current and emerging evidence-based practices and the skills to build and validate a logic model of their own program. To date, there have been 6 introductory trainings conducted with over 60 participants. The advanced seminar trainings are planned to begin sometime after the start of FY2016 with ongoing introductory trainings offered on an as needed basis. The goal of this curriculum is to encourage service providers to willingly participate in program evaluation efforts as a means to fulfill 16-11.7-103(4)(h) C.R.S. Once implemented, it is also hoped that this program evaluation data can be aggregated to contribute to a better understanding of sex offenders in Colorado. The SOMB firmly believes that any efforts to collect data in support of quality treatment need to be done as a team effort.

*Committees.* The SOMB staffed 18 Committees at some point during the course of 2014, which were open to all stakeholders, working on statutorily mandated duties. These committees include(d) the following:

- Adult Standards and Guidelines Revisions Committee
- Juvenile Standards and Guidelines Revisions Committee
- Best Practices Committee
- Continuity of Care Committee
- Training Committee
- Family Engagement and Support Committee
- Circles of Support and Accountability Advisory Committee
- Sex Offender Registration Legislative Work Group
- Victim Advocacy Committee
- Application Review Committee 1 & 2
- Denial Intervention Committee
- Domestic Violence/Sex Offender Crossover Committee
- Sexually Stimulating Materials Committee
- Young Adult Sex Offenders Committee

- Female Sex Offender Committee
- School Reference Guide Committee
- Sexually Violent Predator Assessment Committee

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 and Guidelines* as supported by research, and suggesting methods for educating practitioners and the public to implement effective offender management strategies. Specific updates from each committee are provided in Appendix B.

### *Policy Updates*

- Policy Update 1 – Standards and Guidelines Revision Process – Past experience has underscored the fact that changing the *Standards and Guidelines* at the SOMB level is not a simple process, nor should it be. The members of the SOMB are skilled professionals but that does not mean there is automatic agreement. In fact, there are multiple research studies in this field that have sometimes conflicting conclusions. The SOMB takes great care to fully review all the literature, recognizing the complexity of the research on a particular issue, and engages in thorough debates as part of their process. This may not be a quick process, but it helps ensure that any changes are well-grounded in evidence. Additionally, the SOMB is aware that their decisions have little effect without concurrent training and education for practitioners. This implementation actually requires far more time and resources than the policy change itself.
- Policy Update 2 – Managing Offenders in Denial – At the end of FY2013, the SOMB convened a committee made up of numerous stakeholders to review and make revisions to Section 3.500 of the *Adult Standards and Guidelines* regarding sex offenders in denial. In short, updates to Section 3.500 provide a more comprehensive framework for the issue of denial and how it relates to risk, treatment, supervision, and community/victim safety using current research. There is mixed and sometimes conflicting research regarding denial as a risk factor for sexual re-offense. Research has shown cognitive distortions are significantly associated with greater denial/minimization. Furthermore, attitudes supportive of sexual offending behavior have been documented to reliably predict sexual recidivism. In light of this, the emerging literature defines denial as less of an issue of risk and more of an issue of responsivity to treatment. While secrecy, denial, and defensiveness are behaviors frequently exhibited by sex offenders it is important to consider that almost all offenders fluctuate in their level of accountability or minimization of the offenses. Thus, denial is an impediment to treatment engagement (Blagden et al., 2013; Levenson, 2011; McGrath et al., 2010), progress and efficacy. And offender denial is also highly distressing and emotionally damaging to victims.

In addition to incorporating more current research, the denial revisions provide direction to Community Supervision Teams and provide evaluators and treatment providers with more authority in determining an offender's level of denial. More detailed descriptions of

denial were added to clarify the differential classifications. Of importance, the revisions to Section 3.550 no longer prohibit Level 3 Severe deniers from being referred from community based supervision and treatment. For more information, please see Attachment B.

- Policy Update 3 – Young Adult Modification Protocol – As described in Section 1 of this report, the Young Adult Modification Protocol represents a significant change aimed to address the unique needs of some young adults ages 18 to 25. Applying the *Adult Standards and Guidelines* without flexibility can be problematic for some young adults due to responsivity issues. Offenders, ages 18-25, may be more inclined to make poor decisions. As stated previously, neurobiological research indicates that brain development continues through young adulthood (Teicher, 2002; Siegel, 2006; Perry, 2006; Burton, 2010). While this may or may not be related to risk for recidivism, it is important for CST/MDT members to assess and treat this population within the context of their current developmental needs regardless of where they are in the criminal justice system.

The Young Adult Modification Protocol provides an overview of this emerging research and provides CSTs and MDTs flexible parameters for applying appropriate interventions under either the *Adult or Juvenile Standards and Guidelines*. Young adults must meet certain inclusionary and exclusionary criterion in order to be able to be eligible for the modification protocol.

Policy Update 4 – Use of Sexually Stimulating Materials Protocol – The primary purpose for this Sexual Stimulating Materials protocol is to provide explanation and guidance to Community Supervision Teams (CSTs) and Multi-Disciplinary Teams (MDTs) regarding Adult Standard 5.620 and Juvenile Appendix J (12). This policy change attempts to clarify the differences between sexually oriented and/or explicit materials<sup>32</sup> from sexually stimulating materials<sup>33</sup>. A key goal of treatment is to help adults and juveniles who have sexually offended to gain an increased understanding of healthy, non-abusive sexuality. However, this has been a challenge due to inconsistent practices and policies between the *Standards* and the terms and conditions of supervision, as disclosures of sexual interest in certain sexually stimulating (but non-sexually oriented) materials could result in a violation of the terms and conditions of supervision. To achieve this treatment goal, treatment providers and supervision officers may now use the Sexually Stimulating Protocol to support the development of healthy sexual relationships, when appropriate, that involve consent, reciprocity, and mutuality.

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<sup>32</sup> Sexually oriented or explicit material is defined as pornographic images, videos, and narratives that may be viewed in print or on electronic devices such as a computer, television, gaming system, DVD player, VCR, video camera, voice recorder, pager, telephone, or cell or smart phone, and that require the viewer to be age 18 to purchase.

<sup>33</sup> Sexually stimulating materials are non-pornographic materials that may lead to sexual interest or arousal, but were not developed exclusively with that goal in mind. Examples of materials that may be sexually stimulating depending upon the adult or juvenile who have sexually offended include incidental nudity within the context of a non-pornographic movie, sexually suggestive images, and non-sexual images such as underwear advertisements and pictures of age appropriate peer.

It is understood that certain materials, such as sexually oriented or explicit materials, shall be prohibited, and that although the research on the impact of these materials is mixed, they may have a negative impact on the propensity to sexually offend. However, other non-sexually oriented materials that are sexually stimulating in nature, as determined on an individualized basis, may have no such negative impact. Prohibiting all stimulating sexual materials for all adults and juveniles who have sexually offended may be counterproductive in that they may not adversely influence sexual deviancy, but may discourage an open discussion about sexual practices, interests, and patterns of behavior. Further blanket prohibitions on sexually stimulating materials also eliminate the opportunity for the CST/MDT to support the adult or juvenile in the development of non-abusive, healthy practices. Finally, given the primary goal of enhanced community and victim safety, the development of healthy sexuality can lead to decreased deviant sexual arousal/interest and patterns of behavior.

Sexually stimulating materials should continue to be prohibited during the early phases of treatment and supervision for all adults and juveniles who have sexually offended. Once progress in treatment engagement and supervision compliance has been documented via a thorough assessment, the CST/MDT may make the decision on how to regulate and monitor stimulating sexual materials. In making this decision, the CST/MDT should consider what materials would not contribute to the further development and reinforcement of abusive, deviant, and inappropriate sexual arousal/interest and patterns of behavior for the adult or juvenile who has sexually offended. As noted above, the CST/MDT in their assigned role under the *Standards* should be mindful of community and victim safety first. The use of sexually stimulating materials should only be allowed after a thorough review in advance and specific written permission being granted from the CST/MDT. If granted, the use of specific stimulating sexual materials should be reflected in the treatment contract and case plan, terms and conditions of supervision, and safety planning. The CST/MDT should specifically document the rationale for the decision to allow the use of specific sexually stimulating materials for each adult or juvenile who has sexually offended based on the following criteria:

1. *Risk as assessed through the use of static and dynamic risk assessment measures*
2. *Criminogenic needs as assessed in the treatment and supervision plan*
3. *Characteristics of the instant offense and pattern of offending as identified by self-report in the sexual history disclosure packet, and as verified by non-deceptive sexual history polygraph exams, where appropriate*
4. *Deviant sexual arousal/interest based upon assessment arousal/interest assessment, where appropriate. Materials related to the pattern of offending or that contribute to deviant sexual arousal/interest should always be prohibited.*
5. *Engagement in treatment and compliance with supervision, including progress and openness related to sexuality issues and activity, and*

*reported use of sexually oriented or stimulating materials, as verified by monitoring polygraph and other forms of monitoring where appropriate. In addition, the presence or recurrence of denial of the facts of the underlying offense.*

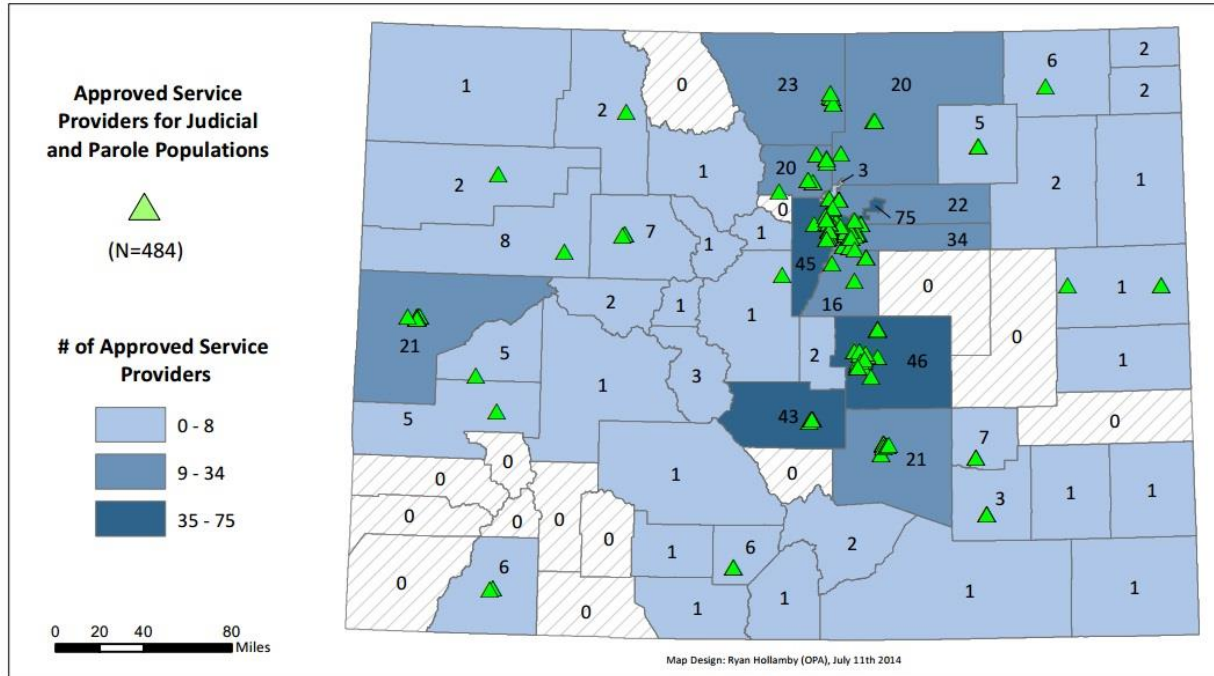
- Policy Update 5 – Competency Based Treatment Provider Approval Model - The SOMB has been working over the past 2 years to make some significant changes to section 4.000 of the *Standards and Guidelines*. The Best Practices Committee has developed new criteria for approving treatment providers and evaluators using therapeutic competencies versus the existing quantitative model. This Competency Based Treatment Provider Approval Model will utilize qualitative as well as quantitative measures to assess the proficiency level of both existing approved providers as well as candidates for provider approval. There are a number of specific content areas deemed crucial to becoming an effective treatment provider or evaluator, such as *Knowledge and Integration of SOMB Standards*, *Clinical Intervention* and *Goal Setting* skills. These requirements have been approved by the SOMB and are scheduled for implementation across the state at the start of calendar year 2015. This project will also be the first initiative to pilot the SOMB's new implementation model that adopts some of the key principles prescribed by the implementation science field, similarly used by Evidence-Based Practices Implementation for Capacity (EPIC) program housed in the Division of Criminal Justice.
- Policy Update 6 – Standards Compliance Reviews – At the beginning of FY 2014, the SOMB began to implement a revised and streamlined reapplication process upon learning that a significant amount of time and resources were being invested with limited return. This overhaul to the reapplication data is of importance for two distinct reasons: (1) to increase SOMB capabilities for oversight of approved provider compliance with the *Standards* through efficient and cost-effective use of limited staff resources by determining which factors enhance or do not enhance provider competency in the current reapplication process; and (2) to decrease the time required for provider reapplication approval.

The new process involves expediting the required reference checks and adopting a much shorter and simplified reapplication form. The curtailed requirements to assess compliance by providers upfront in the reapplication process are replaced with Standards Compliance Reviews (SCR). SCRs will involve SOMB staff and the Application Review Committee conducting a thorough review of *Standards* compliance on the part of the approved provider through file review and consultation with the provider on either a random basis or for cause based on concerns raised to the ARC. The effect of this change is intended to drive two outcomes: (1) enhance efficiency and significantly reduce the turnaround time for reapplication approvals and (2) increase compliance oversight by giving SOMB staff and ARC members a more in-depth and accurate picture of service delivery on the part of approved providers subject to SCR. As

of July 2014, SOMB Staff were evaluating the process-time and scheduling the first SCRs.

*Current Availability of Providers.* The SOMB approved 40 new adult treatment provider applicants and 26 new juvenile provider applicants; conducted 77 adult and 54 juvenile provider re-applications; and 22 applicants that either moved up or over in status. Currently, there are 214 adult treatment providers and 157 juvenile treatment providers approved by the SOMB in Colorado.

Figure 3. Number and Location of SOMB Service Providers by County, FY2014



Note: These figures do not include juvenile service providers. The total number of service providers that are approved to practice are listed by county. These figures denote higher frequencies as service providers may be approved to operate in multiple counties.

Approved providers on average operated in 6 different counties. In total, the SOMB has approved adult providers located in all 22 judicial districts in the state as depicted in Figure 3. Table 3 provides these statistics and lists the number of providers approved in each specialty area.

Table 3. SOMB Approved Provider Statistics, 2014

ADULT	Full-Operating	Associate	Provisional	Totals
Treatment Provider	126	85	3	214
Treatment Provider DD/ID	25	9	0	34
Evaluator	60	19	0	79
Evaluator DD/ID	10	1	0	11
Polygraph Examiner	21	4	0	25
Polygraph Examiner DD/ID	12	0	0	12
Totals	254	118	3	375

JUVENILE	Full-Operating	Associate	Provisional	Totals
Treatment Provider	95	58	4	157
Treatment Provider DD/ID	19	3	0	22
Evaluator	39	7	0	46
Evaluator DD/ID	7	0	0	7
Polygraph Examiner	18	1	0	19
Polygraph Examiner DD/ID	7	1	0	8
Totals	185	70	4	259

*Trainings.* For 2014, the SOMB provided 64 trainings to over 1,450 attendees from across Colorado. These trainings covered a range of different topics related to the treatment and supervision of individuals convicted or adjudicated for sexual offenses such as:

- Risk, Need, and Responsivity Principles and Application
- *Adult and Juvenile Standards* Orientation Training
- VASOR-2 and SOTIPS Risk Assessments
- Training on the Stable and Acute 2007 risk assessments
- ERASOR Risk Assessment
- Program Evaluation Training
- Honoring Victim Impact
- Good Lives Model & Self-Regulation in Supervision
- Sex Offender Suicide Prevention
- Sexting: Balancing the Law
- Informed Supervision Trainings

Additionally, the SOMB held its 8<sup>th</sup> annual statewide conference that offered three consecutive days of training for providers, probation officers, law enforcement, victim representatives, and many other stakeholder groups in Breckenridge, Colorado. This conference will be followed by the SOMB's Developmentally Disabled (DD) conference in early 2015, which offers a one-day training specific to providers with a DD listing status.

*Quality Assurance and Standards Compliance – Application Process Review.* The SOMB worked to process the applications of treatment providers, evaluators, and clinical polygraph examiners to create a list of these providers who meet the criteria outlined in the *Standards* and whose programs are in compliance with the requirements in the *Standards*. These applications are reviewed through the SOMB Application Review Committee.

The Application Review Committee consists of selected Sex Offender Management Board members who work with the staff to review the qualifications of applicants based on the *Standards*. The application is also forwarded to an investigator (who is contracted by the Division of Criminal Justice) to conduct background investigations and personal interviews of references and referring criminal justice personnel. When the Application Review Committee

deems an applicant approved, the applicant is placed on the SOMB Provider List<sup>34</sup>. When a provider is listed in the Provider List, it means that he/she (1) has met the education and experience qualifications established in the *Standards* and (2) has provided sufficient information for the committee to make a determination that the services being provided appear to be in accordance with the *Standards*. In addition, each provider agrees in writing to provide services in compliance with the standards of practice outlined in the *Standards and Guidelines*.

*Complaint Process.* The SOMB received 25 complaints during FY14 made against approved providers and disposed of 17 cases. During FY14, there were two founded complaints, one adult and one juvenile. Both treatment providers were removed from the list of approved providers. For FY15, the SOMB has received 14 complaints. Thus far, three complaints have been disposed of with no founded complaints at time of this publication.

Additionally, the ARC has also been working closely with the Department of Regulatory Agencies (DORA) to address the dual complaint review process that was implemented during the SOMB Sunset Review Process of 2010-11. One significant consequence of this change is the need to create two separate Application Review Committees.

The formation of a second Application Review Committee resulted from the need to review the DORA Report of Investigation and provide feedback to DORA regarding potential *Standards* violations. DORA has indicated that the Report of Investigation is confidential and cannot be released to the treatment provider until and unless a founded violation is determined by DORA. Under this provision, if the original ARC reviewed the Report of Investigation and subsequently used any confidential information it contained for purposes of the SOMB complaint process, it would not be possible to provide this Report to the provider in the event of an appeal for an SOMB complaint finding. After consultation with personnel from DORA and the Attorney General representatives for DORA and CDPS, the decision was made to withhold the Report of Investigation from the ARC given that it cannot be used in the SOMB complaint process. As a result, a second committee had to be formed to review the Report of Investigation. This committee is referred to for convenience as ARC 2.

This duplicative complaint process between DORA and the SOMB was instituted by the previous Sunset Review. The model was intended to provide the ARC with access to the Report of Investigation for its complaint deliberation. However, ARC it is not only prohibited from viewing the Report of Investigation, but a second ARC had to be formed to review this Report for DORA. The change has significantly increased the workload for the ARC and staff due to having to review complaints both on behalf of DORA as well as for the ARC's internal complaint process.

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<sup>34</sup> Placement on the SOMB Provider List is neither licensure nor certification of the provider. The Provider List does not imply that all providers offer exactly the same services, nor does it create an entitlement for referrals from the criminal justice system. The criminal justice supervising officer is best qualified to select the most appropriate providers for each offender.



## *Federal Grant Funding*

- VASOR-2 and SOTIPS Implementation Grant. The SOMB, in conjunction with Bob McGrath (nationally recognized expert in the field of sex offender treatment and management, and one of the developers of the VASOR-2 and SOTIPS), secured \$100,000 in federal funding in 2013 from the Office of Justice Programs SMART Office to provide training on the VASOR-2 (a static risk assessment instrument) and SOTIPS (a dynamic risk and needs assessment instrument) to all probation and parole officers supervising adult sex offenders, as well as all approved adult treatment providers and evaluators in Colorado. Between February and June 2014, this training was held at 8 different sites statewide allowing for approximately 600 professionals to be trained on these assessment tools at no cost to the participants.

In addition, a train-the-trainer session was held so that select trainers in Colorado can be identified and trained in order to sustain this training for new professionals as they come into the field. The State Judicial Department has implemented the use of the VASOR-2 and SOTIPS statewide as part of a uniform and consistent assessment of offender risk and need to inform supervision planning. The Department of Corrections Institutions and Parole Department have indicated plans to implement the SOTIPS as well. This project is but one example of the SOMB's work to ensure Colorado sex offender treatment and management practice is consistent with the current research best practice literature.

- Support for the Adam Walsh Act Implementation Grant. The SOMB was awarded a federal grant titled "Support for the Adam Walsh Act Implementation Grant" in the amount of \$194,060. There are two main goals of this project. The first is to continue to enhance SOTAR<sup>35</sup> to improve data sharing among all Colorado law enforcement agencies. The second goal is to provide training to law enforcement. In order to accomplish the goals, the following objectives are necessary:

Update SOTAR to achieve full compliance with CICJIS<sup>36</sup>: Modify the SOTAR application so that it is compliant with CJIS. In early 2013, CBI provided a draft audit that included the items to be addressed to achieve compliance with CJIS. Grant funding will be used to make code changes to SOTAR, particularly around authentication and auditing, which are required in order to achieve compliance with CJIS.

SORNA-related enhancements: Provide additional SORNA-related enhancements. While SOTAR provides fairly robust functionality, analysis of The National Guidelines for Sex Offender Registration and Notification revealed that there are a number of SORNA-related features that could be added to SOTAR (e.g., documenting passport information,

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<sup>35</sup> Sex Offender Registration and Tracking (SOTAR) Program

<sup>36</sup> CICJIS is the Colorado Integrated Criminal Justice Information System. The purpose of CICJIS is "developing, operating, supporting, maintaining and enhancing in a cost-effective manner, a seamless, integrated criminal justice information system that maximizes standardization of data and communications technology among law enforcement agencies, district attorneys, the courts, and state-funded corrections for adult and youth offenders, and other agencies as approved by the general assembly or by the executive board." C.R.S. 16-20.5-102(2).

LEA searches by phone numbers, and providing the ability for the public to search for offenders by city and/or county). Associated training videos will also be updated.

Statewide training: Hire a contractor to provide training to law enforcement regarding recent updates to the state registry/website as well as SORNA related information.

*Community Notification and Sexually Violent Predator Assessments.* The SOMB works closely with local law enforcement agencies on the required community notification of SVPs. During the 2014 calendar year, the SOMB participated in three community notifications: Fort Collins, Jefferson County, and Westminster. Feedback from these jurisdictions indicates that the support offered by the SOMB staff was important for public officials who have not conducted community notifications in the past. Continuous modification of the protocols for community notification have occurred over the past several years as the public and law enforcement needs for community notification have changed and evolved.

The SOMB revised the Sexually Violent Predator (SVP) Risk Assessment Instrument in 2010 in response to updated research provided by the Division of Criminal Justice Office of Research and Statistics, and to address concerns from stakeholders about certain aspects of the prior version of the Instrument. Since that time, the SOMB has provided training to professionals and the Office of Research and Statistics has continued to collect data on the Instrument.

More recently, in response to recent Colorado Supreme Court rulings, the SOMB has reconvened the Sexually Violent Predator Assessment Committee to address the findings of these court cases<sup>37</sup> and make recommendations for changes to the Assessment Process.

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

In response to this case law, the SOMB has convened a committee with various criminal justice stakeholders to evaluate how to address these issues within the assessment protocol including a possible recommendation for statutory change. New language has subsequently been drafted

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<sup>37</sup> Several recent Colorado Supreme Court decisions have raised some important legal and policy implications for both the Sexually Violent Predator Risk Assessment as well as its enabling statute. This case law was reported upon in the 2013 Annual Legislative Report. In *Allen v. People*, 307 P.3d 1102 (CO. 2013), the Colorado Supreme Court reaffirmed the Court of Appeals' decision which held that the trial court has the discretion to designate an offender as a sexually violent predator under section 18-3-414.5(1)(a)(IV), C.R.S. (2012). While the concurring opinion noted that the trial court should give substantial deference to the SVPASI scored risk assessment screening instrument, it sets the precedent to operate outside of the SVP risk assessment. The results of this ruling could lead to the trial court designating offenders as an SVP based upon credible facts presented in the case, rather than an evidence-based actuarial risk measure. This could have significant unintended consequences such as an excessive amount of SVP designations being applied to offenders, causing an increase in the SVP population overall. Conversely, another result of this ruling could involve offenders who would normally be classified as an SVP per the risk assessment may not receive an SVP designation which also increases the risk to public safety. The definition of the relationship criteria has also been reviewed and the Colorado Supreme Court has identified how the relationship criteria is defined (*People v. Gallegos*, 2013 CO 45, 307 P.3d 1096, *Uribe-Sanchez v. People*, 2013 CO 46, 307 P.3d 1090, *Candelaria v. People*, 2013 CO 47, 303 P.3d 1202, *People v. Hunter*, 2013 CO 48, 307 P.3d 1083). While the SVP risk assessment includes the relationship criteria, it is not a risk-based factor for sexual recidivism. Rather, the relationship criteria are based on the original federal statutory language.

for the SVP assessment handbook to address the relationship criteria issue. In August of 2014, the SOMB approved changes to the relationship criteria based upon this case law, and added further guidance for assessing female sex offenders and sex offenders with developmental disabilities.

Additionally, the SOMB staff developed an informational video for law enforcement agencies related to SVPs for use during Community Notifications. This video provides the public with awareness of current Colorado sex offender laws, research and education.

*Treatment within the Department of Corrections.* The SOMB, in conjunction with Department of Corrections (DOC), the Judicial Department, and the State Board of Parole, revised the Criteria for Successful Progress in Treatment in Prison in November 2010, and added Parole Guidelines for Discretionary Release on Determinate-Sentenced Sex Offenders in November 2011. The SOMB has also been working closely with the DOC Sex Offender Treatment and Monitoring Program staff to address modifications to the Program being implemented in response to the CCCFPS External Evaluation of the Program completed in 2013. As of this date, DOC has not requested changes to any of the *Standards and Guidelines* in achieve their program modifications, including the Criteria for Successful Progress in Treatment in Prison. The SOMB has expressed its willingness to collaborate with DOC on any needed changes in the future. Integration between the SOMB and DOC continue to be a key priority.

*Research Projects and Literature.* The SOMB is currently working on a number of research projects to support the review of the *Standards and Guidelines*. For more information related to the current research projects, see Appendix C. In addition, the SOMB continuously reviews Colorado and national research and best practice literature to determine any potential needed changes to the *Standards and Guidelines*. Methods for research review include:

- Literature reviews to be utilized in conjunction with any *Standards and Guidelines* revisions,
- Sponsoring trainings by national leaders in the field for Colorado stakeholders,
- Research and best practice presentations to the SOMB members during SOMB meetings.
- Monthly article dissemination to the SOMB on articles provided by SOMB members and other interested stakeholders

## SECTION 4: FUTURE GOALS AND DIRECTIONS

From its enabling statute, the mission of the SOMB requires a continuing focus on public safety. In order to achieve this 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. The SOMB recognizes that over the past 20 years, much of our knowledge and information of sexual offending has evolved. Since the creation of the board, the *Standards and Guidelines* have continuously been in a 'work in progress'. Thus, subsequent and periodic revisions to improve the *Standards and Guidelines* will remain a key strategic priority for the SOMB in its process for adopting new research- and evidence-based practices as they emerge from the literature and the field. The SOMB has and will continue to recognize the key role that the RNR principles regarding the successful rehabilitation and management of adults and juveniles who commit sexual offenses.

*Strategic Action Plan.* Under the leadership of the SOMB, a preliminary strategic planning session was conducted in FY2013 which identified the priorities for the future direction of the SOMB (see Appendix A). Within the context of these established priorities, the following outline describes the SOMB's current plan for FY2015:

- Modify and revise the Standards and Guidelines on the basis of current and emerging research at the committee level.
- Continue to prioritize the critical issues from these evaluations into an Action Plan for FY2015 through completion. This action plan will delegate specific priorities to committees with measurable goals and next steps. This will involve assessing implementation of the changes and documenting feedback.
- Solicit stakeholder feedback on proposed revisions.
- Pilot the Competency Based Model using the principles of Implementation Science.
- Offer Standards training to all relevant stakeholders statewide.
- Provide SOMB members indicated their top priority was to receive, review and apply current and emerging research from the field of sex offender treatment and management.
- Comprehensively addressing victim issues that have been raised since the last revision to the Standards and Guidelines. This includes increasing the access and availability of victim advocates on Community Supervision Teams and Multi-Disciplinary Teams.
- Brain Development – A specific area of interest is brain development regarding a youth's neurological development from adolescent into young adulthood.
- Polygraph – Considerable attention has been paid to the use of the polygraph. The SOMB has committed to studying the use of the polygraph thoroughly to ensure the effective and appropriate use of this treatment and supervision tool.

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## APPENDIX A: SOMB STRATEGIC ACTION PLAN

### Overview

This Strategic Action Plan describes an integrated and comprehensive outline of the future directions and priorities of the Sex Offender Management Board (SOMB) based on the following:

- 1) The SOMB's strategic planning goals and direction (see SOMB Strategic Planning Goals and Directions);
- 2) The results of statewide outreach focus groups conducted by the SOMB (see Appendices A and B); and
- 3) The results of the external evaluation of the Adult Standards and Guidelines.

The priorities identified below will be reviewed and addressed by the SOMB to determine whether or not to make changes to the Adult and Juvenile *Standards and Guidelines* or SOMB policy. Each of these priorities will be tasked or delegated to the committee level for further review. Upon review, committees will determine if revisions are necessary and provide recommendations for the SOMB to consider for ratification. As each committee addresses their respective priorities, subsequent items may be prioritized by the Executive Committee. While the SOMB views all of these items as important issues to study, prioritization is necessary to ensure that all resources are efficiently managed and stakeholder groups have the opportunity to provide input during this process.

### Adult Sex Offender Standards and Guidelines, and Policy Action Plan

*1. Explore whether and how to incorporate the Risk-Need-Responsivity principles (RNR) into the Adult Standards and Guidelines (Overlap Areas from Both External Evaluation and SOMB Outreach Focus Groups, Number 1)*

**RECOMMENDED ACTION:** Convene an Adult Standards Revisions Committee in order to review possible Standards revisions.

*Subcategories from Overlap Areas from Both External Evaluation and SOMB Outreach Focus Groups:*

*6. Explore whether and how to replace the Low Risk Protocol with different instrument*

**RECOMMENDED ACTION:** Will be addressed by Standards Revisions Committee as part of its ongoing process.

*7. Explore whether and how to adjust the role of polygraph, including sex history –*

**RECOMMENDED ACTION:** Will be addressed by Standards Revisions Committee as part of its ongoing process.

*Strategic Goals and Directions from SOMB Strategic Planning Goals and Directions*



- 5 – Polygraph

8. *Explore whether and how to add to the Special Populations / Specializations Standards*

**RECOMMENDED ACTION:** Will be addressed by Standards Revisions Committee as part of its ongoing process.

*Strategic Goals and Directions from SOMB Strategic Planning Goals and Directions*

- 1 – Current and Emerging Research on Sex Offender Treatment
- 4 – Brain Development
- 6 – Section 5 of Standards and Guidelines

2. *Evaluate whether and how to incorporate Victim Voice into Treatment (Overlap Areas from Both External Evaluation and SOMB Outreach Focus Groups, Number 2)*

**RECOMMENDED ACTION:** Integrating victim voice into treatment can be reviewed by both the Victim Advocacy Committee and the Standards Revision Committee.

*Strategic Goals and Directions from SOMB Strategic Planning Goals and Directions*

- 3 – Victim Safety Issues

3. *Explore whether and how to ensure Treatment Continuity (Overlap Areas from Both External Evaluation and SOMB Outreach Focus Groups, Number 3)*

**RECOMMENDED ACTION:** Convene an ad hoc committee with all key agency and program stakeholders to consider options for the formulation, development and possible revisions to Standards

4. *Explore whether and how to replace the Sexually Violent Predator Risk Assessment Instrument (SVPRAI) with a different instrument (Overlap Areas from Both External Evaluation and SOMB Outreach Focus Groups, Number 4)*

**RECOMMENDED ACTION:** Task to SVP Assessment Committee for further review.

5. *Explore whether and how to develop an implementation model and strategy (Overlap Areas from Both External Evaluation and SOMB Outreach Focus Groups, Number 5)*

**RECOMMENDED ACTION:** Designate to staff in conjunction with Executive Committee.

9. *Explore whether and how to develop a formal conflict resolution process for team disagreement*

*(Overlap Areas from Both External Evaluation and SOMB Outreach Focus Groups, Number 9)*

**RECOMMENDED ACTION:** The Executive Committee will identify potential needs and solutions for Board review.

**Juveniles who Commit Sexual Offenses Standards and Guidelines, and Policy Action Plan**

Task Juvenile Standards Revisions Committee with:

24. Explore whether and how to adjust Standards for *Informed Supervision*

26. Explore whether and how to adjust Standards for *Safety Planning*

*Strategic Goals and Directions from SOMB Strategic Planning Goals and Directions*

- 1 – Current and Emerging Research on Sex Offender Treatment
- 4 – Brain Development

**Overlap Areas from Both External Evaluation and SOMB Outreach Focus Groups**  
Prioritized

Number	General Area of Interest	Committee Designation	Votes
1	<i>Explore whether and how to incorporate RNR in Standards</i>	Standards	14
2	<i>Evaluate whether and how to incorporate Victim Voice into Treatment</i>	Standards and Policy	11
3	<i>Explore whether and how to ensure Treatment Continuity</i>	Policy	9
4	<i>Explore whether and how to replace the SVPRAI with a different instrument</i>	Standards and Policy	9
5	<i>Explore whether and how to develop an implementation model and strategy</i>	Standards and Policy	9
6	<i>Explore whether and how to replace the Low Risk Protocol with different instrument</i>	Standards	7
7	<i>Explore whether and how to adjust the role of polygraph, including sex history</i>	Standards	7
8	<i>Explore whether and how to add to the Special Populations / Specializations Standards</i>	Standards	7
9	<i>Explore whether and how to develop an alternative conflict</i>	Standards and Policy	7

	<i>resolution for team disagreement</i>		
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Not Prioritized

10	Explore whether and how to revise guiding principles	Standards	5
11	Explore whether and how to revise clarification and reunification	Standards	3
12	Explore whether and how to incorporate Good Lives Model and Motivational Factors	Standards	2
13	Explore whether and how to deemphasize denial as a Risk Factor	Standards	2
14	Explore whether and how to revise the Lifetime Supervision Criteria	Standards	1
15	Explore whether and how to modify Contact with Children and Contact with Children Assessment	Standards	1
16	Explore whether and how to revise the application and complaint process	Standards	1
17	Explore whether and how to address probation/parole using referrals to dictate treatment Standards and conditions	Standards	1
18	Explore whether and how to provide advocacy for providers	Standards	1
19	Explore whether and how to improve external communication to stakeholders	Standards	1

Note: This list of items originated from the areas/issues for which there was overlap identified in the results from the external evaluation and the statewide outreach focus groups. Items not prioritized may be addressed by the Board in the future once the prioritized items have been reviewed.

**Non-Overlap Areas (Noted in Either the External Evaluation OR SOMB Outreach Focus Groups)**

Number	Action Item Identified	Source of Recommendation	Adult or Juvenile Focus	Standards or Policy Issue	Recommendation/ Comment
20	Explore whether or how to deemphasize empathy as a risk factor	External Evaluation	Adult	Standards	The SOMB has not addressed this issue.
21	Educate all Professionals on RNR	External Evaluation	Adult	Policy	The Staff Training Coordinator is working on this.
22	Revise Victim Clarification and Contact Readiness Criteria	External Evaluation	Adult	Standards	The readiness criteria was just published.
23	Provide more offender resources	Internal Evaluation	Adult	Policy	The SOMB is collaborating with Colorado COSA.
25	Explore issues related to treatment methodology and outcomes	Internal Evaluation	Juvenile	Standards	The Juvenile Standards Revisions Committee recently completed a revision to this section.
27	Explore whether to include the CCA and Young Adult Protocol in the Juvenile Standards	Internal Evaluation	Juvenile	Standards	Can be addressed when publish new Juvenile Standards.
28	Explore adjustments to sex offender registration	Internal Evaluation	Both	Policy	Issue of registration was addressed by the 2014 Legislative Report and will continue to be addressed by the SOMB Sex Offender Registration Legislative Work Group.

Note: Non-Overlap Areas (Noted in Either the External Evaluation OR SOMB Outreach Focus Groups) is a list of items that were either identified in the external evaluation nor the SOMB outreach focus groups, but not both. These items were not voted upon by the Board, but rather referred to the Executive Committee for review.

**SOMB Strategic Planning Goals and Directions (August 8<sup>th</sup>, 2013 – Pre-External Evaluation and SOMB Outreach Focus Groups)**

<b>Number</b>	<b>Agenda Item</b>	<b>Current Status</b>	<b>Votes</b>
1	<i>Current and Emerging Research on Sex Offender Treatment</i>	Developed new processes and procedures for providing board members with monthly research and literature updates.	12
2	<i>Prevention</i>	Received presentation by representative from the Colorado Department of Public Health and Environment (CDPHE) - need to identify next steps.	7
3	<i>Victim Safety Issues</i>	Integrated into Action Plan # 2	7
4	<i>Brain Development</i>	Integrated into Action Plan # 1	6
5	<i>Polygraph</i>	Integrated into Action Plan # 7	5
6	<i>Section 5 of Standards and Guidelines</i>	Integrated into Action Plan # 1	5
7	<i>Case Law Updates</i>	Received SVP and CCA law updates and will address others as relevant	3
8	<i>Family Engagement (role of family)</i>	Discussion Item for March 2014	3
9	<i>Multi-Agency Program Evaluation</i>	Ongoing staff work area with Board presentation potentially in April 2014	2
10	<i>DORA Complaint Process</i>	Currently being addressed by ARC in conjunction with Attorney General Representative	2
11	<i>Outreach and Public Education</i>	Has not been addressed as yet.	2

Notes: The SOMB Strategic Planning Goals and Directions were formulated and voted upon by the Board on August 8<sup>th</sup>, 2013. This was prior to the external evaluation and the statewide focus groups conducted by the SOMB staff. Some of the items identified in this list such as *Current and Emerging Research on Sex Offender Treatment* have been addressed and are currently underway.

## APPENDIX B: COMMITTEE WORK UPDATES

### **Adult Standards Revision Committee**

**Active**

Committee Chair: Jeff Geist and Missy Gursky  
Formed in 2014

**Purpose:** The purpose of the Adult Standard Revision Committee is to evaluate whether and how to more fully integrate the RNR principles into the *Adult Standards and Guidelines*. Further, this committee is tasked with evaluating the Low-Risk Protocol, the Child Contact Assessment and other areas of the *Standards* that may require revisions. The committee meets once per month.

**Major Accomplishments:** The Adult Standard Revision Committee has reviewed an extensive amount of research related to the RNR principles and have begun revising the *Adult Standards and Guidelines*. The committee has made proposed revisions to the Introduction and the Guiding Principles.

**Future Goals for 2015:** The committee will continue to review research and revise the *Adult Standards and Guidelines* to more explicitly integrate the RNR principles, with ongoing input from stakeholders.

### **Juvenile Standards Revision Committee**

**Active**

Committee Chair: Carl Blake and Ted Romero  
Formed Prior to 2014

**Purpose:** The committee reviews and revises the *Juvenile Standards and Guidelines* as needed. The committee meets once per month.

**Major Accomplishments:** In the past year, Sections 3.000, 7.000 and 8.000 have been revised and are set for publication in 2015.

**Future Goals for 2015:** The committee will be reviewing section 9.000 of the *Juvenile Standards and Guidelines*, definitions, guiding principles and updating research citations.

### **Best Practices Committee**

**Active**

Committee Chair: Tom Leverage

Post-2014

**Purpose:** To facilitate the SOMB in assuring that the *Adult and Juvenile Standards and Guidelines* are dynamic documents that are responsive to the best practices research and literature in the field. The committee meets once per month.

**Major Accomplishments:** The Best Practices committee, in conjunction with the ARC, completed a comprehensive Competency Based model for the SOMB approval of adult and juvenile treatment providers, evaluators, and clinical supervisors.

**Future Goal for 2015:** The Best Practices committee will continue meeting in order to identify future direction in regard to educating the SOMB, possible strategic areas of need for standards revisions and modifications.

### **Continuity of Care Committee**

**Active**

Committee Chair: Allison Watt

Post-2014

Purpose: The purpose of the Continuity of Care Committee was to convene a group of multi-disciplinary stakeholders to address systematic gaps in service delivery for offenders moving between criminal justice systems (e.g... residential care to outpatient). This includes issues related to sharing information (e.g., the release of confidential records, risk assessments, treatment progress notes, etc.), starting over in treatment, and general reentry problems that are experienced by sex offenders. The committee meets once per month.

Major Accomplishments: This committee created a universal form for treatment providers to use during the intake assessment process of sex offender in order to determine the proper placement and level of risk in treatment(Sex Offense Specific - Intake Review for Clients who have been in Prior Treatment). This has been reviewed by the SOMB and been approved to undergo field testing. Additionally, the committee is in the process of creating a resource tab on the SOMB website to be used by all stakeholders. This committee is also in the process of revising the policy for background checks required for potential approved supervisors, noted in Section 5.700 of the *Adult Standards and Guidelines*.

Future Goals for 2015: The intake assessment form will be piloted by participating agencies and feedback to its utility and effectiveness will be collected and evaluated in 2015.

### **Sexually Violent Predator Assessment Committee**

**Active**

Committee Chair: Chris Lobanov-Rostovsky

Post-2014

Purpose: The purpose of the Sexually Violent Predator (SVP) committee is to work on addressing recent court cases regarding SVP designation of status, and consider potential revisions to the protocol and whether to make recommendations for statutory change. The committee meets once per month.

Major Accomplishments: The handbook and instrument have been revised to account for the Supreme Court rulings regarding the relationship criteria, and also to account for the unique issues posed by assessing females and individuals with intellectual and developmental disabilities.

Future Goals for 2015: Make a recommendation for a potential statutory change from the SVP system to a risk-based classification system.

### **Risk Assessment Committee**

**Active**

Committee Chair: Chris Lobanov-Rostovsky

Pre-2014

Purpose: This committee is working on implementation of a statewide evidence-based adult risk assessment process to be utilized by both supervision officers as well as treatment providers/evaluators. This initiative has been funded by a federal grant to provide training on the VASOR (a static risk assessment scale) and the SOTIPS (a dynamic risk and needs assessment scale).

Major Accomplishments: The SOTIPS/VASOR training has been offered statewide. A total of eight trainings were conducted with approximately 500-600 attendees. These trainings were conducted over the course of the first six months of 2014 by national trainers Dr. Bob McGrath and Ms. Georgia Cumming. The Committee is hopeful this training will lead to a standardized and routine sex offender risk and need assessment process that will allow the proper level and intensity of treatment and supervision with regular reevaluations and adjustments made as needed.

Future Goals for 2015: The Committee has received train the trainer training, and will be offering this training regionally in 2015.

### ***Family Education, Engagement and Support Committee***

***Active***

Committee Chair: Chris Lobanov-Rostovsky

Pre-2014

Purpose: The purpose of the Family Education, Engagement, and Support Committee is to provide a mechanism for ongoing and mutual communication of SOMB policy issues as well as issues related to family engagement, education and support.

Major Accomplishments: The Family Education, Engagement, and Support Committee provided two panel discussions (May and September 2014) to the SOMB in which family members shared personal stories and recommendations as a way of highlighting some of the issues. The SOMB, in collaboration with families and other offender advocate organizations developed and launched a survey aimed at asking families about their experiences with Colorado's system.

Future Goals for 2015: The Family Education, Engagement, and Support Committee plans to review the data collected, continue interfacing with the SOMB and provide input on future standards revisions.

### ***Reference Guide for School Personnel Committee***

***Active***

Committee Chair: Raechel Alderete

Post-2014

Purpose: Provide best practices/education for school personnel in working with juveniles who have committed a sexual offense.

Major Accomplishments: Revised the Guide that was originally published in 2003.

Future Goal for 2015: Complete work on the Guide and provide training for school personnel.

### ***Circles of Support and Accountability Committee***

***Active***

Committee Chair: Dianna Lawyer-Brook

Pre-2014

Purpose: The purpose of the SOMB Circles of Support and Accountability (COSA) Steering Committee is to provide support and guidance to the work of Colorado COSA, a non-profit organization funded through a Second Chance Act grant from the Department of Corrections (DOC) and dedicated to developing COSA in the state.

Major Accomplishments: To date, there are now 6 Circles operating in Denver, Boulder, and Fort Collins. Training for new volunteers has been ongoing throughout the year, and collaboration with DOC has been useful in identifying appropriate core members (individuals convicted of a sex crime) to participate in Circles.

Future Goals for 2015: The goals for 2015 include continued expansion of COSA into other areas of the state, possible inclusion of probation clients, and finding funding for sustainability of COSA.

### ***Sex Offender Registration Legislative Work Group***

***Active***

Committee Chair: Chris Lobanov-Rostovsky

Pre-2014

Purpose: This committee is made up of law enforcement and registry professionals to address system concerns related to sex offender registration. The committee attempts to look at registry processes and make improvements or suggestions for improvements. The committee typically meets quarterly.



Major Accomplishments: The Committee identified a registration gap between the Division of Youth Corrections (DYC) and the Colorado Bureau of Investigation in ensuring youth committed to DYC are being properly registered and law enforcement is aware the youth are committed. The Committee also continues to monitor transient registration and make recommendations related to how this process is working.

Future Goals of 2015: Continue to monitor registration policy and process issues, and make recommendations for potential policy and statute change.

### **Training Committee**

**Active**

Committee Chair: Raechel Alderete

Post-2014

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 events. 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.

Major Accomplishments: This committee re-convened in December of 2014 and began identifying training objectives for the 2015 SOMB Conference.

Future Goals for 2015: This committee plans to have stakeholders involved in training and conference planning, which will include hosting or co-hosting 4-5 national speaker training events, the annual conference and continued staff training for external agencies this fiscal year.

### **Victim Advocacy Committee**

**Active**

Committee Chair: Allison Boyd

Pre-2014

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

Major Accomplishments: Providing input on standards revisions, reviewing research on best practice for victim needs, and providing board training and presentations, such as during crime victims' rights week. The committee meets monthly.

Future Goal for 2015: Continue to provide input on standards revisions and additional training.

### **Application Review Committee 1**

**Active**

Committee Chair: Carl Blake

Pre-2014

Purpose: This committee reviews all applications, reapplications and complaints.

Major Accomplishments: Over the past year, the ARC has worked with the Best practice committee to develop the Competency based model for approving providers. The committee has processed numerous applications and has reviewed complaints against listed providers. The committee Meets twice monthly.

Future Goal for 2015: In the coming year the committee will continue work towards implementation of the competency based model.

## **Application Review Committee 2**

**Active**

Committee Chair: Merve Davies

Post-2014

**Purpose:** The second Application Review Committee is tasked to provide feedback to DORA regarding potential Standards violations. DORA has indicated that the Report of Investigation is confidential and cannot be released to the treatment provider until and unless a founded violation is determined by DORA. Under this provision, if the ARC 1 reviewed the Report of Investigation and subsequently used any confidential information it contained for purposes of the SOMB complaint process, it would not be possible to provide this Report to the provider in the event of an appeal for an SOMB complaint finding. It was therefore decided to not allow the ARC 1 to review the Report of Investigation given that it cannot be used in the SOMB complaint process. As a result, ARC 2 had to be formed to review the Report of Investigation.

**Major Accomplishments:** ARC 2 reviewed 4 Reports of Investigation and provided feedback to DORA. Additionally, ARC 2 examined two complaints against service providers. The committee meets monthly.

**Future Goals for 2015:** Continue to review Reports of Investigation and provide input to DORA.

## **Domestic Violence/Sex Offender Crossover Committee**

**Active**

Committee Chair: Cheryl Davis

Pre-2014

**Purpose:** The Domestic Violence/Sex Offender Crossover Committee is a combined committee of the DVOMB and SOMB whose task is to continually address the crossover issues of the domestic violence and sex offending through training, standards revisions and board education/awareness.

**Major Accomplishments:** This committee presented three workshops at the SOMB Annual Conference. Additionally, this committee participates on the SOMB Adult Standards Revision Committee and SOMB Juvenile Revisions Committee.

**Future Goals for 2015:** Providing trainings as requested, and continued participation on revision committees to allow for greater inclusiveness of crossover issues in the standards for treatment.

## **Female Sex Offender Committee**

**Temporary Recess**

Committee Chair: Missy Gursky

Pre-2014

**Purpose:** The Female Sex Offender Committee is charged with reviewing the research related to female sex offenders and developing an empirically guided risk assessment instrument for practitioners to use in the field. Currently, there is no empirically guided risk assessment for female sex offenders. Risk assessments that have been developed on males are being used on females, whose static and dynamic risk and protective factors have been documented to be different.

**Major Accomplishments:** The research committee conducted a literature review and has been in the process of compiling and synthesizing that literature to identify potential risk and protective factors.

**Future Goals for 2015:** Upon completion, the SOMB plans to disseminate the assessment tool to providers and collect data on its effectiveness at measuring short-term and long-term risk and protective factors.

## **Young Adult Sex Offender Committee**

**Inactive**

Committee Chair: Merve Davies

Pre-2014

**Purpose:** This committee was charged with creating an addendum for professionals working with young adults between ages 18-25. It offered ideas on how Community Supervision Teams (CSTs) and Multi-Disciplinary Teams (MDTs) could collaborate on cases to help these offenders be more successful with supervision and treatment, based on their maturation level. This committee used current neurological and behavioral research to help establish a basis for its findings.

**Major Accomplishments:** The addendum was rewritten during 2014 to be clearer to stakeholders and to be user friendly for all stakeholders. The rewritten addendum was approved by the SOMB in June 2014.

**Future Goal for 2015:** The committee has adjourned. The SOMB and staff plan to continue offering regional policy update trainings to inform providers and supervisors of the changes related to the Young Adult Modification Protocol during 2015.

## **Sexually Stimulating Materials Committee**

**Inactive**

Committee Chair: Chris Lobanov-Rostovsky

Pre-2014

**Purpose:** The Sexually Stimulating Materials Committee convened in order to review literature and provide guidance to CSTs and MDTs regarding the differences between sexually oriented and/or explicit materials from sexually stimulating materials. A key goal of treatment is to help adults and juveniles who have sexually offended to gain an increased understanding of healthy, non-abusive sexuality. However, in the past, this has been a challenge due to inconsistent practices and policies noted by the *Standards* and the terms and conditions of supervision, as disclosures of sexual interest in certain sexually stimulating (but non-sexually oriented) materials could result in a violation of the terms and conditions of supervision.

**Major Accomplishments:** The committee developed an appendix that attempts to clarify Adult Standard 5.620 and Juvenile Appendix J (12). This appendix was finalized and approved by the SOMB in April of 2014.

**Future Goals for 2015:** The committee has adjourned. The SOMB and staff plan to continue offering regional policy update trainings to inform providers and supervisors of the changes related to the Sexually Stimulating Materials Appendix.

## **Denial Revisions Committee**

**Inactive**

Committee Chair: Jeff Geist

Pre-2014

**Purpose:** At the end of FY2013, the SOMB convened a committee made up of numerous stakeholders to review and make revisions to Section 3.500 of the *Adult Standards and Guidelines* regarding sex offenders in denial.

**Major Accomplishments:** Updates have been completed to Section 3.500 to provide a more comprehensive framework for the issue of denial and how it relates to risk, treatment, supervision, and community/victim safety using current research. In addition to incorporating more current research, the denial revisions provide directions to CSTs and provides evaluates and treatment providers with more authority in determining an offender's level of denial. More detailed descriptions of denial were added to clarify the differential classifications. Of importance, the revisions to Section 3.550 no longer prohibit Level 3 Severe deniers from being recommended for community-based treatment.

Future Goals for 2015: The committee has adjourned. The SOMB and staff plan to continue offering regional policy update trainings to inform providers and supervisors of the changes related to Section 3.500 of the *Adult Standards and Guidelines* during 2015.

# SOMB RESEARCH STATUS REPORT - Q2 FY15

Reporting Period (October 2014-December 2015)

## Project Headers and Upcoming Key Activities

Status Start Date End Date (if estimated)

## Progress to Date

## Next Steps

- All scheduled tasks to date have been completed. No actions are required to get the project on track.
- Some scheduled tasks have not been completed. Actions are required to get the project on track.
- Progress has slowed significantly. Numerous scheduled tasks have not been completed.
- Actions are required for the project to start making adequate progress again. Significant uncertainty.

## Current Projects

Project Name	Status	Start Date	End Date (if estimated)	Progress to Date	Next Steps
<b>1 Program Evaluation Training Package</b> <i>Description:</i> This is an ongoing initiative that was identified as a major gap in the SOMB research program. The key concept is developing a training package that teaches program evaluation to providers in order to build the capacity, skills and resources for individual programs to evaluate their own programs. Programs would collect ongoing data that would track their processes and outcomes, giving insight into what is and is not working.	●	Mar 2012	Jun 2016*	SOMB staff finalized the curriculum and launched the program evaluation trainings. To date, there have been 6 introductory trainings conducted with over 60 participants.	The advanced seminar trainings are planned to begin sometime after the start of FY2016 with ongoing introductory trainings offered on an as needed basis.
<b>2 Colorado Youth Project</b> <i>Description:</i> This project is a collaborative effort between the SOMB and noted national researchers Dr. David Burton, Dr. George Leibowitz and Dr. Jamie Yoder. The research design for this project is pending IRB approval. The project is intended to follow-up to the findings from the 2013 evaluation of the Juvenile Standards and Guideline by looking at three content areas: (1) family dynamics and characteristics; (2) theapeutic process; (3) sentencing and pornography.	●	May 2013	Dec 2020*	Dr. George Leibowitz and Dr. Jamie Yoder recently visited Colorado to provide an all day training on evidence-based practices you juveniles who sexually abuse and launch the CYP. This event was to recruit approved treatment providers to participate in the study once the IRB has approved the study. Additionally, outreach to recruit schools in this study is ongoing.	Obtain IRB approval. Continue to conduct recruitment and begin data collection by March 1st, 2015.
<b>3 Family Engagement Survey</b> <i>Description:</i> The SOMB, in collaboration with families and other offender advocate organizations developed and launched a survey aimed at asking families about their experiences with Colorado's system. The purpose of this exploratory study is to gather some qualitative data on the experiences of families of adults and/or juveniles who have sexually offended.	●	Nov 2014	May 2015*	Data collection is ongoing and there are currently over 150 family members who have participated in the study.	Upon completion of data collection, the SOMB staff will begin analyzing data to report back to the Family Education, Engagement and Support Committee.
<b>4 Transient Sex Offender Survey</b> <i>Description:</i> The Transient Sex Offender survey is a collaborative effort between the SOMB and CBI to measure the impact of H.B. 12-340. The survey was administered statewide to county and city law enforcement agencies in for FY2012, FY2013 and FY2014.	●	Aug 2010	Dec 2014*	The survey was administered statewide to county and city law enforcement agencies in for FY2012, FY2013 and FY2014. Data collected were analyzed and reported upon in the 2015 Annual Legislative Report.	Assess need to administer the survey for FY15.
<b>5 Female Offender Guided Risk Assessment</b> <i>Description:</i> Currently, there is no guided risk assessment for female sex offenders. Risk assessments that have been developed on males should not be used on females. This project seeks to build a guided risk assessment for practitioners to use.	●	Aug 2010	Dec 2015*	The female offender committee is currently not active due to other ongoing committee priorities. The SOMB Female Offender committee has begun working reviewing the literature to identify risk and protective factors.	This committee, once reconvened, will continue to develop this risk assessment when resources allow.
<b>6 Evaluation of Shared Living Arrangements (SLAs)</b> <i>Description:</i> This study compares the treatment outcomes of a randomized sample of offenders not in an SLA to a treatment group of offenders who are participating in an SLA. The overall aim of this study is to determine if SLAs are an effective treatment tool.	●	Mar 2011	Dec 2015*	Staff received data collection forms. For the randomized sample of offenders not in an SLA, there is an n = 59, while there is an n = 56 for offenders in an SLA.	Ongoing data collection and data entry through February. Data analysis will begin thereafter.
<b>7 Lifetime Supervision Annual Report</b> <i>Description:</i> Report pursuant to Section 18-1.3-1011, C.R.S. The purpose of this report is to provide the legislature with specified statistics on the Lifetime Supervision Act.	●	Dec 2013	Nov 2014	This report was submitted to the legislature.	The departments involved in writing the report are planned to provide the SOMB with a presentation during the March meeting.
<b>8 2015 SOMB Annual Report</b> <i>Description:</i> This is a legislatively mandated report to be due annually on January 31st. It requires the SOMB to report on best practices.	●	Jan 2014	Jan 2015	The legislative report was submitted to the legislature.	