

Lifetime Supervision of Sex Offenders

Annual Report



November 1, 2016

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

Lifetime Supervision of Sex Offenders | 2016

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INTRODUCTION

The Colorado Department of Corrections (CDOC), Colorado Department of Public Safety (CDPS) and the State Judicial Department have collaborated to write this Annual Report on lifetime supervision of sex offenders. The report is submitted pursuant to Section 18-1.3-1011, C.R.S.:

“On or before November 1, 2000, and on or before each November 1 thereafter, the department of corrections, the department of public safety, and the judicial department shall submit a report to the judiciary committees of the house of representatives and the senate, or any successor committees, and to the joint budget committee of the general assembly specifying, at a minimum:

- (a) The impact on the prison population, the parole population, and the probation population in the state due to the extended length of incarceration and supervision provided for in sections 18-1.3-1004, 18-1.3-1006, and 18-1.3-1008;
- (b) The number of offenders placed in the intensive supervision parole program and the intensive supervision probation program and the length of supervision of offenders in said programs;
- (c) The number of sex offenders sentenced pursuant to this part 10 who received parole release hearings and the number released on parole during the preceding twelve months, if any;
- (d) The number of sex offenders sentenced pursuant to this part 10 who received parole or probation discharge hearings and the number discharged from parole or probation during the preceding twelve months, if any;
- (e) The number of sex offenders sentenced pursuant to this part 10 who received parole or probation revocation hearings and the number whose parole or probation was revoked during the preceding twelve months, if any;
- (f) A summary of the evaluation instruments developed by the management board and use of the evaluation instruments in evaluating sex offenders pursuant to this part 10;
- (g) The availability of sex offender treatment providers throughout the state, including location of the treatment providers, the services provided, and the amount paid by offenders and by the state for the services provided, and the manner of regulation and review of the services provided by sex offender treatment providers;
- (h) The average number of sex offenders sentenced pursuant to this part 10 that participated in Phase I and Phase II of the department's sex offender treatment and monitoring program during each month of the preceding twelve months;
- (i) The number of sex offenders sentenced pursuant to this part 10 who were denied admission to treatment in Phase I and Phase II of the department's sex offender treatment and monitoring program for reasons other than length of remaining sentence during each month of the preceding twelve months;

- (j) The number of sex offenders sentenced pursuant to this part 10 who were terminated from Phase I and Phase II of the department's sex offender treatment and monitoring program during the preceding twelve months and the reason for termination in each case;
- (k) The average length of participation by sex offenders sentenced pursuant to this part 10 in Phase I and Phase II of the department's sex offender treatment and monitoring program during the preceding twelve months;
- (l) The number of sex offenders sentenced pursuant to this part 10 who were denied readmission to Phase I and Phase II of the department's sex offender treatment and monitoring program after having previously been terminated from the program during the preceding twelve months;
- (m) The number of sex offenders sentenced pursuant to this part 10 who were recommended by the department's sex offender treatment and monitoring program to the parole board for release on parole during the preceding twelve months and whether the recommendation was followed in each case; and
- (n) The number of sex offenders sentenced pursuant to this part 10 who were recommended by the department's sex offender treatment and monitoring program for placement in community corrections during the preceding twelve months and whether the recommendation was followed in each case.”

This report is intended to provide the Colorado General Assembly with information on the sixteenth year of implementation of the Lifetime Supervision Act in Colorado. The report is organized into three sections, one for each of the required reporting departments. Each department individually addresses the information for which it is responsible in implementing lifetime supervision and associated programs.

IMPACT ON PRISON AND PAROLE POPULATIONS

The legislation enacting the Lifetime Supervision Act of sex offenders (CRS 18-1.3-1004, CRS 18-1.3-1006, and CRS 18-1.3-1008) affected persons convicted of sex offenses committed on or after November 1, 1998. The first prison admission for the qualifying lifetime supervision sexual offenses occurred in late 1999.

Admissions and Discharges for Fiscal Year 2016

During fiscal year (FY) 2016, (July 1, 2015 through June 30, 2016) 123 new court commitments were admitted to the CDOC under the lifetime supervision provisions for sex offenses. Offenders may be admitted to prison with a conviction for a non-lifetime supervision offense along with a concurrent or consecutive lifetime supervision sentence to probation for the qualifying sex offense, but these offenders are not included among those counted as lifetime supervision sex (LSX) offenders. During the fiscal year 33 offenders were removed from lifetime supervision status, 16 died, 2 were released from LSX designation by the courts to probation, 9 remained in custody but had their LSX sentence discharged, 4 had their sentence discharged while on parole, 1 had an early parole discharge, and 1 discharged from his sentence but remained on parole.

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

Fiscal Year 2016 Population

During FY 2016, 2,314 offenders were under CDOC supervision for sexual offense convictions sentenced under the lifetime supervision provisions. As described above, 33 of these were removed from lifetime supervision status during FY 2016. Of the remaining 2,281 lifetime sex offenders, 1,194 were in state prisons, 522 were in private prisons, 538 were on parole, and 27 were in other locations (e.g., Community corrections, interstate correction compact transfer, and jail backlog). Figure 1 breaks these placements out further.

Of the 2,314 lifetime supervision offenders under CDOC supervision during FY 2016, almost all are male (99%), and the median age was 47 years. Fifty-seven percent of these offenders were Caucasian, 27% were Hispanic, 13% were African American, and 3% were other ethnicities.

Previous Lifetime Supervision of Sex Offender (LSX) annual reports counted only those offenders who were designated LSX on June 30 of that report year. This report counts all offenders who were designated as LSX anytime during the fiscal year. This includes offenders who discharged their LSX sentence during the fiscal year or those who died. This provides a more accurate count of all offenders who were designated as a lifetime sex offender at any point during the fiscal year.

Figure 1. Location of Lifetime Supervision Sex Offenders on June 30, 2016

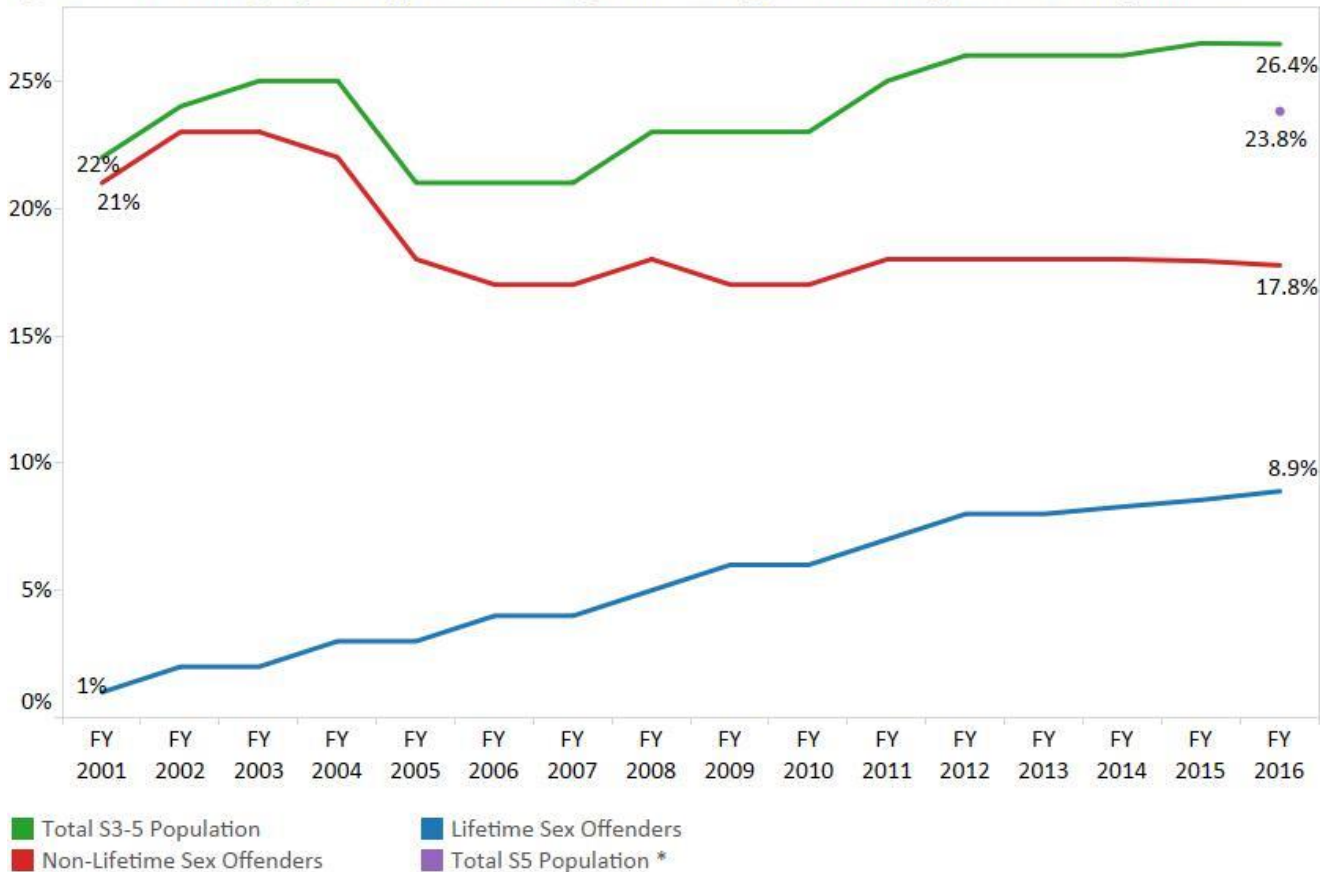
State	ARKANSAS VALLEY CORRECTIONAL FACILITY	170
	ARROWHEAD CORRECTIONAL CENTER	90
	BUENA VISTA CORRECTIONAL COMPLEX	86
	CENTENNIAL CORRECTIONAL FACILITY	25
	COLORADO STATE PENITENTIARY	35
	COLORADO TERRITORIAL CORRECTIONAL FACILITY	141
	DENVER RECEPTION AND DIAGNOSTIC CENTER	20
	DENVER WOMENS CORRECTIONAL FACILITY	16
	FOUR MILE CORRECTIONAL CENTER	2
	FREMONT CORRECTIONAL FACILITY	385
	LA VISTA CORRECTIONAL FACILITY	1
	LIMON CORRECTIONAL FACILITY	66
	SAN CARLOS CORRECTIONAL FACILITY	16
	STERLING CORRECTIONAL FACILITY	139
	TRINIDAD CORRECTIONAL FACILITY	2
Community	COMMUNITY CORRECTIONS	8
Inmate	INTENSIVE SUPERVISION - INMATE	2
Private	BENT COUNTY CORRECTIONAL FACILITY	208
	CHEYENNE MOUNTAIN RE-ENTRY CENTER	55
	CROWLEY COUNTY CORRECTIONAL FACILITY	190
	KIT CARSON CORRECTIONAL FACILITY	69
Others	ADULT MALES HOUSED AT YOS	2
	INTERSTATE CORRECTION COMPACT TRANSFER	9
	JAIL BACKLOG	5
	JAIL BACKLOG WAITING DISCHARGE	1
Parole	COLORADO PAROLEES OUT OF COLORADO	141
	P1 PAROLE-DENVER CENTRAL METRO REGION	10
	P2 PAROLE-DENVER WEST METRO REGION	40
	P3 PAROLE-DENVER SOUTH METRO REGION	65
	PAROLE-NORTHEAST REGION	91
	PAROLE-SOUTHEAST REGION	141
	PAROLE-WESTERN REGION	49
TECHNICAL PAROLEE AWAITING TRANSFER TO FACILITY	1	

Note: This figure includes only those offenders who were designated LSX during the fiscal year whose sentence was discharged prior to June 30, 2016.

Impact on Prison

In order to assess the impact of the Lifetime Supervision Act on the prison population, the percentage of non-lifetime and lifetime sex offender inmates from the total inmate population is calculated and displayed in Figure 2. Sex offenders are classified by CDOC as those scoring 3 and above on a 5-point Needs Level Severity Index. The proportion of offenders sentenced under the Lifetime Supervision Act has been steadily increasing over the past decade. Overall, the rate of sex offenders among the population is increasing.

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

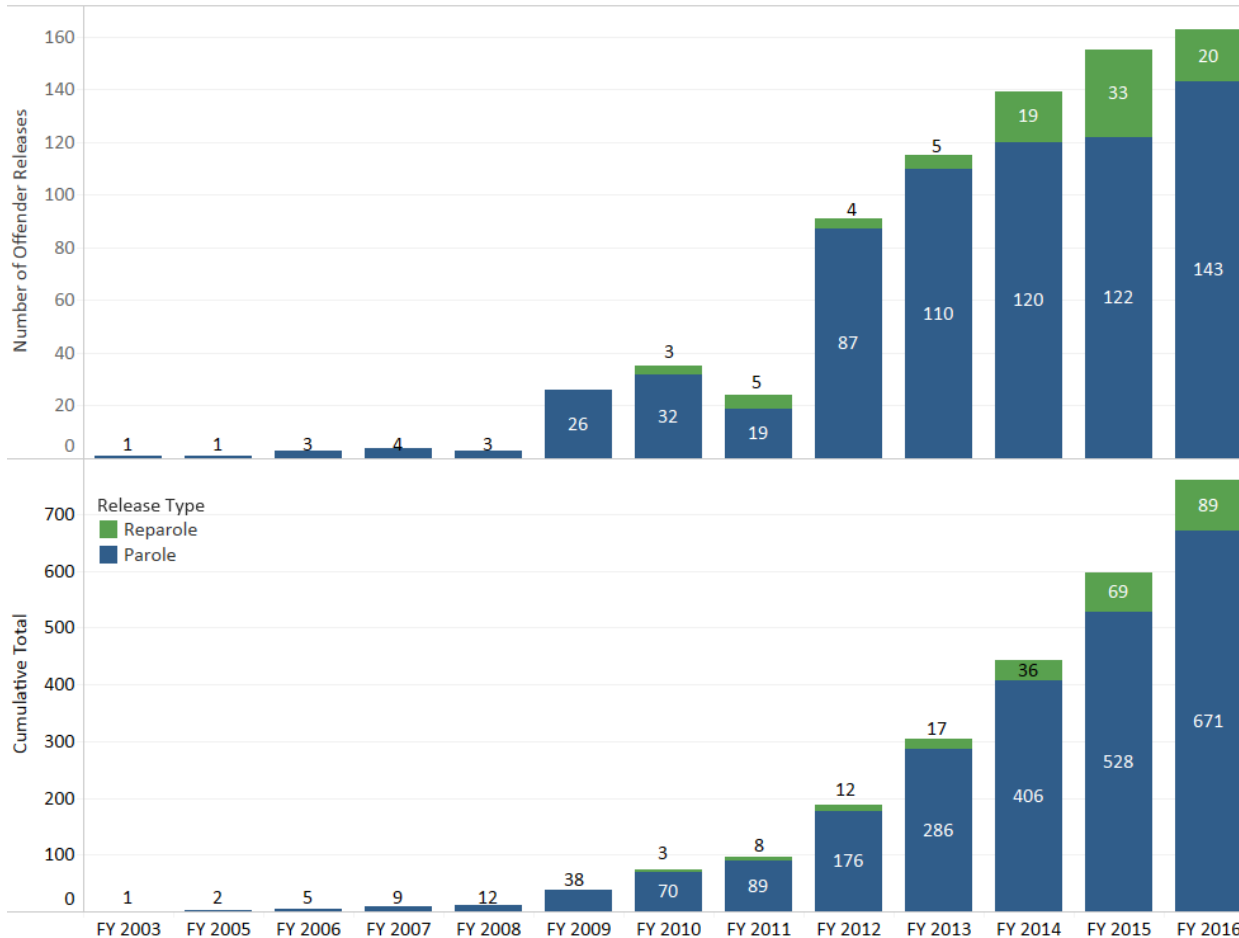


Note: The Lifetime Supervision Act went into effect in Colorado in 1998 with annual reporting submitted to the Assembly on November 1 each year. Fifty-five offenders who had determinate sentences were excluded from the total population of S3-5 as these offenders served their time prior to 2014. Offenders with determinate sentences were given a sexual treatment needs level; however, were not prioritized for treatment. *Beginning July 1, 2016 the Administrative regulation on Sex Offender Treatment and Monitoring Program (700-19) was modified. Offenders with a sex offender treatment needs level below 5 are no longer recommended for sex offense specific treatment unless clinically indicated. Offenders scoring below 5 may be recommended for treatment in group. This change will be reflected in future annual reports and offenders with a sex offender treatment needs level of 5 (S5) will be reported instead of the total S3-S5 population.

Impact on Parole

There have been 671 offenders under lifetime supervision who have released to parole for their first time as of June 30, 2016. Of these offenders, 143 paroled during FY 2016 under their lifetime supervision sentence. Some offenders who had their parole revoked have re-paroled second and third times, so there have been a total of 760 releases to parole since the inception of the Act. Figure 3 details the discrete and cumulative number of initial releases and re-paroles of lifetime supervision offenders by year.

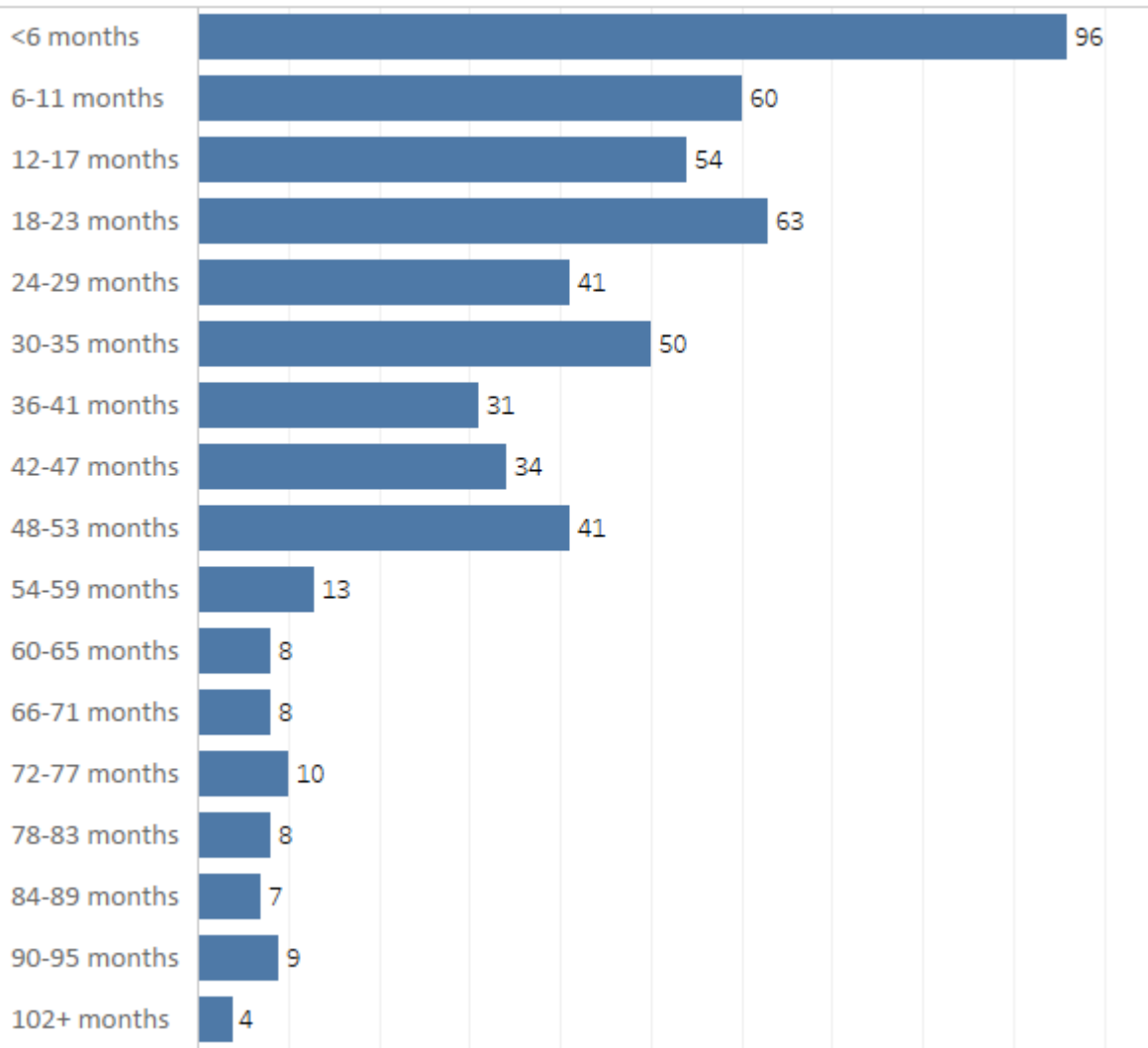
Figure 3. Lifetime Sex Offender Releases by Year



Note: Previous reports have only counted offenders who had an active LSX designation during the fiscal year. This report includes all offenders who have ever carried an LSX designation, including if their sentence was discharged or if they died.

Figure 4 displays the length of stay of lifetime sex offenders on parole as of June 30, 2016. This figure only tracks active parolees, during the fiscal year, who were LSX or whose sentence was discharged. The longest lifetime sex offender has been under parole supervision is 10.6 years and the average is 28.4 months. A total of 86 current LSX offenders of 537 (16%) released to parole supervision in another state and 200 LSX offenders were under parole intensive supervision.

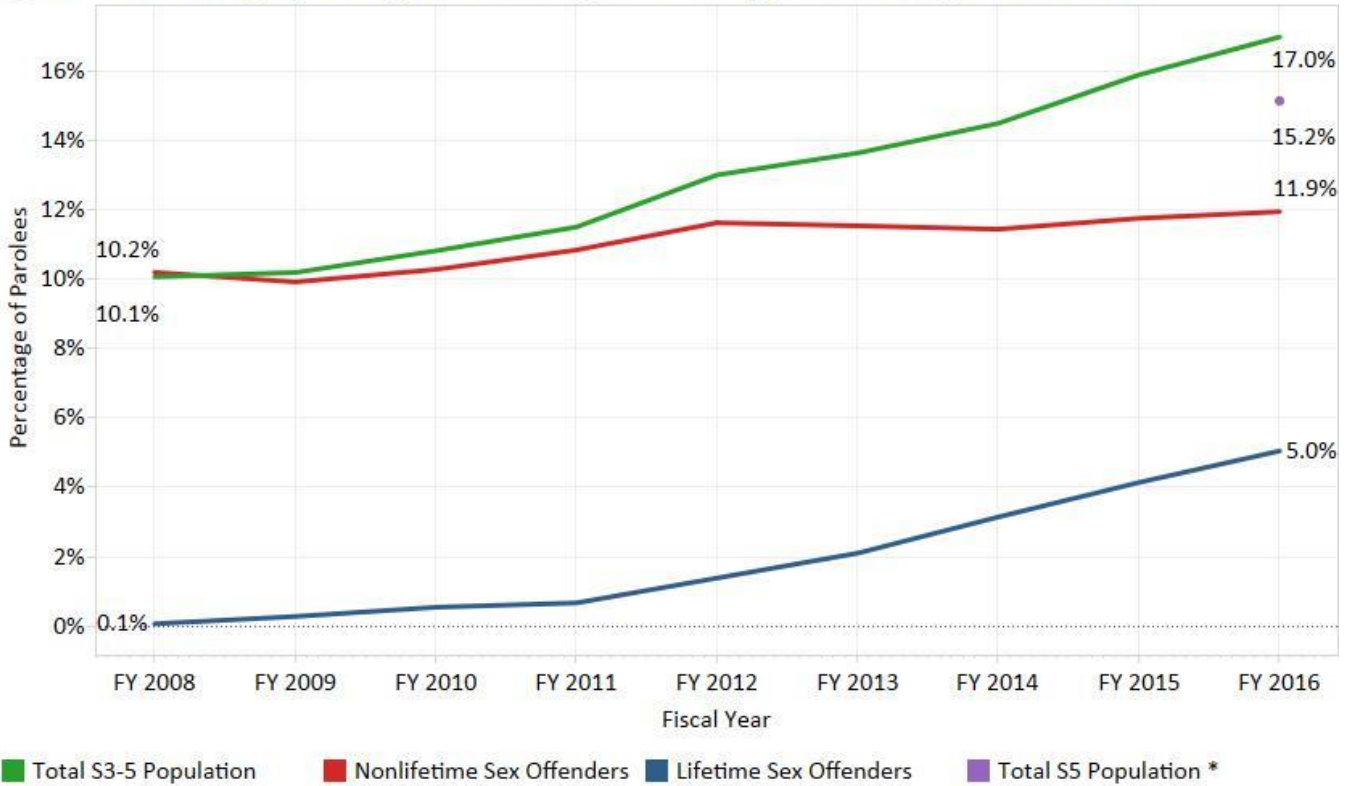
Figure 4. Current LSX Offenders Parole Length of Stay



Note: This is the length of stay for LSX offenders on parole as of 6/30/2016 or those who discharged their sentence during FY 2016. Offenders who were paroled but discharged prior to FY 2016 are not included in this figure.

Figure 5 displays the percentage of sex offender parolees (as defined by sex offender needs level 3-5, and S5 for FY 2016) segmented by lifetime and non-lifetime supervision. The majority (70%) of sex offenders under parole supervision are not under the provisions of lifetime supervision. Lifetime supervision parolees appear to be largely responsible for the recent increase of sex offenders on parole.

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



Note:*Beginning July 1, 2016 the Administrative regulation on Sex Offender Treatment and Monitoring Program (700-19) was modified. Offenders with a sex offender treatment needs level below 5 are no longer recommended for sex offense specific treatment unless clinically indicated. Offenders scoring below 5 may be recommended for treatment in group. This change will be reflected in future annual reports and offenders with a sex offender treatment needs level of 5 (S5) will be reported instead of the total S3-S5 population.

Parole Release Hearings

The Parole Board completed 1,021 applications for release hearings for 823 lifetime supervision sex offenders during FY 2016; some offenders were not meeting criteria at the time of their hearing, and some had multiple hearings over the course of the year. The Parole Board granted discretionary release in 165 of the 1,021 hearings, although not all of these had paroled by the end of the fiscal year.

Parole Revocation Hearings and Number of Parole Revocations

The Parole Board completed 69 revocation hearings for 50 lifetime supervision offenders in FY 2016. 35 hearings resulted in revocation and 5 hearings resulted in continuations on parole. Additionally, one offender self-revoked his/her parole.

Of the 671 releases to parole since the Lifetime Supervision Act went into effect, 211 have resulted in revocation (some offenders have released and been revoked multiple times). Of the 211 revocations, 22 offenders returned with a total of 28 new felony convictions incurred while on parole. During FY 2016, 3 offenders returned on the following felony convictions: escape, failure to register as a sex offender, and sexual exploitation of a child.

Parole Discharge Hearings and Number Discharged from Parole

According to CRS 18-1.3-1006, the period of parole for any sex offender convicted of a class 4 felony shall be an indeterminate term of at least 10 years and a maximum of the remainder of the sex offender's natural life. The period of parole for any sex offender convicted of a class 2 or 3 felony shall be an indeterminate term of at least 20 years and a maximum of the remainder of the sex offender's natural life. Early discharge has been approved for one offender since the inception of the Lifetime Supervision Act.

SUMMARY OF EVALUATION INSTRUMENTS

Release to parole or community corrections is subject to the discretion of the Parole Board. CDOC informs the Parole Board if offenders have participated in treatment and have met the SOMB's criteria for successful progress in prison treatment ([Click here](#)).

SEX OFFENDER TREATMENT AND MONITORING PROGRAM (SOTMP)

All providers in CDOC must comply with the standards and provider qualifications of the Colorado Sex Offender Management Board (SOMB).

Sex Offender Treatment Phases

Following the release of a comprehensive evaluation of the SOTMP, the programming and curriculum was revised and updated based on the evaluation recommendations beginning April 2013. In order to implement positive change to programming and treatment, key positions were filled to include:

- Psychologist to complete assessments;
- Staff to complete risk assessments and staff to deliver treatment;
- A clinical trainer to train, mentor, and coach treatment providers and develop training curriculum.

The SOTMP provides comprehensive assessment, evaluation, treatment, and monitoring services to sexual offenders who are motivated to eliminate sexual abuse behaviors. SOTMP is responsible for assessing the offender's progress when recommending specific SOTMP phases for participation. SOTMP offers:

Risk Assessment to determine level of treatment intensity recommended:

- All offenders with identified sex offense specific treatment needs are assessed with the Static-99R actuarial assessment. This assessment assesses static factors in an offender's history and provides a baseline risk category, which is used to determine recommended treatment dose. All offenders are placed into Phase I Core treatment groups according to risk. During the treatment process, additional dynamic assessments are administered. Clients who remain in the lower risk categories after on-going assessment will progress to maintenance phase upon completion of Phase I Core. Those who are assessed to be in the higher risk categories and who have more significant treatment needs will progress to the Phase II Intensive Treatment Program (ITP). Upon successful progress on identified treatment objectives in the Phase II ITP, clients will move to the maintenance phase. There are no validated risk assessments for use in the female population; therefore CDOC does not assess females with these types of assessment tools.

Phase I Core (Low Risk/Low to Moderate Risk)

Phase 1 successful completion is based on meeting the Lifetime Supervision Criteria as developed by the Sex Offender Management Board (SOMB), in conjunction with the CDOC, the Judicial Branch, and the Parole Board. This phase includes cognitive behavioral therapeutic groups based on the evidence-based risk/need/responsivity model focusing on the common problem areas of sex offenders. This program is offered at Fremont Correctional Facility, Arkansas Valley Correctional Facility, Colorado Territorial Correctional Facility, San Carlos Correctional Facility, Denver Women's Correctional Facility, and the Youthful Offender System. Hearing impaired offenders, developmentally delayed, and medical restricted offenders are accommodated at Colorado Territorial Correctional and the Denver Diagnostic

and Reception Center Facilities. The goals and curriculum of Phase I were revised, to become the Phase I Core program that all offenders who have identified sex offense specific treatment needs will be offered. Offenders will have an opportunity to meet the 7 lifetime supervision criteria upon completion of Phase I Core. Offenders who based on risk assessments fall into the lower risk categories will complete only Phase I Core; those assessed to fall into the higher risk categories will continue on in Phase II ITP. Clinicians rely upon ongoing dynamic assessment and clinical observations to assess risk continually throughout treatment. Clients who initially score in the lower risk categories may later fall into higher risk categories based upon this ongoing, dynamic assessment. The goals of Phase I Core (Low Risk/Low to Moderate Risk) include:

- The offender is initially assessed with a Static Risk Assessment, the results of which are used to determine treatment. Risk assessment is ongoing throughout treatment and can be used to determine further treatment needs.
- The offender takes full responsibility for his/her sexually abusive behavior.
- The offender identifies, in depth, problem areas he/she needs to continue to work on if continuing on to Phase II ITP or in community based offense specific treatment.
- The offender demonstrates a willingness to utilize the treatment program to make changes to prevent further sex offense behavior through participation in the treatment group and behavior in the institution.
- The offender identifies his/her relapse cycle and methods for intervention in the cycle.
- The offender realizes the importance of sharing his/her relapse cycle and methods of intervention with significant others in his/her life.
- The offender identifies an approved support person in the community, often a family member though it is not a requirement that this identified person is a family member.
- The offender will have the opportunity to meet the Lifetime Supervision criteria with a report to the Parole Board that these criteria have been successfully met.
- To further evaluate the offender's motivation for treatment and willingness to commit himself/herself to the change process.

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

Phase II Intensive Treatment Program (ITP) (Moderate to High Risk/High Risk)

The Phase II Intensive Treatment Program (ITP) was developed during FY 2014. This change combined the existing Standard and Modified formats of the previous Phase II. This phase consists of cognitive behavioral groups based on the evidence-based risk/need/responsivity model focusing on criminogenic factors and changing the offender's distorted thinking and patterns of behaviors, as well as helping the offender develop effective relapse prevention plans and community based safety plans for effective transition into the community. Phase II ITP program is offered at Arrowhead Correctional Center in an intensive treatment community. It is also offered in a regular group format at Colorado Territorial Correctional Facility, San Carlos Correctional Facility, Denver Women's Correctional Facility, and the Youthful Offender System. The goals of Phase II ITP (Moderate to High Risk/High Risk) include:

- The offender receives further evaluation of his/her treatment needs and problems areas including ongoing risk assessment to determine treatment needs.
- The offender applies and incorporates the material learned in Phase I Core into his/her lifestyle.
- The offender identifies and changes distorted thinking.
- The offender prepares for living a responsible lifestyle in the community.
- The offender realizes the importance of developing a balanced lifestyle and monitoring his/her thoughts and behaviors for the rest of his/her life.
- The offender identifies his/her relapse cycle and methods for intervention in the cycle.
- The offender realizes the importance of sharing his/her relapse cycle and methods of intervention with significant others in his/her life.
- The offender identifies an approved support person in the community, often a family member though it is not a requirement that this identified person is a family member.
- The offender practices and incorporates a model for solving problems.

Maintenance Phase

Maintenance Phase is offered for both separated risk tracks and at each facility. After the completion of Phase I Core offenders in the Low Risk track will progress to Maintenance Phase. Offenders identified as having additional high risk factors will receive more intensive treatment in Phase II ITP after the completion of Phase I Core. Offenders in the High Risk track successfully completing Phase II transition to Maintenance Phase. The Maintenance Phase is a less intensive level of treatment. Offenders participating in the Maintenance program can return to a more intensive level of treatment if clinically indicated. The Maintenance Phase includes these treatment areas:

- Healthy Relationships

- Re-entry planning to include:
 - Job Readiness workshop
 - Career and Personality class
 - Community Resources Guide class
 - Safety planning
- Relapse Prevention/Rehearsal Groups to include:
 - Personal Change Contract work and rehearsal

Specialized Services: SOTMP also offers, to the extent that resources permit, specialized services to the following sex offenders: females, youth, Spanish speaking, and offenders with medical restrictions, hearing impairments, developmental disabilities, and chronic mental illness.

Treatment Formats for Lifetime Supervision of Sex Offenders are no longer any different than formats for all offenders.

The 1998 passage of the Colorado Lifetime Supervision Act requires that offenders must serve the term of their minimum sentence in prison and participate and progress in treatment in order to be considered a candidate for parole. In the last year, the SOTMP has begun moving towards an ongoing risk assessment format to replace the previous specialized format for Lifetime Supervision offenders. The new format will afford all sex offenders (both determinate and indeterminate) the opportunity to participate in treatment commensurate with their relative level of risk. The treatment phases have been designed with the following assumptions:

- Although treatment phases and curriculum are designed to encourage cooperation with and progress in treatment, they do not ensure it.
- Sex offenders will continue in treatment and supervision if placed in community corrections or on parole.
- Offenders need to be willing to work on problems and demonstrate motivation to change.
- The Parole Board will be informed when offenders meet the Lifetime Supervision criteria for successful progress in prison treatment.

The SOTMP informs the Parole Board or Community Corrections Boards when offenders meet the following Lifetime Supervision criteria for successful progress in treatment in prison:

- Participates and actively engages in recommended level of sex offense specific treatment as evidenced by a measured reduction in dynamic risk.
- Complete a full disclosure of his or her offense related sexual history relevant to identified risk areas as verified through either the sexual history polygraph process or other clinical disclosures.

- Complete a comprehensive, written plan to manage ongoing risk areas and treatment needs. The plan must be approved by the SOTMP team.
- Have an approved support person or system who has participated in SOTMP Family Support Education. The support person/system will receive an approved copy of the client’s written plan to manage on-going risk areas and treatment needs through their participation in an SOTMP therapist facilitated disclosure session.
- Demonstrate management of identified risk areas as verified by clinical advisors.
- Must be compliant with any CDOC psychiatric recommendations for medication which may enhance his or her ability to benefit from sex offense specific treatment.
- Demonstrate management of identified high risk factors. Client does not display attitudes, behaviors or risk factors that negatively impact his/her ability to be safely supervised in the community.

The CDOC made changes to administrative regulation AR700-19 in 2015 so that the SOTMP will prioritize offenders for treatment based on their parole eligibility date. Phase I Core treatment groups are formed based on initial static risk level. The department will assess the treatment needs of offenders, in addition to providing an ongoing dynamic risk assessment administered at different designated times based on treatment goals met. The department places both determinate and indeterminate offenders into treatment. Offenders that score moderate-high to high on treatment are grouped together and receive a more intensive level of treatment. Those offenders who score low to low-moderate level of treatment needs will be grouped together and receive a lower level of intensity of treatment. Prioritization now occurs in the following manner:

A. 1st Priority

Offenders with active judicial determinations of sex offending (convicted of a sex offense, finding of sexual factual basis) who are within 4 years of their PED. Active sentences include judicial determinations that were active during any time period of their current DOC sentence:

1. Offenders who have not had an opportunity to participate in treatment will have priority over an offender who has had an opportunity and did not take advantage of that by refusing to participate in group, dropping out of group, being terminated from group or not successfully completing group. Offenders who participated in a phase of treatment, and demonstrated motivation and effort, but needed additional time to understand the concepts will not fall in “did not take advantage of an opportunity” category.
2. Offenders will be prioritized for group placement by their PED. Those with earlier PED dates will be placed in group before others with later PED dates. All offenders waiting for treatment will be assigned to Phase I Core groups. Those Offenders who are assessed as High or Moderate-High Risk and are in need of a higher intensity level of treatment will be placed on the Global Referral List for Phase II ITP following completion of Phase I Core.

- a. To be placed in a Phase I (Low Risk/Low to Moderate Risk) group:
 - i. Offenders must have a minimum of 18 months to sentence discharge
 - ii. Offenders must have a minimum of 6 months to their Mandatory Release Date (MRD)
 - b. To be placed in a Phase II (Moderate to High Risk/High Risk) group:
 - i. Offenders must have a minimum of 18 months to sentence discharge
 - ii. Offenders must have a minimum of 12 months to their Mandatory Release Date (MRD)
3. Once all offenders who have not had prior opportunities to participate in SOTMP and are within 4 years of their PED have been placed in group, offenders with the fewest prior opportunities will be placed in group by order of their waitlist placement date.

B. 2nd Priority

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

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

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

- Developed a Phase II ITP outpatient program at Colorado Territorial Correctional Facility, San Carlos Correctional Facility and Denver Women’s for offenders who cannot progress to Arrowhead Correctional Center in August 2008.
- Moved the Phase I program at Sterling Correctional Facility to Arkansas Valley Correctional Facility in October 2008. This location improves the CDOC’s ability to recruit and retain therapists.
- Active communication with the Parole Board, the Colorado Association of Community Corrections Boards, and the Colorado Community Corrections Coalition regarding community transition for lifetime supervision sex offenders.
- Obtained a Bureau of Justice grant to increase sex offender community transition options and resources October 2010 through September 2012. This grant continues currently as CDOC has done “no cost extensions,” extending the grant period through March 2017.
- Started a Phase I group for male offenders with significant medical impairments at Denver Reception and Diagnostic Center.
- Started Phase I treatment for moderate-high to high needs offenders in the ITP at Arrowhead Correctional Center.
- Started a Maintenance program at Cheyenne Mountain Re-entry Center (CMRC) for offenders who have reached the maintenance level of treatment.

COST OF SEX OFFENDER TREATMENT

The FY 2016 CDOC budget included \$4,412,697 for assessment, treatment, testing (including polygraphs), program evaluation and registration coordination for incarcerated sex offenders in state facilities. Approximately \$242,500 was allocated for polygraph testing. For offenders on parole, \$2,746,871 was spent for approved sex offender treatment provider services for FY 2016.

REFERRAL TO SEX OFFENDER TREATMENT

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

On June 30, 2016, a total of 1,965 sex offenders were on the referral list for treatment with 391 of these being lifetime supervision offenders. Of the 391 offenders, 371 were referred to Phase I and 10 were referred to Phase II.

DENIED ADMISSION OR READMISSION TO PHASE I AND PHASE II

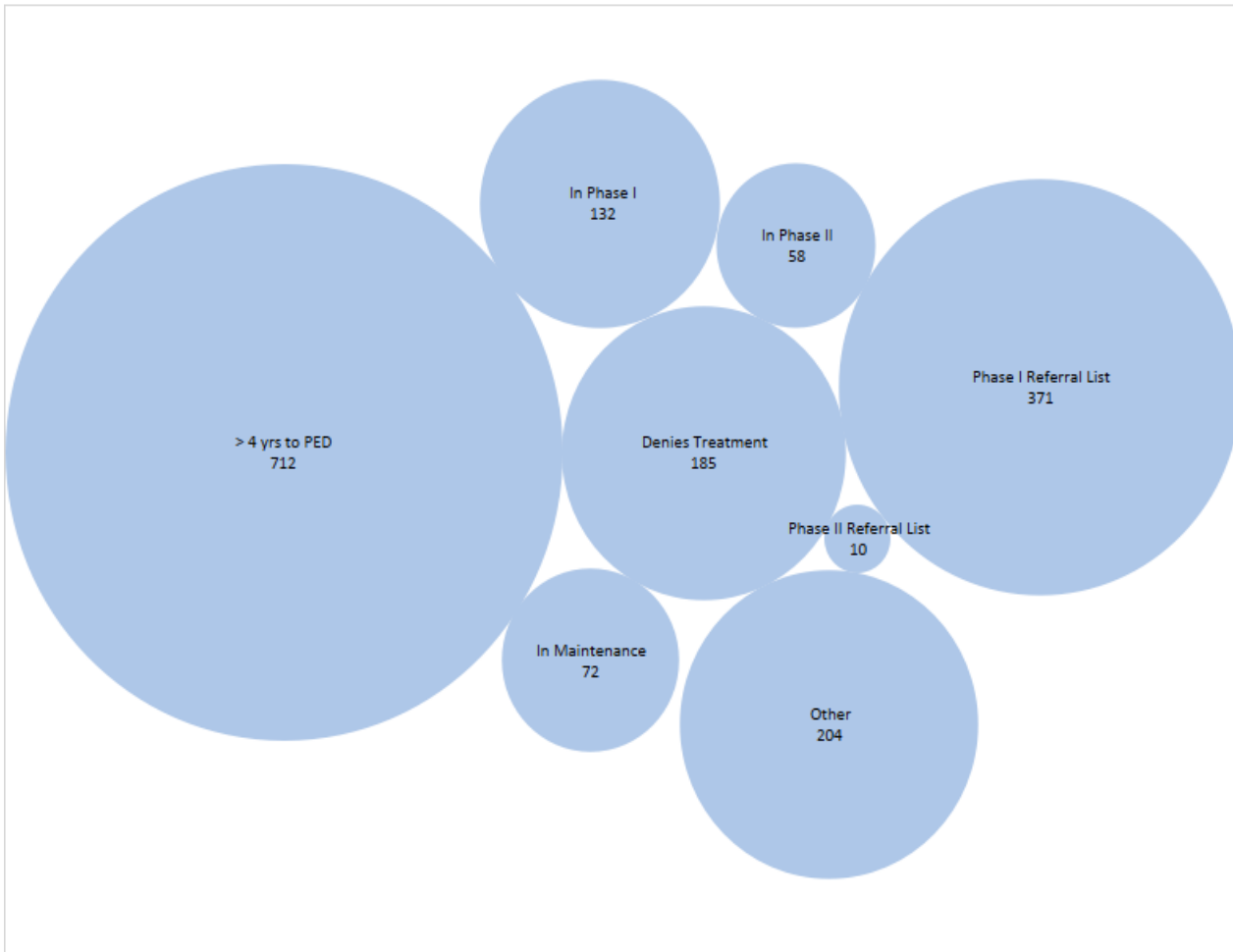
Offenders must meet basic eligibility criteria in order to be placed in treatment. The requirements for admission into sex offender treatment are listed below:

- Must have four years or less to parole eligibility date to be placed on the priority referral list.
- Must admit to sexually abusive behavior and be willing to discuss the details of their behavior.
- Must be willing to admit to problems related to sexually abusive behavior and work on them in treatment.
- Must demonstrate a willingness to participate in group treatment at the level recommended by the program.
- Must sign and comply with the conditions of all SOTMP treatment contracts.

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

Figure 6 depicts the treatment admission and participation status of all incarcerated lifetime supervision offenders on June 30, 2016 ($N = 1,744$). At that time, a total of 262 offenders were in treatment (Phase I, Phase II, and Maintenance). The remaining 1,482 offenders treatment admission and participation status is as follows: 185 were denied treatment, 381 were on the global referral list, 712 did not meet the time criteria (i.e., four years to parole eligibility) for the global referral list, and the remaining 204 were either waiting to be assessed for treatment, or did not meet the criteria to be put on the global referral list.

Figure 6. Treatment Status of Lifetime Sex Offenders on June 30, 2016



Note: This figure shows sex offenders based on the type of treatment participation that is considered priority. Offenders may participate in more than one category at a time, while this depiction only shows their priority treatment.

Sex offenders may initially refuse to participate in treatment, may not progress in treatment, may cease complying with treatment requirements or may drop out of treatment. These offenders are encouraged to reapply for treatment as soon as they are willing to comply with the requirements. Offenders who drop out of Phase I treatment or who are terminated due to lack of progress or failing to comply with treatment requirements can be placed back on the program referral list upon completion of assignments regarding their treatment issues.

PARTICIPATION IN PHASE I CORE AND PHASE II ITP

During FY 2016, 482 lifetime supervision offenders participated in treatment. Their participation in treatment may not be continuous for various reasons, including successfully completing a phase of treatment and waiting for the next phase. The number of lifetime supervision sex offenders participating in sex offender treatment each month is provided in Table 1. Length of participation during the fiscal year for lifetime supervision offenders in treatment was calculated using program participation admission and termination dates, or June 30, 2016, if the offender was still in a SOTMP group on that date. For lifetime supervision offenders who participated in treatment at any point during FY 2016, the average length of stay in treatment was 196 days in Phase I classes, 205 days in Phase II classes and 143 days in Maintenance Phase classes.

Table 1. Treatment Participation of Lifetime Supervision Offenders During Each Month of FY 2016

	July	August	September	October	November	December	January	February	March	April	May	June
Phase I	206	229	206	200	187	179	167	212	200	192	188	182
Phase II	170	225	244	271	256	235	199	187	177	157	173	169
Maintenance	107	144	153	176	162	153	147	139	133	119	145	139
Totals	483	598	603	647	605	567	513	538	510	468	506	490

Note: Table 1 data includes offenders who participated for any amount of time during the month. Some offenders may have participated in more than one level of the program within a month. All participation was counted each time it occurred.

TERMINATIONS FROM PHASE I AND PHASE II

Standardized program termination types are used for all program and work assignments throughout the department and describe positive and negative termination reasons. Terminations may also be administrative in nature to include situations such as medical emergencies or movement from the facility for security reasons. Terminations from Phase I and Phase II have been grouped into the following categories for this report:

- **Dropped Out/Self Terminated:** offender decides to discontinue treatment or stops attending groups and informs the treatment staff that they are no longer interested in participating in treatment.
- **Expelled from Program:** offender is terminated from treatment for a group contract violation. In the majority of cases, the offender is terminated after being placed on probation and given opportunities to improve his/her participation. If the offender is terminated, completion of assignments is required before readmission to treatment is allowed. This category includes offender behaviors that threaten the safety and security of other treatment participants. Termination from treatment without a period of probation may result based on the seriousness of the behaviors.
- **Satisfactory Completion:** Offender completes a time limited group, meeting the group's goals.

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

On April 2007, CDOC instituted a due process system for sex offender treatment terminations due to treatment noncompliance or lack of progress. Under this system, the therapist recommends offenders for termination based on their behavior. The facility sex offender treatment team reviews the therapist’s recommendation. If the team supports the termination recommendation, the offender is suspended and served with a Notice of Right to Termination Review. The offender can request a termination review where a three member panel evaluates all information presented by the offender and his or her therapist. A disposition is issued regarding the termination. Table 2 provides details on SOTMP terminations in FY 2016.

Table 2. Lifetime Supervision SOTMP Terminations by Program, FY 2016

		% of Total Number of Offenders	Count
Phase 1	Administrative Termination	13%	7
	Dropped	2%	1
	Expelled	8%	4
	Satisfactory Completion	30%	16
	Transfer/ Paroled/ Discharged	45%	24
	Unsatisfactory Completion	2%	1
Phase 2	Expelled	5%	5
	Satisfactory Completion	77%	80
	Transfer/ Paroled/ Discharged	13%	13
	Unsatisfactory Completion	6%	6
SOTMP Maintenance	Administrative Termination	11%	7
	Dropped	5%	3
	Satisfactory Completion	34%	22
	Transfer/ Paroled/ Discharged	51%	33

Note. Percent may not total 100 due to rounding. For offenders who had multiple termination codes within FY 2016, the most recent termination code within each phase was selected. Termination codes of “inter-program transfer” and “computer terminated no attendance entries” were not included because most of the offenders with those codes remained in treatment. Offenders in Phase II outpatient and Phase II developmental disabilities, as well as Phase II modified were included in the Phase II Category.

MET CRITERIA FOR COMMUNITY OR RELEASE TO PAROLE

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

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

Lifetime supervision offenders actively participating in treatment are individually staffed to determine whether they meet the Lifetime Supervision criteria for successful progress in prison treatment. Sex offender program therapists work closely with community corrections providers that accept sex offenders into transitional programs and the respective community parole officers.

During FY 2016, 124 lifetime supervision sex offenders met criteria for successful progress in prison treatment. Fifty-seven of these offenders were released to parole and none were placed at community corrections centers during FY 2016. There is a delay between meeting criteria and being placed in the community or on parole, which explains why the number released was lower than the number that met criteria.

PROBATION POPULATION IMPACT

The sex offender intensive supervision program (SOISP) is designed to provide the highest level of supervision to adult sex offenders who are placed on probation, pursuant to §18-1.3-1007(2). Although initially created in statute in 1998 to address the risk posed by lifetime supervision cases, the legislature made a significant change to the statute in 2001. Pursuant to HB01-1229, all felony sex offenders convicted on or after July 1, 2001, are statutorily mandated to be supervised by the SOISP program.

Any adult convicted of a felony sex offense, who receives a sentence to probation, is required to be supervised in the SOISP program. The goal of SOISP is to minimize risk to the public to the greatest extent possible, by holding probationers accountable for their present and past anti-social and criminal behavior, encouraging pro-social skill building, and assisting the probationer's ability to repair the harm caused by their actions, when possible. SOISP should include a combination of high level surveillance and monitoring; evidenced-based and best practice supervision strategies, physiological monitoring, and collaboration with Community Supervision Teams. Some sex offenders cannot or will not respond to treatment and there is no implication that all sex offenders can be successful in treatment. Depending on the probationer, elements of community supervision may include restricted activities, daily contact with the probationer, curfew checks, home visitation, employment visitation and monitoring, drug and alcohol screening, and/or sex offense specific treatment to include the use of polygraph testing. SOISP consists of three phases, each with specific criteria that must be met prior to a reduction in the level of supervision. Phase progression occurs when a probationer's risk to the community declines and protective factors increase. The goal of supervision for any probationer is a reduction in risk factors. The use of phases provides a structured process designed to provide clear expectations for the supervising officer to assess the probationer's progress. The phase requirements are not intended to be applied with absolute rigidity, since not all conditions will apply to every probationer, but should serve as benchmarks accordingly for the supervising officer to make adjustments.

Those probationers that satisfactorily meet the requirements of the program are then transferred to non-SOISP, sex offender regular probation for supervision of the remainder of their sentence. There were originally 46 FTE appropriated for the SOISP program. Caseload sizes were capped at 25 probationers, for a program capacity of 1,150.

Between July 1, 2015 and June 30, 2016, 420 adults were charged in district court with one of the 12 mandatory lifetime eligible sex offenses identified in statute and were sentenced to probation. Of these, 51 offenders (12%) received an indeterminate sentence to probation of at least 10 or 20 years to a maximum of the offender's natural life and, in addition, were sentenced to Sex Offender Intensive Supervision Probation (SOISP). As a condition of probation, two of these offenders were sentenced to work release, nine offenders served a jail sentence as a condition of probation, four offenders served a Community Corrections sentence and one offender was ordered to serve a Department of Corrections sentence prior to being supervised by probation.

Using E-Clipse/ICON, the State Judicial Department's case management information system, staff at the Division of Probation Services selected all sex offender cases eligible for mandatory

indeterminate sentences, as well as, all applicable sex offender cases which terminated probation supervision, during Fiscal Year 2015–2016. The following statutory charges were reviewed and included in this analysis:

*I. Offenders who **must** be sentenced to an indeterminate term:*

18-3-402 C.R.S.	Sexual Assault; or Sexual Assault in the First Degree, as it existed prior to July 1, 2000
18-3-403 C.R.S.	Sexual Assault in the Second Degree, as it existed prior to July 1, 2000
18-3-404(2) C.R.S.	Felony Unlawful Sexual Contact; or Felony Sexual Assault in the Third Degree, as it existed prior to July 1, 2000
18-3-405	Sexual Assault on a Child
18-3-405.3 C.R.S.	Sexual Assault on a Child by One in a Position of Trust
18-3-405.5(1) C.R.S.	Aggravated Sexual Assault on a Client by a Psychotherapist
18-3-305 C.R.S.	Enticement of a Child
18-6-301 C.R.S.	Incest
18-6-302 C.R.S.	Aggravated Incest
18-7-406 C.R.S.	Patronizing a Prostituted Child
18-3-306(3) C.R.S.	Class 4 Felony Internet Luring of a Child
18-3-405.4 C.R.S.	Internet Sexual Exploitation of a Child

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

In 2002, coding was installed in E-Clipse/ ICON that distinguishes between lifetime and non-lifetime cases. The coding to differentiate lifetime from non-lifetime is based on sentencing codes entered by the court. This report also includes an additional 187 cases terminated from probation supervision for lifetime eligible offenses during FY 2015-2016.

The following table reflects an analysis comparison of sentences to probation for lifetime eligible offenses for fiscal years 2011- 2016:

*Table 3: Placement of **New** Cases Eligible for Indeterminate Lifetime Term Sentences to Probation for Fiscal Years 2011-12 through 2015-16:*

Type of Supervision	Fiscal Year									
	2011-2012		2012-2013		2013-2014		2014-2015		2015-2016	
	n	%	n	%	n	%	n	%	n	%
Lifetime Probation with SOISP	121	35	74	22	78	19	60	15	51	12
SOISP (Non-lifetime Probation for felony sex offenses with SOISP) ¹	204	60	259	78	221	53	236	59	261	62
Intensive Supervision Program (ISP) or Domestic Violence Programs (DV)	1	0.3	1	0.3	0	0	0 ²	0	0 ²	0
Regular Probation (Cases Ineligible for Lifetime or SOISP and/or sex offense reduced to misdemeanors) ¹	16	5	0	0	120	29	106	26	108	26
TOTAL CASES	342		334		419		402		420	

Note: 1. Offenders whose offense date is prior to November 1, 1998 are ineligible for indeterminate sentences and not eligible for SOISP as created in 16-13-807 C.R.S. 2. ISP is no longer statutorily available as a sentencing option; 0 DV cases

A comparison of data for Fiscal Year 2014-2015 to 2015-2016 reflects a 3% (9 cases) decrease in the number of offenders eligible and sentenced to indeterminate lifetime sentences and under SOISP supervision.

As of June 30, 2016, there were approximately 1,374 probationers under active Sex Offender Intensive Supervision (SOISP). Of these, approximately 838 (61%) probationers are under lifetime supervision.

PROBATION DISCHARGE HEARINGS AND DISCHARGES

For Fiscal Year 2015-2016, 87 offenders under a lifetime supervision sentence completed SOISP. These offenders were transferred to regular probation and are currently actively under supervision.

PROBATION REVOCATION HEARINGS AND REVOCATIONS

During Fiscal Year 2015-2016, 42 sex offenders had their lifetime supervision sentences terminated. The following represents the termination status for these probationers:

- 1 probationer – probation revoked; new felony
- 1 probationer – probation revoked; new misdemeanor
- 12 probationers – probation revoked; technical violations
- 8 probationers – deported
- 1 probationer – died
- 6 probationers – absconded; warrants issued and remain outstanding
- 13 probationers – terminated successfully

The probationer revoked for a new felony conviction noted in the first bullet was convicted of Menacing – Simulated Weapon (F5). The probationer revoked for a new misdemeanor as noted in the second bullet appears to be a theft, as indicated by the case narratives.

COST OF SERVICES

In July 1998, the SOISP program was created with a General Fund appropriation for 46 FTE probation officers and funding to provide treatment services. In FY 2000- 2001 all expenses associated with SOISP were transferred from General Fund to the Offender Services Cash Fund. Section 18-21-103 C.R.S. requires that sex offenders pay a surcharge, with collected revenue deposited in the Sex Offender Surcharge Fund. A portion of the funds are appropriated to Judicial and partially meet expenses associated with completion of the offense specific evaluations required by statute and case law.

Table 4: Treatment and Evaluation Costs by Fund

Year	Purpose	CF – Sex Offender Surchage	CF – Offender Services Fund	TOTAL
FY 06	SOISP Treatment	\$0	\$524,608	\$873,625
	Evaluation	\$172,245	\$176,772	
FY 07	SOISP Treatment	\$0	\$434,416	\$1,119,894
	Evaluation	\$275,029	\$410,449	
FY 08	SOISP Treatment	\$0	\$771,186	\$1,659,578
	Evaluation	\$253,704	\$634,688	
FY 09	SOISP Treatment	\$0	\$974,996	\$2,014,100
	Evaluation	\$247,664	\$791,440	
FY 10	SOISP Treatment	\$0	\$960,239	\$2,259,704
	Evaluation	\$226,522	\$1,072,943	
FY 11	SOISP Treatment	\$0	\$988,809	\$2,327,071
	Evaluation	\$226,522	\$1,111,740	
FY 12	SOISP Treatment	0\$	\$931,861	\$2,282,138
	Evaluation	\$247,664	\$1,102,613	
FY 13	SOISP Treatment	\$0	\$995,049	\$2,336,896
	Evaluation	\$289,948	\$1,051,899	
FY 14	SOISP Treatment	\$0	\$1,042,242	\$2,345,847
	Evaluation	\$302,029	\$1,001,576	
FY 15	SOISP Treatment	\$0	\$1,098,952	\$2,370,804
	Evaluation	\$302,029	\$969,823	
FY 16	SOISP Treatment	\$0	\$1,016,892	\$2,313,612
	Evaluation	\$302,029	\$994,691	

The costs expended for adult polygraphs for FY15-16 were \$416,693. This is less than a one percent increase from last fiscal year. Probation funds have been required to pay for these evaluations and assessments to avoid any delays in case processing for the courts and to ensure that probationers who are unable to pay all of the costs associated with court ordered evaluation and treatment are not returned to court for revocation based on non-payment. Revocations can result in sentences to DOC, a significantly higher cost option for the state. The expenditure of \$2.3 million for adult sex offender related evaluation and treatment costs represents approximately 24% of the total dollars (approximately \$9.5 million) spent in FY2015-16 for treatment and service support for all probationers. The adult sex offender population represents approximately 3.4% of the adult offender population. The Judicial Department continues to seek options for the containment of these costs.

SUMMARY OF EVALUATION INSTRUMENTS

The Sex Offender Management Board (SOMB) has participated in the development of two distinct evaluation processes for convicted sex offenders. The first is the sex offense-specific evaluation process outlined in the *Standards and Guidelines for the Assessment, Evaluation, Treatment and Behavioral Monitoring of Adult Sex Offenders*, referred to in this document as the Standards ([Click here](#)). The second is the Sexual Predator Risk Assessment Screening Instrument ([Click here](#)), developed in collaboration with the Office of Research and Statistics in the Division of Criminal Justice, Department of Public Safety. Each type of evaluation is described below:

Sex Offense-Specific Evaluation

The sex offense-specific evaluation is to be completed as a part of the Probation Pre-Sentence Investigation Report (PSIR) which is prepared post-conviction and prior to sentencing. The PSIR is intended to provide the court with information that will assist in identifying individual risks and needs in order to make appropriate sentencing decisions. Most offenders sentenced under the Lifetime Supervision Act receive a sex offense-specific evaluation as a part of their PSIR. However, a PSIR is not required for those offenders with mandatory prison sentences, and in these cases the PSIR may be waived.

According to the *Standards and Guidelines for the Assessment, Evaluation, Treatment and Behavioral Monitoring of Adult Sex Offenders*, Standard 2.020, each sex offender shall receive a **sex offense-specific evaluation** at the time of the pre-sentence investigation. The sex offense-specific evaluation has the following purposes:

- To document the treatment needs identified by the evaluation (even if resources are not available to adequately address the treatment needs of the sexually abusive offender);
- To provide a written clinical evaluation of an offender's risk for re-offending and current amenability for treatment;
- To guide and direct specific recommendations for the conditions of treatment and supervision of an offender;
- To provide information that will help to identify the optimal setting, intensity of intervention, and level of supervision, and;
- To provide information that will help to identify offenders who should not be referred for community-based treatment.

Please refer to the Standards for additional information on mental health sex offense-specific evaluations located in Section 2.000 of the Standards. For information that outlines criteria and methods for determining a sex offender's progress through treatment and for successful completion under Lifetime Supervision, please see the Lifetime Supervision Criteria also in the Standards.

Sexual Predator Risk Assessment Screening Instrument

In response to federal legislation, the Colorado General Assembly passed legislation regarding the identification and registration of Sexually Violent Predators (Section 16-11.7-103 (4) (c.5), C.R.S.). A person who is found to be a Sexually Violent Predator by the courts or Parole Board is required to register quarterly rather than annually (Section 16-22-108 (1) (d), C.R.S.), be posted on the internet by the Colorado Bureau of Investigation (Section 16-22-111 (1) (a), C.R.S.) and, as of May 30, 2006, may be subject to community notification (Section 16-13-903, C.R.S.).

Instrument

Currently, when an offender commits one of five specific crime types or associated inchoate offenses, the Sexual Predator Risk Assessment Screening Instrument (SVPASI) is to be administered by either Probation Services or the Department of Corrections and an SOMB Approved Sex Offender Evaluator. Effective May 30, 2006, all offenders convicted of attempt, conspiracy, and/or solicitation to commit one of the five specific crime types is referred for a Sexual Predator Risk Assessment (Section 18-3-414.5, C.R.S.). If the offender meets the criteria outlined in the instrument, he or she is deemed to qualify as a Sexually Violent Predator. The authority to designate an offender an SVP rests with the sentencing judge and the parole board.

Pursuant to Section 16-11.7-103 (4) (c.5), C.R.S., the Sex Offender Management Board in collaboration with the Office of Research and Statistics in the Division of Criminal Justice, developed criteria and an empirical risk assessment scale for use in the identification of Sexually Violent Predators. The criteria were developed between July 1, 1998 and December 1, 1998 by representatives from the Sex Offender Management Board, the Parole Board, the Division of Adult Parole, the private treatment community and victim services agencies. The actuarial scale was developed by the Office of Research and Statistics in consultation with the SOMB over a three-year period. The Office of Research and Statistics has made subsequent revisions and updates to the instrument and handbook. These updates can be found at: <https://cdpsdocs.state.co.us/SOMB/ADULT/SVPASISHandbook2014webversion.pdf>. Revisions to the SORS instrument in 2009 concluded that the instrument reliably predicts both new sexual and violent crime arrests within five years. The most recent updates to the instrument and handbook occurred in 2015 in response to recent case law made by the Colorado Supreme Court. Under the authority of the SOMB, a committee has begun working on revising the SVP assessment tool.

AVAILABILITY AND LOCATION OF SEX OFFENDER SERVICE PROVIDERS

Currently, there are 258 adult SOMB approved treatment providers in Colorado (Figure 7) located in all 22 judicial districts in the state (Figure 8). The number of approved treatment providers and evaluators has increased from last fiscal year by 26.47% and 20.27%, respectively. This is a significant increase, attributed to the addition of clinical supervisor designations for both treatment providers and evaluators. These changes were implemented in February 2016 under the Competency Based Model. Most approved providers offered services in multiple counties. On average, providers operated in 4 different counties. The following table lists the number of providers approved in each specialty area.

Table 5. SOMB Approved Provider Total, FY 2016

Type of Provider	Clinical Supervisor		Full		Associate		Provisional		Totals	
	n	%	n	%	n	%	n	%	N	%
Treatment Provider	83	70.9%	143	49.0%	112	69.6%	3	100%	341	59.5%
Treatment Provider DD/ID	N/A	N/A	33	11.3%	19	11.8%	0	0%	52	9.1%
Evaluator	34	29.1%	65	22.3%	24	14.9%	0	0%	123	21.5%
Evaluator DD/ID	N/A	N/A	13	4.5%	2	1.2%	0	0%	15	2.6%
Polygraph Examiner	N/A	N/A	25	8.6%	4	2.5%	0	0%	29	5.1%
Polygraph Examiner DD/ID	N/A	N/A	13	4.5%	0	0.0%	0	0%	13	2.3%
Total	117	100.0%	292	100.0%	161	100.0%	3	100%	573	100.0%

Note: Providers may be approved to provide multiple services.

The SOMB approved 54 new adult applicants and conducted 49 adult re-applications which are included in the numbers above. There were 68 applicants who either upgraded their status (i.e., Associate Level to Full Operating, or Full Operating to Clinical Supervisor) or added to their status by applying for an additional status (i.e., Evaluator, or Developmentally Disabled or Intellectually Disabled). This increase in applicants should be considered an outlier, as there has been a significant increase in upgraded status applications due to the implementation of the Competency Based Model and its addition of clinical supervisor categories for treatment providers and evaluators.

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

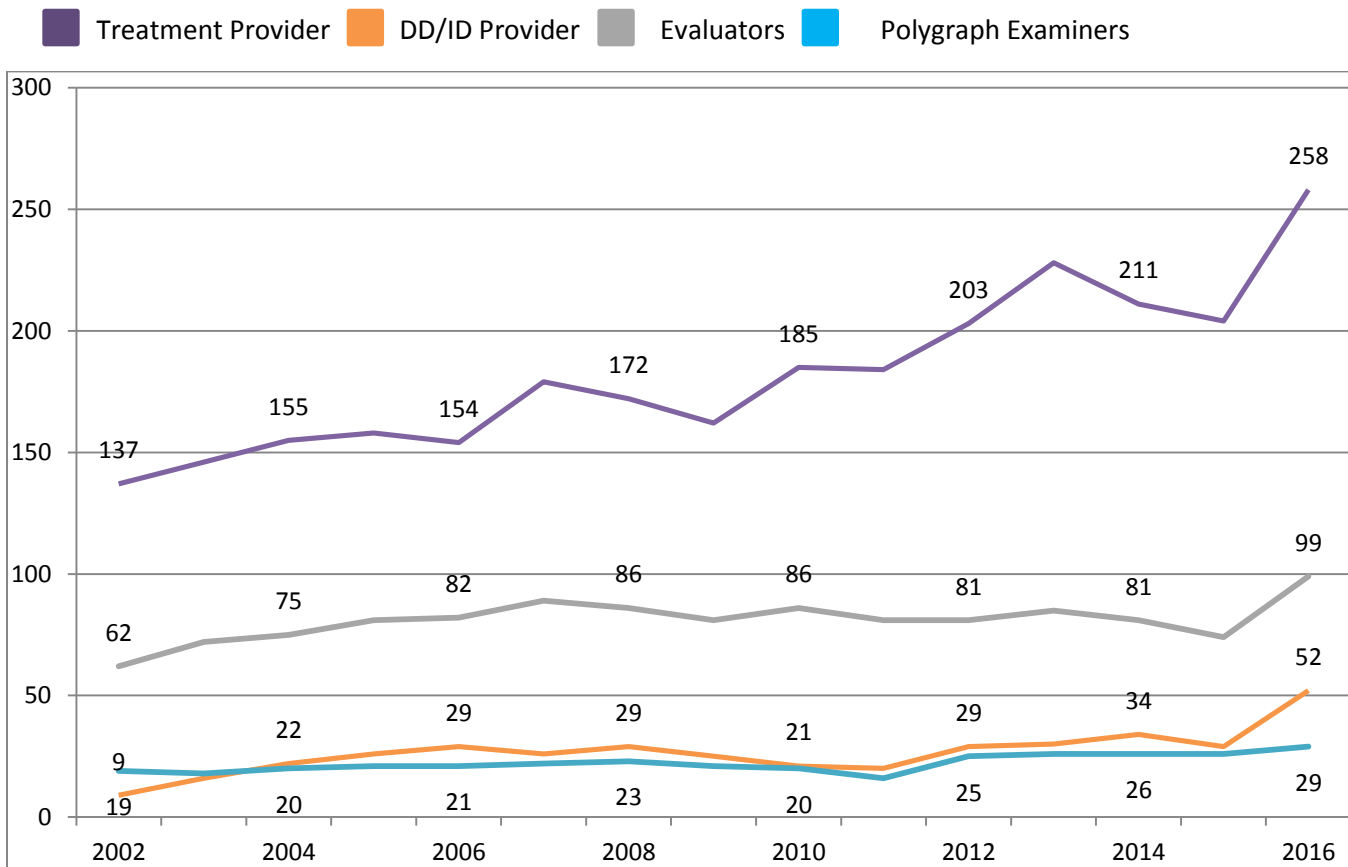
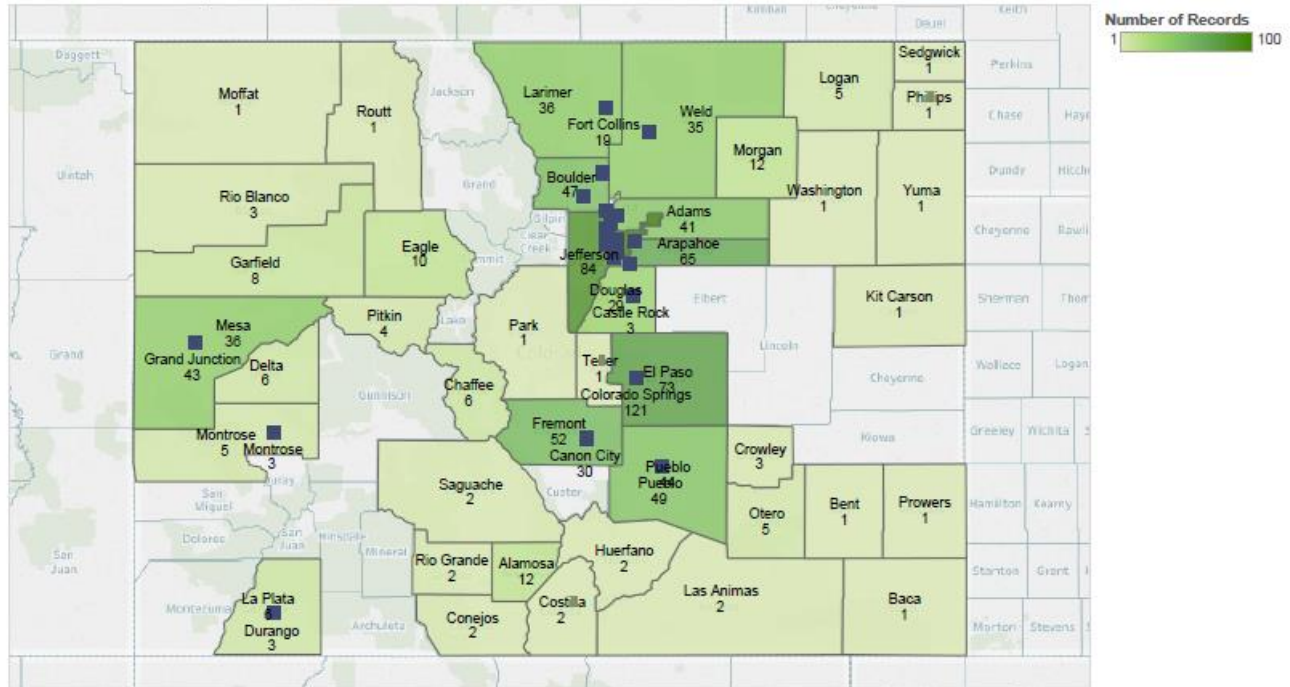


Figure 8. Number and Location of SOMB Service Providers by County, 2016

Provider Service Map



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

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

COST OF SERVICES

The average costs of services in Table 7 (below) were determined by surveying SOMB listed providers in September of 2016. Many providers offer services on a sliding scale, dependent on the offender's income. In community based programs, most sex offenders are expected to bear the costs of treatment and behavioral monitoring. The Standards require, at a minimum, weekly group treatment and polygraph examinations every six months; however there is variability for those in advanced levels of treatment. Most programs require some additional services during the course of treatment.

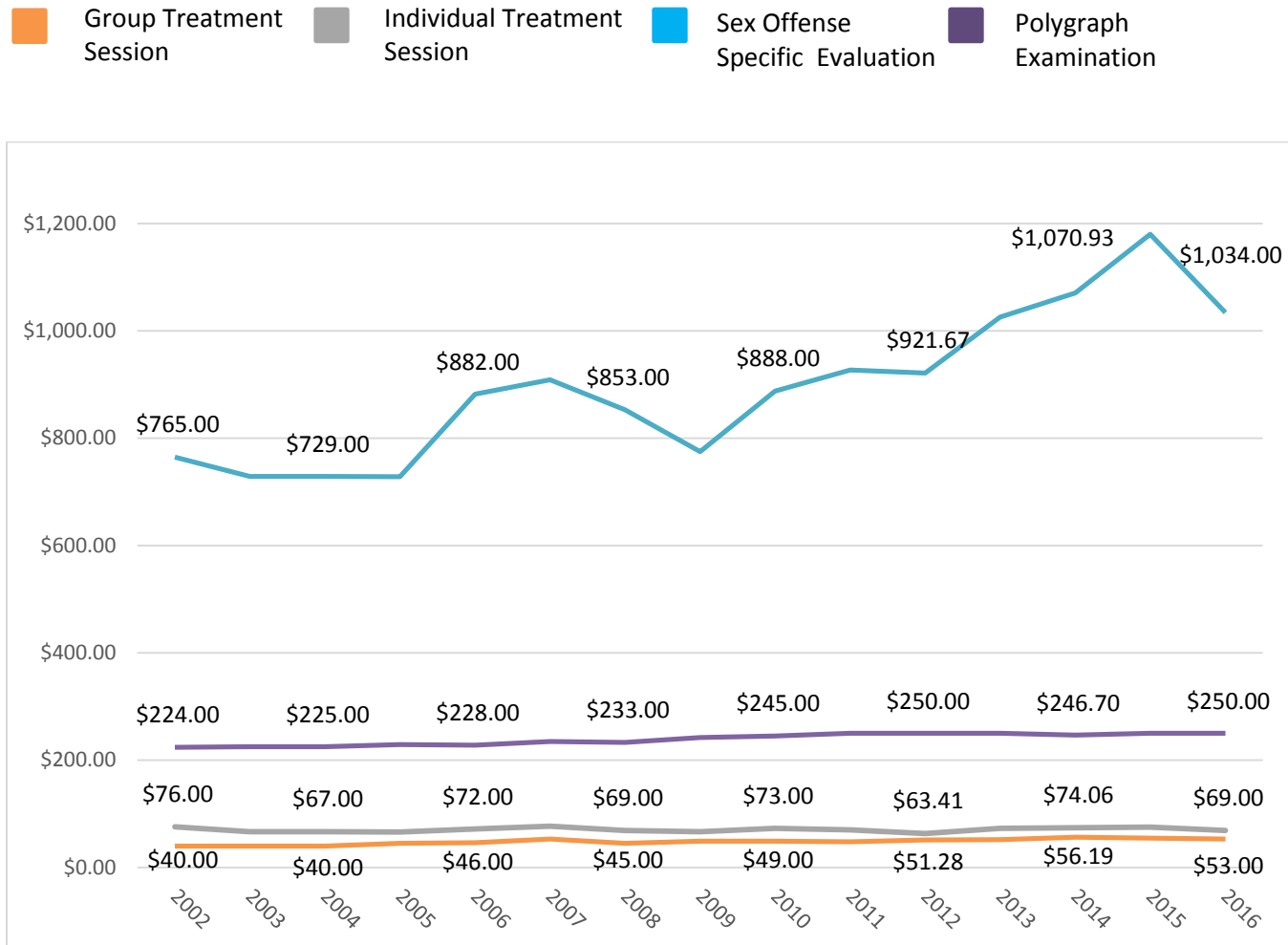
Table 6. Average Cost of Services by Judicial District

Judicial District	Mental Health Sex Offense Specific Group Treatment Session	Mental Health Sex Offense Specific Individual or Other Adjunct (i.e., family or couples counseling) Treatment Session	Sex Offense Specific Evaluation, including a PPG or VRT, or Both	Polygraph Examination
1 st	\$56.00	\$52.00	\$967.00	\$250.00
2 nd	\$59.00	\$71.00	\$1,003.00	\$250.00
3 rd	X	X	X	\$250.00*
4 th	\$53.00	\$62.00	\$1,171.00	\$250.00
5 th	\$54.00	\$73.00	\$1,213.00	\$250.00
6 th	\$48.00	\$53	X	\$250.00
7 th	X	X	X	X
8 th	\$63.00	\$78.00	\$953.00	\$250.00
9 th	X	X	X	X
10 th	\$55.00*	\$55.00*	\$1,000.00	\$250.00
11 th	\$53.00	\$73.00	\$975.00	\$250.00
12 th	\$52.00	\$64.00	\$1,000.00*	X
13 th	X	X	\$1,100.00*	X
14 th	\$50.00	\$113.00	\$1,100.00*	X
15 th	\$50.00	\$75.00	\$1,000.00*	\$250.00*
16 th	X	X	X	\$250.00*
17 th	\$57.00	\$71.00	\$1,048.00	\$250.00*
18 th	\$55.00	\$67.00	\$1,038.00	\$250.00
19 th	\$56.00	\$58.00	\$1,054.00	\$250.00*
20 th	\$54.00	\$68.00	\$950.00	\$250.00
21 st	\$40.00	\$49.00	X	\$250.00
22 nd	\$50.00	\$70.00	X	\$250.00*
Average	\$53.00	\$69.00	\$1,034.00	\$250.00
Range	\$30.00 - \$75.00	\$45.00 - \$130.00	\$700.00-\$1,300.00	\$250.00-\$250.00

Note: Costs of services are rounded to the nearest dollar. 'X' denotes services that were not provided by the local providers contacted, no response from the service provider contacted, or there were no providers in that judicial district. Figures were obtained in September 2016 and are rounded to the nearest dollar. * Denotes only one responding provider from that Judicial District.

Figure 9 illustrates the average costs of approved provider services by fiscal year. Average costs for group treatment, individual treatment, and polygraph examinations have remained relatively stable. However, while the costs for a sex offense specific evaluation have fluctuated over the last 10 years, the statewide average has steadily increased from \$775.00 in FY 2009 to \$1,034.00 in FY 2016.

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



Sex Offender Surcharge Fund

The SOMB recommended that \$302,029 from the Sex Offender Surcharge Fund be allocated to the Judicial Department in FY 2016-17. These funds are used for sex offense-specific evaluations and assessments for pre-sentence investigation reports for indigent sex offenders and for assistance with polygraph examination costs post-conviction. These funds are made available to all indigent sex offenders through local probation departments. The SOMB recommended that \$302,029 from the Sex Offender Surcharge Fund be allocated to the Judicial Department for FY 2017-18 for the same purposes.

PROVIDER SURVEY

The SOMB administers an annual survey to its approved service providers to measure the degree of implementation of current and emerging practices. Out of a total of 161 agencies providing SOMB approved services, 54 responded¹ to the survey indicating a 38% response rate. The following statistics are based only on the responses from providers who deliver services to adults who commit sexual offenses.

As of June 30th, 2016, slightly more than 9% of providers who responded to the survey reported having more than 20 sex offenders currently serving an indeterminate sentence at their treatment program or private practice (9%, n=5). In contrast, 19% of providers reported having no sex offenders currently serving an indeterminate sentence at their treatment program (19%, n = 10). Approximately 18 of participating providers (33%, n = 18) reported the average length of stay for sex offenders serving an indeterminate sentence was between 1 to 6 years, and 9 providers reported an average length of stay in treatment ranging from 6 years to over 10 years (17%, n = 9). Further, only 1 in 54 responding providers (1%, n = 1) indicated that sex offenders sentenced under the Lifetime Supervision Act have had an impact on their program's ability to provide services.

REGULATION AND REVIEW OF SERVICES PROVIDED BY SEX OFFENDER TREATMENT PROVIDERS

Application Process

The SOMB works to process the applications of treatment providers, evaluators, and clinical polygraph examiners to create a list of these providers who meet the criteria outlined in the Standards and whose programs are in compliance with the requirements in the Standards. These applications are reviewed through the SOMB Application Review Committee (ARC).

The ARC consists of SOMB members who work with the staff to review the qualifications of applicants based on the Standards. The application is also forwarded to a private investigator contracted by the Division of Criminal Justice to conduct background investigations and personal interviews of references and referring criminal justice personnel. When the ARC deems an applicant approved, the applicant is placed on the SOMB Provider List. When a provider is listed in the Provider List, it means that he/she (1) has met the education and experience qualifications established in the Standards and (2) has provided sufficient information for the committee to make a determination that the services being provided appear to be in accordance with the Standards. In addition, each provider agrees in writing to provide services in compliance with the Standards.

Placement on the SOMB Provider List is neither licensure nor certification of the provider. The Provider List does not imply that all providers offer exactly the same services, nor does it create an entitlement for referrals from criminal justice system agencies. To the extent possible, the criminal justice supervising officer, as the referral source, attempts to match each offender to an appropriate treatment agency.

¹ Approved service providers were asked to have only one representative respond to the survey per program. Included in this figure are private agencies that provide SOMB approved treatment and evaluation, agencies that provide SOMB approved polygraph services, and DOC providers.

The SOMB implemented a revised and streamlined reapplication process in FY 2014. The new process involves expediting the required background checks and adopting a much shorter and simplified reapplication form. The curtailed requirements to assess compliance by providers upfront in the reapplication process were replaced with Standards Compliance Reviews (SCR). Whether for-cause (i.e., a founded complaint is made against a provider) or random, SCRs involve SOMB staff and the ARC conducting a thorough review of Standards compliance on the part of the approved provider through file review and consultation with the provider. This change intended to drive two outcomes: (1) enhance efficiency and significantly reduce the turnaround time for reapplication approvals, and (2) increase compliance oversight by giving SOMB staff and ARC members a more in-depth and accurate picture of service delivery by those providers subject to a SCR.

Competency Based Model

The SOMB made significant changes to section 4.000 of the *Standards and Guidelines*. The Competency Based Assessment is intended to help the supervisor rate applicants on a set of established competencies specific to the field of Sex Offense Specific Treatment and Evaluation. The SOMB's Best Practices Committee developed criteria for approving treatment providers and evaluators using therapeutic competencies, which was implemented in February, 2016. This Competency Based Model (CBM) utilizes qualitative as well as quantitative measures to assess the proficiency level of both existing approved providers as well as candidates for provider approval. There are a number of specific content areas deemed crucial to becoming an effective treatment provider or evaluator such as *Knowledge and Integration of SOMB Standards* and *Clinical Intervention and Goal Setting* skills.

Sex Offender Service Providers Requirements for Listing Status

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

Table 7. Current Approval Requirements of Treatment Providers and Evaluators

Service Level and Service Type	Current Competency Based Approval Requirements (effective February 1 st , 2016)
Full Operating Level Treatment Provider:	Treatment Providers seeking placement at the Full Operating Level must demonstrate the necessary competencies as determined by the ARC. Additionally, providers must receive the minimum professional training hours required and co-facilitation hours may be required. Providers at this level may practice without supervision and can apply for clinical supervisor status. Providers at this level must demonstrate competency every three years in order to renew their status at this level.
Associate Level Treatment Provider:	Treatment Providers seeking initial or renewing placement at the Associate Level status must demonstrate competency at the Associate Level as verified by a clinical supervisor. Additionally, providers must receive the minimum professional training hours (e.g. - initial Standards orientation, booster trainings, etc.) and co-facilitation hours may be required. Providers at this level must demonstrate competency every three years in order to renew their status at this level.

Full Operating Level Evaluator:	Evaluators seeking placement at the Full Operating Level must demonstrate the necessary competencies as determined by the ARC. Additionally, providers must receive the minimum professional training hours and co-facilitation may be required. Providers at this level may practice without supervision and can apply for clinical supervisor status. Providers at this level must demonstrate competency every three years in order to renew their status.
Associate Level Evaluator:	Evaluators seeking initial or renewing placement at the Associate Level must also apply for placement as an Associate Level Treatment Provider. Additionally, providers must demonstrate competency at the Associate Level as verified by a clinical supervisor. Additionally, providers must receive the minimum professional training hours (e.g. - initial Standards orientation, booster trainings, etc.) and co-facilitation hours may be required. Providers at this level must demonstrate competency every three years in order to renew their status at this level.
Clinical Supervisor Listing Status:	Full Operating providers may apply for approval as an SOMB clinical supervisor once they have met the required qualifications and completed the following: (1) receive supervision from an approved SOMB clinical supervisor for assessment of their supervisory competence; (2) be assessed as competent in SOMB clinical supervisor Competency #1; and (3) provide supervision, when deemed appropriate, under the oversight of their SOMB clinical supervisor.
Full Operating Level Polygraph Examiner:	Polygraph Examiners at the Full Operating Level have conducted at least 200 post-conviction sex offender polygraph tests and has received 100 hours of specialized clinical sex offender polygraph examiner training.
Associate Level Polygraph Examiner:	Examiner at the Associate Level are working under the guidance of a qualified Clinical Polygraph Examiner listed at the Full Operating Level while completing 50 post-conviction sex offender polygraph tests as required for Clinical Polygraph Examiners at the Full Operating Level.
Intent to Apply for Listing:	This listing status will be removed and new providers seeking placement on the approved provider list will first need to demonstrate competency at the Associate Level as either a Treatment Provider or as a Treatment Provider and Evaluator.

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

Adult Standards Revision Committee

In July 2014, the SOMB reconvened the Adult Standards Revision Committee for the purpose of making recommendations for updating the Adult Standards and Guidelines to ensure that the Standards are aligned with current and emerging research. In August of 2016, the SOMB has approved revisions to the Introduction and Guiding Principles of the Adult Standards and Guidelines, and, as of the date of this publication, has published revisions within Sections 3.000, 5.000 and 10.00, and has continued reviewing Sections 2.000, 3.000, 4.000 and 5.000.

SUMMARY

This report is intended to provide the Colorado General Assembly with information on the Sixteenth year of implementation of the Lifetime Supervision Act in Colorado. The Department of Corrections, The Judicial Department, and the Department of Public Safety work collaboratively in implementing the comprehensive programs for managing sex offender risk in Colorado.

In FY 2016, 123 lifetime supervision offenders were admitted to prison and 33 were removed from lifetime supervision status. During FY 2016, 2,314 offenders were under CDOC supervision for sexual offense convictions sentenced under the lifetime supervision provisions. The Parole Board conducted 69 revocation hearings for lifetime supervision offenders in FY 2016 with a decision to revoke parole in 35 cases. No parole discharge hearings have occurred for offenders sentenced under the Lifetime Supervision Act, as offenders would need to complete a minimum of 10 - 20 years on parole, dependent upon their conviction offense. Figures 2 and 5 illustrate that the Lifetime Supervision Act may be at least partially responsible for the increase in the percentage of sex offenders among prison and parole populations within Colorado.

The Sex Offender Treatment and Monitoring Program (SOTMP) for DOC inmates was designed to utilize the most extensive resources with those inmates who have demonstrated a desire and motivation to change. Because the Lifetime Supervision legislation is not intended to increase the minimum sentence for sex offenders, the Department of Corrections has designed treatment formats that provide offenders the opportunity to progress in treatment and be considered a candidate for parole within the time period of their minimum sentence. During FY 2016, 482 lifetime supervision sex offenders participated in the SOTMP.

As of June 30, 2016, there were approximately 1,374 offenders under SOISP probation supervision. Of these, approximately 838 (61%) offenders were under lifetime supervision. A comparison of data for FY 2014-15 to FY 2015-16 reflects a 3% (9 cases) decrease in the number of offenders eligible and sentenced to indeterminate lifetime sentences and under SOISP supervision. New eligible cases for indeterminate lifetime term sentences to probation include 51 offenders with under lifetime probation with SOISP, 261 offenders under non-lifetime probation with SOISP, and 108 offenders under regular probation. In FY2015-16, 42 sex offenders had their lifetime supervision sentences terminated (1 revoked – new felony, 1 revoked – new misdemeanor, 12 revocations – technical violations, 8 terminated – deportation, 1 terminated – death, 6 revoked – absconded, 13 terminated – successful terminations) and 87 offenders under lifetime supervision completed SOISP subsequently being transferred to regular probation.

The expenses associated with the sex offender offense specific evaluations, the sexually violent predator assessments, and the Child Contact Assessments are increasing annually. Probation funds have been required to pay for these evaluations and assessments to avoid any delays in case processing for the courts and to ensure that offenders who are unable to pay all of the costs associated with court ordered evaluation and treatment are not returned to court for revocation based on non-payment. Revocations generally result in sentences to DOC, a significantly higher cost option for the state. The Judicial Department is seeking alternative options in order to manage and curb these rising costs.

The number of approved treatment providers and evaluators increased this fiscal year by 26.47% and 20.27%, respectively. The number of approved polygraph examiners has remained relatively stable since FY 2007. The availability of services across the state has been improving incrementally as more providers are seeking approval to operate within some of the underserved rural counties. Notwithstanding the average cost for sex offense specific evaluations, average costs for services have also remained fairly stable.

In summary, the number of sex offenders subject to Lifetime Supervision in prison and in the community is rising which has resulted in increased caseloads for those agencies responsible for the management of sex offenders. Additionally, sex offenders will continue to be identified in the future including those subject to lifetime supervision. In an effort to achieve community safety, accurate static and dynamic risk assessments must be an element of sex offense specific evaluations to ensure the proper placement of sex offenders in an appropriate level of supervision, thereby using available resources wisely. Accordingly, the Department of Corrections, the State Judicial Department, and the Department of Public Safety will continue to evaluate the impact of the Lifetime Supervision Act for sex offenders both in prison and in the community.