I. POLICY

It is the policy of the Colorado Department of Corrections (DOC) to provide specialized sex offense specific treatment [2-CO-4E-01] to identified offenders to reduce recidivism and enhance public safety by providing a continuum of identification, treatment, and monitoring services throughout incarceration. [2-CO-4B-04] [4-4281-4]

II. PURPOSE

This administrative regulation (AR) establishes the general scope and limits of offenders with a sex offense treatment services provided to DOC offenders. [2-CO-4B-04]

III. DEFINITIONS

A. Administratively Determined Sexual Violence Treatment Needs: An offender who has been identified as having sexual violence treatment needs through the classification review procedures due to an unadjudicated sexual abuse allegation. This includes S4 administrative reviews conducted by specially trained DOC personnel prior to July 1, 2008, and sexual violence treatment needs classification reviews conducted by an administrative hearing officer after July 1, 2008. An offender classified in this manner will have a sexual violence treatment needs code of S4.

B. Cognitive Behavioral Therapy: Therapy that addresses the offender’s thoughts as a basis for changing feelings and behavior. New pro-social behavior patterns and problem solving skills are also developed.

C. Institutionally Determined Sexual Violence Treatment Needs: An offender who has been identified as having sexual violence treatment needs after a facility disciplinary conviction in the DOC or any other detention facility such as a jail, federal or other state correctional facility, community corrections agency, residential placement, or institution, before July 1, 2008. After July 1, 2008, an offender may also be classified if he/she has a sexual violence needs classification review as a result of institutional sexual offending behavior. Offenders classified in this manner will have a sexual violence treatment needs code of S3.

D. Pattern of Interpersonal Violence: Includes but is not limited to sexual abuse, domestic violence, child abuse, assault, violation of restraining order, kidnapping, menacing, stalking, or harassment.

E. Relapse Cycle: A description of the thoughts, feelings, and behaviors that progressively lead the offender with a sex offense sex offender to re-offend.
F. **Sex Offender**: An offender who has received judicial determination by conviction, adjudication, deferred judgment and sentence, per CRS 16-11.7-102, judicial finding of sexual factual basis, or requirement to register as a sex offender, per C.R.S. 16-22-103. An offender classified in this manner, is not entitled to a sexual violence needs classification review and has a sexual violence needs code of S5.

G. **Sexual Abuse**: Sexual behaviors to include, but not limited to, assault, battery, mutilation or torture of the genital area, and intentional unwanted sexual conduct, which can be verbal, written, visual, or physical; this includes attempts, conspiracies, and solicitations. Minor children cannot consent to sexual behavior with an adult; therefore, by definition any sexual conduct with a child would be unwanted.

H. **Sexual Violence Needs Classification Review**: A due process review of the offender’s history concerning sexually abusive behavior that may result in a determination regarding sex offense classification.

I. **Sex Offender Management Board Standards**: Sex Offender Management Board developed standards and guidelines for the assessment, evaluation, treatment, and behavioral monitoring of offenders with a sex offense.

J. **Sex Offender Treatment and Monitoring Program Team**: DOC employees, contract workers, or volunteers who work for the Sex Offender Treatment and Monitoring Program (SOTMP) or on behalf of SOTMP supporting its mission and goals.

K. **Sex Offender Treatment and Monitoring Program Staffing**: A treatment team discussion, including at least one SOTMP supervisor, regarding relevant offenders with a sex offense case material to make treatment recommendations.

L. **Treatment**: The therapeutic relationship and activities between a professional mental health clinician and an offender with the goal of bringing about change in the offender’s attitudes and behaviors that result in favorable, pro-social adjustment.

M. **Treatment Qualifiers**: Codes used to identify the offender’s SOTMP status. The codes are subject to change throughout the offender’s incarceration.

N. **Unadjudicated Sex Abuse Allegation**: Information regarding behavior that indicates possible sexual abuse, but the offender has not been judicially, administratively, or institutionally determined to be an offenders with a sex offense. This offender is entitled to a sexual violence classification review or may have already had due process and as a result is not subject to sex offense specific treatment. These cases have a sexual violence treatment needs code of S2.

IV. **PROCEDURES**

The Denver Complex programmers and Sex Offender Diagnostic Unit gather and review relevant documents and classify offenders according to the sexual violence needs classification procedures detailed in AR 750-02, Sexual Violence Needs Classification. The following guidelines and procedures are used to identify offenders with sexual violence treatment or supervision needs:

A. **Identification of Sexual Violence Needs**: *Each offender entering the DOC shall have his/her available records reviewed by Denver Complex programmers to ascertain sexual violence needs classification in one of these five categories: [4-4281-4]*

1. S5: Any judicial determination of sex offense, to include court finding of sexual factual basis.
2. S4: Any administrative determination of sex offense to include prior sexual violence needs classification review.
3. S3: Any institutional determination of sex offense behavior to include facility disciplinary convictions.
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4. **S2**: Unadjudicated sex abuse allegation.

5. **S1**: No information or documentation that suggests any sexual violence treatment needs.

**B. Sex Offender Treatment Program (SOTMP) Treatment Qualifiers**: Offenders classified S5 may be subject to recommendation for sex offense specific treatment. Offenders classified as S3 or S4 may be subject to recommendation for Healthy Boundaries group or sex offense specific treatment when clinically indicated. The following treatment qualifiers further identify SOTMP recommendations in Sexual Violence Treatment Needs Classification. [4-4281-4]

1. **R – Ready**: The offender currently meets the SOTMP participation requirements.

2. **P – Pending**: The offender meets the SOTMP participation requirements but has previously been terminated, removed from the referral list for cause, dropped-out of treatment, or had refused SOTMP placement. Offenders will be coded R-Ready when satisfactorily participating in SOTMP treatment for 30 days.

3. **D – Does Not Meet Criteria**: The offender does not meet the SOTMP participation requirements.

4. **I – Ineligible**: The offender is not within eight years to parole eligibility date and is not yet eligible for SOTMP. This includes life with no parole sentences.

5. **E – Evaluation**: More clinical information is required to assess the offender’s risk to public safety prior to a decision regarding needs and recommendations.

6. **T – Temporary**: The offender is being evaluated for possible classification review. He/she cannot be recommended for sex offense specific treatment without due process afforded in AR 750-02, Sexual Violence Needs Classification.

7. **X – Excluded**: The offender has had a classification review that did not result in a classification as an offender with a sex offense, has had a judicial determination of “No sexual factual basis”, or was acquitted of sexual abuse. Treatment will not be recommended unless there are facts from a separate allegation that may warrant a change in the sexual violence needs classification.

8. **L - Low**: The offender may have an administrative, judicial, or institutional determination of a sex offense, but are a low resource priority for SOTMP services at the current time. Offenders with unadjudicated sex abuse allegations may also be low resource priority for classification review. These offenders may have their priority reassessed at any time during incarceration, community, or parole.

9. **M**: The offender is in compliance with SOTMP team recommendations, however is unable to participate in sex offender treatment due to an existing and verified medical/mental health condition. This qualifier will be added after a medical and/or mental health assessment by a medical or mental health provider in consultation with SOTMP administrator or designee.

10. **F – Future**: The offender has a sexual behavior criminal case waiting judicial determination.

11. **N - Inactive**: The offender is currently not progressing in treatment and is being given the opportunity to continue treatment work through identifying and completion of treatment tasks. The impact of this qualifier to the offender is that he/she is still eligible for earned time subject to sex offender restrictions.

12. **A - Aftercare**: The offender has successfully progressed in treatment and can be progressed to inactive treatment status.

13. **J-Juvenile**: Juvenile adjudication of sexual offense
### C. Diagnostic Unit Screening

Upon admission to DOC, offenders with a sex offense conviction or allegation will be processed in the following manner:

1. Diagnostic programmers will initially establish a sexual violence needs code on all offenders. The codes may be re-evaluated by SOTMP team.

2. Diagnostic programmers may consult the SOTMP diagnostic unit for clarification and final determination.

3. The SOTMP team will review relevant documents and request additional documents if necessary (e.g., law enforcement reports, court transcripts, and mental health evaluations and reports) and determine if the offender will be recommended for sex offender treatment or, if necessary, refer the case for team staffing with the sex offender treatment team.

### D. Recommendations for Treatment

The following guidelines will be used in the recommendation of sex offense specific treatment for offenders in prison. Exceptions to these guidelines may be made with the reasoning for the exception documented.

1. Offenders classified as S5, except those with a qualifier of L will be recommended for the sex offense specific treatment.

2. Offenders classified as S2 through S4 may be recommended for Healthy Boundaries group.

3. To determine if an offender is a low resource priority (qualifier L) and not actively recommended for sex offense specific treatment in DOC, the SOTMP team will evaluate factors that may indicate continuing or diminished risk.

   Unless continuing risk factors exist, offenders may be considered low priority for treatment in prison if they have a single sexual abuse allegation or conviction that occurred more than ten years from the most recent admit date and have had five continuous unsupervised years in the community without any type of arrest. The SOTMP team will use clinical judgment when assessing risk indicators. Some of the risk factors that may be considered include, but are not limited to:

   a. A prior sex offense conviction or a pattern of sexual abuse allegations.

   b. Perpetration of sexually abusive behavior in prison.

   c. A history of further interpersonal violence demonstrating a continuing cycle of abuse.

   d. Sexual abuse that was particularly deviant, violent, sadistic, traumatic, or contains other significant factors.

4. Offenders who self-report a need for sex offense specific treatment, without any known history of sex offense behavior, will be notified of the consequences of self-reporting a sex offense and will be required to write out and sign a description of the sexual abuse.

5. Treatment and supervision recommendations and priority may be reassessed while in community or parole based upon increased need for public safety.

### E. Treatment Participation Requirements and Prioritization

The SOTMP is cognitive behavioral in orientation and adheres to the risk, needs, responsivity model of treatment. The SOTMP has established participation requirements. Offenders who are recommended for sex offense specific treatment will be assessed by the SOTMP team to determine if they currently meet treatment participation requirements. This information may be used to assist in facility placement decisions. [4-4281-2] [4-4281-4]

1. To the extent resources permit, offenders may be prioritized for sex offense specific treatment based upon, but not limited to, parole eligibility date, ongoing comprehensive risk assessment, appropriate institutional behavior and placement, and prior SOTMP treatment opportunities. Due to limited resources, offenders should be placed in treatment
according to the following guidelines in priority order:

a. Offenders with judicial determinations of a sex crime that are within four years of their parole eligibility date.

Offenders that have not had an opportunity to participate in treatment will have priority over an offender that has had an opportunity and did not take advantage of that opportunity.

The SOTMP team may initiate exceptions to these guidelines based on the severity of the identified treatment needs or other considerations.

2. To be qualified to be placed upon a referral list for the SOTMP offenders must meet the following requirements:

a. Must have eight years or less to parole eligibility date.

b. Must admit to sexually abusive behavior and be willing to discuss the details of their behavior.

c. Must be willing to admit to problems related to sexually abusive behavior and work on them in treatment.

d. Must demonstrate a willingness to participate in group treatment at the level recommended by the program.

e. Must sign and comply with the conditions of all SOTMP treatment contracts.

F. Sex Offense Specific Evaluation: SOTMP will utilize sex offense specific evaluations or updates to include, but not limited to, clinical interview, collateral information, psychological testing, sexual interest testing, and/or polygraph testing to identify treatment needs, inform individualized treatment recommendations and plans. The treatment team will continually assess individual treatment needs to determine appropriate treatment recommendation. Individualized treatment goals will be based on continual assessment by the clinical team. The treatment team may make exceptions to treatment goals based on clinical assessment.

G. Sex Offender Treatment Phases: 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 phases for participation. The SOTMP will offer:

1. Phase I Core: A time-limited cognitive behavioral therapeutic group that addresses criminogenic factors that are associated with sexual offending behaviors. All clients in this phase of treatment will have the opportunity to meet all seven of the Sex Offender Management Board criteria that indicate positive progression in treatment.

The goals include but are not limited to:

a. The offender takes full responsibility for his/her sexually abusive behavior.

b. The offender applies and incorporates the material learned in Phase I into his/her lifestyle.

c. 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.

d. To further evaluate the offender’s treatment needs

e. The offender identifies his/her relapse cycle and methods for intervention in the cycle. He or she will have an opportunity to present the risk management plan to an identified support person or team through a therapist facilitated disclosure.
f. The offender demonstrates a measurable reduction of identified risk factors.

2. Phase II Intensive Treatment Community: Offenders who have been assessed to have more intensive treatment needs will be recommended to continue treatment in Phase II if clinically indicated. Phase II is offered in the therapeutic community format at Arrowhead Correctional Center. Phase II provides cognitive behavioral treatment that addresses criminogenic factors correlated with sexual recidivism. Phase II treatment helps offenders focus on changing distorted thinking patterns and behaviors and helps offenders develop effective relapse prevention plans (i.e. personal change contracts). The goals include but are not limited to:

a. The offender receives further evaluation and collaborates with the treatment team to develop treatment plan goals that mitigate individual risk factors.

b. The offender applies and incorporates the material learned in Phase I into his/her lifestyle.

c. The offender identifies distorted thinking patterns and develops healthy alternatives.

d. The offender demonstrates a commitment to behave as a pro-social, responsible member of the community.

e. The offender realizes the importance of developing a balanced lifestyle and monitoring his/her thoughts and behaviors for the rest of his/her life.

f. The offender identifies his/her relapse cycle and methods for intervention in the cycle.

g. The offender realizes the importance of sharing his/her relapse cycle and methods of intervention with significant others in his/her life.

h. The offender practices and incorporates a model for solving problems.

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

H. SOTMP Recommendation for Progression to Community: Sex offender treatment in the prison setting is preliminary to continued treatment and supervision in the community post release from prison. Since offenders cannot complete treatment in a facility, the SOTMP has developed criteria for offenders to receive a recommendation for release to parole. Offenders with a sex offense participating in the SOTMP must meet all of the following criteria to receive a recommendation for release to parole from the SOTMP team. SOTMP, as a result of team staffing, will provide documentation regarding progression to community based on the offender’s behavior, successful progress in treatment, and Sex Offender Management Board Standards.

1. Participates and actively engages in recommended level of sex offense specific treatment as evidenced by a measured reduction in dynamic risk.

2. Complete a 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 indicators.

3. Complete a comprehensive, written plan to manage ongoing risk areas and treatment needs. The plan must be approved by the SOTMP team.

4. 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.
5. Demonstrate management of identified risk areas as verified by clinical indicators.

6. Must be compliant with any DOC psychiatric recommendations for medication which may enhance his or her ability to benefit from sex offense specific treatment.

7. 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.

I. Probation, Suspension and Termination from Treatment

1. Offenders may be placed on a treatment probation contract if they are not adequately progressing in treatment or not meeting program expectations. The intent of probation is to provide the offender with an opportunity, time frame and requirements to meet program expectations. Offenders who do not successfully meet the conditions of the probation contract may be suspended from group and recommended for termination.

2. Serious violations of the treatment contract may result directly in suspension from group without a period of probation.


4. Offenders who voluntarily withdraw from treatment will submit a signed resignation letter or other written statement regarding their refusal to participate in treatment.

5. An offender who withdraws or is terminated from treatment for non-compliance can reapply for treatment at any time. Offenders will be asked to complete an assignment that addresses their treatment termination or refusal as part of the consideration for readmission. All offenders must also meet the minimum requirements to be placed on the referral list outlined in section IV.E.2.

J. Clinical Training Program: SOTMP clinical training coordinator will provide on-going training, mentoring, coaching and support for clinical staff. In order to enhance multi-disciplinary effectiveness and to facilitate continuity of care, training in the various areas of sex offender dynamics will be provided for correctional employees.

K. Support Education Program

1. This program is designed to help the support person(s) become positive informed support to help the offender be successful in treatment and community transition.

2. Research has established that offenders with a sex offense are more successful in the community when they have positive, informed support from individuals that have:

   a. Accurate knowledge of the offender’s crime of conviction, history of prior criminal convictions, sexual offense history, and sexual deviancy behaviors.

   b. Accurate knowledge of the offender’s methods of deception and manipulation, particularly as they apply to the informed supporter.

   c. Accurate knowledge of rules and expectations as provided by the parole officer and treatment provider.

   d. Awareness of the offender’s potential victims.

   e. Awareness of the cycle, offense patterns and early abuse signs.
f.  Familiarity with the offender’s schedule and whereabouts.

g.  The ability to enhance and encourage application of the offender’s treatment tools outside of the therapy setting.

h.  A working relationship with the treatment provider and criminal justice supervisor.

i.  The ability to acknowledge the seriousness of the offending behavior.

j.  The ability, skills and tools to hold the offender accountable early in the onset of risky behaviors.

k.  Willingness to report non-compliance to the supervisory team.

3.  The SOTMP Support Education Program is designed to facilitate positive, informed support as described above and:

   a.  Help support person(s) identify high risk behaviors and attitudes in the sexual offender and intervene before re-offense.

   b.  Help support person(s) understand and reinforce the sexual offender’s participation and progress in treatment.

   c.  Prepare appropriate support person(s) for the sex offense specific therapist facilitated disclosure meeting in which the offenders with a sex offense discloses his/her sexual offense history, sexually deviant behavior, sex offense cycle, risk factors, relapse prevention plan, safety plan and methods of deception and manipulation particularly as they apply to each support person.

   d.  Prepare and encourage support person(s) to develop a cooperative working relationship with the treatment providers and community supervision team.

4.  The following factors will be considered by the SOTMP team when determining whether a potential support person will be approved:

   a.  Is not currently under the jurisdiction of any court or criminal justice agency for a matter that the team determines could impact his/her capacity to safely serve as an approved support person;

   b.  Has no prior convictions. If ever accused of interpersonally violent behavior, unlawful sexual behavior or child abuse, presents information requested by the team so that the team may assess current impact on his/her capacity to serve as an approved support person;

   c.  Does not participate in criminal activities;

   d.  Has agreed to undergo a criminal history background check utilizing NCIC/CCIC and other court and criminal justice records;

   e.  Has no significant cognitive or intellectual impairment;

   f.  Has no substance abuse or significant mental health problems;

   g.  Has no significant health limitation that interferes with the ability to support the offender;

   h.  Has adequately resolved any issues regarding personal history of victimization;

   i.  Has no history of the sex offender perpetrating domestic violence or any other form of victimization against him/her;
j. Has not perpetrated domestic violence or any other form of victimization against the offender;

k. Is not hostile toward systems designed to intervene;

l. Is willing to maintain open communication with the treatment providers and parole officers and report offender behavior;

m. Is willing to maintain the goal of “no more victims” and community safety;

n. Does not participate in victim blaming;

o. Is 21 years old or older.

5. Additional factors that will be considered include, but are not limited to: participation in the support education program, ability to support the offender’s change efforts, ability to acknowledge the seriousness of the offending behavior, ability to hold the offender accountable as described in number 2, ability to support the treatment and supervision rules and requirements, and positive participation in the therapist facilitated disclosure meeting to receive and review the offender’s risk management plan.

6. An approved support person will not support more than one offender with a sex offense at a time unless approved by the SOTMP administrator

K. Continuous Quality Improvement (CQI): The SOTMP will work with the SOTMP Quality Management Program coordinator (QMP coordinator) in order to identify areas for improvement, make plans for improvement of the identified areas, and implement those plans.

V. RESPONSIBILITY

A. The SOTMP administrator will review this AR annually and update as necessary.

VI. AUTHORITY

A. C.R.S 16-11.7 through 107 ARTICLE 11.7 Standardized Treatment Program For Sex Offenders.
B. C.R.S. 18-1.3-1001 through 18-1.3-1010. Sentencing In Criminal Cases.

VII. HISTORY

April 1, 2014
April 1, 2011
April 1, 2010
April 1, 2009
November 1, 2008
November 1, 2007
November 1, 2006
November 1, 2005

ATTACHMENTS: A. AR Form 100-01A, Administrative Regulation Implementation/Adjustments
Offender Health Services  |  Sex Offender Treatment and Monitoring Program  |  700-19  |  06/15/16

(FACILITY/WORK UNIT NAME)  
WILL ACCEPT AND IMPLEMENT THE PROVISIONS OF THE ABOVE ADMINISTRATIVE REGULATION:

[ ] AS WRITTEN  [ ] NOT APPLICABLE  [ ] WITH THE FOLLOWING PROCEDURES TO ACCOMPLISH THE INTENT OF THE AR

(SIGNED) ___________________________ (DATE) ___________________________

Administrative Head