

**COLORADO**  
**DEPARTMENT OF CORRECTIONS**

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**Statistical Report**  
**Sex Offender**  
**Population and Treatment**  
**Fiscal Year 1999**

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## **SECTION I**

### **INTRODUCTION**

## **INTRODUCTION**

The Colorado Department of Corrections (CDOC) is continually improving its treatment services and systems for monitoring sexual offenders through research and recognized practices in the field. During 1999, the Sex Offender Treatment and Monitoring Program (SOTMP) standardized the psychological tests and assessments used to measure within-treatment changes for determining program efficacy. Also, the program designed and implemented a variety of other systems to improve the utility of treatment, maintain sex offender modus operandi data, and transition treated offenders into the community. The program's mission is to enhance public safety by providing a service continuum for sex offenders throughout incarceration and parole.

This report provides statistics on sex offenders and treatment services in the Department, as well as the progress and findings of the specialized programming and evaluation projects. All reported data is compiled by fiscal year (July 1 through June 30).

**TABLE 1**  
**S-CODES AND GENERAL DESCRIPTIONS**

<b>SEXUAL VIOLENCE CODES</b>	<b>DESCRIPTION</b>
<b>S1</b>	No history or indication of sexual offending behavior.
<b>S2</b>	Arrested or investigated for a sexual offense but not charged, or where charges were dismissed and the factual basis suggests a sexual offense did not occur. Previously coded S3, S4, or S5 offenders, where 10 years from his/her "current" date of incarceration has elapsed and he/she has remained in the community for at least 5 consecutive years without any known sexual offending behavior.
<b>S3</b>	Conviction of an active or discharged COPD related sexual offense or factual basis of a non-sexual offense that suggests a sexual offense did occur against staff, visitors, or inmate(s) while in prison.
<b>S4</b>	Factual basis of an active or discharged felony or misdemeanor non-sexual offense that suggests a sexual offense did occur; conviction of a juvenile sexual offense or factual basis of a juvenile non-sexual offense that suggests a sexual offense did occur; conviction of a misdemeanor sexual offense.
<b>S5</b>	Conviction of an active or discharged felony sexual offense.

**SECTION II**

**INCARCERATED  
POPULATION**



## **INCARCERATED POPULATION**

The incarcerated population includes offenders in state facilities, contract facilities, community corrections, intensive supervision program (ISP), awaiting transfers, jail backlog, county jail contracts, parolee revocations in jail, technical violation parolees awaiting transfer, fugitives, and fugitives in custody. Sex offenders accounted for 22.5% (3,311) of the total inmate population (14,726) as of June 30, 1999, slightly higher than 22.0% (3,006) of the total population (13,663) as of June 30, 1998. Although the change in proportion of these offenders to total population is relatively small, the sex offender population increased at a higher rate of 10.1% than the total population of 7.8%. The inmate sex offender population growth from 1997 to 1999 is shown in [Tables 2-4](#).

**TABLE 2**  
**INCARCERATED SEX OFFENDER POPULATION**  
**FOR JUNE 30, 1999**

FACILITIES (SECURITY LEVEL)	INCARCERATED POPULATION	SEX OFFENDER LEVEL				
		S3	S4	S5	S3-S5 TOTAL	Population Percentage
CO STATE PENITENTIARY (MAX-AD SEG)	752	36	52	105	193	25.66%
CENTENNIAL CORR. FAC. (CLOSE)	341	11	29	56	96	28.15%
ARK. VALLEY CORR. FAC. (MED)	976	13	76	262	351	35.96%
BUENA VISTA CORR. FAC. (MED/MIN-R)	1,128	5	97	121	223	19.77%
COLO.TERRITORIAL CORR. FAC. (MED)	721	6	51	212	269	37.31%
FREMONT CORR. FAC. (MED)	1,237	12	123	579	714	57.72%
LIMON CORR. FAC. (MED)	957	12	50	199	261	27.27%
ARROWHEAD CORR. CENTER (MIN-R)	482	0	6	70	76	15.77%
FOUR-MILE CORR. CENTER (MIN-R)	487	0	0	0	0	0.00%
PRE-RELEASE CORR. CENTER (MIN-R)	166	1	9	18	28	16.87%
PUEBLO MINIMUM CENTER (MIN-R)	224	0	0	0	0	0.00%
COLORADO CORR. CENTER (MIN)	147	0	0	0	0	0.00%
COLO. CORRECTION ALT. PROG. (MIN)	114	0	8	2	10	8.77%
DELTA CORRECTIONAL CENTER (MIN)	473	0	0	0	0	0.00%
RIFLE CORRECTIONAL CENTER (MIN)	192	0	0	0	0	0.00%
SKYLINE CORRECTIONAL CENTER (MIN)	206	0	0	0	0	0.00%
COLO. WOMEN'S CORR. FAC. (MIXED)	280	0	5	16	21	7.50%
DENVER WOMEN'S CORR. FAC. (MIXED)	234	3	1	3	7	2.99%
DENVER REC. AND DIAG. CTR. (MIXED)	479	4	22	47	73	15.24%
SAN CARLOS CORR. FAC. (MIXED)	250	8	28	75	111	44.40%
STERLING CORR. FAC. (MIXED)	212	0	12	25	37	17.45%
<b>SUBTOTAL</b>	<b>10,058</b>	<b>111</b>	<b>569</b>	<b>1,790</b>	<b>2,470</b>	<b>24.56%</b>
<b>CONTRACT FACILITIES:</b>						
BENT COUNTY CORR. FACILITY	717	5	62	121	188	26.22%
HUERFANO COUNTY CORR. FACILITY	750	3	59	160	222	29.60%
CROWLEY COUNTY CORR. FACILITY	500	0	41	117	158	31.60%
KIT CARSON CORR. FACILITY	754	8	42	160	210	27.85%
<b>SUBTOTAL</b>	<b>2,721</b>	<b>16</b>	<b>204</b>	<b>558</b>	<b>778</b>	<b>28.59%</b>
COMMUNITY CORRECTIONS	927	0	13	5	18	1.94%
ISP-INMATE	506	2	2	0	4	0.79%
OTHER <sup>1</sup>	514	4	13	24	41	7.98%
<b>TOTAL INMATES</b>	<b>14,726</b>	<b>133</b>	<b>801</b>	<b>2,377</b>	<b>3,311</b>	<b>22.48%</b>

<sup>1</sup>Other: Awaiting transfer, jail backlog, county jail contract, parole revocation-jail, technical parole return, fugitive.

**TABLE 3  
INCARCERATED SEX OFFENDER POPULATION  
COMPARISON FOR 1997-1999**

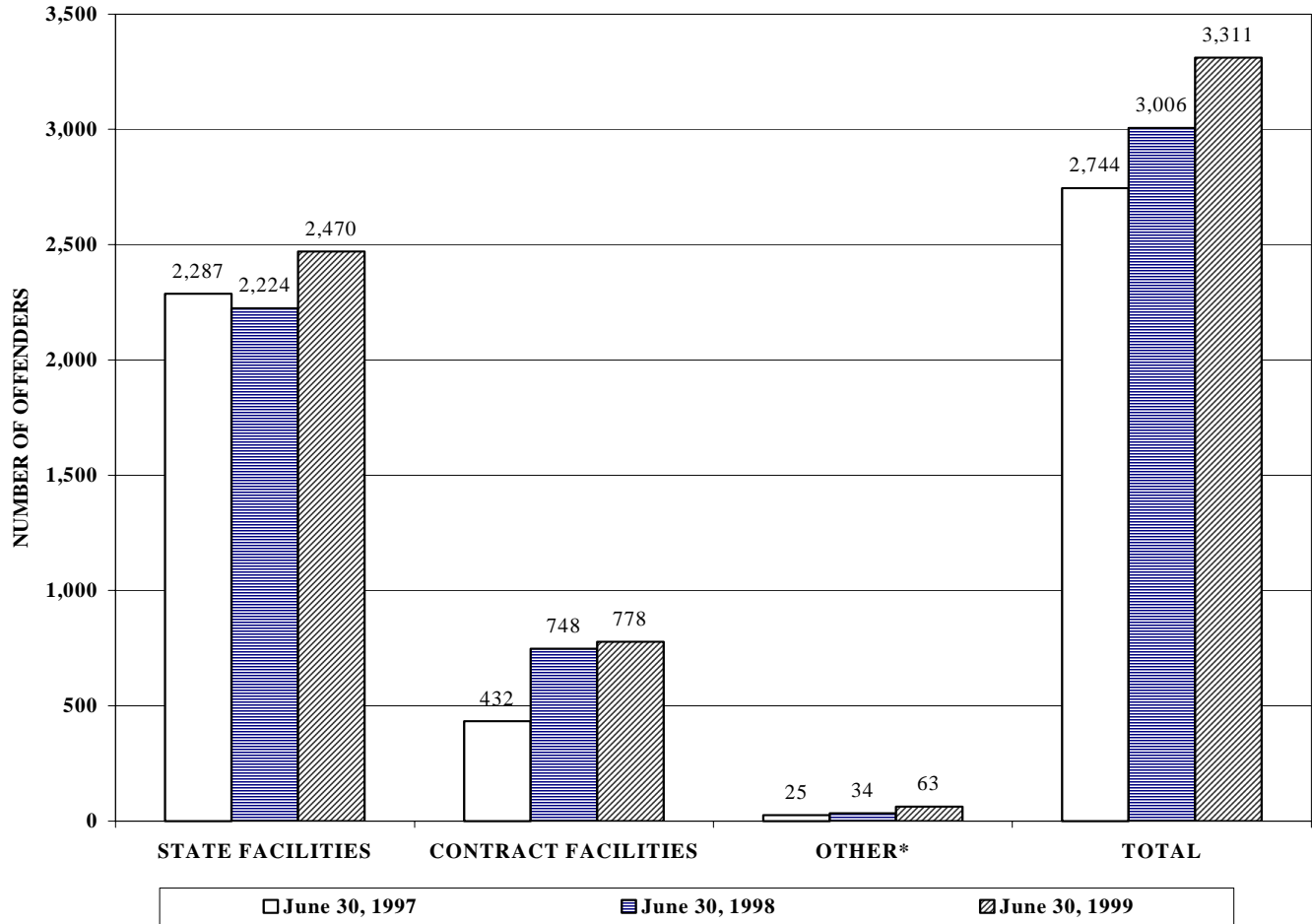
<b>FACILITIES:</b>	<b>JUNE 30, 1997</b>	<b>JUNE 30, 1998</b>	<b>JUNE 30, 1999</b>	<b>PERCENT CHANGE '98-'99</b>
CO. STATE PENITENTIARY (MAX-AD SEG)	134	174	193	10.92%
CENTENNIAL CORR. FACILITY (CLOSE)	87	59	96	62.71%
ARKANSAS VALLEY CORR. FACILITY (MED)	391	364	351	-3.57%
BUENA VISTA CORR. FACILITY (MED/MIN-R)	177	157	223	42.03%
COLO.TERRITORIAL CORR. FACILITY (MED)	254	247	269	8.91%
FREMONT CORRECTIONAL FACILITY (MED)	694	679	714	5.15%
LIMON CORRECTIONAL FACILITY (MED)	273	270	261	-3.33%
ARROWHEAD CORR. CENTER (MIN-R)	95	80	76	-5.00%
FOUR-MILE CORR. CENTER (MIN-R)	1	1	0	-100.00%
PRE-RELEASE CORR. CENTER (MIN-R)	20	23	28	21.74%
PUEBLO MINIMUM CENTER (MIN-R)	0	0	0	0.00%
COLORADO CORRECTIONAL CENTER (MIN)	0	0	0	0.00%
COLO. CORRECTIONS ALT. PROGRAM (MIN)	4	9	10	11.11%
DELTA CORRECTIONAL CENTER (MIN)	0	0	0	0.00%
RIFLE CORRECTIONAL CENTER (MIN)	0	0	0	0.00%
SKYLINE CORRECTIONAL CENTER (MIN)	0	0	0	0.00%
COLO. WOMEN'S CORR. FACILITY (MIXED)	20	24	21	-12.5%
DENVER WOMEN'S CORR. FACILITY (MIXED) <sup>1</sup>	0	0	7	N/A
DENVER REC. AND DIAG. CTR. (MIXED)	38	42	73	73.81%
SAN CARLOS CORR. FACILITY (MIXED)	99	95	111	16.84%
STERLING CORR. FACILITY (MIXED) <sup>1</sup>	0	0	37	N/A
<b>SUBTOTAL</b>	<b>2,287</b>	<b>2,224</b>	<b>2,470</b>	<b>11.06%</b>
<b>CONTRACT FACILITIES:</b>				
BENT COUNTY CORRECTIONAL FACILITY	0	176	188	6.81%
HUERFANO COUNTY CORR. FACILITY	0	230	222	-3.48%
MINNESOTA PRAIRIE CORR. FACILITY <sup>2</sup>	70	342	0	N/A
TX BEXAR CNTY ADULT DETENTION CENTER	53	0	0	N/A
TX DICKENS CNTY CORRECTIONAL CENTER	57	0	0	N/A
TX HUTTO CORRECTIONAL FACILITY	53	0	0	N/A
TX KARNES JAIL CORRECTIONAL CENTER	199	0	0	N/A
CROWLEY CNTY CORRECTIONAL FACILITY <sup>1</sup>	0	0	158	N/A
KIT CARSON CORRECTIONAL FACILITY <sup>1</sup>	0	0	210	N/A
<b>SUBTOTAL</b>	<b>432</b>	<b>748</b>	<b>778</b>	<b>4.01%</b>
COMMUNITY CORRECTIONS/ISP-INMATE	12	18	22	22.22%
OTHER <sup>3</sup>	13	16	41	156.25%
<b>TOTAL INCARCERATED POPULATION</b>	<b>2,744</b>	<b>3,006</b>	<b>3,311</b>	<b>10.15%</b>

<sup>1</sup> Facility opened or contracted services began in FY 1999

<sup>2</sup> Facility services terminated during FY 1999

<sup>3</sup>Other: Awaiting transfer, jail backlog, county jail contract, parole revocation-jail, technical parole return, fugitive.

**TABLE 4  
INMATE SEX OFFENDER POPULATION  
COMPARISON FOR 1997-1999**



\*OTHER INCLUDES COMMUNITY/ISP, AWAITING TRANSFER, JAIL BACKLOG, COUNTY JAIL CONTRACT, PAROLE REVOCATION- JAIL, TECHNICAL PAROLE RETURN, FUGITIVE.

**SECTION III**

**PAROLE  
POPULATION**

## PAROLE POPULATION

The parole population includes offenders under regular parole supervision, intensive supervision (ISP), and absconders. Out of state parolee sex offenders are also included in this report. Sex offenders accounted for 8.7% (432) of the total parole population (4,971) as of June 30, 1999, compared to 7.7% (335) of the total parole population (4,336) as of June 30, 1998. The number of sex offenders on parole increased 29.0% (97) during this time period, while the total parole population increased only 14.6% (635). The parole sex offender population growth is indicated in [Tables 5–7](#), covering 1997 through 1999.

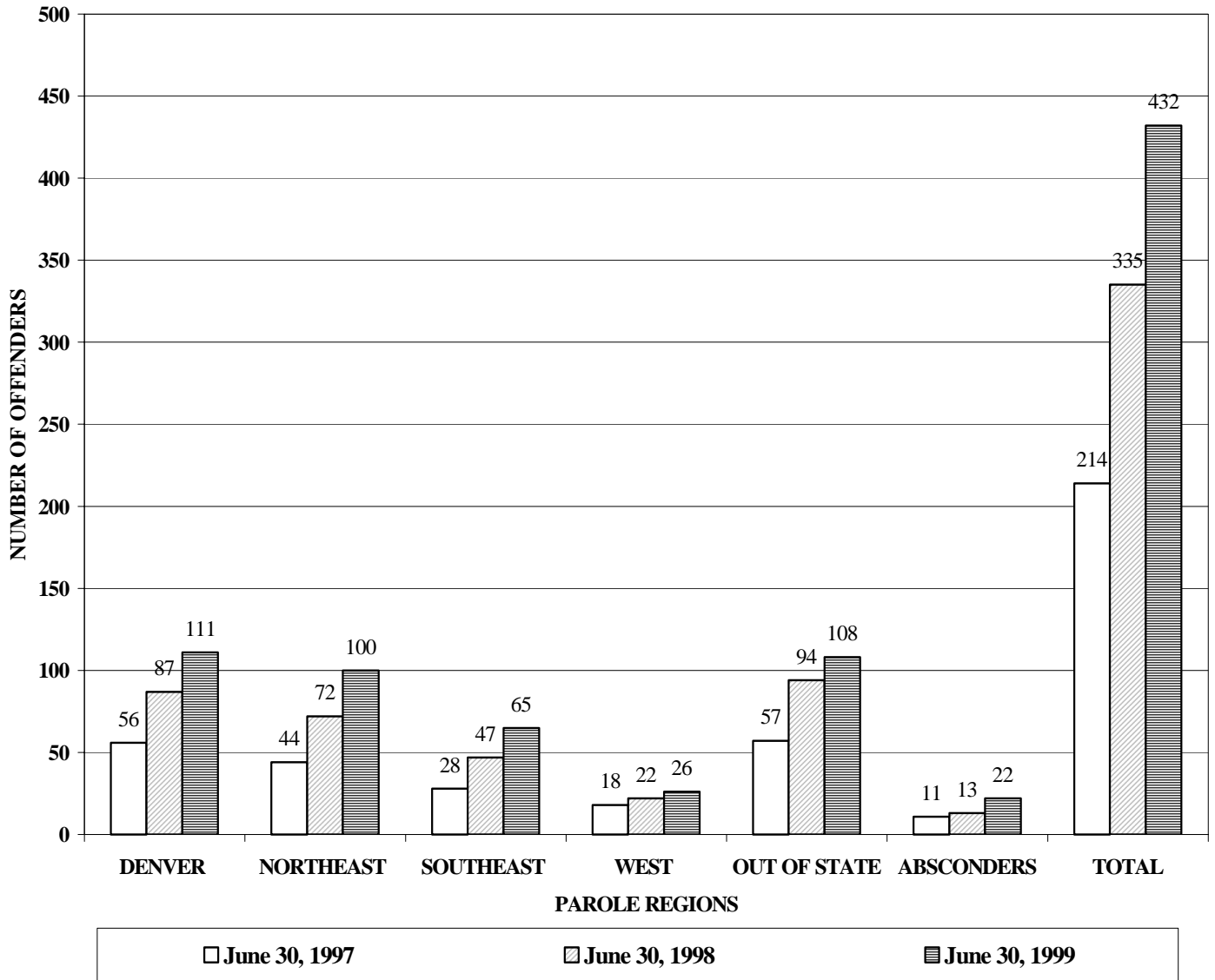
**TABLE 5  
PAROLE SEX OFFENDER POPULATION  
FOR JUNE 30, 1999**

<b>PAROLE REGIONS:</b>	<b>PAROLE POPULATION</b>	<b>S3</b>	<b>S4</b>	<b>S5</b>	<b>S3-S5 TOTAL</b>	<b>Population Percentage</b>
<u>DENVER REGION</u>						
REGULAR PAROLE	1,150	5	30	47	82	7.1%
ISP	243	1	11	17	29	11.9%
<b>SUBTOTAL</b>	<b>1,393</b>	<b>6</b>	<b>41</b>	<b>64</b>	<b>111</b>	<b>8.0%</b>
<u>NORTHEAST REGION</u>						
REGULAR PAROLE	911	3	19	49	71	7.8%
ISP	137	0	10	19	29	21.2%
<b>SUBTOTAL</b>	<b>1,048</b>	<b>3</b>	<b>29</b>	<b>68</b>	<b>100</b>	<b>9.5%</b>
<u>SOUTHEAST REGION</u>						
REGULAR PAROLE	533	0	12	33	45	8.4%
ISP	111	0	9	11	20	18.0%
<b>SUBTOTAL</b>	<b>644</b>	<b>0</b>	<b>21</b>	<b>44</b>	<b>65</b>	<b>10.1%</b>
<u>WEST REGION</u>						
REGULAR PAROLE	258	0	6	11	17	6.6%
ISP PAROLE	59	0	2	7	9	15.3%
<b>SUBTOTAL</b>	<b>317</b>	<b>0</b>	<b>8</b>	<b>18</b>	<b>26</b>	<b>8.2%</b>
<b>TOTAL CASELOAD</b>						
REGULAR PAROLE	2,852	8	67	140	215	7.5%
ISP PAROLE	550	1	32	54	87	15.8%
<b>SUBTOTAL</b>	<b>3,402</b>	<b>9</b>	<b>99</b>	<b>194</b>	<b>302</b>	<b>8.9%</b>
COLORADO PAROLEES OUT OF COLORADO	1,268	3	36	69	108	8.5%
PAROLEE ABSCONDERS	301	1	12	9	22	7.3%
<b>TOTAL PAROLEES</b>	<b>4,971</b>	<b>13</b>	<b>147</b>	<b>272</b>	<b>432</b>	<b>8.7%</b>

**TABLE 6**  
**PAROLE SEX OFFENDER POPULATION**  
**COMPARISON FOR 1997 - 1999**

<b>PAROLE REGIONS:</b>	<b>JUNE 30, 1997</b>	<b>JUNE 30, 1998</b>	<b>JUNE 30, 1999</b>	<b>PERCENT CHANGE '98-'99</b>
<u>DENVER REGION</u>				
REGULAR PAROLE	31	62	82	32.3%
ISP	25	25	29	16.0%
<b>SUBTOTAL</b>	<b>56</b>	<b>87</b>	<b>111</b>	<b>27.6%</b>
<u>NORTHEAST REGION</u>				
REGULAR PAROLE	32	55	71	29.1%
ISP	12	17	29	70.6%
<b>SUBTOTAL</b>	<b>44</b>	<b>72</b>	<b>100</b>	<b>38.9%</b>
<u>SOUTHEAST REGION</u>				
REGULAR PAROLE	17	36	45	25.0%
ISP	11	11	20	81.8%
<b>SUBTOTAL</b>	<b>28</b>	<b>47</b>	<b>65</b>	<b>38.3%</b>
<u>WEST REGION</u>				
REGULAR PAROLE	13	15	17	13.3%
ISP PAROLE	5	7	9	28.6%
<b>SUBTOTAL</b>	<b>18</b>	<b>22</b>	<b>26</b>	<b>18.2%</b>
<u>TOTAL CASELOAD</u>				
REGULAR PAROLE	93	168	215	28.0%
ISP PAROLE	53	60	87	45.0%
<b>SUBTOTAL</b>	<b>146</b>	<b>228</b>	<b>302</b>	<b>32.5%</b>
COLORADO PAROLEES OUT OF COLORADO	57	94	108	14.9%
PAROLEE ABSCONDERS	11	13	22	69.2%
<b>TOTAL PAROLEES</b>	<b>214</b>	<b>335</b>	<b>432</b>	<b>29.0%</b>

**TABLE 7  
PAROLE SEX OFFENDER POPULATION  
COMPARISON 1997-1999**





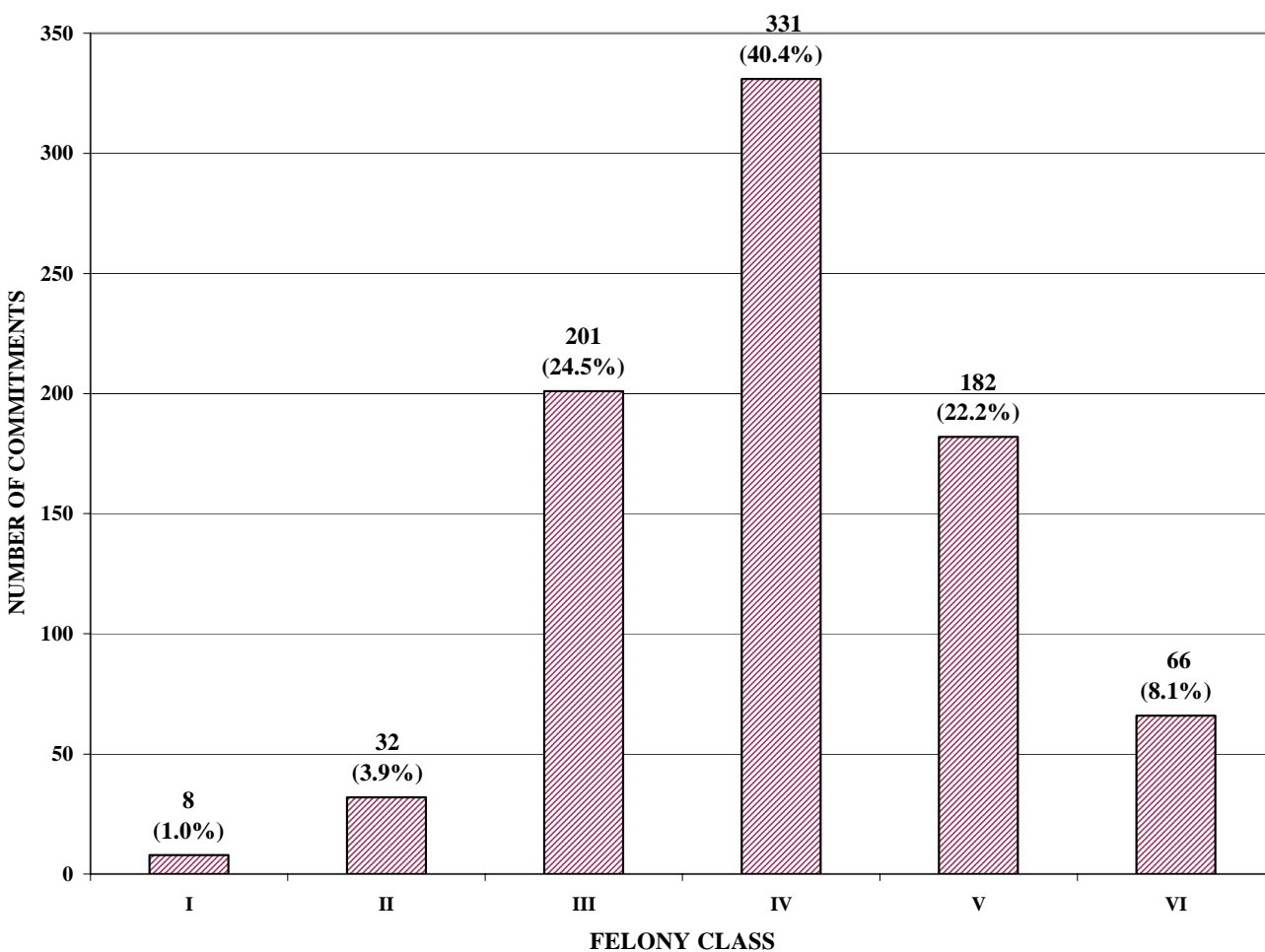
**SECTION IV**

**COURT COMMITMENTS**

## COURT COMMITMENTS

Court commitments to prison for 1999 totaled 4,833 offenders. The total includes all offenders sentenced for a new felony conviction, but excludes technical returns from parole, probation, or court ordered discharges previously released from CDOC. A total of 820 (17.0%) were identified as sex offenders with 29 offenders coded S3; 318 offenders coded S4; and 473 offenders coded S5. Class 4 felony convictions ranked the highest among these offenders at 331 (40.4%) – as shown in [Table 8](#).

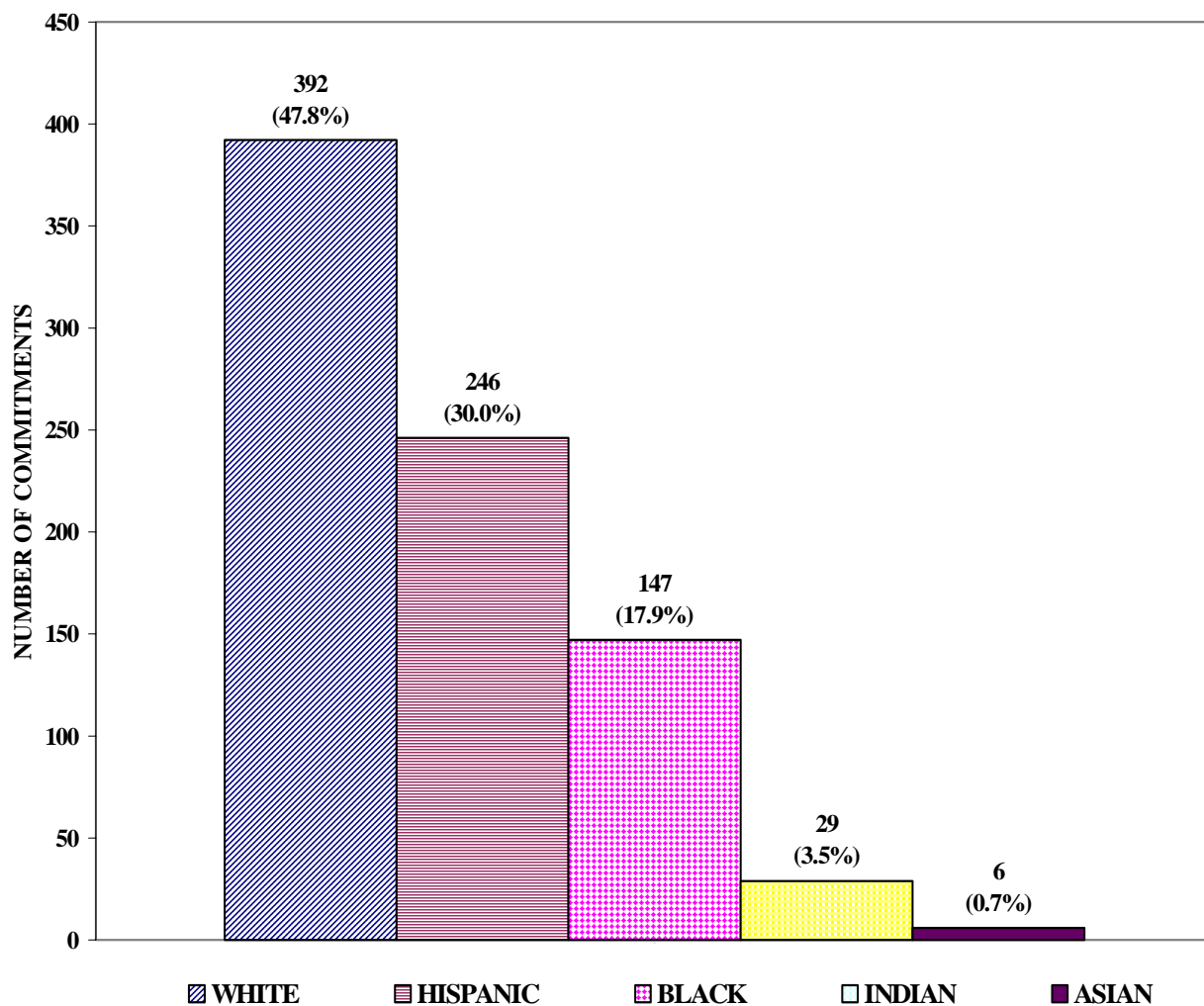
**TABLE 8**  
**SEX OFFENDER COURT COMMITMENTS**  
**FOR 1999**  
**FELONY CLASS DISTRIBUTION**



## ETHNICITY

Of the 820 commitments, 392 (47.8%) of the sex offenders self-reported their ethnicity as white. The second largest ethnic group was Hispanic at 246 (30.0%) as shown in [Table 9](#).

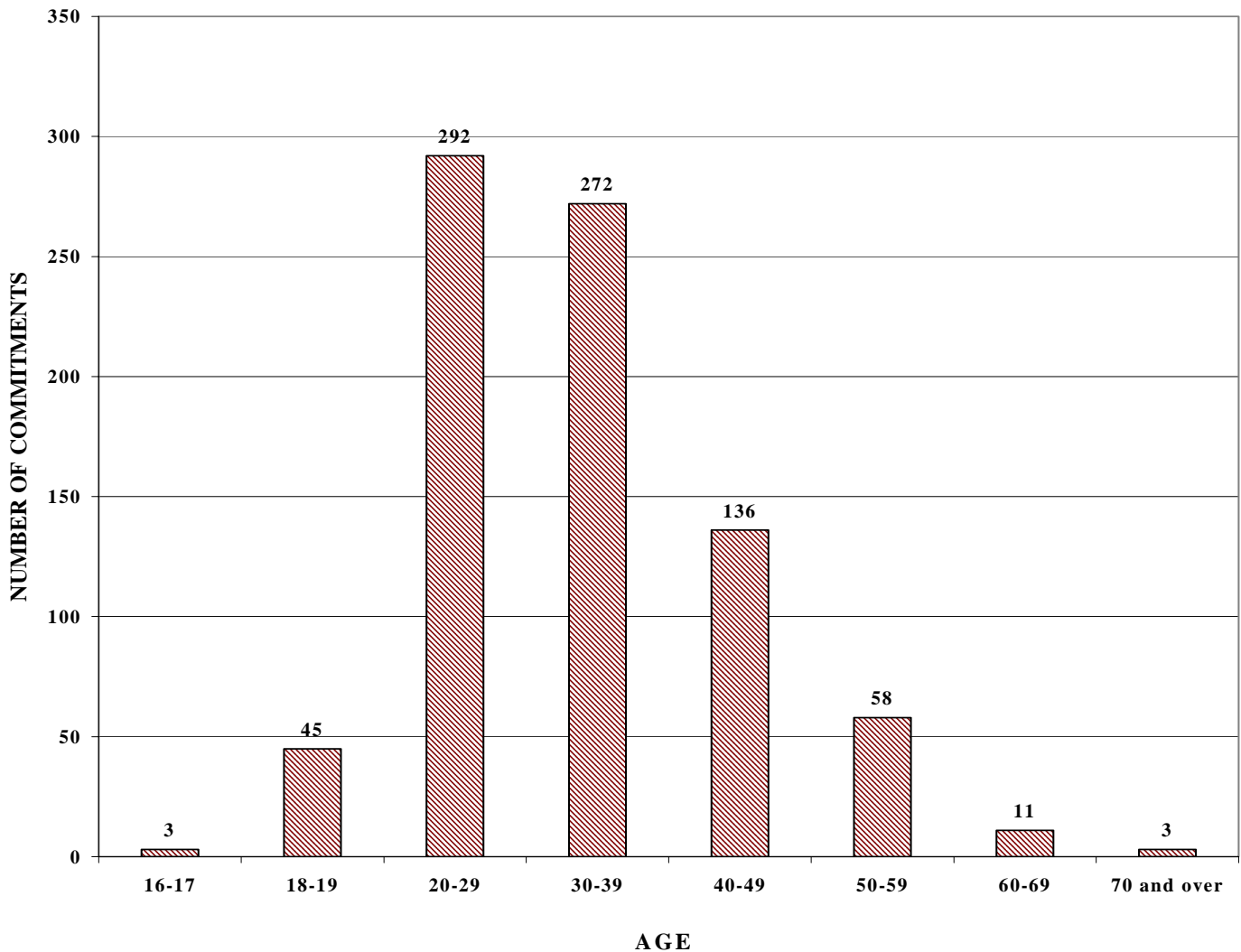
**TABLE 9**  
**SEX OFFENDER COURT COMMITMENTS**  
**FOR 1999**  
**ETHNICITY DISTRIBUTION**



## GENDER AND AGE

The gender breakdown consisted of 818 (99.8%) male and 2 (0.2%) female sex offenders. Ages for the population ranged from 17 to 82 years. The mean age was 33.3 years with the largest age group being 20-29 years of age (292). The median was similar at 33 years of age. [Table 10](#) shows the age distribution of commitments for 1999.

**TABLE 10**  
**SEX OFFENDER COURT COMMITMENTS**  
**FOR 1999**  
**AGE DISTRIBUTION**




## MOST SERIOUS CONVICTION

Of the 820 commitments, 345 (42.1%) had a sexual offense as the most serious conviction. The highest category of conviction for this group was Sexual Assault on a Child at 145 (17.7%) as shown in [Table 11](#).

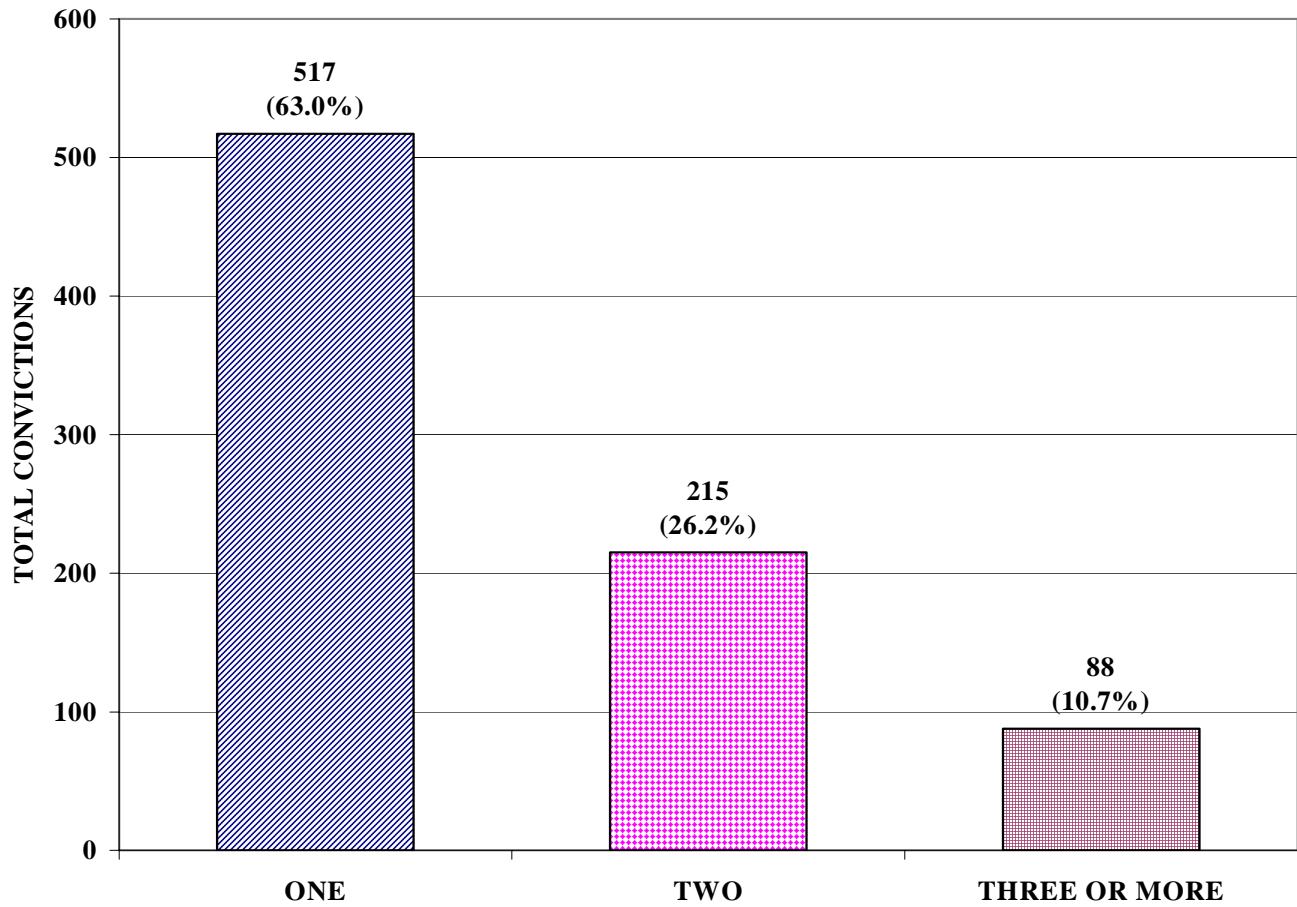
**TABLE 11**  
**SEX OFFENDER COURT COMMITMENTS**  
**FOR 1999**  
**MOST SERIOUS CRIME DISTRIBUTION**

MOST SERIOUS CRIME	1998		1999	
	#	% of Total	#	% of Total
Murder	9	1.2%	29	3.5%
Vehicular Homicide	2	.3%	1	.1%
Manslaughter	1	.1%	2	.3%
Kidnapping	12	1.5%	19	2.3%
Child Enticement	3	.4%	3	.4%
First Degree Sex Assault	35	4.5%	50	6.1%
Sex Assault-Child/Pos. Trust	90	11.6%	80	9.8%
Sex Assault-Child	153	19.7%	145	17.7%
Second Degree Sex Assault	46	5.9%	36	4.4%
Third Degree Sex Assault	7	.9%	11	1.4%
Sex Assault – Client	2	.3%	0	0.0%
Child Exploit/Inducement	6	.8%	10	1.2%
Incest	6	.8%	10	1.2%
Child Abuse	3	.4%	6	.7%
Assault	37	4.8%	36	4.4%
Escape	13	1.7%	32	3.9%
Menacing	24	3.1%	22	2.7%
Burglary	50	6.4%	42	5.1%
Theft	45	5.8%	31	3.8%
Criminal Trespass/Mischief	39	5.0%	45	5.5%
Drug Abuse	91	11.7%	105	12.8%
Forgery/Fraud	21	2.7%	12	1.5%
Driving after Judgment	20	2.6%	23	2.8%
Other	63	8.1%	70	8.5%
<b>TOTAL</b>	<b>778</b>	<b>100.0%</b>	<b>820</b>	<b>100.0%</b>

 Displays inmates where a sexual offense is the most serious conviction

In addition, 88 (10.7%) of the commitments had 3 or more current convictions as shown in [Table 12](#).

**TABLE 12**  
**SEX OFFENDER COURT COMMITMENTS**  
**FOR 1999**  
**CURRENT CONVICTIONS DISTRIBUTION**



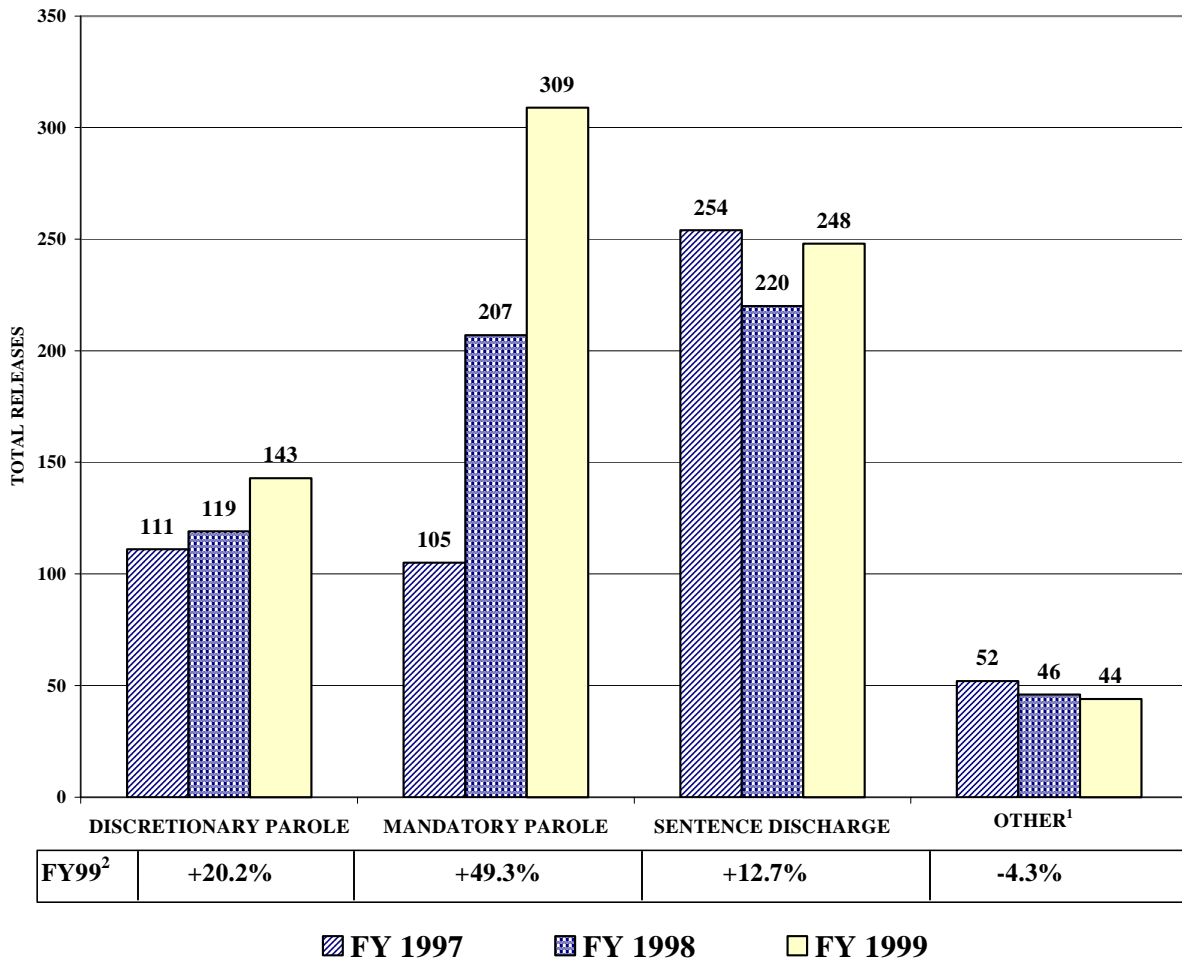
**SECTION V**

**RELEASES**

## RELEASES

Seven hundred forty-four (744) sex offenders were released from inmate status in 1999. Sex offenders comprised 13.5% of the 5,521 total releases in 1999. This represented an increase of 25.7% (152) from the 592 offenders released in 1998. Included in these numbers are 17 sex offenders who were paroled or discharged from community corrections.

**TABLE 13  
SEX OFFENDER RELEASE  
COMPARISONS FOR 1997-1999**



<sup>1</sup>Other: Probation, Court Order Discharge, Deceased, Appeal bond, and Execution

<sup>2</sup>Shows Increase/Decrease between FY98 and FY99



The number of mandatory parole releases rose 49.3% in 1999. This increase is primarily due to the effects of H.B. 93-1302 that established a mandatory parole sentence for all offenders to be completed after release from prison. Discretionary parole releases and sentence discharges increased 20.2% and 12.7% respectively as shown in [Table 13](#).

**SECTION VI**

**COMMUNITY CORRECTIONS**

## PLACEMENT IN COMMUNITY CORRECTIONS

Sex offenders are referred for acceptance to community corrections programs at 16 months prior to the parole eligibility date (PED) for nonviolent offenses and at 6 months prior to PED for violent offenses. Thirty-three (33) sex offenders were placed in community corrections contract centers in 1999. [Table 14](#) shows the number of sex offenders placed in community corrections since 1996.

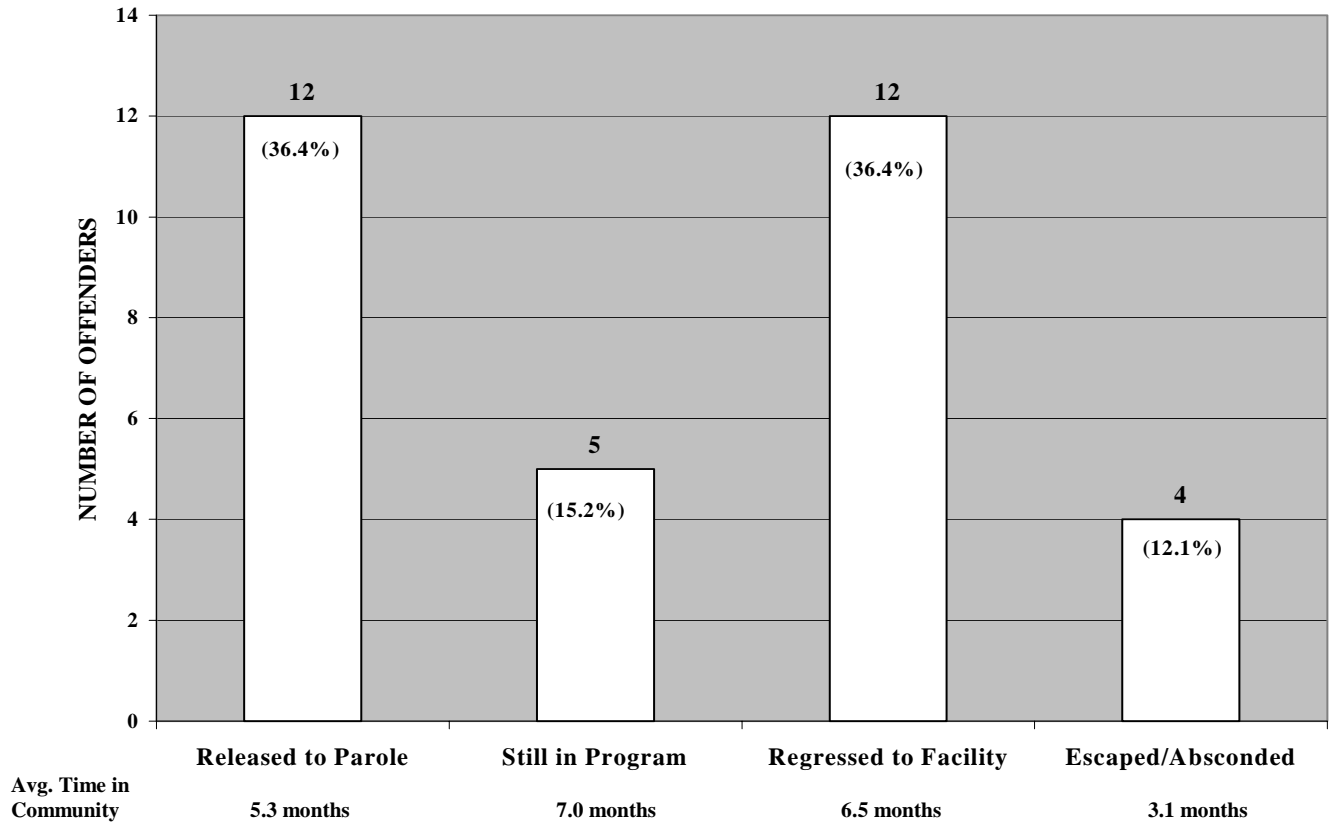
**TABLE 14**  
Sex Offender Community Placements  
1996 - 1999



Six of the 33 sex offenders had prior sex offender treatment before being placed in community corrections. Of the six offenders, two had completed Phase I treatment while incarcerated; two received sex offender treatment on a previous parole period; and two were terminated in Phase I. One additional offender was in a pre-treatment transition group at time of community acceptance.

The status of the 33 community corrections placements as of January 2000 is illustrated in [Table 15](#). Twelve (36.4%) were released to parole or discharged the sentence; 12 (36.4%) were regressed to a facility; 5 (15.2%) remained in the community corrections program; and 4 (12.1%) were on escape or absconder status. The average time spent in community corrections is indicated for each status group with an overall average of 5.7 months.

**TABLE 15**  
**Sex Offender Community Placements**  
**For 1999**  
**Status as of January 2000**



**SECTION VII**

**SEX OFFENDER TREATMENT**

## **SEX OFFENDER TREATMENT AND MONITORING PROGRAM**

The Sex Offender Treatment and Monitoring Program (SOTMP) is structured in two tiers (Phase I and Phase II), differentiated by degree of programming intensity. In addition, the program has developed specialized treatment formats for sex offenders sentenced under lifetime supervision. These formats are discussed in the next section. The program is designed primarily for normal intellectual and socially functioning offenders; as resources permit, specialty services are available for the developmentally disabled (IB), chronically mentally ill (IC), Spanish speaking (IE), adult female (I), and sexual offenders transitioning to Phase II (IIR). These specialty services are identified as “other” in this section. The program is offered at Fremont Correctional Facility (FCF), Colorado Territorial Correctional Facility (CTCF), Colorado Women’s Correctional Facility (CWCF) and Arrowhead Correctional Center (ACC). Phase II has been designed specifically for the therapeutic community (TC) operated at ACC. The therapeutic approach of the program is a cognitive behavioral based system. Phase I at FCF and CTCF take approximately 6 months to complete. Phase I (female), IB, IC, IE, IIR, and II are designed to be open-ended. The statistics for this section were reported to track offender movement through the program’s screens, wait lists, and treatment groups. [Table 16](#) provides the descriptions and locations of each phase of treatment.

**TABLE 16  
SOTMP DESCRIPTION**

<b>TREATMENT</b>	<b>FACILITIES</b>	<b>DESCRIPTION</b>
<b>PHASE I</b>		
I	FCF CTCF CWCF	A closed-ended group that meets 4 times a week for 2-hour sessions. Other groups are conducted in an open-ended format. This group has been established for normal intellectual and socially functioning offenders.
IB	CTCF	An open-ended group that has been established for developmentally disabled offenders.
IC	FCF	An open-ended group that has been established for chronically mentally ill offenders.
IE	FCF	An open-ended group that has been established for Spanish speaking offenders
<b>TRANSITION</b>		
IIR	FCF	An open-ended group that has been established for medium and above custody level offenders and identified Phase II failure to progress in treatment.
<b>PHASE II</b>		
II	ACC	Operated in a therapeutic community, groups are open-ended and organized chronologically by level: orientation, commitment, senior, and maintenance.



## PROGRAM SCREENS

The SOTMP conducts individual interviews with all offenders referred for sex offense specific treatment. These interviews are based on the answers the offender provides in a questionnaire that is designed to assess treatment amenability. The questions cover the offender's willingness to acknowledge past sexual offending behaviors and acceptance of the need for treatment in addressing these behaviors. A typical screening takes approximately 30 minutes to complete.

Eligibility criteria for program services include:

- CORE (Basic Mental Health Core Curriculum)
- Time to parole eligibility is 8 years or less
- Acknowledgment of a sexual offense
- Demonstrated willingness to comply with the conditions of the SOTMP

Offenders meeting these criteria are placed on the appropriate wait list.

The four reasons an offender can be denied placement on the wait list or denied placement in a treatment group are:

1. TREATMENT PREREQUISITES: must have a Parole Eligibility Date (PED) within 8 years; prior completion of CORE; and no facility placement restrictions (e.g., custody level issues).
2. CONDITIONAL REQUIREMENTS: fails to fully demonstrate that he/she is motivated to participate in the program. The offender must complete a questionnaire that demonstrates amenability for treatment as shown in [Appendix A](#).

3. REFUSAL OF TREATMENT: verbally states that he/she will not participate in the program, refuses to cooperate during the screening, or does not show for the screening appointment.
4. DENIAL OF SEXUAL OFFENDING: An offender denies committing the sexual offense, having a sexual offending problem, and/or being at risk to sexually re-offend.

A total of 737 sexual offenders were screened for program eligibility in 1999, a 15.3% increase above number of program screens (639) conducted in 1998. The total screens in 1999 resulted in 492 (66.7%) offenders wait listed or placed directly into a treatment group, compared to 455 (71.2%) in 1998. Two hundred and forty-five (33.2%) offenders were denied placement on a wait list in 1999, an increase of 33.2% from 1998 figures showing 184 were denied placement (28.8% of the total).

**TABLE 17**  
**PROGRAM SCREENS**  
1998 – 1999

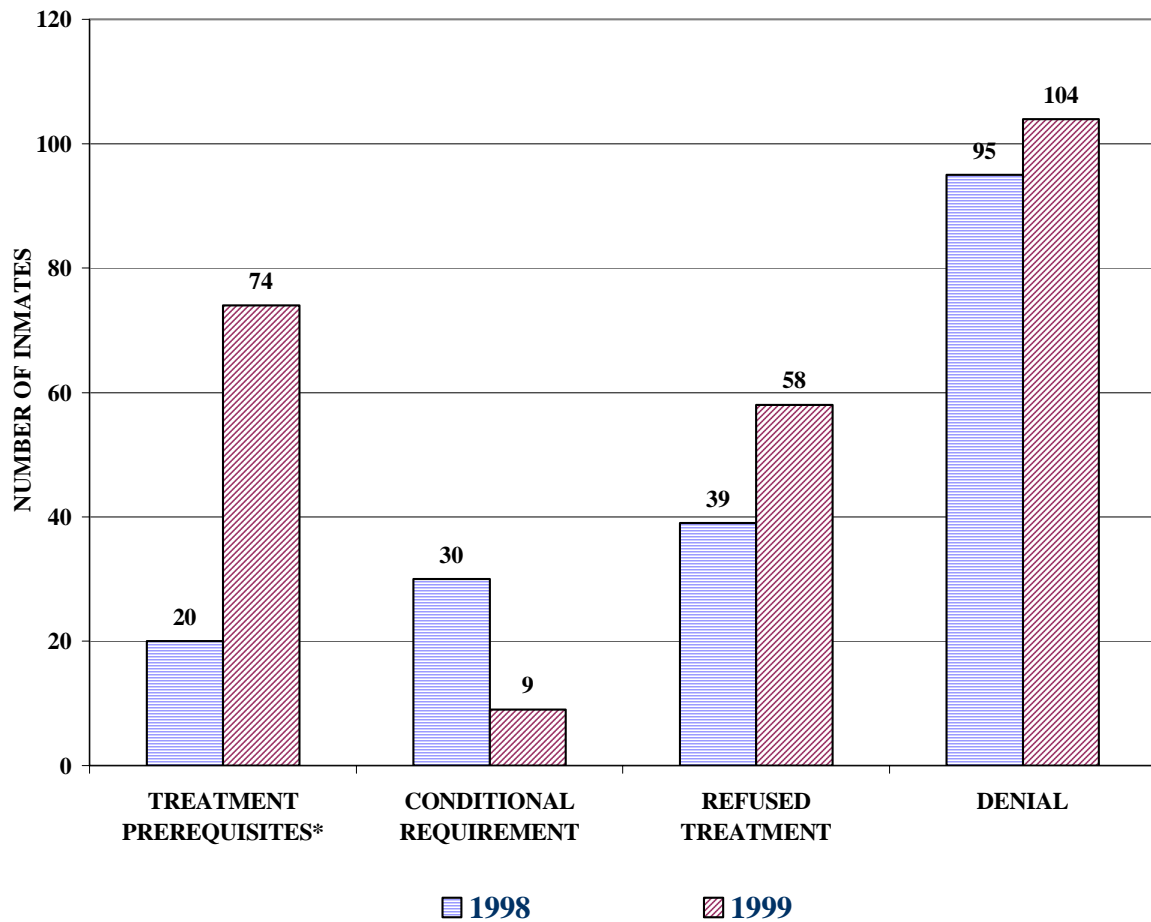
OUTCOME	1998					1999					Percent Change
	I	II	Other <sup>1</sup>	Total	% of Total	I	II	Other <sup>1</sup>	Total	% of Total	
<b>Placements:</b>											
Wait List	286	80	45	411	64.3	327	77	41	445	60.4	8.3
Treatment Group	5	26	13	44	6.9	10	31	6	47	6.4	6.8
SUBTOTAL	291	106	58	455	71.2	337	108	47	492	66.7	8.1
<b>Denied placements due to:</b>											
Treatment Prerequisites	13	6	1	20	3.1	63	7	4	74	10.0	270.0
Conditional Requirement	30	0	0	30	4.7	7	2	0	9	1.2	-70.0
Refused Treatment	36	3	0	39	6.1	42	13	3	58	7.9	48.7
Denial of Offense	91	1	3	95	14.9	98	1	5	104	14.1	9.5
SUBTOTAL	170	10	4	184	28.8	210	23	12	245	33.2	33.2
<b>TOTAL SCREENED</b>	461	116	62	639	100.0	547	131	59	737	100.0	15.3

<sup>1</sup>Other includes I(female), IB, IC, IE and IIR

The dramatic increase of 270.0% in failed program screens for treatment prerequisites was the result of a one-time, facility-wide program screening for Phase I at CTCF. These screenings were conducted to provide an adequate number of eligible offenders for additional treatment groups, but resulted in a high number of offenders not meeting criteria.

The majority of failed program screens were due to denial of sexual offending behaviors as shown in [Table 18](#).

**TABLE 18**  
**FAILED PROGRAM SCREENS**  
**1998-1999**



\*The high increase in treatment prerequisites was due to a one-time, facility-wide screening.

## PROGRAM WAIT LISTS

A total of 649 offenders were on the program wait lists in 1999. This shows a 27.3% increase over the 510 offenders on wait lists in 1998. The program began the year with 204 offenders on wait lists and ended the year with 174. During the year, 445 offenders were placed on the wait lists and 475 offenders were removed from the wait lists. Specifically, 77.0% (366) were placed in group, 15.8% (75) were removed from the wait list for program eligibility violations and 7.2% (34) were released from CDOC or progressed to community as shown in Table 19. The proportions of wait list removals by these categories remained fairly stable from 1998. General terminations, violations of the wait list contract, or administration policy accounted for the majority of the terminations from wait lists. Offenders wait listed for Phase I at FCF waited an average of 5 months before being placed in a treatment group. The average time was 2.5 months on the Phase II wait list before being placed in the TC.

**TABLE 19**  
**PROGRAM WAIT LIST OUTCOMES**  
1998 - 1999

OUTCOME	1998					1999					Percent Change
	I	II	Other <sup>2</sup>	Total	% of Total	I	II	Other <sup>2</sup>	Total	% of Total	
<b>Placed in Group:</b>	147	63	26	236	77.0	278	61	27	366	77.0	55.1
<b>Removed for Violations:</b>											
Treatment Prerequisites	2	6	1	9	2.9	26	10	5	41	8.6	355.6
General Termination	14	1	2	17	5.5	12	0	5	17	3.6	0.0
Refused Treatment	5	3	1	9	2.9	6	3	0	9	1.9	0.0
Denial	5	3	1	9	1.0	6	1	1	8	1.7	-11.1
<b>SUBTOTAL</b>	24	10	4	38	12.4	50	14	11	75	15.8	97.4
<b>Removed for Progressives/ Release Movements:</b>											
Community Corrections	1	0	0	1	.3	1	0	0	1	.2	0.0
Parole	18	4	0	22	7.2	10	3	2	15	3.2	-31.8
Discharge Sentence	8	0	1	9	2.9	9	1	1	11	2.3	22.2
Other <sup>1</sup>	0	0	0	0	0.0	4	0	3	7	1.5	100.0
<b>SUBTOTAL</b>	27	4	1	32	10.4	24	4	6	34	7.2	6.3
<b>TOTAL PHASE</b>	198	77	31	306	100.0	352	79	44	475	100.0	55.2

<sup>1</sup>Other: Probation, Court Order Discharge, Deceased, Appeal Bond and Execution

<sup>2</sup>Other includes: I(female), IB, IC, IE and IIR

The dramatic increase in wait list removals for treatment prerequisites was due to a one-time, facility-wide program re-screening at CTCF. The majority of the wait list removals were due to an erroneous placement of offenders that did not meet the time requirement.

### PROGRAM TREATMENT GROUPS

A total of 607 offenders participated in treatment groups in 1999. This shows an increase of 20.0% over the 506 offenders who were in groups in 1998. One hundred and ninety-four (194) offenders were in treatment groups at the beginning of the year and 238 offenders were in treatment groups at the end of the year. During the year 413 offenders were placed in groups and 369 offenders were removed from groups. Specifically, 40.7% (101) attained satisfactory completion, 65.5% (243) were terminated, and 6.7% (25) were released from CDOC or progressed to parole or community corrections as show in Table

**TABLE 20**  
PROGRAM TREATMENT PHASE OUTCOMES  
1998 - 1999

OUTCOME	1998					1999					Percent Change
	I	II	Other <sup>2</sup>	Total	% of Total	I	II	Other <sup>2</sup>	Total	% of Total	
<b>Satisfactory Completion:</b>	104	na	na	104	49.5 <sup>2</sup>	101	na	na	101	40.7 <sup>a</sup>	-2.9
<b>Terminations:</b>											
Unsatisfactory Completion	23	na	na	23	10.9 <sup>2</sup>	17	na	na	17	6.9 <sup>a</sup>	-26.1
Expelled	69	37	11	117	37.5	94	54	12	160	43.1	36.8
Dropped	5	15	1	21	6.7	19	20	1	40	10.8	90.5
Admin.Termination	4	4	2	10	3.2	12	5	9	26	7.0	160.0
<b>SUBTOTAL</b>	101	56	14	171	54.9	142	79	20	243	65.5	42.1
<b>Progressives/Releases:</b>											
Community Corrections	0	1	0	1	.3	0	0	0	0	0.0	-100.0
Parole Discretionary	2	9	0	11	3.5	3	4	2	9	2.2	-18.2
Parole Mandatory	1	3	1	5	1.6	1	6	0	7	2.2	40.0
Discharge Sentence	1	12	5	18	5.8	1	6	2	9	2.4	-50.0
Other <sup>1</sup>	1	0	1	2	.6	0	0	0	0	0.0	-100.0
<b>SUBTOTAL</b>	5	25	7	37	11.9	5	16	4	25	6.7	32.4
<b>TOTAL PHASE</b>	210	81	21	312	100.0	248	95	28	369	100.0	18.3

<sup>1</sup>Other: Probation, Court Ordered Discharge, Deceased, and Appeal Bond

<sup>2</sup>Other includes: I(female), IB, IC, IE and IIR

<sup>a</sup>Percentage based on the total adjusted for Phase II and Other

20. The proportions of group removals by these categories remained relatively stable from 1998.

Each offender placed in a treatment group must comply with the general conditions: genuine participation in assessments and assignments, attending group sessions, maintaining group confidentiality, and not engaging in any aggressive or sexual behavior. A violation of any of these conditions may result in termination from the program.

Satisfactory completion of Phase I is attained by completing the group's time limited curriculum. However, since Phase I (CTCF, CWCF), IB, IC, IE, and IIR are designed to target a population with special needs and Phase II is open-ended, offenders will not be able to attain completion of these groups. An unsatisfactory completion results by the offender failing to achieve the treatment goals. Offenders may also terminate from the program by involuntary expulsion, voluntarily dropping, or an administrative decision based on special needs (e.g., medical).

#### **Average Time in Phase by Exit Type**

##### Completion

⇒	Phase I (FCF)	7.4 months
⇒	Phase II	(not applicable)

##### Expelled/Dropped

⇒	Phase I (FCF)	2.5 months
⇒	Phase II	10.5 months

##### Overall Average Time in Phase

⇒	Phase I (FCF)	4.3 months
⇒	Phase II	11.0 months

**SECTION VIII**

**LIFETIME SUPERVISION OF SEX OFFENDERS**

## **LIFETIME SUPERVISION OF SEX OFFENDERS ACT**

Effective November 1, 1998, the Lifetime Supervision of Sex Offenders Act (C.R.S. 16-13-801 through 16-13-812) mandates persons convicted of a sex offense and sentenced to the custody of the Department for an indeterminate term must undergo treatment to demonstrate that they no longer pose an undue threat to the community in order to parole. Furthermore, if parole is granted, these offenders may be considered by the Parole Board for discharge after completion of a 10 or 20 year period on parole, depending on felony class. Offenders sentenced under lifetime supervision receive a minimum sentence used to calculate parole eligibility and a maximum sentence of natural life. There are four sets of criteria a sex offender must meet while incarcerated and on parole in order to discharge his sentence:

- Criteria for Successful Progress in Treatment in Prison
- Criteria for Release from Prison to Parole
- Criteria for Reduction in Level of Supervision While on Parole and Discharge from Parole
- Criteria for Successful Progress in Treatment in the Community

Offenders who do not meet all four sets of criteria will remain incarcerated for life. The lifetime supervision criteria is published by the Colorado Sex Offender Management Board.

## **LIFETIME SUPERVISION CRITERIA**

The intent of this legislation was for the Department to provide “state of the art” treatment, and allow those offenders who took advantage of the services a chance to demonstrate they had changed and reintegrate safely into the community. The SOTMP expanded to provide more focused treatment services for these offenders in order to give



them an opportunity to meet the release from prison to parole criteria by their parole eligibility date.

This does not suggest that all sex offenders will meet the criteria and parole. Progress is measured by the offender's behavior and performance in the various therapeutic components of the program. Many sex offenders refuse to participate in treatment and, therefore, will remain incarcerated by choice. Offenders who meet these criteria will be recommended for parole by the SOTMP. [Table 21](#) provides a description of the different treatment formats.

**TABLE 21  
LIFETIME SUPERVISION TREATMENT FORMATS**

<b>Format</b>	<b>Minimum Sentence Length</b>	<b>Projected Time to Meet the Criteria</b>	<b>Facilities</b>	<b>Treatment Criteria</b> (criteria varies only by degree for the different formats)
Standard	7 years or more	30 months	FCF CTCF ACC	<ol style="list-style-type: none"> <li>1. Active participation and applying treatment principles.</li> <li>2. Non-deceptive baseline and monitoring polygraph(s).</li> <li>3. Completed Personal Change Contract (PCC).</li> <li>4. Approved support person who has reviewed the PCC.</li> <li>5. No institutional acting-out within the last year.</li> <li>6. Compliant with psychiatrist recommended medications.</li> <li>7. Completed offense specific eval. recommending parole.</li> </ol>
Modified	3 years to 6 years	9 to 18 months	FCF	<ol style="list-style-type: none"> <li>1. Active participation and applying treatment principles.</li> <li>2. Non-deceptive baseline and monitoring polygraph(s).</li> <li>3. Documented sexual offense cycle.</li> <li>4. Approved support person who has reviewed the PCC.</li> <li>5. No institutional acting-out within the last year</li> <li>6. Compliant with psychiatrist recommended medications.</li> <li>7. Completed offense specific eval. recommending parole.</li> </ol>
Foundation	2 years or less	3 months	FCF CTCF	<ol style="list-style-type: none"> <li>1. Active participation and applying treatment principles.</li> <li>2. Non-deceptive baseline and monitoring polygraph(s).</li> <li>3. Approved individual treatment plan.</li> <li>4. Approved support person who has reviewed the PCC.</li> <li>5. No institutional acting-out within the last year</li> <li>6. Compliant with psychiatrist recommended medications.</li> <li>7. Completed offense specific eval. and treatment plan, recommending parole.</li> </ol>

In addition to demonstrating progress in treatment, criteria for releasing from prison to parole must also be met by the offender. The Parole Board relies on the SOTMP staff to evaluate if the offender has met many of the criteria, which the board will evaluate at the time of the offender’s parole hearing. [Table 22](#) provides a brief description of the criteria for release from prison to parole.

**TABLE 22  
CRITERIA FOR RELEASE FROM PRISON TO PAROLE**

1. The offender has taken responsibility for his present and past criminal behavior and has an adequate plan for addressing his risk.
2. The offender acknowledges reasons for sentence failures and has an adequate plan for addressing the failures.
3. The offender is successfully progressing in all recommended programs, and has complied with all assessments as determined by the program staff.
4. The offender does not have any Code of Penal Discipline (COPD) violations, any classification increases in the last 12 months, or sexual violations in the last 2 years.
5. The offender has completed a psychological evaluation, including the administration of the DCJ Sex Offender Risk Scale, and is recommended by SOTMP staff for release on parole.
6. The offender has had no contact with the victim other than therapeutically approved contact.
7. The offender demonstrates the emotional maturity necessary to predict successful release to parole.
8. The offender has an adequate parole plan to transition back into the community, including employment, restitution, and a desire to continue sex offender treatment.
9. The offender has answered all of the Parole Board’s questions in a non-evasive manner.

Once on parole, these offenders must meet the criteria for successful progress in community sex offender treatment and reduction of the supervision levels of parole in order to discharge their sentence. If the offender does not meet these criteria, he will remain on parole for life. The parole supervision levels are defined by the number of contacts made with an offender on a monthly basis. Beginning with the Intensive Supervision Program (ISP) and ending with minimal supervision, each level is defined by frequency of (a) face to face (office and unannounced) contacts, (b) collateral

(therapeutic, sponsor, employer, and, agency), and (c) supervision (reports, directives, personal change contract, polygraph, treatment, surveillance, electronic monitoring, curfew, and penile plethysmography) interventions. Sex offender treatment provided in the community must be in compliance with the Colorado Sex Offender Management Board (CSOMB) standards. The parole officer, treatment provider, and polygrapher form the supervision team which determines if the offender has met criteria for reduction in level of supervision, and eventually should be recommended to the Parole Board for sentence discharge. [Table 23](#) provides the criteria for successful progress in treatment in the community and [Table 24](#) contains the criteria used for reduction in level of supervision and discharge from parole.

**TABLE 23**  
**CRITERIA FOR SUCCESSFUL PROGRESS IN TREATMENT IN THE**  
**COMMUNITY**

Progress	Completion
<p>1. The offender has completed non-deceptive polygraph examinations.</p> <p>2. The offender can identify inappropriate cognitive distortions, behaviors, and arousal patterns.</p> <p>3. The offender has shown ability to disengage from high-risk situations and develop pro-social relationships and a support group.</p> <p>4. The offender has demonstrated an understanding of the impact of his sexually abusive behavior and is in compliance with registration and restitution.</p> <p>5. The offender recognizes he is at risk and demonstrates a commitment to treatment.</p> <p>6. The offender is committed to addressing his other psychological problems through adjunct treatment.</p>	<p>1. The offender continues to complete non-deceptive polygraph examinations.</p> <p>2. The offender has consistently demonstrated the use of a plan for correcting cognitive distortions and shows control of arousal through penile plethysmography.</p> <p>3. The offender demonstrates only pro-social behaviors.</p> <p>4. The offender has successfully completed victim clarification and has demonstrated the ability to empathize.</p> <p>5. The offender believes he is at risk for the rest of his life and demonstrates a commitment to treatment for the rest of his life.</p> <p>6. The offender continues to address his other psychological problems through adjunct treatment.</p>

**TABLE 24**  
**CRITERIA FOR REDUCTION IN LEVEL OF SUPERVISION AND**  
**DISCHARGE FROM PAROLE**

Reduction of Level (ISP IV, III, II, I)	Discharge
<p>1. The offender is in compliance with the below listed criteria and/or all team members agree a reduction in level is appropriate.</p> <p>2. The offender has completed two non-deceptive polygraphs.</p> <p>3. The offender is actively participating in treatment for 6 months or longer.</p> <p>4. The offender must demonstrate the ability to maintain employment for extended periods of time.</p> <p>5. The offender must identify an appropriate community support person who can articulate the offender's relapse prevention plan.</p> <p>6. The offender must be in compliance with registration.</p> <p>7. The offender must be able to identify and engage in appropriate leisure activities.</p> <p>8. The offender must demonstrate compliance with all supervision directives.</p>	<p>1. The offender is in compliance will the below listed criteria, thus demonstrating he is no longer at risk in the community without supervision.</p> <p>2. The offender must have completed a non-deceptive sexual history polygraph and completed two consecutive non-deceptive polygraphs for each level.</p> <p>3. The offender must have been recommended to discharge by the treatment provider.</p> <p>4. The offender must not have willful unemployment during the past 5 years.</p> <p>5. The offender must demonstrate the ability to maintain age appropriate, professional and personal relationships.</p> <p>6. The offender must have been in compliance with registration for 5 consecutive years preceding consideration for discharge.</p> <p>7. The offender must continue to demonstrate the use of appropriate leisure activities.</p> <p>8. The offender must continue to be in compliance will all supervision directives.</p>

In 1999, one offender was sentenced to prison under the Lifetime Supervision Act for First Degree Sexual Assault. The courts reconsidered the indeterminate prison sentence after 10 months of incarceration and the offender was released to probation. This offender participated in sex offender treatment from November 1999 until his release in April 2000.

**SECTION IX**

**PROGRAM EVALUATION**

**AND**

**SPECIALIZED PROGRAMMING**

## **PROGRAM EVALUATION AND SPECIALIZED PROGRAMMING**

Treatment efficacy has typically been evaluated by demonstrating that offenders who successfully progress through a particular treatment program sexually re-offend at a lesser rate than offenders not treated or who received minimal treatment in that program. While this framework is still the criminal justice field's standard for determining program efficacy, it has three difficult challenges to overcome: (a) the low base rate of sexual recidivism, (b) the establishment of an adequate control group, and (c) the type of recidivism targeted for reduction. Without meeting these challenges, strong conclusions cannot be drawn about the program's ability to reduce the offender's risk to re-offend.

Given most sexual assaults are never reported to the police, typical recidivism measures are extremely insensitive to the actual rate. Outcome evaluations designed to determine a significant treatment effect among treated and untreated groups of offenders have generally failed because of statistical issues related to the low base rate of sexual offense recidivism. Findings generated from survival curves, however, offer the most plausible solution to the low base rate problem. The data suggests that longer follow-up times to risk equate to larger base rates up to year 15 for child molesters and year 10 for rapists for sexual recidivism, and even longer periods of time for violent recidivism.

The establishment of an adequate control group is difficult at best. A strong control group would consist of offenders who were identified as amenable to treatment and matched on key characteristics of the treated offenders, or who were randomly assigned to a treated or untreated group. This would control for other reasonable



explanations, if a treatment effect were revealed. However, ethical considerations limit the variety of approaches available to researchers for constructing these types of control groups. Even if random assignment could be justified due to limited resources, denying treatment or offering a less than state of the art services to motivated offenders compromises public safety. A plausible alternative is to establish the control group using treatment amenable sex offenders who were wait listed and later paroled or discharged. Key variables that could explain any treatment effects, such as the severity of the crime, would have to be controlled for after the fact.

While reducing any type of recidivism would be considered efficacious, sexual recidivism is the most important to reduce, because of the level of trauma caused to the victim. It appears that a host of factors are related to the type of recidivism. While sexual offenders who engaged in general and nonsexual violent recidivism were primarily young, unmarried, and had a history of antisocial behaviors, sexual recidivists have maintained strong sexually deviant interests and thoughts throughout their lifetime. Failure to complete treatment was a significant factor in both nonsexual and sexual recidivism. Since a particular treatment program cannot impact every factor related to all types of recidivism, resources must be focused on changeable factors in sexually offense behaviors. Thus, reducing sexual recidivism, does not necessarily equate to reducing nonsexual recidivism.

Since July 1997, only 62 sexual offenders who were actively participating in treatment and 66 offenders who were wait listed have released into the community. To complicate this situation, these offenders had varying lengths of treatment. While the Department waits for the accumulation of an adequate treated and control group sample

size, and an adequate time to conduct follow-up measures of recidivism, alternative means for assessing program efficacy have been developed for the program.

### **WITHIN -TREATMENT MEASURES**

Although reducing sexual recidivism is the primary goal of treatment, a more immediate measure of treatment efficacy is the offenders within-treatment changes on behaviors and thinking patterns related to sexual recidivism. In practice, a reduction in these behaviors should reduce the likelihood of the offenders engaging in future sexual offenses. Using a pre-test and post-test or multi-testing framework, the SOTMP has been collecting various types of data in order to evaluate the program's ability to reduce offense related behaviors. [Table 25](#) provides the psychological tests employed at critical points during the treatment program.

**TABLE 25**  
**PROGRAM EFFICACY WITHIN-TREATMENT PSYCHOLOGICAL TESTS**

Within-Treatment Measures	Description	Findings
1. MCMI-III – Millon Clinical Multiaxial Inventory  2. PAI – Personality Assessment Inventory  3. Empathy for Women Test, version 2  4. Child Empathy Test, version 2  5. Relationship Questionnaire  6. BIDR – Balance Inventory of Desirable Responding, version 6 – Form 40  7. LOC – Locus of Control	1. Phase I pretest-posttest measure of adult personality disorders.  2. Phase I pretest-posttest measure of adult psychopathology.  3. & 4. Phase I pretest-posttest measure of the offender’s ability to recognize other adults’ and children’s feelings and sexual arousal in abusive and non-abusive relationships.  5. Phase I pretest-posttest measure of the offender’s ability to recognize abusive situations and victimization.  6. Phase I pretest-posttest measure of positive self-report bias and deliberate presentation to an audience.  7. Phase I pretest-posttest measure of internal or external control of reinforcement.	Since 1997, the program has administered these tests at various points in the treatment program to determine critical periods for measuring changes on these psychological constructs. These data are being collected and entered in databases for analyses next year after an adequate sample has been obtained from the program.

Polygraphy and the Abel Assessment of Sexual Interest (Abel Screen) are also used as objective assessments of within-treatment changes of behaviors related to sexual recidivism. Through Byrne monies, the SOTMP demonstrated the polygraph was an invaluable tool for eliciting disclosures of sexual offense behaviors, assessing motivation to earnestly participate in treatment, and monitoring compliance with treatment

conditions. When the Colorado Sex Offender Management Board (CSOMB) mandated the use of Abel Screen or the penile plethysmograph for measuring sexual arousal and interest, the program chose the Abel Screen because of its concurrent validity with penile plethysmography and it was less resource intensive. Although the Abel Screen is administered only once during treatment, the results are compared to the admissions of victims made by the offender during the polygraph. [Table 26](#) provides these objective assessments employed during the treatment program.

**TABLE 26**  
**PROGRAM EFFICACY WITHIN-TREATMENT OBJECTIVE ASSESSMENTS**

Within-Treatment Measures	Description	Findings
<p>1. Abel Screen - Abel Assessment for Sexual Interest</p> <p>2. Polygraph Evaluation</p>	<p>1. Phase II measure of sexual interest. If resources permit, the Abel Screen will be administered in a pretest-posttest framework next year.</p> <p>2. Phase II multiple measure of admissions and deception to questions that cover the offender's sexually offending history.</p>	<p>The number of sexual victims and offenses were recorded from the Pre-sentence Investigative Report (PSIR), sexual history questionnaire, and two polygraph examination reports for 35 adult sexual offenders participating in Phase II. The mean number of victims increased from 2 at PSIR to 184 by the second polygraph. The mean number of offenses increased from 7 at PSIR to 528 by the second polygraph. By the second polygraph, approximately 80% continued to remain deceptive to questions regarding additional victims and offenses, but failed to disclose any additional information.</p> <p>The Abel Screen will compare the offender's sexual interests to his self-reports of victim's and fantasies for assessing change after treatment.</p>

During 1999, the program also developed a sex offense specific evaluation process in accordance with the CSOMB standards. In statute, incarcerated sex offenders must undergo an evaluation by a board-approved evaluator for determining their treatment needs and psychological functioning. The following modalities are required in the evaluation: (a) review of criminal justice documentation, (b) collateral documentation

on the offender's sexual behavior, (c) clinical interview, (d) offense-specific psychological testing, (e) standardized psychological testing, (f) assessment of medical and pharmacological needs, and (g) assessment of deviant arousal. In order to meet these required modalities, the within-treatment tests employed, in addition to the Abel Screen, are the polygraph, Psychopathy Checklist Revised, Multiphasic Sex Inventory, and the SOTMP clinical interview. These evaluations are completed during Phase II at the Arrowhead Correctional Center Therapeutic Community.

### **BEHAVIORAL INTERVENTIONS**

The utility of any program is enhanced when the participants are honest and motivated to change their problem behaviors. However, for a variety of psychosocial and legal reasons, sex offenders have been reluctant to discuss their deviant sexual behaviors in treatment. Sufficient consequences, therefore, become necessary for influencing these offenders to earnestly participate in treatment and programs.

Traditionally, earned time has been the consequence for not participating in recommended programming. Once the offender entered treatment, however, the program had no way of effectively challenging ambivalent behaviors in group other than terminating the offender. Data from the polygraph research project suggested that by the second examination, these offenders stopped disclosing new victims because there were not any consequences for being deceptive without making additional admissions. To address this problem, the SOTMP developed and began using a sanctioning grid for scoring deceptive, and rewarding non-deceptive responses to issues covered in treatment. Preliminary results suggest that sanctioning may decrease the rate of deceptive examinations on subsequent polygraphs for both inmates and parolees. Further research

is being conducted on parolees in Colorado Springs and inmates participating in Phase II at the Arrowhead Therapeutic Community. Accountability is a critical skill for sex offenders to master while participating in prison-based treatment.

### **VIOLENT CRIMINAL APPREHENSION PROGRAM (VICAP)**

ViCAP is a behavior-based crime analysis and investigative tool developed by the Federal Bureau of Investigations (FBI). ViCAP will enable the Department to collect and analyze modus operandi data on sex offenders under its jurisdiction to determine which types of offenders self-select into treatment. This database will also be shared with the Colorado Bureau of Investigations (CBI) for querying unsolved crimes against known offenders statewide. Selected cases will be shared with the FBI for the national database. In 1999, the SOTMP allocated a full-time position for entry and maintenance of ViCAP on sexual offenders entering the Department through the Denver Reception and Diagnostic Center (DRDC). Once this position is filled, the Department will report on the modus operandi characteristics of sex offenders in its jurisdiction.

### **COMMUNITY CORRECTIONS PLACEMENT GRANT**

The Department's Risk Assessment Management Program (RAM) is designed to provide specialized treatment and supervision for sexual offenders and other high-risk offenders through a continuum of services throughout incarceration and parole. Historically, the lack of community corrections placements for these offenders has been the greatest deficit in the RAM's mission of safely reintegrating sexual offenders in the community. This deficit will have its greatest impact on transitioning the offenders sentenced under lifetime supervision who have not completed all of the release to parole criteria, but who nevertheless could benefit from treatment in the community. Sex

offenders discharging their sentence and releasing directly into the community from a stable and structured prison environment are at greater risk to recidivate due to unfamiliar stressors in the community. To address this problem, the SOTMP was awarded Byrne monies to develop a model community corrections program for sex offenders.

The development of a community corrections site will require the (a) selection of 25 offenders eligible for placement at a center in Denver, (b) training case management and security to work effectively with sex offenders, (c) developing treatment plans, (d) acquiring the services of Board approved treatment providers, (e) employing the latest technology for monitoring offender movement, and (f) collecting process and outcome data for measuring program efficacy. During 1999, the SOTMP was unable to secure a community corrections site in Denver. Other counties, which experience a large number of sex offender releases from prison, are under consideration (e.g., El Paso County). Once a site is developed, the Department will report on the program's progress.

The Department has many exciting programs and projects involving the treatment, supervision, and research of sex offenders. In addition to the projects mentioned above, the SOTMP has designed a controlled study to investigate the impact of Selective Serotonin Reuptake Inhibitor medications on sexually deviant thoughts, fantasies, and behaviors. The Department will be seeking a federal grant to fund this project. The findings generated from these numerous projects will be summarized on an annual basis and used to improve the management of sex offender in the CDOC.



## SUMMARY

- The second annual statistical report provides a review and analysis of the identification, treatment, and monitoring processes implemented by the department for tracking sex offenders. More comprehensive reporting will be available as the department obtains longitudinal data from these processes.
- The incarcerated sex offender population continued to increase at a rate of 10.1% in 1999. This finding supports the need for additional treatment services.
- The sex offender parole population also continued to increase at a rate of 29.0% in 1999. Parole treatment and monitoring services are critical for safely managing this population in the community, with continued growth anticipated for the next several years.
- Placement of sex offenders in transitional community corrections programs, including ISP, has increased 43.5% in the last year. However, sex offenders still only represent 1.5% of the community corrections offender population. Community corrections options need to be expanded in order to manage the sex offender responsibly in less restrictive environments.
- Sex offenders comprised 13.5% of the inmate releases in 1999. This represented an increase of 25.7% from 1998. Only 25 (3.4%) of the sex offenders released were in sex offender treatment at the time of release. Transitional options need to be developed for sex offenders participating in treatment to ensure continuous delivery of services in community.
- Approximately 15% of the incarcerated sex offender population participated in the SOTMP in 1999, although 7.2% are in treatment at any given time.

- The SOTMP standardized the psychological tests and assessments used to measure within-treatment changes for determining program efficacy, and developed numerous other projects for improving the utility of treatment.

## **APPENDIX A**

Name \_\_\_\_\_ DOC# \_\_\_\_\_ Date \_\_\_\_\_

Therapist: \_\_\_\_\_

### SOTMP PHASE I PARTICIPATION SCREENING FORM

Please answer each question as completely and honestly as you can. Your answer will help determine whether or not you are eligible for the Sex Offender Treatment & Monitoring Program. Use an additional piece of paper if necessary.

1. Describe in detail your sexually abusive behavior.

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2. Give reasons why you believe you are a sex offender.

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3. Are your sexually assaultive and/or sexually abusive thoughts or behaviors a problem for you? Identify the problems those thoughts and/or behaviors create for you.

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4. Why do you think you are at risk to re-offend if you do not receive sex offender treatment?

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1. If you don't think you are a risk to reoffend, why not?

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2. Have you ever been interviewed for the Sex Offender Treatment & Monitoring Program before? \_\_\_\_\_ Yes \_\_\_\_\_ No Where? \_\_\_\_\_

3. Have you ever been in the sex offender group before? Yes \_\_\_\_\_ No \_\_\_\_\_ If you have been, why didn't you complete the group and/or why was it recommended that you repeat the group?

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Explain why you believe you will be able to successfully complete the group this time.

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4. Have you completed the Core Curriculum Group? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, where? \_\_\_\_\_  
When? \_\_\_\_\_

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**Signature**

**Facility**

**Date**