

Approximately 1990-Present: Risk-Need-Responsivity (RNR)

- Researchers repeatedly demonstrate achievement of the lowest rates of criminal re-offending when "high risk" defendants are treated with high intensity interventions and "low risk" defendants are given no / limited interventions
- Recidivism is increased if high risk defendants are *undersupervised* BUT ALSO if low risk defendants are *oversupervised*
- Best outcomes are achieved if risk is assessed, risk-relevant criminogenic needs are targeted, and services are delivered to defendants in a manner that is "responsive" to their learning style and abilities
- Research finds these principles apply to individuals who have committed sexual offenses
- Countries like Canada cease requiring "sex offense-specific treatment" for low risk defendants

1992: Colorado creates "Sex Offender Treatment Board" later renamed to "Sex Offender Management Board."

- Treatment and Supervision Standards for individuals prosecuted as adults with a current or past (adult or juvenile) sex offense are not based on research and include mandatory polygraph testing and blanket prohibitions on contact with all minor children regardless of risk level, nature of criminal offending, and sexual interests
- Policies for individuals prosecuted as adults inaccurately assume all "sex offenders" are the same and are "incurable."
- Adult Standards for treatment and supervision wrongly assume all clients are "high risk" and mandate costly high-intensity interventions for all (increasing risk for low risk defendants and misdirecting resources that would be better devoted to higher-risk defendants)

2011: Following the SOMB's second Sunset Review, statute is modified to

- eliminate false "no cure" language
- require "the board shall develop a procedure for evaluating and identifying, on a case-by-case basis, reliably lower-risk sex offenders whose risk to sexually reoffend may not be further reduced by participation in treatment"
- require the board to "research ... through a comprehensive review of evidence-based practices, the effectiveness of the evaluation, identification, and treatment policies and procedures for adult sex offenders developed pursuant to this article. This research shall specifically include ... but not be limited to... the use of polygraphs in treatment, and the containment model for adult sex offender management and treatment and its effective application. The board shall revise the guidelines and standards ... based upon the results..."

2014: Per \$100,000 JBC allocation, 3 internationally-renowned experts in treating adults who have committed a sexual offense conduct an investigation and prepare a report finding:

- the SOMB's Adult Standards do not comport with RNR and suggesting Standards changes including those related to mandatory polygraph testing, denial, and blanket no contact with children provisions
- the SOMB failed to implement the 2011 "low risk" mandate by continuing to treat almost all clients as if they were high risk

TIMELINE OF SOMB NON-COMPLIANCE WITH RISK-NEED-RESPONSIVITY

2016: Following the SOMB's third Sunset review, statute is modified to require:

- The SOMB's Adult Standards be "based upon existing research and shall incorporate the concepts of the risk-need-responsivity or another evidence-based correctional model."
- "To revise the guidelines and standards ... the board shall establish a committee to make recommendations to the board. At least eighty percent of the members of the committee must be approved treatment providers."
- "The revised guidelines and standards must be consistent with the recommendations provided to the board in the 2014 independent evaluation ...; except that, if the standards are not consistent with the 2014 ... evaluation, in its annual report to the general assembly .., the board shall describe any inconsistencies and explain the evidence-based reasons for the inconsistencies."
- Accelerated Sunset Review in 2019 because of concerns about the SOMB

Today:

Despite its 2016 statutory mandates, the 2017 / 2018¹ / 2019 SOMB reports to the General Assembly identify ZERO "inconsistencies" or "evidence-based reasons for the inconsistencies" yet the revised Adult Standards are still largely 1-size-fits-all and:

- Continue to conflict with or ignore RNR recommendations in the 2014 external evaluation
- Continue to mandate polygraph use without an evidentiary basis
- Continue to prohibit contact with all minors under age 18 without an evidentiary basis
- Continue to sanction "denial" without an evidentiary basis
- Continue to imply all defendants require sex offense-specific treatment
- Added a new financial obligation to pay for a mandatory "victim representative" (including in cases where the victim has opted not to participate or there is no actual victim) without an evidentiary basis

Despite its 2016 statutory mandates, the SOMB has continued to "revise" portions of the Adult Standards without input from the committee of 80% approved treatment providers even when explicitly requested to send draft Standards to the committee.

Despite its 2011 statutory mandate, the SOMB has refused to discuss the elimination of mandatory polygraph testing in the Adult Standards.

Despite its 2011 statutory mandate, although the SOMB removed a "low risk" protocol criticized in the 2014 evaluation, it has ignored its ongoing duty to identify lower-risk defendants whose risk may not be further reduced by participating in treatment.

¹ The 2018 SOMB report claimed the SOMB had "completed" in November 2017 the following objective: "Incorporate the Risk-Need-Responsivity (RNR) Principles into the *Adult and Juvenile Standards and Guidelines*." Id. at 45. Notably, the Adult Standards revisions are ongoing in 2019.