



Advocates For Change

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Labeling is not evidence-based best practices and using person first language is. The very first paragraph of the SOMB 2019 Legislative Report references evidence-based best practices and yet immediately refers to the adult population using the label sex offenders. Is this appropriate mindset for those individuals who are tasked with making the SOMB standards evidence-based?

Quoting Joseph Campbell: "We need to be concerned when we are living in relation to a system instead of to our Humanity."

The lack of oversight for the treatment providers is a contributing factor for the folks in the system failing. And you write a check for \$40,000 for each person that fails and ends up incarcerated. The SOMB lists approved treatment providers based on a person's education, experience, and appropriate licensing through DORA. Whether or not the treatment given by these listed providers is professional, humane, and effective or in accordance with what the Legislators have mandated is not examined. The SOMB will mitigate this by saying there is a complaint process and the ARC (Application Review Committee) will take appropriate action. A DORA complaint can also be filed. The reality is that retribution by the treatment providers is feared and the clients will not file a complaint because they don't want to be sanctioned with a loss of privileges at best or be revoked and end up arrested and in prison, worst case scenario.

One possible solution for determining whether more oversight is needed would be to have this body or your designee hold a hearing. Listed SOMB therapists would be selected and asked the following questions:

1. Please explain how your treatment process has migrated from the No Known Cure model to the RNR or other evidence-based model.
2. What complaint process do you have in place for your clients?
3. Please provide us a written comprehensive synopsis of how you have accomplished this.
4. Other pertinent questions

The second part of the hearing would be to have some current clients come in and ask them what their reality and perception is concerning their treatment.

This might give more pertinent information on the effectiveness of the SOMB than the yearly report on accomplishments from the previous year, especially with the lack of comprehensive data.

The SOMB was tasked with collecting data in 2016 and finally sometime in 2019 they began this process. There is a 25 person SOMB board and did this board question the staff about achieving the data collection as mandated by the Legislature on a timely basis? Why did it take three years for this mandated task to be implemented? Who was in charge and responsible? This should have been a priority and three years to implementation is unacceptable. The SOMB staff should have just done it and if there were obstacles to implementation they should have taken appropriate action on a timely basis. And when it wasn't being done the board should have been questioning why not. This is not best practices for any organization.

The ideas for change using evidence-based practices primarily come from stakeholders who are interested in improving our community. Is the SOMB reactive or proactive in investigating and implementing evidence-based change? What is their focus? One concern for best practices in the business world is "standardization perpetuates mediocrity." The inaction for nearly three decades of no data collection by the SOMB to measure success is not evidence-based best practices and points to at best, mediocrity.