To The Chair and Members of the Committee,

I am writing to you as an immediate family member of an individual convicted of a sex offense who is currently serving a probation sentence and working through the SOMB treatment process. I am writing to you anonymously because bringing up concerns may result in negative consequences for my family member from their treatment provider or probation officer.

One of the recommendations of the Sunset Review was that individuals convicted of a sex offense be able to choose their treatment provider. As it currently stands, there is no reasonable way for a person who is just entering treatment to be able to adequately research the treatment providers and select one who will be the best fit for their particular needs and with whom they can establish a positive therapeutic relationship to facilitate the best possible outcomes. Instead you just pick one of two names offered to you, knowing nothing about them, and then have no ability to switch should you discover that the provider is not a good fit. The quality of treatment would be greatly improved if people had the ability to a) make a much more informed initial choice of treatment provider, and to choose from all available options at that time, and b) to switch treatment providers at least one time during the course of their treatment if necessary. This is the widely accepted best practice within mental health treatment in the real world, yet when it comes to something as important to community safety as the treatment and rehabilitation of people convicted of a sex offense, this very foundation is undermined.

The current lack of choice also creates an atmosphere where there is very little accountability or motivation for the treatment provider to provide high quality effective therapy because they have a full roster of clients who cannot leave, no matter what. It has been my family member's experience that the treatment provider can bully you, threaten you, and walk right up to the line of an ethical or statutory violation, but as long as they don't fully cross that line there is no recourse. This is not a recipe for effective therapy, and filing a complaint opens you to the risk of being retaliated against. And to top it off, if you are on probation instead of parole, you must pay

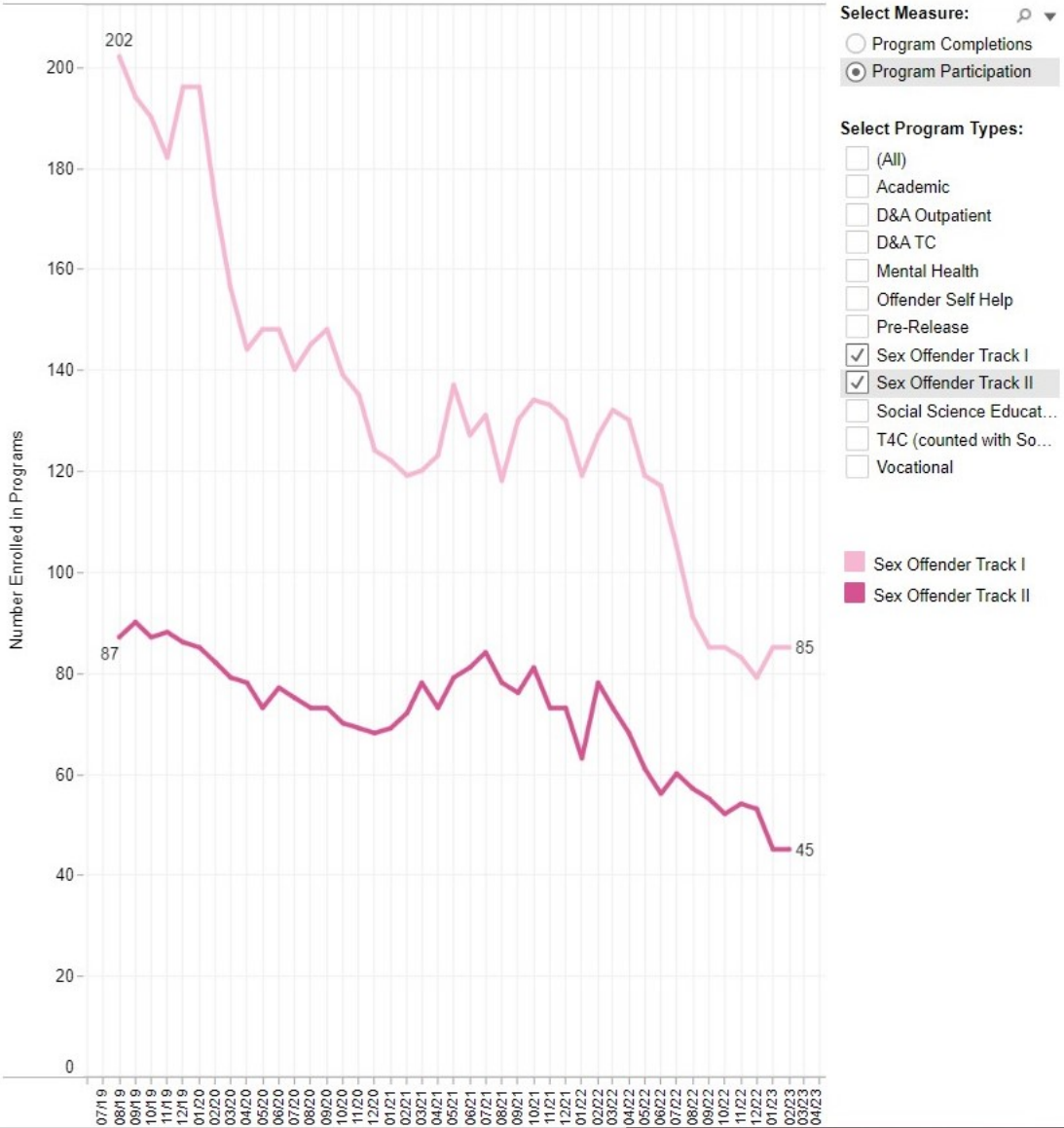
whatever fee they require for this service while you have no ability to ensure that you are in fact receiving high quality treatment. My family member has paid over $10,000 and counting so far.

Based on my family member's experiences, I believe that a little bit of competition as well as informed client choice would go a long way in creating environments where better therapy would take place. Is it possible that people might just shop around for the easiest therapy instead of the best therapy? That shouldn't be a concern if the SOMB does their job of ensuring that all of their treatment providers are well trained professionals held to the highest standards. The community and the victims are expecting the SOMB and the members of the legislature to provide a system of effective rehabilitation, and I believe that having a choice of provider is an important element to that end.

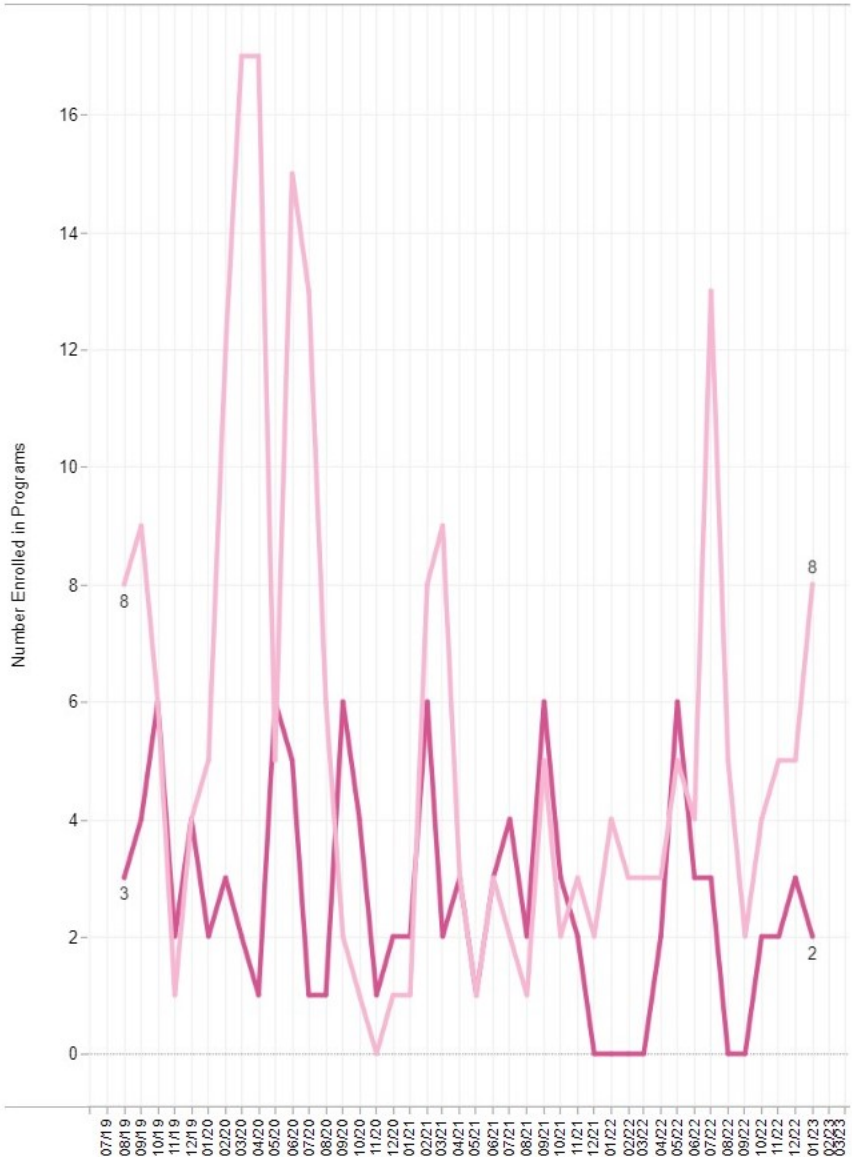
Secondly, the Sunset Review draws attention to the fact that probation and parole officers are supposed to be following the SOMB standards and guidelines. As a specific example, the SOMB standards and guidelines section 6.0 states that "Polygraph test results shall not be used as the sole determining factor in the supervision and treatment decision-making process". This is wise of course, because the research is clear that polygraphs do not reliably not detect lies. A "failed" polygraph doesn't actually mean anything objective. Anyone who has done honest research knows that polygraphs are only useful as an interrogation tool to solicit confessions and to deter unwanted behaviors based on fear of a polygraph test. However, it has been my family member's experience that their probation officer regularly made supervision decisions and explicitly cited that they were based only on an unsatisfactory polygraph result when all other indicators of progress in treatment (also listed in section 6.0 of the standards and guidelines) were satisfactory. These decisions have had serious impacts on my family member's livelihood and ability to fulfill family obligations.

Thank you for your time and consideration of these important matters.

Prison Inmates Participating in Programs



Prison Inmates Participating in Programs



Select Measure:

- (•) Program Completions
- ( ) Program Participation

Select Program Types:

- [ ] (All)
- [ ] Academic
- [ ] D&A Outpatient
- [ ] D&A TC
- [ ] Mental Health
- [ ] Offender Self Help
- [ ] Pre-Release
- [ ] Sex Offender Criteria
- [x] Sex Offender Track I
- [x] Sex Offender Track II
- [ ] Social Science Educat…
- [ ] T4C (counted with So…
- [ ] Vocational

Sex Offender Track I
Sex Offender Track II

Comparison of State Sex Offender Management Boards (1)

	CA	**CO**	DE	ID	IL	MA	NM	OR	TN	TX	WA	**Average**	**Colorado over/under to Average**
2010 US Census Population	37,253,956	**5,029,196**	897,934	1,567,582	12,830,632	6,547,629	2,059,179	3,831,074	6,346,105	25,145,561	6,724,540	**9,839,399**	**-4,810,202.9**
NCMEC # of Sex Offenders	101,696	**17,575**	4,723	4,257	23,533	11,399	3,495	28,360	21,556	85,558	21,662	**29,438**	**-11,862.6**
# of SO Board Mbrs.	13	**25**	21	11	22	23	17	7	12	7	13	**15.5**	**9.5**
# of SOs per Board Mbr.	7,823	**703**	225	387	1,070	496	206	4,051	1,796	12,223	1,666	**2,786**	**-2,083**
Year Board Established	2007	**1992**	2007	2011	1997	2008	2003	2007	1995	1983	2008	**2002**	**-9.6**
Represented Stakeholders:													
Legal	3	**5**	4	3	8	6	4		3		3	**3.5**	**1.5**
District Atty./Atty. General	2	**1**	1	1	5	2	2		1		1	**1.5**	**-0.5**
Judge/Magistrate	1	**2**	3			3	1		1		1	**1.1**	**0.9**
Defense/Public Defender		**2**		1	2	1	1		1		1	**0.8**	**1.2**
Dir., Admin. Office of Courts					1							**0.1**	**-0.1**
Alternative Sentencing				1								**0.1**	**-0.1**
Academic/Scholar	2				1	1	1			1		**0.5**	**-0.5**
Consult. Psychologist Ph.D.	1											**0.1**	**-0.1**
Research Manager III	1											**0.1**	**-0.1**
Mental Health Professionals	2	**4**	2	3	1	2	1	4	1	3	1	**2.2**	**1.8**
Dept. of PS/Div. of CJ/JJ		**1**	1		1	1	1					**0.5**	**0.5**
Div. of Child Welf./Child Adv.		**1**	1		1	3	1		2			**0.8**	**0.2**
Department of Education		**1**	1			1	1					**0.4**	**0.6**
Dept. of Hlth./Human Svcs.			1		1	1	1					**0.4**	**-0.4**
Supervision	4	**6**	8	3	5	7	3	2	5	1	5	**4.5**	**1.5**
Adult Parole/Parole Board	2	**1**	1			1			1			**0.5**	**0.5**
Department of Corrections			1	1	1	1	1	1	1		2	**0.8**	**-0.8**
Reg., Enf. & Compliance	1	**1**	4	1	3	3	1		2		1	**1.5**	**-0.5**
Probation	1	**1**	1		1	1	1					**0.5**	**0.5**
Dept. of Youth Corrections		**1**	1	1		1		1			1	**0.5**	**0.5**
Out-of-Home Placement		**1**										**0.1**	**0.9**
Community Corrections		**1**							1			**0.2**	**0.8**
Civil Commitment											1	**0.1**	**-0.1**
Polygraph Examiner		**1**		1	1							**0.3**	**0.7**

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Year Board Established	2007	**1992**	2007	2011	1997	2008	2003	2007	1995	1983	2008	**2002**	**-9.6**
Represented Stakeholders:													
Cnty. Adm./Comm'r./City Assn.	1	**3**									2	**0.5**	**2.5**
Cnty. Comm'r./Assn.		**2**									1	**0.3**	**1.7**
County Human Services		**1**										**0.1**	**0.9**
City Association											1	**0.1**	**-0.1**
Victim Advocate	1	**3**	3		2	1	1	1	1		2	**1.4**	**1.6**
Criminal Justice Advocate					1							**0.1**	**-0.1**
Member of the Public				1						2		**0.3**	**-0.3**
Indian Affairs							1					**0.1**	**-0.1**
Civil Liberties Organization							1					**0.1**	**-0.1**
Faith Based Organization							1					**0.1**	**-0.1**
Total No. of Board Members	13	**25**	21	11	22	23	17	7	12	7	13	**15.5**	**9.5**

(1) Eleven states have a sex offender management board as of 03/01/2016.

Notes:
Idaho - of the eleven member board only 10 are voting members.
Oregon, Tennessee - known as the Sex Offender Treatment Board.
Texas - known as the Council on Sex Offender Treatment.
Washington - known as the Sex Offender Policy Board. 13 members are voting members.

Why does the Colorado General Assembly advocate wasting millions of dollars? The state is plundering millions on laws and treatment therapies of dubious credibility that primarily serve the prison and therapy industry and do not protect public interest.

The Colorado Sex Offender Lifetime Supervision Act of 1998 (LSA) is a substantial contributor to the waste. The LSA requires lifetime supervision for most felony sex offenses. Sentencing options include:

1. Parole for a minimum of 10-20 years to a maximum of life, depending on the felony charge. Intensive supervision that requires treatment is mandatory for all lifetime parolees until further order of the Court.
2. Department of Corrections (DOC) for at least the minimum of the presumptive range of sentencing to a maximum of life.

The DOC is responsible for providing evaluation and sex offense-specific treatment to offenders who have been sentenced to prison and to those on parole. Offenders in the Sex Offender Treatment and Monitoring Program (SOTMP) work toward meeting LSA treatment progress criteria that correspond with their risk for sexual recidivism in order to meet parole board release criteria.

Most sex offenders pose very low risk to the public. Science and statistical data reveal that 95% of sex offenses are committed by someone who is not on a sex offender registry, and 90% of sexual assault victims knew their attacker. With treatment, offenders are well prepared to parole into the community, with a recidivism rate of approximately 1%, compared to 49% of offenders recommitting a non-sex crime after release from prison. Yet the law holds approximately 5,000 sex offenders with an LSA tag in Colorado prisons an average of 3.5 years beyond their Parole Eligibility Date (PED). This costs $50,000 per year for an inmate's room and board. Multiply this by 5,000 inmates awaiting treatment, times 3.5 years before starting treatment on the inside, for a total of $875 million. These individuals may not exit prison until treatment criteria are met.

According to the Colorado Department of Public Safety, the SOTMP provides treatment for an average of about 490 offenders at a time. However, fewer than 12 therapists are currently treating just ~~43~~ 34 offenders per year. How is this possible? And who is paying?

Additionally, the Colorado prison system and the treatment industry use the Containment Approach, n/k/a the TEAMS model. This is a concocted, draconian treatment, not approved by the Colorado Sex Offender Management Board (SOMB) or the SOTMP. It is the least effective, abusive, dictatorial and overall, the most expensive model available. Moreover, the TEAMS Model is also emotionally damaging to the offender, so much so that offenders often seek rehabilitation therapy.

Therapists can terminate their "clients" on a whim, often overlooking verifiable facts concerning the offender. Termination from treatment causes the offender to wait

approximately two to three years for another treatment slot, only to have to begin the treatment process all over again, costing taxpayers millions more dollars to house and treat these offenders.

Alternatively, there is a scientifically proven and effective model called the Risk-Need-Responsivity (RNR) treatment model. This should be the only accepted treatment model used in Colorado. The Risk-Need-Responsivity model has shown increasing success in assessing and rehabilitating criminals. The three core principles are:

- ***Risk*:** Match the level of service to the offender's risk to re-offend.
- ***Need*:** Assess factors in an offender's life that are directly related to recidivism needs and target them in treatment.
- ***Responsivity*:** Maximize the offender's ability to learn from a rehabilitative intervention by providing cognitive behavioral treatment and tailoring the intervention to the learning style, motivation, abilities and strengths of the offender.

The TEAMS Model takes approximately 18 months – in prison – before an offender may be released by the Parole Board; whereas, it is suggested an offender begin RNR treatment four weeks prior to their PED. The offender would be provided an SOMB-published workbook designed to chronicle their progress so when released, the offender could continue their therapy in the community without reverting again to their original starting point. A parolee would continue treatment for one year and enter the After-Care program upon completion of their RNR treatment.

The 2013 Central Coast and Forensic Psychology Service Evaluation Report recommends the SOTMP allow low-risk sex offenders to be paroled on their PED. This would allow the offender, now a parolee, to seek treatment in the community and greatly reduce the prison population, thereby saving millions more dollars for taxpayers.

It is imperative that the General Assembly overturn the LSA, replace the TEAMS Model with the RNR Model, and direct the Parole Board to allow sex offenders to parole on their PED, thereby saving Colorado taxpayers more than a billion dollars.

SUGGESTIONS TO REMEDY 25 YEARS OF DISINGENUOUS RULES, LAWS AND CONDITIONS

Suggested changes to enhance treatment and reduce costs:

1. End the Lifetime Supervision Act (LSA)
2. End the sex offender registration and doxing
3. Use only the Risk, Needs and Responsivity (RNR) treatment model adopted in 2013 by the SOMB (one year maximum in treatment)
4. Parole the offender when they successfully reach 50% of their sentence and enroll them in treatment on the outside
5. Define word "progression"
6. Use a statewide universal treatment workbook using the RNR model. This will maintain a readily available chronological account of treatment progress and eradicate "churning," thereby removing the need for the offender to return to treatment again and again
7. Implement a public website to review the completion rates of parolees by state-accredited treatment providers
8. Three or four months prior to parole, provide the offender with a list of area-specific treatment providers from which they can choose that includes statistical evidence of the providers' success rates. Provide the offender with unlimited access via phone to interview with these providers so they can determine the best treatment provider for them. There should be no steering allowed by parole officers, case managers, or re-entry specialists.
9. Implement a one-page universal Safety Plan, one page per category. Allow the offender unlimited access to gas stations, grocery stores, big box stores, etc.
10. There should be an independent panel not aligned with treatment providers or the SOTMP to oversee offender special requests and grievances and therapists' termination requests. This independent panel should be allowed to receive ideas for improvement, and they should monitor compliance of treatment providers, independent of DORA and the SOMB.
11. Allow the offender to change treatment providers and continue continuity of care using the statewide universal treatment workbook.
12. Limit hearings by the Parole Board to Class 1 and 2 Felony sexual offenders
13. Limit the use of monitoring equipment, and align monitoring to the crime and/or the offenders' crime history
14. Simplify the process to allow the offender to interact with their family, especially if the victim is not presently living with a family member
15. Allow the parolee to decide the length of his or her parole for a sex offense crime: if in treatment, no more than three years, or without treatment, a maximum of five years
16. Stop using unreliable intimidation tools such as the ABEL test, polygraphs, etc.
17. Disallow treatment providers from forcing offenders to attend mandatory pro-social events provided at treatment mills, and eliminate their mandating forced labor projects
18. One month before release on parole, provide the offender with a condensed treatment program, to include the topics of victim's impact, one cycle and an abridged Risk Management Plan

I began this "journey" on Feb. 10th, 2010, at my sentencing with a 4-year deferred sentence. This 4-year deferred sentence was subsequently revoked **1.5** months later after **3** groups for *"non- progression"* by Wisdom Works and my 4-year deferred sentence turned into a 10 – life indeterminate sentence. The addendum on my psychosexual evaluation done by Dr. Dennis Kliensasser said this: *…" considering this man's risk and offense characteristics it is my opinion that he would not benefit from sustained, long term offense specific treatment. It is recommended that the supervision team consider an abbreviated treatment model such as Marital conflict resolution, sexual boundary violations, and consenting and non-consenting relationships…"* end quote.

-That was in 2009.

My offense had nothing to do with children, computers or strangers, it was a response from my now ex-wife upon receiving divorce papers, and 2 years of my wife recanting and fighting with the DA accomplished precisely nothing. All this information you've just heard is very easy to verify.

In 2017, after a whopping 7 years of offense specific treatment, I had fulfilled all state requirements and was about to be done and go to regular probation. I was in aftercare in fact when my probation officer decided she was going to revoke me and recommend prison for minor probation technicalities such as going to Safeway instead of Walgreens to fill a prescription (no safety plan for Safeway) and having hot UAs for pain medications and *going to work when I was told not to*. You heard that correctly, you can't make this up… What she failed to note in her complaint was that I had just had a double bypass on my femoral artery and the meds where prescribed…details, details. I was sentenced to 2 years to life in prison (I had no prior felonies, ever). Once again, my new business that I started in 2013 was destroyed and 12 employees were immediately unemployed, while my P.O. described ***ME*** as a danger to the community. After my 2010 sentencing, 28 people were made jobless.

After 9 months in county jail, I enter DOC in March of 2018. Despite the fact I had essentially finished every requirement mandated by the state, I was for reasons still unknown, required to, for a second time, complete SO specific treatment (Remember Dr. Kliensasser's recommendation) After rotting in county jail for 9 months & Bent County for 3 years, I am taken to Fremont to start S.O. treatment & I am 2.5 years ***past*** my parole eligibility date, had covid twice, almost died once. It is the end of April 2021.

Right out of the gate SOTMP/ Jordan Hartley, was denying me any sort of ***SOMB*** mandated continuity of care despite having all my records on her computer (she literally showed me all my records on her screen) until Michelle Geng from the parole board intervened at my parole hearing on August 2, 2021. Not only was I tabled upon completion (of my RMP, risk management plan), but Ms. Geng, who knew me from her time in the Co. Springs probation dept, intervened when I told the 3-person parole board that SOTMP/ Jordan Hartley, was saying that none of my completed state requirements were registered in any of my probation documents. Ms. Geng knew better and confronted Jordan Hartley and told her that she (Ms. Geng) "*knew for a fact* "that those documents were there and proceeded to recite from her memory all the things that Ms. Geng knew I had completed and stated that those records would be there for 20 more years. This made no impact on Jordan Hartley or SOTMP. They

continued the path that they were not going to honor any mandated continuity of care regarding any of the work I had done during the appalling amount of time (7 years) that I was held in treatment during probation, until Ms. Geng and Susan Walker intervened yet again 2 months later. Jordan Hartley acquiesced at this point but continued to "slow roll me". She, at one point spent almost 3 months months having me read a book called "Assholes, a field guide" to help me cope with prison life. At one point she literally stopped my treatment for *3 weeks* until I could be polygraphed to determine (at taxpayer expense) whether I had sold my Kosher meal to another inmate (I did not and passed my poly). Is this an abuse of state funds? - Remember, I am tabled upon completion of my RMP. Jordan Hartley finally allows me to be finished ***FOURTEEN MONTHS*** after I was tabled by the parole board- after already having spent 3.5 years in another prison. This was intentional retaliation for the confrontations - twice by Ms. Geng and once by Ms. Walker. **14 months**! Initially, I told the parole board I could easily have the RMP done in 2 months. That RMP took me ***less*** than one month to complete, and my 2- SOTMP group therapists told me it was one of the better RMP's they had heard. *So, I was held in prison 13 months longer than I had to be!* - Incidentally, both my Mother AND Father passed away during this time period. - I am certainly not an isolated case in terms of having my prison sentence dragged out as far as possible by SOTMP and denied continuity of care, it is happening every day, every month, every year, while thousands of people are rotting in prison waiting to get into this SOTMP mandated treatment.

Now I am out of prison and mandated to undergo even *MORE* treatment, I am going on year 9 now *(remember my 4-year deferred sentence, remember Dr. Kliensasser?).* Luckily however, I am at Progressive treatment in Denver. This has been a very "sane" and non-threatening environment; clients here actually open up and tell the truth about things. And Martin Parian, my therapist has been, in my opinion, trustworthy and more than fair with me. And I do NOT say that out of fear. This place – Progressive- feels like therapy.

Colorado Senate Judiciary Committee
Colorado General Assembly
200 E. Colfax Ave.
Denver, CO 80203

RE: SOMB Sunset Review

Madam Chair and Senate Judiciary Committee Members,

My name is Jeff Wise and I currently serve as Director of Development for the re-entry organization Remerg.

I am testifying before you today as someone who, through my role at Remerg, has experience working with the SOMB and helping individuals convicted of sex offenses with their reintegration into the community. I am also testifying before you as someone with lived experience who has been convicted of a sex offense.

One of the biggest barriers facing this population is the "sex offender" label itself and the stigma that comes with it. Because of this label, these individuals are frequently excluded from redemptive opportunities and denied stability like housing, employment, and supportive services. Current policy also tends to marginalize individuals with sex offenses in the name of public safety which fosters isolation and disconnection—factors at the heart of antisocial behavior.

The SOMB is uniquely positioned to address many of these issues. The Board's recent efforts to educate landlords to address housing barriers represents a step in the right direction. I am also encouraged by SOMB staff and their support on some of the projects and initiatives our organization is currently working on. However, it seems that much of the Board's underlying direction still focuses less on progressive normalization and more on containment under a disproven, outdated model.

I can't help but wonder what role the Board's composition plays in this. As noted in the sunset review, SOMB gains outside perspective through its diverse group of members and its committee system which allows participation from non-SOMB stakeholders. But there is a key perspective missing. Not a single person on the 25-member Board has any lived experience or has been on the other side of SOMB standards. How can we have diversity of thought or expect innovative solutions without including these voices? I'd like to point out that many other justice-focused boards and committees like the Crime Prevention and Control Commission, local community corrections boards, and even the Governor's Executive Clemency Board include members with lived experience who are justice-impacted or who have been incarcerated.

As recommendations are made regarding the future of the SOMB, I encourage the Committee to consider diversifying Board composition by including qualified members with lived experience or representatives from the re-entry or advocacy community. I believe this would be a practical, common-sense measure to help shape innovative, more effective policy moving forward.

Thank you for your time and consideration.

Respectfully,
Jeff Wise
Remerg Director of Development

Colorado State Senate
Judiciary Committee

Friday, January 27, 2023

Re: February 8, 2023 Hearing on SOMB Reauthorization

Greetings Chair Gonzales and Distinguished Members,

This written testimony is presented on behalf of myself, representing my personal experiences and opinions. As someone who was once convicted of a sex offense in Colorado, has served over three years on probation, recently moved by court order from SOISP to Non-SOISP and recently discharged from treatment upon successful completion; I am intimately familiar with the SOMB and its Treatment Standards and Guidelines. As a physician of over 40 years with formal education in psychology and psychiatry, the terminology and concepts of psychotherapy are not foreign to me.

At the outset I am compelled to inform you that I am submitting this testimony under fear of adverse retaliation from probation officers and treatment providers, which, sadly to this day remains all too much a reality. Nevertheless, the gravity of the task before you requires those of us in a position to inform do so now, regardless of the consequences. If not now, when? If not us, who? House Speaker Alec Garnett proclaimed in 2021, "While there's been a great deal of disagreement around the Sex Offender Management Board, the one thing that has become absolutely clear after four separate reviews is that the board and our sex offender management processes are in dire need of reform."

I support the change to direct probation officers (PO's) to provide a list of all credentialed treatment providers for clients to choose from. The provision to provide only two has led to PO's providing choices of only providers who conform to the PO's personal preferences and also restricts business from other certified providers in their jurisdiction. This is not fair to the client or the treatment providers. This also applies to lie detector test (LDT) examiners. The SOMB has declared that clients may choose from all certified examiners, yet treatment providers and PO's routinely restrict and direct who the client must use for any given test.

I support the idea of codifying much of the SOMB Treatment Standards and Guidelines (as well as the Probation Standards and Guidelines) in statute. At least the goal of making them fairly and uniformly applied and enforced across all jurisdictions in the state. Currently, there is wide variability of rules and enforcement from one jurisdiction to the next and even between treatment providers (and PO's) within a jurisdiction. Examples are blanket no contact with minor children prohibitions even for offenders whose offense involved only adults, a great deal of variability on the permitted use of alcohol and blanket prohibitions on internet use, in an era following the 10th U.S. Circuit Court of Appeals ruling in 2019 in Denver on the Blair case regarding benign, monitored internet access.

The board oversees LDT examiners since they are not licensed by the state or regulated by DORA or any other state entity. The use of LDT's in this program is not mandated by statute. SOMB policy directs that these tests are to be used only as a treatment tool, not investigative. In my experience that line is often crossed. Most examiners operate on a cash only basis (~$250.00 per test) and usually do not provide cash receipts—a strange business practice. The consent forms contain false assertions regarding examinee duress and coercion. Test questions do not always conform to the format mandated by the board. The board has demonstrated no interest in correcting these inconsistencies. C.RS. 16-11.7-101 (2) directs that, "...it is

necessary to create a program that establishes evidence-based standards for the...monitoring of adult sex offenders...". No serious scientist will declare with a straight face that LDT's are evidence-based. Studies indicate that in this population the false positive/negative error rate is 30%. Would you get on an airplane that has only a 70% chance of arriving safely at your destination? It is time for Colorado, by statute, to join with many states that have prohibited the use of these meaningless, outdated and expensive tests for these programs.

I support the recommendation made in previous reviews and audits that the size of the board be reduced to 11-15 members from the current 25. At its current size the board is rather unwieldy. This gives rise to the permanent state employee bureaucrat executive committee effectively running the board and acting in many instances as the *de facto* board, injecting the personal or group preferences of the committee, sometimes at odds with state law, as if they are the positions of the actual board. Many times this committee directs treatment providers as it sees fit, without the knowledge or support of the board. I propose making one board member someone once convicted of a sex offense in Colorado and being or having been a client in this system. This would bring a balanced perspective.

I support the effort to mandate the use of person first language. Studies show this move is beneficial to overall treatment goals and success. I recommend "someone once convicted of a sex offense".

Per C.R.S. 16-11.7-105 (1) regarding offender treatment payment, "...the offender shall pay for the treatment to the extent the offender is financially able to do so." Treatment and monitoring can run in excess of $4,000.00 per year, often for many years. I have witnessed several instances when clients were unable to pay for treatment they were placed on 'financial hold' by treatment providers, not being allowed to progress in treatment, sometimes extending their original probation term. This in spite of this statute and the fact that they paid a probation fee as part of their court fees which can be used as vouchers to pay for treatment and monitoring. However, this money is controlled by PO's, not the treatment providers, in spite of the fact that it is earmarked for treatment. PO's are often reluctant to use this money, thus being complicit in deliberately prolonging a client's probation. This should be corrected by statute.

The board oversees treatment providers (therapists and LDT examiners), not PO's. Yet, PO's and therapists work together on the Community Support Team. PO's operate under a set of Standards and Guidelines from the Justice Department. The two different sets of Standards and Guidelines do not always align. This sometimes leads to the reported intimidation and coercion of therapists by PO's. This needs to be corrected by statute. If PO's are brought under the auspices of the SOMB what becomes of the Justice Department Standards and Guidelines? In the board's oversight of treatment providers I have witnessed and experienced many inconsistencies which need to be addressed. Colorado Revised Statutes direct the board to promote evidence-based methodologies. Unfortunately, this is not always followed. For example, for decades studies have shown no benefit from Relapse Prevention Programs and the research therapists have urged dropping them from treatment programs, yet they are still "required" here. Besides LDT's, the use of Risk-Need-Responsivity (R-N-R) models are supposed to be mandated. In my experience, very few therapists truly follow this, though they report to the board they are. Rather than individualizing treatment for each client, most programs utilize a single, one-size-fits-all, check-the-box curriculum dating from the 1990's. C.R.S 16-11.7-103 (4) (b) (I) states, "Treatment options...may include, but need not be limited to, group counseling, individual counseling, family counseling, outpatient treatment, inpatient treatment, shared living arrangements, or treatment in a therapeutic community." However, virtually all clients are placed in group

therapy, which I find to be shaming, depersonalized, pornographic and painfully slow—adding to the clients' cost. Individual counseling works much better for these issues and clients, but is almost unheard of here. Group is much more efficient and profitable for therapists, particularly given the woeful lack of qualified, degreed psychologists in Colorado. In 2016 a group of reform legislators drafted and passed HB 16-1345 amending C.R.S. 16-11.7-103 (4) (a) (I) to include, "Because there are adult sex offenders who can learn to manage unhealthy patterns and learn behaviors that can lessen their risk to society in the course of ongoing treatment, management, and monitoring, 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...". This arose from many studies indicating lower risk offenders do not generally require or benefit from intensive treatment, and, in fact, treating these offenders intensively may actually INCREASE their risk of reoffending. The goal of this statute is to provide a means by which treatment providers may discharge these clients from treatment at any time, irrespective of whether they have completed all SOMB "required" elements of treatment. In fact, the concept of board mandated Standards of "required" treatment elements which private, licensed treatment providers must follow when treating these clients gives rise to the question of whether this practice violates the corporate medical practice prohibition. I spoke with some of these legislators. They related to me that their interactions with the SOMB following passage of this bill revealed that the board does not like this law, does not want it, does not follow it and repeatedly for many years has misled the legislature about the board's compliance with and implementation of this statute. I asked the board on a number of occasions for a copy of this statutorily mandated evaluation procedure and they have not been able to produce it. It does not appear in the Standards and Guidelines. When my therapist inquired of the board about it, he was given incorrect information from an executive committee staff member about completing SOMB "required" treatment elements prior to successful treatment discharge, in contradiction of this law. For these many reasons, should you decide to reauthorize the SOMB, I believe that a strict oversight and enforcement mechanism must be implemented.

These suggestions are offered in the spirit of rational reform. My point is the fair application of justice, hopefully negating the pervasive perception of revenge.

Respectfully submitted,

Kyle C. Akers, MD

Kyle C. Akers, M.D.

STATE OF COLORADO FLEECES ITS TAXPAYERS

Perspective is everything, yet like with most things, it depends what side of the fence you are on. Colorado citizens have an expectation that they will be safe and that prudence will govern how our laws and punishments are meted out in a cost-effective manner. Unfortunately, our elected leaders have allowed the sex offender treatment industry to supplant their judgment for decades and squander our money.

Yet to be fair to our legislators, it's not entirely their fault. They have been conditioned to believe that sex offenders can't be rehabilitated, but the scientific data shows otherwise. The legislators have been groomed and manipulated by self-serving mental health practitioners in the science of behavioral modification in spite of what the latest scientific data prove. The majority of sex offenders can be released to community treatment using the state-approved Risk-Needs-Responsivity Model (RNR) model with minimal risk, thereby saving years of treatments and hundreds of millions of dollars. Emotions run high when the topic of sex offenses and offenders come up. The media bombards us daily with TV shows and newscasts of sex offenses that are horrendous and salacious. It's a topic of interest to many, so they broadcast these programs to increase ratings. Just as social security is the third rail in national politics, sex offenses are the third rail in state and local politics.

How does the State of Colorado justify wasting $875M at a time when the citizenry is financially squeezed and needs every dollar? The state is wasting millions of dollars on politically motivated laws of dubious credibility that do not protect the public's interests.

The Colorado Lifetime Supervision Act of 1998 (LSA) is such a waste. The science and statistical data have shown treated sex offenders have the lowest recidivism rate and pose the lowest risk to the community – less than 1% for committing a new crime. Even untreated sex offender recidivism is only slightly higher at <2% as compared to 49% for other offenders who recommit crimes such as drug dealing, burglary, acts of violence, murders, and so forth.

The vast majority of sex offenders are low risk and present little danger to the public. The time has come to repeal the Lifetime Supervision Act and take back control of how the taxpayers' money is spent. Punishment for crimes committed is appropriate, but overtreatment is harmful and a waste of money. Punishing the 99 sex offenders and parolees that are working hard to regain a place in society for the crimes of the one offender who commits a new crime shocks the conscience and is plainly wrong.

Why is it we spend so much money on the least likely to reoffend and spend so little on the most dangerous? Estimates are that 25%, or about 5,000 Colorado prison inmates are sex offenders, which is 3-to-4 times the national average. Why?

These 5,000 sex offenders are currently being warehoused, some in special prisons, an average of 3.5 years or longer past their Parole Eligibility Date (PED). More than half are awaiting treatment based on the ill-conceived LSA that requires the offender to complete treatment

before they can leave prison. The "Containment Approach," now known as the "TEAMS Model," is a concocted, unapproved, unproven and draconian treatment that is the least effective, dictatorial, and overall the most expensive and profitable for the treatment industry. The TEAMS Model assumes the sex offender is unable to be rehabilitated and therefore must remain in treatment for the rest of his or her life (LSA).

When a treatment provider along with the parole officer returns a parolee to prison on a technical violation, the offender can often wait years to restart treatment. And once re-paroled, the offender is expected to begin treatment yet again. This costs taxpayers, at a minimum, $175,000 for each offender waiting to restart treatment when reincarcerated. It increases already massive costs to the taxpayer for reincarceration, continuous repetitious treatment both in and out of prison, and additional costs for the spurious ABEL Testing and polygraph testing, and the mostly unused monitoring equipment such as ankle bracelets, phone and computer monitoring, and anything else that can be billed to the taxpayer in the name of "safety."

The sex offender treatment industry has a long history of using mountains of confusing reports and opinion papers with graphs, charts and statistics that overwhelm the legislature, citizenry, and offenders. They capitalize on the fear engendered by an already biased opinion about sex offenders.

To house a Colorado offender in prison costs approximately $50,000 a year. Multiply this by 5,000 sex offenders, times the average of 3.5 years past their Parole Eligibility Date (PED) while they wait to parole or to progress through the onerous treatment process. The state unnecessarily spends $875M every 3.5 years, or about $250M annually, which is $685,199 every day.

Treating sex offenders and helping them to become safe in the community is the necessary part of the rehabilitation process. Treating them in a humane and cost-effective manner is the responsible thing to do. Holding a person beyond a lengthy prison sentence is abusive and wrong. Allowing huge amounts of money and enormous state resources to be squandered because of the "we've always done it this way" paradigm of a panic-driven era was wrong then and it is wrong now. It is not an efficient use of the taxpayer's money.

The facts and the scientific data tell a different story. Ninety-five percent of sex offenses are committed by someone who is not on a sex offender registry. Ninety percent of sexual assault victims knew their attacker prior to the assault. "Stranger danger" is largely a myth.

The Sex Offender Management Board (SOMB) Standards and Guidelines are so ambiguous, convoluted, and wordy that the average person has a hard time comprehending, let alone applying, them. Phrases such as "unmet criminogenic needs" can be used to add more baseless treatment assignments, undermining the progress of the offender, eroding his/her chances of being paroled and/or to remain in the community as a parolee.

By detaining sex offenders indefinitely without treatment, the Sex Offender Treatment and Management Program (SOTMP) makes it impossible for offenders to qualify for parole, which is tantamount to warehousing sex offenders as human inventory for the treatment industry. The budget for treating sex offenders in prison is $3.8M/year; treatment in the community is approximately $50M/year. Perpetual incarceration while awaiting and/or completing treatment in prison costs $250M/year. Reports have shown that the TEAMS Model and the ill-conceived Lifetime Supervision Act exacerbate over-treatment, unnecessarily costing the taxpayers millions of dollars.

The Risk-Needs-Responsivity Model is the only proven and scientific method of treatment that should be used in Colorado prisons and in the community. The 2013 Central Coast Clinical and Forensic Psychology Services Evaluation Report on the Colorado Department of Corrections Sex Offender Treatment and Monitoring Program recommended the state allow low-risk sex offenders to seek treatment in the community. The RNR treatment model is effective and has the ability to treat the offender quickly based on their individual risk, needs and responsivity and does not use the lengthy TEAMS Model's "one-size fits all" approach. The RNR model also has the advantage of being far less costly if used at or just before the offender reaches their Parole Eligibility Date. A condensed treatment course with a trackable workbook to instruct and chronicle offenders' progress can improve treatment and impede repeated treatment and harmful churning of offenders. The course could be given within six weeks of their PED, then immediately parole the offender to community-based treatment to maintain continuity of care. Parolees could attend one year of maintenance classes every other week for a year; with good behavior, be released from parole a year after that.

We must allow our elected leaders to make laws and rules based on science and statistical data – not District Attorneys, special interests, emotions, financial gain, or a need to vicariously exact vengeance. We elect our leaders to make prudent judgments in order to do their jobs, so going forward, we need to support them and their decisions. It is important for the state legislature to implement a truly independent panel free of conflicts of interest, with the authority to act and to preside over disciplinary actions, treatment interventions, terminations, and compliance of the treatment industry using the RNR model, to guard against the steering of offenders to favored treatment providers, and to have a legitimate and trustworthy grievance process.

Hard on crime has not worked; soft on crime has not worked. How about smart on crime? The simplest answers are the best answers. How about we spend some of that money to fight crime before it starts with a basic, fundamental education such as Vo-Tech training in our schools? Nothing says hope like a future and a decent paycheck.

Over-incarceration is cruel and harmful, while living under the LSA is the Sword of Damocles for both the offender and the citizenry.

I began this "journey" on Feb. 10th, 2010, at my sentencing with a 4-year deferred sentence. This 4-year deferred sentence was subsequently revoked **1.5** months later after **3** groups for *"non- progression"* by Wisdom Works and my 4-year deferred sentence turned into a 10 – life indeterminate sentence. The addendum on my psychosexual evaluation done by Dr. Dennis Kliensasser said this: *…" considering this man's risk and offense characteristics it is my opinion that he would not benefit from sustained, long term offense specific treatment. It is recommended that the supervision team consider an abbreviated treatment model such as Marital conflict resolution, sexual boundary violations, and consenting and non-consenting relationships…"* end quote.

-That was in 2009.

My offense had nothing to do with children, computers or strangers, it was a response from my now ex-wife upon receiving divorce papers, and 2 years of my wife recanting and fighting with the DA accomplished precisely nothing. All this information you've just heard is very easy to verify.

In 2017, after a whopping 7 years of offense specific treatment, I had fulfilled all state requirements and was about to be done and go to regular probation. I was in aftercare in fact when my probation officer decided she was going to revoke me and recommend prison for minor probation technicalities such as going to Safeway instead of Walgreens to fill a prescription (no safety plan for Safeway) and having hot UAs for pain medications and *going to work when I was told not to*. You heard that correctly, you can't make this up… What she failed to note in her complaint was that I had just had a double bypass on my femoral artery and the meds where prescribed…details, details. I was sentenced to 2 years to life in prison (I had no prior felonies, ever). Once again, my new business that I started in 2013 was destroyed and 12 employees were immediately unemployed, while my P.O. described ***ME*** as a danger to the community. After my 2010 sentencing, 28 people were made jobless.

After 9 months in county jail, I enter DOC in March of 2018. Despite the fact I had essentially finished every requirement mandated by the state, I was for reasons still unknown, required to, for a second time, complete SO specific treatment (Remember Dr. Kliensasser's recommendation) After rotting in county jail for 9 months & Bent County for 3 years, I am taken to Fremont to start S.O. treatment & I am 2.5 years ***past*** my parole eligibility date, had covid twice, almost died once. It is the end of April 2021.

Right out of the gate SOTMP/ Jordan Hartley, was denying me any sort of ***SOMB*** mandated continuity of care despite having all my records on her computer (she literally showed me all my records on her screen) until Michelle Geng from the parole board intervened at my parole hearing on August 2, 2021. Not only was I tabled upon completion (of my RMP, risk management plan), but Ms. Geng, who knew me from her time in the Co. Springs probation dept, intervened when I told the 3-person parole board that SOTMP/ Jordan Hartley, was saying that none of my completed state requirements were registered in any of my probation documents. Ms. Geng knew better and confronted Jordan Hartley and told her that she (Ms. Geng) "*knew for a fact* "that those documents were there and proceeded to recite from her memory all the things that Ms. Geng knew I had completed and stated that those records would be there for 20 more years. This made no impact on Jordan Hartley or SOTMP. They

continued the path that they were not going to honor any mandated continuity of care regarding any of the work I had done during the appalling amount of time (7 years) that I was held in treatment during probation, until Ms. Geng and Susan Walker intervened yet again 2 months later. Jordan Hartley acquiesced at this point but continued to "slow roll me". She, at one point spent almost 3 months months having me read a book called "Assholes, a field guide" to help me cope with prison life. At one point she literally stopped my treatment for *3 weeks* until I could be polygraphed to determine (at taxpayer expense) whether I had sold my Kosher meal to another inmate (I did not and passed my poly). Is this an abuse of state funds? - Remember, I am tabled upon completion of my RMP. Jordan Hartley finally allows me to be finished ***FOURTEEN MONTHS*** after I was tabled by the parole board- after already having spent 3.5 years in another prison. This was intentional retaliation for the confrontations - twice by Ms. Geng and once by Ms. Walker. **14 months**! Initially, I told the parole board I could easily have the RMP done in 2 months. That RMP took me ***less*** than one month to complete, and my 2- SOTMP group therapists told me it was one of the better RMP's they had heard. *So, I was held in prison 13 months longer than I had to be!* - Incidentally, both my Mother AND Father passed away during this time period. - I am certainly not an isolated case in terms of having my prison sentence dragged out as far as possible by SOTMP and denied continuity of care, it is happening every day, every month, every year, while thousands of people are rotting in prison waiting to get into this SOTMP mandated treatment.

Now I am out of prison and mandated to undergo even *MORE* treatment, I am going on year 9 now *(remember my 4-year deferred sentence, remember Dr. Kliensasser?).* Luckily however, I am at Progressive treatment in Denver. This has been a very "sane" and non-threatening environment; clients here actually open up and tell the truth about things. And Martin Parian, my therapist has been, in my opinion, trustworthy and more than fair with me. And I do NOT say that out of fear. This place – Progressive- feels like therapy.

COLORADO
Division of Youth Services
Office of Children, Youth & Families
Anders Jacobson, Director

Written Testimony in Response to SB 23-164

To: Senate Judiciary Committee

From: Carl C. Blake III, PsyD, DYS Sex Offense Specific and Assessment Services Coordinator

Date: March 22, 2023

RE: SB 23-164, repeal of "choice of two" providers

Distinguished members of the Senate Judiciary Committee, I want to first apologize for not being able to attend today's hearing in person. I am out of town during the hearing, so I am submitting this written testimony on behalf of the Department of Human Services, Division of Youth Services (DYS). In my role with DYS, I oversee the treatment, programming, and services for juveniles committed to DYS that have committed sexual offenses and have represented DYS on the Sex Offender Management Board since 2008.

I am writing in regards to the language on page 3, lines 2-6, which states, "For offenders who begin community supervision on or after August 10, 2016, the supervising agency of each adult sex offender and juvenile who has committed a sexual offense shall provide the offender with THE COMPLETE LIST OF treatment provider agencies staffed by approved providers." This language significantly impacts DYS. Juveniles committed to DYS who are placed in a community setting, such as residential placement, group homes, or independent living programs, as well as juveniles on parole status, are all considered to be under community supervision. This change in statute will require DYS to provide juveniles with a full list of nearly 250 approved providers to select from. This causes several impacts.

- DYS would be required to establish and fund contracts with all 250 approved providers, as DYS does not have the ability to provide services outside of an established contract.
- As the *Standards and Guidelines* require youth to meet with their treatment provider in person monthly, DYS would be required to coordinate transportation and logistical aspects of connecting juveniles with a provider if they select a provider from outside their geographical location.
- While DYS would be required to educate juveniles on the importance of treatment matching and therapeutic alliances for them to make an informed decision about their selection, it ultimately would be required to rely on youth as young as 12 with complex behavioral and mental health needs to be able to make a significant treatment decision by selecting their own treatment provider.

I understand the intent and importance of the proposed language in SB 23-164 and how it aims to reinforce the importance of treatment matching. While it is an important aspect, the proposed

language has unintended consequences for DYS and has the potential to minimize the complexity of treatment matching and responsivity factors by relying on juveniles to make such a critical decision. Understanding the importance of treatment matching and responsivity factors, DYS is requesting the following amendment to SB 23-164:

> The requirements of subsection (2) of this section do not apply to the Division of Youth Services based on the nature of the program, the complex needs of the juveniles served, and the placements and approved treatment providers available to work with juveniles from the Division of Youth Services. The Division of Youth Services shall assign juveniles who have committed a sexual offense to a treatment provider based on the individual risks and needs of the juvenile and have procedures in place to allow for a juvenile or family to request a change in treatment providers based on responsivity factors. The multidisciplinary team for the juvenile shall review all requests for changes in treatment providers and approve requests if the multidisciplinary team determines the juvenile's risks, needs, and responsivity factors can be better served by an alternate treatment provider.

This amendment keeps with the intent of the proposed language in SB 23-164, highlights the importance of treatment matching, and requires DYS to have a process in place to reconsider assigned treatment providers at the request of the juvenile or their family. This will allow DYS to make referrals based on the expertise of the treatment team, the best interest of the youth, and the knowledge of providers with demonstrated expertise and experience working with the complex needs of juveniles served by the DYS system. DYS assesses each juvenile and makes referrals to providers that are best suited to address the unique and individual risks, needs, and strengths of the juvenile. The proposed amendment to SB 23-164 will allow DYS to continue this approach while further enhancing this practice for juveniles committed to DYS who have committed sexual offenses. I do not believe this proposed language compromises the intent of the language proposed in SB 23-164, nor does it create unnecessary barriers to positive treatment engagement.

I am happy to set up a time to discuss this proposed amendment and how it will ensure DYS honors treatment matching and the importance of responsivity factors while avoiding unintended consequences to the complex juveniles served by DYS.

Thank you for your time and consideration,

Carl C. Blake III, PsyD
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