

**SEX OFFENDER MANAGEMENT BOARD (SOMB)
MINUTES
Friday, January 19, 2024**

THIS MEETING WAS HELD IN PERSON AND VIA AUDIO/VIDEO CONFERENCING

SOMB MEMBERS

Amanda Retting
Carl Blake
Casey Ballinger
David Bourgeois
Gary Kramer
Gregg Kildow
Hannah Pilla
Jason Lamprecht
Jeff Baker
Jesse Hansen
Jessica Dotter
Katie Abeyta
Kimberly Kline
Lisa Mayer
Mike Knotek
Nicole Feltz
Norma Aguilar-Dave
Sarah Croog
Taber Powers
Theresa Weiss

SOMB GUESTS

Abi Olson	Michelle Geng
Alison Talley	Missy Gursky
Ally Hadley	Nathan Smith
Amanda Albo	Pat Harris
Amira Minazzi	Peggy Kindig
Andrea Bradbury	Randi Moore
Christine Rinke	Richard Anglund
Conrad Gonzales	Rick Ostring
Gary Reser	Robin Richards
Holly Harris	Roger Kincade
Janira Pacheco	Ruby Jaime Soto
Jessica Meza	Samantha Freeman
Joanne Huff	Sarah Marlow
Kristin Kubacki	Stephen Scippio
Kyle Jones	Tami Floyd
Laurie Kepros	Tanya Ahamed
Lupe Womble	Tara Saulibio
Marni Lyons	Veronica Pinnecoose
Marsha Brewer	

Absent SOMB Members: Kent Vance, Michelle Simmons, and Priscilla Loew

Staff Present: Chris Lobanov-Rostovsky, Erin Austin, Rachael Collie, Raechel Alderete, Reggin Palmitesso-Martinez, Paige Brown, Taylor Redding, Jill Trowbridge, and Yuanting Zhang

SOMB Meeting Begins: 9:06 am

This meeting was recorded.

INTRODUCTIONS/ATTENDANCE:

Kimberly Kline (SOMB Chair) introduced herself, and welcomed the SOMB members in attendance along with the members of the public.

Taylor Redding (ODVSOM Staff) introduced herself, reviewed the aspects of the WebEx components of the meeting, and indicated how the meeting will be conducted. She mentioned for all to state their names for clarity in the minutes.

Raechel Alderete (ODVSOM Staff) introduced herself.

The SOMB members in-person introduced themselves, and Raechel Alderete (SOMB Staff) introduced the Board members attending online.

The ODVSOM Staff introduced themselves.

The in-person guests introduced themselves, and Erin Austin (ODVSOM Staff) introduced the online guests.

FUTURE AGENDA ITEMS:

Board:

None

Audience:

Laurie Kepros (Audience Member) requested a future agenda item to discuss that non-English speakers are finding it difficult when filing a complaint with the Application Review Committee (RAC), and she requested the Standards and forms be translated into other major languages when possible.

ANNOUNCEMENTS:

Staff:

Taylor Redding (ODVSOM Staff) announced the following updates:

- The April SOMB meeting will be held at the Colorado Department of Transportation located at 2829 W. Howard Pl., Denver, CO 80204
- Dr. Helmus will be presenting at the April 19th SOMB meeting.
- Dr. Helmus will also be presenting an Advanced Series training that will be for providers only.
- The traveling Board Meeting will be held in Pueblo, on 5/17/24. She asked for board members to let her know if they will attend and need a hotel room.
- Training:
 - A Lunch & Learn on Community Supervision will be given by Chris Lobanov-Rostovsky, Abbi Olsen, and Jordan Schneider on February 8, 2024 for providers only.
- Conference Updates:
 - The ODVSOM Conference will run from July 9, 2024 through July 12, 2024 located in Breckenridge, CO.
 - The ODVSOM Conference registration will open on Monday, April 24th.
 - The “call for papers” has been posted, and Taylor Redding included the proposal form in the chat function of the meeting.

Erin Austin (ODVSOM Staff) reviewed updates to the following:

- Committee Charters (handout provided):
 - Juvenile Standards Revisions Committee
 - Adult Standards Revisions Committee
 - Victim Advocacy Committee
 - Application Review Committee
 - Best Practice Committee
 - Surcharge Allocation Committee
 - Jesse Hansen (SOMB Member) indicated that Sonya Hickson is the new chair for the Training Committee
- New Public Comment process for the Standard Operating Procedures (handout provided): Erin Austin reviewed the new workflow process and timing and noted that when received, the public comment received will go to the originating committee for additional revisions, the Best Practices Committee for review, and then to the Board for final review and approval.

Raechel Alderete (ODVSOM Staff) announced the following:

- January is Human Trafficking Awareness Month. She encouraged all to reach out to the Office of Victims Programs (Maria Trujillo) for information of the ongoing programs they are involved with.
- Theresa Weiss (SOMB Member) is the new Chair of the Juvenile Standards Revisions Committee.
- The annual Conflict of Interest declaration form and policy will be sent out for all members of the SOMB and any other appointed members to complete.
- The annual Legislative Report presentation to the Joint Judiciary SOMB will be held on January 31, 2024 at 1:30 pm.

Board Announcements:

None

Audience Announcements:

Rick Ostring (Audience member) asked how to access the meeting attachments. Raechal Alderete (SOMB Program Coordinator) responded that those can be found in the document repository.

APPROVAL OF THE NOVEMBER MINUTES: (Attachment #1)

Gregg Kildow (SOMB Member) made a motion to approve the November Minutes as presented.

Jeff Baker (SOMB Member) 2nd the motion.

Board Discussion:

None

Voting Session #766569

Motion to approve the November Minutes as presented: Gregg Kildow; Jeff Baker 2nd (Question #1)

15	Approve	1	Oppose	3	Abstain	Motion Passes
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APPROVE AGENDA

The agenda was approved by consensus.

PSYCHOEDUCATIONAL BOUNDARIES DISCUSSION (Discussion): (No Attachment) - Chris Lobanov-Rostovsky, Program Manager and Erin Austin, Implementation Specialist

Chris Lobanov-Rostovsky (SOMB Program Manager) indicated that the Board will direct this information back to a committee for a resolution. He noted that the discussion will outline a modification to the prescribed treatment that is indicated in the Standards regarding Boundaries or Healthy Sexuality treatment for lower level risk clients, and indicated that evaluators are asking for guidance for these low risk clients. Chris Lobanov-Rostovsky mentioned that when this treatment was originally recommended by providers, it was outside of the Standards purview. He noted that according to the Attorney General’s office, this treatment does fall within the Standards purview. Chris Lobanov-Rostovsky mentioned that these situations should be captured in the Standards when Boundaries or Healthy Sexuality treatment is recommended as a result of an evaluation or via a variance. He mentioned that there were provider concerns that this treatment was only available through the use of a variance.

Erin Austin (SOMB Adult Standards Implementation Specialist) reviewed the responses from treatment providers regarding Boundaries or Healthy Sexuality treatment and noted that the Best Practices Committee reviewed the provider concerns. She mentioned that best practices indicate that this treatment can be recommended by an evaluation (and not necessarily by a Court order), and mentioned that the treatment providers would like to have the ability to treat someone using Boundaries or Healthy Sexuality treatment, which is based on risk-needs-responsivity (R-N-R.) She noted the need to include this treatment modality in the Standards. Erin Austin noted that currently there are no consistent Standards or curriculum for this type of treatment, and asked for provider guidance for these cases. She also indicated the need in the Standards to allow treatment modifications to treatment plans so providers can address these low-risk cases that do not require all the treatment competencies for full sex-offense specific treatment. Erin Austin mentioned that this change to the Standards will give guidance to the providers, the Courts, the attorneys, and all involved in the Criminal Justice System.

Erin Austin (SOMB Adult Standards Implementation Specialist) asked if the Board supports changes to the Standards for evaluators and treatment providers to treat these low-risk cases, and if the Adult Standards Revisions and Best Practices Committees have the approval to move forward with creating standards for these cases. She indicated that this treatment is already allowable and a part of the Juvenile Standards. Erin Austin noted that this change in the Standards will ensure the client receives individualized treatment.

Norma Aguilar-Dave arrived at 9:37 am

Board Discussion:

Jason Lamprecht (SOMB Member) expressed approval to go ahead with these changes due to the current Statutes and read the Statute.

Carl Blake (SOMB Member) supported these changes, but noted that the current Standards for low risk clients indicate that these clients would probably not need treatment, but indicated there is a need to give evaluators and providers the opportunity to adjust treatment that is based on R-N-R for these individuals. He noted that there should be input from Juvenile providers who already have this capability when creating the new Adult Standards.

Jesse Hansen (SOMB Member) also expressed support of this request. He noted that a challenge for providers is that they are trained properly so as not to go outside of best practice treatment protocols.

Kimberly Kline (SOMB Chair) supported this request, and asked to ensure that the language allows for alternate treatment that can be flexible while a client is undergoing treatment and evaluation.

Jessica Dotter (SOMB Member) noted that this change is within the purview of the SOMB, and she indicated she has faith in the committees to craft solid direction. She then asked how many people this suggested change in treatment will impact, and to clarify for prosecuting attorneys. Jessica Dotter cautioned using the Juvenile Standards for treating adults with watered down treatment. She indicated that there may be questions from prosecuting attorneys who represent the victims, and noted the need to make these treatment adjustments clear for them. Jessica Dotter mentioned the need to educate all parties involved.

Taber Powers (SOMB Member) noted that he is not aware of the number of clients that are affected by this treatment and indicated that the data is not collected in the Provider Data Management System (PDMS.) He responded to Jessica Dotter that there is a lot of research that indicates that the appropriate individualized treatment is most effective in reducing recidivism. Tabor Powers noted that the Adult Standards Revisions Committee and the Best Practice Committee are currently looking at research that is directed at protective factors and responsivity factors that fall in line with the changes proposed.

Chris Lobanov-Rostovsky (SOMB Program Manager) indicated that through the Standards and community supervision teams (including victim representation) that they could ensure that all interests are considered when modifying treatment. He noted that the Board will have the final say on these changes in the Standards. Chris Lobanov-Rostovsky mentioned that Healthy Sexuality/Boundaries treatment is a specific therapy that could be included in offense-specific treatment which is based on R-N-R. He thanked the Board members for their concerns.

Gary Kramer (SOMB Member) indicated that Boundaries or Healthy Sexuality therapy is appropriate for individualized treatment throughout the Standards. He read a portion of Standard 3.00 that addresses individualized treatment based on client needs.

Erin Austin (SOMB Adult Standards Implementation Specialist) noted that due to the lack of data, there have been a lot of technical assistance questions regarding these low-risk clients and anecdotal discussions. She indicated the need to ensure that those who have been convicted of a sexual offense will truly have the proper treatment based on their risk-needs-responsivity.

Rachael Collie (SOMB Staff Researcher) noted that the staff is looking at research for these very low risk clients and the protective factors in order to ensure that the client can stay low risk.

Kimberly Kline (SOMB Chair) noted that there appears to be consensus to send these requested revisions to the Adult Standards Revisions and Best Practices committees for development.

Audience Discussion:

Gary Reser (Audience Member) expressed approval of making these changes in the Treatment and Evaluation sections of the Standards. He discussed a provider who moved out of state who continues to use the Colorado Standards Section 3 - Treatment Section, (which has 138 "shalls" in 22 pages) and noted that as a treatment provider these must be met. Gary Reser mentioned that he follows these directives with clients, but indicated he may not address them as in-depth due to the client risk and need. He noted the need to trust that the providers will do the correct treatment based on client risk and need.

JUVENILE STANDARDS REVISIONS - SECTION 2.00 (Action Item): (Attachment #2) - Raechel Alderete, Program Coordinator, Paige Brown, Juvenile Standards Implementation Specialist, Dr. Carl Blake and Theresa Weiss, Juvenile Standards Revisions Committee Chairs

Raechel Alderete (SOMB Program Coordinator) noted that the anticipated schedule for the January through March revisions of the Juvenile Standards would be brought to the Board for approval in April, with field training scheduled April through June and full implementation on July 1, 2024. She mentioned that if the current round of revisions are approved, then the field should expect to be implementing them on July 1, 2024. Raechel Alderete mentioned the various ways the field will be noticed and informed of these revisions. She indicated that the current Association for the Treatment of Sexual Abusers (ATSA) Adolescent Practice Guidelines have driven the current changes to the SOMB Juvenile Standards.

Carl Blake (SOMB Member) indicated that the revisions made due to the ATSA Practice Guidelines are changes in the areas where the Standards already address these in some form. He noted that there were some areas where new Standards were proposed, some new Legislation changes, and some Standards that were causing confusion. The following revisions were reviewed:

- Added in the Introduction: *“In addition to the above, these standards are required when a juvenile who was less than eighteen years of age at the time of the sex offense is subsequently convicted of the sex offense in district court after the age of eighteen and prior to attaining the age of twenty-one.”*
- Added in the Introduction: *“The term ‘shall’ is used in the standards to establish the general expectation to be followed and to give a baseline of what treatment providers, evaluators, and polygraph examiners are expected to follow. The standards are written for the population as a whole with the understanding there is significant diversity that requires individualized treatment, supervision, and approaches. Information exists within the body of the standards to provide guidance on how to document individualization of the standards and factors to consider that might warrant further individualization than the standards offer as written.”*
- Added in Section 2.000: *“with a focus on Risks Needs and Responsivity. The evaluation should thoroughly explain any strengths and limitations to the prediction of sexual recidivism and the instruments used during the evaluation. The evaluation should also explain the overall benefits of the evaluation process and how the information can be used to inform services.”*
- Added in Section 2.100 - Item I.: *“To provide information to youth, families, and/or referral sources regarding the purpose, potential misuses, benefits, and limitations of assessing juveniles and of the specific instruments used during the evaluation.”*
- Added in Section 2.200 - Item C.: *“Recommendations regarding assignment of risk level shall be based on all available information and not on a single assessment instrument.”*
- Added in Section 2.300: *“Evaluators shall administer assessment tools (e.g., mental health, substance abuse, etc.) in accordance with the tool’s user’s manual. When using an assessment tool with any evaluation client, where the tool has not been specifically validated on the client’s unique characteristics (for example, gender, race, ethnicity, culture, etc.), the rationale for using the tool shall be included in the evaluation. The evaluator shall specifically note the strengths and limitations of the tools used and any impact this has on the overall evaluation results, based on the unique characteristics of the client being evaluated.”*
- Added in Section 2.300 - Discussion Point: *“Evaluation instruments and processes will be subject to change as more is learned in these areas. For some populations, there may not be a validated risk assessment available, and therefore risk assessment should be based on clinical reasoning and judgment, and other relevant factors. When in doubt, the evaluator should err on the side of protecting community safety in drawing conclusions and making recommendations. Evaluators should follow updates related to improvements made to assessment instruments, as they are periodically modified and improved upon. In addition, new tools may become available and may be utilized, as well. When making recommendations the evaluator should focus on recommendations that support the application of risk, need, and responsivity principles and prioritize victim and community safety.”*
- Section 2.400:
 - Deleted in Item B.: *“mental disorders, mental health,”* and Added: Personality *“characteristics”*
 - Deleted in Item C.: *“Social/developmental history”* and Added: *“History of mental health functioning, diagnoses, and diagnostic impressions”*
 - Added in Item G.: *“including assessment of sexual development and normative behaviors.”*
 - Deleted in Item I.: *“Assessment of risk”* and Added: *“Current mental health functioning, case conceptualization, and/or diagnostic impressions (e.g. including formal diagnoses or underlying diagnostic symptoms in the absence of a formal diagnosis, and/or a formal diagnosis when warranted)”*
 - Added at End: *“Ongoing assessment throughout treatment and any reassessments should identify changes to the areas outlined above.”*
 - Added Discussion Point: *“Evaluators shall administer risk assessment instruments in accordance with the instrument’s user’s manual. When using an instrument with any evaluation client, where the instrument has not been specifically validated on the client’s unique characteristics (for example, gender, race, ethnicity, culture, etc.), the rationale for using the instrument shall be included in the evaluation. The evaluator shall specifically note the strengths and limitations of the instruments used and any impact this has on the overall evaluation results, based on the unique characteristics of the client being evaluated.”*

Carl Blake (SOMB Member) and Raechel Alderete (SOMB Program Coordinator) noted that these revisions are to be reviewed by the Board, sent out for public comment, any additional committee work completed based on public comment received and brought back to the Board for approval in April. He noted that the implementation and training period would be in May and June with full implementation by July 1, 2024.

Paige Brown (SOMB Juvenile Standards Implementation Specialist) indicated that Carl Blake and Raechel Alderete summed up the Juvenile Standards revisions and the process going forward.

Kimberly Kline (SOMB Chair) noted that the vote today would be to approve the current Juvenile Standards changes and send them out for public review and comment.

Board Discussion:

None

Audience Discussion:

None

Gregg Kildow (SOMB Member) made a motion to send the Juvenile Standards Revisions to Section 2.00 out for public comment. Taber Powers (SOMB Member) 2nd the motion.

Voting Session #766569

Motion to send the Juvenile Standards Revisions to Section 2.00 out for Public Comment: Gregg Kildow; Taber Powers 2nd (Question #2)

20	Approve	0	Oppose	0	Abstain	Motion Passes
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DENIAL POLICY BRIEF #3 (Decision Item): (Attachment #3) - Chris Lobanov-Rostovsky, ODVSOM Program Manager

Chris Lobanov-Rostovsky (SOMB Program Manager) mentioned that a vote on this item will be to publish the Denial Brief for public information and reference. He indicated that this is a policy brief which outlines the qualitative and quantitative data gathered through research and the Provider Data Management System (PDMS) to determine the type of intervention would be the most appropriate for clients who are in denial. Chris Lobanov-Rostovsky mentioned that the Brief includes the reviews and analytics regarding the reductions in denial, and noted that it talks about the different types of interventions and whether they are beneficial or detrimental to the client. He indicated that this brief includes the outcomes from providers using the different interventions. He mentioned that this information was previously reviewed with the Board in November and indicated changes were made based on adult treatment records that were requested at that time. Chris Lobanov-Rostovsky indicated that some of the interventions from this brief have now been incorporated in the Adult Standards, and noted that this brief outlines the intervention barriers with low outcomes for clients. He noted the need to modify the intervention for each client in order to be more culturally sensitive and inclusive. He mentioned that this brief is based on data collected and research done.

Board Discussion:

Jesse Hansen (SOMB Member) suggested including the substantive topic at the top of the Brief (in the title) to better clarify the content of the Brief. Chris Lobanov-Rostovsky responded that the requested change will be made.

Judge Kramer (SOMB Member) asked if there are denial protocols for those clients after conviction who are under appeal included in this brief. Chris Lobanov-Rostovsky (SOMB Program Manager) responded that there is a specific Standard that addresses clients when under appeal who are in denial and the ability for modification of treatment for those cases, and he indicated that those cases are not included in this brief.

Audience Discussion:

None

*Carl Blake (SOMB Member) made a motion to approve the Denial Policy Brief #3 as amended.
Nicole Feltz (SOMB Member) 2nd the motion.*

Board Discussion:

None

Voting Session #766569

Motion to approve the Denial Policy Brief #3 as amended: Carl Blake, Nicole Feltz 2nd (Question #3)

19	Approve	0	Oppose	1	Abstain	Motion Passes
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BREAK: 10:39 - 10:54

POLICY STATEMENT REGARDING SUPERVISING OFFICERS (Discussion Item): (Attachment #4) - Erin Austin and Paige Brown, Implementation Specialists

Paige Brown (Juvenile Standards Implementation Specialist) reviewed that this brief is for Supervising Officers who are now under the purview of the SOMB Standards. Erin Austin (Adult Standards Implementation Specialist) noted that after discussion that this brief is for those situations where Parole or Probation regulations conflict with the Standards. She noted that sometimes court orders put supervising officers in conflict with the treatment Standards, and she discussed situations where these instances happen (i.e. court or Parole court orders regarding contact with all or any minors.) Erin Austin mentioned that the SOMB will not process complaints against supervising officers, and noted they have their own complaint regulations and processes.

Erin Austin (Adult Standards Implementation Specialist) noted that the recommendation is that the SOMB staff will collect data for when these situations happen, continue collaboration between Judicial and Parole, and will notify the Board if there is a need for future Standards Revisions.

Chris Lobanov-Rostovsky (SOMB Program Manager) indicated that this policy statement is a bridge to address these issues temporarily when offender contact is court ordered with own minor children even when it is in direct violation of the Standards. He noted that the SOMB will provide input for the supervising agency (Probation and/or Parole) and collaborate with them if there is a violation of the Standards. Chris Lobanov-Rostovsky mentioned that the SOMB will also guide supervising officers if a new standard should be created when data is collected for these situations.

Board Discussion:

Carl Blake (SOMB Member) indicated the need to include the Division of Youth Services (DYS) Supervising Officer, and the Colorado Department of Human Services (CDHS) supervising officer in the policy statement. Raechel Alderete (SOMB Program Coordinator) responded that DYS and CDHS supervision officers will be included in the Policy Statement document.

Erin Austin (SOMB Adult Implementation Specialist) suggested changing “collaborating with Probation and Parole” to “Supervising Agencies” throughout the document. Carl Blake (SOMB Member) noted the need to clarify “Supervising Agencies” to include DYS and DHS agencies along with Probation and Parole. Raechel Alderete responded to Carl Blake and suggested adding those agencies in the last section of the document.

Gary Kramer (SOMB Member) highlighted that legislation indicates that Supervising officers are mandated to follow the SOMB Standards and hold them accountable. He indicated some of the Standards will need to be modified according to the mandates so that judicial orders will not put supervision in a Standards violation situation. Raechel Alderete (SOMB Program Coordinator) responded that a memo of understanding is being created which provides guidance and processes for filing a complaint with all supervising agencies.

Jeff Baker (SOMB Member) asked if Community Corrections Boards would impose orders that would put supervising officers in a Standards violation situation. Gregg Kildow (SOMB Member) responded that the Boards typically follow the Community Corrections terms and conditions and those in Community Corrections directly from Parole. Erin Austin (SOMB Adult Standards Implementation Specialist) noted that she added Community Corrections to the list of Supervising Agencies.

Nicole Feltz (SOMB Member) indicated that this discussion is a good starting point to get all supervising agencies included and on the same page. She noted collaboration will alleviate possible Standards violations that occur between Probation and Parole procedures and policies versus the SOMB Standards. Erin Austin (SOMB Adult Standards Implementation Specialist) noted that the collaboration between all the affected agencies is imperative, and mentioned that collaboration and any Standards revisions should be research based.

Norma Aguilar-Dave (SOMB Member) asked why a treatment provider would discharge a client who is put into the home of the victim when Probation or court orders dictate this. Raechel Alderete (SOMB Program Coordinator) responded that these situations are happening during the initial evaluation when the evaluator is not condoning the offending juvenile return home where the victim resides. She noted that this is an ethical conundrum for the evaluator, but mentioned that these situations are not happening too often. Raechel Alderete noted that clarifying information can be added to help the provider decide what would be best for both the offending juvenile and the victim.

Carl Blake (SOMB Member) indicated that the Juvenile Standards discusses contact when ordered by the Courts or Judicial. He mentioned that the provider has the ability to deny treatment of clients in these circumstances, and noted that providers want assurance that they are not responsible for these cases. Carl Blake indicated that more legal discussion needs to be done when the court has “allowed” or the court has “ordered” contact and if the client does not want contact, if that constitutes a violation of the court order or a violation of the Standards. Carl Blake noted the need to tease these situations out so all supervision is informed.

Casey Ballinger (SOMB Member) noted that a client may not be able to receive an intake evaluation with a treatment when a modification of a protection order is done and the offender can live with the victim. These situations can cause difficulties with treatment providers and Community Supervision Teams (CSTs.)

Erin Austin (Adult Standards Implementation Specialist) noted in regard to the separation of powers that a court order does not change the Standards, and the Standards cannot change the court order. She mentioned that a judge can change the order, but indicated that the Standards are caught in the middle. Erin Austin mentioned that communication and collaboration between supervising agencies and the courts are crucial, and noted that the policy brief is not to make recommendations regarding these complicated situations, but to find neutral ground. The purpose of this brief is to allow supervising agencies to not be in violation of their own policies or the SOMB Standards when a “formal complaint” arises in these difficult situations. Erin Austin asked the Board to approve this policy statement.

Jason Lamprecht (SOMB Member) supports not recommending founding complaints when supervising officers are following court orders. He suggested there be an expedited variance process to resolve unnecessary client revocations when the court orders contact in these various situations. Norma Aguilar-Dave (SOMB Member) responded in agreement and noted that any revisions should be in line with the Families First Act. She noted the need to be careful to ensure a client does not go into a home with the victim or other children without having treatment.

Carl Blake (SOMB Member) noted that you can’t tell a provider to take those cases, but indicated that the Standards should clarify that there is value in providing services, while giving the providers the option to not give services.

Kimberly Kline (SOMB Chair) indicated that there appears to be consensus that the SOMB Staff will move forward with working on this statement paper.

Audience Discussion:

None

BEST PRACTICES COMMITTEE UPDATE (Discussion) (No Attachment) - Erin Austin, Implementation Specialist and Dr. Hannah Pilla, Best Practices Committee Chair

Erin Austin (SOMB Adult Standards Implementation Specialist) noted that Hannah Pilla will give an update of the work that the Best Practices Committee is doing. She noted that the Best Practices Committee reviews all revisions, Standards, and policies, and indicated that the Committee is comprised of Hannah Pilla (Chair), Jenn Harris, Kyle Jones, Tom Kurtz, Jenna Charest, Paige Brown, Allison Talley, Sonya Hickson, and Carl Blake, and is made up of 80% treatment providers which is legislatively mandated. Erin Austin noted

the need to have representation from supervising officers, and mentioned that any interested parties should email Erin Austin at erin.austin@state.co.us. She indicated that the Committee meets on the 2nd Tuesday of each month.

Erin Austin (SOMB Adult Standards Implementation Specialist) noted that Standards Revisions public comment is now being reviewed by the Best Practices Committee.

Hannah Pilla (SOMB Member/Best Practices Committee Chair) noted that public comment is reviewed for all revisions and changes in policy. She indicated that the public comment sometimes is not very specific or in detail or is not understanding a particular revision. Hanna Pilla indicated that public comment may not support the revision and is not indicating why. She noted that recurring comments are observed, and mentioned that some are not in line with Best Practices and research. Erin Austin indicated that each member of the Best Practices Committee catches things as they are looking at them through their own lens. She also noted that the type of public comments might indicate that training may be required.

Board Discussion:

None

Audience Discussion:

None

LUNCH BREAK: 11:51 - 12:20

LIFETIME SUPERVISION PRESENTATION (Presentation) (No Attachment) - Dr. Rachael Collie, Staff Researcher, Amanda Retting, DOC and Kristin Kubacki, Judicial

Dr. Rachael Collie (Staff Researcher) reviewed the Annual Lifetime Supervision report and highlighted the following information:

Agenda: Purpose and Scope of the Report
Department of Corrections Section will be presented by Amanda Retting
State Judicial Department Section will be presented by Kristin Kubacki
Department of Public Safety Section will be presented by Dr. Rachael Collie

The Department of Corrections Section data was presented by Amanda Retting as follows:

- Impact on Prison Population
 - FY2023 Lifetime supervision population data
 - FY2023 admissions and discharges data
- Impact on Parole Population
 - FY2023 Release Hearings data
 - FY2023 Revocation Hearings data
- SOTMP
 - Figure 6. - Treatment Status of Lifetime Supervision Sex Offenders as of June 30, 2023 data
- FY2023 Cost of Services
 - Total CDOC Budget
 - Treatment Costs
 - Polygraph Testing

The State Judicial Department Section data presented by Kristin Kubacki as follows:

- Probation Population Impact
 - FY2023 Mandatory Lifetime Supervision data
 - FY2023 New Cases Sentenced to Probation data
- Probation Discharge Hearings and Discharges
 - As of June 30, 2023 - 1,658 probations under active SOISP, 845 under lifetime supervision
 - FY2023 transfer to regular probation - 14
 - FY2023 probation terminations - 67
 - Since FY2011, 214 probations under lifetime supervision have successfully terminated from Probation.
- Probation Revocation Hearings and Revocations

FY2023 Cost of Services

Evaluations - \$1,629,046

Treatment - \$1,753,195

Total Expenditures for Treatment & Evaluations = \$3,412,241

Polygraph Testing - \$546,773 (13% increase)

The Department of Public Safety Section data was presented by Dr. Rachael Collie as follows:

Number of SOMB Adult Approved Providers

SOMB Approved Adult Provider Providers data as of June 30, 2023

Treatment Providers - 237 adult treatment providers

Polygraph Examiners - 24

Location of SOMB Adult Approved Providers

Colorado map of SOMB Treatment Providers by County, 2023

Colorado map of SOMB Polygraph Examiners by County, 2023

Cost of Services

Graph of Statewide Average Cost of Services, FY22-23

Board Discussion:

Carl Blake (SOMB Member) suggested changing the provider categories on the State map of treatment provider locations from 0-9 to 1-9 as there is at least 1 provider in every county. He also suggested adding another color for those counties with no providers. Rachael Collie (SOMB Researcher) responded that this is a great idea and indicated that she will change the map.

Audience Discussion:

Laurie Kepros (Audience Member) noted that there are discrepancies in this report. She asked for clarification of the data presented for those released to discretionary Parole and for those approved for discretionary release. Laurie Kepros asked for clarification of the data indicated in the Table on page 17 of the report. She then asked how the data shown on page 16 (Figure 6. Treatment Status of Lifetime Supervisions Sex Offenders) was calculated.

Board Discussion:

Amanda Retting (DOC Representative) responded to Laurie Kepros that transitioning to a new system, differences in coding, and differences in descriptors causes some of the discrepancies. She indicated that some people are being counted multiple times (i.e. included in both Track 1 and Track 2,) and she mentioned that next year the hope is to ensure the numbers will align a little better. Kimberly Kline (SOMB Member and DOC Representative) indicated that the number on the website includes data that is tracking information from different departments and systems. She mentioned that the Department of Corrections is working on trying to get all data on one system.

Jessica Dotter (SOMB Member) questioned the DOC data and noted that the statistics on the website do not correlate with this report.

Carl Blake (SOMB Member) suggested adding a footnote to the report that clarifies the reason for the discrepancy in the data in order to give context.

Rachael Collie (Statistical Analyst) noted that the SOMB numbers are being audited to ensure accuracy.

DOC TREATMENT SOLUTIONS SUBCOMMITTEE PRESENTATION (Presentation): (Attachment #5) - Chris Lobanov-Rostovsky, ODVSOM Program Manager, Kimberly Kline, SOMB Chair, Amanda Retting, DOC, Dr. Yuanting Zhang, Statistical Analyst, and Michelle Geng, DOC Parole Board Member

Katie Abeyta (SOMB Vice-Chair) indicated that she will be the acting Chair for this agenda item as Kimberly Kline is the Chair of the DOC Treatment Solutions Subcommittee.

Chris Lobanov-Rostovsky (SOMB Program Manager) noted that a great amount of work was done by the DOC Treatment Solutions Subcommittee and indicated that this subcommittee has been Statutorily created to give this report. He mentioned that all feedback or suggestions regarding this report should be forwarded to himself who will then take those back to the workgroup. Chris Lobanov-Rostovsky indicated that the purpose of this report is to indicate treatment for those with indeterminate sentences while incarcerated

within the DOC. He noted that Kimberly Kline (SOMB Chair) will be a part of the presentation. The following information was highlighted by Chris Lobanov-Rostovsky:

Section 1: Introduction

- The Colorado Sex Offender Lifetime Supervision Act - (18-1-3-1001-110 C.R.S.)
- Colorado Sex Offender Lifetime Supervision Act - progressed in treatment.
- The Lifetime Supervision criteria that is determined by the SOMB, Judicial, and Parole
- This report will be presented to the Legislature in Late February or early March.
- Establishment of the SOMB/DOC Treatment Solutions Workgroup:
 - Kimberly Kline (DOC)
 - Amanda Retting (DOC SOTMP)
 - Michelle Geng (Colorado State Board of Parole)
 - Megan Zimmerman (Community Parole Manager)
 - Lauren Rivas (Treatment Provider Representative)
- 1st Meeting was held on August 30, 2023 (presentation of data)
- 2nd Meeting was held on September 6, 2023 (public comment/testimony given)
- 3rd Meeting was held on September 20, 2023 (public comment/testimony given)
- 4th Meeting was held on October 18, 2023 (public comment/testimony given)
- 5th Meeting was held on November 15, 2023 (Final review of potential treatment solutions)

Section 2: Data Collection for the SOMB/DOC Treatment Solutions Workgroup

- Statutory requirements
- Research questions
- Methodology
- DOC Data Collection Required by the Legislature
- Additional Data Provided by DOC to Provide Context to Data Requested by the Legislature

Data Collection:

- DOC data
- State Judicial - those revoked and sentenced to prison
- Michelle Geng - those past their Parole Eligibility Date (PED) and the factors that delayed treatment
 - Table 1 - Sentencing Type by SXO Level Qualifier
 - Table 2 - Years Until PED for Treatment Eligible Inmates
 - Figure 2 - Determinate and Indeterminate by Static 99 Risk Level
 - Figure 3 - SOTMP Groups Conducted and Cancelled
 - Figure 4 - Reasons for Cancellations
 - Table 3 - Staff Filled/Vacated by Positions
 - Figure 5 - Monthly Sex Offender Admission by SXO Levels in FY2023
 - Figure 6 - Probation Termination Type
 - Figure 7 - Probation Revocations Reasons for Lifetime Sex Offenders with Colorado Sex Offender Intensive Supervision Program (SOISP)
 - Figure 8 - Counts of Institutional Rule Infractions (#COPD)
- Data Collection Summary and Conclusion

Section 3: SOMB/DOC Workgroup Treatment Solution Options

- SOMB Standards - Section 3.600 and Section 4.000
- SOTMP Treatment Track/Curriculum/Administrative Regulations
- Using Outside Providers
- Use of Peer Mentors to Support Treatment
- Increasing DOC Staff Resources
- Parole Board Decision Making
- Wait List Transparency
- Lifetime Supervision Act
- Summary and Conclusion

Appendices:

- Appendix A: Glossary of Acronyms and Abbreviations
- Appendix B: State Board of Parole and SOMB Guidelines for Determinate Sentences

Board Discussion:

Sarah Croog (SOMB Member) expressed concern with the percentage of offenders noted on page 12 of the report which indicates that 35% who have “indeterminate” sentences are well above average or above average risk, and noted the lack of community safety if they are released without treatment. She also expressed concern for the lack of treatment for those offenders with indeterminate sentences who typically commit crimes that involve children. Amanda Retting (DOC Representative) responded that those who have indeterminate sentences with well above average and above average risk do have access to treatment and are in SOTMP before their Parole Eligibility Date (PED.) She noted that there are 3 programs who work with high risk, average risk, and low risk offenders. Sarah Croog expressed concern on page 21 regarding prior treatment opportunities with 30 people who had a chance before being released, and noted concern that over 75% (106 individuals) have never had an opportunity to enter treatment before release. She indicated that the offenders have a due process right to treatment. Dr. Hannah Pilla (SOMB Member) responded that deeper data needs to be analyzed to include other variables (i.e., Age of offender, etc.) to take into consideration with those with determinate and indeterminate sentences, and expressed caution about conclusions solely on this chart.

Chris Lobanov-Rostovsky (ODVSOM Program Manager) indicated that the work-group will look into Sara Croog’s concerns. Sara Croog (SOMB Member) also noted that the workgroup should make recommendations based on the requirements the Legislative bill.

Jessica Dotter (SOMB Member) asked for clarification of major crime types on page 11, and if those include all the child sex assault crime types. She also noted that the report needs to clarify what past PED sentences means versus minimum sentences. Jessica Dotter indicated that the criteria and policy under the Lifetime Supervision Act should be adhered to and that the individuals in this workgroup were probably not well-versed in the Act. Kimberly Kline (DOC Representative) responded that the direction and focus of the workgroup was to identify barriers to treatment in DOC and recommend changes. She noted that there are many barriers that hinder completion of treatment, and noted that ethically those barriers should be included in the report.

Jason Lamprecht (SOMB Member) asked for more qualitative (context) data on page 22 and 23 regarding those past their PED who were unsuccessfully discharged due to rule infractions. Kimberly Kline (DOC Representative) responded that Jason Lamprecht’s request makes sense, and noted that security levels also affect treatment placement. She indicated that there are some who score multiple times that affects risk level which impacts security level and treatment availability. Jason Lamprecht asked how many offenders are not on the Global Referral List (GRL) who are unwilling to discuss their sexual abusive behavior. Kimberly Kline responded that those in “denial” are coded differently if appealing their sentence and indicated that it is difficult to treat those who are in denial, which affects their placement on the GRL.

Carl Blake (SOMB Meeting) asked if the various work titles are a barrier for filling the vacant DOC positions. He also asked if the workgroup is a committee of the Board who are looking for approval from the Board. Carl Blake indicated the need to determine who gets into a particular treatment group, and possibly offer self-run treatment while waiting to get into a treatment group. He then noted that it is unclear what the Board is supposed to do with this. Chris Lobanov-Rostovsky (SOMB Program Manager) thanked Carl Blake and noted that this is a presentation to the Board and that the workgroup is looking for feedback on the report. Kimberly Kline (DOC Represented) responded that the focus was on the DOC and the SOTMP treatment program. She mentioned that there are multiple departments that hinder the ability to treat, and noted that within the program, the DOC can treat, set criteria, and can initiate self-directed treatment. Kimberly Kline also noted that the DOC PEDs are under the purview of the Parole Board, and indicated they are also under the purview of the Lifetime Supervision Act and the SOMB Standards, and that they addressed those when working on the recommendations.

Sara Croog (SOMB Member) noted the need to address the SOMB Standards regarding those clients in denial to offer DOC treatment for those.

Katie Abeyta (SOMB Member) noted that Chris Lobanov-Rostovsky (SOMB Program Manager) and the workgroup can take questions off-line.

Audience Discussion:

Laurie Kepros (Audience Member) noted in the report that some populations who were convicted of murder and were on the Global Referral List (GRL) should be represented in a better way. She indicated that Administrative Regulation #700-19 does not exist any longer and needs to be removed from the report. Laurie Kepros indicated that the tracks were initiated on 10/1/23, and crime descriptors for those with determinate sentences do not indicate what the underlying behavior is. She mentioned there were comments talking about possible progressive treatment.

Rick Ostring (Audience Member) noted that there is no path for those claiming innocence with an indeterminate sentence to work through the DOC process. He noted for those revoked who are on parole or probation or while on dual supervision if that data is captured individually or dually in the report. Chris Lobanov-Rostovsky (SOMB Program Manager) responded that he will respond to Rick Ostring off-line with the answer.

Michelle Geng (Parole Board) noted that the COPD information can be expounded in an appendix. She indicated that when a client is referred as a 5D to the Parole Board (coded for a number of reasons) the Parole Board can email the SOTMP to get them re-evaluated and get them on the GRL. Michelle Geng indicated that there is a way to be re-evaluated for those on indeterminate sentences, and indicated to contact her with any additional questions.

REVISIONS TO THE SOMB ADMINISTRATIVE POLICIES (Action Item): (Attachment #6) - Raechel Alderete, Program Coordinator

Raechel Alderete (Program Coordinator) reviewed the most recent revisions to the SOMB Administrative Policies as follows:

- Introduction: Added “Standards Compliance Reviews” appeals “and other administrative actions”
- Introduction: Added “The Director of the Division of Criminal Justice (DCJ) may suspend or modify any of these procedures in the interest of justice to avoid irreparable harm to crime victims or to the citizens of Colorado. If the situation warrants, the SOMB may exercise the option of seeking guidance from the Office of the Attorney General for possible legal action.”
- A. 4. Confidentiality of SOMB Files: Added “The Director of the Division of Criminal Justice (DCJ) may suspend or modify any of these procedures in the interest of justice to avoid irreparable harm to crime victims or to the citizens of Colorado. If the situation warrants, the SOMB may exercise the option of seeking guidance from the Office of the Attorney General for possible legal action.”
- D. Complaint Against a Listed Provider:
 - Added “submitted online or”
 - Added “Anonymous complaints are accepted and appropriate to file with no complainant contact information.”
 - Revised “Complaints filed against supervising officers should be sent directly to the agency/entity that employs the supervising officer (i.e., Probation, Parole, etc.). Information on where to file a complaint against a supervising officer is available on the SOMB website.”
- 3. e.: Added “Request for SOMB Staff to further” investigate,
- E.: Added Appeal “Process”
- F. Standards Compliance Reviews:
 - Added “Implementation of the Standards and Guidelines is an important part of the work of the SOMB. Mechanisms to verify compliance with the Standards and Guidelines serve as a way of promoting victim safety and the successful assessment, evaluation, and treatment of convicted adult sex offenders or juveniles who have committed sexual offenses.”
 - Added “Discussion Point: Inquiries about the Standards and Guidelines may be screened by SOMB program staff using the Standards Compliance Review Criteria (per Application Review Committee Standard Operating Procedure) when providing training and technical assistance (TTA) to Approved Providers.”
 - Added “A. Technical Assistance - Questions pertaining to the application and interpretation of the Standards can be directed toward the SOMB staff who are available to provide clarification and support as needed and applicable, on a case by case basis. SOMB Approved Providers and other individuals who use the Standards and Guidelines are encouraged to contact SOMB staff with questions when technical issues arise.”
 - Added “B. Standards Compliance Reviews - The Application Review Committee (ARC) can initiate a Standards Compliance Review (SCR) for an Approved Provider either at Random or For-Cause under the authority of the SOMB. A SCR is the process wherein the ARC conducts a review of an Approved Provider’s compliance with the Standards and Guidelines. This process may reveal innovative approaches and best practices in areas related to client evaluation, assessment, and treatment. Pursuant to C.R.S. 16-11.7-103(4)(h.5), the ARC must perform compliance reviews on at least ten percent of treatment providers on the Approved Provider List every two years.”
 - Added: 1. Types of Standards Compliance Reviews:
 - a) Voluntary - An individual Approved Provider can contact SOMB staff and volunteer for a Standards Compliance Review (SCR). Self-selection for an SCR may offer the Approved Provider an opportunity to review aspects of their

practice to determine if there are any areas that need to be updated to be compliant with the Standards and Guidelines. This voluntary request will meet the SOMB requirements to receive a random SCR within required time parameters.

b) *Random* - The ARC may conduct periodic SCRs of treatment providers on the Approved Provider List on a randomized basis to determine if a Provider is following the requirements of the Standards and Guidelines. Selection of Approved Providers subject to a random SCR will be drawn based on the Provider Identification Number in the Provider Data Management System (PDMS). The SOMB, on behalf of the ARC, will determine what services, documentation, or aspects of the Standards and Guidelines need to be reviewed as part of randomized SCRs.

c) *For Cause* - The ARC may vote to initiate an SCR for cause when information is obtained, or an anonymous complaint sufficiently alleges an Approved Provider may not be complying with the Standards and Guidelines. The ARC, in conjunction with the SOMB staff, will evaluate the information received to determine the scope, credibility, and severity of the alleged circumstances. The SOMB staff and the ARC Chair shall determine the most appropriate method for investigating and resolving compliance issues or concerns.

▪ **Added: 2. The ARC may select one of the following Levels based on the information available concerning the Standards Compliance Review:**

a) Level 1 - Implementation Verification

A Level 1 SCR evaluates and determines whether an Approved Provider has implemented requirements of the Standards and Guidelines related to administrative, training, or MTT consultation actions.

b) Level 2 - Work Product Review

In addition to the requirements of Level 1, a Level 2 SCR evaluates and determines whether an Approved Provider is adhering to the requirements of the Standards and Guidelines related to written work product (e.g., offender evaluation summary report, treatment plans, monthly progress reports, Community Supervision Team/Multidisciplinary Team communications, treatment contracts, discharge summaries, etc.).

c) Level 3 - Site Visit & File Review

In addition to the requirements of Level 2, a Level 3 SCR is a comprehensive audit to determine if whether an Approved Provider is adhering to the requirements of the Standards and Guidelines. This includes a review of client files, attendance in group sessions, evaluations, or other services provided under the Standards and Guidelines.

▪ **Added: 3. Provider Notification** - Providers will receive a notification letter when they have been selected for an SCR and the type of SCR being administered. The notification letter will also include instructions regarding how to respond to the ARC. The Provider must submit all requested materials by the deadline identified in the notification letter. If multiple Providers are subject to an SCR who are under a single organization or agency, the ARC may initiate one SCR process that incorporates the investigation of all Providers within the organization or agency.

Added: 4. SCR Review - Once information has been received, the ARC will review the Approved Provider's response to the SCR and any other relevant information concerning the Approved Provider in order to identify any Standard violations, innovations, or best practices. Information related to the type of SCR, documentation request, and the response from the Approved Provider remain confidential from the public prior to the ARC determining if any violations are found.

Added: 5. ARC Determination - The ARC will notify the Approved Provider who is the subject of the SCR in writing of the SCR outcome within 21 days of the ARC review. The SCR will identify at least one or more of the following outcomes:

a) The Approved Provider is approved for continued placement, and no further action is required at that time.

Outcome: The Approved Provider retains their level and status is maintained. The ARC may provide general feedback for the Approved Provider for their consideration.

b) An innovative practice is identified as a best practice.

Outcome: The Approved Provider retains their level and status is maintained. If an Approved Provider demonstrates skills, competencies, and abilities of a higher practice level, the ARC has the discretion of awarding an increase in practice level.

c) Standards violations are founded.

Outcome: The Approved Provider may be offered a Compliance Action Plan (CAP) to resolve the founded violations from a SCR. The ARC will determine whether the Approved Provider may retain their practice level or whether the practice level will be reduced while the CAP is in effect. The CAP will specify the timeframes, actions, and

documentation needed by the Approved Provider to demonstrate any founded violations have been resolved. The Approved Provider must demonstrate to the ARC that the founded violations have been resolved systemically. Once the Approved Provider has completed the CAP to the satisfaction of the ARC, the Approved Provider will retain their practice level. For Voluntary and Random SCRs, information related to resolved violations, the supplemental documentation, and the outcome of the SCR remains part of the Approved Provider's confidential file and not available to the public. The information related to violations and the outcome of a "For Cause" SCR are part of the Approved Provider's file and can be made available to members of the public upon request.

The ARC has the discretion to administer any action listed in Section IV of these Administrative Policies if:

- i. The Approved Provider subject to a CAP declines, refuses, or fails to participate in the CAP required to resolve the founded violations.
 - ii. The Approved Provider subject to a CAP cannot resolve the founded violations or the Approved Provider is unable to demonstrate skills, competencies, and abilities consistent with the Provider's practice level.
- d) A formal complaint will be opened by the SOMB and also forwarded to the Department of Regulatory Agencies (DORA), on behalf of the ARC.

F. Standards Compliance Reviews: Deleted: ~~A. Types of SCRs:~~

~~For Cause – The ARC may vote to initiate a For Cause SCR when it has reason to believe that a provider is not following a requirement of the Standards. The Provider will be given the opportunity to demonstrate compliance with the Standards through documentation submitted to the ARC during the SCR process.~~

~~Random – The ARC conducts periodic SCRs on a randomized basis to determine if a provider is following the requirements of the Standards. The SOMB Approved Provider will be given the opportunity to demonstrate compliance with the Standards through documentation submitted to the ARC during the SCR process.~~

~~B. Provider Notification – Providers will receive a notification letter of selection for a SCR. The notification letter will include an instructional packet requesting documentation for the ARC. All materials must be submitted by the provider by the deadline identified in the notification letter.~~

~~C. SCR Review – The ARC will review the completed SCR packet and any other relevant information concerning the SOMB Approved Provider in order to identify any Standard violations, innovations, or best practices.~~

~~D. SCR Outcomes – The ARC will notify the SOMB Approved Provider in writing of the SCR outcome within 21 days of the ARC review. The SCR will identify at least one or more of the following outcomes:~~

~~The Provider is approved for continued placement.~~

~~An innovative practice is identified as a best practice.~~

~~Standards violations were founded and the Provider is offered a Compliance Action Plan (CAP) in lieu of being reduced in status or removed from the Provider List for a specific listing status.~~

~~Standards violations are found to be pervasive or egregious enough that the ARC determines remediation through a CAP is unlikely to lead to a successful change in Standards compliance, and the Provider is, therefore, removed from the Provider List pursuant to Section IV of this policy. Concerns related to Standards violations may also result in the submission of a formal complaint to the Department of Regulatory Agencies (DORA).~~

Raechel Alderete (SOMB Program Coordinator) indicated that the vote is for approval to send the revisions out for public comment.

Board Discussion:

Carl Blake (SOMB Member) noted that when site visits are conducted, that this Board does not currently have the authority to attend a group session, and would require a procedure in place in order to do that. He also noted there are a couple of other areas that need further teasing out before sending this out for Public Comment and suggested to table this vote.

Raechel Alderete (SOMB Program Coordinator) asked Jesse Hansen (DVOMB Program Coordinator) if the DVOMB has any issues with confidentiality. Jesse Hansen agreed with Carl Blake and noted that the DVOMB does not have purview over residential facilities, and noted the need to give providers advance notice when a site visit is being done so all concerned are aware. He indicated the need to send this to the ARC for further discussion. Carl Blake also noted that juveniles are also protected under confidentiality laws and would not be subject to the same confidentiality requirements and on-site reviews.

Audience Discussion:

None

Sarah Croog (SOMB Member) made a motion to table the Revisions to the Administrative Policies and refer them to the ARC for further discussion.

Theresa Weiss (SOMB Member) 2nd the motion.

Board Discussion:

None

Voting Session #766569

Motion to table the Revisions to the Administrative Policies and refer them to the ARC for further discussion: Sarah Croog; Theresa Weiss 2nd the motion (Question #4)

17	Approve	0	Oppose	0	Abstain	Motion Passes
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BOARD RETREAT FOLLOW-UP (Discussion): (Attachment #7) - Kim Kline, SOMB Chair and Raechel Alderete, SOMB Program Coordinator

Kimberly Kline (SOMB Chair) noted that it was suggested to create workgroups to discuss some of the Board requests which were discussed at the Board Retreat.

Raechel Alderete (SOMB Program Coordinator) indicated that the Board members asked for a Board Retreat yearly, and she responded that a yearly retreat is not always possible, but mentioned that a “Traveling” Board meeting with a time for Board engagement could be incorporated yearly if budgets allow. She also noted that the staff will continue to improve getting the handouts to the Board in a timelier manner, and that the staff will work with new Board members personally to ensure SOMB information is disseminated and match a mentor for them.

Board Discussion:

Carl Blake (SOMB Member) noted the need for more engagement from all the Board members to get a collective voice from the entire Board. He mentioned that some Board members feel intimidated to speak who might possibly have a different viewpoint than others.

Raechel Alderete (SOMB Program Coordinator) indicated that the last hour of the Board meetings could be a time for workgroups to meet. Carl Blake (SOMB Member) suggested that the workgroups should meet earlier in the meeting or over the lunch break.

Rachael Collie (SOMB Statistical Analyst) suggested having a formal process at committee meetings in order to hear other perspectives.

Taber Powers (SOMB Member) noted that if there is a lack of information of what is going on in the subcommittees, then there should be a formal time at the Monthly Board meetings for each Committee Chair to inform the Board as to what they are working on.

Erin Austin (SOMB Implementation Specialist) asked how the Board members want to engage.

Chris Lobanov-Rostovsky (SOMB Program Manager) suggested that the workgroups work on a Board Purpose Statement and Board engagement. He noted the need for volunteers who would be willing to work with either of these workgroups.

Jesse Hansen (SOMB Member) mentioned that each Board member will contribute in their own unique way, and suggested inviting Board members to attend the committee meetings. He noted the need to be comfortable being uncomfortable.

Kimberly Kline (SOMB Chair) indicated that the staff will send an email to clarify what was discussed and to invite Board members to the various committees.

Audience Discussion:

None

BOARD MEETING ADJOURNS: 3:14 pm

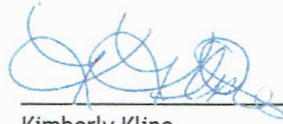
Respectfully,

Jill N. Trowbridge

Digitally signed by Jill N.
Trowbridge
Date: 2024.03.22 10:05:27 -06'00'

Jill Trowbridge
Program Assistant

Date



Kimberly Kline
Chair of the SOMB

3-18-24

Date

Session Name: Current Session

Date Created: 1/19/2024 9:26:26 AM

Active Participants: 22 of 30

Questions: 5

Results Detail

		Q1 Motion to Approve the November Minutes as Presented	Q2 Motion to Send the Juvenile Standards Revisions to Section 2.0 out for Public Comment	Q3 Motion to Approval the Denial Policy Brief #3 as Amended	Q4 Motion toTable the Administrative Policies Revisions and Refer them to the ARC for Further Discussion
Last Name	First Name				
Aguilar-Dave	Norma	NP	1	1	NP
Abeyta	Katie	1	1	1	1
Baker	Jeff	1	1	1	1
Ballinger	Casey	1	1	1	1
Blake	Carl	2	1	1	1
Bourgeois	David	1	1	1	1
Croog	Sarah	1	1	3	1
Dotter	Jessica	3	1	1	1
Feltz	Nicole	1	1	1	1
Hansen	Jesse	1	1	1	1
Kildow	Gregg	1	1	1	NP
Kline	Kim	1	1	1	1
Knotek	Mike	1	1	1	1
Kramer	Gary	3	1	1	NP
Lamprecht	Jason	1	1	1	1
Mayer	Lisa	1	1	1	1
Pilla	Hannah	3	1	1	1
Powers	Taber	1	1	1	1
Retting	Amanda	1	1	1	1
Weiss	Theresa	1	1	1	1
		Yes = 15	Yes = 20	Yes = 19	Yes = 17
		No = 1	No = 0	No = 0	No = 0
		Abstain = 3	Abstain = 0	Abstain = 1	Abstain = 0

Answer Key:

1 = Yes

2 = No

3 = Abstain

NP = Not Present at time of vote