

SEX OFFENDER MANAGEMENT BOARD (SOMB) MINUTES

Friday, February 16, 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
Jeff Baker
Jesse Hansen
Jessica Dotter
Katie Abeyta
Kimberly Kline
Kent Vance
Lisa Mayer
Nicole Feltz
Norma Aguilar-Dave
Michelle Simmons
Priscilla Loew
Sarah Croog

Guests

Abi Olson
Alison Talley
Amira Minazzi
Andrea Smith
Conrad Gonzales
David Johnson
Gary Reser
Holly Harris
Jaime Carlos
Janira Pacheco
Kristin Kubacki
Kyle Jones
Lauren Rivas
Laurie Kepros
Maggie Sahlieh
Marsha Brewer
Michelle Hunder
Patt Harris
Ruby Soto
Sarah Marlow
Sonya Hickson
Stephanie Reed
Tami Floyd
Tara Saulibio
Tori Kelly
Victoria Halpern
Xaviera Turner
Yvette Cousins

Absent SOMB Members: Jason Lamprecht and Mike Knotek

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

SOMB Meeting Begins: 9:01 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.

Raechel Alderete (ODVSOM Staff) introduced herself.

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 asked all to state their names for clarity in the minutes.

The SOMB in-person members 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:

None

ANNOUNCEMENTS:

Staff:

Taylor Redding (ODVSOM Staff) announced the following ODVSOM Conference and training updates:

- Board Meeting
 - The Traveling Board Meeting will be held in Pueblo, CO on May 17, 2024 with more information to follow.
- Training
 - Advanced Series Training: Assessing Risk for Sexual and Domestic Violence Recidivism - The Latest Research Including Cross-Cultural Validity which will be held on April 18th, with Dr. Helmus for DV/SO Professionals. Board members can attend for free so please reach out to Taylor Redding for the discount code.
 - Round Table in Grand Junction on March 14th, given by Erin Austin and Paige Brown. Lunch & Learn for Questions and Answers with the Application Review Committee on April 11th. This is open to Providers only.
- Conference Updates:
 - The call for papers are due 2/23/24 (1 week from this meeting.)
 - Hotel information will be emailed to Board members soon.
 - There will be a Board networking event on Tuesday, July 11th.
 - The July combined DV/SO Board Meeting will be held at the conference on Wednesday, July 12th.
 - The Training Committee Charter has been updated and is included in the handouts.

Chris Lobanov-Rostovsky (ODVSOM Program Manager) announced the following:

- The SOMB/DOC Treatment Solutions Work Group Report is completed and posted to the SOMB Website, and the presentation hearing to the Legislature is scheduled on February 21, 2024 at 1:30 pm. All are encouraged to attend and testify.
- See the 2024 Pending Legislation list of proposed bills are included in the handouts that include relevant bill proposals. If there are any other bills that should be included, please let Chris Lobanov-Rostovsky know. He indicated that there will be monthly updates to this list and noted that Joel Malecka (DCJ Legislative Liaison) may give a report to the Board later in the Legislative session.

Raechel Alderete (ODVSOM Staff) announced the following:

- Raechel Alderete reminded Board members that they are not obligated to speak to the media, and when speaking to them to make it clear that they are not speaking on behalf of the Board. A copy of the Bylaws were sent out for future reference.
- The March SOMB meeting will be held at the PPA Event Center and the April SOMB meeting will be held at the CDOT facility located at 2829 W. Howard Place, Denver, CO 80204. The May meeting will be held in Pueblo with no meeting scheduled in June. The July meeting will be held in Breckenridge, CO at the ODVSOM conference, with regular meetings starting in August back at the PPA Event Center.
- The State now has accessibility protocols that are being initiated to ensure all documents are following accessibility standards.
- The January Meeting Minutes were not finalized in time for this meeting, so they will be voted on at the next meeting.
- The Board members should complete the annual Conflict of Interest form that was sent to them. Those who have a financial disclosure should state that during this time.

Board Announcements:

David Bourgeois (SOMB Member) clarified that his comments (regarding continuation of therapy) included in an article published by the journalism students were not represented as he stated them and he does think that therapy is beneficial.

Taber Powers (SOMB Member) disclosed his financial interest in the therapy business that he and his wife own and that they have contracts with Judicial (Probation) and Parole.

Jesse Hansen (SOMB Member) updated all regarding the work being done with Orange Circle who are developing ways to recruit and retain providers. He mentioned that Orange Circle has new messaging for specific audiences and would like to test this with key stakeholders (i.e., Prosecution, Judicial) to see if the messaging will be accurate and helpful in order to recruit. Jesse Hansen also noted that there will be specific messaging for clinical supervisors using a different focus group. He indicated that any interested individuals should email him or Chris Lobanov-Rostovsky.

Audience Announcements:

Laurie Kepros (Audience Member) indicated an investigation of a Colorado Bureau of Investigation (CBI) case analyst, Yvonne Woods, is in process. She noted that the District Attorneys have requested \$7.5 million from the Legislature to retest 3,000 cases, and noted the retesting may affect the finality of those who are incarcerated. Jessica Dotter (SOMB) noted the need to ensure that retesting and personal legal support are provided for these cases.

APPROVE AGENDA

The agenda was approved by consensus.

CULTURAL IMPLICATIONS OF WORKING WITH AFRICAN-AMERICAN INDIVIDUALS WITHIN THE ODVSOM - In Recognition of Black History Month (Presentation): (No Attachment) (1 Hour Training Credit) - Sonya Hickson, SOMB Provider, MAFP, LPC Erin Austin (SOMB Staff) introduced Sonya Hickson (SOMB Juvenile Treatment Provider) and presented her vast experience.

Sonya Hickson indicated that this presentation is in recognition of Black History Month and presented the following information:

Content/Trigger - Warning!! (Don't panic - It's under Control)

- Why is this Topic Important?
 - Disproportion between the African American population within the criminal justice population
 - Systemic and Structural racism is still present
 - There are differences in how African Americans are responsive to treatment and supervision
 - Research on treatment interventions continue to be limited and/or scarce
- Possible Barriers Between African Americans and their ability to be successful in Treatment and Supervision
 - Mistrusts of the Criminal Justice system
 - Feelings of mistreatment as compared to their non BIPOC counterparts
 - Misdiagnosis from assessments and evaluations
 - Lack of rapport between client and MDT/CST/IDT
 - Lack of representation among their MDT/CST/IDT
- What Caused these Barriers (Statistical and Historical Contexts?)
 - School to Prison Pipeline
 - Lack of discussion regarding sexuality and varying gender roles (lack of showing emotions)
 - Discrepancies in the sentencing and treatment between African Americans and European Americans (juvenile and adults.)
 - Biases/Microaggressions
 - History of policies and laws that supported and perpetuated racial mistreatment and disparities.
 - Redlining
 - Tignon Laws
 - Jim Crow
 - How does this impact treatment? (comments from SOMB members and audience)
 - Lisa Mayer (SOMB Member) noted that online reviews and social media are indicating when a hotel does not support BIPOC individuals or if restaurants give lousy service to those of color.
 - Laurie Kepros (Audience member) responded that underserved populations have many barriers such as evaluation and treatment costs and available financial resources and travel restrictions.

- Rachael Collie (ODVSOM Statistical Analyst) indicated that therapy involves a degree of hope that it is effective, and she mentioned that the system has a history of not working or a lack of trust with the provider.
- Erin Austin (SOMB Implementation Specialist) noted that those who are not white do not have the same privileges by those in a position of power (what is good for one person may not be the same for those who are different.)
- Kimberly Kline (SOMB Chair) discussed a situation where she failed as a therapist when working with an African American client.
- Marsha Brewer (Audience Member) discussed a book regarding growing up as a black boy with a single mom, and noted that travel is still an issue in some parts of the U.S.
- Applying Interventions
 - Interventions for African American Youth and Adults
 - Cultural Competence and Humility - be open and willing to learn
 - Trauma-informed Care
 - Active Listening and Validation
 - Empowerment and Advocacy
 - Intersectionality Awareness
 - Mindfulness and Stress Reduction Techniques
 - Psychoeducation
 - Collaborative Goal Setting
 - Flexibility in Treatment Approaches
 - Self-awareness and Reflexivity
 - Recruiting and retaining diverse staff
 - Acknowledging spirituality/religion and its role within the African American community
 - Collaboration in modifying evidence-based treatment modalities.
- Questions

Board Discussion:

Jesse Hansen (SOMB Member) asked Sonya Hickson about Sanctuary Commitments. Sonya Hickson responded that is a process that is used with youth who are in Denver Youth Services that includes social learning, emotional intelligence, open communication, growth in change, democracy, non-violence, and social responsibility.

Sarah Croog (SOMB Member) mentioned a position paper on denial and the disproportionate effects on underserved populations. She asked Sonya Hickson what her thoughts are on this paper. Sonya Hickson (Presenter) noted the need to ask why the client is still in denial, and to ask other questions to find the root cause. She mentioned that there is not always research available to support underserved or BIPOC populations, and noted the need to find ways to work around the negative policies to let policy makers know what works and what doesn't work based on actual experience.

Laurie Kepros (Audience Member) thanked Sonya Hickson and noted her willingness to share her experiences as an African American therapist. She asked how systems can value her expertise and how to recruit and retain culturally diverse staff. Sonya Hickson acknowledged that our history is not the greatest, but that we made it through, and expressed the need to keep reorganizing systems as long as it is not detrimental to other populations. She indicated the need to get to the point where race is not an issue and acknowledge all races, cultures, and gender identity. Sonya Hickson mentioned to give space for all to speak and feel safe, and to go to different universities (culturally diverse schools) to recruit and encourage diversity in the treatment field.

Carl Blake (SOMB Member) mentioned the need to continue conversations when creating policy and to continue to assess how these policies effect all populations. He indicated that there are some systems that include systemic biases, which means that treatment may be biased causing mistrust with clients. He asked Sonya Hickson how to improve these inadequate policies with ongoing training and awareness.

Chris Lobanov-Rostovsky (ODVSOM Program Manager) discussed an anecdotal story regarding an African American applicant for a high-profile (professional coach) job in Boston. He expressed appreciation for Sonya Hickson's presentation and grace in allowing us this space to learn and grow.

Raechel Alderete (SOMB Program Coordinator) thanked Sonya Hickson for her diligence in educating the SOMB members, and her time and dedication to these critical issues.

Audience Discussion:

None

APPLICATION REVIEW COMMITTEE (ARC) UPDATE (DISCUSSION): (No Attachment) - Reggin Palmitesso-Martinez, Application and Standards Compliance Coordinator and Dr. Carl Blake, ARC Chair

Reggin Palmitesso-Martinez (Application and Standards Compliance Coordinator and Dr. Carl Blake (SOMB ARC Chair) discussed the following updates to the application process:

Reggin Palmitesso-Martinez (SOMB Application and Standards Compliance Coordinator) noted that she creates the agenda for the monthly meetings and is responsible for processing provider applications, complaints, and the Standards Compliance Reviews. She indicated that the Application Review Committee (ARC) meets on the 2nd and 4th Wednesday of each month from 9:00 am to 12:00 pm. She listed the members in the Committee to include:

- Dr. Carl Blake (Chair)
- Jesse Hansen (Vice-Chair & CDPS/DVOMB)
- Erin Austin (SOMB Staff)
- Paige Brown (SOMB Staff)
- Reggin Palmitesso-Martinez (SOMB Staff)
- Amanda Retting (CDOC)
- Michelle Simmons (Victim Representative)
- Andrei Lobanov-Rostovsky (Polygraph Examiners)
- Lauren Rivas (Adult Treatment/Evaluation)
- Theresa Weiss (Juvenile Treatment/Evaluation)
- Melissa Parkowski-Helmer (DD/ID Provider)
- Raechel Alderete (SOMB Staff)

Dr. Carl Blake (ARC Chair) reviewed the following information:

- The structure of the ARC has changed to now include more diversity in the membership and includes Board members and non-board members.
- He noted the following struggles regarding the work product (treatment plans) received:
 - The applicant does not always submit their “best” work product, with treatment plans that are vague, with no goals and objectives and treatment that does not address those goals and objectives.
 - He indicated the need to look at common short-comings and the possible need to have more training or revise the Standards.
 - He noted that some of the weak work-product could be an Agency issue due to their requirements.
- He mentioned there has been an increase in the submission of discharge summaries as part of a treatment plan, and noted they are hard to assess due to the massive amount of information that is included in those.
- Anonymous Complaints:
 - The ARC reviews anonymous complaints that need review and follow-up and those that do not have enough information or contact information.
 - The ARC is trying to create a process to obtain more information without breaking the anonymity of them.
 - The ARC has received some anonymous complaints that have errors in them (i.e., the way they were submitted, incorrect provider information included.)
- Standard Compliance Reviews (SCRs):
 - The ARC is revamping the SCRs in the Administrative Policies and Procedures to include what work product is required and the steps involved in the process.
- The ARC has very in-depth conversations and long meetings due to the amount of work that is done.

Raechel Alderete (SOMB Program Coordinator) thanked Dr. Carl Blake and Reggin Palmitesso-Martinez and the members of the Committee for the amount of work that they do. She indicated that the SOMB staff will continue to include the various Committee updates at the Board Meetings.

Board Discussion:

Sarah Croog (SOMB Member) asked Carl Blake how the randomized SCRs are selected. Carl Blake responded that the selected providers are pulled randomly through the Provider Data Management System (PDMS) using provider numbers. He noted that the number of SCRs may change in the coming years based on Legislation and the providers willingness to have these done.

Norma Aguilar-Dave (SOMB Member) thanked the ARC Committee for the immense amount of work they do. She asked that due to the lack of solid treatment plans if it would be feasible to receive ones that are general and then receive more detailed plans based on the progression of the client. Carl Blake (SOMB Member) responded that the confusion is with why treatment plans should be submitted, and he noted that when they receive a good one, the ARC will let the provider and their agency know that is the type of plan to submit. He indicated that the ARC would like a plan that includes a client that is further along in treatment which shows their progression. Carl Blake noted that when reviewing the SCRs that the ARC will let those submitting treatment plans know exactly what they need to see in order to complete the review.

Taber Powers (SOMB Member) noted that the Standards Compliance Review Standard is being revised to be more specific to what needs to be included in the treatment plan.

Jesse Hansen (SOMB Member) indicated that the ARC needs to verify the Compliance Review Standards, and noted that there is a lot of nuance based on the level of the providers (associate level versus full-operating level providers.) He mentioned that seeing where they are in their personal growth helps review the compliance reviews, and what is the best way to remediate any issues.

Kimberly Kline (SOMB Chair) asked about those who are in more of an administrative role where they do not write treatment plans. Carl Blake responded that the ARC will recognize that and ask for how they are staying active in the field and keeping up with the Standards. He indicated the ARC will look at the work of the supervisees to see makes sense for their supervisory role.

Audience Discussion:

Gary Reser (Audience Member) noted that he has offered more money for those in his agency who write up treatment plans. He discovered that it wasn't about the money, so he gave up on this and noted the need to ramp up their treatment plans. Gary Reser indicated that he had an intern who worked with DYS whose treatment plans were great, so he then used that plan structure to ramp up his plans. He mentioned the need to increase the documentation with the treatment plans. Carl Blake (SOMB Member) noted that the documentation is the only way to ensure that the client is doing what they are supposed to be doing. He indicated that the ARC does not talk directly with the providers and rely solely on their work product. Carl Blake mentioned the need to trust that the providers are working with clients in a fair and equitable way. He also noted that when he was working with clients, he would review the treatment plan with the client, their goals and objectives, and how they are working through those goals and needs.

Lauren Rivas (Audience Member) noted that there are other members of the ARC who can offer input and insight if there are questions or concerns from the field.

BREAK: 11:18 - 11:30

REVISIONS TO THE SOMB ADMINISTRATIVE POLICIES (Action Item): (Attachment #2) - Raechel Alderete, SOMB Program Coordinator

Raechel Alderete (SOMB Program Coordinator) presented the following revisions to the SOMB Administrative Policies based on feedback from the January SOMB meeting as follows:

Appendix A: Sex Offender Management Board Administrative Policies - Revisions:

Introduction: **Added:** *complaints “Standards Compliance Reviews, appeals and other administrative actions.”*
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.”*

Section A. 4.: **(Listing as a Provider)**
Added: *clinical evaluations, “unfounded complaints, Standards Compliance Reviews (SCR) with no founded Standards violations, or any supplemental documentation,”*
Added: *“The Colorado Open Records Act applies to other materials (Section 24-72-201, C.R.S.).”*
Added: *“Records related to violations and the outcome of a complaint or a For Cause SCR are part of the Approved Provider’s file and can be made available to members of the public upon request through the Colorado Open Records Act (Section 24-72-201 C.R.S.).”*

Section C.: **(Appeal Process for Denied Placement)**
Added: *“Reduction in Approval Status”*⁰

Added: Provider List, “receives a reduction in approval status”

Section C. 2.: **Added:** “The SOMB will consider the basis for denial or reduction in approval status, as well as information presented by the applicant or provider regarding the denial or reduction in status.”

Section D.: **(Complaint Against a Listed Provider)**

Added: “Anonymous complaints will be accepted and reviewed in the same manner as all other complaints submitted to the SOMB.”

Added: “Complaints filed against supervising officers should be sent directly to the agency/entity that employs the supervising officer (i.e., Probation, Parole, CDHS, etc.) Information on where to file a complaint against a supervising officer is available on the SOMB website.”

Section D. 3. e.: **Added:** “Request for SOMB Staff to further” investigate...

Section E.: **(Appeal Process)**

Added: complaint, “denial for placement on the Provider List for a specific listing status, the involuntary removal from the Approved Provider List, a reduction in approved listing status, or a Standards Compliance Review with a findings of a Standards violation” may

Section E. 4.: **Added:** complaint, “application or standards compliance review” materials

Section E. 10.C.: **Added:** “Modify the finding or” sanction “of the ARC”

Section E. 13.: **Added:** “a resolution of a complaint(s), or Standards Compliance Review with a finding of a Standards violation.”

Section F.: **(Standards Compliance Reviews)**

Added/Revised: “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.”

“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.”

A. Technical Assistance

SOMB staff are authorized to answer questions, provide clarification, and provide support pertaining to the application and interpretation of the Standards 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.

B. Standards Compliance Reviews

The Application Review Committee (ARC) is authorized to initiate a Standards Compliance Review (SCR) for an Approved Provider at random, voluntarily or For-Cause under the authority of the SOMB. An SCR is the process wherein the ARC conducts a review of an Approved Provider’s compliance with the Standards and Guidelines. This process may identify violations of standards, concerns with practices, opportunities for technical assistance, innovative approaches and/or 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.

1. Types of Standards Compliance Reviews:

a) Voluntary - An individual Approved Provider may contact SOMB staff and volunteer to participate in 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 should be modified to ensure compliance with the Standards and Guidelines. This voluntary request will meet the SOMB requirements to receive a random SCR within required time parameters, but does not preclude the individual from receiving a for- cause SCR in the future.

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 through technical assistance, processing of an application, or an anonymous complaint sufficiently alleges that 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.

2. The ARC may select one of the following Response 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 an Approved Provider is adhering to the requirements of the Standards and Guidelines. This may include a review of client files, attendance in group or individual therapy sessions, evaluations, or other services provided under the Standards and Guidelines.

For Level 3 reviews proper consents and/or releases shall be in place to ensure compliance with confidentiality requirements. In the instances of providers within an agency, the ARC will coordinate with the agency to implement the appropriate consents and approvals required by the agency in order to complete the review.

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 within a single organization are subject to an SCR, the ARC may initiate one SCR process that incorporates the investigation of all Providers within the organization or agency.

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, as well as opportunities to implement innovations or incorporate best practices. Information related to the type of SCR, documentation request, and the response from the Approved Provider will remain confidential during the pendency of the SCR investigation and evaluation period.

5. **ARC Determination** - The ARC will notify the Approved Provider who is the subject of the SCR of the outcome of the review within 7 days of the ARC rendering a decision. The notification of the outcome will be provided in writing and will include any required follow up actions that the ARC deems necessary. The SCR will identify at least one or more of the following outcomes:

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

Outcome: The Approved Provider retains their level and their 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 their 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 identified in the 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 that the 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, records 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 records 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.

Outcome: The ARC may determine that the SCR has resulted in founded violations that rise to the level of initiation of a formal complaint against the Approved Provider. The ARC will notify the Approved Provider that it will proceed with a formal complaint based on the findings of the SCR. A complaint will also be provided to the Department of Regulatory Agencies based on the findings of the SCR.

Section G. C.: (Variances)

Added: ARC Review - "If the request is acceptable and does not pose a safety risk, the ARC may authorize preliminary approval of the Variance Request. A review of the approved Variance Request will be scheduled and presented at the SOMB. Variances that are not granted preliminary approval by the ARC will be scheduled for formal review by the Board at the next meeting."

Section G. D.: Added: "If a variance is in place for more than two years, the Board may consider if a standards revision is necessary."

Board Discussion:

Lisa Mayer (SOMB Member) stated in Section D. (Complaint Against a Listed Provider) the complaint could also be sent to CDHS and listed on the SOMB website. Carl Blake (SOMB Member) agreed with Lisa Mayer's request and suggested changing CDHS to Human Services to encompass County and State level supervision.

Audience Discussion:

None

Gregg Kildow (SOMB Member) made a motion to approve the Revisions to the SOMB Administrative Policies as amended for Public Comment.

Sarah Croog (SOMB Member) 2nd the motion.

Board Discussion:

None

Voting Session #180184

Motion to approve the Revisions to the SOMB Administrative Policies be sent for Public Comment: Gregg Kildow; Sarah Croog 2nd (Question #1)

20	Approve	0	Oppose	0	Abstain	Motion Passes
----	---------	---	--------	---	---------	---------------

Norma Aguilar-Dave voted "Yes" verbally.

Priscilla Loew voted "Yes" in the Chat.

OFFICE OF DOMESTIC VIOLENCE AND SEX OFFENDER MANAGEMENT TRAINING CONDUCT POLICY (Discussion Item): (Attachment #3) - Raechel Alderete, Program Coordinator

Raechel Alderete (SOMB Staff) reviewed the Office of Domestic Violence and Sex Offender Management (ODVSOM) Training Conduct policy as required by the Governor's Office and the Office of the Attorney General as follows:

Added: Section E. Anti-Harassment and Discrimination Conduct

- a. The Office of Domestic Violence and Sex Offender Management, believes that an equitable, diverse, and inclusive workplace is one where all employees and community partners, whatever their gender, race, ethnicity, religion, national origin, age, sexual orientation, gender identity, citizenship status, education, disability, socio-economic status, or any other identity, feel valued and respected. Staff are required to follow this decree and must also comply with the Colorado Department of Public Safety Code of Ethics and Professional Conduct Policy, Number 1.06.006 and the Discrimination Policy, Number 1.02.005.
- b. The ODVSOM is dedicated to providing a harassment-free experience during training and conference events for the public. Harassment includes but is not limited to: offensive verbal comments related to gender, sexual orientation, disability, gender identity, age, race, religion, as well as deliberate intimidation, stalking, following, harassing photography or recording,

sustained disruption of talks or other events, inappropriate physical contact, and unwelcome sexual attention. ODVSOM staff are permitted to require individuals engaging in harassing behavior to immediately cease the behavior. Individuals who are asked to stop engaging in harassing, abusive, or threatening behavior are expected to comply immediately.

- c. Staff, vendors, and attendees at ODVSOM training or conference events are prohibited from engaging in harassment during training or conference events.
- d. Anyone attending any ODVSOM related training or conference event who violates the prohibition above may be sanctioned at the discretion of the ODVSOM program staff or the Executive Committee of the DVOMB and SOMB. Sanctions include but are not limited to: requiring the individual to leave the event, and denying the individual access or entry to current or future ODVSOM training or conference events.
- e. The DVOMB and SOMB reserve the right to review any complaints of harassment by Approved Providers that occurs during ODVSOM training or conference events. Such complaints will be forwarded to the appropriate Application Review Committee for review and possible disciplinary action in accordance with applicable standards and disciplinary procedures.

Chris Lobanov-Rostovsky (SOMB Program Manager) pointed out that there is a sanction piece to this policy up to and including removal from a training or conference.

Board Discussion:

Sarah Croog (SOMB Member) supported the policy but suggested to add “knowingly” offensive verbal comments in Section B. Jesse Hansen (SOMB Member) reminded all that this change would have to go back to the Best Practices Committee to be vetted. Katie Abeyta (SOMB Member) indicated that in those situations, individuals may not “knowingly” say offensive verbal comments and expressed concern in changing this language. Raechel Alderete (SOMB Program Coordinator) noted any offensive comments as part of the Staff review that would be a discussion during an investigation. Chris Lobanov-Rostovsky (SOMB Program Manager) noted to keep the language a little more general so that it follows State policies. He suggested adding a footnote to this policy that states that “a presentation may contain troubling content,” might suffice. Sarah Croog expressed agreement with adding a footnote for clarification. Chris Lobanov-Rostovsky indicated that sometimes there is advance notice when a topic could be difficult to hear and that attendees should take care of themselves.

Carl Blake (SOMB Member) noted that the link referenced in Section A. is not referring to the CDPS policies.

Taylor Redding (SOMB Staff) indicated that in addition to this policy being listed on the registration form that there will be a warning that difficult topics might be discussed.

Carl Blake (SOMB Member) noted that the focus is on the Staff to handle any situations that arise, and mentioned if the presenter could have the ability to monitor and ask a disruptor to leave. He asked if that should be spelled out in their contract. Raechel Alderete responded that a presenter will be given that authority if they feel the need to.

Jesse Hansen (SOMB Member) mentioned that Staff action is not all-encompassing when these situations occur and noted that there will be ongoing revisions to this policy as situations warrant. He indicated that for the upcoming conference, it was discussed to have a team to review when an individual has violated the policy, and a team to support the presenters if these disruptive situations occur.

Audience Discussion:

None

Raechel Alderete (SOMB Program Coordinator) indicated that the Board Members will work in groups over the lunch break to discuss the various items brought up at the Board Retreat in October.

LUNCH BREAK: 12:08 - 12:40 (Working Lunch)

ANNUAL LEGISLATIVE REPORT PRESENTATION (Presentation): (See PowerPoint Slides) - Dr. Rachael Collie, Alyssa Dalen, and Dr. Yuanting Zhang, ODVSOM Research Team

Dr. Rachael Collie (ODVSOM Statistical Analyst) started the discussion and invited Alyssa Dalen and Dr. Yuanting Zhang (ODVSOM Statistical Analysts.) The following information was then presented:

Dr. Rachael Collie presented the following information in SOMB 2024 Annual Legislative Report:

- Accessibility Statement
- Preamble
- Report Layout:
 - Executive Summary
 - Section 1: Research & Evidence-Based Practices
 - Section 2: Relevant Policy Issues & Recommendations
 - Section 3: Milestone & Achievements
 - Section 4: Future Goals & Directions
 - References
 - Appendices
- Section 1: Research & Evidence-Based Practice
 - Victim-Centered Treatment
 - Impact to Victims of Victim Clarification (VAC Research Review)
 - Victim Clarification & Use of Victim Representative (VAC Survey)
 - Managing Clients in Denial
 - Adult Standards and Guidelines
 - ASR Research Review
 - ASR Data Analysis
 - Research Review
 - Client Data

Alyssa Dalen presented the following Data information:

- Phase 1 Analysis Goal - To Summarize Year 4 Data, Compare to Previous Years, & Assess if Services:
 1. Adhere to the Standards and Guidelines
 2. Are Being Implemented as required by the Standards and Guidelines
 3. Are consistent with the RNR principles, and are being individualized based on a client's risk and need levels
- Year 4 Data Collection: 11/02/22 - 11/01/23
 - Evaluation: 486 Records
 - Treatment: 650 Records
 - Polygraph: 3,052 Records
- Clients by Court Type:
 - Evaluation (Adult and Juvenile)
 - Treatment (Adult and Juvenile)
 - Polygraph (Adult and Juvenile)
- Client Consent Rates by Court:
 - Evaluation (N=486) (Adult and Juvenile)
 - Treatment (N=650) (Adult and Juvenile)
 - Polygraph (N=3,052) (Adult and Juvenile)
- Client Demographics:
 - Gender
 - Race/Ethnicity
 - Age
- Evaluation Results:
 - Evaluation Offense Types

- Evaluation Risk Levels
- Treatment Results
 - Treatment Offense Types
 - Treatment Client Beginning and Ending Risk Levels
 - Treatment Client Risk Level Changes
 - Treatment Discharge Outcomes
 - Treatment Outcomes by Court Type
 - Percent of Clients with Successful discharges
- Treatment Length (in Months)

Gary Reser (Audience Member) indicated in fig. 11 (Beginning and End of Treatment Risk Level Changes) that the data should be noted as being at the time of discharge. Alyssa Dalen (ODVSOM Statistical Analyst) agreed with Gary Reser and responded that this will be captured further in the presentation.

Taber Powers (SOMB Member) commented that the goal is to have more low-risk discharges in a short period of time than seeing high-risk clients having a shorter period of treatment time. Rachael Collie indicated that the high-risk clients have the most intense treatment.

- Polygraph Results:
 - Polygraph Disclose Types
 - Percent of Clients with Non-Deceptive Polygraph Exams
- Summary and Limitations:
 - Treatment Success Over Time
 - Overall Limitations

Carl Blake (SOMB Member) noted that on the Polygraph slides that Juvenile data (Percent of Clients with Non-Deceptive Polygraph Exams) is using a small subset of the population where it is already known that the juvenile is at higher risk.

Nicole Feltz (SOMB Member) noted that the African American population has a higher unsuccessful discharge when in denial. Dr. Rachael Collie (SOMB Statistical Analyst) responded that at the end of treatment that there were 18% in denial coming into treatment and 11% in denial at the end of treatment. She indicated that the Hispanic population is at 16% in denial and 4% in denial at discharge.

Chris Lobanov-Rostovsky (Program Manager) added that the denial policy brief indicated that the “denier intervention” is not being used as well with diverse populations. He noted the need to improve being more culturally responsive when using the denier interventions and strategies.

Section 2: Relevant Policy Issues & Recommendations

- People vs. Vigil
- People vs. Silvanic

Section 3: Milestones & Achievements

- Progress implementing reauthorization bill (SB23-264)
- Prioritizing EDI
- VAC Resource Guide / Understanding Sex Offender Treatment and Supervision in Colorado
- ODVSOM recruitment and retention project
- Fully online provider application system
- Managed 15 SOMB committees and workgroups.
- Shout out to the Committees!
- Research reviews and data analysis projects

Kimberly Kline (SOMB Chair) noted that this report was very well done.

Board Discussion:

None

Audience Discussion:

None

ADULT STANDARDS REVISIONS - DISCHARGE SUMMARIES AND TREATMENT PLANS (Action Item) (Attachment #5 & #6) - Erin Austin, Implementation Specialist and Taber Powers, Adult Standards Revisions Committee Chair

Erin Austin (SOMB Staff) introduced and reviewed the proposed revisions to the Discharge Summaries and Treatment Plans as follows:

Proposed Revisions to Section 3.200 - Discharge from Treatment:

A. Successful Discharge Summaries:

Added Discussion Point:

"Discussion Report: When clients are successfully discharged from treatment, it is recommended that providers utilize the Notice of Discharge Status Form (Appendix I). This form allows a therapist to share information regarding the defendant's compliance with the requirement for treatment. Although this form could be used with unsuccessful discharges, they are most beneficial when the client has discharged successfully as motions may be filed with the Court years after discharge, including issues regarding registration. Since court records are kept far longer than any other forms of documentation, this practice will ensure documents remain available to the Courts and the client. Provider may also attach a copy of the discharge summary so the Court has more detailed information to consider as needed."

B. Added: Unsuccessful Discharge Summaries:

- a. *"The client's behavior is contradictory to the treatment and/or supervision conditions and the treatment provider, in consultation with the other CST members, determines that the client is no longer an appropriate candidate for the treatment program. (Reference section 5.200)"*

Added: "Reasons for this type of discharge shall include:

- a. *Behavioral non-compliance with supervision and/or treatment conditions*
b. *A client has re-offended*
c. *Lack of consistent engagement in treatment and they have failed to progress with treatment goals (i.e., failure to progress.)"*

C Administrative Discharge:

Added: Reasons for this type of discharge may include:

- a. *"Therapeutic Transfer - The treatment provider is unable to meet the client's needs and will need to refer the client to another agency. This discharge also includes when a client requests to change providers.*
b. *Medical Discharge - The client has a chronic medical condition that prohibits him from attending and benefiting from treatment.*
c. *Incompetency/Capacity Discharge - The client cannot benefit from treatment due to a current state of incompetency or lack of capacity.*
d. *Instability within the Community: The client lacks sufficient stability in the community and/or protective factors needed in order to engage in treatment effectively. Provider shall provide further recommendations in the discharge summary of how to address these issues which may include:*
 i. *Transportation Barriers*
 ii. *Housing*
 iii. *Employment*
 iv. *Other treatment needs are a priority such as MH or Substance Use*
 1. *The client is willing to participate and cooperate however there are significant barriers to the client's compliance or ability to engage in treatment.*
e. *Deportation*
f. *Conflict of Interest (i.e. discharge due to pending complaint or legal matters)*
g. *Death of the Client*
h. *Sentence Discharge/Completion: The jurisdiction of the Court has ended prior to the client being able to finish all treatment requirements.*

There may be times when a client is being administratively discharged, and the reasons for discharge are unlikely to change in the foreseeable future. In situations, where the provider feels the client has reached maximum benefit within treatment, they shall provide a detailed explanation of how the client meets the following definition:

- i. *Maximum Benefit: A discharge, for this reason, is an indication that the client has made sufficient progress on treatment goals related to sexually abusive behavior, has addressed their risk of sexually offending, does not present with an active or acute risk of sexual harm, and is unlikely to make additional progress with continued treatment at this time.*

Discussion Point: A discharge based on maximum benefit gained does not suggest that a client may not benefit from therapy, including sex offense specific therapy, in the future, that there are no additional treatment needs, or that the client has completed all treatment goals. It should also be noted that benefits gained from therapy may increase overtime outside of the context of therapy. It should also be noted that benefits gained from therapy may increase overtime outside of the context of therapy.”

Section 3.210 Discharge Summaries

2. - Added: *“Should it not be completed at the time of the request; it shall be provided within 10 days of its” completion of the discharge “summary.”*

The information recorded by the treatment provider shall include but not be limited to, the following:

2. - Added: including a brief summary of reasons for “prior” discharge

4. - Added: “Type of Discharge”

- a. *Successful*
- b. *Unsuccessful*
- c. *Administrative*

5. Added: “Reason(s) of Discharge:”

6. Added: *“All Discharge summaries shall include documentation regarding the client’s status and progress on all Treatment CORE Competencies which include, but are not limited to:*

- A. *Individualized Risk Factors*
- B. *Level of Accountability and Responsibility*
- C. *Core Treatment Objectives as required in 3.160(3) letters a through g, including any additional treatment plan goals.*

Providers shall document specific information regarding the status of the Sex History and polygraph process (if applicable) including dates, the examiner or agency and outcomes of Sex History polygraph exams.”

For unsuccessful or administrative discharges, providers shall document the following:

- B. Added:** *“A summary of the client’s progress regarding Core Competencies and Treatment Objectives. Specifically, on how the client has progressed, failed to progress or completed each competency during treatment.”*
- C. Added:** *“Methods that have not been successful or effective” in increasing...*
- D. Added:** *Recommendations “on what the clients need to increase their ability to be successful in treatment. Each recommendation shall include a clear and concise supporting explanation within the discharge summary.”*

Taber Powers (SOMB Member) noted that these revisions need to be approved in order to be sent out for public comment.

Board Discussion:

Carl Blake (SOMB Member) noted in Item 6. regarding unsuccessful discharges that it should be “May” instead of “shall.” Erin Austin (SOMB Implementation Specialist) indicated that she will change it to “May.” Carl Blake also asked to change defendant to “client” in Appendix I for consistency.

Audience Discussion:

None

Sarah Croog (SOMB Member) made a motion to send out the Revisions to the Discharge Summaries 3.20 for public comment. Jesse Hansen (SOMB Member) 2nd the motion.

Voting Session #180184

Motion to send out the Revisions to the Discharge Summaries Section 3.20 as amended for Public Comment: Sarah Croog; Jesse Hansen 2nd (Question #2)

17	Approve	0	Oppose	0	Abstain	Motion Passes
----	---------	---	--------	---	---------	---------------

Lisa Mayer - voted Yes verbally.

Judge Loew voted Yes in the Chat

Erin Austin presented the following revisions to Section 3.160 B.7. - Individualized Treatment Plans

Section 3.160 B.7.: Changed Treatment Plans to “Individualized Treatment Plans (ITP)”

Individual Treatment Plans shall:

Item C. Added: *“Incorporate relevant”* information from....

Taber Powers (SOMB Member) noted that the 60-day timeframe for client treatment plans may be delayed due to clients being in denial. He noted that a deniers treatment plan even though they are not in sex offense specific treatment yet will then have to be created which will fall within the 60-day timeframe.

Taber Powers (SOMB Member) indicated the risk assessments including validated information and noted that some populations do not have validated risk assessments.

Board Discussion:

Kimberly Kline (SOMB Chair) regarding the client having victim input in the treatment plan if this is a “should” or “shall.” Taber Powers responded that the wording is vague and noted that could hinder the process. Carl Blake (SOMB Member) responded that this language is about collaborating and getting the information from the Victim Representative to inform the development of the treatment plan. Kimberly Kline (SOMB Chair) indicated the need to make it more general as to when to do this and suggested “where available” as a revision.

Casey Ballinger (SOMB Member) noted that the Standards should be in alignment with Victim information and take this into consideration. Carl Blake (SOMB Member) noted that Section 5.405 indicates that the CST must have a victim representative and that the input from the Victim Representative is considered when creating the treatment plan. He mentioned the need to find a way to connect this section with Section 5. Raechel Alderete (SOMB Program Coordinator) indicated the need to “Crosswalk” this in the Standards.

Gary Reser (Audience Member) noted that adding a “shall” creates more work for the providers, without additional monetary compensation. He mentioned that changes like these create additional expenses for the providers. Taber Powers (SOMB Member) responded that the treatment plan is in collaboration with the client which helps the client stay on track which can be a valuable intervention. Erin Austin (SOMB Implementation Specialist) noted that this language was created by a group of treatment providers knowing this will impact them. Kimberly Kline (SOMB Chair) mentioned that the spirit of its intention is good, and that the wording needs to be clearer. Carl Blake (SOMB Member) indicated that the client needs to address the impact to the victim. He noted the need to clarify this language and that this will be worked on when sending this out for public comment.

Erin Austin (SOMB Implementation Specialist) asked if this request would be added to the JotForm when sending out for public comment so they can make suggestions. Gregg Kildow (SOMB Member) would rather have a final product before sending out for public comment. Carl Blake withdrew his motion to release for public comment, to go back to the Committee and then bring back for public comment. Gregg Kildow agreed with Carl Blake.

Carl Blake (SOMB Member) made a motion to send the Revisions to the Individualized Treatment Plans Section 3.160 out for public comment.

Sara Croog (SOMB Member) 2nd the motion.

After discussion it was decided to table the motion and to send the revisions to the Individualized Treatment Plans back to the committee for additional work.

Carl Blake (SOMB Member) withdrew his motion to send the Individualized Treatment Plans Section 3.160 out for public comment.

Gregg Kildow (SOMB Member) 2nd the motion.

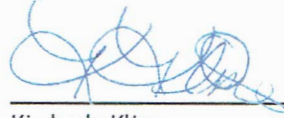
BOARD MEETING ADJOURNS: 3:12 pm

Respectfully,

Jill N. Trowbridge Digitally signed by Jill N. Trowbridge
Date: 2024.03.22 09:58:42 -08'00'

Jill Trowbridge
Program Assistant

Date



Kimberly Kline
Chair of the SOMB

3-18-24

Date

Session Name: 2-16-2024 (Denver, GMT-06:00)

Date Created: (2/16/27, 8:44)

Questions: 5

Results Detail

Last Name	First Name	Q1 Motion to Approve the Administrative Policies Revisions	Q2 Motion to Send the Revisions to the Discharge Summaries Section 3.20 out for Public Comment	Q3 Motion to Send the Revisions to the Individualized Treatments Plans Section 3.160 out for Public Comment	Q4 Withdrew Motion to send the Individualized Treatment Plans Section 3.160 out for Public Comment
Abeyta	Katie	1	NV	NV	NV
Aguilar-Dave	Norma	1 - Verbally	NV	NV	NV
Baker	Jeff	1	1	NV	NV
Ballinger	Casey	1	1	NV	NV
Blake	Carl	1	1	NV	NV
Bourgeois	David	1	1	NV	NV
Croog	Sarah	1	1	NV	NV
Feltz	Nicole	1	1	NV	NV
Hansen	Jesse	1	1	NV	NV
Kline	Kim	1	1	NV	NV
Kildow	Gregg	1	1	NV	NV
Knotek	Mike	Absent	Absent	Absent	Absent
Kramer	Gary	1	1	NV	NV
Pilla	Hannah	1	1	NV	NV
Mayer	Lisa	1	1	NV	NV
Lamprecht	Jason	Absent	Absent	Absent	Absent
Loew	Priscilla	1 - Verbally	1	NV	NV
Retting	Amanda	1	1	NV	NV
Powers	Taber	1	1	NV	NV
Simmons	Michelle	1	NV	NV	NV
Weiss	Theresa	1	1	NV	NV
Vance	Kent	1	1	NV	NV
		20 - Yes	17 - Yes	0 - Yes	0 - Yes
		0 - No	0 - No	0 - No	0 - No
		0 - Abstain	0 - Abstain	0 - Abstain	0 - Abstain

Answer Key:

1 = Yes

2 = No

3 = Abstain

NV = Did Not Vote