



STUDY OF RESOURCES FOR THE TREATMENT AND MANAGEMENT OF SEX OFFENDERS IN COLORADO

SURVEY OF PERSONNEL ASSOCIATED WITH SEX OFFENDERS

PREPARED FOR:
GERALD MOORE

Prepared by:
Corona Research, Inc.
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OVERVIEW AND EXECUTIVE SUMMARY

OVERVIEW

Corona Research, an independent market research and strategic consulting firm, is pleased to present the following research findings to Gerald Moore. The research conducted investigated the opinions and attitudes of Colorado sex offender management practitioners and experts towards the treatment and management of convicted sex offenders, specifically, adult male offenders who have a history of multiple offending incidences. A key goal of the research was to gather input and opinions about a potential new management option.

The study population was targeted to include Denver Metro-Area practitioners and experts in sex offender management, though some respondents from other areas were also included as a practical consideration. Specifically, titles of individuals surveyed included: Probation Officers, Treatment Providers, Public Defenders, Evaluators, Law Enforcement, Department of Corrections/Parole Officers, Victim Advocates, Social Services Workers, Community Corrections Officials, Prosecutors/District Attorneys, Judges, and Polygraph Examiners, and Sex Offender Management Board Members.

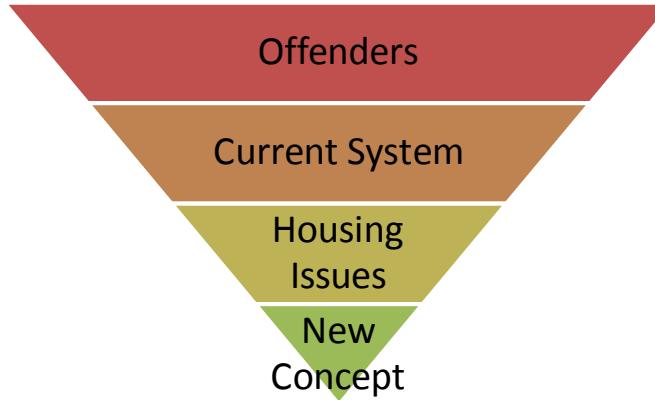
The research study was conducted via mail and online surveys, and complete methodology documentation is provided in the main body of the report. Upon the completion of data collection, Corona Research analyzed the collected data, and the complete findings are summarized in this report. Below, Corona offers the key findings of this report, divided into four main themes: opinions about sex offenders, the current system, housing issues, and reaction to a new potential management concept. Following each key finding, the exhibit number(s) in the main body of the report is provided so the reader can easily locate the corresponding data.

KEY FINDINGS

A key goal of the research was to provide initial testing of a new management concept described in the survey. In order to develop an understanding of the opinions regarding this concept, it is also worthwhile to understand respondents' attitudes toward current options (in a collective sense), and their assessments of the population that would potentially use the concept. By understanding perceptions of the population and the current management and treatment system, one can understand whether the concept is well received or poorly received due to its own merits, its context within other management options, and its relationship and relevance to the population being served.

The survey was therefore designed to follow a path of thought narrowing from the broad topic of offenders to the more specific topic of the current management and treatment system, then honing in to the concept. Therefore, the key findings tend to mirror these three areas. However, in the course of analysis, the research team identified housing issues as rising to a level of importance worthy of discussion separately, leading to a fourth area of summary.

Survey Design Philosophy and Key Findings Organization



REGARDING SEX OFFENDERS...

1. **Repeat sex offenders were generally perceived to be “incurable.”** Sixty seven percent of respondents disagreed that repeat sex offenders can be effectively treated so that they were no longer a threat to the community. In comparison 24 percent believed they can be effectively treated. *Exhibit 2-2.*
2. **In spite of the above finding, practitioners were split on whether most convicted sex offenders will eventually reoffend.** Thirty-two percent agreed that “most sex offenders will eventually reoffend”, while 31 percent disagreed and the rest had no opinion. Note that even if they disagreed that “most” will reoffend, this still meant that “some” could reoffend, as further discussed below. *Exhibit 1-1.*
3. **However, most convicted sex offenders were perceived to be at greater than low risk of reoffending.** Individual opinions varied widely, but when viewed collectively, most practitioners believed that a minority of convicted sex offenders were at “low risk” of reoffending. A consensus estimate is that 40 percent of convicted sex offenders were at low risk of reoffending, while 60 percent were greater than low risk. Furthermore, no respondent answered 100 percent for either category indicating that respondents did believe there were two types of risk. *Exhibit 1-2.*
4. **And even “low-risk” did not mean “no-risk”.** Respondents were asked to define “low risk” versus “all other.” Individual estimates varied widely, but as a consensus estimate, respondents estimated that about 24 percent of “low-risk” offenders would eventually reoffend. However, “low-risk” was still better than the alternative: the consensus estimate was that 58 percent of all other convicted sex offenders that were *not* classified as “low-risk” would eventually reoffend. *Exhibit 1-2.*

ABOUT THE CURRENT SYSTEM...

5. **The current system was not perceived to be too hard on sex offenders.** Fifty-one percent of respondents disagreed with the statement “the current system is too hard on sex offenders” while 28 percent agreed. However, as noted below, their perceptions depended on their classification of offenders. *Exhibit 1-1.*
6. **The current system was generally perceived to be reasonably scoped for low-risk offenders...** When asked a number of questions about the appropriateness of justice measures such as incarceration time, type of sentence, length of supervised time on parole or probation, and other measures, respondents were generally evenly split in considering low-risk offenders, with roughly equal numbers saying that the system was too harsh versus too lenient. *Exhibits 1-4 through 1-12.*
7. **...but was generally perceived to be too lenient and uninvolved with all other offenders.** When considering all other offenders, the system was generally deemed to be too lenient or otherwise lacking. In seven of the eight characteristics measured, twice as many respondents believed the system was too lenient as compared to being too harsh. In five of those eight areas, the ratio was at least three to one believing the system was too lenient. *Exhibits 1-4 through 1-12.*
8. **Many perceived value in the current system in terms of reducing risk to the public from sex offenders, though most had reservations to varying degrees.** Eight percent of respondents strongly agreed that the current system reduces this risk to an acceptable degree, though another 39 percent somewhat agreed with this statement, meaning that they had some reservations even though they saw value. Another 31 percent of respondents either strongly (8 percent) or somewhat (23 percent) disagreed, while the remainder had no strong opinion either way. *Exhibit 1-1.*
9. **Respondents generally believed the current system does NOT sufficiently reduce the risk to the public for those who were “all other” offenders.** Fifty seven percent of respondents believed the risk is sufficiently reduced for low-risk offenders, though 26 percent believed the system does not sufficiently reduce risk. Recall, though, that respondents perceived this group of offenders to be smaller portion of the population of offenders. For the majority of all other offenders, 53 percent of all responders believed that the current system does not sufficiently reduce risk to the public, compared to 28 percent who thought it does. *Exhibit 1-13.*
10. **Respondents wanted new alternatives to the current system.** Seventy two percent of respondents wished that there were more alternatives to the current system for treating sex offenders while about 9 percent did not. *Exhibit 1-1.*

OFFENDERS AND HOUSING...

11. **Housing was perceived to be an area where large gaps exist.** Respondents were asked whether the following external forces were adequate to support the management of sex offenders: amount of money, amount of suitable housing, political will, sufficiency of treatment research, sufficiency of supervision and monitoring after incarceration, and standards on when an offender should be released from incarceration. Of these,

housing was deemed to have the greatest gap, with 77 percent saying that the amount of suitable housing was not adequate. The figure for the other areas ranged from 42 percent (sufficiency of supervision) to 68 percent (political will). *Exhibit 2-3.*

12. **Housing was an area where improvement was most needed.** When asked what one element they would most like to see added or improved in the criminal justice/mental health system for the management and treatment of sex offenders, housing issues were mentioned by 30 percent of respondents, more than any other category. *Exhibit 2-1.*
13. **However, appropriate housing options differed by risk level.** Sixty-four percent of responders believed that low-risk offenders should have routine levels of monitoring, but do not need to live in a supervised setting, and 4 percent believed that this population should live in a supervised setting. In contrast, 49 percent of responders believed that all other types of offenders should live in a supervised setting, with 8 percent believing that this type of offender should have routine monitoring outside a supervised setting. *Exhibit 1-14.*

A NEW CONCEPT...

14. **Respondents reacted positively to the preliminary concept ...** When the concept was described, 52 percent of respondents had a positive initial reaction while 3 percent had a negative one. Another 37 percent had a mixed reaction. *Exhibit 3-1.*
15. **...and a majority of respondents had a positive response to each specified element of the proposed new facility/program.** Respondents were asked whether they had a positive, negative, or mixed reaction to each of 13 elements. The elements which received the most positive responses were: *Exhibits 3-2 & 3-3.*

- *Residents would have jobs and pay taxes to cover the cost of their residence* (95 percent positive, 1 percent negative);
- *The facility would include strictly controlled recreational facilities* (83 percent positive, 1 percent negative); and
- *The facility would be a therapeutic community where treatment would be constant* (82 percent positive, 1 percent negative).

The elements which received the least positive responses were still generally positively received:

- *The facility would serve adult male sex offenders who were residents of the Denver Metro area prior to conviction* (48 percent positive, 18 percent negative responses);
- *A new sex offender specific community corrections board servicing the Denver Metro area would have the option of accepting offenders' applications to live at the facility* (60 percent positive, 6 percent negative); and

- Offenders would live in the facility until they demonstrate that they are capable of managing themselves safely and responsibly, or until their maximum sentence is up (63 percent positive, 4 percent negative).

When asked about the greatest challenges in making the concept successful, respondents most commonly cited political issues and community acceptance and support.

16. **The preliminary concept overall was seen as a way to keep the public safe and create pro-social changes in sex offenders' behavior.** Eighty-eight percent of respondents thought that the concept met the requirement of keeping the public safe from sex offenders (either very well or somewhat well), and 76 percent of respondents thought the concept would reliably and sufficiently create pro-social changes in sex offenders behavior (either very well or somewhat well). Two percent thought that each of these requirements were very poorly met by the concept. *Exhibit 3-4.*
17. **The preliminary concept was suitable for many, but not all, sex offenders.** An average of 56 percent of sex offender parolees, and 51 percent of sex offender probationers were thought to be suitable candidates for this new option. The research did not pursue reasons why offenders would or would not be suitable candidates, but presumably respondents supported this option primarily for "all other" offenders given Key Finding Number 13 and the fact that the consensus estimates roughly match the proportions of "all other" offenders. *Exhibit 3-5.*

Summary of Key Findings

Respondents tend to believe that sex offenders are not "curable", though not all will reoffend. Offenders can be divided into two categories, those of low risk (about 40 percent of offenders, of whom 24 percent are expected to reoffend) and all others (about 60 percent of offenders, of whom 58 percent are expected to reoffend). Respondents generally believe that low-risk offenders are treated appropriately within the current system, and that it is too lenient on all other offenders. The current system is perceived to provide value in managing offenders, but a majority of respondents believe that it does not significantly reduce risk to the public from all other offenders. Most respondents would like other options available to them, and housing issues appear to be a major issue of concern, particularly for all other offenders.

The proposed concept was well-received by most respondents, who particularly liked the fact that participants would help cover the cost of the treatment by working and paying taxes, and that there would be constant treatment. The greatest concerns for the concept are political issues and community acceptance, but respondents felt that it would be successful both in keeping the public safe and promoting pro-social change in sex offenders. Respondents believed the concept would be an appropriate option for slightly more than half of offenders, roughly corresponding in size to that of the "all other" population.

METHODOLOGY

The research project had four main elements: survey design, sample selection, execution of the survey, and analysis.

SURVEY DESIGN

Corona Research was responsible for the final design of the survey instrument, with input from several experts working in the field, and particularly from Teaching Humane Existence, the organization developing the proposed new management concept. The goal of the survey design was to create a clear, concise, balanced, and unbiased questionnaire, while also providing enough information and clarity to the respondent to allow for consistent interpretation of the questions.

For the online survey, Corona programmed the survey to be consistent with the mail version. All questions were programmed and tested to ensure the quality of the collected data across multiple survey modes.

The survey instrument can be found in [Appendix B](#).

SURVEY SAMPLING

The survey sample was intended to include all individuals directly involved in sex offender treatment and management, including Probation Officers, Treatment Providers, Public Defenders, Evaluators, Law Enforcement, Department of Corrections/Parole Officers, Victim Advocates, Social Services Workers, Community Corrections Officials, Prosecutors/District Attorneys, Judges, and Polygraph Examiners, and Sex Offender Management Board Members. The goal therefore was to encourage participation from all individuals in these fields in the Denver Metro Area.¹

In some functional areas, Corona was not allowed access to full staff lists for reasons of confidentiality and security. In those cases, individuals from the various governing organizations agreed to distribute links to the online version of the survey.

¹ The Denver Consolidated Statistical Metropolitan Area includes Adams, Arapahoe, Boulder, Broomfield, Denver, Douglas, Jefferson, and Weld Counties. Weld County was not included in the sampling process since the primary population center of Greeley is not contiguous with the rest of the metro area. Additionally, due to the organizational structures of some treatment and management organizations, it is likely that some individuals with responsibilities in other nearby counties received the surveys, particularly Clear Creek, Gilpin, and Elbert Counties. Based on open-ended responses, it appears that some of the governing organizations may have distributed the survey more broadly as well.

SURVEY EXECUTION

Corona fully executed both versions of the survey, including printing and mailing the paper survey and programming and monitoring the online survey. In total, 184 surveys were completed.

While Corona performed all data collection activities, Corona did rely on several individuals or organizations to gather contact information for several groups. Corona collected and distributed surveys to 326 individuals (129 mail, 197 online with email invitations). Where Corona could not take possession of a list, several individuals from organizations agreed to send the survey link out to their list serves. In total, 1,800 surveys were sent out through these third parties. A summary of the lists is provided below.

Summary of List

<u>Groups where Survey Invite was Provided by Corona Research</u>	<u>Groups where Survey Invite was Provided by a Third Party</u>
Judges/Supreme Court	Law Enforcement
Victim Advocates	Probation
Public Defenders/Private Defense Attorneys	Polygraph Examiners
Prosecutors/District Attorneys	Evaluators
Community Corrections	Treatment Providers
Department of Corrections/Parole	Sex Offender Management Board (SOMB)
Social Services	

To see the composition of the survey respondents, please see [Exhibit 4-1](#). At least one respondent was present for each of the above groups.

The survey was fielded between March 17, 2009 and June 15, 2009. After approximately one week from the start of the survey, Corona sent email reminders to invitees who had not yet completed their survey. All invitees who had received paper surveys were also sent a postcard reminder. Corona also requested that email reminders to be sent to the 1,800 invitees contacted through the third parties.

All data collected was anonymous² – there was no way for Corona to identify the respondent for a completed survey. For online surveys, Corona could identify which respondents had responded, but their name could not be attached to any survey data.

SURVEY ANALYSIS

All raw data is retained by Corona Research and all analysis was conducted by Corona Research. Analysis included tabulations of each question, where appropriate. In the case of questions where the response was numeric, the mean and standard deviation were calculated.

Open-ended questions, where appropriate, were categorized and summaries presented within the report. Due to the nature of the open-ended questions and their often detailed responses, categorization is subjective and summaries should be seen as a “snapshot” of each question. For more depth, all verbatim open-ended responses are provided in [Appendix A](#). In the case that personal information was revealed within a response, the personal information was removed and noted with the information removed noted in brackets (“[]”).

Please note that because Corona Research could not confirm the size and completeness of the distribution lists where third parties distributed the surveys, Corona is unable to apply any weightings to the final survey data to correct for differences in response rates, nor was Corona able to calculate margins of error for the study overall. If the survey was repeated with an identical methodology, and if a different composition of professions responded, it should be noted that the results of the survey could vary. However, as noted earlier, at least one respondent was present for each job category/profession in the sample, so all professions in the treatment and management process have some representation in the survey.

² As an incentive to complete the survey, with both the paper and online survey, Corona inquired if the respondent wished to receive a copy of this report upon completion of the study. Since the respondent had to provide contact information for this to occur, those particular surveys can only be considered confidential. Corona retained this information and it was not shared with the client or any other party.

REPORTING NOTES

While the key findings were organized by common theme, the full report is organized to mirror the survey instrument, including sections and question numbering. The exhibits are in order of the questions on the survey and each exhibit lists the question and question number for that exhibit. The survey instrument can be found in [Appendix B](#) for reference.

It should be noted that the results represent the respondents in their totality. Responses were not broken out by profession or job category for two reasons. First, some categories had very few respondents, as reported in Exhibit 4-1. Second, there were concerns by potential respondents during the design process about reporting results by job category/profession. To encourage response rates, Corona agreed not to conduct this type of breakout.

Finally, on some exhibits, graph labels are removed to improve legibility. Generally, only labels of three percent (3%) or less were removed.

SECTION 1: GENERAL ATTRIBUTES AND PERCEPTIONS

This first section analyzes respondents' opinions about sex offenders, including their associated risk levels and supervision, as well as the effectiveness of the current system and perceptions of available resources.

RESPONDENTS WISHED THERE WERE MORE ALTERNATIVES TO THE CURRENT SYSTEM FOR TREATING SEX OFFENDERS

Respondents were asked whether they agreed or disagreed with a series of statements. In the strongest finding, 46 percent of respondents strongly agreed with the statement, "I wish there were more alternatives to the current system for treating sex offenders", and an additional 26 percent somewhat agreed.

Also receiving strong agreement was the statement, "The system should only release sex offenders when they meet the right treatment criteria versus limiting their sentence to a time length." Sixty-three percent either strongly or somewhat agreed with that statement.

Receiving the strongest disagreement from respondents was the statement, "The system is too hard on sex offenders." Nearly one third strongly disagreed with that statement with an additional 19 percent somewhat disagreeing.

Exhibit 1-1 Current Criminal Justice System

(Q1: How much do you agree or disagree with the following statements, as they relate to the current criminal justice system of management for sex offenders?)

The current system reduces risk to the public from sex offenders to an acceptable degree.



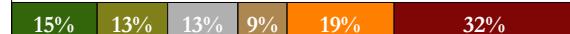
The current system properly manages sex offenders from a treatment perspective.



Most sex offenders, after their sentence, will eventually reoffend.



The current system is too hard on sex offenders.



The system should only release sex offenders when they meet the right treatment criteria versus limiting their sentence to a time length.



I wish there were more alternatives to the current system for treating sex offenders.



Strongly Agree

No reply

Neither Agree nor Disagree

Somewhat Agree

Don't Know

Strongly Disagree

RESPONDENTS CLASSIFY RISK DIFFERENTLY

Respondents were asked to state the proportion of sex offenders at low risk of re-offending, and were then asked to define “low risk” in terms of likelihood. The same was done for all other offenders who they do not classify as low risk.

As a consensus, estimate, respondents believed that of all sex offenders, 40 percent were at low risk of reoffending and 60 percent were at greater than low risk of reoffending. While these were the mean percentages, there was great variance between respondents' answers as indicated by the standard deviation.

When asked to define ‘low risk’ versus ‘all other’, individual responses varied widely, but on average respondents speculated that 24 percent of low-risk offenders will reoffend (based on their own definitions). Using the same process, respondents estimated that 58 percent of ‘all other’ (above low-risk) offenders would reoffend.

Exhibit 1-2 Classification and Re-Offense Risk of Sex Offenders

(Q2: What percent of adult male sex offenders who have been convicted do you think are at low-risk of reoffending? What percent are at greater than low risk of reoffending?)

<u>Classification</u>	<u>Mean Percent</u>	<u>Standard Deviation</u>
Low Risk	40%	25%
Greater than Low-Risk	60%	25%

(Q3: What proportion of low-risk convicted sexual offenders do you think will reoffend?)

<u>Classification</u>	<u>Mean Percent</u>	<u>Standard Deviation</u>
Percent of <u>Low-Risk</u> that will Reoffend	24%	22%

(Q4: What proportion of all other (above low-risk) convicted sexual offenders do you think will reoffend?)

<u>Classification</u>	<u>Mean Percent</u>	<u>Standard Deviation</u>
Percent of <u>All Other</u> that will Reoffend	58%	27%

**RESPONDENTS WHO THINK
LOW-RISK OFFENDERS ARE
MORE COMMON TEND TO
THINK THEY'RE LESS OF A
THREAT TO RE-OFFEND**

The tables at right cross-tabulate responses regarding how common the two types of offenders are, and their likelihood of reoffending.

As seen in the top table, respondents who think that low-risk offenders are more common tend to assign to them a lower likelihood of reoffending. Smaller groups of respondents believe that low-risk offenders are rare, and are still very likely to reoffend.

The bottom table addresses all other offenders. While the pattern is not as clear, it indicates a rough correlation between the commonness of all other offenders and their likelihood of reoffending. In other words, if a respondent thinks a high proportion of offenders are greater than low-risk, he or she is also likely to believe that they are at a higher likelihood of reoffending.

**Exhibit 1-3
Types of Offenders**

		Percent of "low-risk" offenders will eventually reoffend												
		No reply	0%	1 to 10%	11 to 20%	21 to 30%	31 to 40%	41 to 50%	51 to 60%	61 to 70%	71 to 80%	81 to 90%	91 to 99%	100%
Percent who are at low risk of reoffending	No reply	3.3%	-	-	-	-	-	-	-	-	-	-	-	-
	0%	-	-	-	-	-	-	-	-	-	-	-	-	-
	1 to 10%	-	-	3.8%	0.5%	1.6%	-	3.3%	-	-	0.5%	1.1%	0.5%	-
	11 to 20%	0.5%	-	6.5%	4.9%	2.7%	-	2.7%	-	-	0.5%	1.1%	-	-
	21 to 30%	-	0.5%	7.1%	2.7%	7.1%	0.5%	1.6%	2.7%	0.5%	-	-	-	-
	31 to 40%	-	-	6.0%	1.6%	-	1.6%	0.5%	-	0.5%	-	-	-	-
	41 to 50%	-	-	1.6%	0.5%	1.1%	0.5%	1.1%	-	-	-	-	-	-
	51 to 60%	-	-	0.5%	2.2%	1.6%	1.1%	0.5%	-	-	-	-	-	-
	61 to 70%	-	-	1.6%	1.6%	1.6%	1.1%	0.5%	-	-	0.5%	-	-	-
	71 to 80%	-	-	5.4%	2.2%	0.5%	-	-	-	-	-	-	-	-
	81 to 90%	-	-	5.4%	-	-	-	-	-	-	-	-	-	-
	91 to 99%	-	0.5%	1.1%	-	-	-	-	-	-	-	-	-	-
	100%	-	-	-	-	-	-	-	-	-	-	-	-	-
		Percent of "all other" offenders will eventually reoffend												
		No reply	0%	1 to 10%	11 to 20%	21 to 30%	31 to 40%	41 to 50%	51 to 60%	61 to 70%	71 to 80%	81 to 90%	91 to 99%	100%
Percent of all other adult male sex offenders	No reply	3.3%	-	-	-	-	-	-	-	-	-	-	-	-
	0%	-	-	-	-	-	-	-	-	-	-	-	-	-
	1 to 10%	-	-	3.8%	-	-	-	-	-	-	-	-	-	0.5%
	11 to 20%	-	-	1.1%	1.6%	1.1%	1.6%	1.6%	-	-	-	-	-	-
	21 to 30%	-	-	0.5%	0.5%	1.1%	0.5%	1.6%	-	0.5%	2.2%	1.1%	-	-
	31 to 40%	-	-	-	-	1.1%	1.6%	1.6%	1.1%	-	1.6%	0.5%	-	-
	41 to 50%	-	-	-	-	-	0.5%	1.1%	1.1%	1.1%	0.5%	-	-	-
	51 to 60%	-	-	1.1%	1.1%	1.6%	1.1%	1.1%	2.7%	1.1%	0.5%	0.5%	-	-
	61 to 70%	-	-	0.5%	-	1.6%	0.5%	1.6%	2.2%	2.2%	2.7%	1.1%	0.5%	0.5%
	71 to 80%	0.5%	-	1.1%	0.5%	-	1.6%	3.8%	2.2%	1.1%	8.7%	4.3%	0.5%	-
	81 to 90%	-	-	0.5%	-	-	-	1.6%	-	1.1%	2.7%	4.3%	3.3%	-
	91 to 99%	-	-	1.1%	-	-	-	-	-	-	0.5%	-	0.5%	0.5%
	100%	-	-	-	-	-	-	-	-	-	-	-	-	-

**MANAGEMENT AND
TREATMENT FOR LOW-RISK
OFFENDERS IS GENERALLY
DEEMED ADEQUATE, WHILE
THE OPPOSITE IS TRUE FOR
OTHER OFFENDERS**

The table at right summarizes a series of graphs in the following pages, which ask whether offenders are receiving appropriate levels of management and treatment.

The figures at right indicate that respondents generally feel that low-risk offenders are receiving management and treatment that is roughly appropriate, or at least that opinions are mixed about whether it is too strong or too lenient. However, for all other offenders, the consensus is generally that their management and treatment is too lenient.

Exhibit 1-4
Summary Table – Appropriate Levels of Management and Treatment

	Low-Risk			Not Low-Risk		
	Too Strong	Too Lenient	Net Need	Too Strong	Too Lenient	Net Need
Time of Incarceration	35	24	-11	18	52	34
Length of Supervised Time (Parole)	29	25	-4	18	49	31
Length of Supervised Time (Probation)	36	27	-9	16	48	32
Amount of Monthly Supervised Time (Parole)	26	27	1	13	50	37
Amount of Monthly Supervised Time (Probation)	26	26	0	14	49	35
Amount of Treatment (Post-Incarceration)	21	40	19	8	57	49
Amount of Treatment (During Probation)	28	27	-1	12	51	39

The figures in the “Too Strong” and “Too Lenient” columns represent the proportion of respondents who indicated those opinions in the graphs on the following pages. They total less than 100 percent because some respondents felt that levels were “about right” or they didn’t share an opinion. The “Net Need” column represents the difference between those who feel it is too lenient and those who feel it is too strong. Figures in the column are shaded incrementally, with blue representing areas where the consensus opinion was that current levels of management and treatment are too strong, and red representing areas that are too weak (with yellow representing

Exhibit 1-6, about appropriateness of sentence type, uses a slightly different scale and so is not included in this summary.

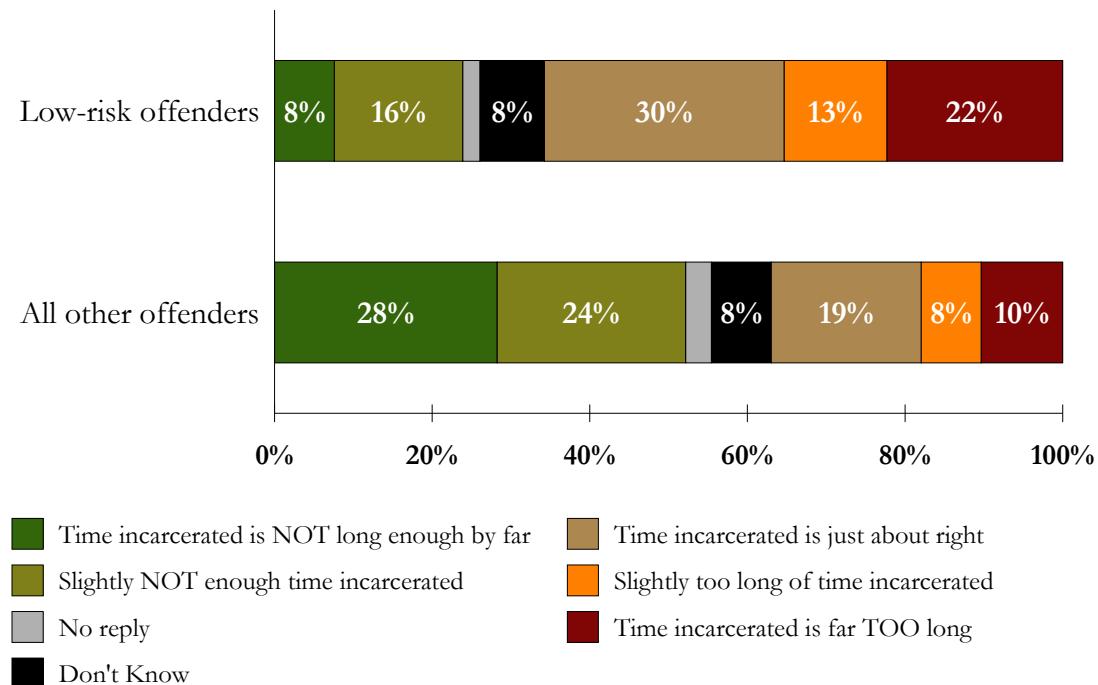
**MOST RESPONDENTS
BELIEVED THAT LOW-RISK
OFFENDERS EITHER ARE
INCARCERATED FOR THE
RIGHT AMOUNT OF TIME OR
FOR TOO LONG AND THAT
ALL OTHER OFFENDERS ARE
NOT INCARCERATED LONG
ENOUGH**

Thirty percent of respondents believed low-risk offenders were incarcerated for the “just about right” amount of time. In contrast, 35 percent believed that this group was incarcerated for either slightly or far too long, and 24 percent believed that this group was not incarcerated long enough (either ‘slightly’ or ‘by far’).

In contrast, 52 percent of respondents believed all other offenders were not incarcerated long enough (either slightly or by far), compared to only 18 percent who felt they were incarcerated too long.

**Exhibit 1-5
Time Incarcerated**

(Q5: In your opinion, do the following types of offenders typically get the appropriate time incarcerated?)



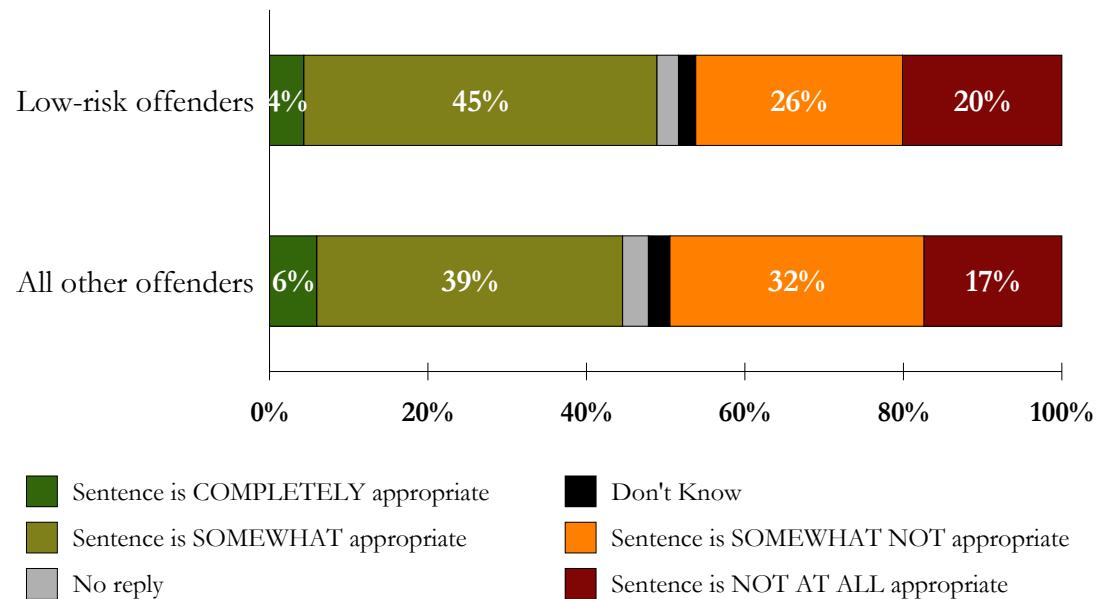
**RESPONDENTS WERE SPLIT
ON WHETHER EACH TYPE OF
OFFENDER RECEIVES THE
APPROPRIATE TYPE OF
SENTENCE**

Forty-nine percent of respondents indicated that low-risk offenders receive either a “completely” or “somewhat” appropriate sentence. Forty-six percent indicated that low-risk offenders do not receive an appropriate sentence.

Similarly, 45 percent of respondents indicated that “all other offenders” receive at least a somewhat appropriate sentence and 49 percent believed that their sentences were not appropriate.

Exhibit 1-6
Type of Sentence

(Q6: In your opinion, do the following types of offenders typically get the appropriate type of sentence?)



RESPONDENTS TENDED TO BELIEVE THAT ALL OTHER OFFENDERS DO NOT GET ENOUGH SUPERVISED TIME WHILE ON PAROLE

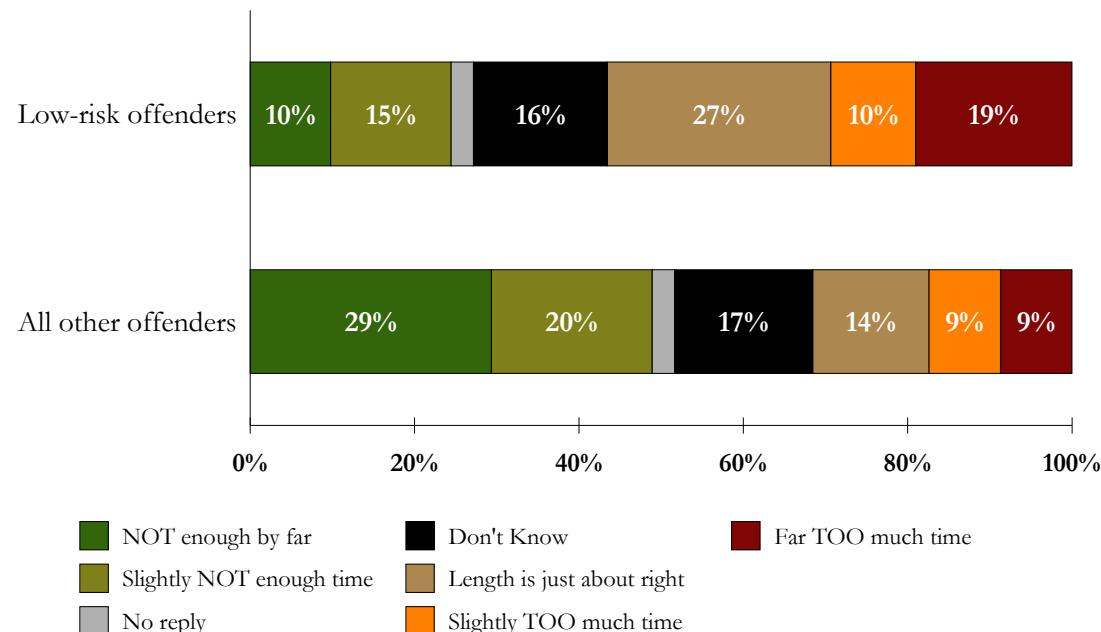
Responses overall were varied. However, nearly twice as many respondents indicated that “all other offenders” did not get the appropriate amount of supervised time (49 percent either “slightly” or “by far”) compared to respondents’ opinions of low-risk offenders’ supervised time (25 percent indicated that they did not receive enough “by far” or “slightly” not enough).

On the opposite end of the scale, respondents were more likely to indicate that low-risk offenders received too much supervised time (29 percent combined slightly or far too much) compared to all other offenders (18 percent combined slightly or far too much).

In general, there was no consensus about whether low-risk offenders get too much or too little supervised time on parole, while the consensus was that all other offenders get too little supervision.

Exhibit 1-7
Length of Supervision Time on Parole

(Q7: In your opinion, do the following types of offenders typically get the appropriate supervision in terms of the LENGTH OF SUPERVISED TIME on parole after release from incarceration, including face-to-face contact, employment monitoring, treatment monitoring, and polygraph monitoring?)



RESPONDENTS WERE MORE LIKELY TO BELIEVE THAT LOW-RISK OFFENDERS RECEIVED TOO MUCH TIME AND THAT ALL OTHER OFFENDERS DID NOT RECEIVE ENOUGH TIME FOR SUPERVISION ON PROBATION

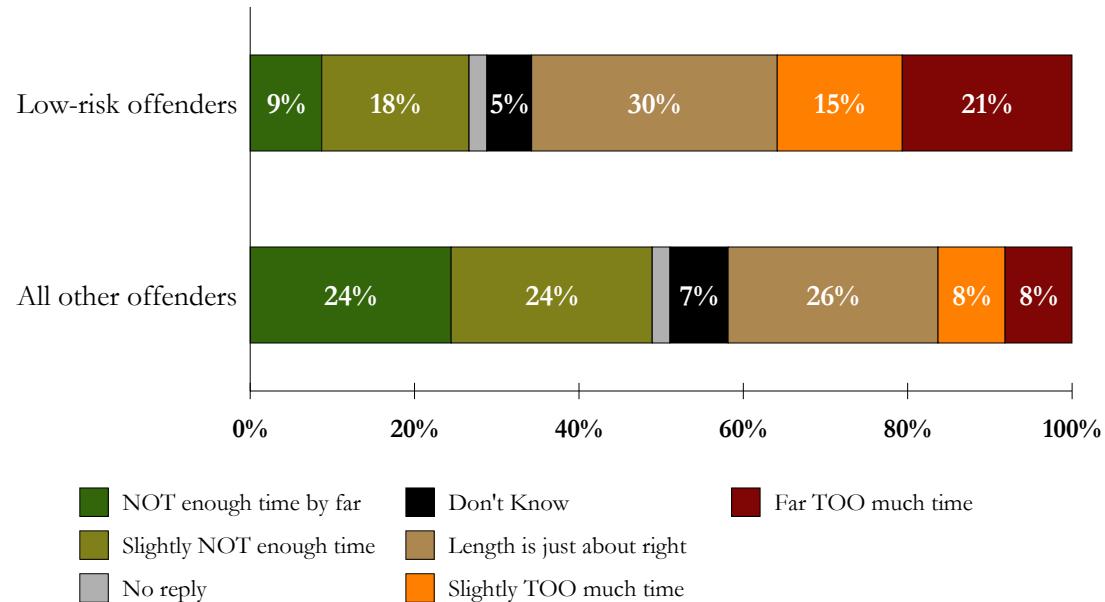
Respondents were more likely to believe offenders – either low-risk or all others – received just about the right amount of supervision time on probation than they were with parolees in the previous exhibit.

However, patterns by offender type were similar. Respondents were much more likely to indicate that low-risk offenders received either “slightly too much” or “far too much” time compared to all other offenders. There was no consensus about whether they receive too much or not enough.

In contrast, respondents were more likely to believe that all other offenders did not receive enough time for supervision during probation compared to low-risk offenders. The consensus is that these offenders do not get enough.

Exhibit 1-8
Length of Supervision Time during Probation

(Q8: In your opinion, do the following types of offenders typically get the appropriate supervision in terms of the LENGTH OF SUPERVISED TIME during probation, including face-to-face contact, employment monitoring, treatment monitoring, and polygraph monitoring?)



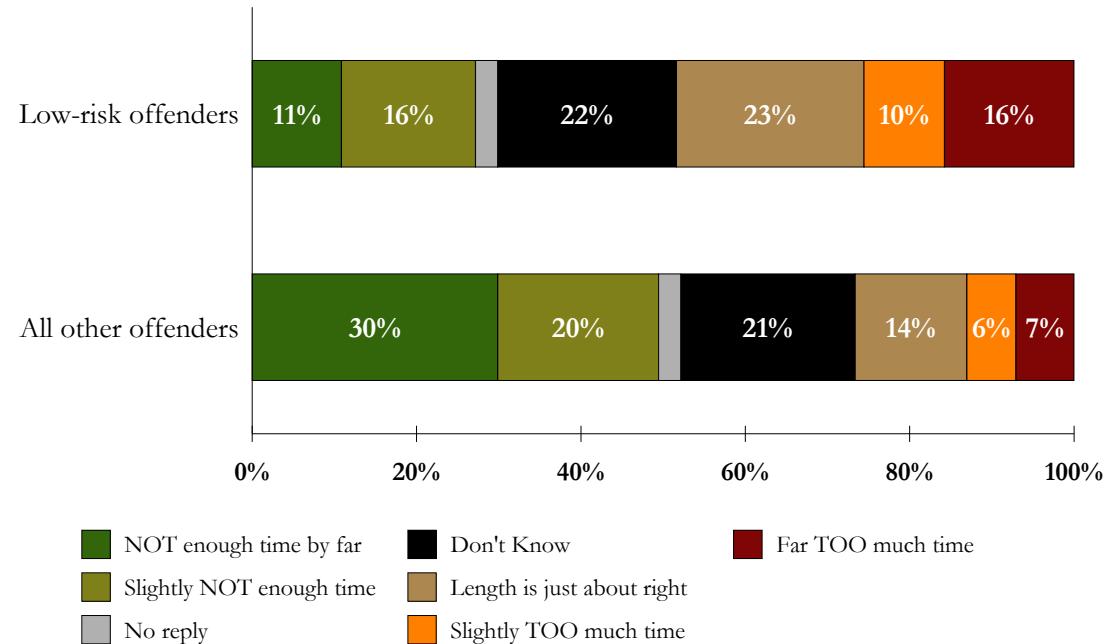
RESPONDENTS WERE MORE LIKELY TO BELIEVE THAT LOW-RISK OFFENDERS RECEIVED TOO MUCH SUPERVISED TIME AND THAT ALL OTHER OFFENDERS DID NOT RECEIVE ENOUGH TIME FOR SUPERVISION ON PAROLE

Similar to the length of time in the previous exhibit, respondents were more likely to believe that low-risk offenders received too much supervised time (in terms of the amount per month) than they were with all other offenders. There was no consensus about whether low-risk offenders get too much time or not enough time, though.

Likewise, all other offenders not low-risk were seen by a greater proportion of respondents as not receiving enough time, with a consensus conclusion in this direction.

Exhibit 1-9
Amount of Time Supervised on Parole

(Q9: In your opinion, do the following types of offenders typically get the appropriate supervision in terms of AMOUNT OF SUPERVISED TIME per month on parole after release from incarceration, including face-to-face contact, employment monitoring, treatment monitoring, and polygraph monitoring?)



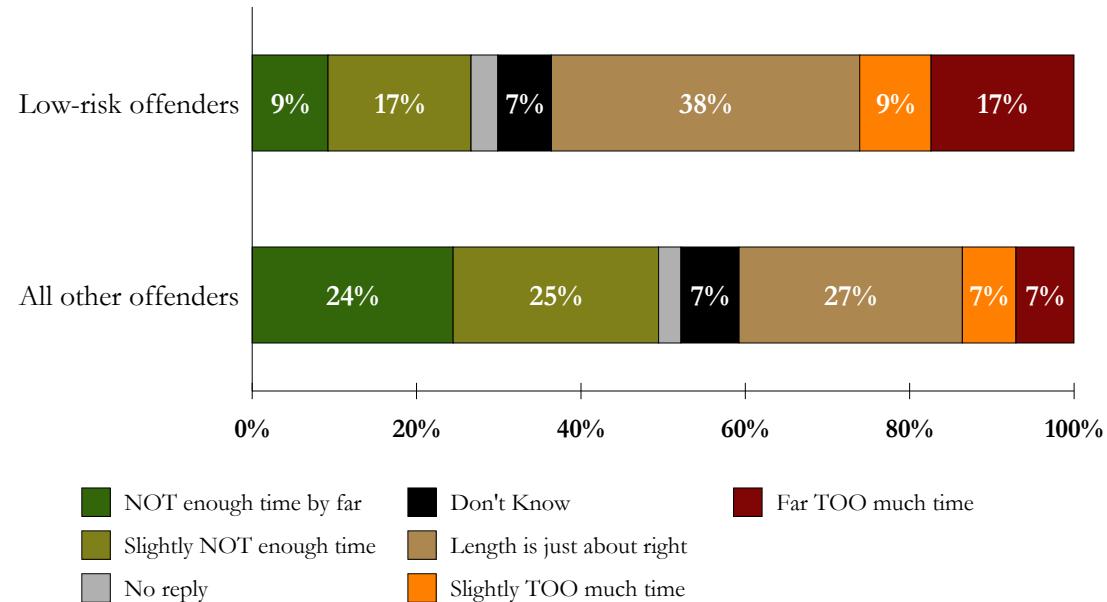
**RESPONDENTS TENDED TO
BELIEVED THAT ALL OTHER
OFFENDERS DO NOT GET
ENOUGH SUPERVISED TIME
PER MONTH DURING
PROBATION**

The largest proportion of respondents believed that low-risk offenders received just about the right amount of time supervised per month while on probation. This proportion was greater than in the previous question regarding amount of time supervised during parole.

In contrast, respondents disproportionately believed that all other offenders did not receive enough time.

Exhibit 1-10
Amount of Time Supervised during Probation

(Q10: In your opinion, do the following types of offenders typically get the appropriate supervision in terms of AMOUNT OF SUPERVISED TIME per month during probation, including face-to-face contact, employment monitoring, treatment monitoring, and polygraph monitoring?)



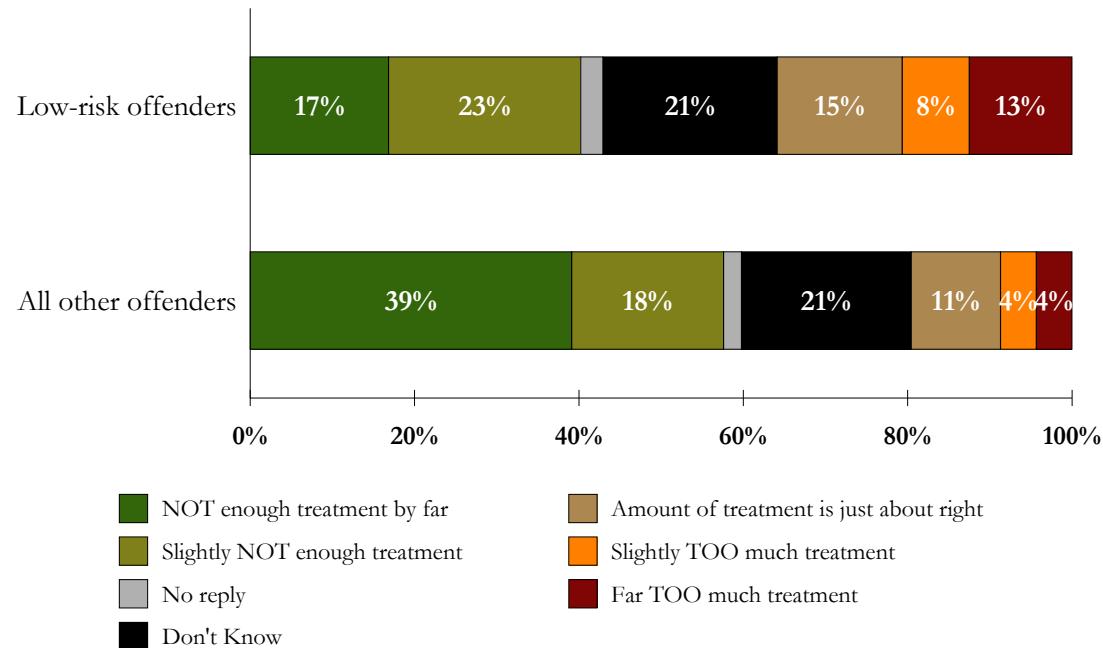
RESPONDENTS BELIEVED THAT OFFENDERS DID NOT RECEIVE ENOUGH TREATMENT AFTER INCARCERATION

While respondents were more likely to believe that offenders – low-risk or all others – did not receive enough treatment after incarceration, more respondents (57 percent) believed that all other offenders did not receive enough treatment after incarceration than believed low-risk offenders did not receive enough treatment (40 percent).

Twenty one percent believed low-risk offenders received too much (slightly or by far) and 8 percent believed all other offenders received too much (slightly or by far) treatment.

Exhibit 1-11
Amount of Needed Treatment Interventions after Incarceration

(Q11: In your opinion, do the following types of offenders typically get the right amount of needed treatment interventions after release from incarceration including face-to-face contact, employment monitoring, treatment monitoring, and polygraph monitoring?)



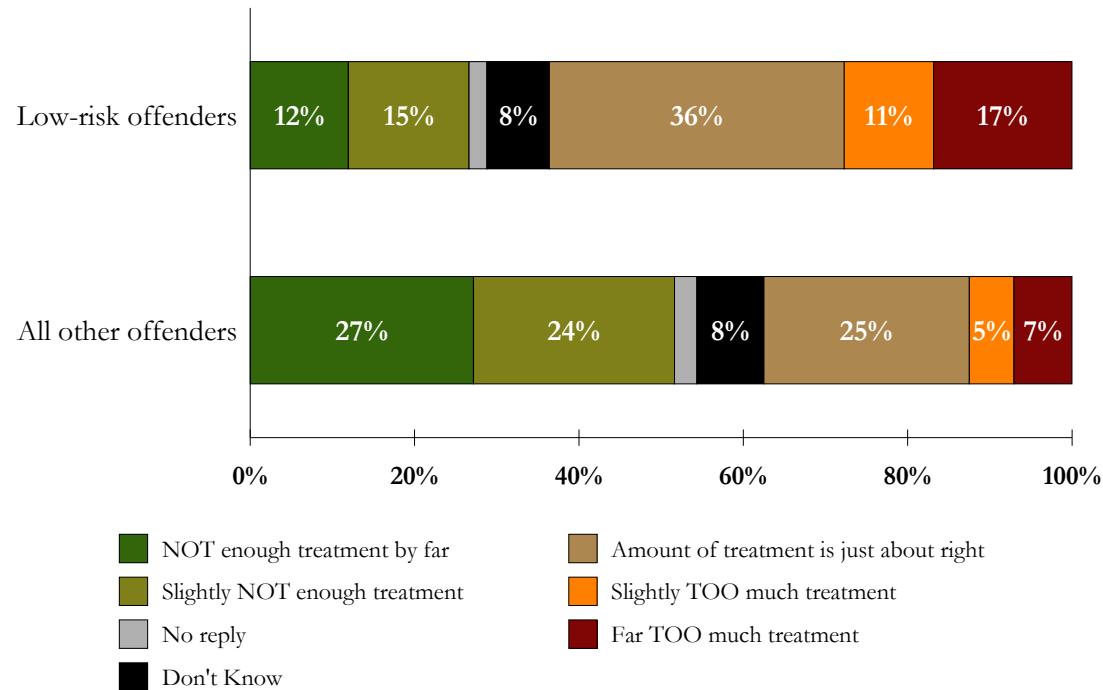
RESPONDENTS WERE MORE LIKELY TO BELIEVE THAT OFFENDERS ON PROBATION RECEIVED ABOUT THE RIGHT AMOUNT OF TREATMENT THAN WERE OFFENDERS RELEASED FROM INCARCERATION

Thirty-six percent of respondents believed that the amount of needed treatment interventions for low-risk offenders was “just about right;” and 25 percent believed it was “just about right” for all other offenders. This was greater than the proportion of respondents who believed the amount of treatment intervention for offenders released from incarceration was “just about right.” (See previous page.)

Similar to the other questions, respondents were more likely to believe that all other offenders did not receive enough time compared to low-risk offenders. The consensus is that all other offenders do not receive enough treatment during probation, while opinion is divided on low-risk offenders.

Exhibit 1-12
Amount of Needed Treatment Interventions during Probation

(Q12: In your opinion, do the following types of offenders typically get the right amount of needed treatment interventions during probation?)



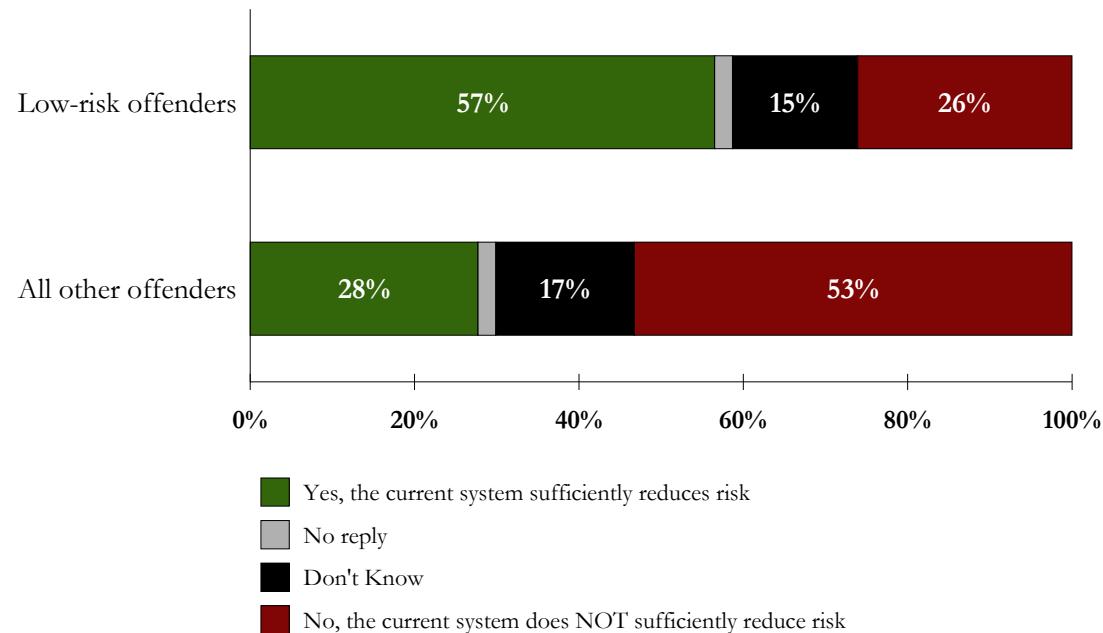
RESPONDENTS WERE MORE LIKELY TO BELIEVE THAT THE CURRENT SYSTEM SUFFICIENTLY REDUCES RISK FOR LOW-RISK OFFENDERS AS OPPOSED TO ALL OTHER OFFENDERS

Fifty-seven percent of respondents indicated that the current system sufficiently reduces risk for low-risk offenders while 26 percent did not believe the current system currently reduces risk sufficiently among low-risk offenders.

Respondents were less likely by half to believe that the current system sufficiently reduces risk for all other offenders. Twenty-eight percent believed it does, while 53 percent did not believe it sufficiently reduces risk.

Exhibit 1-13
Current System Ability to Reduce Risk

(Q13: Does the current system sufficiently reduce the risk to the public for each of the following two general types of sexual offenders?)



**THE LIVING SETTING FOR
OFFENDERS VARIED
DEPENDING ON THE TYPE OF
OFFENDER**

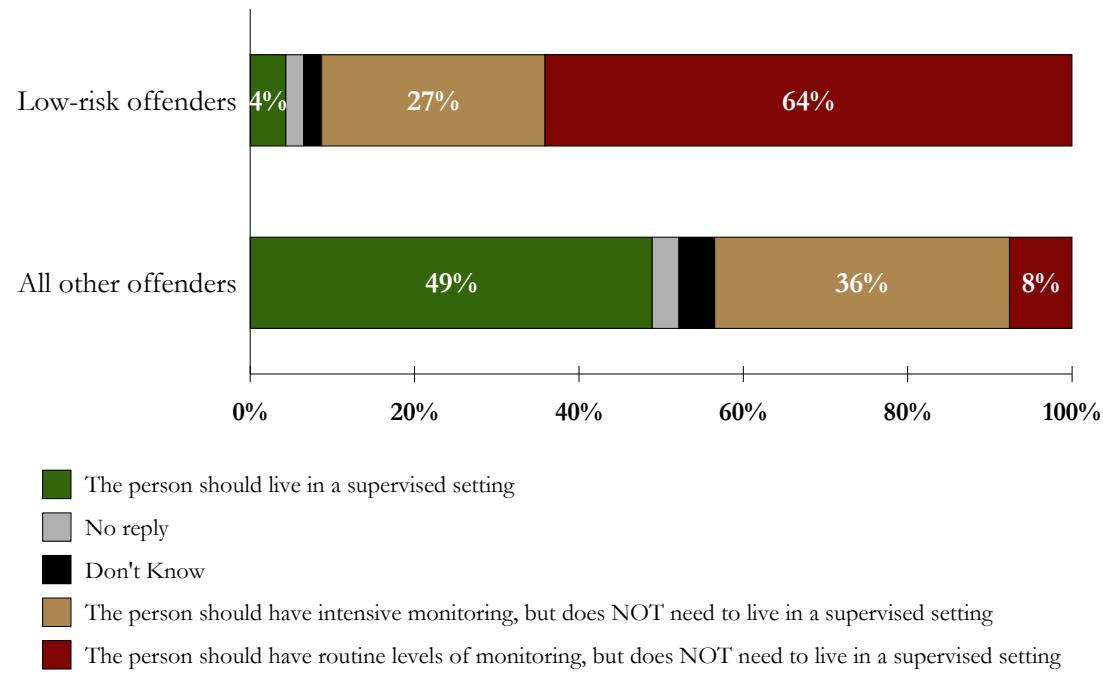
Nearly half (49 percent) of respondents believed that all other offenders (greater than low-risk) should live in a supervised setting. For low-risk offenders, 4 percent believed they should live in a supervised setting.

Similarly, the majority of respondents believed that low-risk offenders need not live in a supervised setting (91 percent); among those, 64 percent believed they should receive routine levels of monitoring and 27 percent believed monitoring should be intensive.

In contrast, 44 percent of respondents believed that all other offenders do not need to live in a supervised setting. Of those, a greater proportion nonetheless believed that they needed intensive monitoring.

Exhibit 1-14
Living Setting for Offenders

(Q14: When it comes to living in the community and concerns for public safety, where should the two types of general offenders live?)



**MORE THAN TWO THIRDS OF
RESPONDENTS BELIEVED
OFFENDERS ON PROBATION
OR PAROLE SHOULD RECEIVE
FINANCIAL SUPPORT TO
HELP RE-ESTABLISH
THEMSELVES**

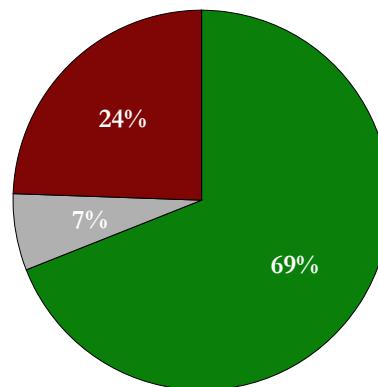
Sixty nine percent of respondents answered, “Yes, they should receive some financial support” in regards to offenders on probation or parole receiving financial support in re-establishing themselves.

Nearly one quarter (24 percent) indicated that they should not receive support. Seven percent did not reply to this question.

If respondents answered yes to this question they were asked a follow-up question (next page) on the amount, frequency, and duration of support.

Exhibit 1-15
Financial Support For Re-Establishment in Community

(Q15: Should offenders on probation or parole receive financial support while they re-establish themselves in the community?)



■ Yes, they should receive some financial support. ■ No, they should receive no financial support.
■ No reply

**OPINION ON THE AMOUNT
AND DURATION OF SUPPORT
VARIED WIDELY AMONG
RESPONDENTS**

On average, respondents suggested an offender should receive \$505 for nearly nine months while they reestablish themselves in the community. However, there was great variance in their responses.

The summary table shows how respondents' amounts and duration roughly related. The majority of respondents (70 percent) responded \$500 or less. Respondents who indicated \$1 to \$300 generally suggested longer terms than those suggesting \$301 to \$600. Respondents suggesting higher amounts (\$700 and greater) also generally suggested longer terms.

Note about calculation: Respondents were asked how much offenders should receive, per what interval (week, month, etc.), and for how long. First, all amounts were transformed into monthly amounts. For example, \$100/week, became \$400/month and \$1,200/year, became \$100/month. Likewise, duration was converted to months.

**Exhibit 1-16
Amount of Financial Support**

(Q15: Should offenders on probation or parole receive financial support while they re-establish themselves in the community?)

How much? (per month)

	<u>Mean Percent</u>	<u>Standard Deviation</u>
Amount per Month	\$505.47	\$444.09

For How Long?

	<u>Mean Percent</u>	<u>Standard Deviation</u>
Length in Months	8.80	8.00

Summary

<u>Amount Range</u>	<u>Average Term in Months</u>	<u>Proportion of Respondents</u>
\$1-\$100	9.1	13%
\$101-\$200	9.8	18%
\$201-\$300	11.3	11%
\$301-\$400	5.4	11%
\$401-\$500	7.7	18%
\$501-\$600	6.2	6%
\$601-\$700	-	0%
\$701-\$800	8.2	5%
\$801-\$900	8.3	3%
\$901-\$1,000	7.9	11%
\$1,001 +	15	5%

SECTION 2: SAFE REESTABLISHMENT OF OFFENDERS IN THE COMMUNITY

Section 2 examines respondents' opinions and perceptions of the current system as it relates to safely reestablishing sex offenders in the community.

**HOUSING ISSUES WERE THE
MOST OFTEN NOTED
ELEMENT CITED BY
RESPONDENTS THAT THEY
WOULD LIKE TO SEE ADDED
OR IMPROVED**

Respondents most often cited (30 percent) housing as an element they would most like to see added or improved to the criminal justice/mental health system for the management and treatment of sex offenders.

Treatment was also frequently cited (27 percent) followed by supervision and monitoring (21 percent).

This question was open-ended and responses were broadly categorized by common theme and summarized here. This table is meant to serve as a snapshot of responses only; for full verbatim responses please see the [Appendix](#).

**Exhibit 2-1
Areas for Improvement**

(Q16: Other than funding, what one element would you most like to see added or improved in the criminal justice/mental health system for the management and treatment of sex offenders? You may also say “nothing” if you feel the system is complete as it stands.)

Category	Percent of Respondents
Housing	30%
Treatment	27%
Supervision/Monitoring	21%
Incarceration Options/Changes	7%
Employment	6%
More Resources	6%
Assessment/Diagnosing/Classifying Offenders	5%
Nothing	2%
Other	15%
Blank	19%

Note: Percents add to more than 100 percent because respondents often noted more than one element.

**THE MAJORITY OF
RESPONDENTS DISAGREED
WITH EACH STATEMENT
REGARDING
REESTABLISHING SEX
OFFENDERS**

The majority of respondents disagreed (strongly or somewhat) with each statement shown in the table at right.

The three statements regarding effective treatment to not commit future crimes, residency laws increasing safety, and the quantity of resources to effectively manage sex offenders received very similar levels of agreement and disagreement (approximately one quarter agreeing and two thirds disagreeing).

The statement, “the right resources are available to treat sex offenders” received the highest level of agreement (41 percent) and the lowest level of disagreement (57 percent) among the four statements.

Exhibit 2-2
Reestablishment of Sex Offenders in the Community

(Q17: Please indicate your level of agreement or disagreement with the following statements.)

Repeat sex offenders can be effectively treated to the point where they are not a threat to commit future sex crimes.



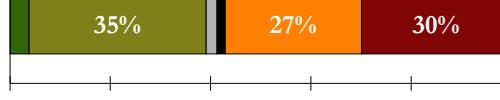
Local residency restriction laws for offenders increase the safety of the public.



There are enough resources in place to effectively manage convicted sex offenders.



The right resources are available to treat convicted sex offenders.



A legend containing six items, each with a colored square and a label:
Strongly Agree (dark green)
Somewhat Agree (medium green)
No reply (light grey)
No Opinion (black)
Somewhat Disagree (orange)
Strongly Disagree (dark red)

RESPONDENTS DID NOT BELIEVE THAT CURRENT EXTERNAL FORCES WERE ADEQUATE TO SUPPORT THE MANAGEMENT OF SEX OFFENDERS

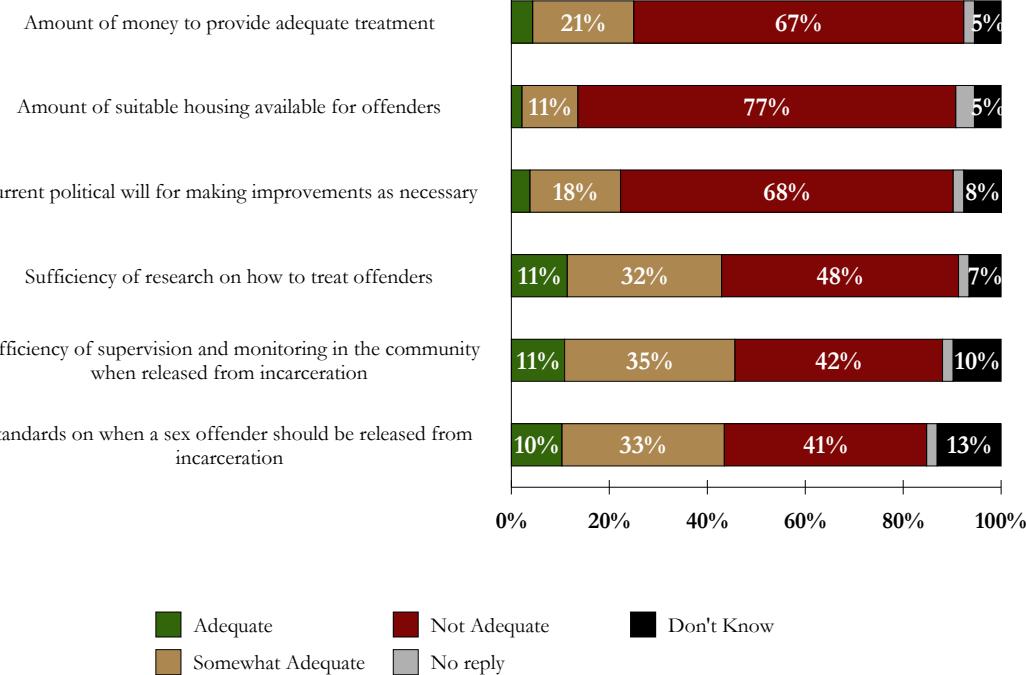
No greater than 11 percent of respondents believed any one provided category was adequate to support the management of sex offenders.

Two-thirds or more indicated that the amount of suitable housing (77 percent), the current political will (68 percent), and the amount of money (67 percent) were not adequate. Nearly one half (48 percent) believe research on how to treat sex offenders was not sufficient, compared to 43 percent believed research was adequate or somewhat adequate.

Larger proportions of respondents believed that funding was adequate or somewhat adequate (as opposed to not adequate) regarding sufficiency of supervision and monitoring in the community and standards on when a sex offender should be released.

Exhibit 2-3
Adequacy of External Forces

(Q18: Are the following external forces adequate to support the management of sex offenders?)



**TREATMENT ALTERNATIVES
WERE MOST OFTEN CITED AS
AN ALTERNATIVE APPROACH**

When asked to name any alternatives that they thought would be effective in reducing the likelihood of sex offenders committing future sex crimes, nearly one quarter of respondents (24 percent) cited treatment-related alternatives.

Housing-related alternatives were also frequently cited, with 23 percent of respondents, and supervision-related ideas were cited by 16 percent of respondents.

This question was open-ended and responses were broadly categorized by common theme and summarized here. This table is meant to serve as a snapshot of responses only; for full verbatim responses please see the [Appendix](#).

**Exhibit 2-4
Possible Alternatives**

(Q19: Are there any other alternatives to current systems that you believe would be effective in reducing the likelihood of sex offenders committing future sex crimes?)

<u>Category</u>	<u>Percent of Respondents</u>
Treatment	24%
Housing	23%
Supervision	16%
Classifying/Assessment/Incarceration	8%
Employment	7%
Resources	3%
Not Sure/Nothing	3%
Other	7%
Blank	44%

Note: Percents add to more than 100 percent because respondents often noted more than one alternative.

SECTION 3: NEW CONCEPT

The third section of the report assesses initial reaction by respondents to a new concept to house, treat, and manage “all other” (i.e. greater than low risk) sex offenders.

A description of the concept was provided to respondents and can be seen in the survey instrument in [Appendix B](#). It is reproduced verbatim below.

A new type of sex offender specific community corrections facility would house, treat, and manage non-low-risk sex offenders serving their sentence while living in the community. It would be a gated 300 bed residential facility in the Metro Denver area in an area of low population density. As a possible alternative to prison, jail, parole, probation, or parole/probation revocation, offenders would live in the facility in small-group housing units until they demonstrate that they are capable of managing themselves safely and responsibly, or until their maximum sentence is up.

As an initial concept, the facility would serve adult male sex offenders who were residents of the Denver Metro area prior to conviction and would be an option available to Metro Denver* judicial districts. Offenders’ participation would be voluntary rather than court-ordered. Similar to existing community corrections, the court would offer the defendant the opportunity to apply and a new sex offender specific community corrections board servicing the Denver Metro area would have the option of accepting the application.

This would be a therapeutic community where treatment would essentially be constant. The facility would be a collaborative, government supported non-profit initiative to monitor sex offenders who pose a threat to society and provide resources to control the spending of any free time – 24 hours a day, 7 days a week, under strict supervision. (Specific methods will be determined on how to implement “off campus” monitoring.) The facility would include a range of comprehensive treatment options and recreational activities – strictly controlled. Residents would be taken to and picked up from their jobs. They would earn money to pay for their housing and meals, and to cover the costs of their treatment and monitoring. They would also pay taxes.

**In addition to the seven Denver Metro counties (Arapahoe, Adams, Broomfield, Boulder, Douglas, Denver, Jefferson), this option may be available to Elbert, Lincoln, and Gilpin counties as they share some of the same judicial districts.*

JUST OVER HALF OF RESPONDENTS' INITIAL REACTION WAS POSITIVE

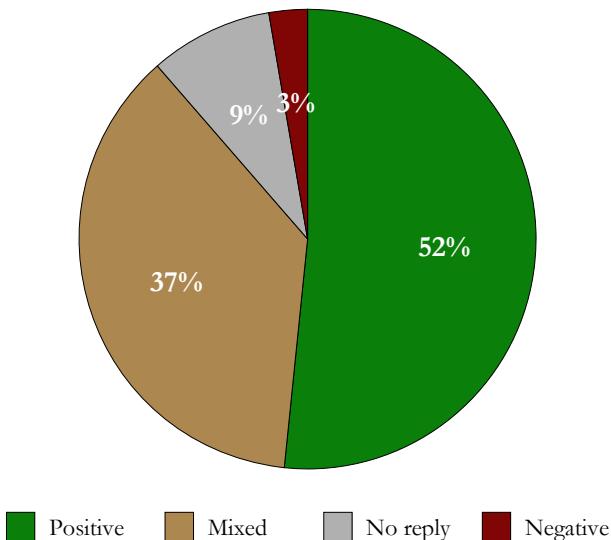
Fifty-two percent of respondents indicated a positive reaction to the concept after reading the initial concept overview. Thirty-seven percent were mixed in their opinion.

Three percent had a negative reaction while nine percent did not reply.

Next, respondents were asked to explain their initial reaction. Respondents' reactions can be seen verbatim in the [Appendix](#) organized by whether they had a positive, mixed, or negative reaction.

Exhibit 3-1 Reaction to Concept

(Q20: *Is your initial reaction to the above concept...)*



**RESIDENTS CONTRIBUTING
TO THEIR COSTS THROUGH
TAXES AND WORKING
RECEIVED THE MOST
POSITIVE REACTION**

Beyond the initial reaction to the new concept, individual elements of the concept were also examined.

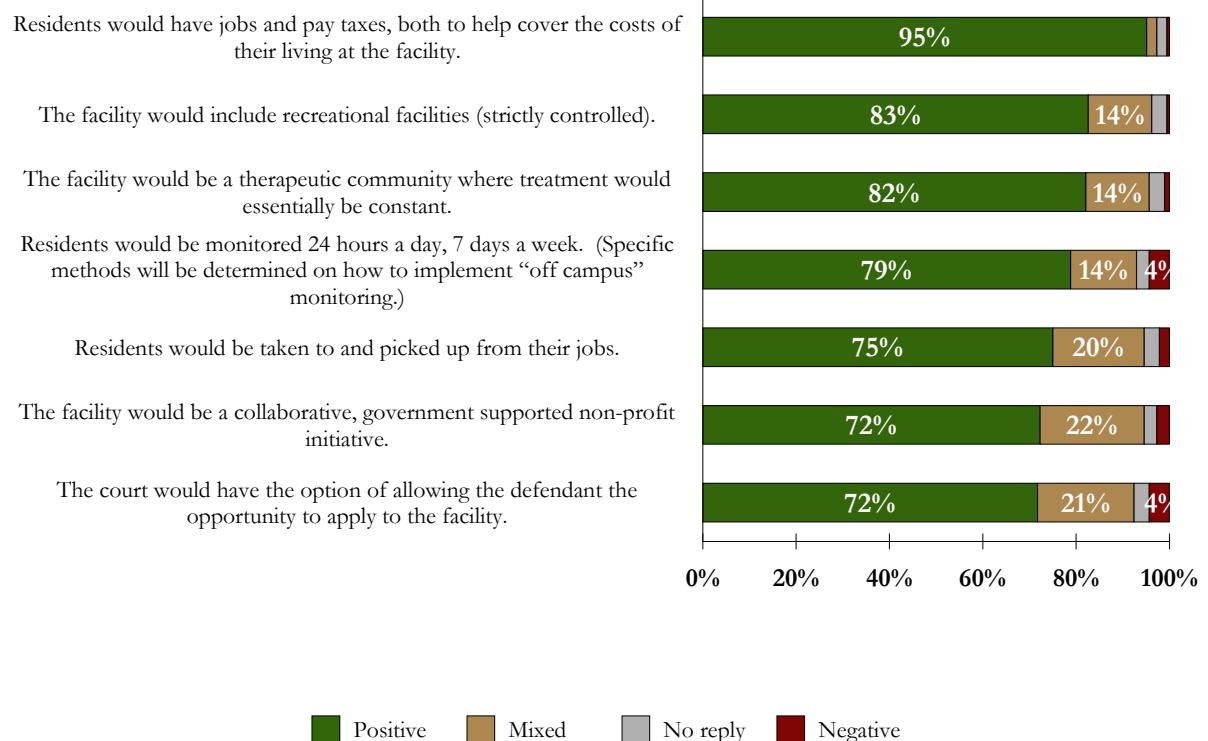
The thirteen elements are split between this graph and the next for better legibility and are ranked from the most positive (on top) to the least positive reaction.

Nearly all respondents (95 percent) had a positive reaction regarding residents working and paying taxes to contribute to their costs of living at the facility.

Treatment and monitoring of residents also ranked high, with 82 percent positive about the constant treatment and 79 percent positive about the continuous monitoring.

Exhibit 3-2
Reaction to Individual Elements of Concept
(Graph 1 of 2)

(Q22: What is your initial reaction to each of these elements?)



CONTINUED FROM ABOVE...

This graph is a continuation of the graph on the previous page and shows the bottom six attributes determined by positive reactions.

The facility serving adult male sex offenders who were residents of the Denver Metro area had the least positive response (48 percent) and the greatest negative response (18 percent).

Exhibit 3-3 Reaction to Individual Elements of Concept (Graph 2 of 2)

(Q22: What is your initial reaction to each of these elements?)

The facility would serve as a possible alternative to prison, jail, parole, probation, or parole/probation revocation.



The facility would be located in Metro Denver in an area of low population density.



The facility would have 300 beds.



Offenders would live in the facility until they demonstrate that they are capable of managing themselves safely and responsibly, or until their maximum sentence is up.



A new sex offender specific community corrections board servicing the Denver Metro area would have the option of accepting the application.



The facility would serve adult male sex offenders who were residents of the Denver Metro area prior to conviction.



0% 20% 40% 60% 80% 100%

■ Positive ■ Mixed ■ No reply ■ Negative

**RESPONDENTS OVERALL
FELT THE NEW CONCEPT
WOULD KEEP THE PUBLIC
SAFE FROM SEX OFFENDERS
AND RELIABLY AND
SUFFICIENTLY CREATE PRO-
SOCIAL CHANGES IN SEX
OFFENDERS' BEHAVIOR**

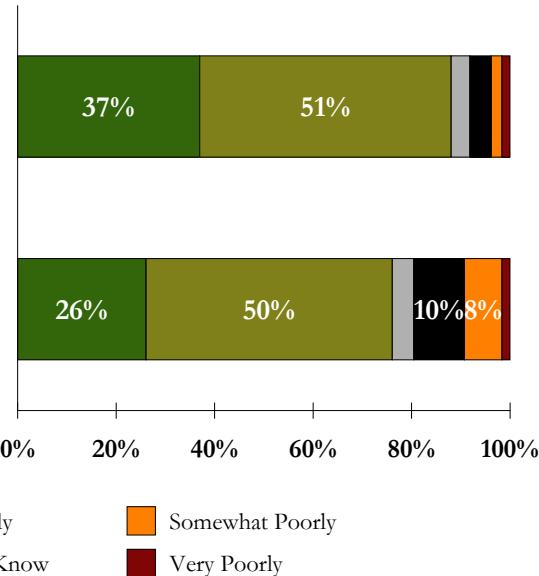
More than one third of respondents (37 percent) believed the new concept would do “very well” at keeping the public safe from sex offenders; an additional 51 percent believed the concept would do “somewhat well” at meeting that requirement.

While to a lesser extent than the related question above, a majority of respondents also believed that the new concept would do well at reliably and sufficiently creating pro-social changes in sex offenders’ behavior (26 percent “very well” and 50 percent “somewhat well”).

Exhibit 3-4
Concept Effectiveness

(Q23: How well or poorly does this new concept meet the following requirements?)

Keep the public safe from sex offenders



Reliably and sufficiently create pro-social changes in sex offenders’ behavior

Very Well
Somewhat Well
No reply
Don't Know
Somewhat Poorly
Very Poorly

**RESPONDENTS WERE
DIVIDED ON THE
PROPORTION OF PAROLEES
AND PROBATIONERS THAT
WOULD BE SUITABLE
CANDIDATES FOR THE NEW
CONCEPT**

Respondents were divided on the percent of sex offender parolees and probationers that would be suitable candidates for the new option. However, few respondents indicated 0 or 100 percent indicating that most respondents believed that there were candidates for this new option yet there were restrictions on the type of candidate.

Comparing the two types of candidates, more respondents indicated that a lower proportion of probationers would be suitable candidates. However, respondents were more likely to respond “don’t know” in reference to parolees.

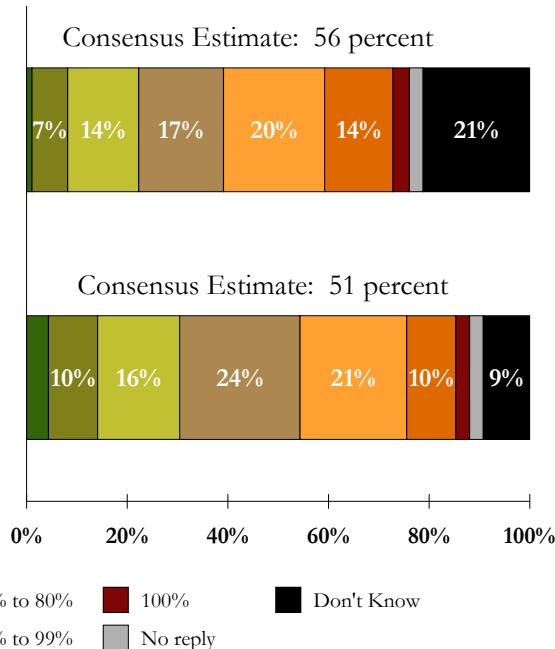
Among those who had an opinion, the consensus estimate was that 56 percent of parolees would be suitable candidates, and 51 percent of probationers would be suitable candidates.

**Exhibit 3-5
Suitable Candidates**

(Q24: In your opinion, what percent of sex offender parolees would be suitable candidates for this new option, as described above?)

(Q25: In your opinion, what percent of sex offender probationers would be suitable candidates for this new option, as described above?)

In your opinion, what percent of sex offender parolees would be suitable candidates for this new option, as described previously?



**POLITICAL ISSUES AND
COMMUNITY ACCEPTANCE
WERE THE GREATEST
CHALLENGES THAT
RESPONDENTS FELT WOULD
NEED TO BE OVERCOME**

Political challenges were the most often cited type of challenge that respondents believed the new concept would need to overcome to be successful (28 percent). Gaining community support or acceptance was often a commonly cited challenge (23 percent) as well.

This question was open-ended and responses were broadly categorized by common theme and summarized here. This table is meant to serve as a snapshot of responses only; for full verbatim responses please see the [Appendix](#).

**Exhibit 3-6
Concept's Greatest Challenges**

(Q26: What are the greatest challenges that you believe would need to be overcome to make this concept successful?)

<u>Category</u>	<u>Percent of Respondents</u>
Political	28%
Community Support/Acceptance	23%
Logistical/Management	19%
Funding	18%
Location	13%
Supervision/Monitoring	5%
Other	21%
Blank	20%

Note: Percents add to more than 100 percent because respondents often noted more than one alternative.

**RESPONDENTS BELIEVED
THAT FOR THE CONCEPT TO
SUCCEED, SEX OFFENDERS
WOULD MOST NEED
COMMUNITY CONTACT AND
TREATMENT**

Respondents often cited (20 percent) community contact/reintegration as the thing the concept must do to help sex offenders live safely and successfully in society. Twelve percent also cited support/community support in order to be successful. These were similar to Exhibit 3-6 where many respondents cited community support as a key challenge.

This question was open-ended and responses were broadly categorized by common theme and summarized here. This table is meant to serve as a snapshot of responses only; for full verbatim responses please see the [Appendix](#).

**Exhibit 3-7
Concept's Greatest Needs**

(Q27: What does this new concept most need to do to help sex offenders live safely and successfully in society?)

<u>Category</u>	<u>Percent of Respondents</u>
Community Contact/Reintegration	20%
Treatment	20%
Support/Community Support	12%
Supervision/Monitoring	11%
Accountability/Standards	11%
Proper Staff/Resources	10%
Other	19%
Blank	22%

Note: Percents add to more than 100 percent because respondents often noted more than one alternative.

SECTION 4: DEMOGRAPHICS

The final section of the report summarizes the respondents by their position(s) held.

RESPONDENTS REPRESENTED A VARIETY OF POSITIONS

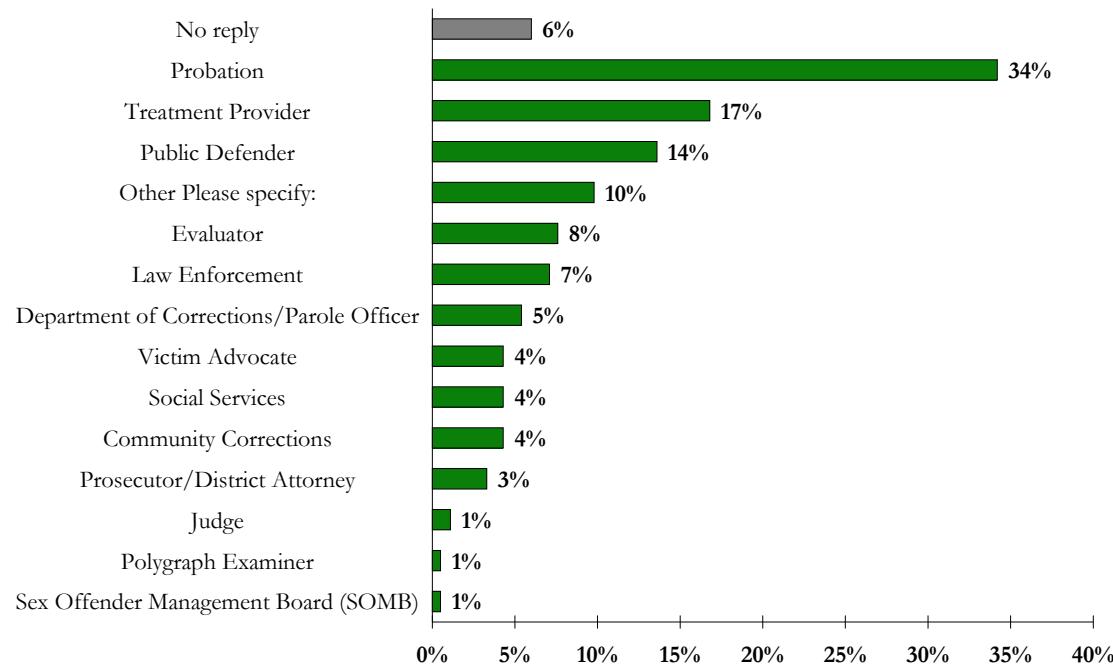
The survey findings reflect a variety of individuals representing positions across the field of sex offender management.

The majority of respondents indicated that their position was in probation. Seventeen percent were treatment providers and 14 percent were public defenders. Less than 10 percent of respondents occupied each one of the remaining positions.

“Other” responses can be found in the [Appendix](#).

Exhibit 4-1 Position

(Q28: Which of the following best describes your position? Check all that apply.)



Note: Percents add to more than 100 percent because respondents often noted more than one position type.

APPENDIX A: VERBATIM OPEN-ENDS

Provided below are the verbatim responses to open-ended and “other” responses, with no changes in grammar, spelling, or language other than that deemed necessary to preserve confidentiality or anonymity. Any information that could possibly identify a respondent was removed (any removal of information is indicated with [] in the response).

QUESTION: OTHER THAN FUNDING, WHAT ONE ELEMENT WOULD YOU MOST LIKE TO SEE ADDED OR IMPROVED IN THE CRIMINAL JUSTICE/MENTAL HEALTH SYSTEM FOR THE MANAGEMENT AND TREATMENT OF SEX OFFENDERS? YOU CAN ALSO SAY “NOTHING” IF YOU FEEL THE SYSTEM IS COMPLETE AS IT STANDS. EXAMPLES MAY INCLUDE TREATMENT ISSUES, HOUSING ISSUES, SUPERVISION ISSUES, STANDARDS ISSUES, ETC.

- A much better diagnostic system regarding risk and type of treatment needed. The same degree of standards and supervision for all sex offenders is not appropriate.
- A one day to life progressive step down process (like the state hospital) in which offenders are released progressively (not all or nothing like civil commitment) based on their overall risk (static as an anchor with dynamic variables guiding treatment and structure).
- Ability to better monitor the community movement and activity and increased polygraph testing.
- Access to resources.
- Assistance with release, such as housing. The biggest is having someone as support in the community that knows their offense and cycle.
- Availability of housing is minimal. If an offender cannot be placed with a relative or friend, due to minors in residence or proximity to schools, there are limited options for placement. Many cities do not allow registered sex offenders to live in their jurisdictions. Many offenders have multiple issues that are not addressed by strict sex offender group treatment. These issues include drug/substance addiction and mental health disorders. There needs to be more coordination between sex offender, substance abuse and mental health treatment. Colorado SOMB standards disregard substance abuse and mental issues when directing all sex offenders be treated in group settings.
- Better employment/transportation assistance - perhaps specific to "rural areas", but quite convinced...
- Biggest concern-non-victim children of offenders not being able to have normal contact with fathers. Low risk offenders should have the ability to stay at home with families if they are deemed low risk by treatment providers. Probation continues to run the show even though

providers have to be licensed and certified!! It is not a team, probation answers to no one and providers are afraid to speak up because probation decides where to refer. What a conflict of interest and ethics.

- Close tracking.
- Community based housing for long term, potentially for life. If I can suggest more things - job finding & very long term treatment in therapeutic community.
- Community corrections halfway house placements are too infrequent. SLA's are unavailable in rural areas.
- Community housing would be good. From what I understand, sex offenders keep an eye on each other and can either offer support or monitor negative behaviors and report them.
- Community integration/education which would impact housing and employment and family support.
- Community support and monitoring Higher education (Ph.D., Psy.D.) clinicians.
- Consistent prosecution and sentencing based on evaluation of risk in addition to providing resources to indigent offenders.
- Consistent sentence based upon level of risk, life time offenders. Housing is needed but underfunded for example community corrections. Need to have an alternative for offenders who have completed sex offender treatment successfully in the past, but have committed a new criminal offense (not sex offense).
- Creating a continuum of treatment services from community based to residential. Keeping caseloads at 25 offenders per officer.
- Decrease in numbers per caseload; more emphasis on administrative operations, less on trial processes; strengthen the link between actions and consequences by shortening the length enforcement process.
- Developmentally delayed offenders, housing, housing, housing, funding for monitoring, supervision expectation training.
- Differential levels as determined by the evaluation, low, med, high that could then be in the supervision plan for monitoring.

- Differentiating between types of offenders for purposes of treatment and monitoring. it makes no sense to not allow a 20 year old who had sex with a consenting 13 year old to see his kids if nothing else indicates he is a danger to them. Additionally, the management system seems to be set up in a way that makes it nearly impossible for any person to stay in compliance. The cost itself is on its own a reason that many people struggle to stay in compliance. The set up of the system seems so draconian and impossible to follow that its hard to imagine many people being able to succeed. I would like to see an overhaul based on real scientific studies in this area.
- Differing treatment for types of offenders i.e. low risk vs. high risk.
- Education for those who supervise and treat offenders.
- Electric monitoring, mandatory treatment.
- Eliminate indeterminate lifetime prison/probation sentences or in the alternative use the indeterminate sentencing option ONLY with repeat offenders who are assessed as being at great risk to reoffend. Treating all sex offenders the same and imposing what amounts to a LIFE sentence on those at low risk to offend is completely unjust.
- Employment aid.
- Getting rid of the one size fits all paradigm and getting rid of indeterminate sentencing, which puts an individual's life in the hands of a parole board who based on fear never paroles anyone.
- Help offenders be successful on parole. Helping out with treatment and realizing that there is a lot they need to do and not a lot of time.
- Housing.
- Housing (Shared Living Arrangements and residential Facilities).
- Housing and psychiatric/mental health resources and employment resources.
- Housing and transition from jail DOC is the biggest issue I see.

- Housing is a huge issue. The shelter is not an appropriate setting for these offenders. Housing in a supervised setting would be helpful. Also, a community acceptance of sex offenders in treatment and under supervision is needed, because finding an appropriate place to live often becomes a problem. Employment issues are also an area of concern.
- Housing is an issue and employment is an issue that the offenders need help establishing when they are done w/ incarceration.
- Housing Issues.
- Housing issues and ability for job opportunities to help structure time and increase positive involvement so reduce risk; additional treatment support to ensure needs are being met and assessed.
- Housing issues and supervision issues.
- Housing issues are huge.
- Housing issues, employment issues.
- Housing issues, more probation officers with smaller caseloads to increase supervision.

- Housing issues. Also, I would like to see employers, the community and housing managers be more understanding and give these offenders a chance to be productive citizens. Because they are "sex offenders", they are considered dangerous, as they should be but, they too need to be employed and have stable housing in order to be productive in treatment.
- Housing issues. The development of shared living arrangements, halfway houses and work/treatment release.
- Housing, besides a shared living arrangement (SLA) is a probation for sex offender in general, regardless of the "official" risk as either measured by the offense specific evaluation or by risk instruments used during supervision because many feel all offender should be incarcerated. Housing is non-existence, unless the offender owns their own residence or lives w/family members who own, for offender designed as Sexually Violent Predators (SVP). In the Denver metro region, there are no motels, hotel, or apartments that will rent to an SVP, once they receive the community notification bulletin from law enforcement. Some law enforcement agencies, are very discouraging of SVP in particular, residing within their jurisdiction, even when the offender is under supervision. Without adequate housing, the offender has little chance of succeeding in the community and community safety is in peril, more than one offender residing alone and more than one residing together, in or out of a SLA. The Dept of Criminal Justice has studies that show two or more offenders living together, hold each other more accountable for their behaviors, then even when offender's live with supportive friends or family, yet municipalities and the state, attempt to pass legislation that restricts locations of living arrangements. Supervision assists offenders in modifying behavior and being accountable and that extends to where they live. Probation and parole have restrictions and authority over the locations of residences. Of course, the caveat is that offenders do not stay supervised forever. Over-all, resources are an issue outside of the major metro areas, e.g. Denver, Colorado Springs, Boulder, Longmont, Ft Collins, Grand Junction and so that present unique challenges, maybe less so for housing due to the less compact area of living space in rural or smaller communities.
- Housing, employment, and supervision.
- Housing, employment, surveillance such as tracking.
- Housing, Officers funded and staffed and have access to technology to a level that allows consistent monitoring of sex offenders in the field.
- Housing, treatment, employment opportunities.
- I don't think some low risk offenders should be required to register as sex offenders. probation officers should be more accountable for their supervision decisions. treatment should be more "holistic." we rarely address, adequately, the many dynamic risk factors that contribute to risk levels.

- I have experienced that there are several considerations in each case. Like the individuals who committed the crime their circumstances are all different and should be managed as such.
- I think more sex offenders, especially repeat offenders, child molesters and rapists should go to prison rather than remain in the community.
- I think that the way the sex offenders are supervised and provided with treatment needs re-vamped. Currently, in my opinion, sex offenders are set up to fail on a regular basis due to not being able to afford the required sex offender treatment they need which ultimately results in their return to custody, which in the end only costs the state and county more money.
- I would like to see all higher risk offenders be required to be incarcerated for some period of time before placement in treatment agencies.
- I would like to see improved housing availability. For example, greater use of SLA.
- I would like to see sex offenders assisted in finding appropriate and affordable housing. The research done on "reoffending" is inaccurate and incomplete and should be done to measures that comport with scientific standards.
- I would like to see the cost of treatment reduced based on the offender's income. Would like to see a supervision/support agency developed to aid with sex offender monitoring.
- I wouldn't even know what to suggest. In our community at this time I would like to see more affordable/available places for them to live and work. Also, I believe our MH services could be improved.
- Improved empathetic treatment.
- Incarcerate high risk sex offenders with life time monitoring and release drug offenders from DOC to pay for this.
- Increased use of Shared Living Arrangements, mental health beds at Community corrections, the ability to have a program devised to supervise the younger adults-addressing daily living skills (employment, finances, etc).
- Intense supervised housing, increased parole/probation monitoring.
- Intensive wrap around Home based treatment.

- Jobs and employment education. Treatment similar to AA where they can go often and have a support group. Housing and landlord education.
- Lifetime sentences for all sex offenders should be repealed; sentences, including treatment, should be more individualized.
- Local deniers treatment/ deniers groups.
- Longer more intense supervision. Longer mental health treatment.
- Longer supervision.
- More accessible treatment. We live in a rural community, and our offenders have to drive 130 miles round trip for treatment groups. Also, if an offender is going to be deported, it is useless to waste our money on doing psychosexual evaluations. DNA would suffice.
- More alternatives for evaluation and treatment.
- More appropriate housing options, especially for homeless offenders.
- More case by case awareness, levels, differentiation.
- More Community Correction Program for sex offenders.
- More community corrections programs would be ideal. the distance in rural areas that PO's have to travel (it can take over 1/2 day to travel to do 1 home visit in some areas.
- More financial assistance for housing, mental health, job training and substance abuse.
- More in depth treatment needed. Longer supervision needed. Outcome studies needed.
- More intensive supervision to include routine compliance polygraphs.
- More intensive treatment and housing options.

- More intensive wrap around services including residential settings, community based supervision and a higher level of accountability for probation departments to show supervision and oversight are occurring at least to standard levels. Increased emphasis on computer monitoring and web enabled devices.
- More intensive, offense specific treatment.
- More opportunity for the victim to be involved in the supervision, give input and have their needs addressed. More intensive monitoring of offender's behavior to increase public safety.
- More options for life time supervision for shared living arrangements longer treatment expectations than 6month groups. utilize Treatment communities such as the SLA's.
- More supervision with offenders out of prison and on parole- I do not think the appropriate amount of time is spent with parole officers, or parole officers being involved with the treatment program and polygraph examiners.
- More tracking and contact with offender in his environment.
- More training options for supervising officer.
- More treatment monies and perhaps different standards for different offenders as it seems the offender is sometimes placed under a general umbrella of conditions that may not really be applicable.
- Move the locus of control away from non-expert probation officers; institute more measured and consistent intermediate sanctions; recognize reality of denial as a defense mechanism and problem for falsely convicted defendants; remove conflict of interest in tx providers also acting as evaluators; recognize job problems for people in community with sex convictions; restore real therapist confidentiality between defendant and tx provider; immunize defendants from further prosecution based on their statements in tx for otherwise unknown crimes (so def. is not compelled to chose btw 5th Am. rights and failing in tx); recognize that def.'s problems are why s/he is in tx and s/he can't be perfect from beginning; build meaningful benchmarks into tx regime and realistic and fast plans for family reunification to the extent appropriate.
- Need to funnel out the pedophiles and they would need substantial incarceration or prison. Drunken sex assault when everyone is high/intox different type of crime. Crimes against children should be mandatory possible life in prison, drunken assault when all have been drinking each case needs to be considered more separately, less punitive measures. Violent stranger to stranger worst case scenario

also/mandatory prison sentence, not ISP or that type of supervision ever, only alternative when at end of prisons sentence possible comcor setting for sex o's only typesetting, completely monitored.

- Need to have system that makes it possible for offender to successfully complete terms of probation or parole. Current system is a set up for offenders to violate and face additional incarceration.
- No indeterminate sentences.
- Nothing.
- Nothing.
- Nothing.
- Nothing. The system has an extensive amount of treatment and supervision services and options. However, funding makes many of these services unavailable to the offender.
- Opportunities for housing, more supervision in the area of parole.
- Politics and personalities. Either from the people who are too soft or the ones that are too hard. Professionals issues with them selves and others.
- Probation issues; We need lower caseload numbers to effectively supervise sex offenders. So, more trained officers are needed.
- Real treatment and psychotherapy as opposed to the current system of punitive management and containment.
- Recidivism rate is too high, but I think the "system" is doing the best it can under circumstances given legal limitations. When a person re-offends there needs to be more certainty of intervention and consequences by the "system".
- Required collaboration between all of the different criminal justice agencies.
- Required to attend regular treatment that continues as long as the person has to register as a sex offender.

- Research.
- Resource issues beyond funding. Additional "Support" from community government agencies to help address public safety. Appropriate housing setting upon release.
- Resources for the system to provide treatment and monitoring and to assess if an offender is low, med or high risk regardless of their plea agreements in court.
- Short jail sentences for minor violations (similar to drug court). I think this would be helpful in grabbing offenders attention.
- Since everything hinges on the initial offense-specific evaluation, it must be conducted by a qualified psychologist and ought to be based almost exclusively on standardized psychological tests and instruments with proven predictive validity. These evaluations sometimes get the basic facts of the offense of conviction wrong (in which case conclusions about denial may be wrong), and they are far too subjective in general. Evaluators sometimes disagree with test results indicating a low or moderate risk, based on their interview and overall assessment; i.e., their subjective interpretations and gut feelings. In particular, evaluators should not (but do) rely on conclusions from the SOMB sexually violent predator instrument, which are based in part on subjective five-point scales "measuring" denial, deviancy, and other matters. I am concerned that too many participants in the treatment system are not driven by a genuine desire to rehabilitate, but have an overly cynical correctional perspective. We don't give many sex offenders in Colorado probation, they mostly go to prison for indeterminate life sentences and then remain there (so there aren't many getting parole supervision, either). I think the law should be changed to require a determinate sentence, with a judicial hearing at the time of release on whether the offender poses an imminent risk of re-offending, in which case civil commitment, rather than parole, could be ordered. This would be far more consistent with our constitution than the current scheme of punishing people for what someone thinks they might do in future.
- SLA's, halfway houses, long-term residential options.
- Smaller caseloads for PO, too many clients to handle appropriately, treatment providers keeping clients because it is \$\$, offenders able to not pay for treatment and judicial system unwilling to consequence them.
- SOISP need to be more intense, with contact standards, talking more to employers, family, treatment, people who see them on a daily basis or close to.
- Supervised housing. most s/o should be in community corrections programs with intensive in-house treatment.

- Supervision and housing.
- Supervision and public/neighborhood notification.
- **SUPERVISION AND TREATMENT.**
- Supervision is inadequate due to the sheer numbers of offenders. I answered no to financial support because the dollar amount/length is dependent upon the situation, but placing a person without financial support, employment, housing, etc., into the community just sets them up for failure. The supervision has to be controlled enough to provide support that is then re-paid as the offender takes responsibility and functions in society
- Supervision.
- System does do enough to weigh individual offender needs but still relies on a "one-size" fits all treatment and monitoring method.
- Temper the public overreaction to sex offenders. Develop more realistic guidelines/treatment requirements - not everyone who commits a sex offense is a lifetime sex offender. More narrowly define sex offender and sex offense and develop guidelines tailored to conduct at issue. Recognize that consensual sex between an 18-year old and a 14-year old should not be treated the same as true pedophile conduct. Incorporate into treatment the reality that victims do lie and don't require offenders to admit to everything as related by a victim to successfully complete treatment.
- The sex laws casts much too wide of a net. All defendants are treated the same way, i.e., grabbing someone's back end in a bar vs. rape. These are not the same offense and treatment should not treat them the same way.
- The system needs a long-term residential component, short of incarceration, for sex offenders - including those designated as SVP's.
- There is a need for a community based correctional setting or halfway house that needs to be implemented to help the offenders who are not low risk. They can enter treatment, learn job skills and social skills in this setting. They can eventually transition into the community when they are deemed low risk to reoffend.
- There just aren't enough employees to supervise high risk offenders especially those on probation. They do a good job. We just need more of them to be effective.

- There should be an increased level of understanding for sex offenders who are genuinely trying to obtain housing, employment, and continue treatment. Many would-be successful probationers are terminated for issues unrelated to their offense or their progress in treatment. It is very unfortunate that some probation officers require letter of the law compliance for issues that include the financial failings of the probationer. There must be an understanding of the difficulty of obtaining housing and employment for someone who will forever be labeled a sex offender as well as assistance in obtaining housing and employment.
- TIME TO THROW AWAY THE BLUEPRINTS AND START OVER.
- Treatment.
- Treatment and assessment.
- Treatment and help with finding housing.
- Treatment and intense supervision.
- Treatment and supervision issues are the biggest problems in my opinion. The courts need to take greater control in crafting treatment plans that make sense with respect to each individual offender, rather than imposing "one size fits all" requirements that are seen as necessary by the probation officer / treatment provider complex. For example, for many offenders, prohibiting contact with their minor children bears no relationship whatsoever to their crime and is not a necessary component of treatment as well as being counterproductive in that it is difficult for the client to succeed when his family structure is being torn apart.
- Treatment and supervision issues, specifically we need probation officers who actually want their clients to succeed.
- Treatment for sex offenders who are not under supervision or Parole, etc. Many want treatment and it is not geared for them if they are just discharged. This is not a preventative system! Repeat offenders need preventative care (treatment)in the onset. Our policies can work against recidivism.
- Treatment issues.
- Treatment issues.
- Treatment issues and programs.

- Treatment issues, housing issues, supervision issues such as time meeting w/ sex offenders.
- Treatment issues. I think there are some completely Machiavellian treatment providers who don't know what they are talking about and don't use common sense.
- Treatment needs improvement.
- Treatment providers have a financial dis-incentive to progress offenders out of treatment. Until this changes, treatment providers will have no credibility. Treatment standards are completely subjective, so tracking the progress of offenders is currently arbitrary and unworkable.
- Treatment right away. Step down release in state owned and run by the state.
- Treatment tailoring to the individual offender along with specific individual probation conditions per offender based upon risk. My opinion is there is too much of a cookie cutter approach to all sex offenders regardless of risk. My concern is that are we increasing the risk to reoffend of our lower risk offenders by treating them like high risk offenders (no contact with children, other contact restrictions, some made move out of the home, reduced contact with family, etc.)? I don't know the answer to that question, but it is my primary concern.
- Treatment, case management, supervision, mental health care.
- Treatment, housing, supervision.
- Treatment/standards.
- Victims' input into offenders' parole consideration and restitution to victims.
- We need treatment in our own community and should not require our offenders to travel 130 miles per week to treatment.
- What kind of treatment is actually available? It's unknown to us in LE.

ARE THERE ANY OTHER ALTERNATIVES TO CURRENT SYSTEMS THAT YOU BELIEVE WOULD BE EFFECTIVE IN REDUCING THE LIKELIHOOD OF SEX OFFENDERS COMMITTING FUTURE SEX CRIMES? EXAMPLES MAY INCLUDE TREATMENT OPTIONS, HOUSING OPTIONS, SUPERVISION OPTIONS, STANDARDS OPTIONS, ETC.

- A better PED date to get treatment started sooner. Probably by using some good time.
- A lot of research shows recidivism rates to be lowest for sexual offenders as compared to other types of offenders. Treatment does work if its respectful.
- A residential type of setting that is monitored 24X7 and has the highest level of treatment available.
- A system of differential treatment needs diagnosis and treatment.
- All sex offenders should complete intensive treatment while incarcerated in prison. Colorado has phase I and phase II (therapeutic community) treatment in prison. All sex offenders, convicted or factual basis, should complete phase I and at least two years of phase II-TC. Treatment is the first step leading to reintegration back to society. The vast majority of sex offenders are released without any type of treatment and are a danger to society. The majority of them do not accept any responsibility for their actions. It is very common for sex offenders to blame their victims and/or alcohol/drug use for their crime. The lack of remorse is high. Before their release from incarceration, each sex offender must accept responsibility for their actions. Upon release, each sex offender should be housed in a "shared living arrangement" where they will be housed, with 2-3 other sex offenders, in the community. Each offender would be placed on a curfew monitor device to ensure they are in the residence during curfew times. Parole Officers would be required to visit the residence a minimum of 3 times a week. Each offender would be required to attend sex offender treatment twice a week. When they progress, based upon specific requirements, not time, they may be released to a living arrangement approved by the parole division.
- As a community I believe we need to work on getting more SLA's in the community as a whole. In addition, I think more funds are needed to encourage supervision sites that sex offenders can be monitored more effectively on a continuous basis.
- As a law enforcement officer, I too often see offenders that have manipulated treatment providers and probation/parole officers, into believing that they are responding to treatment or following conditions, when they are actually offending during the process. Random and frequent unannounced checks by open minded probation/parole officers are needed. Too often, probation/parole makes too many excuses for the offenders because of limited resources, and because they want to show successful programs.
- Better treatment, housing options.

- Capacity to differentiate Risk on an ongoing basis.
- Change mandatory indeterminate sentences and let sentences better reflect the level of culpability or risk in a particular case. i.e., Standards Option.
- Community corrections - more of them that accept SO offenders.
- Community integration/education programs; More research into treatment efficacy and better education of probation/parole officers to provide individualized supervision and apply research based practices. Supervision must include research based strategies to improve offender education/understanding and insight, which will promote compliance and self regulation.
- Community support, housing and treatment/monitoring funding.
- Comprehensive continuum of treatment, housing options, capped caseloads, more research and access to pharmacological interventions, treatment for mental health issues, including meds, trauma work, greater understanding and more resources for brain injured and DD clients, education and vocational training.
- Containment is the key, and since current caseload are overwhelming, a larger number of trained probation officers are needed.
- CPS monitoring.
- Dedicated community corrections programs for the supervision of sex offenders.
- Developing therapeutic living communities for moderate to high risk offenders to aid with more intense supervision and support. This might look similar to a TC in prison.
- Differential levels as determined by the evaluation to assist in the supervision plan for treatment, monitoring, residency, length of sentence.
- Don't know.
- Effective would be comcor settings for sex offenders where they live at a subsidized facility and are allowed to work, however certain times of the day they are contained and heavily supervised and in the comcor center. When out they are at work or on their way home, if they don't obey the rules back to being incarcerated. Then the public is generally safe and if they abscond it goes to immediate warrant status.

- Employers willing to hire registered sex offenders.
- Family support.
- Finding secure/stable employment and housing is a big trigger for some offenders.
- Greater emphasis needs to placed on overcoming public and political bias against ALL sex offenders in the fields of housing and employment.
- Greater resource so that treatment can be provided to a greater number of offenders for a longer period of time.
- Group therapy after incarceration should be mandatory as well as strict monitoring including GPS.
- Half way or step-down houses.
- Hard transition services i.e. jobs and housing.
- Higher standards of supervision, which would require additional funding for additional probation/parole officers.
- Housing.
- Housing and supervision options, treatment and monitoring options.
- Housing options.
- Housing options including SLA's. There should be more of these.
- Housing options, employment options.
- Housing options, more probation officers with smaller caseloads, increased treatment/offender services dollars.
- I believe that the entire system needs to be revamped because we do not understand how to effectively help sex offenders. High risk offenders need to be treated as people with an illness.

- I do not believe the SOMB guidelines have been effective, they are counterproductive to persons on probation, and they are truly too onerous for non-violent offenders. The evaluation instrument needs to be revamped and the definitions of a sex offender/sex offense more narrowly defined. Stigmas are attached to people who carry these labels forever, but who are truly not a risk to the community. We need to find a way to identify those people because they can be productive members of society. Greater housing options are needed for all offenders coming out of prison, but especially for sex offenders if these people are considered a greater risk to the community. Supervision needs to be supportive rather than degrading and patronizing. We need to no longer require registration for misdemeanor offenders and devote those resources to the offenders who truly pose a risk to the community. The lifetime sentences for sex offenders needs to be highly scrutinized and treatment needs to be offered for those who want it sooner within the prison system. Those who successfully complete treatment should be released on parole within a set number of years of the completion of the minimum portion of their life sentence.
- I have always been a big proponent of shared living arrangements, and would like to see more than 2 offenders living in same residence.
- I think more research needs to be done in this area.
- If treatment can be proven to be effective, more treatment. If not, housing options need to be explored.
- Increased staffing to monitor offenders.
- Integration and use of available technologies, such as web enabled device monitoring, GPS, treatment and supervision do provide good tools, however leaving the local districts to ensure adequate oversight is not currently effective - we should be held to a higher standard with significant consequences for not doing so.
- Less plea agreements for deferred sentences, alford pleas and probation.
- Lifelong supervision, and treatment, or at a minimum both supervision and treatment until the offender assesses low risk to reoffend.
- Lifetime incarceration or frontal lobotomies.
- Lifetime supervision is beneficial. More resources for those supervising offenders. More treatment availability in DOC. Intensive behavioral monitoring, such as electronic tracking systems, etc.

- Long term / for life community based housing in a therapeutic community with job finding & keeping support. Business model that prioritizes public safety above case closure since there is no known cure for most sex offenders.
- Long term residential treatment.
- Longer sentences for multiple offenses. More intensive supervision once they are released.
- Low risk sex offenders (as determined by treatment provider not what they plead guilty to) should not have same requirements as high risk sex offenders. Many offenders get great "deals" from DA due to limited resources to prosecute.
- Making polygraph more standard education and training for clinicians and direct line providers as part of therapy milieu.
- Management and treatment are still too "cookie cutter" in their approach to sex offenders...the system needs to be better at distinguishing low and high risk offenders and responding to both appropriately.
- Maybe a group home typesetting? assistance finding and securing employment.
- Maybe supervised living conditions for those that are a higher risk that can then transition back into their own residences. We have a real need for rural resources, and employment that will employ sex offenders as they are often labeled and not hired.
- More cmtv corrections type options since most boards will not take them at this time -- SLA-type community corrections program with a case manager who visits would be appropriate intermediate level of supervision for people who are unsuccessful on probation but for whom prison is not appropriate.
- More community corrections facilities for sex offenders.
- More consistency in treatment provided between providers. More monitoring of treatment providers to ensure they are doing an adequate job. PO's are put in position of being therapist to a certain extent and there is not enough training around this. There are too many PO's that have a correction approach and need to be trained more in the strengths based approach so that SO's are more productive, successful, and less of a threat to the community when they get off of probation.
- More housing options for sex offenders, more treatment options such as allowing deniers to remain in treatment based on compliance with community safety rules and giving them more time if needed to admit, more housing, treatment options, and funding for treating for

mentally ill offenders, developmentally disabled offenders. There is a CRITICAL need for funding and housing options for sex offenders who are physically or mentally disabled (and not eligible for developmentally disabled services who have no way to pay for treatment and cannot pay on their own.

- More housing options. Supervised "group home" type settings may be beneficial. Community acceptance of Shared Living Arrangements may also be helpful.
- More resources for housing and employment for sex offenders. A better incorporation of family support network into treatment and supervision. The ability to specifically tailor restrictions on contact with offenders own children or contact with other individuals upon the agreement of supervising agency and treatment provider. Be able to make exceptions to SOMB 5.7 Rule when treatment and supervising agency agree to allow contact.
- More SLA's particularly in rural areas- more monitored social activities that allows an offender the opportunity to participate with others, learn to develop appropriate relationships/boundaries and avoid isolation.
- More treatment and housing options.
- More treatment while incarcerated and better follow-up upon release.
- More up front funding when offenders first get out...support to reflect how much effort the offender is putting into their compliance. More effort = more support. No effort = no support.
- No.
- Not sure.
- Not sure.
- Not that I know of.
- Nothing.

- Offenders need low-cost housing options, employment references, and one stop shopping for treatment, PO check ins, and registration so nothing falls through the cracks and offenders don't spend all day spinning their wheels and becoming frustrated.
- Pharmaceutical Company Pfizer is researching and meds may be available in distant future. Defts need to be sent to DOC and placed on Lifetime Parole if they are not low risk offenders.
- Real treatment and psychotherapy as opposed to the current system of management and containment in the guise of "treatment". Where appropriate restorative justice with victims and their families.
- Repeated Sex Offenders should have to reside in a halfway house for one year before being released to community. During the year in a halfway house they should be required to attend intense treatment and support groups. Sex Offenders should not be released until they have been employed for 9 months and pass a test on controlling impulses, and determined to be low risk to re-offend. If they cannot pass they cannot enter the community. They must remain in halfway house. The sex offenders will pay their own expenses in the halfway house through their employment.
- Residential treatment.
- Residential treatment centers.
- Residential treatment facility like community corrections that would provide housing, like skills training and sex offender treatment.
- See #17. [Recidivism rate is too high, but I think the "system" is doing the best it can under circumstances given legal limitations. When a person re-offends there needs to be more certainty of intervention and consequences by the "system".]
- See above [I wouldn't even know what to suggest. In our community at this time i would like to see more affordable/available places for them to live and work. Also, I believe our MH services could be improved.]
- Sex offenders need to live a somewhat normal life. In order to do that they have to be able to find employment and a place to live. If they have those things they are more likely to stay in compliance with SO laws.
- Shared living arrangements would be an asset in our community as well as job search assistance.
- Shared living arrangements, more financial assistance for electronic monitoring and treatment.

- Simply put, the longer someone is actively supervised, the more they will assimilate the concepts involved with supervision and treatment. Having the availability of on-going follow-up treatment and supervision, though not intense or direct, would probably facilitate long term compliance with the ideas re-enforced through treatment and strengthened through supervision.
- Standards are too rigid and do not allow individual choice or treatment issues. Because of this, few treatment options available and everyone treated as "one size fits all." If don't fit, life prison is outcome even if person doesn't require life in prison for safety issues.
- Stated above [A one day to life progressive step down process (like the state hospital) in which offenders are released progressively (not all or nothing like civil commitment) based on their overall risk (static as an anchor with dynamic variables guiding treatment and structure).]
- Supervised living facilities for sex offenders, parole sentences that continue as long as person has to register as a sex offender.
- Supervision options.
- The system needs a long-term residential component, short of incarceration, for sex offenders - including those designated as SVP's.
- The transfer from one state to the next. The interstate compact system to transfer probation or parole offenders is extremely rigid and in my opinion needs to be overhauled. The system is to slow, the red tape is to thick. I also believe that the professionals involved in this transfer system allow their individual personal opinions to interfere with the transfer.
- The truth is we have no idea how to treat sex offenders. The first step would be to find an effective method of doing so.
- Treatment.
- Treatment and Housing options.
- Treatment and housing options! It seems if you "fail" at treatment one time, you are never going to be able to remain in the community.
- Treatment in D.O.C. should be mandatory , not voluntary and it should be more available to inmates with shorter incarceration periods. Also, we need more Shared Living Arrangements in our area (Northern Colorado).
- Treatment needs to be actually available in DOC. Need to get rid of indeterminate sentencing. The civil commitment regime's would seem more fair.

- Treatment options.
- Treatment options.
- Treatment options and parole supervision options. It is my opinion that parole does not take an active role in the parolee's issues once back in the community. They do not consistently implement the Standards and Guidelines.
- Treatment options, housing options and supervision options.
- Treatment options, housing options, support in the community.
- Treatment providers that see offenders as criminals not mental health clients, lack of accountability for many.
- Treatment tends to be too costly, housing is lacking/public is mis-informed (fear based), treatment not set up for offenders who are not on Parole, etc and this could help reduce re-offending. Offenders are sent out with little or no money with expectations (I agree with) but no \$ to accomplish reasonably. Charging for registering should be looked at. I think the offender is the responsible one, but we have to make sure that their ability to accomplish is reasonable. That way it's all on them. On the other hand, offenders have too many rights where they block their own treatment with continuous lawsuits. Treatment is being overshadowed by legal issues/lawsuits. Lack of support and backing for treatment providers. Containment approach (which I support) is also a supportive role for providers. Not just containment. The initial model describes this and is very encompassing. From what I know, very few offenders re-entering the CDOC do so for re-offending. It is usually for violations of their supervision agreement. More direct treatment to problem solve and assist them in their decision process is needed. Yes supervision, but along with treatment to assist with their issues.
- Treatment.
- Yearly polygraphs, after termination of supervision.

PLEASE EXPLAIN YOUR INITIAL REACTION IN THE PREVIOUS QUESTION: (REGARDING THE NEW CONCEPT – POSITIVE, MIXED, NEGATIVE)

Reaction by respondents who had a “positive” reaction.

- "Initially" - Great resource.
- A GOOD IDEA. WHY ONLY AVAILABLE TO THE DENVER METRO AREA? THERE ARE LOTS OF SEX OFFENDERS IN OTHER PARTS OF THE STATES LIKE ELPASO AND PUEBLO COUNTIES.
- A new approach to treating sex offenders and monitoring them closely.
- A number of sex offenders simply don't have the skills to manage their life generally which in turn makes it difficult to complete sex offender treatment.
- About time.
- Accountability is key as is voluntariness. I think it sounds like a great pilot program.
- An alternative to pure punishment/warehousing with a focus on treatment is a step in the right direction. My only concern (as an appellate attorney) would be for those who wished to delay treatment (to maintain their fifth amendment rights) until they have pursued their right to appeal. It seems like they would be precluded, this option would be applied for and imposed by the sentencing judge. But perhaps it could be imposed in a reconsideration hearing after appeal.
- An intermediate option to prison after community supervision failure is badly needed. The program is difficult and combined with a completely new lifestyle and responsibilities some find it too difficult to adjust and fail in multiple areas. If we could identify those who need more structure and support to make it in the community and then have them participate in this residential program with one goal being to "graduate" to more independent living, I am convinced we would see fewer men end up in prison. This opportunity would also allow them to continue to financially support family as well as primary and secondary victims who have been deeply impacted by the removal of them from the home.
- Another option for high risk offenders, strict supervision, defendants would work and therefore pay for their housing/tx as opposed to the public paying to incarcerate.

- Better oversight and opportunity to replace negative culture and environment with positive surroundings to structure time and increase potentials for positive actions in the community.
- Brilliant & creators should be publicly lauded continuously
- Containment, accountability, 24/7 and treatment.
- Currently, those offenders who are not appropriate for prison or probation have no alternative. Prison does not effectively treat offenders. This proposal allows for a balance of supervision and treatment.
- Differential treatment options, housing and support for non-criminal activities.
- Good idea - don't like another board to make determination. Too many such boards now.
- Good idea.
- Great..... aims towards the issue and not just control.
- I believe that the therapeutic community setting in prison has been highly effective in treating incarcerated sex offenders. This option in the community would lessen many of my concerns about the lack of appropriate housing and supervision.
- I believe that this concept has merit. Rather than incarceration, it is offense specific, and hopefully, intensive supervision and treatment can be effective.
- I believe that this concept is a great start to being headed in the right direction and would better serve sex offenders and reduce community risk due to the TC concept with working with the offender.
- I believe that this would be an excellent option for offenders and it is an alternative to corrections where little to no therapy takes place.
- I believe this would add needed support and structure necessary for SO to be successful in treatment and in the community.
- I believe this would be a good idea, only concern is the funding aspect.

- I believe treatment is necessary. As long as the preliminary concept does not become a civil commit center, and people are allowed to progress through, it sounds like a good idea. It could potentially be a place that would accept Sex-offender leaving prison to better adjust to society under their circumstances.
- I feel this is a good way to treat, supervise, and prevent re-offending. The current system does not appear to be working well. I agree, it is time for a change.
- I fully support a therapeutic community approach. I support having the offender enter the program as an alternative, but stress that if they are not able to successfully complete the program, they are subject to incarceration in a traditional correctional facility. The offender must be able to support himself through gainful employment.
- I like the concept; Ongoing monitoring with treatment, while allowing defendants to work and be in the community is a good idea for many clients.
- I like the idea of an alternative to incarceration. Of course, the problems will lie mainly with things I'm not supposed to consider: no political will, NIMBY, etc.
- I liked "non low risk offenders" Nice word play. It would allow offenders an opportunity to be in the community, but live in a supervised residential facility. It would increase containment of the offenders and make them prove they are ready to return home or to a less restrictive environment.
- I think it gives PO's, parole, a different option in terms of housing. It can be used as an intermediate sanction, or more full-time. Housing is always difficult and sometimes high-risk given proximity to schools, playgrounds, etc.
- I think it is a badly needed resource.
- I think it's a great idea and should be offered throughout the state.
- I think the level of supervision is appropriate and necessary.
- I think this is a great idea- we need more of these types of programs.

- In mountain areas we have limited resources and the use of metro area resources is rarely an option because of the cap on numbers. Our offenders all seem to wind up in DOC as a result. A wonderful idea though.
- Increased monitoring/supervision for high risk offenders is necessary- this option gives offenders an opportunity to stabilize and develop skills/tools before being placed in the "general" community.
- Increased supervision is needed.
- Intense supervision 24/7.
- It couldn't hurt.
- It is a very good idea to get low risk people out of the prison and into a community setting. Currently it is extremely difficult to find a community setting for many people in this position.
- It is about time.
- It is about time that someone is not too worried about the liability of the convicted sex offender. It would be great if these offenders went to DOC when they fail in this program.
- It is an alternative to the one size fits all approach that is currently being used.
- It is needed. Too many offenders go to prison because of inadequate options for sentencing.
- It is sometimes hard for our sex offenders to find a place to live which isn't close to schools, parks, etc. so I can see it as a positive, however, it wouldn't benefit smaller communities like Gunnison.
- It should be able to serve other counties as well.
- It would provide a place for offenders to move out of prison to. There are many sex offenders in prison that do not have support in the community and that keeps them in prison.

- It is one more option for our high risk offenders. I like that it is supervised 24x7 and basically monitors all of the offenders free time. Their income is applied toward their housing etc.
- It's a controlled environment but allows the freedom to earn a living.
- It's exactly the type of containment needed for this population.
- Like the idea, except I wonder how it would possibly affect treatment goals and commitment to treatment, when you have that many offenders together, expressing their discontent, team splitting, and enabling abilities in a larger setting than normal.
- Low risk sexual offenders may have just as intense behaviors as high risk. Patterns may show this but not classified as sexual in nature. So overall there risk may be equal to a high risk offender. A containment model is important.
- More housing/community based treatment and supervision is needed for sex offenders.
- Much needed concept.
- Need residential treatment centers.
- Offenders are particularly good at monitoring other offenders. The idea of sex offenders living with other sex offenders provides an additional level of safety through what you might call peer pressure.
- One more additional option to increase success rates and ensure community safety! It would be nice if your preliminary concept included some thought about rural offenders as well...
- Positive, except I would want one in Larimer County as Denver seems to have so many more resources for S.O.'s
- Positive in that they are still being "treated" and it is easier to track them if they all live in the same complex, such as ComCor. Basically if it is a treatment facility until they are able to go into the "real" community, I think it is a good idea.
- Repetitive Sex Offenders struggle to succeed on probation due to their nature and the lack of resources in community supervision. This would provide a safe environment for them to remain in the community and not burden the prison system.

- Sex offenders require a high level of supervision and monitoring. Other sex offenders tend to be good at helping to keep their peers accountable.
- Sounds good.
- Sounds great in theory. There has to be the right mix of workers in this setting so the offenders needs are met so they can be successful when they get out. [Name of person] should run it. We are having to take furlough days and probably won't be getting a raise for a couple years so I'm not sure how this would pass through legislature.
- Sounds like a good option that would benefit the offenders, but probably doesn't impact community safety because residency restrictions are a joke.
- Sounds like a good way to help an offender get on their feet while being supervised and provided therapy.
- Sounds like a great alternative.
- Sounds like a great idea.
- Sounds like a new idea/solution to an age old issue.
- SOUNDS LIKE IT'S SOMETHING NEEDED--A MIDDLE GROUND BETWEEN INCARCERATION AND LIVING IN COMM.
- Supervision is relevant to risk, not a statutorily set time. Offenders risk would be relevant to their ability and receptivity to treatment not relevant to the sentencing guidelines in the criminal justice system. This concept addresses risk and a factor for consideration. I am glad to see future risk of offending finally considered!
- The current alternative is life in prison. Anything is better than that.
- The current system is barbaric and ineffective as well as expensive.

- There is a need to provide housing for this population, though I have reservations about a huge facility as proposed. Smaller communities, housing 20-50 offenders would afford a sense of belonging to a apartment complex or a small motel, rather than sharing a barracks or prison space.
- This concept would solve a lot of containment and housing issues these offenders face.
- This facility would make it easier to monitor sex offender whereabouts thereby making the community safer, including the community in which the facility is located.
- This is an excellent idea that needs to be available for the entire state.
- This is an idea whose reality is long over-due.
- This is what we need - a way to successfully integrate those we have labeled sex offenders into the community and give them the chance to prove they are not a risk.
- This sounds like an option that allows offenders to be managed away from the criminal system but still meet certain standards.
- This sounds similar to ComCor here in El Paso county. my experience with working with ComCor has been positive. I fully support this type of treatment and placement for sex offenders.
- This type of program is needed. Contrary to what some may believe, it would provide a greater degree of sex offender management and accountability, hence greater public safety.
- This would be helpful when defendants are required to start treatment right away and have been ordered to move out of their home (as children are residing in the home). Probation officers usually end up struggling trying to find a place for them to live-provide vouchers for motel and this ends up causing a great deal of instability. This concept would really help w/ housing issues.
- To have a specific population with all about the same offences and really getting an idea on what works and what does not work with treatment would be a great idea. Concerns would be that those there would be able to leave if it's not a locked down facility/community.
- Very positive option vs. DOC.

- We need to have alternatives to DOC or community based supervision that has the potential to create success in offenders.
- Why not Pueblo!!!!!! Great idea but Sex Offenders with these needs are also in the South of Colorado!!
- YES!!! This is exactly what I'm talking about!!
- YES. On the same track..

Reaction by respondents who had a “mixed” reaction.

- "Voluntary" w/out prior treatment or some sort of motivation besides recommendation for early parole. Offenders denial systems and propensity to return to life of crime are variables that shift but usually high for repeating past criminal behavior. Criteria for meeting eligibility for community TC should be strict and likely be of higher standard than prison TC due to access to community. Limit/barrier: only available in Denver area, what about SO's from other regions?
- 300 in one place and all sex offenders would cause a concern of them offending each other.
- 300 sounds too big.
- As long as there is a time certain for release that is the same as any other comcor facility (max 1 year).
- Better than life in prison, but still incredibly restrictive. Concern about who decides when an offender can be released and who decides when and under what circumstances someone would be revoked and sent to prison.
- Community uproar is a definite issue. So, to allay some concern the facility should offer a decent level of security, and is visible to the community.
- Concern about clients not supervised by Court.
- Convicted sex offenders are so marginalized that I fear a facility like that described would further marginalize them...I think such a facility could also be subject to unfair attack by uneducated community members, both politically and physically.

- Existing facilities dedicated to tx and containment are effective from variety of objectives; I am not convinced as to the efficacy of management of a total voluntary population but the advantages are there.
- Great for metro areas but once again we need rural resources to as sex offenders exist in rural areas and need treatment too.
- Having that many sex offenders in a metro area is a concern that I have, also funding for such a project might be hard to find, with the economy the way it is staffing could also be an issue, finding people who will work while in treatment and pay for it at the same time would be a hardship for some.
- I am in agreement to this concept. However, this idea is currently going on in Colorado Springs and gets very little support.
- I am not sure if the highest risk offenders would "volunteer" for this program. Does this completely rule out probation as a sentence? Who will determine when offenders are "managing themselves safely and responsibly?"
- I believe that this would be a positive and effective concept for monitoring and treating offenders. However, may be more appropriate for higher risk offenders.
- I do not agree that it would only be available to a certain area in the state. That is the problem with treatment options currently. There are many areas around the state that have very few options available to them and this just furthers that. I do not agree with the acceptance criteria as far as those only in the Denver Metro Area. Therefore, my initial reaction to all will be negative unless it was more open to all and then it would be all positive.
- I don't think that many low risk offenders need this type of intensive supervision and removing them from their environment--family, existing job etc. can be very detrimental.
- I like the idea of housing for "non-low-risk" (is that the same as high risk?) offenders, but I think the "around the clock" therapy sounds counter-productive as I don't trust existing treatment providers, and find it hard to imagine a set of treatment providers I would trust with devising and implementing such "around the clock" treatment. I do like, however, an alternative to prison for sex offenders where, unlike DOC, they could one day be deemed rehabilitated and return to the community.
- I love the idea of a sex offender comm corr facility. I'm not crazy about the idea that it's voluntary.
- I may need more information.

- I think it is a great idea but only for the metro area. However, this is consistent with most policy/procedures. The rural areas get very little consideration.
- I think the supervision aspects would be helpful and more treatment can't hurt. But I strongly believe that the majority of sex offenders will reoffend no matter what treatment they are given.
- If it is used as an alternative to incarceration it would be beneficial. If Judges use it as an alternative to probation would not. Would have to be well funded. There is definitely a need for a higher level of supervision for high risk offenders not suitable for probation but perhaps not prison worthy.
- I'm not at all sure how well this would reduce recidivism.
- I'm not sure offenders who work off grounds could be supervised- w/o supervision- they will reoffend.
- In this economic environment, I am skeptical whether there is sufficient funds.
- It could be great, it could be awful; I am very wary of potential for abuse of this population and knee-jerk violations that will land people in prison. I am concerned about conflict of interest of the facility re: its own funding incentives. I have some concerns about public vigilante targeting of facility if there is a high concentration of SO's in one place. I am concerned about mixing different risk levels of offenders in one facility.
- It excludes rural districts. Again, I think we are incarcerating the wrong type of offender. Drug offenders should be in the community and high risk sex offenders should be locked up and contained and if/when paroled they should have life time monitoring.
- It seems to meet the need for treatment, supervision and other issues raised earlier, however I am concerned about.
- It seems worth a try but I would be concerned that this would start to be used as an alternative to probation rather than an alternative to prison, as that seems to be the way these things often go. Also, while the therapeutic community concept has some benefits, there is also the concern that being constantly surrounded by other offenders increases the normalcy of offending. I would hope that this would be seen mostly as a transition to a more normal type of placement in the community.

- It should have oversight by an independent board having the final decision over admission and discharge. There should be time limits on keeping offenders in the facility. Treatment approach should embrace both a "Good Lives" AND a relapse prevention model and treatment team should generally be non-punitive in their approach.
- It wouldn't help us in the rural communities.
- Like anything new, knowing some research might be beneficial.
- Mostly good and gets people into treatment quickly as opposed to waiting lists. Plus several offenders are not appropriate to DOC so this solves that. My concern is sentences will be longer and people who should safely get regular probation will be offered this facility instead as a thoughtless default.
- NIMBY
- Not sure our treatment methods are good enough to make such an intensive program viable.
- Offenders should have greater treatment options, but don't want a system where we essentially create a "jail atmosphere" but just don't call it a prison.
- Positive concept, concerns about offenders reliance on the program versus self regulation, Is there a transition into the community plan?
- Question concerning the format.
- Seems almost too large - 300 beds. Concern over housing that many higher risk offenders together for the antisocial element. Concern that no community would support this type of program. Positive - does add to a "continuum of care" for adult SO's. If noncompliant, then sent to DOC.
- Sounds hopeful but does not solve these issues in the rural districts.
- Sounds like a decent idea but I've been nothing but disappointed in the existing shared living arrangements like SOARS where the treatment seems to be merely a set up for failure.
- Sounds like a good idea, but would be expensive, and not available to all districts.

- The program will work within the structure, but how successful will it be as the structure is removed?
- There is an assumption that we will be able to agree on which offenders would merit this type of placement - charging practices vary between districts and our ability to discriminate between level of risk in the middle ground of offenders is poor - it would be difficult to insure that lower risk offenders are not over-treated in such a setting - the community is not going to want such a treatment agency in their neighborhood - there is the possibility of further stigmatizing individuals who are attempting to alter their behavior, making them less successful. We could not keep people in these facilities indefinitely, and once released, we have the same issues as reduced supervision programs experience currently. There would need to be the ability to monitor once they leave the highly structured setting - any addictive/compulsive behavior has relapse as a probability...need to be able to place those offenders in this setting who can benefit from it - we would be well advised to be looking at more research into identifying propensities earlier in human development, and trying to intervene and prevent prior to multiple arrests and habituation of behaviors. When private organizations become involved, there is most often an element of exploiting offenders and their families.
- They are already labeled, however it might protect them as well as the community.
- This is certainly a better option than life in prison but I fear it will become a dumping ground for sex offenders of all types, whether they need that type of containment. Additionally, this type of large facility may not be the best for treatment.
- This would be a good option for the Denver area but it offers no options for outlying areas. Denver probation has not been cooperative in dealing with sex offenders from other districts especially high risk ones who probably are most appropriate for a setting such as this, therefore I doubt that this option would offer much to us.
- This would only be effective if the danger to the community remains the primary concern. Everything else must be secondary.
- Too many offenders are placed in prison and never released. This is a positive alternative. However, it should not be an alternative to probation, as not enough offenders are sentenced to probation.
- Too many offenders in one location, could become institutionalized.
- We live in a rural area far away from the Denver metro area so this would not be a resource for local offenders.
- Who runs it, bureaucrats are poor treatment provider, don't trust current SOMB, good boy network.

- Who would provide treatment? Would the staff be SOMB listed therapists?
- Why would it only be offered in the Metro area?
- Wish it was available to NE Colorado.
- Worth a try.
- Would not serve my area.

Reaction by respondents who had a “negative” reaction.

- Although you said non political why not consider other metro areas like El Paso County where this work has been going on since 1985 without special funding.
- Because it is only available for the metro area and the rural areas are always in need of services/resources.
- You cannot teach a sexual offender how to implement skills in a facility housed by sex offenders who typically have criminal thinking. This replicates prison.
- Don't like it. Offenders should have some period of confinement first. Tx should be earned not given. A term like “Non-low risk” sets my alarm bells off! Sounds like double speak. You will lose possible supports by appearing slippery.

**WHAT ARE THE GREATEST CHALLENGES THAT YOU BELIEVE WOULD NEED TO BE OVERCOME TO MAKE THIS CONCEPT SUCCESSFUL?
THESE MAY BE TECHNICAL, LOGISTIC, POLITICAL, THERAPEUTIC, OR ANY OTHER CHALLENGE. PLEASE BE AS SPECIFIC AS POSSIBLE.**

- *Political - the "NIMBY" issue! *Funding would be another challenge. *Adequately monitoring a 300 bed facility.
- 1) political, 2) already they are talking about "off campus" supervision shouldn't be allowed. work and back, I guess recreation would have to be at the facility. they are there until they complete their time, that's it, unless lifetime supervision mandated and it is determined when they go back to community living. Otherwise, would suggest no "off campus" activities be allowed, they need supervision at all times and should be contained within the setting unless working, driven to medical appts or other appts also.
- 300 may be too many to monitor and the general public would object, at least nearby communities. Would need to screen out real impulsive/mental health types of offenders.
- A group this large would be hard to manage. They will learn from each other how to beat the system.
- a) Financial sustainability. b) Logistical placement in the community i.e., residency & occupancy restrictions, etc. c) Political acceptability in light of the overwhelming misconceptions of such a facility, e.g., the community doesn't buy the DCJ research that SLA's provide greater accountability than any other type of housing.
- Addressing use by counties outside of the Denver area.
- Again, placement of criminals within the agency would facilitate criminal behaviors and criminal this does not adequately generalize to the general population.
- All political...people writing legislation don't get it yet.
- All the above.
- As stated previously, concerns of public opinion, which can be very influential.(i.e. negative media coverage).
- Available resources, trained and qualified staff. The right staff would make all the difference.
- Changing public perception about sex offenders. The public perception is that they are not treatable and that a community-based sentence does nothing but put everyone at risk. There needs to be good research-based information disseminated by an organization without an

agenda showing that many people we have chosen to label sex offenders are very treatable and unlikely to reoffend. I personally can't believe that the person who sits in his home looking at child porn without taking any action against children poses the same risk as the man who hangs out at a park looking for his next potential victim. While the conduct of both may be viewed a "reprehensible" by many, the thinking patterns are clearly different and the treatment approaches need to be different too. The general public lumps all sex offenders into the "dangerous" category and wants none in the community because it is not well-informed.

- Community acceptance and demonstrable results.
- Community acceptance. The community will likely fight this type of a facility. Staffing issues will become a concern, funding issues will be problematic.
- Community acceptance: no one wants sex offenders in their county.
- Community and political support.
- Community perception and political change.
- Community response to 300 Sex Offenders residing anywhere. Unfortunately, the public wants every sex offender sent to prison for their rest of their life, but that does not happen. Also, the public isn't informed at all about sex offenders in their communities. They don't want to know about it. I don't think the politicians would be able to muster the courage to support this (even if proven effective) because the public would be outraged that 300 sex offenders would reside in a facility and be allowed to leave for work during the day. The biggest challenge is that there would never be public support for such a facility unless on some island in the middle of an ocean.
- Community support.
- Convincing judges that sex offenders can live in the community safely.
- Cost and community concern.
- Cost, location, political.
- Creates a false sense of security, this is very similar to drug rehab, it works for those who are ready and capable of change, and would probably be used by Judges as a cost saving measure as opposed to prison.

- Creating a system that functions adequately. The program would require well trained staff, rewards for progress in treatment, on site-jobs, controlled flow of information going in and out of the facility. (visits, mail, TV.).
- Criminal code and conduct. Needs the Treatment community accountability. Peer culture.
- Finances. If this is a government funded agency then there might be various funds depending on the year.
- Financial - given the current state of the economy. Also political, as the last few years demonstrate that the idea is just to lock up these people and throw away the key. this type of model, with the treatment component, is what is needed, and a less expensive alternative to incarceration.
- Financial and Political. I am not certain our communities understand the idea of treatment as opposed to sentencing.
- Financial political, specifically location.
- Find effective and lasting treatment staff must be reliable, trustworthy, and have good judgment.
- Finding a location due to objection from locals; educating the public on benefits of this option including safety/containment controls and cost savings.
- Finding a suitable location. The public perception that the system is going easy on sex offenders who have violated conditions of their release, managing turnover and adequate control while they are in the community.
- Funding.
- Funding and political (NIMBY)
- Funding, public acceptance.
- Funding.
- Funding. Political - getting the public to understand the concept. Getting judges to buy into an alternative - ANY alternative - to prison.

- FUNDING. COMMUNITY SUPPORT. TREATMENT PROVIDERS THAT ARE TRAINED IN SO TREATMENT.
- Getting the community to agree, political disagreements about managing sex offenders effectively and safely.
- Getting the public and legislature to agree. Political issues.
- Have judges, prosecutors and the community convinced that it addresses public safety concerns.
- Having the community buy into this concept. I think people would be hesitant to allow this to be in "their backyard". I don't know where in the metro area a place like this could be built that would be isolated enough.
- Having the politicians, government agencies, treatment providers, and judges to buy into the concept.
- Helping them find jobs; community vigilantism; what criteria would the board use; does not address co-existing disorders (like substance abuse); does not address family reunification / victim clarification issues.
- High number of beds means a lot of individuals to monitor at one time. What about sexually violent criminals, ages of clients? Sex offends can perp on other sex offenders.
- Highly manipulative offender group...would take extremely well suited employees and treatment providers.
- Hiring quality SOMB approved Treatment and staff being available 24/7.
- I believe the greatest challenge would be politically and with the local community, even if it was a low population community due to fear of having sex offenders in "their back yard."
- I have the same issues as previously stated. I would like to see real psychotherapy. This appears to be more of the containment theory which will not help defendants accomplish meaningful and lasting change.
- I think it will be hard to convince the public that a large complex of sex offenders will not create a public safety concern. The NIMBY problem will also be hard to overcome.
- I think politically it would be difficult. I think it would cause a public out roar from the people living anywhere close to the facility.

- I would like to see this for offenders who are getting out of Prison, and would like to know the step down process versus just keeping them in your facility then out to the community (transition?) otherwise Prison to community?
- It doesn't allow for a gradual transition into independent community living. If they're not under some type of probation/parole supervision it sounds like they would go from all to nothing when they left the facility.
- It seems somewhat dangerous to group 300 sex offenders in one setting.
- Keeping it ethical.
- Lack of community support. Therapeutic challenges.
- Location and zoning, registration issues and city ordinance issues.
- Logistically this could be difficult especially for off campus monitoring.
- Logistic and too many SO's together in one place...
- Logistic- not in my backyard thinking. Political- getting funding sufficient to provide full spectrum of services discussed.
- Logistically in finding the right location with access to jobs but away from schools etc. and politically.
- Logistically, it would be very difficult to drive 300 people to their jobs every day. It would also be very difficult to pick these people up. Timing would be a problem if most people started work around 9.
- Making the transition from being in an RTC community back into the community on their own with no monitoring.
- Money (always). No one will want this in their back yard. Recruiting educated staff might be a challenge. Perp on perp victimization.
- Money and finding a site where protest does not prevent building.
- Money and public acceptance.

- Money and the fact that tax payers don't want to coddle sex offenders.
- Monitoring off grounds, keeping up therapeutically with larger more difficult populations, political issues of resources, location and funding. Community reaction and safety issues.
- Monitoring their behavior both in and out of the facility, assessing treatment readiness.
- Mostly political and financial hurdles.
- Need referrals and support from other than metro judicial districts.
- NIMBY, financial - how to staff such a large TC concept.
- No one will want to live anywhere near this location. Not due to real safety concerns, but the NIMBY, "potential" for violence idea. Very expensive to operate this facility...including transportation costs, housing, treatment, etc. There would be a lot of concerns about who was "monitoring the monitors"...to ensure it didn't become an old fashioned asylum.
- Nobody wants it built near them.
- Nobody wants this type of facility in their neighborhood. It would not be cheap, and there are already budget shortfalls in government.
- Nobody will want this facility near them.
- None of the people I supervise would be allowed to reside there based on their address.
- Of course the NIMBY attitude. a plan for aftercare. staff with education regarding sex offenders, \$\$\$\$.
- People with developmental disabilities are not being treated fair right now because of lack of appropriate housing. At least this concept would give them a better opportunity to change their behavior. The current prison system is clearly not looking at their special needs. It's throw them in prison and throw away the key.
- Political - as always.

- Political.
- Political.
- Political.
- Political.
- Political.
- Political - "not in my backyard." Would be very costly but probably more cost effective than prison.
- Political (people are too fearful to make good decisions.) logistic (cost, and availability of adequate transportation, supervision...).
- Political and the NIMBY syndrome.
- Political and economic- this might work if offenders are required to work and pay.
- Political and moving the putting the current system aside.
- Political and public.
- Political and societal beliefs and misconceptions, funding and finding people who are willing to work with and also qualified to work with sex offenders.
- Political and society.
- Political and to insure that the model supports eventual re-integration. Financial as this population does not have a lot of Community Support.
- Political backing, zoning and neighborhood considerations.
- Political barriers - getting people to put money toward treatment instead of incarceration.

- Political issues are huge and obvious. Also, seems incredibly expensive. Again, the problem I have is the use of this as a dumping ground for sex offenders or tendency to believe one size fits all.
- Political mostly. I can't imagine many people who would want this type of facility in their neighborhood.
- Political will must be built, ongoing community education, belief that it is doable & essential.
- Political would be the greatest as I believe that nobody wants SO housed in their neighborhood or for them to have a special housing facility.
- Political--"not in my backyard."
- Political.
- Political, and this board you are talking about. I would want the board to be comprised of PO's, or people working strictly with sex offenders, not a board that is populated by comm corr professionals.
- Political, the community, logistics.
- Political, therapeutic, logistical(taking inmates to and from work?).
- Political, we would have to develop new or more standards to decide who goes there who has to stay there, why and for how long.
- Political. Funding and community support will greatest challenges.
- Political. Why should the tax payer be burdened to pay for this when the stats indicate all of these residents will ultimately re-offend.
- Political. nimby attitudes.
- Political-getting support from the community. I think Education in the community surrounding this area would be essential.
- Post conviction.

- Preventing institutionalization; allowing decisions to be made by the offender under a controlled environment.
- Probably political as it is likely the Denver community at large will not be thrilled. Also concern about decision-making in terms of release -- the current system in DOC in conjunction with the parole board is ineffective in terms of determining who can be released onto parole - - concern is that same subjective and unfair decision-making will occur with this type of set-up as well.
- Proof that this type of therapeutic community actually helps the individuals there.
- Public attitudes about sex offenders living in their midst and funding. Also it is important to avoid the creation of a S.O. counter culture within the community, similar to what can occur in prison.
- Public education/political FYI--I said "don't know" to the last question only because almost no sex offenders are on probation or parole, and those that are don't require such intensive supervision; I see this idea as an alternative to prison.
- Public fear and lack of understanding.
- Public support and appropriate, ethical staff.
- Putting 300 sex offenders in one location will be a public relations nightmare as no one will want the facility anywhere near their home which means the facility will have to be far away from the metro area. Staffing the facility will be a logistical challenge due to its distance from the metro area. Finding and training enough treatment providers could also be a challenge. Moving the offenders from the facility to the metro area for work would be expensive.
- Putting the public at risk!!!! Corrections/SOMB is running its own program without much care for the public's concerns. Why should rapists be treated better than other offenders?
- Realistic 24 x 7 treatment.
- Recognizing that many offenders classified as such need no treatment other than regular probation.
- Resources and trained staff to make it "reliable and successful," however these will be measured.

- See above: Is there an area of "low population density" in Metro Denver? Seems like the only possible way to get politicians -- who would be terrified of "soft on sex offender label" -- to agree is by showing huge cost savings over incarceration.
- See response above - would need a better way of identifying those who could be successful and benefit from this setting - would need to offer a variety of treatment since not all offenders respond to all treatment (or treatment providers) in the same way...we cannot assume that an offender's failure in treatment is solely 'free will' - our treatment is limited and stigmatizing - the community responds out of fear - so we are left with containment strategies.
- Size will be an issue for politicians - citizens of the metro area - and for maintaining an effective program.
- Some of my probation sex offenders feel vulnerable around parolees.
- Staff needs regarding transportation (may not be needed the entire stay), political obstacle to sell to community, would be good alternative for probation revocation and DOC/jail transition.
- Staff to supervise that number of inmates. Making sure that they did not have access to new victims inside and outside the facility.
- Such a facility would not allow a sex offender to deal with life in the overall community.
- That it be therapeutic and not punitive.
- The community!
- The concept as proposed to be an inclusive therapeutic community essentially makes is another community corrections facility and could pose challenges of a manly or one size fits all concepts. Not all offenders would benefit from the therapeutic philosophy and pieces on one treatment program. Currently probation officer and presumably parole, attempt to treatment match offenders to programs. Given individual officers interactions with certain provider, some favoritism may already exist, but providers still receive consideration from officers based on the perceived level of service that offender will get and how that matches the offenders needs. The other aspects proposed, seems to suggest that this would simply be a larger community corrections setting, rather than a housing complex that assists offenders. The other aspect of this concept is the public and often political out cry about sex offender being in the community at all. The general thought in the community of a sex offender is the guy who preys on children and women by snatching them off the street to sexual assault them (stranger attacks) rather than understanding the large variety of offenses that fall into the classification of sex offenses, even

include those who commit non-sex offense, but who end up in treatment because the evaluation recommends sex offense specific treatment.

- The process for being able to terminate participation in the treatment community is too subjective, as is the community board that would make the determination of who would be acceptable to participate. Additionally, the treatment should be a collaborative participation of treatment programs already available within the community versus a one treatment program approach which is not tailored to evaluation of individual offender needs.
- The quality and training of all staff employed at this facility.
- The right treatment, staff and selection process.
- The surrounding neighborhoods and populations would need to have the comfort of knowing that the facility is secure and that there would not be a high risk of potential incidents in and around them. That other counties another than those that were mentioned would be able to participate in the program under certain criteria.
- The treatment idea that all sex offenders will eventually re-offend. The fear of treatment provides, parole and probation that if they ever let someone out they will re-offend and parole and or probation will be blamed in the media.
- The two largest obstacles would be funding and public perception.
- This is political suicide. No community will want a sex offender program in their neighborhood. And we return to my main point...we have no idea how to treat true sex offenders. lastly, too many people are classified as sex offenders who are not.
- To make the facility available to all districts/counties in the state, not just those on the front range.
- To never let it become "civil commitment."
- Trained staff, consistent monitoring, adjunctive services for families, circles of support outside the facility, reintegration processes.
- Trained staff, is contact with their children/family possible & what would that look like, treatment for family/spouses & victim children.

- Transition from the program back into the community - how would it be done, from 24/7 monitoring to release? If there is no transition then it could easily be just seen as a way to get offenders to pay for their incarceration, or prison-lite. The 24/7 sounds good for PR, but therapeutically does not allow for a shift to internal monitoring. Adequate screening criteria - what would they be? NIMBY.
- Treatment should be designed to encourage success and not failure. My fear is that the parameters would be so difficult for any person to succeed that it becomes merely a stop before prison.
- WE NEED A MORE EDUCATED PUBLIC ON THIS ISSUE. NEED TO ALLEVIATE IRRATIONAL FEARS WHILE ALSO BEING AWARE OF TRUE DANGERS.

WHAT DOES THIS NEW CONCEPT MOST NEED TO DO TO HELP SEX OFFENDERS LIVE SAFELY AND SUCCESSFULLY IN SOCIETY?

- 100 percent guaranteed containment. the concept is allowing someone a chance to work and contribute to society in a positive manner, along with treatment provisions to make the defendant aware of cycles/sex offender behavior etc. The motivation for the defendant to enter the facility is a chance to give back to society on positive level, maybe contributing by paying taxes, being allowed to save a little to plan for eventual release, better setting than prison for the defendant and gives him an ability ... prior to his release to prove himself in some ways. Once his time is up he is released back to the community setting, but has some savings and has been working, in constant treatment, and dealing in a work setting interacting with people other than prisoners prior to the release date.
- 24/7 supervision.
- A commitment to public safety first and foremost.
- A continued level of monitoring after successfully completing the program.
- A gradual re-entry into the society.
- A high percentage of staff to resident ratio. For example 1 case management staff to every 10 offenders and possibly even the same for the 24 hour supervision of the offender. In addition, ongoing treatment on-site to include groups, polys, etc.
- A jail like setting - they committed a crime.
- Accept referrals from outside the metro area.
- Accountability - meaning there are significant consequences for not cooperating with supervision and monitoring.
- Accountability in the community and productive community members.
- Adhere to standards and provide a high level of containment/therapy. Should have dedicated and experienced staff that are used to working with sex offenders.
- Adopt the "therapeutic community" philosophy of real treatment 24-7. This is a hard concept to have offenders "buy in to."

- Allow for sex offenders to educate others on their offenses and what is critical to ensure safety and success for them in the community
- Allow opportunities to reside within the community, period.
- Allow them contact (supervised!) with family members and people who they will ultimately come into contact with in society so that they learn to deal with their issues in a non-cloister like setting.
- Allow them to rebuild their relationships with friends, family, work so they can reintegrate financially and socially -- also need to have access to mental health and substance abuse resources and tx must acknowledge traumatic hx of the SO's (some studies report 80% were sexually abused themselves).
- As long and much treatment daily that can be offered.
- Balance the reintegration issues of: work/employment, therapy, appropriate socialization, establishing social supports, and recreation.
- Be a stepping stone for those sex offenders from prison or community who have had some experience and success w/ SO treatment. Have good community support systems and consistent treatment available, including networking w/ community MH's, private providers, etc.
- Be able to assess pro-social attitudes, research what expressed attitudes and behaviors are predictive with successful living in society.
- Be able to provide them jobs and housing when released.
- Be consistent and hire qualified, ethical staff.
- Careful screening of participants.
- Change their beliefs and sexual thoughts and I'm not sure you can do that for a person if they aren't willing or don't feel there is anything wrong with it. That is why we aren't very successful now.....and I'm not sure there will ever be a "fix" for these types of offenders.
- Collaboration between all agencies including probation & parole.
- Community support.

- Community support.
- Consider pushing in conjunction to lifetime supervision, civil commitment, and this is where this could step in easy.
- Consistent therapeutic expectation and progress documentation.
- Constant accountability and treatment.
- Containment and treatment.
- Create a working on site, all inmates work onsite.
- Criteria for movement and completion...aftercare.
- Develop a re-integration model with a buy in from various sectors of the Community Political Crim Justice Business's.
- Develop long term monitoring of sex offenders.
- Don't really know.
- Earn money, obtain treatment that is INDIVIDUALIZED for the particular person rather than SOMB.
- EBP treatment.
- Educate the community. Public perception is that these are untreatable people, and that they should all be locked up. Reality is there is a wide variety of people, and many can be treated and be safely in the community.
- Effective Healthy Community model.
- Encourage honest open communication, reinforce pro-social skills. Lead participates to understand that their life cannot be normalized.
- Ensure offender accountability in the program; must ensure that they are in fact being monitored.

- Ethical, humane therapists and management.
- Everything that is currently being done with treatment-containment.
- **EVERYTHING, ESPECIALLY BACKING THAT TOTALLY SUPPORTS THE EFFORT IN EVERY MANNER.**
- Family and community support.
- Financial backing and political support.
- Focus on the transition from therapeutic community to an unsupervised/unmonitored life.
- Focus on their strengths, treat them like human beings, truly prepare them to reintegrate into society.
- Follow-up to the treatment they receive, follow-thru with the treatment they receive.
- **FUNDING.**
- Funding and transportation.
- Funding, treatment resources, oversight and monitoring.
- FYI only: I hear from offenders (over 11 years) who have received treatment on the streets. They are asking for more Treatment, versus open groups where check-ins are done over and over and treatment is not addressed (due to new members entering). Their words. Treatment addressed to help them make change/their lives. Yes these are guys that failed and violated/re-offended.
- Get started as soon as possible.
- Give them a "light at the end of the tunnel." Give them hope that they can complete treatment and that it is not all designed to just keep the supervised for life or designed to be impossible to comply with, as the current system is set up.
- Give them the ability to work and connect with family in the area so that stability exists in the person's life.

- Give them the tools to earn a living wage, effective treatment that educates them about their particular problem and how to avoid reoffending and community resources they can seek when they find themselves in trouble and at risk for reoffending. Somewhere in all of this there needs to be some esteem-building because of the negative perception of sex offenders.
- Good staff & treatment.
- Gradual transition with ongoing supervision and less intense treatment in order to re-establish them in the community when they do return.
- Have certain criteria for accepting the residents...not taking anybody who is in severe denial and/or think this program is a way to get off probation or parole early.
- Have good jobs in place for them when they get out. Let them try to live as low-key in society as possible. Have a firm "end date" in mind, so they can know when they are "done", i.e., something to look forward to. Go for a strengths-based treatment program rather than a cog approach.
- Have intensive treatment to help offenders begin to manage their sexual deviance and have effective transitional program for offenders moving back to their home.
- Help in demonstrating that the majority of sex offenders are low-risk to reoffend if they have availability to treatment.
- Help them stay employed and involved in some form of treatment.
- Help them take full responsibility for their actions.
- High degrees of consistent structure and monitoring. The staff would need to be well trained in containment theory.
- Highly trained staff, good oversight- including staff mental health support.
- Hire qualified staff which will require salaries that are competitive.
- Hire well trained dedicated employees- pay well.

- I agree with this new concept.
- I do not know.
- I don't know.
- I like the level of treatment, consistency and oversight.
- I think I would need more information about the concept...e.g. who would supervise the treatment team?...who would employ that person? who would employ other members of the treatment team?
- I think treatment is the first and foremost thing that needs to be addressed in order to teach them how to apply the tools they are learning to real-life experiences.
- Identify those who can benefit from such a setting, increase offender insight and motivation so more can benefit from such a setting - allow for relapse and reward those offenders who identify relapse issues early on and request low/no cost assistance (regression into the treatment setting).
- Implement therapeutic community.
- Incorporate the Good Lives and Self Regulation model into treatment and management, be affordable, incorporating EBPs that are supported by the research for more generalized criminal justice populations.
- Integration with society and community instead of segregation from the community.
- It throws government money in a new directions. JBC will want proof that it is making a difference...much like the SB94 YOS Program.
- Job Training Self Esteem Building progressive levels of freedom and trust before ultimate release.
- Look at Tony Wards GLM research.

- Make sure that community reintroduction is the goal. Too many times people serve their time, are paroled with virtually no resources, and then snagged up by the system again when they fail. While treatment is part of the process, that can only be effective if the offender is given skills, resources, and opportunities once he is back in the community.
- Money.
- Monitor, and treat.
- Monitor and teach.
- Multiple smaller facilities may be safer for all involved, including the staff.
- Needs to have a good balance between meaningful treatment and allowing offenders to try and lead normal lives.
- Not assume that they'll automatically reoffend.
- Observe the offender and the choices made by the offender and treat accordingly.
- Obtain and maintain employment.
- Offender Accountability.
- Offer empathetic support.
- Offer positive environment based on therapeutic progress vs. jail housing mentality.
- Perhaps a smaller scale in more than one location.
- Plan for discharge and aftercare plan.
- Project a positive image to the general public and be under strict guidelines.
- Promote healthy sexual choices and stability in the community.

- Provide as much normalcy as possible. It should require either employment or education for participants. Meals etc should be as normal as possible. Participants should be expected to contribute to the facility's upkeep and improvement.
- Provide employment assistance and substance abuse counseling.
- Provide high accountability with structure. Also needs to provide appropriate, meaningful and relevant rewards for progress as well as equivalent sanctions for violations, lack of progress.
- Provide intensive treatment with intensive supervision. It needs to be available for offenders outside the Denver Metro area. It will need an adequate number of employees to operate the facility.
- Provide long term care.
- Provide structure and support, with healthy consistent confrontation for their accountability.
- Provide treatment based on valid psychological ideas instead of fear based pseudo-psycho babble.
- Quality staff.
- Research on how well the lifetime supervision model is currently working.
- Risk Assessment.
- Same as above [Political will must be built, ongoing community education, belief that it is doable & essential]
- Smaller in scope. Hard to supervise that many offenders. Need high staff to offender ratio.
- Start out slowly and gradually increase to the 300 beds.
- Stay with it.
- Strict containment and accountability while living/working in the community as opposed to incarceration and then release.

- Supervision & accountability.
- Support and team concept from the supervision team and others (parole/probation, treatment, law enforcement, community boards, etc).
- Support in the community and financial support to ensure that offenders can receive treatment even if they cannot make money given the economy.
- Support, character building, job coaching, treatment that meets their specific needs, & after care.
- Teach society about living with sex offenders- making sure persons don't re-offend while living at the facility.
- That the program is not a get out of jail free card and that strict rules' would be in place. If those rules were violated, the offenders would do their straight time, no exceptions.
- The ability to monitor offender through evaluations, polygraphs, or treatment progress specificity.
- The ability to successfully move through the program and complete it. There is too much indefinite directives in SO supervision and treatment.
- The offender should have slow exposure to the community. The new concept needs to address outside specific treatment needs and support, i.e. 24 hour support hotline and voluntary support groups during community re-entry.
- The program needs to be affordable based on the job they can get, and they need to be treated as human beings with dignity.
- The support of the community, support of treatment and Judges to also support it.
- The therapeutic environment and supervision.
- The therapeutic community model would provide an effective model for reintegration into society.
- Therapy and constant monitoring.
- There needs to be a strongly supervised transition from the program.

- This may be a good location to try new treatments, etc. Essentially, if we are to believe that it is possible to change people's behavior through treatment, we need to find the most effective means to do that.
- Time certain combined with behavior and history.
- To provide a safe, secure, affordable housing alternative, particularly to offender who must vacate a family residence because of the contact issues, those who go to jail or come from prison without the wherewithal to begin again. The facility should re-enforce the concepts of accountability, behavior modification and cognitive restructuring, while also providing job or career counseling, job search help, transportation, medicine monitoring and referrals and general life skills, which many offender either lack or are deficient.
- To treat the offenders with respect. This is what is missing in most treatment models.
- Transition back in to the community. Monitor offender's actions while getting back in to the community.
- Transition from high structure to progressive lower levels of structure and dependence on the system.
- Transition from the facility to the community will be crucial. These are the times most offenders re-offend because they cannot handle new freedoms.
- Treat and monitor.
- Treat them with respect and as people with a medical problem who have usually been victims themselves.
- Treatment needs to be supportive and accountable, not just punishing and all about containment.
- Try to determine which ones are suitable to return to society.
- Unlike the current paradigm, it needs to recognize that all sex offenders, and all so-called "sex offenses," are not the same. That is, reject the current operating principle of prosecutors, treatment providers, etc., that virtually all such persons cannot be rehabilitated and require lifetime supervision.
- What I put above and financial backing.

- Work on healthy transition to the community with plenty of support.
- Yearly assessment by objective evaluators from outside agencies who are not influenced by the facility as a whole. Also movement of privileges should be monitored by the court as opposed to the facility.. who should help these individuals therapeutically move forward and find a life worth living. This would be a disaster if it was simply a ware house for life time prisoners.

WHICH OF THE FOLLOWING BEST DESCRIBES YOUR POSITION? OTHER RESPONSES.

- & private practice victim trauma therapist
- Advocate for people with developmental disabilities
- Attorney in private practice
- Child Advocacy Center
- Community activist
- Defense attorney (non-public defender)
- Former DOC SO Treatment Provider
- Intake
- Offender Advocacy
- Offender advocate
- Paralegal
- Private attorney
- Private attorney
- Private defense lawyer
- Private lawyer
- Program Manager for Developmentally delayed sex offenders
- Records
- Sex offender therapist
- [Relative] of treatment provider
- Youth parole officer

IS THERE ANYTHING ELSE YOU WOULD LIKE TO TELL US ABOUT THE TREATMENT AND REHABILITATION NEEDS OF SEX OFFENDERS?

- 5.7 needs to be updated for low risk offenders to reduce the amount of trauma to non-victim children and their families.
- A huge problem with our current system is the fact that all sex offenders are treated exactly the same and have a life sentence imposed. Another is the fact that SOMB dictates what a person receives treatment-wise, whether it's warranted or not. Not enough treatment providers and those that are available seem to fundamentally believe "once a s/o, always a s/o". Treatment providers almost never want to go out on a limb for a person, perhaps due to fear of losing SOMB certification and income stream.
- As stated earlier, would like to see more resources and personnel available for victims to contact and gain and share information regarding these offenders post sentencing. Victim needs are not being met.
- As with a majority of organizations that seek to provide assistance and benefit, there is a failure to involve the individuals who are actually recipients of the proposed treatment/assistance. An effort to include a voice from those who have received treatment as a sex offender and are living both safely and successfully in the community needs to be include for consideration.
- As with any large treatment facility, the success or failure depends on competence of staff, including therapists, supervisors and polygraphist. It is a very good concept, and I hope that it gets a chance to work.
- Consistency and the need for Victim empathy.
- Even minimum centers with a single fence are still prisons. The safety and security of the facility must be paramount. There is always a hierarchy in a correctional setting. Even though they will all be sex offenders, some will be selected for persecution by other offenders. What type of medical facility will be on site? Will the facility provide medical care or does the offender have to rely on their own insurance? I do not believe sex offenders can be rehabilitated. Sex offenders cannot change their basic sexual attraction. Sex offenders must recognize and accept their sexual attraction, only then can their behavior be modified. Recognition and acceptance are extremely difficult for them to achieve.
- Far, far, far too many people are classified as sex offenders who are not. Best example is the 18 year old who has sex with a 13 year, ten month old girl who says she is 16. That defendant faces life in prison and is classified as a sex offender for life.
- Housing and treatment costs continue to be a huge struggle.

- I am glad to see an alternative, well thought out option presented. Being from a rural district I would like to see availability not limited to the Denver Metro area and, although likely fewer referrals, the ones rural districts do make should be considered at the same level as a Denver resident.
- I believe low risk sex offenders are not usually sent to prison, but that quite a few higher risk are on probation. The issue of financial support to get reestablished in the community is not a yes/no question.
- I believe that the current "sex offender registration" law is ineffective and does nothing more than create unnecessary bureaucracy. It is a fear induced rule that really doesn't keep the community safe. Instead, we need to focus on effective treatments that truly change offenders' behavior.
- I did not answer a lot of the questions because I felt I needed more information. Ex. what is the survey meaning when they say low risk offender? Is it referring to compulsion or severity of the offense. Also, my experience with treating probation only male sex offenders limits the input and info for the survey having not worked with parole or DOC. Lastly, treating probation only offenders, my experience has been that everything varies on a very large spectrum. Examples are low risk offenders getting very long sentences and vice versa. There are so many variables! It makes it very difficult to check a box that corresponds with my opinion. The survey and treatment facility sound interesting and promising!
- I don't believe this can be pulled off. I believe it would be a waste of tax payers money. The money could be better spent on providing funding directly to individual agencies through grants. In our state we have rural districts that have no services at all. These dollars could be spent in these areas by starting state approved and sanctioned programming. i.e.; treatment programs polygraph examiners and public education.
- I feel that there needs to be a completely different treatment model. Treatment providers need to be more qualified and better trained. I'm tired of the treatment providers being someone with only a bachelors degree in an unrelated field who is allowed to provide treatment and opinions because they are "supervised" by a purportedly qualified to provide psychological treatment.
- I support what you are working to accomplish! Hope my thoughts are helpful in some way.
- I think group therapy is most effective w/ this sex offenders but unsure how residential setting may affect their progress on streets. Again, good network of support systems, community agencies, etc., will be vital for integration and the responsibility such a program will require.
- I think that more treatment options need to be available to remote areas in the state.

- I would like to see sentencing for all Felony level Sex Offenses, be lifetime or until successful completion of treatment.
- IMO, far more unbiased scientific study needs to be done on the subject, and what studies there are too often get ignored.
- It is difficult to generalize about the needs of "sex offenders" since that term encompasses an extremely diverse group of people. Clearly, a person who commits a violent stranger rape has completely different treatment (and punishment) needs than a person who commits what we used to call statutory rape. However, a large majority of sex offenders can be successfully treated and monitored in the community or in a supervised setting such as the one proposed here. Colorado's experiment with lifetime sentencing for sex offenders has been a dismal and expensive failure.
- It must be ongoing. There needs to be continued accountability. The behavior is only one area of sexual deviance. Treatment is needed to access thought processes to keep the sex offender from reoffending.
- Just don't forget we have needs in the rural areas of Colorado as well. Our offenders end up moving to urban areas for treatment.
- Let's be fair in treatment. Maybe if a home is set up to meet their needs for rehabilitation we would all be better off.
- Locking them up for life is unconstitutional and it's not feasible, kudos for any new ideas that might work.
- Low risk (statutory rape type) offenders get the same or longer sentences than repeat child molesters. This does not make sense. It is reactive rather than productive. The repeat offenders should get the "lifetime" sentences rather than 19 year olds who had sex with their 14 year old "girlfriend".
- Make it happen already.
- Many of my clients have been cut off from their family during treatment. Missing out on weddings, birthdays, and holidays b/c there are minors present. The offender is put in a position of not being able to rely upon the very family support that he needs to be successful. It seems that depression and loneliness set in quickly. When the offender seeks help with these issues at treatment he is told that he is "playing the victim".
- More community education regarding treatment and monitoring of sex offenders is needed.
- Needs would include criminal thinking training, arousal reconditioning and in social skills.

- No.
- No.
- No.
- NO.
- No.
- No.
- None.
- Nope.
- Nothing I can think of.
- Nothing that I haven't already mentioned.
- Offense specific treatment.
- One "size" of treatment does not fit all offenders. A problem is effectively assessing which treatment or treatment goal is appropriate for each offender and when the goal is reached.
- One needs to realize there is no known cure and for that a lifetime of treatment is needed for those at the higher levels of risk to the community.
- Organization of and problems with prosecution, sentencing, evaluation, Tx and rehabilitation AND MANAGEMENT of sex offenders is not limited to urban areas.
- Private treatment centers have too much power and need strict oversight and restrictions. They should not be allowed to be involved with this concept-it should be state run. Sex offenders are kept in prison for too long.

- Sentencing needs to be more consistent. It's so random and so few judges understand the dangers and need for treatment.
- Sex offender needs vary. Sex offender risk factors only indicate possible areas of concern; they are not able to predict potential outcomes or behavior.
- SOMB allows old timers ability to be lazy, need to more accountability, address lazy educational approach replace with behavioral, accountability model, not run them thru educational modes and think something is changing.
- Sounds great with the right tools and treatment and guidelines, anything is worth trying.
- Thanks for looking into this new option.
- The ability to recognize that "One Shoe Fits All" in treatment is critical. Risk should drive the containment model. Research should drive more of the approach we use.
- The community living piece is a very bad idea..... Why not buy an island.
- The cost of incarceration of these folks is going to be such a huge expense. More of the these types of programs are needed, not only in Denver, but around the state. These type of programs focus more on the treatment, which incarceration does not do at this point. Some changes in the sentencing laws, and the definition of these crimes, as there are folks getting caught up in the system for things never envisioned by the legislation.
- The current evaluation process is not accurate. No one is ever found to be a low risk to re-offend when an offense specific evaluation is done. This is a cottage industry for a few evaluators and treatment providers. Until we can honestly separate the real dangerous sex offenders from the remainder of people who commit these crimes we will not be able to treat either group properly.
- The current law and sentencing scheme is too "blanket" approached. It treats a violent rapist the same as a 'sneak-a-grabber' or a 'consensual 19 and 14 yr old'. Rehab should address where that actual person is at and what boundaries that person needs to learn.
- The current system is an injustice. Only 8 people serving indeterminate sentences in DOC have been paroled since 1998, this is far less than 1%. The current system groups an 18 year old college student accused of a drunken "date-rape" in the same category as a repeat predatory pedophile. That category is the "throw away the key" category. Anyone can rehabilitate him or herself. People do change. Our system penalizes people for the possibility that they may commit a future crime. This is not just.

- The need for victim-centered approaches. These offenders also need to contribute financially with supporting their families - with helping pay the costs for treating their victims.
- The one-size fits all approach to the sentencing and treatment of sex offenders is completely unjust and results in too many people who make one mistake and are at low risk of reoffending spending the rest of their lives in prison when they could be productive members of society.
- The questions about supervision after release on parole are somewhat meaningless since there have only been a handful of people released since the indeterminate sentencing laws were enacted.
- The survey population is horribly skewed.
- There are a lot of good treatment programs available in the Denver region, plus in some of the other large front range communities. Public attitude and education are lacking greatly, even though with information, there still will be a stigma that affects offenders ability to find housing and jobs. Some program and opens up housing opportunities while allowing more diverse treatment matching would be ideal, as well as spreading such facilities over a broader geographic area would lessen the public's reaction. It would also make the project more appealing to a larger population.
- There is much to be said. But whoever put this survey together must be one great citizen.
- There needs to be an alternative to sending people to prison for life.
- There seems to be a lack of ongoing support/encouragement and resources upon release.
- They need help transitioning into the community and support to be able to reintegrate and not treated like outcasts for the rest of their lives. If they see themselves as separate from us they will be separate and secretive forever.
- They offend in secret- Anytime they are not supervised they will take advantage and molest again.
- This appears to be an excellent alternative to the existing treatment that sex offenders are receiving in our communities.
- This needs to be a collaborative effort between all of the parties. The community needs to be the front runner. I find this new process very exciting. I consider working at a facility like the home proposed. I strongly believe in this concept.

- Time and models will tell you that it does not make a difference with high risk offender. This setting only tries to help Denver clients and they release a lot of CMHIP in Pueblo? What about southern Colorado???
- Too much inconsistency between districts, PO's, Courts, etc. This survey was too long.
- Treatment and rehabilitation is a very positive goal and one that society should be committed to, however, too often, we see the results that we want to see to validate our concepts. The reality is that, at least to this point, sex offender treatment and rehabilitation is not a cure, and the offenders successfully manipulate the system very often.
- Treatment in the community for sex offenders is in great need of re-vamping and making better. Due to the limited resources in all areas jails, DOC, community corrections, treatment providers, I believe Colorado is losing the battle against rehabilitating and making our communities safe.
- Treatment needs to flow between community expectations and social safety.
- Unfortunately I think the current system is designed to set offenders up for failure instead of helping them succeed. I would like to see real treatment rather than the current punitive system.
- Until effective treatment is found, severe restrictions are the only way to keep the public safe from sex offenders.
- We always need to keep in mind the victims. Keep them informed, ask their thoughts, provide them with updates if they wish.
- We are at a crisis point -- the current scheme is unworkable and abusive and leads to absconding and heightened risk to the community. It is also financially unrealistic to pass all the costs on to people who have no money upon release from prison and limited job prospects due to their conviction(s).
- We are not seeing life time sentences for sex offenders because DA's plea bargain the sentences down to minimal supervision terms on probation. When the DA does charge an offender w/ a life time sentence it is often a deferred with the burden or expectation that probation will bring the offender back to court on a violation so a conviction is entered and they go to DOC. Probation is being utilized inappropriately in this way.
- We need to do something different as the current way of supervising and treating sex offenders is not really working and the community is still at risk.

- We really need a place like this in the northern Colorado region! Thanks for considering it for Denver!
- While this is another tool to be used, we must have more consistency in charging and not leave it to a political entity (DA) to charge with the most severe charge - we need a system that truly is interested in addressing offender issues, not just labeling them so we can avoid them. Perhaps it will become politically correct at some point to look at societies responsibility for offenders - including responsibility to educate ourselves and our children on basic safety to reduce victimization - There should be more research into assessment and treatment matching before we simply move offenders into more contained settings.

APPENDIX B: SURVEY INSTRUMENT



[DATE]

Dear [NAME OF RECIPIENT],

Corona Research is conducting a research study regarding opinions and attitudes towards the treatment and management of convicted sex offenders, specifically, adult male offenders who have a history of multiple offending incidences (which may or may not equate to multiple arrests). **This survey is not targeted towards those sex offenders who are developmentally delayed, female, or juvenile.** This study is sponsored by Mr. Gerald Moore and other business leaders with an interest in this area, with a focus on examining a potential concept for an alternative-to-prison residential solution.

The management decisions of sex offenders in Colorado is presumed to be predicated on risk assessments that begin in the early phases of post-conviction criminal justice system involvement, and are intended to be ongoing throughout the length of the sentence.

Corona Research is an independent research firm that will be handling all data collection and processing. We are a neutral third party with extensive experience with policy research and public opinion polling. If you would like to learn more about Corona Research, including our services and past clients, please visit our website at www.CoronaResearch.com, or feel free to contact me at (303) 894-8246 or Kevin@CoronaResearch.com.

Corona is sending this survey to key stakeholders in the sex offender management and treatment fields. This survey is completely anonymous and you will never be linked to your responses. In exchange for your time in completing this study, we would be glad to share the results of the survey to all survey participants. We will deliver the report by electronic copy a few weeks after the study is complete, or by U.S. mail if you prefer.

Thank you in advance for your participation.

Sincerely,

Kevin Raines
Principal, Corona Research

Gerry Moore
Client

SECTION 1: GENERAL ATTRIBUTES AND PERCEPTIONS

We recognize that there is a wide range of sex offenders. When answering the following questions, please specifically consider convicted adult male sex offenders who have a history of multiple offending incidences (which may or may not equate to multiple arrests).

1. How much do you agree or disagree with the following statements, as they relate to the current criminal justice system of management for sex offenders?

	Strongly Agree	Somewhat Agree	Neither Agree nor Disagree	Somewhat Disagree	Strongly Disagree	Don't Know
The current system reduces risk to the public from sex offenders to an acceptable degree.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The current system properly manages sex offenders from a treatment perspective.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Most sex offenders, after their sentence, will eventually reoffend.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The current system is too hard on sex offenders.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The system should only release sex offenders when they meet the right treatment criteria versus limiting their sentence to a time length.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I wish there were more alternatives to the current system for treating sex offenders.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The following series of questions will ask about low-risk sexual offenders versus all other offenders who are above low-risk. The next two questions will help you think about these two groups. **For the remainder of this section, please use your own perspective whenever we refer to “low-risk offenders,” or “all other offenders.”**

2. What percent of adult male sex offenders who have been convicted do you think are at low-risk of reoffending? What percent are at greater than low risk of reoffending? The two figures below should add to 100 percent. *By reoffend, we mean that they will commit future sex crimes regardless of whether or not the crimes are reported or the perpetrators are arrested.*

_____ % of adult male sex offenders who are at low risk of reoffending.

_____ % of all other adult male sex offenders (i.e. greater than low-risk).

100%

3. In the previous question, you considered two populations of convicted sex offenders: low-risk and all other offenders. What proportion of low-risk convicted sexual offenders do you think will reoffend? *By reoffend, we mean that they will commit future sex crimes regardless of whether or not the crimes are reported or the perpetrators are arrested.*

_____ % of “low risk” offenders will eventually sexually reoffend.

4. In Question 2, you considered two populations of convicted sex offenders: low-risk and all other offenders. What proportion of all other (above low-risk) convicted sexual offenders do you think will reoffend? *By reoffend, we mean that they will commit future sex crimes regardless of whether or not the crimes are reported or the perpetrators are arrested.*

_____ % of all other offenders will eventually sexually reoffend.

5. In your opinion, do the following types of offenders typically get the appropriate time incarcerated? By incarcerated, we mean Department of Corrections imprisonment or county jail time.

	Time incarcerated is NOT long enough by far	Slightly NOT enough time incarcerated	Time incarcerated is just about right	Slightly too long of time incarcerated	Time incarcerated is far TOO long	Don't Know
Low-risk offenders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All other offenders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. In your opinion, do the following types of offenders typically get the appropriate type of sentence? Type of sentence refers to incarceration, parole, probation, or community corrections.

	Sentence is COMPLETELY appropriate	Sentence is SOMEWHAT appropriate	Sentence is SOMEWHAT NOT appropriate	Sentence is NOT AT ALL appropriate	Don't Know
Low-risk offenders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All other offenders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. For this question, consider only offenders who were incarcerated in prison as a result of their crime. Do not consider jail sentences or non-incarceration sentences. In your opinion, do the following types of offenders typically get the appropriate supervision in terms of the LENGTH OF SUPERVISED TIME on parole after release from **incarceration**, including face-to-face contact, employment monitoring, treatment monitoring, and polygraph monitoring?

	NOT enough time by far	Slightly NOT enough time	Length is just about right	Slightly TOO much time	Far TOO much time	Don't Know
Low-risk offenders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All other offenders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. For this question, consider only offenders who received probation as a result of their crime. In your opinion, do the following types of offenders typically get the appropriate supervision in terms of the LENGTH OF SUPERVISED TIME during probation, including face-to-face contact, employment monitoring, treatment monitoring, and polygraph monitoring?

	NOT enough time by far	Slightly NOT enough time	Length is just about right	Slightly TOO much time	Far TOO much time	Don't Know
Low-risk offenders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All other offenders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. For this question, consider only offenders who were incarcerated in prison as a result of their crime. Do not consider jail sentences or non-incarceration sentences. In your opinion, do the following types of offenders typically get the appropriate supervision in terms of AMOUNT OF SUPERVISED TIME per month **on parole** after release from **incarceration, including face-to-face contact, employment monitoring, treatment monitoring, and polygraph monitoring?**

	NOT enough time by far	Slightly NOT enough time	Length is just about right	Slightly TOO much time	Far TOO much time	Don't Know
Low-risk offenders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All other offenders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. For this question, consider only offenders who received probation as a result of their crime. In your opinion, do the following types of offenders typically get the appropriate supervision in terms of AMOUNT OF SUPERVISED TIME per month during **probation, including face-to-face contact, employment monitoring, treatment monitoring, and polygraph monitoring?**

	NOT enough time by far	Slightly NOT enough time	Length is just about right	Slightly TOO much time	Far TOO much time	Don't Know
Low-risk offenders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All other offenders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. For this question, consider only offenders who were incarcerated in prison as a result of their crime. Do not consider jail sentences or non-incarceration sentences. In your opinion, do the following types of offenders typically get the right amount of needed treatment interventions after release from **incarceration including face-to-face contact, employment monitoring, treatment monitoring, and polygraph monitoring?**

	NOT enough treatment by far	Slightly NOT enough treatment	Amount of treatment is just about right	Slightly TOO much treatment	Far TOO much treatment	Don't Know
Low-risk offenders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All other offenders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. For this question, consider only offenders who received probation as a result of their crime. In your opinion, do the following types of offenders typically get the right amount of needed treatment interventions during **probation**?

	NOT enough treatment by far	Slightly NOT enough treatment	Amount of treatment is just about right	Slightly TOO much treatment	Far TOO much treatment	Don't Know
Low-risk offenders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All other offenders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13. Does the current system sufficiently reduce the risk to the public for each of the following two general types of sexual offenders?

	Yes, the current system sufficiently reduces risk	No, the current system does NOT sufficiently reduce risk	Don't Know
Low-risk offenders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All other offenders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. When it comes to living in the community and concerns for public safety, where should the two types of general offenders live?

	The person should live in a supervised setting	The person should have <u>intensive</u> monitoring, but does NOT need to live in a supervised setting	The person should have <u>routine</u> levels of monitoring, but does NOT need to live in a supervised setting	Don't Know
Low-risk offenders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All other offenders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

15. Should offenders on probation or parole receive financial support while they re-establish themselves in the community?

No, they should receive no financial support.

Yes, they should receive some financial support.

(If yes) How much? _____ per _____ (Example: \$12 per month, \$1,000 per day)

(If yes) For how long? _____ (Example: 1 month, 1 year, etc.)

SECTION 2: SAFE REESTABLISHMENT OF OFFENDERS IN THE COMMUNITY

16. Other than funding, what one element would you most like to see added or improved in the criminal justice/mental health system for the management and treatment of sex offenders? You can also say “nothing” if you feel the system is complete as it stands. *Examples may include treatment issues, housing issues, supervision issues, standards issues, etc.*

17. Please indicate your level of agreement or disagreement with the following statements.

	Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree	No Opinion
Repeat sex offenders can be effectively treated to the point where they are not a threat to commit future sex crimes.	<input type="checkbox"/>				
Local residency restriction laws for offenders increase the safety of the public.	<input type="checkbox"/>				
There are enough resources in place to effectively manage convicted sex offenders.	<input type="checkbox"/>				
The right resources are available to treat convicted sex offenders.	<input type="checkbox"/>				

18. Are the following external forces adequate to support the management of sex offenders?

	Adequate	Somewhat Adequate	Not Adequate	Don't Know
Amount of money to provide adequate treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amount of suitable housing available for offenders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Current political will for making improvements as necessary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sufficiency of research on how to treat offenders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sufficiency of supervision and monitoring in the community when released from incarceration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Standards on when a sex offender should be released from incarceration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

19. Are there any other alternatives to current systems that you believe would be effective in reducing the likelihood of sex offenders committing future sex crimes? *Examples may include treatment options, housing options, supervision options, standards options, etc.*

A Preliminary Concept

A new type of sex offender specific community corrections facility would house, treat, and manage non-low-risk sex offenders serving their sentence while living in the community. It would be a gated 300 bed residential facility in the Metro Denver area in an area of low population density. As a possible alternative to prison, jail, parole, probation, or parole/probation revocation, offenders would live in the facility in small-group housing units until they demonstrate that they are capable of managing themselves safely and responsibly, or until their maximum sentence is up.

As an initial concept, the facility would serve adult male sex offenders who were residents of the Denver Metro area prior to conviction and would be an option available to Metro Denver* judicial districts. Offenders' participation would be voluntary rather than court-ordered. Similar to existing community corrections, the court would offer the defendant the opportunity to apply and a new sex offender specific community corrections board servicing the Denver Metro area would have the option of accepting the application.

This would be a therapeutic community where treatment would essentially be constant. The facility would be a collaborative, government supported non-profit initiative to monitor sex offenders who pose a threat to society and provide resources to control the spending of any free time – 24 hours a day, 7 days a week, under strict supervision. (Specific methods will be determined on how to implement "off campus" monitoring.) The facility would include a range of comprehensive treatment options and recreational activities – strictly controlled. Residents would be taken to and picked up from their jobs. They would earn money to pay for their housing and meals, and to cover the costs of their treatment and monitoring. They would also pay taxes.

**In addition to the seven Denver Metro counties (Arapahoe, Adams, Broomfield, Boulder, Douglas, Denver, Jefferson), this option may be available to Elbert, Lincoln, and Gilpin counties as they share some of the same judicial districts.*

When answering the following questions about this new concept, please specifically consider sex offender management issues and not political issues (e.g., funding, finding a

SECTION 3: NEW CONCEPT

20. Is your initial reaction to the above concept...

Positive Mixed Negative

21. Please explain your initial reaction in Question 20:

22. Please consider each element of the above concept individually. What is your initial reaction to each of these elements?

	Positive	Mixed	Negative
The facility would have 300 beds.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The facility would be located in Metro Denver in an area of low population density.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The facility would serve as a possible alternative to prison, jail, parole, probation, or parole/probation revocation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Offenders would live in the facility until they demonstrate that they are capable of managing themselves safely and responsibly, or until their maximum sentence is up.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The facility would serve adult male sex offenders who were residents of the Denver Metro area prior to conviction.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The court would have the option of allowing the defendant the opportunity to apply to the facility.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A new sex offender specific community corrections board servicing the Denver Metro area would have the option of accepting the application.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The facility would be a therapeutic community where treatment would essentially be constant.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The facility would be a collaborative, government supported non-profit initiative.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Residents would be monitored 24 hours a day, 7 days a week. (Specific methods will be determined on how to implement "off campus" monitoring.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The facility would include recreational facilities (strictly controlled).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Residents would be taken to and picked up from their jobs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Residents would have jobs and pay taxes, both to help cover the costs of their living at the facility.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

23. How well or poorly does this new concept meet the following requirements?

	Very Well	Somewhat Well	Somewhat Poorly	Very Poorly	Don't Know
Keep the public safe from sex offenders	<input type="checkbox"/>				
Reliably and sufficiently create pro-social changes in sex offenders' behavior	<input type="checkbox"/>				

24. In your opinion, what percent of sex offender parolees would be suitable candidates for this new option, as described above?

- 0% 41% to 60% 100%
- 1% to 20% 61% to 80% Don't Know
- 21% to 40% 81% to 99%

25. In your opinion, what percent of sex offender probationers would be suitable candidates for this new option, as described above?

- 0% 41% to 60% 100%
- 1% to 20% 61% to 80% Don't Know
- 21% to 40% 81% to 99%

26. What are the greatest challenges that you believe would need to be overcome to make this concept successful? *These may be technical, logistic, political, therapeutic, or any other challenge. Please be as specific as possible.*

27. What does this new concept most need to do to help sex offenders live safely and successfully in society?

SECTION 4: ABOUT YOU

You're almost done! The following questions are for categorization purposes only. Again, this survey is anonymous and your answers will not be associated with you or your office.

28. Which of the following best describes your position? *Check all that apply.*

- | | |
|---|---|
| <input type="checkbox"/> Judge | <input type="checkbox"/> Law Enforcement |
| <input type="checkbox"/> Victim Advocate | <input type="checkbox"/> Public Defender |
| <input type="checkbox"/> Prosecutor/District Attorney | <input type="checkbox"/> Community Corrections |
| <input type="checkbox"/> Probation | <input type="checkbox"/> Department of Corrections/Parole Officer |
| <input type="checkbox"/> Social Services | <input type="checkbox"/> Polygraph Examiner |
| <input type="checkbox"/> Evaluator | <input type="checkbox"/> Sex Offender Management Board
(SOMB) |
| <input type="checkbox"/> Treatment Provider | <input type="checkbox"/> Other: _____ |

ADDITIONAL COMMENTS:

29. Is there anything else you would like to tell us about the treatment and rehabilitation needs of sex offenders?

Thank you for your participation!

Would you like to receive a copy of the survey findings? *Your information will reside only with Corona Research and your answers will remain completely confidential.*

- Yes

IF YES: Please enter your contact information (i.e. e-mail address, mail address, or phone number). _____

- No