

# SEX OFFENDER MANAGEMENT BOARD

## PROGRAM/PROVIDER REQUEST TO USE DIFFERENTIAL TREATMENT/SUPERVISION MODEL

When a provider of treatment services to juveniles who have committed sexual offenses, or a program administrator on behalf of such providers, is wanting to utilize treatment and supervision interventions that are not consistent with the *Standards and Guidelines For the Evaluation, Assessment, Treatment, and Supervision of Juveniles Who Have Committed Sexual Offenses*, he/she may submit this request to the Sex Offender Management Board (SOMB) and Best Practices Committee for consideration. This request applies to broad treatment interventions/models and is not required for case specific individualized treatment and supervision decisions by the Multi Disciplinary Team. Please refer to flow chart and Program Review Process Guidelines for the Differential Treatment Model for further information. **Please submit information electronically if possible to [kristy.alles-serrant@cdps.state.co.us](mailto:kristy.alles-serrant@cdps.state.co.us).**

Applicant Name \_\_\_\_\_  
Title: \_\_\_\_\_ Agency Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

1. Please provide a Program Executive Summary that identifies the specific treatment model(s) that you will be utilizing, including the theoretical basis and specific components of the treatment/supervision model that you will be utilizing. Please also document who will be providing the treatment/supervision model.
2. Please also provide a list of the documented research citations that support and does not support utilizing this type of treatment/supervision model for juveniles. Also, please provide research outcomes for these citations.
3. What will be the level of fidelity to the model as identified in the research or have modifications been made? If so, please provide specific information related to the modifications that have been made and how these modifications impact juveniles who have committed sexual offenses.
4. Please cite all the specific SOMB standards (cite number of standard) that may be impacted by the use of the proposed differential treatment/supervision model and explain how it will be impacted.
5. How does the proposed differential treatment/supervision model address community safety?
6. How does the proposed differential treatment/supervision model address victim safety?

7. How will offender supervision be maintained?
  
8. How does this support the safety, permanency, and well being outcomes of juveniles who have committed sexual offenses?
  
9. What is the proposed time frame for the implementation of the proposed differential treatment/supervision model? What quality assurance methods (e.g.: data collection, outcome measures, fidelity monitoring) will be utilized to evaluate the proposed differential treatment/supervision model for the annual review?
  
10. Please provide information about the level of competency for each therapist at your agency who will be practicing under the proposed differential treatment/supervision model. Please include information about degree(s) earned, certifications, date of finger printing and background checks, as well as any other information that will be helpful in determining the level of competency.

The SOMB has the authority to set forth specific program conditions and modifications during the time frame of the proposed differential treatment/supervision model. This may include requiring the provider to submit to periodic documentation to the SOMB regarding how the treatment/supervision model is working, identifying any benefits and/or challenges.

**Please submit as much information as possible electronically to [kristy.alles-serrant@cdps.state.co.us](mailto:kristy.alles-serrant@cdps.state.co.us)**

<b>SOMB Response</b>
----------------------

Date requested: \_\_\_\_\_

Date of response: \_\_\_\_\_

Reviewed by: BP committee \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Recommendations to the SOMB:

\_\_\_\_\_

\_\_\_\_\_