NOTICE OF PUBLIC MEETING
ARIZONA SEX OFFENDER MANAGEMENT BOARD
ADULT GUIDELINES AND STANDARDS SUBCOMMITTEE

Pursuant to Arizona Revised Statutes (A.R.S.) § 38-431.02, notice is hereby given to the members of the **Arizona Sex Offender Management Adult Guidelines and Standards Subcommittee** (the "Subcommittee") and to the general public that the Subcommittee will hold a meeting, open to the public, on **July 29, 2026.**

The **July 29, 2026** Subcommittee meeting will be a virtual, online access meeting. This means that the public has the opportunity to participate virtually. Information on how the public may participate is outlined below.

Please note the location of the **July 29, 2026** Subcommittee meeting:

Wednesday, July 29, 2026 · 1:00 p.m. – 2:30 p.m.
Virtual Meeting Access: Microsoft Teams meeting: Join
https://teams.microsoft.com/meet/278360577474203?p=49qQXamY1b6lXyMZll

Meeting ID: 278 360 577 474 203
Passcode: oq6H3cW3
Dial in by phone: +1 480-536-7328,,872250107#
Phone conference ID: 872 250 107#

A copy of the meeting agenda is attached. The Subcommittee reserves the right to change the order of items on the agenda.

Pursuant to A.R.S. § 38-431.02(H), the Subcommittee may discuss and take action concerning any matter listed on the agenda.

Pursuant to A.R.S. § 38-431.03(A)(2), the Subcommittee may vote to convene in executive session, which will not be open to the public, for discussion or consideration of records exempt by law from public inspection.

Pursuant to A.R.S. § 38-431.03(A)(3), the Subcommittee may vote to convene in executive session, which will not be open to the public, for legal consultation and advice concerning any item on the agenda.

Persons with a disability may request reasonable accommodation, such as a sign language interpreter, by contacting Ms. Ashlesha Naik at 602-223-2611 or via email at AZSOMB@AZDPS.GOV. Requests should be made as early as possible to allow time to arrange the accommodation(s).

DATED AND POSTED this 22nd Day of July 2026.

By Jenna G. Mitchell
Major Jenna G. Mitchell
AZSOMB Program Manager

ARIZONA SEX OFFENDER MANAGEMENT BOARD
ADULT GUIDELINES AND STANDARDS SUBCOMMITTEE
Wednesday, July 29, 2026
Regular Session

1:00 PM

ALL ITEMS ON THIS AGENDA ARE OPEN FOR DISCUSSION AND POSSIBLE ACTION, INCLUDING REPORTS AND ACTION ITEMS.

THE AGENDA AND BACKGROUND MATERIAL ARE PROVIDED TO BOARD MEMBERS ELECTRONICALLY (WITH THE EXCEPTION OF MATERIAL RELATING TO POSSIBLE EXECUTIVE SESSIONS) AND POSTED ON THE ARIZONA PUBLIC MEETING WEBSITE AT https://publicmeetings.az.gov/. ADDITIONALLY, A HARD COPY OF THE AGENDA IS AVAILABLE AT 2222 WEST ENCANTO BLVD., PHOENIX, AZ. PLEASE EMAIL AZSOMB@AZDPS.GOV TO INSPECT THE DOCUMENTS.

REMINDER: As required by Open Meeting Law, please refrain from engaging in conversations, texts, emails and other forms of communication with individual board members. All questions, comments, deliberations and decisions should be stated to the public body as a whole in open session.

1. **ROLL CALL**

2. **MATTERS FOR DISCUSSION AND POSSIBLE ACTION**

   a. Old Business

      i. Legal Advice/Discussion Regarding Definition of Sex Offender – Asst. A.G. Victoria Baldner
      ii. Discussion of the Proposal for Implementation of Standardized Pre-sentence Investigation and Sex Offender Specific Evaluation Protocol
      iii. Discussion of Standards for the Adult Sex-Offense Specific Evaluations

   b. Future Agenda Items

3. **THE COMMITTEE MAY VOTE TO CONVENE AND ENTER INTO AN EXECUTIVE SESSION FOR ANY REASON AUTHORIZED BY A.R.S. § 38-431.03** including personnel matters, confidential records, legal advice, litigation, contract negotiations, employee salary discussions, and international or tribal negotiations. (To do so, the public body must first vote publicly to enter executive session, specifying the reason, and no legal action or final decisions can be made during the session. All motions and voting must be conducted after return to the public session.)

4. **ADJOURNMENT**

   NEXT MEETING: August 26, 2026, 1 p.m. - 2:30 p.m.

BACKGROUND MATERIAL

AZSOMB ADULT GUIDELINES AND STANDARDS SUBCOMMITTEE

July 29, 2026

TENNESSEE'S RESPONSE TO PSYCHOSEXUAL EVALUATION

PROVIDED BY

TENNESSEE SEX OFFENDER TREATMENT BOARD CHAIR

Ashlesha Naik

From: Jenna Mitchell
Sent: Monday, June 15, 2026 11:19 AM
To: Arizona Sex Offender Management Board
Subject: Tennessee Response FW: Psychosexual Evaluation (PSE) Question
Attachments: Evaluation Standards.pdf; TSOTB Statute.pdf

Categories: Adult Guidelines and Standards Subcommitee Background Material

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From: Susan Siedentop <Susan.Siedentop@tn.gov>
Sent: Monday, June 15, 2026 11:16 AM
To: Jenna Mitchell <JMitchell@AZDPS.GOV>
Subject: Re: Psychosexual Evaluation (PSE) Question

Here's our evaluation standards. We have an extra evaluation because we have a Community Supervision for Life conviction. That wouldn't apply to you.

We have a very specific statute in TN, that was first voted in back in 1995. The pre-sentence piece of it is on page 5 under 39-13-705. They also gave us guidance on the different plea options, such as an Alford plea in 39-13-708. That's on page 7. I have a call out to the attorney assigned to me to ask him your due process question. He can probably provide the best guidance on that part. I'll send as soon as I'm able to speak with him.

Let me know if you have any questions about the standards. I hope this helps!

TN Department of Correction

SUSAN SIEDENTOP LCSW | Correctional Administrator
Sex Offender Services
Sex Offender Treatment Board Chair
320 Sixth Avenue North
Nashville, TN 37219-0465
c. 931-698-3961
susan.siedentop@tn.gov

From: Jenna Mitchell <JMitchell@AZDPS.GOV>
Sent: Monday, June 15, 2026 1:04 PM
To: Susan Siedentop <Susan.Siedentop@tn.gov>
Subject: [EXTERNAL] RE: Psychosexual Evaluation (PSE) Question

Thank you!

Ashlesha Naik

From: Jenna Mitchell
Sent: Monday, June 15, 2026 12:21 PM
To: Arizona Sex Offender Management Board
Subject: Tennessee Response Part 2 FW: Psychosexual Evaluation (PSE) Question

Categories: Adult Guidelines and Standards Subcommitee Background Material

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From: Susan Siedentop <Susan.Siedentop@tn.gov>
Sent: Monday, June 15, 2026 12:18 PM
To: Jenna Mitchell <JMitchell@AZDPS.GOV>
Subject: Re: Psychosexual Evaluation (PSE) Question

OK, I spoke to our attorney. Essentially, we have a bifurcated process where they are found guilty at one stage and then have a sentencing hearing 3-6 months later. Since the conviction has already happened, the sentencing phase is a lower burden.

Here's how we manage some of what you mentioned. For one, we file the evaluation under seal as a HIPAA-protected document. The only persons provided a direct copy are the ADA, the defense attorney, and the judge. This helps with the privacy issues.

The victim's rights are addressed in the presentence report, which is automatically ordered by the court. During that process, the report writer reaches out to the victim and offers the option of providing a victim statement. Additionally, the victim's version of the offense is a mandatory record needed to complete the pre-sentence evaluation. None of those records are kept in a supervision file or at the local level. We have a specific record holder in our clinical services division, which is where I am house out of.

The other issue we have is with the objective measure. Since the polygraph has limited use in determining risk, we use viewing time assessments. The evaluator must clearly explain in the report how the assessment was used to determine risk and the weight they gave to that assessment in the overall risk calculation. They also have to make themselves available to testify at no charge if either side wants to challenge what was included in the evaluation.

We did have a tremendous issue with timeliness a few years ago, which is why you'll see in the standards that my team manages referrals. This way, we can ensure that everyone gets done in time for their hearing.

Again, I hope this helps!

TN Department of Correction

SUSAN SIEDENTOP LCSW |Correctional Administrator
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Practice Standards for Pre-Sentence Clinical Risk Evaluations

1.00 Per T.C.A. §39-13-705(a)[1], any person "who is to be considered for probation or any other alternative sentencing shall be required to submit to an evaluation for treatment, risk potential, procedures required for monitoring of behavior to protect victims, and an identification."

T.C.A. §39-13-705(b)[1] states that "those offenders found guilty at trial or who pled guilty without an agreement as to length of sentence, probation, or alternative sentencing that are to have a presentence report prepared for submission to the court shall be required to submit to the evaluation referred to in subsection (a). This evaluation shall be included as part of the presentence report and shall be considered by the court in determining the sentencing issues stated in this section. If the court grants probation or alternative sentencing, any plan of treatment recommended by the evaluation shall be a condition of the probation or alternative sentencing."

It should be noted that the purpose of the pre-sentencing investigation is to provide the court with relevant information to assist in sentencing decisions. The clinical sex offender risk evaluation establishes a baseline of information about the individual's risk, protective factors, treatment needs, amenability to treatment, and community management strategies to reduce risk. Meanwhile, the presentence report may include information about the person's suitability for community supervision.

1.10 Referrals for Pre-Sentence Clinical Risk Evaluations can be made by sending a referral packet to TSOT.TDOC@tn.gov. The referral packet shall include the following:

A. Police report and Affidavit of Complaint

B. Victim's Statement or version of the offense

C. Any child protection reports

D. A complete criminal history

E. Indictment

F. Plea paperwork or jury finding

G. Any additional court orders or actions related to the offense of record

H. Current status – incarcerated, bond, etc.

I. Indigency or financial status for payment of the evaluation fee. If indigent, there must be a court order stating the following: "(insert name) is indigent for the purpose of a psychosexual evaluation."

J. Any medical, mental health, treatment, or medication records and/or any other information requested by the TSOTB or Approved Evaluator.

1.20 Once the complete referral packet is received and confirmed to have all required documents, the Board's administrative staff will refer the person to an Approved Evaluator (hereafter called Evaluator(s)). For all inmates housed in a local jail, the referring attorney will be notified if a transport order is needed.

1.30 Once the evaluation is complete, the Evaluator shall submit the final PSE report to TSOT.TDOC@tn.gov for final review. After receipt and review, the Board's administrative staff will forward the report to the respective attorneys and have it filed with the court, ensuring HIPAA compliance for mental health evaluations.

1.40 All pre-sentence sex offender clinical risk evaluations shall comply with the Standard for Post-Sentence Clinical Risk Evaluations.

Practice Standards for Post-Sentence Clinical Risk Evaluations

2.00 The purpose of the Post-Sentence Clinical Risk Evaluation (hereafter referred to as the PSE) is to assess the client's current risk to re-offend sexually and generally, along with assessing the client's ability to respond to community management strategies and sex offender treatment (amenability) positively and safely. The PSE also identifies the dynamic factors associated with the person's risk and sexually acting out behavior, along with any barriers or conditions that will decrease the risk of re-offense and enhance public safety.[34]

The focus of the PSE is to provide an understanding of the clients' past experiences that resulted in their sexually acting out behavior. This requires the evaluator to explore the early contributing risk factors (precipitating risk factors) that influenced the development of the person's ongoing risk factors. These factors influence the person's ability to form healthy relationships. Additionally, the PSE identifies cognitive distortions, thinking errors, and attitudes that support sexual acting out as well as the immediate risk factors and high-risk situations that can lead to sexually abusive behavior. The PSE is essential for treatment planning and is the foundation for beginning sex offender treatment.

2.10 The evaluation shall describe and conceptualize the development, nature, and extent of a client's sexually abusive behavior; determine any patterns of deviant sexual arousal; identify the criminogenic and other needs that should be addressed through sex offender treatment and community management strategies; accurately assess risk factors related to short and long-term risk for sexual recidivism; identify specific responsivity factors and strengths that are likely to influence treatment success (amenability) and outcomes; identify protective factors and their impact on risk, and obtain baseline assessment information to monitor progress and changes to be monitored over time. The PSE should also consider risk factors associated with non-sexual recidivism and any potential connection with sexual behavior, where applicable.[35]

2.11 The PSE shall inform on the following areas as needed: sentencing, release decision-making, transition and reentry planning, supervision, and any other community management planning. The PSE offers valuable information and recommendations and should serve as the baseline for ongoing and updated assessments. The frequency and nature of future reviews and updates should be tailored to each case and consider any new information that affects overall risk and/or individual risk factors.

[34] McGrath, R.J. (2016). Clinical strategies for evaluating sexual offenders. In A. Phenix & H. M. Hoberman (Eds.), Sexual Offending: Predisposing antecedents, assessments and management (pp. 265-278). Springer; Wormith, J. S. & Zidenberg A. M. (2018). The historical roots, current status, and future applications of the Risk-Need-Responsivity Model (RNR). In E. L. Jeglic & C. Calkins (Eds.), New frontiers in offender treatment: The translation of evidence-based practices to correctional settings (pp. 11-41). Springer.

[35] Olver, M. E. (2017). The risk-need-responsivity model: Applications to sex offender treatment. In D. P. Boer, A. R. Beech, T. Ward, L. A. Craig, M. Rettenberger, L. E. Marshall, & W. L. Marshall (Eds.), The Wiley handbook on the theories, assessment, and treatment of sexual offending (pp. 1313–1329). Wiley Blackwell; Olver, M. & Wong, S. (2016). Assessing treatment change in sexual offenders. In D. P. Boer (Ed.), The Wiley handbook on the theories, assessment and treatment of sexual offending, Vols 1-3 (pp. 787-810). Wiley-Blackwell; Thaker, J. (2016). Case formulation. In In D. P. Boer (Ed.), The Wiley handbook on the theories, assessment and treatment of sexual offending, Vols 1- 3 (pp. 737-751). Wiley-Blackwell; Ware, J. & Matsuo, D. (2016). Risk assessment and treatment planning. In D. P. Boer (Ed.), The Wiley handbook on the theories, assessment and treatment of sexual offending, Vols 1-3 (pp. 717-736). Wiley-Blackwell; Van den Berg et al. (2018). The predictive properties of dynamic sex offender risk assessment instruments: A meta-analysis. Psychological Assessment, 30(2), 179-191; Wilson R. J., Sandler J. C., McCartan K. (2020). Community dynamic risk management of persons who have sexually offended. In Proulx J., Cortoni F., Craig L. A., Letourneau E. J. (Eds.), The Wiley handbook of what works with sexual offenders: Contemporary perspectives in theory, assessment, treatment, and prevention (pp. 247–263). John Wiley & Sons.

2.12 Due to the importance of the initial PSE to subsequent sentencing, supervision, treatment, and community management, each person shall receive a comprehensive assessment and evaluation. The evaluation should use evidence-based assessment methods, when possible, and align with best practices. The evaluation should assess the client's age, psychosocial and emotional development and functioning, level of adaptive functioning, any known or recorded neuropsychological, cognitive, or learning impairments, language or communication barriers, acute psychiatric symptoms, denial, and level of motivation.[36]

2.13 Approved Evaluators are ethically responsible for conducting evaluations thoroughly and accurately, regardless of the client's status within the criminal justice system. Any additional psychological or neuropsychological assessments needed should be documented for referral in the report, and evaluators should avoid administering tests or making diagnoses outside their scope of licensure.

2.20 Evaluations that recommend sex offender treatment should require the use of evidence-based, research-informed practices. This includes community management strategies and interventions tailored to each person's risk level, needs, and responsivity, while also reducing the individual's likelihood of sexually reoffending.[37]

2.21 Evaluators shall prioritize the physical and psychological safety of victims and potential victims when making appropriate recommendations based on each person's assessed risk and needs.

2.22 The evaluation's recommendations should be the foundation for developing the treatment plan. Assessment is an ongoing process that should continue through supervision and treatment. Re-evaluation should occur as needed based on appropriate recommendations from supervision and/or the treatment provider to ensure recognition of changing levels of risk.[37]

2.23 Evaluators should not assume that report readers and recipients have clinical training or expertise in offense-specific mental health evaluation or treatment. Therefore, Approved Evaluators should communicate the evaluation in a clear, understandable, fair, and respectful manner. Care should be taken to avoid overemphasizing a single test or aspect of the evaluation. Clinical jargon should be clearly explained in language that can be easily understood by non-clinicians.

2.30 Timeframes for Evaluations

The Board's administrative staff will refer post-sentence clinical risk evaluations to evaluators based on geographic location and need once all required collateral documentation has been received from the supervising agency, the investigative agency, and/or the courts. The evaluator shall regularly update the Board's administrative staff on their availability to accept appointments. Once a referral is made to the evaluator, it is the supervising agency's responsibility to notify the client to contact the evaluator. After contact is made and the appointment is scheduled, the evaluator shall send that information via TSOT.TDOC@tn.gov. The Board will then send all relevant documents to the evaluator. Any missed appointments shall be promptly communicated to the Board for tracking purposes.

[36] Thaker, J. (2016). Case formulation. In In D. P. Boer (Ed.), The Wiley handbook on the theories, assessment and treatment of sexual offending, Vols 1-3 (pp. 737-751). Wiley-Blackwell.
[37] McGrath, R.J. (2016). Clinical strategies for evaluating sexual offenders. In A. Phenix & H. M. Hoberman (Eds.), Sexual Offending: Predisposing antecedents, assessments and management (pp. 265-278); Thaker, J. (2016). Case formulation. In In D. P. Boer (Ed.), The Wiley handbook on the theories, assessment and treatment of sexual offending, Vols 1-3 (pp. 737-751). Wiley-Blackwell; Ware, J. & Matsuo, D. (2016). Risk assessment and treatment planning. In D. P. Boer (Ed.), The Wiley handbook on the theories, assessment and treatment of sexual offending, Vols 1-3 (pp. 717-736). Wiley-Blackwell.

Evaluations should be completed within 90 days of accepting the referral to ensure timely recommendations. Any circumstances that prevent completing the evaluation within the 90-day period should be reported to the Board via TSOT.TDOC@tn.gov. The evaluator should include the reason for the delay, any barriers hindering timely completion, and all attempted solutions to avoid unnecessary delays. This process fulfills the Board's statutory requirement to identify, evaluate, research, and analyze the procedures and programs under its authority.[1]

It is important to note that the evaluator's availability and whether the person referred keeps the appointment schedule can affect the timely completion of the evaluation. Evaluators should avoid using waitlists and limit referrals to within a 90-day window to ensure ongoing evaluations are completed on time. It is the responsibility of the evaluator to provide updates to the Board and any other involved parties, and to document any barriers and reasons for delays in completing the evaluation.

If the evaluation cannot be started at the time of the referral, the evaluator shall notify the Board to determine if an alternate referral can be made. If the Board approves placing the person on the evaluator's extended calendar, future appointments will not be considered barriers to completing current, ongoing evaluations.

Completed PSE reports must be provided to the appropriate entities, including the court, attorney(s), and/or the supervising agency. Additionally, the evaluator shall submit the report to the Board via TSOT.TDOC@tn.gov. All completed PSE reports are subject to clinical audit and review according to Standard 7.30 to ensure a smooth transition to sex offender treatment.

The Board advises evaluators not to accept payments from clients who are not deemed indigent during the evaluation process. If an evaluator chooses to accept such payments, the 90-day deadline for completion will not be extended solely because of the payment. The entire evaluation, including the report, shall be submitted by the deadline specified in this manual, regardless of whether full payment has been received. Additionally, any remaining debt owed to the evaluator is solely the evaluator's responsibility, and neither the Board nor the supervision agency will act as debt collectors for the evaluator.

2.40 Competency/Capacity Considerations

Evaluators are expected to stay current with the Board's Guidelines and Standards and to use appropriate tools in evaluations, including reviewing applicable Addenda, such as the Female Sex Offender Risk Assessment.

Evaluators should be alert to any concerns about a person's ability to give informed consent, sign legal releases, cooperate in the evaluation process, or understand, participate in, and benefit from any recommended treatment. The capacity or competency status can change over time, regardless of previous assessments, so it must be continually reassessed based on the individual's current condition.

2.41 An evaluator who suspects that a person may lack a reasonable degree of rational or factual understanding of the releases, evaluation process, legal proceedings, or potential sentences should notify the Board for further review.

2.42 An evaluator shall obtain informed consent from the individual before the evaluation. This includes informing them about the assessment and evaluation methods used, the purpose of the evaluation, and who will receive the information, including the referral source, the court, and the Board. The evaluator's role shall also be explained, along with the fact that the results of the evaluation are typically not shared with the individual outside of review by an Approved Treatment

Provider. The evaluator shall explain the limits of confidentiality and the obligations regarding mandatory reporting of child and elder abuse.[38],[39] The evaluator should also address any questions the person may have about the evaluation process.

2.43 In instances where the evaluator uses a polygraph exam as the objective measure, the Examiner shall obtain informed consent from the individual, informing them that the evaluator, the court, attorneys, and the Board will have access to the full report and results of the exam.

2.44 If the person indicates that their attorney has advised them not to share or discuss details of the offense or offending behaviors, the evaluator shall immediately notify the Board for further review and the next steps.

2.50 Language, Culture, and Ethnic Considerations

Evaluators should be aware of any cultural, ethnic, developmental, sexual orientation, medical, and/or educational issues or disabilities that are known or become known during the evaluation. If there are questions or concerns about the Approved Evaluator having the necessary qualifications or experience to complete an evaluation, they should refer to their Code of Ethics and professional standards. No evaluator should attempt to practice beyond their area of training, experience, or competence.

Evaluators should provide services that are culturally informed, inclusive, and responsive to the individual's needs. It is recommended that, whenever an individual has a specific ethnic or cultural background, the approved evaluator review background information beforehand. Conducting an evaluation in the person's primary language is considered best practice. Approved Evaluators should collaborate with the client and the Board to identify the person's most proficient language and determine the best approach for the evaluation. Information from collateral sources, the person's level of understanding, previous languages used, and other relevant details should be considered when deciding the language in which the evaluation is conducted.

2.51 Use of Interpreters

Evaluators shall determine the need for language translation, including foreign and sign language, at the referral stage and prior to conducting the evaluation. If an evaluator suspects that a language barrier could affect the evaluation's outcome, they must inform the individual and the Board before beginning the assessment.

Due to the sensitive nature of the information obtained and discussed during the evaluation process, evaluators shall refrain from using family members, friends, or community members who are connected to the individual being evaluated.[40] Evaluators shall work with the Board, the courts, and the referring agencies to secure an interpreter approved or certified to work within the criminal justice environment who can interpret not only the in-person clinical interview but also all consents, releases, questionnaires, and other testing material to be read or used by the person being evaluated.

[38] Tennessee 37-1-403 Reporting of brutality, abuse, neglect or child sexual abuse. Title 37 Tennessee Code Annotated; Chapter 1 Juvenile Courts and Proceedings; Part 4 Mandatory Child Abuse Reports. Tennessee General Assembly, 2020.

[39] Tennessee 71-6-122 Toll-free number for reporting elder abuse, neglect, or exploitation. Title 71 Tennessee Code Annotated; Chapter 6 Programs and Services for Abused Persons; Part 1 Adult Protection. Tennessee General Assembly, 2004.

[40] Azama, C. & Alexander, A. (2020). Ethical use of interpreters for non-English speaking clients in forensic contexts. Psychotherapy Bulletin, 55(1), 30-33.

The request for an interpreter can be made at any point before or during the evaluation if there are indications that one is needed. Once an interpreter is secured, and before the appointment with the individual, the evaluator shall inform the interpreter of the evaluation's content and context. Specifically, the evaluator should explain that the person will be asked about details of sexual offending, sexual behaviors, sexual interests, and other content that may be explicit or sensitive in nature. This is a time for the evaluator to clarify common terms and topics covered in a PSE and allow the interpreter to ask questions. The evaluator should emphasize the importance of accurate translations that convey the content and meaning of the questions and answers. The interpreter should be informed of the impacts of paraphrasing and summarizing. The evaluator should also discuss how written assessments, testing, or any additional information from the person being evaluated will be interpreted. Depending on the objective measure used, the evaluator shall review the process for a polygraph exam or sexual interest testing. The evaluator should schedule time after the interview to verify the accuracy of the translated information, resolve any discrepancies, and address any questions or concerns from the interpreter. The interpreter should be reminded that the information discussed during the evaluation is confidential and that there are limits to this confidentiality which should be properly disclosed to the person being evaluated.

Using an interpreter can present challenges, such as delays in conversation, difficulty translating specific words or ideas, and new dynamics that may develop between the client and the interpreter. The presence of a third party in the evaluation process might affect the client's comfort level, especially when discussing personal or sensitive information. It is important for evaluators to be aware of these potential issues and to communicate how they might influence the overall evaluation process.[41]

In some cases, individuals might feel anxious or uncomfortable during the evaluation and may ask for a support person to be present. Evaluators should explain how bringing a third party into the process could affect the process and encourage the individual to move forward. If the evaluator still faces resistance to continuing the appointment, they should consult the Board for guidance.

2.52 Denial

Denial is a common defense mechanism that shields people from being overwhelmed by unmanageable stress. It may also be a deliberate action to avoid internal or external consequences related to one's behavior. Initial denial of accusations of a sexual offense is not unusual, and it's not always clear whether it's a conscious effort to avoid consequences or a defensive way of coping. The nature and level of the denial will be evaluated during the sex offender assessment. Some level of denial is common among clients who commit sexual offenses and may be reduced through intervention. The existence of some level of denial regarding sexual offending behaviors shall not exclude the client from treatment, but may be a responsivity factor that determines the level of treatment required.

In instances where the client is in such denial that sex offender treatment is not recommended, the evaluator must document the rationale for postponing treatment and provide a recommendation for appropriate intervention in place of treatment. Recommendations should be based on the client's needs, not on available resources in the area.

[41] Wagoner, R. C. (2017). The use of an interpreter during a forensic interview: Challenges and considerations. Psychiatric Services, 68, 507- 511.

2.52 Cases Under Appeal/Unresolved Cases

When a person is legally required to complete the PSE process but has subsequently filed a direct appeal or post-conviction motion regarding a sex crime conviction, the person may claim their right against self-incrimination, which may prevent them from fulfilling the requirements outlined in this manual.

When a person has been convicted of a sexual offense that legally requires them to complete a PSE but has unresolved charges pending in the same or another jurisdiction, they may also invoke their right against self-incrimination and prevent themselves from fulfilling the requirements outlined in this manual.

In such cases, the supervising agency and/or the attorney must verify or provide written documentation concerning any unresolved cases or evidence that a direct appeal or post-conviction motion has been filed. Once this information is verified, the evaluation will be paused until the court issues a final ruling in all pending matters.

2.53 Complaints/Grievances

Individuals subject to clinical risk evaluation under the statute cannot file a complaint with the Board solely because they are required to complete the evaluation or because they disagree with their final risk assessment. If the person believes that the evaluator did not adhere to the standards outlined in this manual, they should follow the procedures provided by the supervising agency for filing a complaint or grievance. The supervising agency can then forward the complaint to TSOT.TDOC@tn.gov for review. The agency should ensure that the complaint clearly describes concerns that are inconsistent with the standards and avoid submitting complaints about procedures that are mandated by the standards in this manual.

Complaints about ethics or licensing requirements should be submitted directly to the relevant licensing board. More information is available here: Report a Concern

2.60 Evaluation Methods

In order to ensure the most accurate prediction of risk, the following procedures are required in performing PSEs:[42]

A. The use of instruments with demonstrated reliability and validity that have specific relevance to evaluating persons convicted of sexual offenses.
B. Review, examination, and integration of criminal justice records and other collateral information, including:
    a. The police report, affidavit of complaint, and any other court documents detailing the offense
    b. Documents that detail victim trauma, victim statements, or describe what the victim reported happened.
    c. Documents that outline the scope of a person's sexual behavior beyond the current offense that may be of concern
C. Structured clinical and sexual history interview
D. Offense-specific standardized assessments and instruments
E. Objective Measure such as risk-related sexual interest or testing of deviant sexual arousal (See Standard for Objective Testing on page 63.)

[42] McGrath, R.J. (2016). Clinical strategies for evaluating sexual offenders. In Phenix, A. Hoberman, H.M. Sexual Offending (pp. 265-278). New York: Springer.

2.70 Areas of Focus

Provided below is an outline for areas of the PSE. Assessment tools shall be utilized in the evaluation as appropriate for the specific client being evaluated (e.g., female, developmentally disabled, etc.)

A. Report demographics, including the person's name, assigned offender number, date of birth, date of interview, and date of report. In cases with no assigned number, such as misdemeanor or federal cases, use the following naming convention: the first four letters of the last name followed by the month and day of birth. (ex., John Smith, born on December 12, 1978 = SMIT1212)

B. List of documents reviewed and sources of information

C. Conviction Information

D. Presenting Problem, which outlines why the person is receiving the evaluation and their current status with the criminal justice system

E. Information on reviewing consents, confidentiality limitations, and current mental status exam

F. A review of the official version of the offense based on collateral documents

G. Clinical Interview Components – the primary modality for clinical interviews is in person. Any evaluator requesting to conduct telehealth clinical interviews must obtain Board approval and justify why the evaluation cannot be performed in person. Any evaluator requesting to conduct a virtual clinical interview must have a method for completing the in-person objective measure as part of the evaluation process.

    a. The person's version of the offense and a statement of credibility regarding the self-report
    b. A statement of the person's current community status
    c. Family of origin information
    d. Early development and educational background, including concerns developed in childhood
    e. Marital and interpersonal relationship history, including intimacy deficits
    f. Physical, medical, mental health, and substance use/abuse history
    g. Employment and military background
    h. A complete criminal history review
    i. A comprehensive sexual history
    j. Family or non-offending spouse interviews may be necessary if a community placement is considered

H. Risk and Needs
    a. General and offense-related criminogenic needs
        i. Sexual interest and behavior patterns, including but not limited to, sexual interest, sexual preoccupation, hypersexuality, sexual compulsivity, and/or sexualized coping

ii. Attitudes, including but not limited to, victim demographics, sense of entitlement, antisocial thoughts and values, concerns with self-esteem, hostility towards women, negative emotionality and grievance thinking, and/or a high externalization of blame
iii. Interpersonal history, including but not limited to dysfunctional relationship patterns and backgrounds, aggressive or narcissistic traits, unstable or problematic relationship histories, developmental background, emotional congruence with children, the nature and quality of past relationships including negative social influences, and/or associates that promote risk-related attitudes and beliefs.
iv. Self-management and regulation, including but not limited to antisocial lifestyle, lifestyle instability, dysfunctional strategies, social activities, and/or access to victims.

I. Identified Risk and Protective Factors

a. Static Actuarial - assess victim-related variables (e.g., stranger, non-related, male) with the Static 99R

b. Dynamic Actuarials
i. Combined Risk – static (Static 99-R) and dynamic
ii. Protective Factors
iii. Responsivity Factors
iv. General risk that cannot be applied directly to the individual being evaluated should not be listed in the report.

J. Test Results
a. Objective Testing - sexual interest and/or arousal testing (e.g., deception detection, FMRI, or identifying deviant interest/arousal).
b. Specific Incident Polygraph Exam. (Sexual history polygraph exams are not to be used during the evaluation process without approval from the Board. Approved Evaluators should articulate the reason why the testing is necessary and why another form of objective testing cannot be utilized.)
c. Specialized Sex Offender Testing includes cognitive distortion scales/inventories, attitudes supportive of sexual offending scales/inventories, and sexual interest scales/inventories. While this testing can provide useful information for the evaluator, it should not be the main focus of the assessment. Specialized sex offender testing is an enhancement to the clinical interview and should only be used when necessary to gather additional information.
d. Other tests as indicated and approved by the Board. (Psychological testing, such as intelligence and personality testing, which are not relevant to sexual risk, should not be used unless the Approved Evaluator can explain the necessity for such testing.)

K. Diagnostic Impressions

L. Overall risk determination and summary of findings

a. Overall risk calculation shall be a combination of static and dynamic risk (actuarial), protective and responsivity factors, and structured professional judgment.
b. Impact on victim(s)

M. Recommendations

a. Overall recidivism risk determination from Section L
b. General and offense-related criminogenic needs/risk factors
c. Recommendations related to sexual interest/arousal testing
d. Diagnostic impressions
e. Protective and responsivity factors
f. Appropriate placement options (e.g., community-based or residential)
g. Recommended interventions that support the application of risk, need, responsivity (RNR) principles
h. Recommendations that consider victim and community safety
i. Potential risk management strategies that are important for stakeholders (e.g., contact with and access to children, access to social media and appropriate use of the internet, employment considerations, access to sexually explicit materials and establishments, restrictions on gaming use, etc.)

Evaluators shall administer assessment tools in accordance with the user manual for each tool. Evaluators are discouraged from using an assessment tool with any person where the tool has not been specifically validated on the client's unique characteristic (e.g., gender, race, ethnicity, culture, etc.) unless the evaluator can provide a rationale for using the tool in the evaluation. The evaluator shall specifically note the strengths and limitations of the tools used, as well as any impact they would have on the overall evaluation results.

Any recommendations for additional evaluations shall be specifically noted in the evaluation, such as substance use/abuse, mental health, medication management, etc., and be included in the recommendation section detailing the specifics of the requirement.

Practice Standards for Release from CSL Clinical Risk Evaluations

3.00 Pursuant to §39-13-525, the release from Community Supervision for Life (CSL) evaluation is required after a person subject to this supervision petitions the sentencing court for release from the CSL requirement.

This evaluation differs significantly from a post-conviction assessment. Unlike the post-conviction PSE, which reviews the individual's relevant risk factors and their potential for treatment, this evaluation concentrates on what the person has learned in treatment and their behavior after treatment. It emphasizes the person's understanding of their offending behavior and risk factors as developed through treatment, along with their relapse prevention plan.

The evaluation assesses the individual's ability to manage their behavior independently. Specifically, the individual should be able to explain their specific offense cycle, describe the gratification they derived from offending, identify their offense behavior and the thought patterns that preceded it, and explain how power and control influenced their actions.

Treatment is aimed at a process of self-exploration of offending patterns through challenges from other group members, feedback from both clinical staff and the group, and complete honesty from the individual. Simply allowing a significant amount of time to pass between the initial PSE and the offense is not enough to conclude that the person can reintegrate into the community without supervision. The individual must also be able to clearly explain how their work in treatment has influenced their behavior. Additionally, they need a comprehensive relapse prevention plan to guide their progress. As part of the evaluation, the individual must be able to thoroughly explain their relapse plan and how it has been and will continue to be used in their life after supervision.

The focus should be on the relapse prevention plan, the client's understanding of the information included in it, and whether the plan is comprehensive enough to provide the person with resources to live a supervision-free life. While not mandatory, objective testing can be done to assess honesty regarding sexual arousal or interest. The results of these tests should be included in the report.

3.10 Areas of Focus

A. Sex Offender Treatment
   a. The completed treatment plan
   b. Compliance with the treatment contract
   c. The successful discharge letter
   d. The completed comprehensive relapse prevention plan
   e. A review of the clinical polygraph reports
   f. A review of objective testing completed
   g. A discussion with the treatment provider should be completed when possible

B. Review of records
   a. Initial PSE, whether pre-sentence or post-conviction
   b. Official documents on the sexual offense, including victim information
   c. Completed treatment plan, when available
   d. Relapse Prevention Plan

C. Supervision History
   a. Review of compliance, including any history of violations
   b. Review of maintenance polygraph reports
   c. An interview with the current supervising officer

D. Clinical Interview
   a. Review the person's understanding of their offense cycle
   b. Review any presentation of cognitive distortions, thinking errors, or negative behavior patterns
   c. Determine the level of victim empathy and honesty regarding the prior offending behaviors
   d. An interview with a spouse, family member, or friend should be conducted to determine the level of community support

E. Diagnostic Impressions

F. Overall risk determination and summary of findings
   a. Level of present risk
   b. Statement regarding the person's present level of sexual offending behavior, including their early, ongoing, immediate, and high-risk distortions
   c. Compliance and understanding of the RPP
   d. Statement on their ability to self-regulate
   e. Statement on their understanding of their risk factors and adaptive coping skills

G. Recommendations
   a. The present level of risk to reoffend sexually and generally
   b. The person's ability level to safely manage their behavior without supervision
   c. The person's ability to self-regulate emotions and deviant sexual interest without supervision
   d. Any ongoing services and requirements for victim and community safety
   e. Structured professional judgment on whether the individual can be in the community without supervision

3.20 As part of this evaluation, if the client does not have a written relapse prevention plan (RPP) available for review by the evaluator approved to complete evaluations under this section, the evaluator shall refer the client to the treatment provider who successfully discharged them from treatment to obtain a copy. If no copy is available, the approved treatment provider who provided the sex offender treatment shall assist the client in completing an RPP at no charge. In cases where the provider is no longer approved, the evaluator shall contact the Board for a resolution that allows for the completion of the RPP.

If the person has been in the community for more than five years post-treatment, can verbally demonstrate knowledge of their offending cycle, and has maintained significant compliance with their supervision as defined by TDOC, the approved evaluator may consult with the Board to determine if the client's needs are best met by Standard 3.30.

3.30 In instances where an individual has been in the community for over fifteen years without having attended sex offender treatment for no fault of their own, the evaluator approved to complete evaluations under this section can complete an evaluation focusing on present level of risk to reoffend sexually and generally, the person's ability level to safely manage their behavior without supervision, the person's ability to self-regulate emotions without supervision, and their supervision history. The evaluator shall conduct deviant sexual interest testing and provide the results in the report.

The report should include the following:

A. Present level of risk to reoffend sexually and generally

B. Structured professional judgment on the person's ability to safely manage their behavior and self-regulate emotions without supervision

C. Information on desistance and how that affects the person's re-offense risk in the community[43]

Since there is no record of treatment and no completed RPP, the evaluator cannot offer a structured professional judgment regarding the person's ability to be in the community without supervision. The evaluator shall advise the court in the report that they are unable to make that specific recommendation due to the lack of treatment and an RPP.

3.40 Per the statutory guidelines, the person requesting the evaluation is responsible for covering its cost, and it cannot be reimbursed by the indigent fund.

[43] Lussier, Patrick, et al. "Community Re-entry and the Path toward Desistance." *Journal of Interpersonal Violence*, vol. 29, no., 15, 2014, pp.2683-2708.

39-13-701. Short title.

This part shall be known and may be cited as the "Tennessee Standardized Treatment Program for Sex Offenders."

39-13-702. Legislative findings.

(a) The general assembly hereby declares that the comprehensive evaluation, identification, treatment, and continued monitoring of sex offenders who are subject to the supervision of the criminal justice system are necessary in order to work toward the elimination of recidivism by the offenders.

(b) Therefore, the general assembly hereby creates a program that standardizes the evaluation, identification, treatment, and continued monitoring of sex offenders at each stage of the criminal justice system, so that the offenders will curtail recidivistic behavior, and so that the protection of victims and potential victims will be enhanced. The general assembly recognizes that some sex offenders cannot or will not respond to treatment and that, in creating the program described in this part, the general assembly does not intend to imply that all sex offenders can be successful in treatment.

39-13-703. Part definitions.

As used in this part, unless the context otherwise requires:

(1) "Board" means the sex offender treatment board created in § 39-13-704;

(2) "Sex offender" means any person who is convicted in this state, on or after January 1, 1996, of any sex offense, or if such person has been convicted in another state of an offense that would constitute a sex offense in this state, and who is subject to parole or probation supervision by the department of correction pursuant to an interstate compact;

(3) "Sex offense" means any felony or misdemeanor offense described as follows:

(A) The commission of any act that, on or after January 1, 1996, constitutes the criminal offense of:

(i) Rape of a child, as defined in § 39-13-522;

(ii) Aggravated rape, as defined in § 39-13-502;

(iii) Rape, as defined in § 39-13-503;

(iv) Aggravated sexual battery, as defined in § 39-13-504;

(v) Sexual battery, as defined in § 39-13-505;

(vi) Statutory rape, as defined in § 39-13-506;

(vii) Incest, as defined in § 39-15-302;

(viii) Criminal attempt, conspiracy, or solicitation to commit any of the offenses specified in this subdivision (3)(A); and

(ix) Criminal responsibility for the facilitation of a felony when the specific felony facilitated is any of the offenses specified in this subdivision (3)(A);

(B) The commission of any act that, on or after July 1, 2008, constitutes the criminal offense of:

(i) Sexual battery by an authority figure, as defined in § 39-13-527;

(ii) Solicitation of a minor, as defined in § 39-13-528;

(iii) Exploitation of a minor by electronic means, as defined in § 39-13-529; provided, that the victim of the offense is less than thirteen (13) years of age;

(iv) Aggravated rape of a child, as defined in § 39-13-531;

(v) Statutory rape by an authority figure, as defined in § 39-13-532;

(vi) Sexual exploitation of a minor, as defined in § 39-17-1003;

(vii) Aggravated sexual exploitation of a minor, as defined in § 39-17-1004;

(viii) Especially aggravated sexual exploitation of a minor, as defined in § 39-17-1005;

(ix) Criminal attempt, conspiracy, or solicitation to commit any of the offenses specified in this subdivision (3)(B); and

(x) Criminal responsibility for the facilitation of a felony when the specific felony facilitated is any of the offenses specified in this subdivision (3)(B); or

(C) The commission of any act that, on or after July 1, 2021, constitutes the criminal offense of:

(i) Trafficking for commercial sex act, as prohibited by § 39-13-309;

(ii) Patronizing prostitution from a person who is younger than eighteen (18) years of age or has an intellectual disability, as prohibited by § 39-13-514;

(iii) Promoting the prostitution of a minor, as prohibited by § 39-13-515;

(iv) Criminal attempt, conspiracy, or solicitation to commit any of the offenses specified in this subdivision (3)(C); and

(v) Criminal responsibility for the facilitation of a felony when the specific felony facilitated is any of the offenses specified in this subdivision (3)(C); and

(4) "Treatment" means therapy and supervision of any sex offender that conforms to the standards created by the board pursuant to § 39-13-704.

39-13-704. Sex offender treatment board — Creation — Membership — Term — Duties — Immunity from liability.

(a) There is created, in the department of correction, a sex offender treatment board, which shall consist of twelve (12) members. The membership of the board shall consist of the following persons:

(1) One (1) member representing the judicial branch, appointed by the chief justice of the supreme court;

(2) Two (2) members representing the department of correction, appointed by the commissioner of correction;

(3) One (1) member representing the Tennessee bureau of investigation, appointed by the director;

(4) One (1) member representing the department of children's services, appointed by the commissioner of children's services;

(5) One (1) member, appointed by the commissioner of correction, who is a licensed mental health professional with recognizable expertise in the treatment of sex offenders;

(6) One (1) member, appointed by the commissioner of correction, who is a district attorney general;

(7) One (1) member, appointed by the commissioner of correction, who is a public defender;

(8) One (1) member, appointed by the commissioner of correction, who is a representative of law enforcement;

(9) Two (2) members, appointed by the commissioner of correction who are recognized experts in the field of sex abuse, and who can represent sex abuse victims and victims' rights organizations; and

(10) One (1) member, appointed by the presiding officer of the sex offender treatment board, who is a representative of the board of parole.

(b) The commissioner of correction shall appoint a presiding officer for the board from among the board members appointed pursuant to subsection (a). The presiding officer shall serve as such at the pleasure of the commissioner.

(c)

(1) Any member of the board who is appointed pursuant to subdivisions (a)(1)-(4) shall serve at the pleasure of the official who appointed that member, for a term that shall not exceed four (4) years. Those members shall serve without additional compensation.

(2) Any member of the board created in subsection (a) who is appointed pursuant to subdivisions (a)(5)-(9) shall serve for a term of four (4) years. Those members shall serve without compensation.

(d) The board shall carry out the following duties:

(1) The board shall develop and prescribe a standardized procedure for the evaluation and identification of sex offenders. The procedure shall provide for an evaluation and identification of the offender and recommend behavior management monitoring and treatment based upon the knowledge that sex offenders are extremely habituated and that there is no known cure for the propensity to commit sex abuse. The board shall develop and implement measures of success based upon a no-cure policy for intervention. The board shall develop and implement methods of intervention for sex offenders that have as a priority the physical and psychological safety of victims and potential victims and that are appropriate to the needs of the particular offender; provided, that there is no reduction of the safety of victims and potential victims;

(2) The board shall develop guidelines and standards for a system of programs for the treatment of sex offenders that can be utilized by offenders who are placed on probation, incarcerated with the department of correction, placed on parole, or placed in community corrections. The programs developed shall be as flexible as possible, so that such programs may be utilized by each offender to prevent the offender from harming victims and potential victims. The programs shall be structured in a manner that the programs provide a continuing monitoring process, as well as a continuum of treatment programs for each offender as that offender proceeds through the criminal justice system, and may include, but shall not be limited to, polygraph examinations by therapists and probation and parole officers, group counseling, individual counseling, outpatient treatment, inpatient treatment, or treatment in a therapeutic community. The programs shall be developed in a manner that, to the extent possible, the programs may be accessed by all offenders in the criminal justice

system. The procedures for evaluation, identification, treatment, and continued monitoring required to be developed shall be implemented only to the extent that funds are available in the sex offender treatment fund created in § 39-13-708;

(3) The board shall develop a plan for the allocation of moneys deposited in the sex offender treatment fund created pursuant to § 39-13-708, among the judicial branch, the department of correction, and the department of children's services. In addition, the board shall coordinate the expenditure of funds from the sex offender treatment fund with any funds expended by any of the departments listed in this subdivision (d)(3) for the identification, evaluation, and treatment of sex offenders;

(4) The board shall research and analyze the effectiveness of the evaluation, identification, and treatment procedures and programs developed pursuant to this part. The board shall also develop and prescribe a system for tracking offenders who have been subjected to evaluation, identification, and treatment pursuant to this part. In addition, the board shall develop a system for monitoring offender behaviors and offender adherence to prescribed behavioral changes. The results of the tracking and behavioral monitoring shall be a part of any analysis made pursuant to this subdivision (d)(4); and

(5) The board shall compile and make available on the board's website a list of approved sex offender evaluation providers and a list of approved sex offender treatment providers that the board deems fit, based upon the provider's specific training, experience, and professional licensure, to fulfill the objectives set forth in this section.

(e) The board and the individual members of the board shall be immune from any liability, whether civil or criminal, for the good faith performance of the duties of the board.

39-13-705. Evaluation and identification.

(a) On and after January 1, 1996, each sex offender who is to be considered for probation or any other alternative sentencing shall be required to submit to an evaluation for treatment, risk potential, procedures required for monitoring of behavior to protect victims and potential victims, and an identification under the procedures developed pursuant to § 39-13-704(d)(1).

(b) Those offenders found guilty at trial or who pled guilty without an agreement as to length of sentence, probation, or alternative sentencing that are to have a presentence report prepared for submission to the court shall be required to submit to the evaluation referred to in subsection (a). The evaluation shall be included as part of the presentence report and shall be considered by the court in determining the sentencing issues stated in this section.

If the court grants probation or alternative sentencing, any plan of treatment recommended by the evaluation shall be a condition of the probation or alternative sentencing. Those offenders who, as part of a negotiated settlement of their case, are to be placed on probation or alternative sentencing shall be required to submit to the evaluation referred to in subsection (a) as a condition of their probation or alternative sentencing; and any plan of treatment recommended by the evaluation shall be a condition of probation or alternative sentencing.

(c) The evaluation and identification required by subsection (a) shall be at the expense of the offender evaluated, based upon the offender's ability to pay. The plan of treatment and behavior management shall be at the expense of the offender based upon the offender's ability to pay.

(d) Any evaluation required by this section must be performed by an individual or entity on the sex offender treatment board's list of approved providers compiled pursuant to § 39-13-704(d)(5).

39-13-706. Treatment and monitoring of offenders.

(a) Each sex offender sentenced by the court for an offense committed on or after January 1, 1996, is required, as a part of any sentence to probation, community corrections, or incarceration with the department of correction, to undergo treatment to the extent appropriate to the offender based upon the recommendations of the evaluation and identification made pursuant to § 39-13-705, or based upon any subsequent recommendations by the department of correction, the judicial branch or the department of children's services, whichever is appropriate. Any treatment and monitoring shall be at the person's own expense, based upon the person's ability to pay for the treatment.

(b) Each sex offender placed on parole by the state board of parole on or after January 1, 1996, is required, as a condition of parole, to undergo treatment to the extent appropriate to the offender based upon the recommendations of the evaluation and identification pursuant to § 39-13-705 or any evaluation or subsequent reevaluation regarding the person during the person's incarceration or any period of parole. Any treatment shall be at the person's expense, based upon the person's ability to pay for such treatment.

(c) Any treatment required by this section must be provided by an individual or entity on the sex offender treatment board's list of approved providers compiled pursuant to § 39-13-704(d)(5).

39-13-707. Treatment services to conform with board standards — Approved providers.

(a) The department of correction, the judicial branch, or the department of children's services shall not employ or contract with any individual or entity to provide treatment services pursuant to this part, unless the treatment services to be provided by the individual or entity conform with the standards developed pursuant to § 39-13-704(d)(2) and are provided by an individual or entity on the sex offender treatment board's list of approved providers compiled pursuant to § 39-13-704(d)(5).

(b) An individual or entity shall not provide sex offender evaluation or treatment services pursuant to this part unless the individual or entity is on the sex offender treatment board's list of approved providers compiled pursuant to § 39-13-704(d)(5). Unapproved providers who conduct sex offender evaluation or treatment services must be referred to the relevant licensing board for disciplinary action.

39-13-708. Surcharge.

(a) For purposes of this section, unless the context otherwise requires, "convicted" and "conviction" means an adjudication of guilt of a sex offense as defined in this part as follows:

(1) Plea of guilty, including a plea of guilty entered pursuant to § 40-35-313;

(2) Verdict of guilty by a judge or jury;

(3) Plea of no contest; and

(4) Best interest plea.

(b) On and after July 1, 1996, each person who is convicted of a sex offense as defined in this part shall pay a tax to the clerk of the court in which the conviction occurs, in an amount not to exceed three thousand dollars ($3,000), as determined by the court for each conviction as defined by this part.

(c) The clerk of the court shall allocate the tax required by subsection (b) as follows:

(1) Five percent (5%) of the tax paid shall be retained by the clerk for administrative costs incurred pursuant to this subsection (c); and

(2) Ninety-five percent (95%) of the tax paid under this section shall be deemed a litigation tax imposed pursuant to § 67-4-602, and shall be includible as an amount subject to apportionment pursuant to § 67-4-606.

(d) There is created in the state treasury a sex offender treatment fund, which shall consist of moneys received by the state treasurer pursuant to this part. All interest derived from the deposit and investment of this fund shall be credited to the general fund. Any moneys not appropriated by the general assembly shall remain in the sex offender treatment fund and shall not be transferred or revert to the general fund of the state at the end of any fiscal year. All moneys in the fund shall be subject to annual appropriation by the general assembly to the judicial branch, the department of correction, and the department of children's services, after consideration of the plan developed pursuant to § 39-13-704(d)(3), to cover the direct and indirect costs associated with the evaluation, identification, and treatment and the continued monitoring of sex offenders.

(e) The court may waive all or any portion of the tax required by this section if the court finds that a person convicted of a sex offense is indigent or financially unable to pay.

(f) For the purposes of collecting any unpaid balance of the tax imposed by this part, the department of correction shall deduct from the trust fund account of any sex offender who is in custody of the department of correction those moneys necessary to satisfy the unpaid tax.

BACKGROUND MATERIAL

AZSOMB ADULT GUIDELINES AND STANDARDS SUBCOMMITTEE

July 29, 2026

IDAHO'S RESPONSE TO PSYCHOSEXUAL EVALUATION

PROVIDED BY

IDAHO SOMB PROGRAM MANAGER

From: Jenna Mitchell
To: Arizona Sex Offender Management Board
Subject: Idaho Response FW: Psychosexual Evaluation (PSE) Question
Date: Monday, June 15, 2026 11:37:58 AM

From: Volle, Nancy <nvolle@idoc.idaho.gov>
Sent: Monday, June 15, 2026 11:36 AM
To: Jenna Mitchell <JMitchell@AZDPS.GOV>
Subject: RE: Psychosexual Evaluation (PSE) Question

Hi Jenna,

Section 2 of our adult standards provides our information regarding our PSEs, and the required PSE format can be found in the Appendices section of the standards Adult-Standards-Website-2-2025—83161.pdf. Idaho Code 18-8316 is the code that specifically addresses PSEs upon conviction Section 18-8316 – Idaho State Legislature. I am taking this week off, so if you need additional information from Idaho, I can try and get that for you next week. Thanks.

Nancy Volle
SOMB Program Manager
nvolle@idoc.idaho.gov

From: Jenna Mitchell <JMitchell@AZDPS.GOV>
Sent: Monday, June 15, 2026 11:41 AM
To: Susan Siedentop <Susan.Siedentop@tn.gov>; Michele Leslie <mleslie@utah.gov>; Alderete - CDPS, Raechel <raechel.alderete@state.co.us>; Harrington, Kauaiwa P <kauaiwa.harrington@hawaii.gov>; Volle, Nancy <nvolle@idoc.idaho.gov>
Subject: Psychosexual Evaluation (PSE) Question

Hello everyone,

The Arizona SOMB Adult Guidelines and Standards Subcommittee would appreciate any information sharing regarding psychosexual evaluations. Some areas specifically that

they are researching are:

-Adult sex offense specific/psychosexual evaluation purpose, standards, timelines, information needed/expected, such as recommendations, modalities, etc., if the Board has these outlined.

-If the state has implemented a psychosexual evaluation (PSE) during a postconviction but pre-sentence timeframe (i.e., Colorado), how did they overcome challenges raised as to due process, Constitutional issues, specifically, I believe our lawyer board members cited timeliness, victims' rights, and privacy issues.

Any information/suggestions you have regarding this area are greatly appreciated!

Regards,

Jenna Mitchell, Major
Arizona Department of Public Safety
Arizona Sex Offender Management Board, Program Manager
2222 W. Encanto Blvd.
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BACKGROUND MATERIAL

AZSOMB ADULT GUIDELINES AND STANDARDS SUBCOMMITTEE

July 29, 2026

LIST OF TOOLS AND INSTRUMENTS COMMONLY FOUND IN ADULTS PSYCHOSEXUAL EVALUATION IN ARIZONA

BY

DR. BRECKEN BLADES

Tools and Instruments Commonly Found in Adult Psychosexual Evaluations in Arizona

Child Contact Screen
Risk of Sexual Abuse of Children (ROSAC)

Cognitive and Mental Status Assessments
Bender Visual Motor Gestalt Test
Kaufman Brief Intelligence Test
Mini Mental Status Examination-2
Montreal Cognitive Assessment aka MoCA
The Shipley Institute of Living Scale Revised
Trail Making Test
Wechsler Abbreviated Scale of Intelligence-2 (WASI)
Wide Range Achievement Test (WRAT)
Slosson Intelligence Test Revised
Tony Test of Nonverbal Intelligence

Psychological Assessments
MCMI-III (or MCMI-IV, but the III provides better information)
Minnesota Multiphasic Personality Inventory (MMPI- 2)
Personality Assessment Inventory (PAI)
The Beck Depression Inventory
Hare Psychopathy Checklist Revised (PCL-R)
Trauma Symptom Inventory
The Symptom Checklist 90 Revised (SCL-90-R)
Trauma History Screen
Trauma Screening Questionnaire

Sexual History, Interest, and Arousal
Multiphasic Sex Inventory II (MSI-II)
Multidimensional Inventory of Development, Sex, and Aggression (MIDSA)
Penile Plethysmography
SAPROF
The Clark Sex History Questionnaire for Males Revised
The Abel Assessment of Sexual Interest-3
Abel-Blasingame Assessment System for individuals with intellectual disabilities (ABID)
LOOK Assessment
Level of Supervision Inventory – Revised (LSI-R)
Inventory of Offender Risk, Needs, and Strengths (IRONS)
Assessment of Risk and Manageability of Individuals with Developmental and Intellectual Limitations Who Offend Sexually (ARMIDILO-S)
Violence Risk Scale: Sexual Offenders (VRS:SO)
Child Pornography Offender Risk Tool (CPORT)
Sex Offender Treatment Intervention and Progress Scale (SOTIPS)

Stable 2007
Sexual Violent Risk 20 (SVR-20)
Violent Risk Assessment Guide (VRAG)
Static 99R
Static 2002R