



BACKGROUND MATERIAL

September 28, 2026

WRITTEN PUBLIC COMMENTS

From: Department of Public Safety <do_not_reply@azdps.gov>
Sent: Sunday, August 30, 2026 7:00 AM
To: Arizona Sex Offender Management Board
Subject: Webform submission from: SOMB Call to the Public - Written Public Comment

Categories: Call to the Public Written Comments

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Arizona Department of Public Safety

2222 W. Encanto Blvd.
Phoenix, AZ 85009

Submitted on Sun, 08/30/2026 - 06:59

Submitted by: Anonymous

Submitted values are:

Your Name

Patricia Borden

Email Address

What part of the agenda does your written comment relate to?

An item NOT on the agenda

Please provide your written comment in the field below.

I'd like to recommend Peter Dross, a 32-year policy veteran of the Center for Victims of Torture, as a future board speaker. Peter facilitates the Government Relations Working Group for Minnesota's \$100 Million Committee and can speak to lessons from Minnesota's decades-long civil commitment program — including a recent Mitchell Hamline School of Law finding that the program has had no measurable impact on sexual violence rates. As Arizona develops its own civil commitment framework, his experience is directly relevant to this board's work.

I understand this notice

YES, I Understand this Notice

Arizona Department of Public Safety

2222 W. Encanto Blvd.
Phoenix, AZ 85009

(602) 223-2000

<https://www.azdps.gov/>



From: Kim Drogosz [REDACTED]
Sent: Monday, August 31, 2026 6:51 PM
To: Arizona Sex Offender Management Board
Subject: Request to speak letter from 8/31/2026 and invite for Minds, Justice and the Law: Neurodivergence in the Criminal Legal System

Categories: Call to the Public Written Comments

Hello Colonel Mitchell:

I am attaching my request to speak letter from today and the invitation to the SOMB board for the November 9, 2026 event: ***Minds, Justice and the Law: Neurodivergence in the Criminal Legal System.***

Thank you for sharing with the board.

Kindly

Kim

August 31, 2026

Good afternoon, Chair and members of the Board.

My name is Kim Drogosz and I represent myself.

First, as we approach the 2027 legislative session, I ask the Board to establish a formal procedure for communicating its legislative positions.

Specifically, I recommend establishing a 3 business day time frame for the chair to communicate the Board's official decisions to the appropriate lawmakers. During the last legislative session, we saw how quickly bills can move through the process. Delays in communicating the Board's position can result in lawmakers acting without timely knowledge of the Board's position. A clear 3-day mandate would help ensure the Board's decisions are communicated promptly, consistently and accurately.

Second, I ask the Board to consider creating a Developmental Disabilities and Neurodivergence Subcommittee alongside the Adult and Juvenile Subgroups.

Individuals with IDD, such as autism, may process communication, social cues, consequences, treatment, group environments, and polygraph examinations differently.

I would ask this IDD subcommittee to examine whether current treatment and supervision models are designed primarily for neurotypical individuals and, if so, how those models should be adapted for neurodivergent individuals.

The subcommittee could evaluate evidence-based treatment, disability accommodation, individualized risk assessments, polygraph alternatives, communication methods, and specialized training for treatment providers and supervision officers.

Third, I request an update regarding the concerns raised by Board Member Dr. Farah Lokey on November 17, 2025. Dr. Lokey questioned whether the Board's Guiding Principles adequately recognize intellectual and developmental disabilities, like autism, and other forms of neurodivergence. I ask the Board to explain what action has been taken and to revise the Guiding Principles, so these distinct needs are expressly and meaningfully recognized.

If time permits today, I respectfully ask that a motion be made to add these matters to today's agenda. If that is not possible, I request that all three matters be placed on the September agenda for Board discussion.

In closing, on behalf of Praxis Initiative, I would like to invite the Board to attend *Minds, Justice and the Law: Neurodivergence in the Criminal Legal System* on November 9, from 9:00 a.m. to 3:00 p.m., here in this room.

Praxis Initiative is sponsoring this event, which will bring together nationally recognized experts from across the country to examine how neurodivergence intersects with the criminal legal system.

This is not a theoretical conversation. It is a growing issue affecting families across the country. Far too often people with IDD can move from being vulnerable to victimization to being labeled a criminal, without the system fully examining how disability, coercion, exploitation or limited understanding contributed to the alleged conduct.

Registration is required. I will send the registration link to Colonel Mitchell and respectfully ask that it be shared with all Board members. I sincerely hope you will be able to attend.

Link to register

https://actionnetwork.org/events/minds-justice-and-the-law-neurodivergence-in-the-criminal-legal-system?utm_source=actionnetwork.org

Minds, Justice, and the Law: Neurodivergence in the Criminal Legal System

Start: Monday, November 09, 2026•09:00 AM

End: Monday, November 09, 2026•03:00 PM

Location: Executive Office Bldg. – The State of Arizona • 1700 W. Washington St, 2nd Floor, Phoenix, AZ 85007 US

Host Contact Info: Events@praxisinitiative.org

Minds, Justice, and the Law: Neurodivergence in the Criminal Legal System

Minds, Justice and the Law: Neurodivergence and the Criminal Legal System brings together nationally recognized experts, attorneys, clinicians, advocates, educators, public officials, and directly impacted individuals to examine one of the least understood issues in modern public policy and public safety.

Neurodivergent individuals, including people with autism, ADHD, traumatic brain injuries (TBI), dyslexia, sensory processing disorders, and other cognitive or developmental differences, are disproportionately impacted at every stage of the criminal legal system. Too often, behaviors rooted in disability, trauma, communication differences, or neurological impairment are misunderstood as defiance, aggression, manipulation, or criminal intent.

For many, system contact begins early. Neurodivergent children face dramatically higher rates of school discipline, exclusion, suspension, and referral into juvenile justice systems. Once inside the system, the risks compound. Autistic individuals and people with cognitive differences are significantly more vulnerable during police encounters and interrogations, including increased susceptibility to false confessions, communication breakdowns, sensory overload, trauma responses, and behavioral misinterpretation by untrained personnel.

Research also shows extraordinarily high rates of neurodivergence and neurological injury among incarcerated populations. Estimates suggest that 25% to 40% of incarcerated adults have ADHD, while traumatic brain injury rates within justice-involved populations may range from 50% to 80%. Yet courts, jails, prisons, probation systems, and law enforcement agencies often continue operating on assumptions built around neurotypical communication, behavior, processing speed, and impulse control.

This event will explore how neurodivergence intersects with:

- School discipline and the school-to-prison pipeline
- Police encounters and interrogations
- Competency and court proceedings
- Sentencing and mitigation
- Incarceration and correctional environments
- Probation, parole, and reentry
- Behavioral health systems and disability accommodations

- Public safety, deflection, diversion, and evidence-based reform

Speakers and panelists will include mental health professionals, criminal defense attorneys, researchers, educators, advocates, and individuals with decades of lived experience navigating these systems firsthand. Discussions will focus on practical solutions, trauma-informed practices, disability accommodations, diversion strategies, and policy reforms that improve outcomes while strengthening accountability, fairness, and public safety.

Who should attend:

- Lawmakers and public officials
- Attorneys and legal professionals
- Mental and behavioral health professionals
- Educators and school personnel
- Law enforcement and corrections officials
- Community advocates and nonprofit leaders
- Researchers and students
- Directly impacted individuals and families

This is not a theoretical conversation. It is a growing public safety, civil rights, disability, and human services issue affecting schools, courts, communities, jails, prisons, and families across the country.

Join us for a serious and solutions-focused discussion on how systems can better recognize, respond to, and support neurodivergent individuals while improving justice outcomes for everyone.

The Arizona State Capitol Executive Tower is a government facility designed to provide public access and ADA-compliant accommodations. The building includes accessible entrances, elevator access to upper floors, accessible restrooms, and wheelchair-accessible public areas. This event will be held on the Second Floor of the Executive Tower at the Arizona State Capitol in Phoenix, Arizona. Elevator access is available for attendees who require mobility accommodations. We are committed to making this event accessible and inclusive for all participants. Attendees requiring reasonable accommodations related to mobility access, sensory needs, communication access, or other disability-related needs are encouraged to contact event organizers in advance so arrangements can be coordinated whenever possible. Please allow additional time for parking, building entry, and security procedures upon arrival.

SPONSORED BY

Dan Caputo - Lying Polygraph Examiner Part II

From jackson [REDACTED] <[REDACTED]>
Date Wed 9/2/2026 6:43 AM
To Arizona Sex Offender Management Board <AZSOMB@AZDPS.GOV>

 1 attachment (1 MB)
IMG_4458.jpeg;

To The Arizona Sex Offender Management Board,

My name is Jackson Ford, and I previously submitted a written public comment for last month's SOMB meeting, and I would like to submit two (2) more; first, to respond to the additional false and misleading statements made by Dan Caputo in reference to myself, and second, to present some research that I've come across regarding the use of polygraphs in Arizona's criminal justice system.

I find it prudent to share my experience in the pre-employment polygraph process, as I have discovered that there's an equally malignant lack of oversight in the Post-Conviction Sex Offender Testing (PCSOT) polygraph process as well, and whether the Arizona Department of Public Safety can serve as an effective vehicle to orchestrate this board.

In June 2022, I applied for a non-sworn, agency support position with the Arizona Department of Public Safety, and was subjected to a polygraph examination at the behest of DPS' Polygraph Unit Supervisor, Dan Caputo. As It would turn out, this polygraph examination would turn out to be the single worst event of my entire life. From the moment I entered the exam room, Caputo was extremely rude, and within mere minutes of walking into the exam room, asked me multiple times "Have you ever fondled a girl while she's sleeping?"



"Did she touch your penis?"



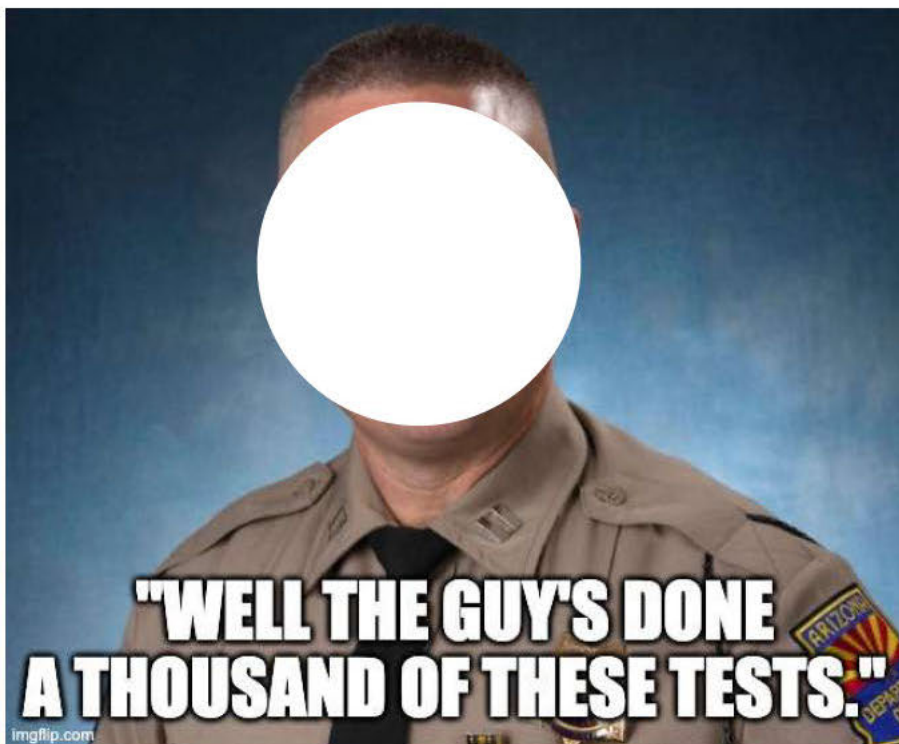
and a multitude of other strange and perverted questions. Caputo continuously made petty and unprofessional comments throughout the examination, berated and harassed me, screamed in my ear, falsely accused me of trying to cheat on the test, and then concluded the examination by throwing a temper tantrum and storming out of the room when I would not change my answers to his questions. As he was leaving the room, he sarcastically said “don’t forget your coffee, sorry that it cooled.”

I am not lying or exaggerating when I tell you that his behavior was the most unprofessional, immature, and sadistic behavior that I have ever witnessed in my entire life. The fact that any grown adult, or individual associated with law enforcement, would behave in such a manner stuns me to this day. It should also be noted that at the time of this examination, Caputo was forty-six (46) years old, and I was twenty-two (22,) less than half his age.

Unfortunately, my experience with Caputo was so disturbing that I was diagnosed with Post-Traumatic Stress Disorder (PTSD) because of it, and I have since struggled with suicidal thoughts, panic attacks, and other side effects because of it.

Following the conclusion of my polygraph examination (which was not the first such exam I have undergone) I was sure that my concerns would be taken seriously, and that measures would be taken to address this examiner’s behavior. As I mentioned in my first public comments, as the son of a United States Marine, and as someone who has worked for their state government, I was certain that this type of behavior would not be tolerated by a state law-enforcement agency, and would quickly be corrected.

Unfortunately, that is precisely the opposite of what transpired. Per DPS’ policy, I first attempted to raise these concerns to the examiner’s direct supervisor, an individual named [REDACTED]. I first stated to [REDACTED] that the examiner was very “combative” throughout the exam, to which he proceeded to interrupt me, and then very arrogantly, and erroneously, state “well, when you say combative, that’s a physical term, that would mean that he was trying to fight you” in a very condescending and demeaning manner. I then modified my answer to say that Caputo acted very “inappropriately” over the course of the exam, to which [REDACTED] very dumbly responded: “Well the guy’s done a thousand of these tests.”



Sadly, this would represent the entire extent to which this idiot would even pretend to address my concerns regarding Caputo's aggressive, perverted, and imbecilic behavior.

After [REDACTED] display of idiocy and outright refusal to examine Caputo's behavior, I conducted some research online, and came across an organization called the American Polygraph Association. The American Polygraph Association (APA) claims on its website that it "promotes the highest standards of professional, ethical, and scientific practices for its 2700+ members..." Upon reading this, I submitted an Ethics & Grievance Complaint with the organization, outlining Caputo's ridiculous lines of questioning and unhinged behavior. Unfortunately, despite the APA's lofty claims of "promoting the highest standards," they handled my complaint no more professionally than the aforementioned buffoon, [REDACTED]

As it would turn out, my complaint would end up being "investigated" by the examiner's business partner, an individual named [REDACTED] (pictured below,) who cleared him of any wrongdoing without ever watching the recording of my examination.

From: [REDACTED]
Sent: Wednesday, July 13, 2022 4:00 PM
To: Daniel Caputo [REDACTED]
Subject: Polygraph complaint

Hi Dan,

The APA received a complaint regarding a pre-employment poly you conducted. I have attached the complaint. After reading this, it seems there is nothing to the complaint. What I need from you is a simple acknowledgement that you were following your agency pre-employment practices when you interviewed the complainant.

Thanks,

[REDACTED]

[REDACTED]

[REDACTED]

--

The entire polygraph interview by Mr. Caputo was recorded and the actual questions asked dealt with viewing pornography while you were at work and in regards to child pornography.

I find both of those lines of questioning to be valid and can assure you that those questions (or close derivatives) are asked by most law enforcement agencies in the pre-employment process. As such, the official finding of the APA Ethics and Grievance Committee is that your complaint in this matter is **UNFOUNDED**.

If you have any questions, please contact our National Office for further clarification.

Sincerely,

[REDACTED]

[REDACTED]

Chairman
APA Ethics and Grievance Committee

On Wed, Jul 13, 2022 at 5:31 PM Daniel Caputo <[REDACTED]> wrote:

Good afternoon [REDACTED]

My agency is currently reviewing the complaint internally, so I have copied my supervisor, Captain [REDACTED] on this email should you have a need to contact him. The examination was audio and video recorded from start to finish and is in full compliance with our agency's pre-employment polygraph practices, as well as with APA Standards of Practice and Code of Ethics. Not that it matters, but the complainant was only asked about watching pornography as it pertained to while at work or in regards to children.

Thanks for reviewing this! Look forward to a final disposition for my files.

Dan Caputo, Supervisor
Polygraph Unit

Arizona Department of Public Safety
2102 W. Encanto Blvd.

Phoenix, AZ 85009

[REDACTED]



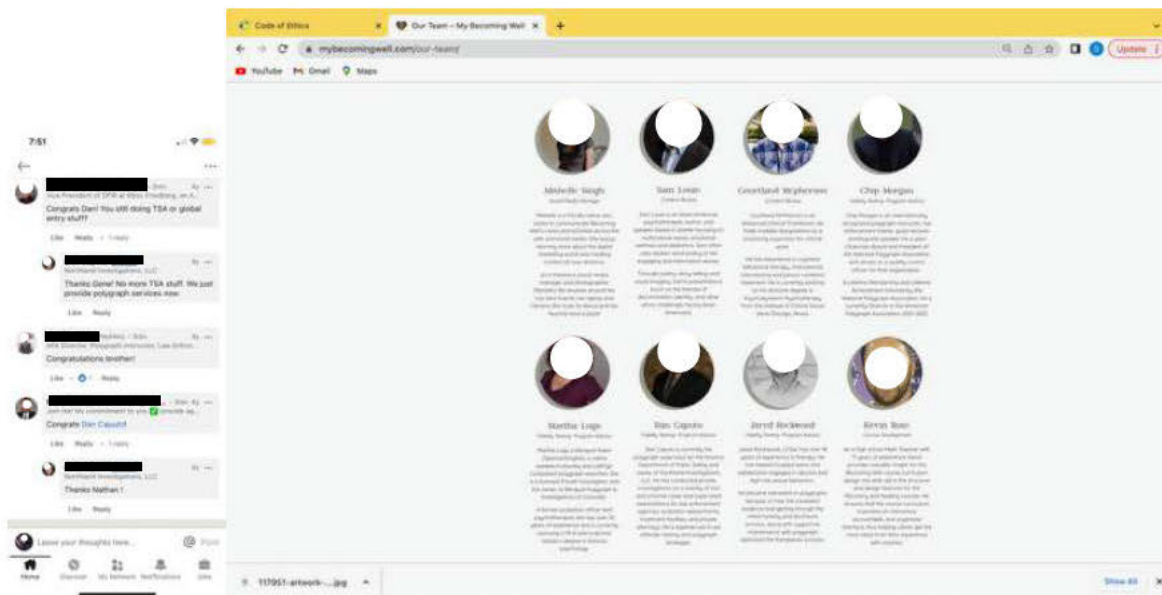
From: [REDACTED]
To: Daniel Caputo
Cc: [REDACTED]
Subject: Re: Polygraph complaint
Date: Thursday, July 14, 2022 10:23:46 AM
Attachments: [image001.png](#)
[Grievance closure letter 248-22.docx](#)

Good morning Dan,

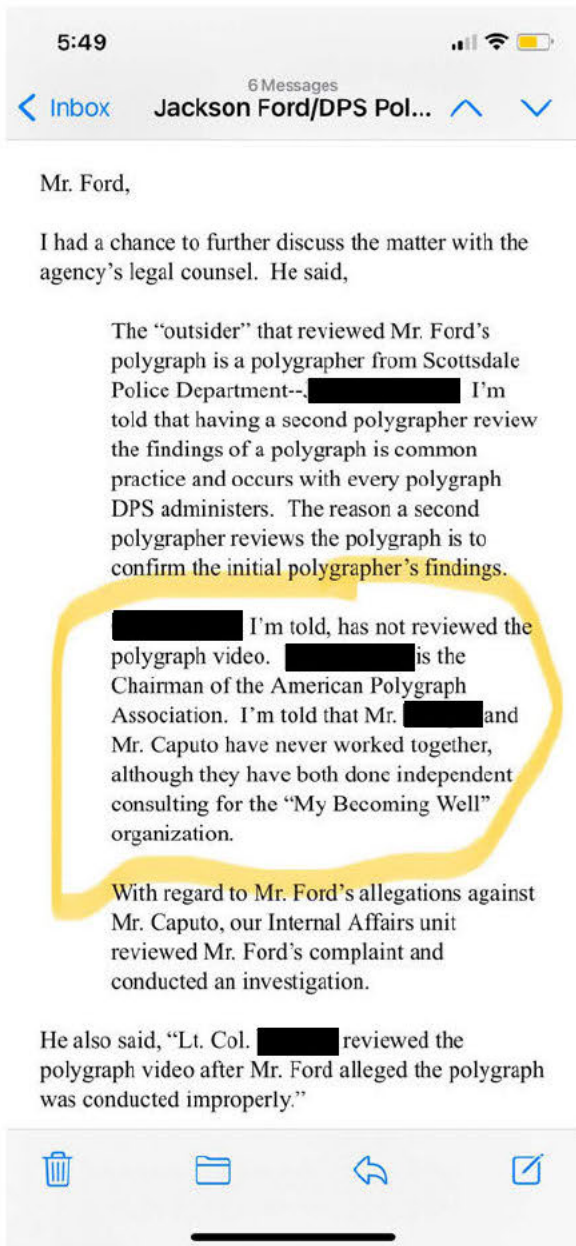
Here is the letter we just sent out to Mr. [REDACTED] (attached). Our investigation has concluded with a finding of UNFOUNDED and we consider the matter closed. Thank you for responding to my inquiry so promptly.
Sincerely,
[REDACTED]



As illustrated in these documents, [REDACTED] bases his judgement on nothing but the word of Dan Caputo, with whom he had an active business and personal relationship with at the time (see attachments.)



The fact that this recording was not viewed by anybody with the APA has been confirmed by the Arizona Department of Public Safety's own General Counsel, in collaboration with the Arizona Ombudsman Citizen's-Aide.



Additionally, the Arizona Ombudsman Citizen's Aide also expressed concern over the Arizona Department of Public Safety's handling of the matter. (see attachment)

As I understand things, he complained to DPS. DPS conducted an IA investigation. According to Mr. [REDACTED] the results were examined by a neutral polygraph examiner from Scottsdale PD named [REDACTED]. She apparently found no issues. Mr. Ford, however, asserts that there is a conflict of interest that calls into question her ability to review it in a neutral manner. He asserts that she previously worked for the DPS examiner's private company and that he trained her. Mr. [REDACTED] did not directly address this issue but instead offered to connect me with the person who oversaw the IA investigation.

Additionally, Mr. [REDACTED] led me to believe that an IA officer reviewed the video recording of the examination and found no issues. I asked him for the records of the IA investigation. He provided me with the attached record. There is very little substance to the record. It does not indicate what the IA officer did to investigate, how he reached his conclusions, what his conclusions are (unless I misunderstood), etc. I asked Mr. [REDACTED] for other records of the investigation. He said there are no other records. If that is indeed the case, I think DPS may be violating the law and/or acting unreasonably by not making and maintaining more records of the IA investigation.

At this point, I am hoping the Director's office can review this matter and address the issues outlined above. Additionally, pursuant to A.R.S. section 41-1378(D), I am requesting all records relating to Mr. Ford's polygraph examination (including the results and any video recording of the examination), his complaint, the IA review/investigation, and Ms. [REDACTED]'s involvement and review of the examination results. This includes DPS employee emails about the matter.

Please let me know when I can expect to receive the records.

Thank you!

[REDACTED]
Senior Staff Attorney
Arizona Ombudsman-Citizens' Aide

To conclude, much like Caputo's claim that "I have never received a Demand for Assurance or any other official letters/documents regarding the code of ethics, quality, or timeliness of my work," his assertion that "Both organizations conducted thorough investigations, including a review of video evidence" is verifiably untrue. In addition, I would like to make clear that I have not made a single false accusation pertaining to Caputo, but rather, have shared sentiments about his behavior over the course of polygraph examinations that many others have experienced, and expressed, as well (and which I will expand upon in my next email.)

—

*Over the course of conducting research into the polygraph industry in Arizona, I came across information which raises further questions about the Arizona Department of Public Safety's hiring practices, and whether hiring decisions are legitimately conducted in accordance with state law, rule, and/or policy.

I base my assertion on the hiring and employment of an individual whom I will refer to as [REDACTED] who serves or served (I am unaware of whether Ms. [REDACTED] is still with "The Department") in the position of "Evidence Technician", for which she was hired in 2022.

According to internal documentation provided to me on the basis of Public Records Requests, Ms. [REDACTED] apparently showed "significant reactions" on a polygraph examination conducted by DPS on May 5th, 2022, and then re-took a polygraph examination at the behest of DPS on June 16th, 2022. While Ms. [REDACTED] did pass her 2nd polygraph examination on June 16th, 2022, she made a number of concerning

admissions, which I personally (and feel that most reasonable people would) feel should disqualify her from employment at a state law enforcement agency. I have no personal animus towards Ms. [REDACTED] and in order to not cause her any unwanted embarrassment, will not expand on the nature of these admissions.

Indeed, “The Department” also seemed to be concerned about these admissions, and appears to have considered them disqualifying. However, as seen in this image, it appears as though Ms. [REDACTED] is related to a longtime employee of “The Department”, named [REDACTED]. Due to this relationship, it appears as though Ms. [REDACTED] was waved through the hiring process, and ultimately offered employment by The Department, despite the fact that her admissions and polygraph failure were considered disqualifying. (See attachments) This was done by the same individual who told me that “the guy’s done a thousand of these tests” when I attempted to raise concerns regarding Caputo's behavior.

Export Summary			2022	22 Recruitments	2021	21 Recruitments
253	/22	██████ sworn to retire & rtn civ res; reti	██████			
254		Uncovered - █████ says █████ but previous in	██████			
255		To █████ 9/6; █████ wrote-up	██████			
256			██████			
257		No adv based on recent ad of 1947 cl	██████			
258	/22		██████			
259		To █████ 8/19	██████			
260		To █████ 7/18; Per █████, move fwd; █████ daughter	██████			
261	/22	To █████ 8/5	██████ #1 █████			
262	/21	To █████ 8/19	██████ # █████			
263		To █████ 8/9; Rtd to █████ 8/5-rec'd 8/9	██████			
264	/22	Ee xfr; xfrd back to TSD - no new f/v re	██████			
265	/22	Various, To █████ 9/9	██████			
266		Sex misconduct; To █████ 9/16	██████			
267		Sexual misconduct; To █████ 9/16	██████			

To JG 7/18; Per Gibbs, move fwd; Amber Sliwinski daughter

To █████ 7/18; Per █████, move fwd; █████ #1 █████ 09/10/22



Fingerprint Technician at Arizona Department of Public Safety

Greater Phoenix Area · [Contact info](#)

1 connection

Connect

Message

More

 Arizona Department of Public Safety

Activity

2 followers

hasn't posted yet
Recent posts, shares will be displayed here.

Show all activity →

Experience

 **Arizona Department of Public Safety**
20 yrs 2 mos

- Administrative Services Manager**
Apr 2017 - Present · 8 yrs 3 mos
- Fingerprint Identification Supervisor**
Dec 2012 - Feb 2018 · 5 yrs 3 mos

This would appear to violate Arizona laws regarding nepotism, as well as Equal Employment Opportunity considerations. Furthermore, it again raises the question of whether:

A.) Dan Caputo was dishonest in the pre-employment process with the Arizona Department of Public Safety as he was with the Maricopa County Adult Probation Department

OR

B.) [REDACTED] and other members of the Department, were aware of this document, but processed him through the hiring process based on an arbitrary and/or capricious metric, such as a family relationship.

Finally, I would also like to note that I was provided the polygraph report of an applicant for the position of “State Trooper,” wherein he admitted to soliciting prostitutes on multiple occasions, as well as engaging in sex acts with an animal. (See attachment)

Additional information provided:

- The examinee admitted that in 2004, [REDACTED]
[REDACTED]
[REDACTED]
- The examinee stated that when he was about 17 years old, [REDACTED]
[REDACTED]
[REDACTED]

Despite these admissions, this individual was hired to serve as an Arizona State Trooper, greatly calling into question both the Department’s hiring practices, as well as its ability to adequately serve as a forum for the Arizona Sex Offender Management Board.

Thank you for your time, and I will follow up with another email soon.

Very Respectfully,
Jackson Ford, Concerned Citizen

agency's legal counsel. He said,

The "outsider" that reviewed Mr. Ford's polygraph is a polygrapher from Scottsdale Police Department-- [REDACTED] I'm told that having a second polygrapher review the findings of a polygraph is common practice and occurs with every polygraph DPS administers. The reason a second polygrapher reviews the polygraph is to confirm the initial polygrapher's findings.

[REDACTED], I'm told, has not reviewed the polygraph video. [REDACTED] is the Chairman of the American Polygraph Association. I'm told that Mr. [REDACTED] and Mr. Caputo have never worked together, although they have both done independent consulting for the "My Becoming Well" organization.

With regard to Mr. Ford's allegations against Mr. Caputo, our Internal Affairs unit reviewed Mr. Ford's complaint and conducted an investigation.

July 26, 2026

Beth Goulden, Chairperson

Arizona Sex Offender Management Board
c/o Board Members and the Office of the Governor of Arizona

Re: Request for Agenda Placement — ACPTC Compliance with A.R.S. §36-3701 et seq.

Dear Chairperson Goulden and Board Members,

I am writing to request that the Sex Offender Management Board formally review how the Arizona Community Protection and Treatment Center (ACPTC) applies the Sexually Violent Persons Act (A.R.S. §36-3701 et seq.). The attached letter lays out eighteen specific concerns, organized by topic, along with the statutory sections each one implicates.

In short: intake evaluation, conditional release to Less Restrictive Alternative placements, and discharge are not functioning as the statute directs. The practical effect is that residents who could safely progress remain in full confinement for years or decades, while others are released into the community without the evaluation or treatment the statute requires. I believe this is a structural problem, not an isolated one, and that it affects both the residents in ACPTC's custody and the public safety outcomes the statute is meant to secure.

I am not asking the Board to close ACPTC or to reconsider the Act itself. I support both, applied as written. I am asking the Board to place a review of ACPTC's application of the statute on its agenda, and to consider the three specific actions requested at the close of the attached letter: an agenda review, an independent audit of intake and release practices, and adoption of a published rulebook governing resident conduct and consequences.

I recognize this letter comes from a resident currently in ACPTC's custody, which may make it an unusual submission for the Board to receive. I ask that it be judged on the statutory citations and specific practices it describes, which the Board is well positioned to verify independently.

Thank you for your time. I am available at the contact information below for any follow-up the Board may need.

Respectfully,

Danny Monts
Resident # [REDACTED] ACPTC

Contact: [REDACTED]

Enclosure: Letter to the SOMB — Concerns Regarding ACPTC's Application of A.R.S. §36-3701 et seq.

July 26, 2026

To: Beth Goulden, Chairperson, Arizona Sex Offender Management Board (SOMB); SOMB Board Members; and the Office of the Governor of Arizona

From: Danny Monts, Resident # [REDACTED]
Arizona Community Protection and Treatment Center (ACPTC)

Contact: [REDACTED]

RE: Request for Board Review — Misapplication of the Sexually Violent Persons Act (A.R.S. §36-3701 et seq.) at ACPTC

My name is Danny Monts. I am a resident at the Arizona Community Protection and Treatment Center (ACPTC), which operates under the Arizona Department of Health Services / Arizona State Hospital and is represented by the Arizona Attorney General's Office.

I recognize that a letter from someone committed under this statute — and currently under the supervision of a sitting Board member, Dr. Sheridain Miller, and the ACPTC Director, Dr. Brecken Blades — is an unusual way for the Board to receive information. I am asking you to read it anyway. The concerns below describe how the system Arizona's Legislature built to detain, treat, and safely reintegrate people convicted of sexual offenses is not operating as the statute requires, and how that gap affects both residents and public safety.

This letter is not a request to close the ACPTC or repeal the Sexually Violent Persons Act. I support both. The Act, applied as written, is designed to detain offenders at release from confinement, treat them before they reach the community, and reintegrate them through the "Less Restrictive Alternative" (LRA) placement process, with multiple agencies supervising treatment and reintegration and validating its cost and effectiveness (A.R.S. §36-3710, §36-3711). The problem is that the statute is not being applied as written.

The Core Problem

The Sexually Violent Persons Statute (A.R.S. §36-3701–3714) is being interpreted and applied by the ACPTC, its attorneys, and the Arizona Attorney General's Office in ways not reflected in the statute's text and not consistent with legislative intent. In practice, this means:

1. Residents are held in full confinement — many for decades — for facility rule violations unrelated to the reason they were committed (e.g., arguing with staff or other residents, cannabis or tobacco use, trading food), with no published rulebook defining violations or consequences (A.R.S. §36-3701–3714).
2. People who genuinely need SVP-level treatment before release are often not evaluated or filed on at all (A.R.S. §36-3702, §36-3704), so they are released directly into the community without treatment, while others who could safely step down remain confined indefinitely.
3. Very few residents move through conditional release to a Less Restrictive Alternative or to discharge (A.R.S. §36-3710, §36-3711, §36-3714), which leaves little capacity to intake the offenders who are being released untreated.

I believe this is a structural, self-reinforcing failure: by not moving residents through LRA or discharge as the statute directs, the facility remains full, which in turn limits its ability to evaluate and treat newly released offenders before they reach the community — the opposite of what the statute intends.

Why the Board Should Act Now

Each of these gaps has the same downstream effect: offenders — some who have spent decades in prison — return to the community without the evaluation, treatment, or supervision the statute requires, while the facility meant to provide it operates at capacity holding residents for reasons the statute never contemplated. A Board review of how the statute is being applied, not just whether the facility exists, would directly reduce that risk and improve outcomes for the people the ACPTC is meant to serve and protect.

Specific Concerns for Board Review

The following numbered concerns are organized by topic for the Board's convenience. Each references the governing statute.

Intake and Evaluation

4. Why are an estimated 99.9% of sexual offenders released directly into the community rather than evaluated and filed on under the SVP statute by the releasing agency, as required by A.R.S. §36-3702 and §36-3704?
5. Why is the ACPTC treatment program so stagnant that nearly all committed residents remain in secure confinement for decades — some until death — without reaching reintegration?

Conditional Release and the LRA Process

6. Why does the ACPTC Director ask the Attorney General's Office to place most residents on "conditional release to LRA" under A.R.S. §36-3710 and §36-3711, while simultaneously arguing the same residents are not fit for release and should remain in secure confinement for decades?
7. Why does the ACPTC apply a "maximum conditions" standard to residents conditionally released to LRA, when A.R.S. §36-3710(A) requires only that the "minimum conditions" under §36-3711 be met?
8. Why does ACPTC keep all "conditionally released" residents inside the secure facility on Arizona State Hospital grounds rather than placing them with a halfway house or other community housing provider, as A.R.S. §36-3707(b)(2), §36-3710, and §36-3711 direct — at continuing cost to taxpayers?
9. Why, at internal program Level 6, does ACPTC allow or require residents to move into their own independent residence rather than a halfway house or other approved "housing provider," as A.R.S. §36-3711(3)(a)–(c) requires — bypassing the provider's statutory duty to supervise, secure, and report unauthorized absences?
10. Why does ACPTC refuse to house LRA residents in the existing "Birch Hall" transitional housing unit on the Arizona State Hospital grounds, instead holding both full-confinement and conditionally-released residents together in the secure Cholla unit — contrary to the "minimum conditions" required under A.R.S. §36-3710(A)?
11. Why does ACPTC refuse to allow conditionally released residents to attend outpatient sex-offender treatment as required by A.R.S. §36-3710(E), leaving ACPTC as the sole director of treatment and reintegration with no independent check or balance?

Supervision Structure

12. Why does ACPTC "dual supervise" residents who are on both LRA and adult probation, contrary to A.R.S. §36-3710(D)(4), which specifies supervision by the Department of Health Services or County Probation — not both? For residents on lifetime probation, supervision should defer to Adult Probation, which is also better resourced for community supervision. Dual supervision wastes state and county resources and leaves Adult Probation without real authority over the offender.

Facility Rules, Due Process, and Population Management

13. Why does ACPTC have no published rulebook defining violations and their consequences — unlike the Department of Corrections' minor/major infraction system — leaving residents unable to know in advance what conduct will be penalized or how severely?
14. Why does the ACPTC Treatment Team use internal LRA policy to delay resident progress even after statutory criteria are met — for example, requiring 60 incident-free days, quality group participation, and five completed community outings for a Level 1-to-2 privilege increase, then denying advancement because the team "feels" more time is needed, citing that policy only requires the resident be "considered"?
15. Why does ACPTC use behavior not linked to sexual offending — such as painting a window sill without permission, arguing with staff, or cannabis use — to justify continued detention and a higher risk classification, while residents who engage in offense-relevant conduct (e.g., stalking or exposing themselves to staff or the public) report being told by the treatment team that this is "individual treatment" and not other residents' concern?
16. Why does ACPTC continue to hold residents who are too severely mentally ill to participate in the treatment program, rather than directing the Attorney General's Office to place them in the appropriate Arizona State Hospital civil commitment program?
17. Why does ACPTC continue to hold elderly residents whose needs are better met by a dedicated care facility?

Treatment Delivery

18. Why does the ACPTC clinical team cancel a large share of treatment groups — for example, a weekly "managing negativity" group canceled an estimated 42% of the time — and why are residents in secure confinement offered only three to four and a half hours of psychosexual therapy per week even when groups run as scheduled?

Resource Use

19. Why does ACPTC use taxpayer funds to supply free coffee, creamer, and artificial sweeteners to all residents?
20. Why does ACPTC require most residents to use state-supplied clothing, sanitizers, deodorant, softener, and other hygiene items rather than purchasing their own — treating this as a privilege reserved for Level 5 residents who are working in the community — when the practice strains the budget and diverts funds from areas such as staffing?

Requested Action

I respectfully ask the Board to:

21. Place a formal review of ACPTC's application of A.R.S. §36-3701–3717 on the Board's agenda;
22. Direct an independent audit of intake, evaluation, LRA placement, and discharge practices against the statute's actual text; and
23. Require ACPTC to adopt a published, board-reviewed rulebook governing resident conduct and consequences, consistent with due-process standards used elsewhere in the state's correctional and civil-commitment systems.

Reforming how ACPTC applies this statute would also relieve pressure on the agencies upstream of it — the Department of Corrections, county jails, and probation — by ensuring offenders who need SVP-level evaluation and treatment actually receive it before release, rather than being released untreated while the facility meant to hold them operates at capacity for unrelated reasons. I believe this reform would meaningfully improve community safety and reduce recidivism among released offenders.

Thank you for your time and consideration. I hope this letter helps move ACPTC's program and its application of the governing statute onto the Sex Offender Management Board's agenda.

Respectfully,

Danny Monts
Resident # [REDACTED] ACPTC

Danny Monts

Phoenix, Arizona-85008

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Arizona Sex Offender Management Board

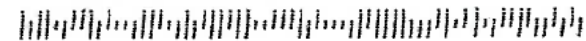
C/O Arizona Dept. Of Public Safety

Att: Major Jenna G. Mitchell

Post Office Box# 6488, Mail Drop 1360

Phoenix, Arizona-85005

85005-648888



From: Gary [REDACTED]
Sent: Tuesday, September 22, 2026 9:25 AM
To: Arizona Sex Offender Management Board
Subject: SOMB Meeting 0928
Attachments: Beyond_One_Size_Fits_All_Arizona_SOMB_White_Paper.docx

Categories: Background Material for Board Packet

Major Mitchell

Please include the attached information in the background materials for the upcoming Sex Offender Management Board meeting.

Thank you very much,

Gary

Gary W. Hardy, PhD
Co-Founder and Executive Director



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Beyond One Size Fits All

An Individualized Trauma Informed and Age Responsive Framework for Adult Sex Offense Treatment in Arizona

Gary W. Hardy, Ph.D.
Co Founder and Executive Director
Collaborative Justice Institute
September 17, 2026

Purpose	Background material for the Arizona Sex Offender Management Board
Central proposal	Adopt a treatment framework that matches intensity and methods to current risk, needs, responsivity, age, health, offense pattern, trauma history, and demonstrated change.
Requested action	Develop and evaluate an Arizona pilot with written assessment, reassessment, step down, completion, and outcome reporting standards.

This paper updates and expands a working paper first written in May 2025. It is offered as a policy proposal for discussion and study, not as legal advice or a substitute for clinical judgment.

Executive Brief

Arizona has an opportunity to build treatment standards around a straightforward public safety principle: different people should not receive identical treatment when their assessed risks, needs, life circumstances, and pathways to offending are materially different. A uniform curriculum may be administratively convenient, but convenience is not the same as effective intervention.

This proposal does not reject the Risk Need Responsivity model. Properly applied, RNR already calls for treatment intensity to match risk, treatment targets to match criminogenic need, and delivery to match the person's learning style and capacities. The problem arises when a nominally RNR program delivers substantially the same dosage, assignments, disclosure demands, and completion path to nearly everyone. That practice weakens the model it claims to follow.

The recommended Arizona framework combines four compatible elements: disciplined use of RNR; strengths based planning informed by the Good Lives Model; trauma informed delivery; and explicit attention to age, health, time since offense, years spent in the community without reoffense, offense pattern, and evidence of sustained change. Spiritual resources may be included only when freely chosen by the participant and clinically appropriate.

The Board should authorize a time limited pilot and require transparent measures. Providers should document why each treatment target and dosage is necessary, reassess people at defined intervals, permit step down when progress and current risk support it, and report outcomes beyond program completion. Arizona should examine sexual and general recidivism, technical violations, treatment engagement, housing and employment stability, prosocial support, and participant functioning over three, five, and ten years where feasible.

Recommended Board Actions

- Adopt a written individualization standard that makes assessment findings traceable to treatment goals, dosage, methods, and completion criteria.
- Require validated risk and need measures appropriate to the population, supplemented by structured clinical assessment and documented limits of each instrument.
- Create differentiated pathways for people whose current profiles differ substantially, including older adults and people returning after lengthy incarceration.
- Require trauma informed delivery that preserves accountability while avoiding unnecessary humiliation, coercive disclosure, or repetitive exercises without a stated clinical purpose.
- Pilot periodic reassessment and step down decisions, with review by someone other than the treating clinician when practicable.
- Publish aggregate provider outcomes and implementation data so the Board can refine standards over time.

The proposed change is measured rather than radical. It asks Arizona to apply established principles with greater fidelity, test the results, and retain what improves public safety.

Why Treatment Individualization Matters

People convicted of sexual offenses are not a single clinical population. They differ in victim relationship, offense behavior, use of technology, persistence, age at onset, time since the conduct, cognitive functioning, mental health, trauma exposure, treatment history, community supports, and current dynamic risk factors. A

diagnosis, conviction label, or registration category cannot by itself determine what treatment a person needs today.

Treatment can reduce sexual recidivism, especially when it uses cognitive behavioral and behavioral methods and follows the core RNR principles. That evidence supports treatment. It does not support identical treatment for everyone. Research syntheses also warn that program quality, therapist skill, implementation fidelity, and matching matter. An intervention can be evidence informed in name and poorly matched in practice.

Individualization is therefore a public safety discipline. Too little intervention may leave important needs untreated. Too much intervention can consume scarce clinical resources, delay successful completion, expose lower risk participants to higher risk peer material, and turn treatment into compliance rather than change. The Board should expect providers to justify both undertreatment and overtreatment.

A More Accurate Use of Risk Need Responsivity

The original May 2025 paper described RNR as a rigid framework. That criticism is better directed at rigid implementation than at the model itself. RNR contains three distinct requirements. The risk principle calls for greater intervention intensity for people at higher risk. The need principle focuses treatment on changeable factors associated with offending. The responsivity principle requires methods that fit motivation, abilities, culture, language, mental health, and learning style. A standardized sequence that ignores meaningful differences is inconsistent with responsivity and may also violate the risk principle.

Arizona standards should require a short written formulation connecting the assessment to the treatment plan. For each major target, the provider should identify the evidence supporting the target, the intervention selected, the expected sign of progress, and the condition for step down or completion. This does not eliminate professional judgment. It makes judgment reviewable.

Assessment should also be population appropriate. An instrument developed primarily for one group or outcome should not be treated as though it answers every question. Static measures estimate long term risk from historical factors; dynamic measures identify changeable factors and can support supervision and treatment planning. Neither replaces a careful review of offense pattern, current functioning, medical and cognitive limitations, treatment history, and recent behavior.

Integrating Strengths Without Diluting Accountability

The Good Lives Model adds a constructive question to risk management: what lawful, meaningful life will make continued desistance more achievable? People seek relationships, competence, autonomy, inner peace, belonging, and purpose. Harm occurs when those aims are pursued through distorted means, when a person lacks the skills or supports to pursue them safely, or when acute problems overwhelm existing controls. Treatment can address risk while building legitimate ways to meet ordinary human needs.

A strengths based plan is not permission to minimize harm. Accountability requires accurate recognition of the conduct, its impact, the decisions and conditions that contributed to it, and the concrete safeguards needed to prevent recurrence. Endless repetition of the worst event is not the only way to demonstrate accountability. A credible plan should also show observable change in choices, relationships, coping, boundaries, use of technology, and willingness to accept external safeguards when needed.

For some participants, service, mentorship, employment, education, family repair, or faith community involvement may support a stable prosocial identity. These resources should supplement clinically indicated

treatment. They should never become a religious test, and no participant should be penalized for declining spiritual content.

Trauma Informed Treatment and Responsible Accountability

Many justice involved adults report significant childhood adversity and later trauma. Trauma does not excuse offending, and a trauma history does not establish causation in an individual case. It can, however, affect emotional regulation, attachment, shame, dissociation, threat perception, substance use, and the ability to participate in group treatment. Ignoring those effects may make treatment less effective.

A trauma informed program asks whether its practices promote physical and psychological safety, trust, collaboration, choice, and skill development. It avoids using humiliation as a treatment method. It explains why sensitive information is clinically necessary, limits disclosure to what serves a defined purpose, prepares participants for difficult material, and offers grounding or individual support when needed. It also maintains clear behavioral expectations and direct accountability for harm.

The distinction between discomfort and harm is important. Effective treatment will sometimes be difficult. A participant may need to confront denial, distorted thinking, secrecy, entitlement, or the consequences of past actions. Trauma informed care does not promise comfort. It requires that difficult work be purposeful, proportionate, and delivered in a way that supports learning rather than collapse or performance.

Age Life Stage and Time Since Offense

Age is one of several empirically relevant risk variables. Sexual recidivism rates generally decline with advancing age, but the pattern is not identical for every person or every offense history. Age should therefore inform assessment rather than operate as an automatic exemption. The same is true of time offense free in the community, health, cognitive change, mobility, relationship stability, and years of demonstrated conduct.

Older adults returning after long incarceration often face medical problems, grief, social isolation, technological change, reduced stamina, and difficulty rebuilding ordinary community roles. A curriculum designed around the developmental tasks and behavioral patterns of younger adults may miss these barriers. Requiring repetitive work already completed during a long sentence may also produce little clinical value unless the provider can identify a current need.

An age responsive track should remain individualized. It may place greater emphasis on grief, loneliness, cognitive or sensory accommodations, technology competence and boundaries, healthy dependence, purpose, mortality, and sustainable community support. The track should not assume that age alone eliminates risk, nor should it assume that a decades old risk profile remains unchanged.

Proposed Arizona Treatment Framework

Stage	Required question	Minimum documentation	Decision
Assessment	What is the person's current risk and what changeable factors matter now	Validated measures with limits clinical formulation trauma and responsivity factors age health and offense pattern	Initial pathway and dosage
Planning	Why is each target included and how will progress be recognized	Target intervention rationale expected indicator and review date	Individual treatment plan

Stage	Required question	Minimum documentation	Decision
Delivery	Is the method effective safe and matched to the participant	Attendance engagement skill practice barriers accommodations and adverse responses	Continue adapt or add support
Reassessment	What has changed and what remains clinically necessary	Updated dynamic factors demonstrated skills behavior and supervision information	Maintain step up or step down
Completion	What objective criteria have been met and what safeguards remain	Completion criteria relapse prevention or safety plan support network and aftercare needs	Complete extend or refer
Outcomes	Did the program improve safety and functioning over time	Aggregate three five and ten year outcomes where feasible plus implementation measures	Retain revise or discontinue

The framework should allow differentiated pathways without creating fixed categories that replace judgment. A person might begin in a standard or intensive pathway, an age responsive pathway, or a pathway tailored to technology related offending, cognitive limitations, or another clinically relevant pattern. Movement between pathways should follow documented reassessment rather than a calendar alone.

Pilot Design and Evaluation

The Board could begin with a two year implementation pilot involving willing providers in more than one county. The pilot should include a common assessment and documentation protocol while allowing reasonable variation in clinical technique. An independent evaluator or university partner should review fidelity, participant characteristics, service dosage, completion decisions, and outcomes.

The pilot should answer practical questions that ordinary recidivism statistics cannot answer by themselves:

- Did treatment intensity correspond to assessed risk and documented need
- Did participants receive accommodations for age health cognition language and learning style
- How often did reassessment produce a step up step down or revised treatment target
- Which participants completed treatment and why did others leave
- Were technical violations associated with safety concerns administrative requirements or barriers such as transportation housing technology or health
- What were the rates of new sexual offenses new nonsexual offenses and supervision violations at defined follow up points
- Did housing employment prosocial support emotional regulation and lawful technology use improve
- Did outcomes differ by provider pathway risk level age offense pattern and treatment dosage

Public reporting should use aggregate data and protect privacy. Small groups should be suppressed or combined when identification is possible. The Board should also publish the definitions it uses, because completion, revocation, technical violation, rearrest, reconviction, and new sexual offense are not interchangeable outcomes.

Implementation Safeguards

Individualization can become inconsistent or arbitrary unless the Board establishes boundaries. The following safeguards would preserve fairness and clinical integrity.

- Use validated instruments only for populations and purposes they can reasonably support, and document important limitations.
- Separate treatment requirements from surveillance or punishment unless a clear clinical rationale connects them.
- Give participants a plain language explanation of goals, methods, expected duration, review points, completion criteria, confidentiality, and grievance procedures.
- Require specialized training in sexual behavior treatment, RNR, trauma informed care, aging, cultural responsiveness, and ethical use of authority.
- Permit a documented second review of major dosage extensions, reversals of progress, and discharge for noncompliance.
- Include victim safety and the prevention of future harm as explicit standards throughout assessment, planning, delivery, and evaluation.
- Include lived experience and family perspectives in policy review while maintaining clear conflict of interest and confidentiality rules.

Board Action Requested

I respectfully ask the Arizona Sex Offender Management Board to place individualized, trauma informed, and age responsive treatment on its work plan and refer this proposal for structured review. The first task should be a public comparison of current Arizona practice with the principles described here. The second should be development of a pilot protocol, including eligibility, assessment, reassessment, completion, data definitions, and independent evaluation. The third should be annual public reporting on implementation and outcomes.

Arizona need not choose between accountability and human dignity. Treatment is more credible when it identifies risk accurately, addresses what can change, recognizes what has already changed, and measures whether its work improves safety. A system that can explain why a person receives a particular intervention is stronger than one that relies on a common label and a common sequence.

Selected References

[Andrews, D. A., and Bonta, J. \(2010\). Rehabilitating criminal justice policy and practice. *Psychology Public Policy and Law*, 16\(1\), 39–55.](#)

[Arizona State Senate. \(2026\). Fact sheet for S.B. 1662 probation supervision least restrictive conditions.](#)

[Hanson, R. K., Bourgon, G., Helmus, L., and Hodgson, S. \(2009\). The principles of effective correctional treatment also apply to sexual offenders. *Criminal Justice and Behavior*, 36\(9\), 865–891.](#)

[Hanson, R. K., Harris, A. J. R., Helmus, L., and Thornton, D. \(2014\). High risk sex offenders may not be high risk forever. *Journal of Interpersonal Violence*, 29\(15\), 2792–2813.](#)

[Hanson, R. K., Harris, A. J. R., Letourneau, E., Helmus, L. M., and Thornton, D. \(2018\). Reductions in risk based on time offense free in the community. *Psychology Public Policy and Law*, 24\(1\), 48–63.](#)

- [Helmus, L., Thornton, D., Hanson, R. K., and Babchishin, K. M. \(2012\). Improving the predictive accuracy of Static 99 and Static 2002 with older sex offenders. *Sexual Abuse*, 24\(1\), 64–101.](#)
- [Levenson, J. S., Willis, G. M., and Prescott, D. S. \(2016\). Adverse childhood experiences in the lives of male sex offenders. *Sexual Abuse*, 28\(4\), 340–359.](#)
- [Office of Sex Offender Sentencing Monitoring Apprehending Registering and Tracking. Sex Offender Management Assessment and Planning Initiative.](#)
- [Substance Abuse and Mental Health Services Administration. \(2014\). SAMHSA concept of trauma and guidance for a trauma informed approach.](#)
- [Ward, T., and Stewart, C. A. \(2003\). The treatment of sex offenders risk management and good lives. *Professional Psychology Research and Practice*, 34\(4\), 353–360.](#)
- [Willis, G. M., Yates, P. M., Gannon, T. A., and Ward, T. \(2013\). How to integrate the Good Lives Model into treatment programs for sexual offending. *Sexual Abuse*, 25\(2\), 123–142.](#)

Author Note

Gary W. Hardy, Ph.D., is Co Founder and Executive Director of the Collaborative Justice Institute. This paper reflects his policy recommendations and is submitted for consideration as background material. The organization name is included at his direction; the paper does not claim endorsement by the Arizona Sex Offender Management Board or any treatment provider.