NOTICE OF PUBLIC MEETING
ARIZONA SEX OFFENDER MANAGEMENT BOARD

Pursuant to Arizona Revised Statutes (A.R.S.) § 38-431.02, notice is hereby given to the members of the **Arizona Sex Offender Management Board** (the "Board") and to the general public that the Board will hold a meeting, open to the public, on **November 16, 2026**.

The **November 16, 2026,** Board meeting will be a hybrid-access meeting. This means that the public has the opportunity to participate in person or virtually. Information on how the public may attend is outlined below.

Please note the location of the **November 16, 2026,** Board meeting:

Thursday, November 16, 2026, 2026 1:30 p.m.
Arizona State Capitol
1700 West Washington Street (Second Floor Conference Room)
Phoenix, Arizona

Virtual Meeting Access: Microsoft Teams Meeting:
https://teams.microsoft.com/meet/2214376087080750?p=MWwlfB738Z1KRvstsp
Meeting ID: 221 437 608 708 075 0
Passcode: uF27yS7w
Dial in by phone: +1 480-536-7328,,267392136#
Phone conference ID: 267 392 136#

The boardroom will be open to members of the public at 1:15 p.m.

A copy of the meeting agenda is attached. The Board reserves the right to change the order of items on the agenda. One or more members of the Board may participate virtually.

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

Pursuant to A.R.S. § 38-431.03(A)(2), the Board 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 Board 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).

The **November 16, 2026,** Board meeting will be a hybrid-access meeting. Please see below on how to access the meeting and provide public comment on agenda items, regardless of the chosen access method.

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To access the Board meeting virtually:
To watch the Board meeting via computer or a smartphone with a data plan:

- Click on the following link: https://teams.microsoft.com/meet/2214376087080750?p=MWwlfB738Z1KRvstsp
  OR
- Open a web browser on your device (Google Chrome, Safari, Internet Explorer, Firefox). Then, type or copy the above link into the address or search bar on your browser and press "Enter".

Procedures for Submitting a Request to Speak Form (Please read through each option carefully):
Public comments for the meeting will be accepted in written form or verbally during the meeting.

- **Written Public Comments:**
  - Written comments for the meeting will be accepted by:
    - Submitting a written public comment form available at: https://www.azdps.gov/form/somb-call-to-the-public-written-.
    - USPS to Arizona Department of Public Safety/AZSOMB P.O. Box 6488 Mail Drop 3230, Phoenix, AZ 85005. Please note that USPS mail takes time to be delivered. Please plan accordingly to ensure that the Board receives the written public comment by the deadline for the Board to receive a written comment set forth below.

  - **The deadline for the Board to receive a written comment is Friday, November 13, at 1 p.m.** Written comments received after the deadline, including those that are mailed but not received by staff, will not be posted and will not be provided to members.

  - Written comments will not be read into the record; however, staff will post all written comments received by the deadline on the Board's agenda by the deadline for the Board to receive a written comment set forth above.

- **Virtual Verbal Public Comments.** A virtual public comment is a public comment provided during the meeting via Microsoft Teams and wherein the person giving the public comment is not physically in person during the regular Board meeting**:**

  - Individuals planning to submit a virtual public comment **must submit a** request to speak form available at https://www.azdps.gov/form/somb-call-to-the-public-inperson to provide a virtual verbal public comment at the meeting during the Call to the Public agenda item.

  - **The deadline to submit a request to speak form to provide a virtual verbal comment is Friday, November 13, at 1 p.m.**

  - During the Call to the Public agenda item, those who submitted a request to speak form will be called on to speak virtually. The name in which you submit the form

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MUST match the name on the account when signing into the meeting to speak. Prior to the meeting, you may need to download the Microsoft Teams application to your device and create an account to ensure name matching. Individuals who submit the form after the deadline on **Friday, November 13 at 1 p.m.** will not be provided the opportunity to give virtual verbal public comment at the meeting.

- **In-Person Verbal Comments.** Individuals attending the Board meeting in person may provide a verbal public comment during the Call to the Public agenda item.
    - A person who wishes to provide a verbal public comment in-person must complete and submit a request to speak form available at https://www.azdps.gov/form/somb-call-to-the-public-inperson to Board staff prior to the start of the meeting. The request to speak form informs Board staff that you will be present in person at the meeting to provide your public comment.
    - The Board asks that request to speak forms be completed and submitted prior to the day of the meeting. The form, however, will also be available to complete and submit to Board staff at the meeting. Individuals who submit a request to speak form after the start of the meeting will not be provided the opportunity to speak.
    - Staff will not switch your registration to virtual if you fail to attend the meeting in person.

All Public Comments

- All Board policies in regard to public comment at in-person meetings are transferable to virtual verbal public comment for meetings.
- Both virtual and in-person verbal public comment will be limited to three minutes by the Board Chair, unless the time limit is adjusted by the Board Chair, at the start of the meeting.
- If submitting a request to speak form, Board staff will call on you to speak during the Call to the Public agenda item. Board staff will only call speakers one time. If a speaker is not ready and available to comment at that time, staff will move on to the next speaker. If you miss your turn, Board staff will attempt again at the end of the list. The order in which names are called will be in the order in which the registrations are received.
- Before beginning your public comment, please state your name and organization (if applicable) for the record.
- If you need assistance with submitting a request to speak form, submitting a written public comment or registering for an in-person or virtual public comment, please contact the Board's office at (602) 223-2611 and a staff member will assist you.

DATED AND POSTED 10th Day of November 2026.

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

ARIZONA SEX OFFENDER MANAGEMENT BOARD
MONDAY, NOVEMBER 16, 2026
Regular Session

1:30 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. **CALL TO THE PUBLIC —** This is the time for the public to comment. Members of the Board may not discuss items that are not specifically identified on the agenda. Therefore, pursuant to A.R.S. § 38-431.01(I), action taken as a result of public comment will be limited to directing staff to study the matter, responding to any criticism, or scheduling the matter for further consideration and decision at a later date.

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

    a. **Old Business**
        i. **Discussion and Potential Adoption of Revised Juvenile Guiding Principles (V10302026)**
        ii. **Discussion and Potential Adoption of Early Termination Considerations for Probationers with Sex Offender Conditions (V11042026)**
        iii. **Discussion and Potential Adoption of Template for Writing Sex Offender Early Termination Responses/Filings (V11042026)**
        iv. **Discussion and Potential Adoption of Standards and Guidelines for the Assessment, Evaluation, Treatment and Behavioral Monitoring of Adults Who Have Committed Sexual Offenses (V11042026)**
    b. **Discussion of Community Notification – Risk Assessments vs Offense of Conviction**
    c. **Discussion and Development of Legislative Budget Recommendation Per Arizona Revised Statutes (A.R.S.) § 13-3828(D)(6)**

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d. **Board Member Request (Ms. Adkins) to Invite Karl Hanson to Present at a Future Meeting**
e. **Board Member Request (Rep. Powell) to Establish a Real Time Response Protocol/Process/Policy for Responding to Public Comment**
f. **Board Member Request (Rep. Powell) to Establish a Formal Policy, Guidelines, and Organizational Structure for Legislative Bill Tracking, Purview Identification, and Response Formulation**
g. **Subcommittee Reports**
h. **Call for Future Agenda Items** (Deadline to Submit – December 8, 2026 @ Noon)

THE BOARD 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:

Arizona Sex Offender Management Board
December 14, 2026 1:30 p.m. – 5 p.m.
Arizona State Capitol
Second Floor Conference Room
1700 West Washington Street
Phoenix, Arizona 85007

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BACKGROUND MATERIAL

November 16, 2026



BACKGROUND MATERIAL

November 16, 2026

REVISED JUVENILE GUIDING PRINCIPLES

V:10302026

Juvenile Guiding Principles

DRAFT 10/30/2026

Purpose of the Guiding Principles is to establish the core foundation principles from which the *Standards and Guidelines* are created and to provide guidance in the absence of a specific standard or guideline.

1. **The highest priority of the Juvenile Standards and Guidelines is to maximize community safety through the effective delivery of quality developmentally appropriate evaluation, assessment, treatment, and supervision of juveniles who engage in sexually abusive behaviors (sometimes referred to as Juveniles with Sexually Abusive Behaviors [JSAB]) (See Appendix).**

2. **Sexually abusive behaviors are traumatic and can have a devastating impact on the victim and victim's family.**

   Sexually abusive behavior can lead to common and serious consequences across all areas of victims' lives, including chronic and severe mental and physical health symptoms, as well as social, family, economic, and spiritual harm.[1] Research and clinical experience indicate that victims of sexually abusive behaviors often face long-term impact and continue to struggle for recovery over the course of their lifetime.[2] The impact of sexually abusive behavior varies based on numerous factors. By holding offenders accountable, victims may experience protection, support and recovery. Professionals working with juveniles should understand how a juvenile's behaviors may inflict further harm on persons they have previously victimized.[3]

3. **Community safety and the rights and interests of victims and their families require paramount attention when developing and implementing age appropriate assessment, treatment and supervision of juveniles who engage in sexually abusive behavior.[4]**

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[1] Mason, F. & Lodrick, Z. (2013). Psychological consequences of sexual assault. *Best Practice & Research Clinical Obstetrics and Gynaecology, 27*(1):27-37; Tjaden, P. & Thoennes, N. (2006). Extent, nature, and consequences of rape victimization: Findings from the National Violence Against Women Survey. *Washington, DC: U.S. Dept. of Justice, Office of Justice Programs, National Institute of Justice*; Walsh et al. (2012). National prevalence of posttraumatic stress disorder among sexually revictimized adolescent, college, and adult household-residing women. *Archives of General Psychiatry, 69*(9):935-942; Wilson, D. (2010). Health Consequences of Childhood Sexual Abuse. *Perspectives in Psychiatric Care. 46*(1): 56-64.

[2] Chen et al. (2010). Sexual abuse and lifetime diagnosis of psychiatric disorders: Systematic review and meta-analysis. *Mayo Clinic Proceedings, 85*(7):618-629.

[3] Feiring, C., & Taska, L. (2005). The Persistence of Shame Following Sexual Abuse: A Longitudinal Look at Risk and Recovery. *Child Maltreatment, 10*(4):337-349; Lodrick, Z. (2010). Victim guilt following experience of sexualized trauma: investigation and interview considerations. *The Investigative Interviewer, 1*:54–57; Patterson, D. (2010). The Linkage Between Secondary Victimization by Law Enforcement and Rape Case Outcomes. *Journal of Interpersonal Violence, 26*(2):328-347; Tamarit, J., Villacampa, C., and Filella, G. (2010). Secondary Victimization and Victim Assistance. *European Journal of Crime, Criminal Law and Criminal Justice, 18*(3):281-298.

[4] Briere & Scott (2006). Principles of trauma therapy: A guide to symptoms, evaluation, and treatment. Thousand Oaks, CA: Sage Publications; Morrison (2007). Caring about sexual assault: the effects of sexual assault on families, and the effects on victim/survivors of family responses to sexual assault. *Family Matters, 76*:55-63; O'Doherty, T., McLaughlin, S., Deirdre O'Leary, D. (2001). Recovery work with child victims of sexual abuse: A framework for intervention. *Child Care in Practice, 7*(1):78-88.

Community safety includes consideration of future potential victims who could be at risk of future harm, with the understanding that effective treatment, supervision, family engagement, and developmental supports are intended to promote safety and positive outcomes for all involved. In the event of a conflict, the Multi-disciplinary Team (MDT) (See Appendix) should be used to determine how to meet the needs of the juvenile in a manner that does not compromise community safety.

4. **Safety, protection, developmental growth, and the psychological well-being of victims are a priority for the MDT.**[5]

   Victims should have an opportunity to be heard and informed when decisions pertain to their safety. When feasible and requested, this should include the ability to provide input to the MDT.

5. **Treatment must address all types of abusive behaviors and not just the legally-defined delinquent behavior(s) for which they were adjudicated.**

6. **Treatment and supervision decisions should be informed by a comprehensive evaluation**[6] **and ongoing assessments.**[7]

   It is important to understand that risk assessment measures have limitations and that findings need to be used appropriately (i.e., within the scope of their empirically established limits). The evaluation and ongoing assessment of juveniles who have engaged in sexually abusive behaviors is a process. Ongoing assessment must constantly consider changes in the juvenile, family and community in order to make decisions concerning restrictions, supervision levels, placement, treatment and opportunities for positive growth and development of juveniles.

7. **Risk assessment of juveniles who have engaged in sexually abusive behaviors should be based on an empirically supported protocol.**[8]

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[5] Gootschall et al. (2015). Value, Challenges, and Solutions in Incorporating Victim Impact Awareness in Offender Rehabilitation - The Results of Qualitative Interviews with Stakeholders. *Victims & Offenders: An International Journal of Evidence-based Research, Policy, and Practice, 10*(3):293-317.

[6] Chu, M., & Thomas, S. (2010). Adolescent Sexual Offenders: The Relationship Between Typology and Recidivism. *Sexual Abuse: A Journal of Research and Treatment, 22*(2):218-233; Rich, P. (2009). Juvenile Sexual Offenders: A Comprehensive Guide to Risk Evaluation. John Wiley & Sons; Ryan, G., Leversee, T. F., & Lane, S. (2010). Juvenile sexual offending: Causes, consequences, and correction, (3rd ed.). Wiley; Singh, J. P., Desmarais, S. L., Sellers, B. G., Hylton, T., Tirotti, M., & Van Dorn, R. A. (2014). From risk assessment to risk management: Matching interventions to adolescent offenders' strengths and vulnerabilities. *Children and Youth Services Review, 47* (Part 1), 1-9; Wijk, A. P., Mali, B. R., Bullens, R. A., & Vermeiren, R. R. (2007). Criminal Profiles of Violent Juvenile Sex and Violent Juvenile Non-Sex Offenders: An Explorative Longitudinal Study. *Journal of Interpersonal Violence, 22*(10), 1340-1355.

[7] Carpentier, J., & Proulx, J. (2011). Correlates of Recidivism Among Adolescents Who Have Sexually Offended. *Sexual Abuse: A Journal of Research and Treatment, 23*(4):434-455; Fanniff, A., & Becker, J. (2006). Developmental considerations in working with juvenile sexual offenders. In R. E. Longo & D. S. Prescott (Eds.), Current perspectives: Working with sexually aggressive youth and youth with sexual behavior problems (pp. 119-141). Holyoke, MA: NEARI Press; Hempel et al. (2013). Review of Risk Assessment Instruments for Juvenile Sex Offenders
What is Next? *International Journal of Offender Therapy and Comparative Criminology, 57*(2):208-228; Oneal, B. J., Burns, L. G., Kahn, T. J., Rich, P., & Worling, J. R. (2008). The Treatment Progress Inventory for Adolescents who Sexually Abuse (TPI-ASA). Sexual Abuse: A Journal of Research and Treatment, 20(2), 161–187.

[8] Rich, P. (2009). Juvenile Sexual Offenders: A Comprehensive Guide to Risk Evaluation. John Wiley & Sons; Ryan, G., Leversee, T. F., & Lane, S. (2010). Juvenile sexual offending: Causes, consequences, and correction, (3rd ed.). Wiley; Singh, J. P., Desmarais, S. L., Sellers, B. G., Hylton, T., Tirotti, M., & Van Dorn, R. A. (2014). From risk assessment to risk management: Matching interventions to adolescent offenders' strengths and vulnerabilities. *Children and Youth Services Review, 47* (Part 1), 1-9.

The risk assessment protocol, including the selection of instruments, should be tailored to the unique characteristics of the juvenile. A juvenile's level of risk should not be based solely on the sexually abusive behavior for which they are adjudicated. Other assessments designed to assess matters of general delinquency should also be considered.

8. **An MDT will be convened, and is responsible for post-disposition evaluation, treatment, care and supervision of juveniles who engage in sexually abusive behavior.**[9]

   The adoption of these standards and guidelines will support public safety outcomes when all agencies and parties are working cooperatively and collaboratively. Further, the Juvenile Court is an essential partner within the MDT framework and contributes to coordinated treatment, supervision, accountability, and rehabilitation efforts through judicial oversight and decision-making authority established by law. In Arizona, juvenile courts may utilize specialized court models and oversight practices that support treatment engagement, family involvement, community safety, and positive long-term outcomes for juveniles.

9. **Treatment and supervision decisions should be guided by current research and best practice.**

   Research with this population continues to emerge, which may lead to changes of these Guiding Principles. In the absence of research, decisions should be made cautiously and in accordance with best practices to minimize unintended consequences.

10. **Treatment and supervision should be individualized, developmentally appropriate, and responsive to the juvenile's assessed risks and needs.**[10]

    Juveniles who engage in sexually abusive behavior vary in ways such as; age, development, gender, culture, background, strengths, protective factors, and their presenting pattern(s) of sexually abusive behavior.

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[9] Center for Sex Offender Management (2007). Enhancing the Management of Adult and Juvenile Sex Offenders: A Handbook for Policymakers and Practitioners. *Center for Effective Public Policy, U.S. Department of Justice, Office of Justice Programs*, 2005-WP-BX-K179 and 2006-WP-BX-K004; Center for Juvenile Justice Reform (2012). Addressing the Needs of Multi-System Youth - Strengthening the Connection between Child Welfare and Juvenile Justice, Georgetown Public Policy Institute, Washington, D.C.; Lobanov-Rostovsky, C. & Hansen, J. (2013).

[10] Brogan, L., Haney-Caron, E., NeMoyer, A. & DeMatteo, D. (2015). Applying the risk-needs-responsivity (RNR) model to juvenile justice. *Criminal Justice Review, 40*(3):277-302; Carpentier, J., & Proulx, J. (2011). Correlates of Recidivism Among Adolescents Who Have Sexually Offended. *Sexual Abuse: A Journal of Research and Treatment, 23*(4):434-455; Hempel et al. (2013). Review of Risk Assessment Instruments for Juvenile Sex Offenders: What is Next? *International Journal of Offender Therapy and Comparative Criminology, 57*(2):208-228; Hoge, R. D. (2016). Risk, need, and responsivity in juveniles. In K. Heilbrun (Ed.) APA Handbook of Psychology and Juvenile Justice (pp. 179-196). Washington D.C.: APA; Lipsey, M. W. (2009). The Primary Factors that Characterize Effective Interventions with Juvenile Offenders: A Meta-Analytic Overview. *Victims and Offenders, 4*(2):124-147; Rich, P. (2009). Juvenile Sexual Offenders: A Comprehensive Guide to Risk Evaluation. John Wiley & Sons; Ronis, S. & Borduin, C. (2007). Individual, Family, Peer, and Academic Characteristics of Male Juvenile Sexual Offenders, *Journal of Abnormal Child Psychology, 35*(2):153-163; Worling J. R. (2013). Desistence for adolescents who sexually harm (Unpublished document). Retrieved from http://www.erasor.org/new-protective-factors.html.

11. **Evaluation, ongoing assessment, treatment and supervision of juveniles who have engaged in sexually abusive behavior should be non-discriminatory, humane and bound by the law and applicable professional code of ethics.**[11]

    Professionals responsible for the evaluation, assessment, treatment, and supervision of juveniles who have engaged in sexually abusive behavior must not discriminate based on race, religion, gender, sexual orientation, disability or socio-economic status. Juveniles and their families shall be treated with dignity and respect by all members of the MDT.

12. **Assessment of treatment progress should be based on the juvenile's application of relevant changes in their daily functioning.**[12]

    Treatment should include measurable outcomes that will demonstrate progress and successful completion of treatment.

13. **Treatment should be holistic and enhance overall health and protective factors.**[13]

    Juveniles who engage in sexually abusive behavior may present other co-occurring issues and areas of risk. Research indicates that juveniles are at greater risk for non-sexual re-offenses than for sexual re-offenses.[14] Assessment and treatment plans should be comprehensive, trauma informed, and mitigate the risk of both sexually abusive behavior and other delinquent behavior while reinforcing developmental and environmental assets.

14. **Evaluation, assessment, treatment and supervision should be viewed through an ecological framework of Development.**[15]

    Assessment and intervention with a juvenile who has engaged in sexually abusive behavior recognizes the nature of adolescent development and the dependence on and influence by social-ecological factors, including family, peer group, community and school. This focus seeks to decrease risk factors and increase protective factors in the juvenile's ecology.

    The individualization of evaluations, assessment, treatment and supervision requires particular attention to social and cultural factors. Recognition of these factors are essential when interacting with clients from different social, cultural, and religious

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[11] Birgden, A. & Cucolo, H. (2011). The Treatment of Sex Offenders Evidence, Ethics, and Human Rights. *Sexual Abuse: A Journal of Research and Treatment, 23*(3):295-313.

[12] Hempel, I., Buck, N., Cima, M., Marle, H. (2013). Review of Risk Assessment Instruments for Juvenile Sex Offenders: What is Next? *International Journal of Offender Therapy and Comparative Criminology, 57*(2):208-228.

[13] Leversee, T., & Powell, K. (2012). Beyond Risk Management to a More Holistic Model for Treating Sexually Abusive Youth. In B. K. Schwartz, The Sex Offender (Chapter 19). Kingston, NJ: Civic Research Institute.

[14] Caldwell, M. (2010). Study Characteristics and Recidivism Base Rates in Juvenile Sex Offender Recidivism. *International Journal of Offender Therapy and Comparative Criminology, 54*(2):197-209; McCann, K., & Lussier, P. (2008). Antisociality, Sexual Deviance, and Sexual Reoffending in Juvenile Sex Offenders. A Meta-Analytic Investigation. *Youth Violence and Juvenile Justice, 6*(4):363-385; Worling, J. R., & Langstrom, N. (2006). Risk of Sexual Recidivism in Adolescents Who Offend Sexually: Correlates and Assessment. In H. E. Barbaree & W. L. Marshall (Eds.),The Juvenile Sex Offender (2nd ed.) (pp. 219-247). New York: Guilford Press.

[15] Borduin et al. (2009). A Randomized Clinical Trial of MST with Juvenile Sexual Offenders: Effects on Youth Social Ecology and Criminal Activity, *Journal of Consulting and Clinical Psychology, 77*(1):26-37; Pullman et al. (2014). Examining the developmental trajectories of adolescent sexual offenders, *Child Abuse & Neglect, 38*(7):1249-1258.

backgrounds. A basic premise is to recognize the client's culture, your own culture, and how both affect the client-provider relationship. This premise extends to all professional members of the MDT and positive support persons and is essential in creating an equitable and inclusive environment, regardless of differences in culture or lifestyle.

15. **Family members/Primary Caregivers should be considered an integral part of evaluation, assessment, treatment and supervision.**[16]

    The families'/primary caregivers' abilities to provide informed supervision and support positive changes are critical to reducing risk of re-offense.

    Cooperative involvement with family members/primary caregivers enhances juvenile's prognosis in treatment. Family members/primary caregivers possess invaluable information about the juvenile who has engaged in sexually abusive behavior. Family members can be an important part of the juvenile's support system through the course of treatment and supervision.

    Conversely, non-cooperative family members may impede the juvenile's progress.[17] It is expected that the MDT will work with the family/primary caregiver to help them support the juvenile through cooperative involvement.

16. **Treatment and supervision decisions regarding juveniles who have engaged in sexually abusive behavior should minimize caregiver disruption and maximize exposure to positive peer and adult role models.**

    As juveniles move through the continuum of services emphasis should be given to maintaining positive and consistent relationships, including both in and out of a school setting. Research indicates that association with delinquent peers, the absence of pro-social adult role models, and the disruption of caregiver relationships increase the risk of delinquent development.[18]

17. **A continuum of care for treatment and supervision options should be available and utilized as needed.**[19]

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[16] Schroeder, R., Osgood, A., Oghia, M. (2010). Family Transitions and Juvenile Delinquency. *Sociological Inquiry, 80*(4):579-604; Spice, A., Viljoen, J., Latzman, N., Scalora, M., and Ullman, D. (2012). Risk and Protective Factors for Recidivism Among Juveniles Who Have Offended Sexually. *Sexual Abuse: A Journal of Research and Treatment, 25*(4):347–369; Thorton et al. (2008). Intrafamilial adolescent sex offenders: Family functioning and treatment, Journal of Family Studies, 14(2-3):362-375; Yoder et al. (2015). The Impact of Family Service Involvement on Treatment Completion and General Recidivism Among Male Youthful Sexual Offenders, *Journal of Offender Rehabilitation, 54*(4):256-277.

[17] Baker, A., Tabacoff, R., Tornusciolo, G., Eisenstadt, M. (2003). Family Secrecy: A Comparative Study of Juvenile Sex Offenders and Youth with Conduct Disorders. *Family Process, 42*(1):105-116.

[18] Burton, D. & Duty, K. & Leibowitz, G. (2011). Differences between sexually victimized and non-sexually victimized male adolescent sexual abusers: Developmental antecedents and behavioral comparisons. *Journal of Child Sexual Abuse, 20*(1):77-93; Miner & Munns (2005). Isolation and Normlessness - Attitudinal Comparisons of Adolescent Sex Offenders, Juvenile Offenders, and Nondelinquents, *International Journal of Offender Therapy and Comparative Criminology, 49*(5):491-504; Righthand, S. & Welch, C. (2004). Characteristics of youth who sexually offend. *Journal of Child Sexual Abuse, 13*(3-4):15-32.

[19] Hunter, J. A., Gilbertson, S. A., Vedros, D., & Morton, M. (2004). Strengthening community based programming for juvenile sex offenders: Key concepts and paradigm shifts. *Child Maltreatment, 9*(2):177-189; Silovsky, J. F., Swisher, L. M., Widdifield Jr., J., & Burris, L. (2011). Clinical considerations when children have problematic sexual behavior. In P. Goodyear-Brown (Ed.). Handbook of child sexual abuse: Identification, assessment, and treatment. New Jersey: John Wiley & Sons.

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Decisions about level of care and supervision are informed by the youth's risk and need, taking into consideration the least restrictive environment while prioritizing community safety. Adjustments in the level of treatment and supervision should be made based on changes in risk and need, and continuity of services across these levels of care should be ensured. Whenever possible, priority should be given to the juveniles residing with their families or within the community in which their family resides.

18. **For juveniles who have been removed from the home family reunification can only occur after careful consideration of all the potential risks.**[20]

    The ability of parents to provide informed supervision in the home must be assessed in relation to the presenting risks of the juvenile. Reunification of the juvenile with the family should occur only after the parents/primary caregivers can demonstrate the ability to provide protection and support of the victim(s) and other children in the home, as well as address the needs and risks of the juvenile.

19. **Juveniles shall not be labeled as if their sexually abusive behavior defines them.**[21]

    It is imperative in understanding, treating and intervening with juveniles who engage in sexually abusive behavior to consider their sexual behavior in the context of the many formative aspects of their personal development. As juveniles grow and develop their behavior patterns and self-image constantly change. Research suggests that most juveniles will not go on to offend sexually as adults.[22] Not all juveniles who have engaged in sexually abusive behavior require extensive or intensive interventions in order to reduce their risk for reoffending because identity formation is a significant developmental task during adolescence, labeling juveniles based solely on sexual offending behavior may cause potential damage to long-term pro-social development.

20. **Successful completion of treatment and supervision depends upon a juvenile's willingness and ability to cooperate. Accordingly, members of the MDT should employ practices designed to maximize the juvenile's participation and accountability.**[23]

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[20] Hackett et al. (2014). Family Responses to Young People Who have Sexually Abused: Anger, Ambivalence and Acceptance, Children & Society, 28(2):128-139; Silovsky et al. (2011). Prevention of child maltreatment in high-risk rural families: A randomized clinical trial with child welfare outcomes. Children and Youth Services Review, 33(8):1435-1444; Swisher, L., Silovsky, J., Stuart, R., & Pierce, K. (2008). Children with Sexual Behavior Problems. Juvenile and Family Court Journal, 59(4):49-69; Harper, B. (2012). Moving Families to Future Health: Reunification Experiences After Sibling Incest. Doctorate in Social Work (DSW), Dissertations. Paper 26; Price, D. (2004). Rebuilding Shattered Families: Disclosure, Clarification and Reunification of Sexual Abusers, Victims, and Their Families, Sexual Addiction & Compulsivity, 11(4):187-221.

[21] Miner et al. (2006). Standards of Care for Juvenile Sexual Offenders of the International Association for the Treatment of Sexual Offenders, Sexual Offender Treatment, 1(3); Schultz, C. (2014). The Stigmatization of Individuals Convicted of Sex Offenses: Labeling Theory and The Sex Offense Registry. *Themis: Research Journal of Justice Studies and Forensic Science*, 2(4):64-81.

[22] Carpentier, J., & Proulx, J. (2011). Correlates of Recidivism Among Adolescents Who Have Sexually Offended. Sexual Abuse: A Journal of Research and Treatment, 23(4):434-455; Fanniff, A., & Becker, J. (2006). Developmental considerations in working with juvenile sexual offenders. In R. E. Longo & D. S. Prescott (Eds.), Current perspectives: Working with sexually aggressive youth and youth with sexual behavior problems (pp. 119-141). Holyoke, MA: NEARI Press; Hempel et al. (2013). Review of Risk Assessment Instruments for Juvenile Sex Offenders

What is Next? International Journal of Offender Therapy and Comparative Criminology, 57(2):208-228.

[23] Brogan, L., Haney-Caron, E., NeMoyer, A. & DeMatteo, D. (2015). Applying the risk-needs-responsivity (RNR) model to juvenile justice. Criminal Justice Review, 40(3):277-302; Englebrecht et al. (2008). "It's not my fault": Acceptance of responsibility as a component of engagement in juvenile residential treatment, Children and Youth Services Review, 30(4):466-484; Reicher (2013). Denying Denial in Children with Sexual Behavior Problems, Journal of Child Sexual Abuse, 22(1):32-51.

Appendix – Glossary Juvenile Guiding Principles

1. **Juveniles with Sexually Abusive Behaviors (JSAB)**— sometimes referred to as sexually maladaptive behavior (SMB) – encompasses a broad range of sexualized actions initiated by children and youth under age 18 that exceed typical, age-appropriate developmental exploration (such as standard curiosity or "playing doctor") and cause, or carry a significant risk of causing, harm to themselves or others.

   This population includes both adjudicated and non-adjudicated youth. Importantly, "sexual behavior problems" is a descriptive classification rather than a formal medical, psychological, or psychiatric diagnosis. The behavior exists along a wide continuum of severity, can be self-directed or directed toward others, and increasingly involves digital spaces, technology, and social media platforms.

   Age-Specific Distinctions & Terminology
   Clinical standards distinguish between younger children and older adolescents to ensure responses are developmentally appropriate and non-stigmatizing:

   - **Children Aged 12 and Younger (ATSA 2006 Standards):** Children aged 12 and under who initiate sexualized behaviors that fall outside acceptable societal limits or developmental expectations. Although the conduct is sexual in nature, underlying intentions are rarely purely sexual. Motivations frequently stem from developmental curiosity, anxiety, imitation of observed behaviors, attention-seeking, self-calming mechanisms, trauma responses, or sexual stimulation.
   - **Adolescents Aged 13 through 17 (ATSA 2017 Standards):** Professional guidelines specifically adopt person-first phrasing—**"adolescents who have engaged in sexually abusive behavior"**—over permanent labels like "juvenile sex offender." Research shows these behaviors are overwhelmingly transitory. Framing the conduct as a *past behavior* rather than a defining trait fosters an expectation of correction and growth for the youth, their family, and the community. Furthermore, descriptive terms provide critical clinical precision, distinguishing general sexual boundary violations from interpersonally abusive behaviors that directly harm others.

2. **Multidisciplinary Team (MDT)** is an integrated, collaborative group composed of the youth, their parents, caregivers, or legal guardians, and professionals across diverse disciplines—such as probation/parole officers, treatment providers, Department of Child Safety (DCS) caseworkers, behavioral health case manager, school personnel, and specialized clinicians. Formed following adjudication, deferred adjudication, or referral to probation, parole, outpatient services, or out-of-home placement (could include dependent/DCS involved youth), the MDT pools specialized expertise to evaluate, plan, and deliver a unified, highly coordinated response for justice-involved youth or wards of the state, including those with problematic sexual behaviors or developmental/intellectual needs.

   The team's primary purpose is to reach consensus on the specific type and intensity of care required. Because it is built directly around the youth, team membership adapts over time as individual needs evolve, with all members sharing mutual accountability for delivering coordinated evaluation, supervision, treatment, and ongoing support.

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BACKGROUND MATERIAL

November 16, 2026

PROPOSED CHANGES TO

EARLY TERMINATION CONSIDERATION FOR SEX OFFENDER V:11042026

AND

TEMPLATE FOR WRITING SEX OFFENDER EARLY TERMINATION RESPONSES/FILINGS V:11042026

PROVIDED BY

ADULT SUBCOMMITTEE

EARLY TERMINATION CONSIDERATIONS FOR PROBATIONERS WITH SEX OFFENDER CONDITIONS

The following are criteria considerations for an early termination of sex offender probation to include lifetime supervision. The Court makes the final decision with regard to the termination of probation in all cases. These criteria apply to offenders who were adult males at the time of their offense, not to female or juvenile offenders. Probation officers will consider the suitability of early termination on a case-by-case basis to determine if a probationer is eligible. Risk level will be considered in each case. Probationers deemed a low risk may be placed on a minimum caseload.[1] Additional factors may be taken into account, such as victims, offending history, and sexual paraphilia. Each circumstance/case will be staffed on a case-by-case basis with probation supervisors to determine the proper course of action, such as in cases involving medical issues or advanced age. Neither necessarily means an early termination will be facilitated or appropriate, but risk will be taken into account in each case. Should a probationer be interested in an early termination, the probationer is encouraged to talk with the probation officer to determine whether, and when, the probationer may be a suitable candidate, and to discuss any outstanding case plan goals.

1. The probationer has no pending criminal charges and/or outstanding warrants.
2. If the probationer was sentenced to lifetime probation prior for a Dangerous Crime Against Children (DCAC) offense prior to January 1, 2027, or if not convicted of a DCAC offense has completed at least the minimum term of probation in Arizona Revised Statutes (A.R.S.) §13-902(A). If the probationer was sentenced to lifetime probation for a DCAC offense on or after January 1, 2027, the probationer is prohibited from early termination (See A.R.S. § 13-901).
3. The probationer has completed all standard and specialized conditions of probation (community restitution hours, treatment, drug testing, deferred jail, etc.).
4. The probationer has not had a petition to revoke in the past two years.
5. The probationer does not owe any financial restitution to the victims.
6. The probationer has no other supervision issues other than the payment of fines and/or fees (if a balance is owed, it may be converted to a criminal restitution order at the time of discharge).
7. The probationer has successfully completed all aspects of primary treatment, relapse prevention and/or maintenance treatment, if applicable, unless the probationer was evaluated and it was determined that the probationer's risk to sexually reoffend may not be further reduced by participation in a treatment program.
8. The probationer demonstrates a high level of personal responsibility for sexual offending as opposed to focusing on external causes.[2]
9. All known paraphilic behaviors (sexual deviancies) have been demonstrated to be under control for a significant period of time.

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[1] Criteria for eligibility on a minimum caseload includes scoring as a low risk on the FROST, Static 99R/2000R and/or the SOTIPS or other dynamic and protective factor assessments, if eligible. Questions about offender risk level should be directed to the assigned probation officer.

[2] This item concerns the degree to which the individual believes his sexual offending behavior is the result of his personal decisions and actions as opposed to external causes. It is not required that the individual admit to all of the sexual offending behaviors for which he was convicted, rather, he needs to identify a high level of personal responsibility for sexual offending, as opposed to focusing on causes he believes are outside of his control (SOTIPS Manual, McGrath, Cumming, Lasher, 2013).

10. The probationer has successfully passed or resolved[3] the Sexual History Polygraph, if able to take polygraphs.
11. The probationer has successfully passed or resolved[4] all maintenance or specific-issue polygraphs with no risk-relevant[5] admissions, if able to take polygraphs.
12. The probationer has completed all testing and/or assessments, as required by the treatment and supervision team.
13. The probationer has a proper chaperone and/or support person, if applicable.
14. The probationer has demonstrated stability in dynamic risk factors such as cooperation with supervision, sexual preoccupation, etc.
15. The probationer has protective factors such as stable housing, pro-social support, sobriety (if a substance abuse disorder was present), etc.

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[3] Recommended minimum of two years successfully passed or resolved polygraphs with at least one polygraph passed or resolved post successful completion of sex offender treatment. Polygraphs may be resolved by satisfaction of the treatment provider and probation officer (or should be supervisor) via admission(s) or additional testing.

[4] See Footnote 3.

[5] Risk-relevant behaviors are actions or patterns of conduct by a person convicted of a sexual offense that reflect dynamic factors associated with sexual reoffending and help identify needs for treatment, supervision, and ongoing risk management. Their relevance is evaluated within four domains: sexual interest, distorted attitudes, socioaffective functioning, and self-management. Note: For Post-Conviction Sex Offender Testing (PCSOT) purposes, the practical distinction is that a behavior's risk relevance depends on its connection to these domains and the individual's offending pattern. A rule violation alone does not establish increased sexual re-offense risk, and a behavior can warrant assessment even when it does not constitute a new crime. PCSOT disclosures can inform that assessment; they do not independently establish a risk level.

TEMPLATE FOR WRITING SEX OFFENDER EARLY TERMINATION RESPONSES/FILINGS

All sex offender early termination (ET) filings and responses should be in accordance with the *Early Termination Considerations for Probationers with Sex Offender Conditions*. The following guidelines are to be followed and each topic covered when writing and submitting an ET or filing a response to an ET to the Court for probationers who are on a sex offender caseload.

- **Purpose Statement:** State the purpose of the memo, i.e. "This memo is forwarded at the Court's request reference the above captioned individual's petition to terminate probation supervision."
- **Index Offense**: Provide a summary of the index offense; include behaviors and victims, including dismissed counts. The index offense is the sexual offense for which the probationer is on probation. Include the date of when the offense occurred, the age of the probationer and victim(s) at the time of the offense, and the amount of time that has lapsed since the offense occurred.
- **Sexual History**: Provide a summary to include additional victims and their ages, their gender and their relationship to the probationer. Summarize any sexual behaviors this probationer has engaged in, including the age the probationer first began to offend and the length of time the offending went on. Clarify whether that behavior was with the index victim or additional victims. Indicate whether or not the probationer has successfully passed or resolved the Sexual History Polygraph, including the date.
- **Treatment Status:** Provide a summary of the probationer's treatment history and status. Include any and all discharge information and/or successful completion of treatment – dates are important; include all dates. Include the treatment provider's recommendation. If there is no recommendation from the treatment provider, indicate why.
- **Abel Assessment**: Include Abel Assessment results as summarized by the treatment provider, including the date any Abel Assessments were taken.
- **Multiphasic Sex Inventory II (MSI II) Results**: Include MSI II results summarized by the treatment provider, including dates of any MSI assessments taken.
- **Other Treatment Assessments**: Provide information and/or summaries of any other assessments that have been completed by a treatment provider, including dates of assessments taken.
- Indicate whether or not the defendant has been clinically diagnosed by an approved evaluator or treatment provider of paraphilic disorder, psychopathy, intellectual and developmental disabilities, and/or serious mental illness (see *Early Termination Considerations for Probationers with Sex Offender Conditions* for more information). This is not the probation officer's assessment of the probationer; this is a clinical diagnosis and should be provided by the treatment provider.
- **Polygraph History**: Provide a summary of the probationer's polygraph history and include whether the probationer has successfully passed or resolved all maintenance, monitoring, or specific issue polygraphs with no risk-relevant[1] admissions for the past two years. Include dates

[1] Risk-relevant behaviors are actions or patterns of conduct by a person convicted of a sexual offense that reflect dynamic factors associated with sexual reoffending and help identify needs for treatment, supervision, and ongoing risk management. Their relevance is evaluated within four domains: sexual interest, distorted attitudes,

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of when the polygraphs were taken, the time period covered by the polygraph, and the relevant topics covered when summarizing them.

- **Risk Assessments:** These assessments should be current assessments using the current coding rules. Indicate the dates each of the assessments were scored and whether the assessments were scored by a treatment provider or by adult probation. Include the results of other static, dynamic, and protective risk factor tools that may have been scored.
- **PERFORMANCE WHILE ON PROBATION**:
  - Indicate whether or not the probationer has any pending Court matters (pending petition to revoke, criminal charges, outstanding warrants).
  - Summarize the probationer's progress and regression since being placed on probation, including the probationer's stability with housing and how financially supported (Social Security, employment, etc.) the probationer is.
  - Include whether any permissions have been given to the probationer and when such permission was granted, such as permissions to use the internet, have a smartphone, travel, have contact with minors, engagement in community activities, etc.
  - Include whether or not the probationer has completed all standard and specialized conditions of probation and treatment as directed by the adult probation department (community restitution hours, treatment, drug testing, deferred jail, etc.).
  - Include the probationer's financial status in regard to court-ordered fines, fees, and restitution.
  - Provide a summary of how long has passed since the probationer completed treatment and how the probationer has progressed/regressed since being out of treatment.
  - Indicate whether or not the probationer has demonstrated control over all known paraphilic behaviors/sexual deviancies for a significant period of time if the probationer was given a clinical diagnosis by the treatment provider.
- **Chaperone Status**: Indicate whether or not the probationer was determined to need a chaperone. If the probationer has a chaperone, indicate if this person(s) is current with the treatment provider on the refresher classes. Indicate if the probationer has any offense informed support persons in addition to or in lieu of a chaperone.
- **Sex Offender Registration Status**: This section should be used to advise the Court of the probationer's registration status and current notification level if applicable. Indicate whether this probationer is required to register as a sexual offender per current statute. Any outstanding or deferred registration issues should be discussed in this section, and a recommendation regarding registration made when applicable.

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socioaffective functioning, and self-management. Note: For Post-Conviction Sex Offender Testing (PCSOT) purposes, the practical distinction is that a behavior's risk relevance depends on its connection to these domains and the individual's offending pattern. A rule violation alone does not establish increased sexual re-offense risk, and a behavior can warrant assessment even when it does not constitute a new crime. PCSOT disclosures can inform that assessment; they do not independently establish a risk level.

- **Victim Input:** Indicate whether the victim has opted in or not. If the victim opted in, provide the victim's position on the request and address any concerns raised. If unable to contact the victim who opted in, summarize the attempts made to reach the victim.
- **Discussion and Evaluation/Recommendation**: Provide a recommendation, summarize the reasons for it, and provide support for the recommendation. Discuss risks and goals for the probationer to achieve an early termination if that is not currently recommended. Discuss with the Court how the probationer may not ever be a candidate for ET and why or why not.
- **Submission**: Because e-filing does not allow the document to be dated when submitting the memo, please include the following statement at the end: "This memo is being submitted by Probation Officer [insert name] on [insert date of submission]." This is so the Court has a clear understanding of when the document was submitted.

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BACKGROUND MATERIAL

November 16, 2026

DRAFT STANDARDS FOR PSYCHOSEXUAL EVALUATION

V:11042026

PROVIDED BY

ADULT SUBCOMMITTEE

ARIZONA SEX OFFENDER MANAGEMENT BOARD

DRAFT — FOR AZSOMB CONSIDERATION

Standards and Guidelines for the Assessment, Evaluation, Treatment and Behavioral Monitoring of Adults Who Have Committed Sexual Offenses

Standards for Psychosexual Evaluations

Drafting note: This document is a proposed draft and should not be represented as an adopted AZSOMB standard unless and until formally approved.

Arizona law allows a trial court and a defendant to request a psychosexual evaluation (PSE) prior to sentencing. It is the position of AZSOMB that voluntary pre-sentencing psychosexual evaluations should be utilized in all appropriate cases due to the importance of the initial assessment information to subsequent sentencing, supervision, and treatment.

Post-sentencing, each convicted adult sex offender who is placed on probation or required to participate in treatment as a condition of community supervision shall be required to submit to a PSE post incarceration for treatment, risk and needs, and procedures required for monitoring of behavior to protect victims and potential victims. Individuals determined to be sexually violent persons on probation shall be required to submit to PSE prior to beginning community based treatment as a requirement of probation.

Purpose and Scope of a Psychosexual Evaluation

The purpose of a PSE is to assess an individual's need for treatment, determine what type of treatment is needed, and identify the risk level and any additional needs the person may have. Specifically, the PSE should identify risk and needs related to sexually abusive behavior; inform the need for, type, intensity, and focus of intervention; identify responsivity factors, strengths, and protective factors; and provide information that can assist with appropriate treatment, management, monitoring, supervision, and case planning.[1]

An evaluation should provide a clinically and forensically appropriate conceptualization of the individual's sexual offending behavior, relevant criminogenic and non-criminogenic needs, factors associated with sexual and general recidivism, responsivity considerations, and protective factors. The evaluation should be sufficiently comprehensive to support individualized recommendations rather than relying on a single test score, historical label, or offense characteristic.[2]

Evaluations should inform, as appropriate, treatment planning and progress monitoring, supervision and behavioral monitoring, case management, transition and reentry planning, and decisions for which a current risk and needs assessment is relevant.[3] The evaluation is one component of a broader multidisciplinary decision-making process and should not be treated as the sole basis for a legal or clinical disposition.

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1. 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.

2. Olver, M. E. (2017). The risk-need-responsivity model: Applications to sex offender treatment. In D. P. Boer et al. (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 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 J. Proulx et al. (Eds.), The Wiley handbook of what works with sexual offenders: Contemporary perspectives in theory, assessment, treatment, and prevention (pp. 247–263). John Wiley & Sons.

3. 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; 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.

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BACKGROUND MATERIAL

November 16, 2026

PROPOSAL TO ESTABLISH REAL TIME RESPONSE FOR RESPONDING TO PUBLIC COMMENT

AND

PROPOSAL TO ESTABLISH A FORMAL POLICY, GUIDELINES, AND ORGANIZATIONAL STRUCTURE FOR LEGISLATIVE BILL TRACKING, PURVIEW IDENTIFICATION, AND RESPONSE FORMULATION

PROVIDED

BY

REP. POWELL

1. **Establish a real time response protocol/process/policy for responding to public comment**

   The moment a public speaker finishes their comments, the Board Chair or a dedicated member must use a structured "Acknowledge, Clarify, Route" script which sets expectations immediately. For example:

   Acknowledge Validate the seriousness of the issue without promising a specific outcome. Say something like, "Thank you for coming forward and sharing this with us. We are grateful for the details you have provided regarding this (complaint, concern or issue)."

   Clarify Rules Briefly remind the room of legal boundaries so they Understand why you aren't allowed to comment or respond. Say Something like, "Because of Open Meeting Laws, this Board cannot deliberate or take formal action at this time on Items not explicitly listed on our agenda."

   Route & Commit Explicitly state the immediate next step and give them a Timeline. Say something like, "However, we are not letting this drop. I am formally directing our staff director to log this (concern or issue) today, review the details, and provide updates to the board. We will track this publicly."

- <u>The visual tracking system for the general public</u>
  The public often feels unheard because government processes happen behind closed doors. To solve this, make the workflow <u>highly visible.</u>
  a. Create a <u>"Public Issue Dashboard."</u> Create a dedicated public-facing page on the AZSOMB website
  b. <u>The Workflow</u>. Every serious issue raised at the public podium gets assigned a case number and tracked through public stages such as; Citizen Input Received, Under Staff or Committee Review, Targeted for Future Agenda, Board Position, and, Action Taken/Resolved.
  c. <u>Why does this works.</u> It provides a receipt. Even if a resolution takes six months, the public can see that the issue is actively "In Progress" rather than forgotten or abandoned.

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- The "Action-Oriented" Agenda Structure (For Future Meetings)
  To ensure these issues are actually resolved, build a structural bridge from the public comment podium directly into your future business.
  a. Does the Board have legal jurisdiction YES or NO, if Yes, then…
  b. The Standing "Public Comment Follow-up" Agenda Item. Place a permanent, non-voting item at the very beginning of every future agenda. Use it exclusively to report back on issues raised at the previous meeting.
     Example: "Item 2: Status Update on Public Inquiries from the October 12th meeting.
     The Action: Staff takes 3 minutes to state: "Regarding the issue brought up by (Resident X) last week, staff has investigated the (complaint, concern or issue), and the (complaint, concern or issue) has been formally scheduled for a full board discussion and vote on next month's agenda."
  c. The "Two Meeting Rule" for hard (concerns or issues): For complex problems, commit to a strict two-stage public pipeline:
     Meeting 1 (Study/Workshop Session): Staff present the data and potential solutions based on the citizens (complaints, concern or issue). The public is invited to watch and provide further input. No votes are taken.
     Meeting 2 (Action Session): The board publicly debates the options presented in the previous meeting and takes a hard vote on the resolutions available.

- Direct Communication Closing the Loop (Never make the citizen guess what happened to his (complaint, concern, or issue)
  a. The Post-Meeting Follow-Up: Within 48 hours of the meeting, a staff member or the Board Secretary should send a formal letter or email to the speaker communicating something like, "Thank you for speaking on (Date). Your comments regarding (complaint, concern, or issue) have been formally routed to (Department, Staff, or Committee…) They are currently reviewing the matter. You can track the progress of the matter on our public dashboard here (link), and it is tentatively scheduled to be reported back to the board on (date).

- Consider paid staff to manage public comments

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2. Establishment of a Formal Policy, Guidelines, and Organizational Structure for Legislative Bill Tracking, Purview Identification, and Response Formulation.

- Purview Guidelines: Identifying Relevant Legislation
  A legislative bill falls under the purview of the SOMB if it impacts any aspect of sex offender management in Arizona. To guarantee complete oversight, bills will be triaged using three distinct categories:

  a. Core Statutory Purview (High Priority) Bills modifying criminal codes, definitions, or procedural frameworks that directly govern sexual offenses, including:
  - **Registration and Notification:** Changes to A.R.S. § 13-3821 (registration timelines, qualifying offenses, residency restrictions, or Tier levels 1–3).
  - **Sentencing and Probation:** Alterations to sentencing structures, mandatory minimums, or conditions regarding lifetime probation and termination petitions.
  - **Juvenile Justice:** Bills modifying how juvenile adjudications for sex offenses are handled, or the termination of juvenile registration mandates.

  b. Operational & Clinical Management Purview (Medium Priority) Bills altering how agencies deliver care, monitor offenders, or utilize data, including:
  - Supervision Standards: Legislation impacting the Department of Public Safety (DPS), Department of Corrections (ADCRR), or county probation offices.
  - Treatment and Mental Health: Modifications to provider licensing, evidence-based practices, or the Risk-Need-Responsivity (RNR) model.
  - Data and Recidivism Tracking: Bills changing how the state audits cases, tracks re-offense rates, or funds research.

  c. Inter-Agency & Community Purview (Monitored) Bills addressing ancillary systems that touch offender management, including:
  - Victim-Centered Services: Bills adjusting victim advocacy and protection frameworks within the criminal justice system.

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- Technological Compliance: Changes to state motor vehicle division (MVD) identification rules or online registry tracking software.

- Organizational Structure: The Legislative Review Subcommittee

To operate bill tracking without overburdening the full board, the SOMB will establish a Legislative Review Subcommittee (LRS).

a. Full SOMB Board votes on Opinions
b. Submits recommendations and memos
c. Legislative Review Subcommittee (LRS)
    1. Co-Chaired by Legislative Board Member & Expert
    2. Subcommittee will consist of 5 to 7 Board members maintaining a multidisciplinary balance
d. Triage & Weekly Tracking
e. SOMB Staff / DPS Liaison

- Procedural Workflow

Step 1: Introduction - Bill introduced in House or Senate.
Step 2: Triage - SOMB Staff/DPS Liaison runs ALIS keyword scans weekly.
Step 3: LRS Review - Subcommittee reviews bill, drafts impact memo within 5 business days.
Step 4: Full Board - Full SOMB reviews memo at next public meeting (or emergency session).
Step 5: Delivery - Official advisory position transmitted to the sponsoring Legislator & Committees.

a. Weekly Identification**:** During legislative sessions, SOMB staff will scan the Arizona Legislative Information System (ALIS) using targeted keyword sweeps (e.g., *sex offender, registration, 13-3821, recidivism, sexual exploitation*).
b. Subcommittee Analysis**:** Identified bills are assigned to the LRS. The subcommittee evaluates whether the proposed policy aligns with evidence-based rehabilitation practices, protects victims, and maintains cross-county consistency.

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c. Drafting the Impact Statement: The LRS creates an "Advisory Impact Statement" detailing:
    - The bill's alignment with current research and the RNR model.
    - Operational fiscal or resource impacts on probation, parole, or law enforcement.
    - Anticipated effects on recidivism and community safety.
d. Full Board Action: The statement is presented to the full SOMB for a vote during a scheduled meeting or via an expedited virtual session.
e. Legislative Transmission: Once approved, the advisory position is formally transmitted to the bill's sponsor, the House/Senate Judiciary Committee Chairpersons, and the public record.

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