

**State of California
Office of Administrative Law**

In re:
Department of Corrections and
Rehabilitation

Regulatory Action:

Title 15, California Code of Regulations

Adopt sections: 3574

Amend sections:

Repeal sections:

NOTICE OF APPROVAL OF EMERGENCY
REGULATORY ACTION

Government Code Sections 11346.1 and
11349.6, and Penal Code Section 5058.3

OAL Matter Number: 2024-0924-02

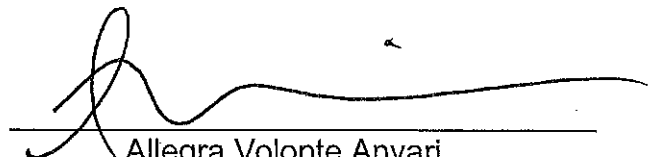
OAL Matter Type: Emergency Operational
Necessity (EON)

This rulemaking action adopts Section 3574 into California Code of Regulations, Title 15 (CCR 3574). Pursuant to Penal Code (PC) Section 3008(d), sex offender supervised persons must participate in a sex offender treatment program for no less than one year, up to the entire period of parole. CCR 3574 defines the various phases of the sex offender treatment program and establishes a review process which facilitates the completion or continuation of that treatment.

OAL approves this emergency regulatory action pursuant to sections 11346.1 and 11349.6 of the Government Code, and section 5058.3 of the Penal Code.

This emergency regulatory action is effective on 10/14/2024 and will expire on 3/25/2025. The Certificate of Compliance for this action is due no later than 3/24/2025.

Date: October 14, 2024



Allegra Volonte Anvari
Attorney

For: Kenneth J. Pogue
Director

Original: Jeffrey Macomber, Secretary

Copy: Dmitriy Kostyuk

TEXT OF PROPOSED REGULATIONS

In the following text, ~~strikethrough~~ indicates deleted text and underline indicates added or amended text.

California Code of Regulations

Title 15. Crime Prevention and Corrections

Division 3. Adult Institutions, Programs and Parole

Chapter 1. Rules and Regulations of Adult Operations and Programs

Subchapter 6. Adult Parole

Article 5. Sex Offenders

[Section 3574 is adopted to read:]

3574. Sex Offender Treatment

(a) The requirement for a supervised person to attend sex offender treatment is established pursuant to Penal Code (PC) section 3008(d), persons released to parole and required to register pursuant to PC sections 290 to 290.023 shall participate in a sex offender management program. The sex offender management program is comprised of three treatment phases (Curriculum Phase, Maintenance Phase, Aftercare Phase), Containment Team Meetings (CTMs), and polygraph examinations. Sex offender treatment providers (whom are trained and certified pursuant to PC 290.09) shall be subject to the terms of the California Sex Offender Management Board.

(1) Curriculum Phase, also known as the active phase, is when the supervised person attends individual and group therapy sessions, at the prescribed hours per week, as determined by the sex offender treatment provider. These sessions focus on the goals and objectives of the treatment plan determined by the sex offender treatment provider through the sex offense specific treatment curriculum. It also involves the completion of mandated State Authorized Risk Assessment Tools for Sex Offenders (SARATSO) and the participation in polygraph assessments.

(2) Maintenance Phase is a phase where the supervised person works to maintain the gains made in the curriculum phase. Maintenance phase occurs when a supervised person has addressed the underlying issues related to their offending behavior, developed skills to lead a pro-social life, and mitigated their dynamic risk factors (according to the SARATSO assessment tools), as determined by the sex offender treatment provider, allowing for adjustment of treatment requirements. While in the maintenance phase, the supervised person is expected to continue to work towards their prescribed treatment plan goals, complete SARATSO assessments, participate in

polygraph assessments, and attend group sessions as determined by the sex offender treatment provider. The supervised person may be required to attend in person sessions weekly, monthly, or quarterly, based on their predetermined needs and assessments by the sex offender treatment provider.

(3) Aftercare Phase is a voluntary phase in the format of a support group with the sex offender treatment provider. This phase is for supervised persons who voluntarily continue their participation in the sex offender management program after they have successfully completed the curriculum and maintenance phases or persons who have been discharged from parole supervision.

(A) Persons voluntarily participating in the aftercare phase are responsible for any costs associated with participation.

(4) Containment Team Meeting is a meeting with all involved parties, as referenced in subsection 3574(a)(4)(A), whose purpose is to review the supervised person's treatment progress, dynamic risk factors, polygraph results, community reintegration, response to parole supervision, supervision category, and relevant individual case factors to evaluate the supervised person's readiness for sex offender management program completion.

(A) The Containment Team shall normally be comprised of a parole agent, unit supervisor or assistant unit supervisor, supervised person, contracted clinician (licensed psychiatrist, psychologist, or psychiatric social worker directly treating the supervised person), and victim advocacy representative. In the event all members of the Containment Team are not available to meet, the Containment Team shall minimally consist of a contracted clinician, parole agent, unit supervisor or assistant unit supervisor, and the supervised person. The Containment Team may also include other relevant stakeholders (e.g. Division of Adult Parole Operations and community program managers, polygraph examiner, etc.), family members of the supervised person, or any person in the supervised person's life that wishes to participate and can provide a first-hand account of the positive progress the supervised person is making.

(5) A Polygraph is a machine that measures a person's physiological responses when they respond to questions. Polygraph assessments are completed or contracted by the sex offender treatment provider as required by PC section 3008(d)(3).

(b) Persons placed on parole on or after July 1, 2012, required to register pursuant to PC sections 290 to 290.023, inclusive, shall successfully complete a sex offender management program in accordance with PC section 3008(d). Program participation shall be no less than one year, up to the entire period of parole. Participation in the sex offender management program is required, regardless of when the qualifying offense was committed.

(c) The sex offender treatment provider prescribes the number of treatment hours per week as determined by the supervised person's risks, needs, responsivity, and offense-free time in the community.

(d) Supervised persons may complete a sex offender management program before discharge from parole, as contemplated by the PC section 3008(d).

(e) The Containment Team's review of program completion is solely to determine the length of a supervised person's participation and progress in sex offender treatment. This review is independent of whether the supervised person should be discharged from parole and the electronic monitoring requirements of the supervised person pursuant to PC 3010.10. The CTM schedule shall be as follows:

(1) The first CTM shall be within 90 calendar days of release to parole, or within 90 calendar days of the supervised person's revocation release date. The purpose of this CTM is to determine the most appropriate level of parole supervision needed for monitoring the supervised person while in the community, in accordance with Section 3573(c).

(2) The second CTM shall be within nine months following the first CTM (one-year CTM). This is the first review to determine whether the supervised person's sex offender management program requirements have been satisfied, completing their statutory requirement to successfully complete a sex offender management program.

(3) All subsequent CTMs shall be at least annually thereafter in accordance with the supervised person's level of parole supervision.

(f) When the Containment Team makes a determination to retain a participant in a sex offender management program, the determination shall be supported by good cause, as defined in Section 3000. A determination to retain a supervised person in a sex offender management program shall be stated in writing, signed by the sex offender treatment provider and parole agent on the CDCR Form 3043 Containment Team Meeting / Earned Discharge Consideration Committee (Rev. 07/24), which is incorporated by reference. This completed form shall be delivered to the supervised person within 30 calendar days of the CTM and maintained in the supervised person's file. Reasons to retain a supervised person in a sex offender management program may include, but are not limited to:

(1) Pursuant to Section 3573, a Level of Service or Case Management Inventory (LS/CMI) score of 11 or higher.

(2) Pursuant to Section 3573, a Stable-2007 score of four or higher for males only.

(3) A current polygraph completed with deception found or new disclosure admissions that the supervised person has committed acts that would incur a technical or law violation.

(4) Parole violation(s), relevant to the supervised person's sex offense or adherence to the Conditions and Special Conditions of Parole associated with their sex offense, that occurred within one year of the review.

(g) The parole agent and unit supervisor may re-refer a supervised person to a sex offender management program for evaluation if there is a change in the supervised person's behaviors related to the risk of re-offense to a level likely to lead to a risk to public safety, using the CDCR 1502 (Rev. 07/24) Activity Report. A re-referral may also be initiated at the request of the supervised person.

(1) Upon re-referral, the sex offender treatment provider shall complete the dynamic risk and violence risk assessments, pursuant to section 3573 and PC sections 290.04 and 290.09, to determine if the risk to re-offend has increased.

(A) If risk to re-offend has increased, the supervised person will be required to attend the sex offender management program, with the prescribed hours of treatment being determined by the sex offender treatment provider, until the increased risk to re-offend has been mitigated. While the supervised person is attending a sex offender management program, CTMs shall be re-established in accordance with Section 3574.

(B) If the sex offender treatment provider determines there is no increased risk in re-offense, the re-referral shall be considered closed, and the sex offender management program requirements remain completed.

Note: Authority cited: Sections 5058 and 5058.3, Penal Code. Reference: Sections 290 through 290.023, 3008, 5054, and 9003, Penal Code.

CONTAINMENT TEAM MEETING/ EARNED DISCHARGE CONSIDERATION COMMITTEE

CDCR 3043 (Rev. 07/24)

SECTION 1: SUPERVISED PERSON'S INFORMATION

CDCR #	Supervised Person's Name (Last, First, M.I.)	Parole Date	Last Release Date	CDD	Supervision Level	Parole Unit

Commitment Offense(s):

PC 290 Offense:

CSRA SCORE: **LOW (1)** **MODERATE (2)** **HIGH (3 TO 5)** Participating in SOMP: YES NO
(Select the form purpose and complete the associated form sections)
 Initial Containment Team Meeting (CTM) (Sections 1,2 & 4) CTM & Sex Offender Treatment Review (Sections 1,2,3,4 & 5)

 Abbreviated CTM (Sections 1,2,3 & 4) Earned Discharge Consideration Committee (Sections 1 & 6)
Was Supervised Person Present? YES NO

If No, Cite Reason - Check Appropriate Box(es):

 Supervised Person Did Not Respond to Request Supervised Person is Not Required to Attend Supervised Person Failed to Appear Supervised Person Declined to Participate Supervised Person Participated Telephonically Effective Communication/Accommodation Provided:

Other Participants

Name: _____ Relation to Supervised Person _____ Comments: _____

SECTION 2: SEX OFFENDER TREATMENT ASSESSMENT SCORES

ASSESSMENT TOOL	SCORE	OBJECTIVE CRITERIA	
STATIC SCORE OR FEMALE SEX OFFENDER RISK ASSESSMENT Date Administered: _____		<input type="checkbox"/> HIGH RISK SEX OFFENDER (HRSO) (MODERATE, HIGH, OR 4 AND ABOVE)	<input type="checkbox"/> NON-HRSO (LOW OR 3 AND BELOW)
LS/CMI Date Administered: _____		<input type="checkbox"/> VERY LOW (0 TO 4) <input type="checkbox"/> LOW (5 TO 10) <input type="checkbox"/> MODERATE (11 TO 19)	<input type="checkbox"/> HIGH (20 TO 29) <input type="checkbox"/> VERY HIGH (30 AND ABOVE)
Stable 2007 (MALES ONLY) Date Administered: _____		<input type="checkbox"/> LOW (0 TO 3) <input type="checkbox"/> MODERATE (4 TO 11) <input type="checkbox"/> HIGH (12 AND ABOVE)	
POLYGRAPH TYPE: <input type="checkbox"/> MAINTENANCE <input type="checkbox"/> INSTANT OFFENSE <input type="checkbox"/> SEXUAL HISTORY Date Administered: _____ <input type="checkbox"/> INCONCLUSIVE		DECEPTION FOUND <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	DISCLOSURE ADMISSION <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A

SECTION 3: SUMMARY OF PAROLE ADJUSTMENT

OBJECTIVES	SCORE	OBJECTIVE CRITERIA (Select One Rating Per Objective)	<input type="checkbox"/> See Discharge Review Dated: _____
OBJECTIVE 1: Supervised person has maintained residence stability in a positive living environment.	<input type="checkbox"/> 1	Has been in the same pro-social living situation for the review period, or most recent move was to improve overall living conditions, and current residence expected to remain stable.	
	<input type="checkbox"/> 2	Has been in two or more living situations for the review period with any move not improving the living conditions.	
	<input type="checkbox"/> 3	Has demonstrated an unstable living environment, is transient or routinely difficult to see at the residence of record.	
OBJECTIVE 2: Supervised person's time has been structured around pro-social activities geared towards self-reliance.	<input type="checkbox"/> 1	Time is highly structured and focused on pro-social activities.	
	<input type="checkbox"/> 2	Time is moderately structured and generally focused on pro-social activities.	
	<input type="checkbox"/> 3	Time is unstructured and generally unaccounted for; involvement in pro-social activities is not evident.	
OBJECTIVE 3: Supervised person has been compliant with all general and special conditions of parole.	<input type="checkbox"/> 1	No violation has been substantiated for the review period.	
	<input type="checkbox"/> 2	Has only one technical violation and demonstrated a positive response to the imposed sanction.	
	<input type="checkbox"/> 3	The supervised person has not met the rating standard for #1 or #2 below.	
OBJECTIVE 4: Supervised person has been referred to and has participated in programming for the top three identified criminogenic needs.	<input type="checkbox"/> 1	Attended, participated, and completed programming.	
	<input type="checkbox"/> 2	Attended and partially participated in programming.	
	<input type="checkbox"/> 3	Failed to participate or complete programming.	
OBJECTIVE 5: Supervised person has been referred to and participated in required sex offender treatment.	<input type="checkbox"/> 1	Attended, participated, and/or completed sex offender treatment.	
	<input type="checkbox"/> 2	Attended and partially participated in sex offender treatment.	
	<input type="checkbox"/> 3	Failed to participate or complete sex offender treatment.	
	<input type="checkbox"/> 4	Demonstrated deception in polygraph.	
OBJECTIVE 6: Supervised person has been and is affiliated with other pro-social individuals.	<input type="checkbox"/> 1	Relationships are primarily pro-social and supportive of a crime free lifestyle.	
	<input type="checkbox"/> 2	Time is moderately structured and generally focused on pro-social activities.	
	<input type="checkbox"/> 3	Time is unstructured and generally unaccounted for; involvement in pro-social activities is not evident.	
TOTAL SCORE:		<input type="checkbox"/> 6-7 Reduction May be Warranted <input type="checkbox"/> 8-12 No Change Warranted <input type="checkbox"/> 13-19 Increase May be Warranted	

DISTRIBUTION: Original: C-File Copies: Agent of Record (AOR), Supervised Person

**CONTAINMENT TEAM MEETING/ EARNED DISCHARGE CONSIDERATION
COMMITTEE**

CDCR 3043 (Rev. 07/24)

SECTION 4: CATEGORY DETERMINATION

AOR Recommendation: <input type="checkbox"/> Remain in Current Category <input type="checkbox"/> Move to Category: _____			
AOR Name	AOR Signature	Badge #	Date
AOR Comments and Instructions:			
Unit Supervisor (US) Decision: <input type="checkbox"/> Remain in Current Category <input type="checkbox"/> Move to Category: _____ <input type="checkbox"/> Effective Date: _____			
US Name	US Signature	Badge #	Date
US Comments and Instructions:			
District Administrator (DA) Decision: <input type="checkbox"/> Supervised person is currently ST or SA and will be reclassified to SC (DA Signature Required)			
DA Name (If applicable)	DA Signature	Badge #	Date

SECTION 5: SEX OFFENDER TREATMENT REVIEW

Treatment Provider Name	Treatment Provider Signature	CASOMB Certification Number	Treatment Program Name	Date
Treatment Provider Recommendation: <input type="checkbox"/> Retain <input type="checkbox"/> Complete <input type="checkbox"/> Comments:				
AOR Name	AOR Signature	Badge #	Date	
AOR Recommendation: <input type="checkbox"/> Retain <input type="checkbox"/> Complete <input type="checkbox"/> Comments:				
Unit Supervisor (US) Name	US Signature	Badge #	Date	
US Recommendation: <input type="checkbox"/> Retain <input type="checkbox"/> Complete <input type="checkbox"/> Comments:				

SECTION 6: EARNED DISCHARGE CONSIDERATION COMMITTEE

CDCR 1502-DR, Discharge Review Report, Provided to Supervised Person <input type="checkbox"/> YES <input type="checkbox"/> NO			
Completed in Parole Violations Disposition Tracking System (PVDTS) <input type="checkbox"/> YES <input type="checkbox"/> NO			
If YES, PVDTS ID Number: _____ *Note: If YES, attach the PVDTS report in lieu of completing this section*			
US Name	US Signature	Badge #	Date
US Recommendation: <input type="checkbox"/> Discharge <input type="checkbox"/> Retain on Parole <input type="checkbox"/> Comments:			
DA Name	DA Signature	Badge #	Date
DA Recommendation: <input type="checkbox"/> Discharge <input type="checkbox"/> Retain on Parole <input type="checkbox"/> Comments:			
Administrative Review Officer (ARO) Name	ARO Signature	Badge #	Date
ARO Determination: <input type="checkbox"/> Discharge <input type="checkbox"/> Retain on Parole <input type="checkbox"/> Comments:			