ICJC Sex Crimes Prevention Subcommittee – Regular Meeting
August 6, 2026 @ 11:00 a.m.
Meeting Minutes - DRAFT

Meeting Location: Office of the Idaho State Appellate Public Defender, 322 E. Front St., Suite 570, Boise, Idaho

Subcommittee Chairman: Erik Lehtinen, Director, Office of the State Appellate Public Defender

Members Present (8):

Erik Lehtinen
Dr. Laura King
Trina Allen
Aleshea Boals (joined late)
Molly Kaczmarek
Stu Hobson (left early)
Cassie Graham
Anthony Henry

Members Not Present (9):

Tracy Basterrechea
Elizabeth Spenner
Jen Rupe
Scott Rowley
John Dinger
Roger Sherman
Dr. Megan Smith
Collin Elias
Jean Fisher

Other Attendees (3):

Gabriel Hofkins
Ilona Csik
Elizabeth Todd

Meeting Agenda:

1. Preliminary matters

   Chair Lehtinen notified the group that Co-Chair Tracy Basterrechea has resigned from ICJC, and it is unclear whether he will continue to sit on this subcommittee.

   Molly Kaczmarek notified the group that she will permanently replace Jean Fitzgerald-Mutchie.

2. Approval of July 9, 2026, regular meeting minutes

   Chair Lehtinen informed the subcommittee that there would be no vote to approve the July 9, 2026, meeting minutes because a quorum is not present.

3. Presentation and discussion: Sex Offender Treatment (Terry Reilly Health Services)

   Gabriel Hofkins presented on the Sex Offender Treatment Program provided by Terry Reilly Health Services.

   Gabriel noted that he was asked to present what treatment looks like for juveniles and adults. His area of focus is adults, and he does not have a lot of information regarding juvenile sex offender treatment.

   Terry Reilly's Sex Offender Treatment process was presented to the group. Practitioners build a relationship with the client, collect information to identify needs and challenges, build a plan, apply the plan, evaluate if treatment is working, and terminate treatment after completion. The program is broken down by stages (engagement, assessment, planning, intervention, evaluation, and termination). It was emphasized that the process is simply good people work.

   Engagement and the use of the Transtheoretical Model was discussed. The Transtheoretical Model, also known as the Stages of Change Model, was defined for the group. An example of addiction and the Transtheoretical Model was provided. It was explained that motivational interviewing is used to identify what stage of change the client is in and what form of treatment works best. The Transtheoretical Model is more about building the relationship with the client.

   Assessment and a variety of evaluations (Psychosexual Evaluation, Pre-Sentence Investigation Report, and Risk Assessments) were discussed. It was explained that these evaluations can allow Terry Reilly providers to see the entire make up of the client (e.g., family history, how they got to their current situation, static and dynamic risk factors, treatment and supervision recommendations, etc.) and use the information to develop a treatment plan.

   The Static 99 (Static Risk) long-term risk assessment was discussed. It was emphasized that once this assessment is completed, it will likely not change. The assessment is 10 questions and all information provided must be "static" prior to the current offense/event.

   A member asked if the Static 99 has been around for a while and if it gets updated. The group discussed that the questions are regularly updated to adjust scoring, but the changes have not made a substantial difference in risk predictions.

   It was explained that recidivism rates are based on the total score of an individual's Static 99. A table of scores and predicted recidivism rates was provided. It was added that there is a separate table for specific instances where an individual has more dynamic risk factors (i.e., active life changes) to give a more accurate predicted recidivism rate.

Karl Hanson and David Thornton, the creators of the Static 99, were briefly mentioned. Gabriel discussed when he met with Hanson and Thornton and talked about how they developed the assessment. It was added that the ongoing research is robust.

An example of a score and its corresponding predicted recidivism rate was provided. If an individual scored a 7 on the Static 99, there is a 23% chance/risk they will reoffend in the next five years. A higher score shows providers that there are significant risk factors/precursors that exist in the client's life.

A member asked if the risk of reoffending is on the same victim or additional victims. The group discussed that it is not a guarantee there will be more victims but a likelihood that they will violate parole or be back at some point. Members talked about the definition of recidivism and whether it is committing the same crime again or just another crime in general.

The Stable 2007 (Dynamic Risk) medium-term risk assessment was presented. It was explained that the Stable 2007 identifies risk factors that can change to help providers target people who need the most help and potentially reduce their risk of recidivism. Examples of dynamic risk factors were provided (e.g., social relationships, impulsivity, sexual interests, and coping mechanisms).

A member mentioned that risk assessments are often viewed as the higher score, the longer the sentence should be and vice versa. The group discussed that a higher score shouldn't necessarily mean a longer sentence, but it also doesn't mean no sentence or prison time at all. Impulsivity and age are very important factors for considering an appropriate sentence.

An example of Static 99 and Stable 2007 scores and the corresponding risk level was provided. It was noted that when you put the Static and Stable protective risk scores together, it gives a good idea of the recidivism risk and what kind of treatment is required.

The Acute 2007 risk assessment was presented. It was described as a 7-question risk assessment that provides ongoing monitoring for clients in the community and is commonly used by probation and parole officers. The Acute 2007 risk assessment is different than other assessments because it is looking for a sudden change in behavior often after a low-risk offender has violated the terms/conditions of their probation or parole.

Scoring on the bottom of the Acute 2007 risk assessment was explained. Examples of problematic changes were provided. It was emphasized that the score on an Acute 2007 changes constantly and it should not be used for assigning risk but instead to identify if, in this moment, a client needs more attention.

The development of a treatment plan was discussed. After a Terry Reilly provider completes the engagement and assessment stages of their Sex Offender Treatment Program, they begin the process of applying the diagnostic. It was mentioned that not everyone is a pedophile, not all pedophiles are predators, and not all non-offending minor attracted persons (NOMAPs) are predators.

A member asked what Gabriel's definition of a predator is. It was discussed that a predator is someone actively trying to create a victim or seeking out a victim. An example of someone that does not have the intent to touch children but has the sexual preoccupation was provided. It was emphasized that it is more common for someone to have inclinations that they do not act on.

The presentation continued. It was emphasized that a treatment plan needs to be in place and it should be collaborative so the client knows what they are getting into/what will be expected of them. It was discussed that the common misconception is that there should be heavy punishment, but nobody is monitoring them when they transition back into society. Gabriel added that a person who doesn't have to cope as much doesn't use sexual violence as a coping mechanism. The more they have to lean into these sexual preoccupations, the more the risk goes up.

The different pieces of a treatment plan were presented to the group. Terry Reilly providers use dynamic risk planning, the Stable 2007 assessment, the Psychosexual Evaluation, and the Diagnostic and Statistical Manual of Mental Disorders (DSM) to assist in the treatment plan development process.

Intervention and Cognitive Behavioral Therapy (CBT) were discussed. CBT was defined as a type of talk therapy that focuses on identifying thoughts and feelings that precede behavior to help change the behavior (i.e., metacognition or thinking about what you are thinking). An example of a domestic violence case and how CBT can be used to overcome certain beliefs that result in harmful behaviors was provided.

CBT and its use in sex offense treatment was discussed further. It was noted that CBT is the most common modality for treatment. Thinking errors such as minimizing or justification were mentioned. It was emphasized that providers push clients early on in the treatment process to think about their thinking before making decisions.

Statistics regarding the use of CBT and sexual recidivism rates were provided. Studies have found a 3.6%-10% decrease in sexual recidivism rates for treatment groups receiving CBT.

A member asked for clarification on how the statistics apply. The group discussed that it is not entirely clear and different researchers say slightly different things.

The presentation continued. The Risk Need Responsivity (RNR) Model was discussed. It was explained that the RNR model is used to match the level or style of treatment to the needs of the offender. Examples of the RNR model in practice were provided.

The Good Lives Model (GLM) and its development to complement the RNR Model was explained. It was noted that the GLM is a humanistic, person-centered approach to teaching clients how they can live their best life.

Healthy relationship development was discussed. It was emphasized that healthy relationship development is focused on increasing protective factors to lower overall risk. Clients should have a road map to picking themselves back up when challenges occur. It was added that living a fuller, healthier life and managing impulses leads to a better life.

The evaluation and termination stages were discussed. It was noted that Terry Reilly has general meetings with probation and parole officers every month. They collaborate to ensure they are providing the best treatment possible to every client.

The use of polygraphs in sex offender treatment was discussed. It was emphasized that polygraphs are only used for victim history or for probation and parole officers to track if clients are adhering to the rules.

The ending treatment summary was explained. It was defined as the report at the end of treatment that outlines what assignments they completed, responsivity elements, and what needed to be adjusted to help the client be successful.

A member asked if they ever do reunification of victim(s) and offender(s) or if that is just for juvenile sex offenders. The group discussed what the reunification process looks like for juveniles. An example of an adult sex offender reuniting with an adult victim was provided. It was emphasized that the offender should know it is up to the victim, the victim is in control, and the victim is the party that matters in that situation.

A member asked how many clients are willing to participate in the treatment process. It was discussed that sex offenses are unique because offenders do not like to admit they committed the crime. Gabriel noted that offenders' willingness to participate varies but denial does not have an effect on recidivism rates. It was added that treatment doesn't need to be a whole conversation about the crime but instead how to make their life better.

A member asked if there are any studies or evidence to show a relationship between problematic sexual behaviors in children and adult sex offenders. The group discussed Sources of Strength and their work in upstream prevention. Gabriel noted that he doesn't handle a lot of prevention, just a lot of reactive behaviors.

Terry Reilly's Juvenile Sex Offender Program was discussed. A member asked if the program is just for adolescents who have had adjudication. Members discussed that their juvenile program can be used before a crime happens/when the behaviors present

themselves. The group mentioned a provider at Terry Reilly and her invaluable work with juvenile sex offenders. It was added that there is a shortage of providers that have the certifications to work with these children. Members discussed problematic sexual behaviors in children and what resources are available to prevent issues in their older youth or adulthood.

A member asked if Gabriel has noted any common personality markers or environmental factors among sex offenders and if there is a preventative measure that can be put in place. It was discussed that offenders can come from anywhere but there has been an uptick in child sexual abuse material (CSAM) offenders and a lot of offenders have anti-social personality disorder. It was added that defiant behaviors in children with struggling families are worth paying attention to, but it can't be said that these behaviors cause an individual to commit sex offenses in adulthood. The group discussed the common misconception that if an offender commits a sexual act, they were a victim of sexual abuse.

A member asked what three things Gabriel would recommend focusing on to prevent child sex crimes. The group discussed focusing on anybody that wants to be around children and why. It was noted that there is nothing wrong with wanting to be around children but sometimes there is an unusual need or want to be around them that should be identified early on.

It was mentioned that Gabriel helps lend organizational policy to Girls on the Run to ensure the appropriate protective factors and policies are in place. The group discussed other training opportunities and the importance of protecting children. Anybody around children should prove they are a good influence and a protective element in a child's life.

A member asked about targeting those with attitude-based behaviors such as hostility towards women. It was noted that mass shooters often have hostility towards women. The group discussed that it is an important behavior to be aware of as it is often oppositional defiance that, if corrected, could prevent crimes.

4. Discussion of upcoming SCPS meetings

The subcommittee will meet next on September 10, 2026. The group will hear from a representative of Camp Hope. The following meeting is tentatively set for October 8, 2026. The group hopes to hear from CAPSA in southeast Idaho regarding their role in the prevention network at a future meeting.