

Agreement for Approval for Referrals of Persons with Problem Sexual Behaviors

The Maine Department of Corrections, Adult Community Corrections, requires that, prior to a treatment program receiving approval for referrals of persons with problem sexual behaviors under the Department's supervision, it must agree to adhere to the current standards of treatment as set forth by the Association for the Treatment of Sexual Abusers (ATSA). In addition, the program must agree to the following:

1. Prior to the parties signing this agreement, the program and all direct facilitators of the program shall provide to the Department of Corrections proof of meeting the following minimum education and licensing requirements to provide problem sexual behavior counseling: Master's or Doctoral level degree in Social Work, Counseling, Psychology or closely related field; a Maine Licensed Clinical Social Worker (LCSW) license in good standing; and valid and current certification as a Sex Offender Treatment Professional through Evergreen Certifications or similar certification, as approved by the Department.
2. The program shall require clients to sign a treatment contract to include what is expected in treatment (e.g., no contact with children under 18 years of age unless approved by the primary counselor and supervising Probation Officer; no visiting parks, schools, playgrounds or other places where children congregate; participate in polygraph examinations at client's expense, etc.). The treatment contract shall also include education that is provided to the client related to the potential consequences of missing treatment sessions, not providing payment for sessions in a timely manner, and reasons a client may be terminated from the program.
3. The program shall require clients to agree in the treatment contract to submit to psycho physiological assessments and subsequent examinations by polygraph examiners as determined necessary to aid in the treatment and supervision of the client.
4. The program shall utilize both a Static and a Dynamic assessment tool in assessing risk levels of clients. At minimum for the dynamic assessment, programs shall specifically utilize the Sex Offender Treatment Intervention and Progress Scale (SOTIPS). The SOTIPS shall be scored every six (6) months and a copy of the completed assessment shall be provided to the supervising Probation Officer within 7 days of administration. If another dynamic risk factor assessment tool is clinically indicated and/or the SOTIPS is not appropriate for administration to a client, the program shall seek approval to administer a different assessment tool from the Regional Correctional Administrator (RCA), or designee. Initially, results of assessments integrated into a treatment plan shall be provided to the Probation

Officer within 60 days of participation in treatment. The program shall review the results and plan with the client.

5. If any client identifies to be unable to pay for any or all of their treatment, the program shall confer with the supervising Probation Officer, and all issues relative to payment for services must be resolved prior to any delivery of treatment services.
6. The program shall communicate with each client's supervising Probation Officer by monthly written status reports and by other written reports and face to face meetings at the Probation Officer's request. If a standardized monthly status report form is provided to the program, that form shall be utilized for the monthly progress reports.
7. Each status report must include all information relevant to the risk of re-offending, any violation of, or suspicion of violation of, a condition of probation or supervised release for sex offenders or of a treatment contract condition, and an update on the client's progress in meeting individual treatment goals.
8. In addition to the monthly status reports above, if requested in writing by the supervising Probation Officer, the primary counselor shall provide a written report addressing any issues contained in the written request.
9. In addition to written reports, if requested by the supervising Probation Officer, the primary counselor shall participate in face-to face meetings with the client's supervising Probation Officer to provide information and resolve any issues.
10. The program shall notify the supervising Probation Officer of a client's absence from a scheduled treatment session within 24 hours of its occurrence.
11. The program shall notify the supervising Probation Officer of any termination from the program within 24 hours of the termination.
12. The program shall provide written notice of termination (without completion) to the supervising Probation Officer within 48 hours (excluding Saturdays, Sundays and holidays) of said termination. The notice must include the reason(s) for termination.
13. Upon successful completion of the program by the client, the program shall provide the supervising Probation Officer with a written discharge summary within 30 days of completion. If clinically indicated, the client will be required by the supervising Probation Officer to continue in a maintenance or aftercare program for the timeframe to be determined by the supervising Probation Officer. If the program does not feel it is clinically indicated for a client to continue in an aftercare or maintenance program, they shall notify the supervising Probation Officer in writing and provide evidence to support such clinical recommendation. The final decision about aftercare or maintenance requirements for the client will be determined by the supervising Probation Officer.
14. The program shall make the primary counselor, or other program staff, available to testify as a witness, if subpoenaed by the prosecutor, should the supervising Probation Officer decide to return the client to court for further action, including revocation or termination of probation or supervised release for sex offenders, or

modification or addition of conditions of probation or supervised release for sex offenders.

15. The program shall cooperate with any audit by the Department of Corrections.

By signing this Approval for Referrals, the program agrees to be bound by the terms contained herein, including adherence to the current standards of treatment as set forth by ATSA. In return, the Department agrees that the program, so long as the program complies with the terms contained herein, is approved for referrals of persons with problem sexual behaviors under the Department's supervision. This approval expires after 2 years unless renewed. The original of this Approval for Referrals shall be maintained at the Central Office of the Department and copies shall be maintained at the program and the appropriate Adult Community Corrections Regional Office.

Signature of Program Representative: _____

Printed Name: _____ Title: _____

Program: _____

Street Address: _____

Date: _____

Signature of RCA _____

Printed Name: _____

Date: _____