

## Letter of Approval for Referrals

The Maine Department of Corrections, Adult Community Corrections, requires that, prior to a treatment program receiving approval for referrals of sex offenders 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. The program shall require offenders 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 offender's expense, etc.)
2. The program shall require offenders to agree in the treatment contract to submit to psycho physiological assessments and subsequent examinations by polygraph examiners as determined necessary to aid in treatment and supervision by the primary counselor or supervising Probation Officer .
3. The program shall utilize both a Static and a Dynamic assessment tool in assessing risk levels of offenders.
4. If any offender claims to be unable to pay for any or all of his/her 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.
5. The program shall communicate with each offender'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.
6. Each status report must include all information relevant to the risk of re-offending, any violation of a condition of probation/supervised release for sex offenders or of a treatment contract condition, and an update on the offender's progress in meeting individual treatment goals.
7. 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.
8. In addition to written reports, if requested by the supervising Probation Officer, the primary counselor shall participate in face-to-face meetings with the offender's supervising Probation Officer to provide information and resolve any issues.
9. The program shall notify the supervising Probation Officer of an offender's absence from a scheduled treatment session within 24 hours of its occurrence.

10. The program shall notify the supervising Probation Officer of any termination from the program within 24 hours of the termination.
11. 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.
12. Upon successful completion of the primary portion of the program by the offender, the program shall provide the supervising Probation Officer with a written discharge summary within 30 days of completion. The program shall require the offender to continue in a maintenance or aftercare program for the duration of the offender's probation/supervised release for sex offenders as determined by the primary counselor and the supervising Probation Officer.
13. 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 offender to court for further action, including revocation of probation/supervised release for sex offenders, termination of probation/supervised release for sex offenders, or modification or addition of conditions of probation/supervised release for sex offenders.
14. 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 sex offenders 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.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

Signature of Program Representative: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Program: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Signature of Regional Correctional Administrator, or Designee: \_\_\_\_\_