

Letter of Approval for Persons with Problem Sexual Behavior Referrals

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. 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 offenders expense, etc.)
2. 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 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 clients. Additionally, programs will specifically utilize the Sex Offender Treatment Intervention and Progress Scale (SOTIPS). The SOTIPS will be scored every six (6) months and a copy of the completed assessment provided to the supervising Probation Officer.
4. If any client 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 client's supervising Probation Officer by monthly written status reports. In addition to the monthly status reports, if requested in writing by the supervising Probation Officer, the primary counselor shall provide written reports addressing any issues contained in the 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 persons with problem sexual behavior or of a treatment contract condition, and an update on the client'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 participate in face-to-face meetings with the client's supervising Probation Officer to provide information and resolve any issues.
8. The program shall notify the supervising Probation Officer of any violations of the client's treatment contract and/or probation conditions within 24 hours.

9. The program shall notify the supervising Probation Officer of a client'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 or suspension from the program within 24 hours of the decision to terminate or suspend.
11. The program shall provide written notice of termination or suspension (without completion) to the supervising Probation Officer within 48 hours (excluding Saturdays, Sundays and holidays) of said termination/suspension. The notice must include the reason(s) for the action taken.
12. Upon successful completion of the primary portion of the program by the client, the program shall provide the supervising Probation Officer with a written discharge summary within 30 days of completion. The program shall require the client to continue in a maintenance or aftercare program for the duration of the client's probation/supervised release for persons with problem sexual behaviors 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 client to court for further action, including revocation of probation, termination of probation, modification or addition of conditions of probation /supervised release for persons with problem sexual behaviors.
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 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.

Dated this _____ day of _____, _____

Signature of Program Representative: _____

Printed Name: _____ Title: _____

Program: _____

Street Address: _____

Signature of Regional Correctional Administrator _____