

STATE OF ALASKA REQUEST FOR PROPOSALS



SEX OFFENDER MANAGEMENT PROGRAM COMMUNITY SERVICES (ANCHORAGE, FAIRBANKS, AND PALMER, ALASKA)

RFP 2026-2000-0014
Issued April 23, 2025

ISSUED BY:

DEPARTMENT OF CORRECTIONS
DIVISION OF ADMINISTRATIVE SERVICES

PRIMARY CONTACT:

BENJAMIN BAKER
PROCUREMENT OFFICER
BENJAMIN.BAKER@ALASKA.GOV
(907) 269-5909

OFFERORS ARE NOT REQUIRED TO RETURN THIS FORM.

IMPORTANT NOTICE: IF YOU RECEIVED THIS SOLICITATION FROM THE STATE OF ALASKA'S "ONLINE PUBLIC NOTICE" WEB SITE, YOU MUST REGISTER WITH THE PROCUREMENT OFFICER LISTED IN THIS DOCUMENT TO RECEIVE NOTIFICATION OF SUBSEQUENT AMENDMENTS. FAILURE TO CONTACT THE PROCUREMENT OFFICER MAY RESULT IN THE REJECTION OF YOUR OFFER.

TABLE OF CONTENTS

SECTION 1. INTRODUCTION & INSTRUCTIONS.....	4
SEC. 1.01 PURPOSE OF THE RFP	4
SEC. 1.02 BUDGET	4
SEC. 1.03 DEADLINE FOR RECEIPT OF PROPOSALS	4
SEC. 1.04 QUALIFICATIONS AND PRIOR EXPERIENCE	4
SEC. 1.05 REQUIRED REVIEW	5
SEC. 1.06 QUESTIONS PRIOR TO DEADLINE FOR RECEIPT OF PROPOSALS	5
SEC. 1.07 RETURN INSTRUCTIONS	5
SEC. 1.08 ASSISTANCE TO OFFERORS WITH A DISABILITY	6
SEC. 1.09 AMENDMENTS TO PROPOSALS	6
SEC. 1.10 AMENDMENTS TO THE RFP	6
SEC. 1.11 RFP SCHEDULE	6
SEC. 1.12 ALTERNATE PROPOSALS	6
SEC. 1.13 NEWS RELEASES	7
SECTION 2. BACKGROUND INFORMATION	8
SEC. 2.01 BACKGROUND INFORMATION	8
SECTION 3. SCOPE OF WORK & CONTRACT INFORMATION.....	9
SEC. 3.01 SCOPE OF WORK	9
SEC. 3.02 CONTRACT TERM AND WORK SCHEDULE	12
SEC. 3.03 DELIVERABLES	14
SEC. 3.04 STATE APPROVED CURRICULUM	14
SEC. 3.05 CONTRACT TYPE	15
SEC. 3.06 PROPOSED PAYMENT PROCEDURES	15
SEC. 3.07 PROMPT PAYMENT FOR STATE PURCHASES	15
SEC. 3.08 CONTRACT PAYMENT	15
SEC. 3.09 LOCATION OF WORK	15
SEC. 3.10 TRAVEL	16
SEC. 3.11 ASSOCIATION FOR THE TREATMENT OF SEXUAL ABUSERS (ATSA) CONFERENCE	16
SEC. 3.12 RISK, NEEDS, AND RESPONSIVITY MODEL	17
SEC. 3.13 SUBCONTRACTORS	17
SEC. 3.14 JOINT VENTURES	18
SEC. 3.15 RIGHT TO INSPECT PLACE OF BUSINESS	18
SEC. 3.17 NON-EXCLUSIVE CONTRACT	18
SEC. 3.18 CONTRACT PERSONNEL	18
SEC. 3.19 INSPECTION & MODIFICATION - REIMBURSEMENT FOR UNACCEPTABLE DELIVERABLES	18
SEC. 3.20 CONTRACT CHANGES - UNANTICIPATED AMENDMENTS	18
SEC. 3.21 NONDISCLOSURE AND CONFIDENTIALITY	19
SEC. 3.22 INDEMNIFICATION	20
SEC. 3.23 INSURANCE REQUIREMENTS	20
SEC. 3.24 TERMINATION FOR DEFAULT	20
SECTION 4. PROPOSAL FORMAT AND CONTENT	22
SEC. 4.01 INTRODUCTION	22
SEC. 4.02 PROPOSAL CONTENTS	22
SEC. 4.03 EXPERIENCE AND QUALIFICATIONS	23
SEC. 4.04 UNDERSTANDING OF THE PROJECT	23
SEC. 4.05 METHODOLOGY USED FOR THE PROJECT	23
SEC. 4.06 MANAGEMENT PLAN FOR THE PROJECT	23
SEC. 4.07 COST PROPOSAL	24
SEC. 4.08 EVALUATION CRITERIA	24
SECTION 5. EVALUATION CRITERIA AND CONTRACTOR SELECTION	25
SEC. 5.01 SUMMARY OF EVALUATION PROCESS	25
SEC. 5.02 EVALUATION CRITERIA	25
SEC. 5.03 SCORING METHOD AND CALCULATION	26
SEC. 5.04 EXPERIENCE AND QUALIFICATIONS (20%)	27
SEC. 5.05 UNDERSTANDING OF THE PROJECT (10%)	28
SEC. 5.06 METHODOLOGY USED FOR THE PROJECT (10%)	28
SEC. 5.07 MANAGEMENT PLAN FOR THE PROJECT (10%)	28
SEC. 5.08 CONTRACT COST (40%)	29
SEC. 5.09 ALASKA OFFEROR PREFERENCE (10%)	29
SECTION 6. GENERAL PROCESS AND LEGAL INFORMATION	31
SEC. 6.01 INFORMAL DEBRIEFING	31

SEC. 6.02	ALASKA BUSINESS LICENSE AND OTHER REQUIRED LICENSES	31
SEC. 6.03	SITE INSPECTION.....	31
SEC. 6.04	CLARIFICATION OF OFFERS.....	32
SEC. 6.05	DISCUSSIONS WITH OFFERORS.....	32
SEC. 6.06	EVALUATION OF PROPOSALS	32
SEC. 6.07	CONTRACT NEGOTIATION	32
SEC. 6.08	FAILURE TO NEGOTIATE	33
SEC. 6.09	OFFEROR NOTIFICATION OF SELECTION	33
SEC. 6.10	PROTEST	33
SEC. 6.11	APPLICATION OF PREFERENCES.....	34
SEC. 6.12	ALASKA BIDDER PREFERENCE	34
SEC. 6.13	ALASKA VETERAN PREFERENCE	35
SEC. 6.14	STANDARD CONTRACT PROVISIONS.....	35
SEC. 6.15	QUALIFIED OFFERORS	36
SEC. 6.16	PROPOSAL AS PART OF THE CONTRACT	36
SEC. 6.17	ADDITIONAL TERMS AND CONDITIONS	36
SEC. 6.18	HUMAN TRAFFICKING	36
SEC. 6.19	RIGHT OF REJECTION.....	36
SEC. 6.20	STATE NOT RESPONSIBLE FOR PREPARATION COSTS	37
SEC. 6.21	DISCLOSURE OF PROPOSAL CONTENTS	37
SEC. 6.22	ASSIGNMENT.....	38
SEC. 6.23	DISPUTES.....	38
SEC. 6.24	SEVERABILITY	38
SEC. 6.25	SUPPLEMENTAL TERMS AND CONDITIONS	38
SEC. 6.26	SOLICITATION ADVERTISING	38
SEC. 6.27	FEDERALLY IMPOSED TARIFFS	38
SECTION 7.	ATTACHMENTS	40
SEC. 7.01	ATTACHMENTS.....	40

SECTION 1. INTRODUCTION & INSTRUCTIONS

SEC. 1.01 PURPOSE OF THE RFP

The Department of Corrections, Division of Health and Rehabilitation Services (department) is soliciting proposals for the provision of community-based sex offender management and treatment services for individuals both in-person and via telehealth in communities in Anchorage, Fairbanks, and Palmer, Alaska.

The treatment provider(s) will be part of a multi-disciplinary team that will work to incorporate the principles of the Containment Model, including polygraph assessment, into the management of sex offenders.

SEC. 1.02 BUDGET

Funds have been identified for the initial period of performance. Any agreement entered into will be subject to the needs of the department and upon legislative appropriation of funds. Funds are limited, and negotiations may be necessary depending upon the cost of proposals submitted.

SEC. 1.03 DEADLINE FOR RECEIPT OF PROPOSALS

Proposals must be received no later than **2:00 PM prevailing Alaska Standard Time on May 14, 2025**, as indicated by postmark or email timestamp and late proposals will not be considered.

SEC. 1.04 QUALIFICATIONS AND PRIOR EXPERIENCE

In order for offers to be considered responsive offerors must meet these minimum qualifications and prior experience requirements:

- Master's degree or higher in social science.
- Licenses – Must be licensed in the respective clinical field. The following Alaska Professional licenses are acceptable:
 - Psychiatrist
 - Psychologist
 - Psychological Associate
 - Social Worker
 - Marital and Family Therapist
 - Professional Counselor

An offeror's failure to meet these minimum prior experience requirements will cause their proposal to be considered non-responsive and rejected.

Prior to contract award all individuals who provide direct treatment services within the Sex Offender Management Program (SOMP) must be approved by the department. Individuals who have been reviewed and approved are classified as “approved providers” for sex offender treatment services. See Alaska Administrative Code Title 22 Chapter 30. Sex Offender Treatment Providers.

If the highest ranked offeror is unable to be approved as an approved provider, then the department may

rescind award and work with the next highest ranked offeror.

SEC. 1.05 REQUIRED REVIEW

Offerors should carefully review this solicitation for defects and questionable or objectionable material. Comments concerning defects and questionable or objectionable material should be made in writing and received by the procurement officer at least ten days before the deadline for receipt of proposals. This will allow time for the issuance of any necessary amendments. It will also help prevent the opening of a defective proposal and exposure of offeror's proposals upon which award could not be made.

SEC. 1.06 QUESTIONS PRIOR TO DEADLINE FOR RECEIPT OF PROPOSALS

All questions must be in writing and directed to the procurement officer. The interested party must confirm telephone conversations in writing. The deadline for receipt of questions is **May 12, 2025**.

Two types of questions generally arise. One may be answered by directing the questioner to a specific section of the RFP. These questions may be answered over the telephone. Other questions may be more complex and may require a written amendment to the RFP. The procurement officer will make that decision.

Procurement Officer: **Benjamin Baker** – Phone: **907-269-5909** – Email: benjamin.baker@alaska.gov

SEC. 1.07 RETURN INSTRUCTIONS

Offerors must submit one hard copy of their proposal, in writing, to the procurement officer in a sealed package. The cost proposal included with the package must be sealed separately from the rest of the proposal and must be clearly identified. The sealed proposal package(s) must be addressed as follows:

*Department of Corrections
Division of Administrative Services
Attention: Benjamin Baker
RFP Number: 2026-2000-0014
SOMP Community Services
550 W 7th Ave, Suite 1800
Anchorage, AK 99501*

If submitting a proposal via email, the technical proposal and cost proposal must be saved as separate PDF documents and emailed to doc.procurement@alaska.gov as separate, clearly labeled attachments, such as “Vendor A – Technical Proposal.pdf” and “Vendor A – Cost Proposal.pdf” (Vendor A is the name of the offeror). The email must contain the RFP number in the subject line.

The **maximum** size of a single email (including all text and attachments) that can be received by the state is **20mb (megabytes)**. If the email containing the proposal exceeds this size, the proposal must be sent in multiple emails that are each less than 20 megabytes, and each email must comply with the requirements described above.

Please note that email transmission is not instantaneous. Similar to sending a hard copy proposal, if you are emailing your proposal, the state recommends sending it with enough time to ensure the email is delivered by the deadline for receipt of proposals.

It is the offeror’s responsibility to contact the issuing agency at **907-269-5909** to confirm that the proposal

has been received. The state is not responsible for unreadable, corrupt, or missing attachments.

SEC. 1.08 ASSISTANCE TO OFFERORS WITH A DISABILITY

Offerors with a disability may receive accommodation regarding the means of communicating this RFP or participating in the procurement process. For more information, contact the procurement officer no later than ten days prior to the deadline for receipt of proposals.

SEC. 1.09 AMENDMENTS TO PROPOSALS

Amendments to or withdrawals of proposals will only be allowed if acceptable requests are received prior to the deadline that is set for receipt of proposals. No amendments or withdrawals will be accepted after the deadline unless they are in response to the state's request in accordance with 2 AAC 12.290.

SEC. 1.10 AMENDMENTS TO THE RFP

If an amendment is issued before the deadline for receipt of proposals, the amendment will be posted on the State of Alaska Online Public Notice (OPN) website. The link to the posting of the amendment will be provided to all who were notified of the RFP and to those who have registered with the procurement officer after receiving the RFP from the OPN.

After receipt of proposals, if there is a need for any substantial clarification or material change in the RFP, an amendment will be issued. The amendment will incorporate the clarification or change, and a new date and time established for new or amended proposals. Evaluations may be adjusted as a result of receiving new or amended proposals.

SEC. 1.11 RFP SCHEDULE

RFP schedule set out herein represents the state's best estimate of the schedule that will be followed. If a component of this schedule, such as the deadline for receipt of proposals, is delayed, the rest of the schedule may be shifted accordingly. All times are Alaska Standard Time.

ACTIVITY	TIME	DATE
Issue Date / RFP Released		April 23, 2025
Deadline for Receipt of Questions		May 12, 2025
Deadline for Receipt of Proposals / Proposal Due Date	2:00 PM	May 14, 2025
Proposal Evaluations Complete		May 21, 2025
Notice of Intent to Award		May 22, 2025
Contract Start		July 1, 2025

This RFP does not, by itself, obligate the state. The state's obligation will commence when the contract is approved by the Commissioner of the Department of Corrections, or the Commissioner's designee. Upon written notice to the contractor, the state may set a different starting date for the contract. The state will not be responsible for any work done by the contractor, even work done in good faith, if it occurs prior to the contract start date set by the state.

SEC. 1.12 ALTERNATE PROPOSALS

Offerors may only submit one proposal for evaluation. In accordance with 2 AAC 12.830 alternate proposals (proposals that offer something different than what is asked for) will be rejected.

SEC. 1.13 NEWS RELEASES

News releases related to this RFP will not be made without prior approval of the project director.

SECTION 2. BACKGROUND INFORMATION

SEC. 2.01 BACKGROUND INFORMATION

The Alaska Department of Corrections (department) provides a variety of services to sex offenders that are focused on enhancing public safety. The department recognizes that optimum management of sex offenders occurs along a continuum of care, beginning with assessment after sentencing for institutional treatment. Comprehensive assessment of risk and needs is a critical element in managing and treating sex offenders.

It is essential that the department enhances specialized management and supervision of sex offenders. By including caseload caps for sex offender probation officers, sex offender-specific treatment and the use of polygraph examination, the department will be adhering to best practices in the field of sex offender management. A thorough assessment of sex offenders, including risk assessment, is a critical part of enhancing sex offender management within the communities in Alaska. Regulation, supervision, and management of sex offenders in the community are inherently high-risk endeavors and it is critical that the maximum amount of information be available regarding these offenders upon release to the community.

Sex offenders are an extremely heterogeneous group. Treatment and management issues are specific to the individual offender. Comprehensive sex offender assessment can identify the particular indicators of a potential re-offense and the potential harm of a re-offense, providing a picture of the risk that each offender presents as well as a template for managing the offender. Sex offenders with lower risk may require less intense treatment and management. An accurate and timely assessment will identify indicators of likely re-offense, the degree of harm a sex offender may be expected to cause, and the maladaptive ways the offender may attempt to manipulate the system. The assessment will also identify specific treatment and supervision targets as well as provide information relevant to polygraph assessment.

SECTION 3. SCOPE OF WORK & CONTRACT INFORMATION

SEC. 3.01 SCOPE OF WORK

The department is seeking the services of a contractor to provide sex offender treatment and management services both in-person and via telehealth in Anchorage, Fairbanks, and Palmer, Alaska. The existing hybrid in-person and telehealth program offers cognitive behavioral specific sex offender treatment to individuals (male and female) convicted of a sexual offense. This intense treatment program can take from 18 to 24 months for participants to complete. The contractor is projected to have a case load of approximately 12 offenders per location (Anchorage, Fairbanks, and Palmer). The total number of offenders shall not exceed 36 offenders.

The successful contractor will work directly with the Probation Officer IIIs in the communities, other department staff at the probation offices, and the Sex Offender Management Program (SOMP) Project Manager (Anchorage Central Office) retains overall responsibility for establishing and monitoring contract funding, referrals for sex offender treatment, and program priorities. Services will be provided in person. The contractor will also provide sex offender treatment services to sex offenders who have been released on electronic monitoring/furlough from incarceration (EM). For those sex offenders on EM, the EM/Institutional Probation Officer will work directly with the contractor and SOMP Project Manager. For telehealth services provided remotely, the preferred format is Microsoft Teams, but other platforms may be utilized.

The successful contractor will be part of a multi-disciplinary team that has incorporated principles of the Containment Model, including polygraph assessment, into treatment plans. A trained professional under a separate contract will provide polygraph assessments. The contractor will be expected to be an expert on sex offender treatment and make recommendations on sex offenders in the program regarding amenability to treatment, need for further treatment, and risk to reoffend.

Treatment services are to be provided as specified in the DOC Standards of Sex Offender Management (Standards). These services may include intake/assessment, individual and family counseling, group counseling, high risk educational classes, denial groups, and program consultation services as needed or as required by statute(s) or the department. In addition to the basic assessment and treatment services specified in the Standards, the contract treatment provider will be expected to provide clinical expertise in consultations with the polygraph examiner and to incorporate knowledge gained through the polygraph into treatment.

Offerors must propose to provide services that meet the minimum requirements in this RFP. Services in excess of those established by the department (or in excess of those approved under the finalized contract) must be approved in writing and in advance by the department.

Contractors are allowed to provide services to more than the number of individuals stated above if such services meet the minimum requirements established in the Standards of Sex Offender Management and will not result in a cost overrun of the contractual agreement.

Program Participation:

Referrals will be made through the SOMP program manager in Anchorage, working collaboratively with the community Probation Officer IIIs in the Anchorage, Fairbanks, and Palmer probation offices. For sex offenders on EM, referrals will be made through the SOMP program manager after consultation with the EM/Institutional Probation Officer.

Final Decision on Program Participation: The contractor will be required to accept all program participants referred to the programs for treatment services unless the decision not to allow participation is based on specific clinical justification. If the successful offeror(s) refuse to treat a specific participant (or elect to have a specific participant removed from treatment), a program discharge report must be completed and forwarded to the SOMP program manager in Anchorage within thirty (30) days of discharge.

- All cases of program discharge and/or refusal to admit to treatment program will be reviewed and a decision rendered by the treatment team. If the treatment team determines that refusal/discharge is inappropriate, the contractor will be required to admit/readmit the participant into the treatment program. The contractor may appeal the decision of the treatment team by preparing a detailed justification and submitting the appeal to the SOMP project manager located at the department Anchorage Central Office.

Individual treatment shall be held at least once per month, with time periods of 30 – 60 minutes, not to exceed a total of 60 minutes per offender monthly. The amount of individual treatment may be adjusted with the prior approval of the SOMP project manager.

Group treatment shall be held once per week with time periods of 90 minutes for each location (Anchorage, Fairbanks, and Palmer). Groups size shall not be less than 10 offenders and not exceed 12 offenders. Due to the maximum number of offenders authorized on this caseload, only one group per location is authorized in this contract. The contractor is encouraged to travel to Alaska once monthly and conduct group and individual treatment in each location. Travel costs are not reimbursable and should be considered an “indirect” cost when submitting a cost proposal. To coordinate in-person services, the contractor must make arrangements with the Probation Officer III in each location to ensure adequate confidential space is available to conduct either group or individual treatment.

Reporting Requirements:

Reporting and coordination requirements for community program participants are delineated in the Standards. The successful offeror will be required to provide reports on standardized forms (as available) provided by the department. The required reports include:

- Intake Summaries – will be completed on all program participants within 60 days of admission into the treatment program.
- Progress Summaries – will be completed on all active program participants on a monthly basis.
- Discharge Summaries – will be completed on all program participants at the conclusion of treatment, upon termination from the program, or when a transfer occurs. Discharge summaries must be submitted to the SOMP project manager within thirty (30) days of discharge from treatment.
- Monthly Attendance Reports – will be submitted to the supervising probation officer and the SOMP project manager for all program participants.
- Contractors will provide all required data for offender follow-up and program evaluation on forms developed by the Department.

Coordination Requirements:

- Case review meetings will take place with appropriate probation office personnel and the SOMP project manager a minimum of once per month.
- Contract staff will promptly contact the appropriate probation officer whenever they perceive that a program participant is at immediate risk of re-offense or has violated conditions of probation or parole (including no-shows).
- The contractor will coordinate with the polygraph examiner to provide information required for polygraph assessment.
- In addition to the above specified requirements, the contractor will ensure a team approach is maintained with department staff and contract agents who also provide program/rehabilitative services to program participants. The successful offeror will develop and maintain any other mechanisms necessary to share information relating to program participants with pertinent department staff and contract agents.

Statutory Requirements:

The contractor will be required to assist in the department's compliance with provisions of AS 12.55.015(a) (10); AS 12.55.100(a)(2)(E); and AS 33.30.011(a)(5) as they apply to the provision of sex offender treatment services under the terms of this contract. Specifically, the successful contractor will be required to:

- Provide a written explanation to the probation officer and SOMP Project Manager, in the case of an individual who has been denied admittance to a court-ordered rehabilitation program by the treatment provider, even though the individual meets the written eligibility criteria and has requested to enter the program;
- Develop a written, individualized treatment plan for each offender who participates in the program or treatment;
- Provide an on-going roster of the names of offenders currently participating in the program or treatment to the SOMP project manager monthly;
- Provide a discharge summary to the offender's probation officer and SOMP project manager within thirty (30) days of the discharge from treatment. The discharge summary shall describe the status of the offender's discharge as one of the following:
 - Treatment complete
 - Administrative discharge (due to numerous factors including, but not limited to, release to the community, treatment noncompliance, violating conditions of probation leading to re-incarceration)
 - Transfer from the program (because of separate orders; physical incapacitation; etc.)
 - Maximum Benefit gained
- Provide the offender with a non-compliance discharge notice if the offender is discharged for

non-compliance;

- Ensure that copies of the treatment plan, discharge summary, and non-compliance discharge notice are placed in the offender's case record.

Compliance with Standards:

The successful offeror will be required to adhere to contract conditions and program requirements cited in the Standards of Sex Offender Management. Contractor compliance with any revisions to the Standards as currently presented will also be required.

Telehealth

The successful offeror can provide services both in-person and through telehealth. Telehealth services performed shall be included in the contract hours under the specific treatment type. These services include, but are not limited to

- Developing a roster of offenders to receive telehealth services.
- Facilitating telehealth services.
- Coordinating with department employees and notifying department employees of any ongoing issues.
- Telehealth arrangement must conform to all State of Alaska law, regulations and policies. Telehealth services do not change the conditions of the contract or required compliance with policies. The contractor is responsible for ensuring compliance with these provisions.
- The department is not responsible for loss, damage, repair, replacement, or wear of personal property or equipment. No State of Alaska equipment is authorized for the contractor to provide the treatment and management services outlined in this RFP.

Operational Requirements

The successful offeror must describe how the community treatment program will be structured including, but not limited to:

- Where and when treatment services will be provided;
- How offenders will contact the treatment provider, if necessary, for routine and/or emergency treatment services;
- How the offeror will coordinate with department employees and notify department employees of any ongoing treatment issues.

SEC. 3.02 CONTRACT TERM AND WORK SCHEDULE

The length of the contract will be from the date of award, approximately **July 1, 2025, to June 30, 2026**, with optional 1-year renewals up to **June 30, 2028**. All optional renewals are at the State's sole discretion.

Anchorage: The agreement is projected to cover approximately 12 offenders not to exceed 40 hours per

month. Services are expected to be provided on a weekly basis. The contractor shall not provide more than 480 hours of work per year.

Anchorage Community Services		
Treatment Category	Hours/Month	Hours/Year
Intake	5	60
Individual Treatment	12	144
Group Treatment	6	72
Family Treatment/Safety Net	5	60
Education Classes	5	60
Consultation (program development, polygraph consultation, paperwork, notes, staffing meetings, emails, and other correspondence)	7	84
Total	40	480

Fairbanks: The agreement is projected to cover approximately 12 offenders not to exceed 40 hours per month. Services are expected to be provided on a weekly basis. The contractor shall not provide more than 480 hours of work per year.

Fairbanks Community Services		
Treatment Category	Hours/Month	Hours/Year
Intake	5	60
Individual Treatment	12	144
Group Treatment	6	72
Family Treatment/Safety Net	5	60
Education Classes	5	60
Consultation (program development, polygraph consultation, paperwork, notes, staffing meetings, emails, and other correspondence)	7	84
Total	40	480

Palmer: The agreement is projected to cover approximately 12 offenders not to exceed 40 hours per month. Services are expected to be provided on a weekly basis. The contractor shall not provide more than 480 hours of work per year.

Palmer Community Services		
Treatment Category	Hours/Month	Hours/Year
Intake	5	60
Individual Treatment	12	144
Group Treatment	6	72
Family Treatment/Safety Net	5	60
Education Classes	5	60
Consultation (program development, polygraph consultation, paperwork, notes, staffing meetings, emails, and other correspondence)	7	84
Total	40	480

Unless otherwise provided in this RFP, the State and the successful offeror/contractor agree: (1) that any extension of the contract excluding any exercised renewal options, will be considered as a month-to-month extension, and all other terms and conditions shall remain in full force and effect and (2) the procurement officer will provide notice to the contractor of the intent to cancel such month-to-month extension at least 30 days before the desired date of cancellation. A month-to-month extension may only be executed by the procurement officer via a written contract amendment.

SEC. 3.03 DELIVERABLES

The contractor will be required to provide the following deliverables:

- Intake
- Individual treatment
- Group treatment
- Family treatment/safety net
- Education classes
- Consultation (program, polygraph, etc.)
- Discharge summary

SEC. 3.04 STATE APPROVED CURRICULUM

Contractor agrees to use the department's designated sex offender curriculum. The curriculum is in accordance with the evidence-based training developed by the University of Cincinnati Research Institute.

SEC. 3.05 CONTRACT TYPE

This contract is a **firm fixed-price** contract.

SEC. 3.06 PROPOSED PAYMENT PROCEDURES

The state will make payments based on a negotiated payment schedule. Each billing must consist of an invoice, current client roster, and progress reports. No payment will be made until the current client roster, progress report, and invoice has been approved by the project director.

SEC. 3.07 PROMPT PAYMENT FOR STATE PURCHASES

The state is eligible to receive a **5%** discount for all invoices paid within **15** business days from the date of receipt of the commodities or services and/or a correct invoice, whichever is later. The discount shall be taken on the full invoice amount. The state shall consider payment being made as either the date a printed warrant is issued or the date an electronic funds transfer (EFT) is initiated.

SEC. 3.08 CONTRACT PAYMENT

No payment will be made until the contract is approved by the Commissioner of the Department of Corrections or the Commissioner's designee. Under no conditions will the state be liable for the payment of any interest charges associated with the cost of the contract. The state is not responsible for and will not pay local, state, or federal taxes. All costs associated with the contract must be stated in U.S. currency.

Payment for agreements under \$500,000 for the undisputed purchase of goods or services provided to a state agency, will be made within 30 days of the receipt of a proper billing or the delivery of the goods or services to the location(s) specified in the agreement, whichever is later. A late payment is subject to 1.5% interest per month on the unpaid balance. Interest will not be paid if there is a dispute or if there is an agreement that establishes a lower interest rate or precludes the charging of interest.

Any single contract payment of \$1 million or higher must be accepted by the contractor via Electronic Funds Transfer (EFT).

SEC. 3.09 LOCATION OF WORK

The location the work is to be performed, completed, and managed is as follows:

The work performed can be both in-person and via telehealth. The contractor may visit Alaska once monthly to perform work at each location (Anchorage, Fairbanks, and Palmer), not to exceed twelve (12) visits annually to provide in-person treatment. It is anticipated the majority of services will be performed via telehealth. The contractor will coordinate on-site visits with the Probation Officer III at each location.

Regardless of location, the contractor must provide their own workspace and equipment such as laptops and other computer equipment.

By signature on their proposal, the offeror certifies that all services provided under this contract by the contractor and all subcontractors shall be performed in the United States.

If the offeror cannot certify that all work will be performed in the United States, the offeror must contact the procurement officer in writing to request a waiver at least 10 days prior to the deadline for receipt of

proposals.

The request must include a detailed description of the portion of work that will be performed outside the United States, where, by whom, and the reason the waiver is necessary.

Failure to comply with these requirements may cause the state to reject the proposal as non-responsive or cancel the contract.

SEC. 3.10 TRAVEL

The contractor shall ensure any travel conducted under the resulting contract will be in accordance with the Alaska Administrative Manual, Section 60 Travel:

<http://doa.alaska.gov/dof/manuals/aam/resource/60t.pdf>

Travel is not reimbursable in this contract. Any anticipated costs associated with travel shall be considered an “indirect” cost and figured into the hourly rate in the cost proposal.

SEC. 3.11 ASSOCIATION FOR THE TREATMENT OF SEXUAL ABUSERS (ATSA) CONFERENCE

It is recommended that all SOMP contractors attend the annual Association for the Treatment of Sexual Abusers (ATSA) conference. For all SOMP contractors who are willing to utilize this valuable resource, the department will repay actuals for the cost of the conference for up to a maximum of \$1,200.00. Contractors who have less than 6 months left on their contract term will not be reimbursed unless approved by the project manager.

Contractors will not be paid an hourly rate for the actual time spent in classes at the ATSA conference. Allowable reimbursement costs for the ATSA conference are listed below.

All contractors interested in attending the conference must give as much notice as possible and contact the SOMP project manager in writing within 60 days prior to the start of the conference. Contractor will be required to take all recommended classes as prescribed by the department in order to be reimbursed. The department will inform the contractor which classes are required in advance of the conference. Required classes may be adjusted based on the contractor’s approved SOMP level.

All contractors who attend the ATSA conference will be required to provide proof of attending the required classes. Copies of certificate of completion for each required class would be sufficient proof of attendance. Cancellation of any required ATSA classes prior to or during the conference will be considered as long as it can be verified by the ATSA. In order to be reimbursed the following is required to be submitted with billings, but not limited to:

- Proof of Registration – maybe required prior to the conference;
- Copies of Certificates of Completion for each required class;
- Flights – provide all receipt/s;
- Transportation – provide all receipt/s;
- Accommodations– provide all receipt/s.

Contractor will be required to make all arrangements for the annual conference and will pay all costs out of pocket up front. The State will not pre-pay any costs. Travel costs related to the ATSA conference will be paid in accordance with AAM 60. Per Sec. 3.08 TRAVEL. The state reserves the right not to reimburse any or part of the costs if the contractor fails to meet all requirements, and the provider will be responsible for all costs incurred.

SEC. 3.12 RISK, NEEDS, AND RESPONSIVITY MODEL

Providers must adhere to the Risk, Needs and Responsivity (RNR) model when providing sex offender treatment. Each provider shall base the dosage of treatment on the offender's risk to reoffend using the STATIC or Stable risk assessment tool. The time spent in treatment and the frequency of treatment should be higher for high-risk offenders and taper down for lower risk offenders. Additionally, each provider should have a low-risk sex offender treatment track to allow them to be treated separately from higher risk offenders for a shorter duration.

Sex offender treatment contracts provide services primarily to male offenders but will include services to female offenders if needed. Gender numbers are not fixed but may vary throughout the term of the contract. If provided, services to female offenders must be provided separately from services to male offenders.

Assessments are an essential component in the treatment of sexual offenders. Static assessments are a tool utilized to evaluate risk of sexual and violent recidivism amongst sexual offenders. Static assessments predict sexual, violent, and any recidivism as well as other actuarial risk tools commonly used with sexual offenders. The contractor will attend STATIC training, either in person or virtually, provided by the department biennially. Travel costs are not reimbursed through this contract. Actual time in Static training is billable at the contractor's hourly rate.

SEC. 3.13 SUBCONTRACTORS

Subcontractors may be used to perform work under this contract. If an offeror intends to use subcontractors, the offeror must identify in the proposal the names of the subcontractors and the portions of the work the subcontractors will perform.

Subcontractor experience shall be considered in determining whether the offeror meets the requirements set forth in **SEC. 1.04 PRIOR EXPERIENCE**.

If a proposal with subcontractors is selected, the offeror must provide the following information concerning each prospective subcontractor within five working days from the date of the state's request:

- complete name of the subcontractor;
- complete address of the subcontractor;
- type of work the subcontractor will be performing;
- percentage of work the subcontractor will be providing;
- evidence that the subcontractor holds a valid Alaska business license;
- If a subcontractor on the list did not have a valid Alaska business license at the close of the RFP, the Offeror may not use the subcontractor in the performance of the contract and shall replace the

subcontractor with a subcontractor who had a valid Alaska business license at the close of the RFP.

- a written statement, signed by each proposed subcontractor that clearly verifies that the subcontractor is committed to render the services required by the contract.

An offeror's failure to provide this information, within the time set, may cause the state to consider their proposal non-responsive and reject it. The substitution of one subcontractor for another may be made only at the discretion and prior written approval of the project director.

Note that if the subcontractor will not be performing work within Alaska, they will not be required to hold an Alaska business license.

SEC. 3.14 JOINT VENTURES

Joint ventures **will not** be allowed.

SEC. 3.15 RIGHT TO INSPECT PLACE OF BUSINESS

At reasonable times, the state may inspect those areas of the contractor's place of business that are related to the performance of a contract. If the state makes such an inspection, the contractor must provide reasonable assistance.

SEC. 3.17 NON-EXCLUSIVE CONTRACT

The Department reserves the right to seek services from other vendors if the successful offeror(s) is unable to provide services.

SEC. 3.18 CONTRACT PERSONNEL

Any change of the project team members or subcontractors named in the proposal must be approved, in advance and in writing, by the project director or procurement officer. Changes that are not approved by the state may be grounds for the state to terminate the contract.

SEC. 3.19 INSPECTION & MODIFICATION - REIMBURSEMENT FOR UNACCEPTABLE DELIVERABLES

The contractor is responsible for the completion of all work set out in the contract. All work is subject to inspection, evaluation, and approval by the project director. The state may employ all reasonable means to ensure that the work is progressing and being performed in compliance with the contract. The project director or procurement officer may instruct the contractor to make corrections or modifications if needed in order to accomplish the contract's intent. The contractor will not unreasonably withhold such changes.

Substantial failure of the contractor to perform the contract may cause the state to terminate the contract. In this event, the state may require the contractor to reimburse monies paid (based on the identified portion of unacceptable work received) and may seek associated damages.

SEC. 3.20 CONTRACT CHANGES - UNANTICIPATED AMENDMENTS

During the course of this contract, the contractor may be required to perform additional work. That work will be within the general scope of the initial contract. When additional work is required, the project director will provide the contractor a written description of the additional work and request the contractor

to submit a firm time schedule for accomplishing the additional work and a firm price for the additional work. Cost and pricing data must be provided to justify the cost of such amendments per AS 36.30.400.

The contractor will not commence additional work until the procurement officer has secured any required state approvals necessary for the amendment and issued a written contract amendment, approved by the Commissioner of the Department of Corrections or the Commissioner's designee.

SEC. 3.21 NONDISCLOSURE AND CONFIDENTIALITY

Contractor agrees that all confidential information shall be used only for purposes of providing the deliverables and performing the services specified herein and shall not disseminate or allow dissemination of confidential information except as provided for in this section. The contractor shall hold as confidential and will use reasonable care (including both facility physical security and electronic security) to prevent unauthorized access by, storage, disclosure, publication, dissemination to and/or use by third parties of, the confidential information. “Reasonable care” means compliance by the contractor with all applicable federal and state law, including the Social Security Act and HIPAA. The contractor must promptly notify the state in writing if it becomes aware of any storage, disclosure, loss, unauthorized access to or use of the confidential information.

Confidential information, as used herein, means any data, files, software, information or materials (whether prepared by the state or its agents or advisors) in oral, electronic, tangible or intangible form and however stored, compiled or memorialized that is classified confidential as defined by State of Alaska classification and categorization guidelines provided by the state to the contractor or a contractor agent or otherwise made available to the contractor or a contractor agent in connection with this contract, or acquired, obtained or learned by the contractor or a contractor agent in the performance of this contract. Examples of confidential information include, but are not limited to: technology infrastructure, architecture, financial data, trade secrets, equipment specifications, user lists, passwords, research data, and technology data (infrastructure, architecture, operating systems, security tools, IP addresses, etc).

If confidential information is requested to be disclosed by the contractor pursuant to a request received by a third party and such disclosure of the confidential information is required under applicable state or federal law, regulation, governmental or regulatory authority, the contractor may disclose the confidential information after providing the state with written notice of the requested disclosure (to the extent such notice to the state is permitted by applicable law) and giving the state opportunity to review the request. If the contractor receives no objection from the state, it may release the confidential information within 30 days. Notice of the requested disclosure of confidential information by the contractor must be provided to the state within a reasonable time after the contractor’s receipt of notice of the requested disclosure and, upon request of the state, shall seek to obtain legal protection from the release of the confidential information.

The following information shall not be considered confidential information: information previously known to be public information when received from the other party; information freely available to the general public; information which now is or hereafter becomes publicly known by other than a breach of confidentiality hereof; or information which is disclosed by a party pursuant to subpoena or other legal process and which as a result becomes lawfully obtainable by the general public.

SEC. 3.22 INDEMNIFICATION

The contractor shall indemnify, hold harmless, and defend the contracting agency from and against any claim of, or liability for error, omission, or negligent act of the contractor under this agreement. The contractor shall not be required to indemnify the contracting agency for a claim of, or liability for, the independent negligence of the contracting agency. If there is a claim of, or liability for, the joint negligent error or omission of the contractor and the independent negligence of the contracting agency, the indemnification and hold harmless obligation shall be apportioned on a comparative fault basis. “Contractor” and “contracting agency”, as used within this and the following article, include the employees, agents and other contractors who are directly responsible, respectively, to each. The term “independent negligence” is negligence other than in the contracting agency’s selection, administration, monitoring, or controlling of the contractor and in approving or accepting the contractor’s work.

SEC. 3.23 INSURANCE REQUIREMENTS

Without limiting contractor's indemnification, it is agreed that contractor shall purchase at its own expense and maintain in force at all times during the performance of services under this agreement the following policies of insurance. Where specific limits are shown, it is understood that they shall be the minimum acceptable limits. If the contractor's policy contains higher limits, the state shall be entitled to coverage to the extent of such higher limits.

Certificates of Insurance must be furnished to the procurement officer prior to beginning work and must provide for a notice of cancellation, non-renewal, or material change of conditions in accordance with policy provisions. Failure to furnish satisfactory evidence of insurance or lapse of the policy is a material breach of this contract and shall be grounds for termination of the contractor's services. All insurance policies shall comply with and be issued by insurers licensed to transact the business of insurance under AS 21.

- **Workers' Compensation Insurance:** The contractor shall provide and maintain, for all employees engaged in work under this contract, coverage as required by AS 23.30.045, and where applicable, any other statutory obligations including but not limited to Federal U.S.L. & H. and Jones Act requirements. The policy must waive subrogation against the State.
- **Commercial General Liability Insurance:** covering all business premises and operations used by the Contractor in the performance of services under this agreement with minimum coverage limits of \$300,000 combined single limit per claim.
- **Commercial Automobile Liability Insurance:** covering all vehicles used by the contractor in the performance of services under this agreement with minimum coverage limits of \$300,000 combined single limit per claim.
- **Professional Liability Insurance:** covering all errors, omissions or negligent acts in the performance of professional services under this agreement with minimum coverage limits of \$300,000 per claim /annual aggregate.

SEC. 3.24 TERMINATION FOR DEFAULT

If the Project Director or Procurement Officer determines that the contractor has refused to perform the work or has failed to perform the work with such diligence as to ensure its timely and accurate

completion, the state may, by providing written notice to the contractor, terminate the contractor's right to proceed with part or all the remaining work.

The Procurement Officer may also, by written notice, terminate this contract under Administrative Order 352 if the contractor supports or participates in a boycott of the State of Israel.

This clause does not restrict the state's termination rights under the contract provisions of Appendix A, attached in **SECTION 7. ATTACHMENTS**.

SECTION 4. PROPOSAL FORMAT AND CONTENT

SEC. 4.01 INTRODUCTION

Proposals must include the complete name and address of offeror's firm and the name, mailing address, and telephone number of the person the state should contact regarding the proposal.

Proposals must confirm that the offeror will comply with all provisions in this RFP; and, if applicable, provide notice that the firm qualifies as an Alaskan bidder. Proposals must be signed by a company officer empowered to bind the company. An offeror's failure to include these items in the proposals may cause the proposal to be determined to be non-responsive and the proposal may be rejected.

The state discourages overly lengthy and costly proposals, however, in order for the state to evaluate proposals fairly and completely, offerors must follow the format set out in this RFP and provide all information requested.

SEC. 4.02 PROPOSAL CONTENTS

The following information must be included in all proposals.

(a) AUTHORIZED SIGNATURE

All proposals must be signed by an individual authorized to bind the offeror to the provisions of the RFP. Proposals must remain open and valid for at least 90-days from the date set as the deadline for receipt of proposals.

(b) OFFEROR'S CERTIFICATION

By signature on the proposal, offerors certify that they comply with the following:

- A. the laws of the State of Alaska;
- B. the applicable portion of the Federal Civil Rights Act of 1964;
- C. the Equal Employment Opportunity Act and the regulations issued thereunder by the federal government;
- D. the Americans with Disabilities Act of 1990 and the regulations issued thereunder by the federal government;
- E. all terms and conditions set out in this RFP;
- F. a condition that the proposal submitted was independently arrived at, without collusion, under penalty of perjury; and
- G. that the offers will remain open and valid for at least 90 days.

If any offeror fails to comply with [a] through [g] of this paragraph, the state reserves the right to disregard the proposal, terminate the contract, or consider the contractor in default.

(c) VENDOR TAX ID

A valid Vendor Tax ID must be submitted to the issuing office with the proposal or within five days of the state's request.

(d) CONFLICT OF INTEREST

Each proposal shall include a statement indicating whether or not the firm or any individuals working on the contract has a possible conflict of interest (e.g., currently employed by the State of Alaska or formerly employed by the State of Alaska within the past two years) and, if so, the nature of that conflict. The procurement officer reserves the right to **consider a proposal non-responsive and reject it** or cancel the award if any interest disclosed from any source could either give the appearance of a conflict or cause speculation as to the objectivity of the contract to be performed by the offeror.

(e) FEDERAL REQUIREMENTS

The offeror must identify all known federal requirements that apply to the proposal, the evaluation, or the contract.

SEC. 4.03 EXPERIENCE AND QUALIFICATIONS

Offerors must provide an organizational chart specific to the personnel assigned to accomplish the work called for in this RFP; illustrate the lines of authority; designate the individual responsible and accountable for the completion of each component and deliverable of the RFP.

Offerors must provide a narrative description of the organization of the project team and a personnel roster that identifies each person who will actually work on the contract and provide the following information about each person listed:

- title,
- resume,
- location(s) where work will be performed,
- itemize the total cost and the number of estimated hours for each individual named above.

Offerors must provide reference names and phone numbers for similar projects the offeror's firm has completed.

SEC. 4.04 UNDERSTANDING OF THE PROJECT

Offerors must provide comprehensive narrative statements that illustrate their understanding of the requirements of the project and the project schedule.

SEC. 4.05 METHODOLOGY USED FOR THE PROJECT

Offerors must provide comprehensive narrative statements that set out the methodology they intend to employ and illustrate how the methodology will serve to accomplish the work and meet the state's project schedule.

SEC. 4.06 MANAGEMENT PLAN FOR THE PROJECT

Offerors must provide comprehensive narrative statements that set out the management plan they intend to follow and illustrate how the plan will serve to accomplish the work and meet the state's project schedule.

SEC. 4.07 COST PROPOSAL

Offerors must complete and submit this Submittal Form. Proposed costs must all direct and indirect costs associated with the performance of the contract, including, but not limited to, total number of hours at various hourly rates, direct expenses, payroll, supplies, overhead assigned to each person working on the project, percentage of each person's time devoted to the project, and profit. The costs identified on the cost proposal are the total amount of costs to be paid by the state. No additional charges shall be allowed.

SEC. 4.08 EVALUATION CRITERIA

All proposals will be reviewed to determine if they are responsive. Proposals determined to be responsive will be evaluated using the criterion that is set out in **SECTION 5. EVALUATION CRITERIA AND CONTRACTOR SELECTION**.

SECTION 5. EVALUATION CRITERIA AND CONTRACTOR SELECTION

THE TOTAL NUMBER OF POINTS USED TO SCORE THIS PROPOSAL IS 1000

SEC. 5.01 SUMMARY OF EVALUATION PROCESS

The state will use the following steps to evaluate and prioritize proposals:

- 1) Proposals will be assessed for overall responsiveness. Proposals deemed non-responsive will be eliminated from further consideration.
- 2) A proposal evaluation committee (PEC), made up of at least three state employees or public officials, will evaluate the Technical portion of all responsive proposals.
- 3) Each responsive Technical Proposal will be sent to the PEC. No cost information will be shared or provided to the PEC.
- 4) The PEC will independently evaluate and score the proposals based on the degree to which they meet the stated evaluation criteria.
- 5) After independent scoring, the PEC will have a meeting, chaired by the procurement officer, where the PEC may have a group discussion prior to finalizing their scores.
- 6) The evaluators will submit their final individual scores to the procurement officer, who will then compile the scores and calculate awarded points as set out in Section 5.03.
- 7) The procurement officer will calculate scores for cost proposals as set out in Section 5.08 and add those scores to the awarded points along with factoring in any Alaska preferences.
- 8) The procurement officer may ask for best and final offers from offerors susceptible for award and revise the cost scores accordingly.
- 9) The state will then conduct any necessary negotiations with the highest scoring offeror and award a contract if the negotiations are successful.

SEC. 5.02 EVALUATION CRITERIA

Proposals will be evaluated based on their overall value to state, considering both cost and non-cost factors as described below. Note: An evaluation may not be based on discrimination due to the race, religion, color, national origin, sex, age, marital status, pregnancy, parenthood, disability, or political affiliation of the offeror.

Overall Criteria	Weight
Responsiveness	Pass/Fail

Qualifications Criteria	Weight
Experience and Qualifications	200
Understanding of the Project	100
Methodology Used for the Project	100
Management Plan for the Project	100
Total	500

Cost Criteria	Weight
Cost Proposal	400
Total	400

Preference Criteria	Weight
Alaska Offeror Preference (if applicable)	100
Total	100

TOTAL EVALUATION POINTS AVAILABLE: 1000

SEC. 5.03 SCORING METHOD AND CALCULATION

Each Proposal Evaluation Committee (PEC) member will individually evaluate and score each responsive proposal using the criteria set out in Sections 5.04 through 5.07 and assign a single score of 1 through 10, with 10 representing the highest score and 1 representing the lowest score. Using only whole numbers, PEC members should start with a score of 5 on each section. The score may either increase or decrease depending on the offeror's response to each question for that section. As an example, if the Offeror provided responses over and above the evaluation questions in a section, they would receive a higher score. However, if the Offeror's response fails to address all questions of a section or demonstrates some lack of understanding or competency as it relates to a question for that section, the Offeror would then receive a lower score.

After the PEC has scored, the scores for each section will be totaled and the following formula will be used to calculate the total amount of points awarded for each section:

Offeror Total Score

x Max Points = Points Awarded

Highest Total Score Possible

Example (Max Points for the Section = 100):

	PEC Member 1 Score	PEC Member 2 Score	PEC Member 3 Score	PEC Member 4 Score	Combined Total Score	Points Awarded
Offeror 1	10	5	5	10	30	75
Offeror 2	5	5	5	5	20	50
Offeror 3	10	10	10	10	40	100

Offeror 1 was awarded 75 points:

Offeror Total Score (30)

_____ x Max Points (100) = Points Awarded (75)

Highest Total Score Possible (40)

Offeror 2 was awarded 50 points:

Offeror Total Score (20)

_____ x Max Points (100) = Points Awarded (50)

Highest Total Score Possible (40)

Offeror 3 was awarded 100 points:

Offeror Total Score (40)

_____ x Max Points (100) = Points Awarded (100)

Highest Total Score Possible (40)

SEC. 5.04 EXPERIENCE AND QUALIFICATIONS (20%)**Proposals will be evaluated against the questions set out below:****1) Questions regarding the personnel:**

- a) Do the individuals assigned to the project have experience on similar projects?
- b) Are resumes complete and do they demonstrate backgrounds that would be desirable for individuals engaged in the work the project requires?
- c) How extensive is the applicable education and experience of the personnel designated to work on the project?

2) *Questions regarding the firm:*

- d) How well has the firm demonstrated experience in completing similar projects on time and within budget?
- e) How successful is the general history of the firm regarding timely and successful completion of projects?
- f) Has the firm provided a customer reference list?

SEC. 5.05 UNDERSTANDING OF THE PROJECT (10%)

Proposals will be evaluated against the questions set out below:

- 1) How well has the offeror demonstrated a thorough understanding of the purpose and scope of the project?
- 2) How well has the offeror identified pertinent issues and potential problems related to the project?
- 3) To what degree has the offeror demonstrated an understanding of the deliverables the state expects it to provide?
- 4) Has the offeror demonstrated an understanding of the state's time schedule and can meet it?

SEC. 5.06 METHODOLOGY USED FOR THE PROJECT (10%)

Proposals will be evaluated against the questions set out below:

- 1) How comprehensive is the methodology and does it depict a logical approach to fulfilling the requirements of the RFP?
- 2) How well does the methodology match and achieve the objectives set out in the RFP?
- 3) Does the methodology interface with the time schedule in the RFP?

SEC. 5.07 MANAGEMENT PLAN FOR THE PROJECT (10%)

Proposals will be evaluated against the questions set out below:

- 1) How well does the management plan support all of the project requirements and logically lead to the deliverables required in the RFP?
- 2) How well is accountability completely and clearly defined?
- 3) Is the organization of the project team clear?
- 4) How well does the management plan illustrate the lines of authority and communication?
- 5) To what extent does the offeror already have the hardware, software, equipment, and licenses necessary to perform the contract?
- 6) Does it appear that the offeror can meet the schedule set out in the RFP?

- 7) Has the offeror gone beyond the minimum tasks necessary to meet the objectives of the RFP?
- 8) To what degree is the proposal practical and feasible?
- 9) To what extent has the offeror identified potential problems?

SEC. 5.08 CONTRACT COST (40%)

Overall, a minimum of **40%** of the total evaluation points will be assigned to cost. After the procurement officer applies any applicable preferences, the offeror with the lowest total cost will receive the maximum number of points allocated to cost per 2 AAC 12.260(c). The point allocations for cost on the other proposals will be determined using the following formula:

$$[(\text{Price of Lowest Cost Proposal}) \times (\text{Maximum Points for Cost})] \div (\text{Cost of Each Higher Priced Proposal})$$

Example (Max Points for Contract Cost = 400):

Step 1

List all proposal prices, adjusted where appropriate by the application of applicable preferences claimed by the offeror.

Offeror #1	\$40,000
Offeror #2	\$42,750
Offeror #3	\$47,500

Step 2

In this example, the RFP allotted 40% of the available 1,000 points to cost. This means that the lowest cost will receive the maximum number of points.

Offeror #1 receives 400 points.

The reason they receive that amount is because the lowest cost proposal, in this case \$40,000, receives the maximum number of points allocated to cost, 400 points.

Offeror #2 receives 374.3 points.

$$\$40,000 \text{ lowest cost} \times 400 \text{ maximum points for cost} = 16,000,000 \div \$42,750 \text{ cost of Offeror \#2's proposal} = 374.3$$

Offeror #3 receives 336.8 points.

$$\$40,000 \text{ lowest cost} \times 400 \text{ maximum points for cost} = 16,000,000 \div \$47,500 \text{ cost of Offeror \#3's proposal} = 336.8$$

SEC. 5.09 ALASKA OFFEROR PREFERENCE (10%)

Per 2 AAC 12.260, if an offeror qualifies for the Alaska Bidder Preference, the offeror will receive an Alaska Offeror Preference. The preference will be 10% of the total available points, which will be added to the offeror's overall evaluation score.

Example:**Step 1**

Determine the number of points available to qualifying offerors under this preference:

1000 Total Points Available in RFP x 10% Alaska Offeror preference = 100 Points for the preference

Step 2

Determine which offerors qualify as Alaska bidders and thus, are eligible for the Alaska Offeror preference. For the purpose of this example, presume that all proposals have been completely evaluated based on the evaluation criteria in the RFP. The scores at this point are:

Offeror #1	830 points	No Preference	0 points
Offeror #2	740 points	Alaska Offeror Preference	100 points
Offeror #3	800 points	Alaska Offeror Preference	100 points

Step 3

Add the applicable Alaska Offeror preference amounts to the offerors' scores:

Offeror #1	830 points
Offeror #2	840 points (740 points + 100 points)
Offeror #3	900 points (800 points + 100 points)

Offeror #3 is the highest scoring offeror and would get the award, provided their proposal is responsive and responsible.

SECTION 6. GENERAL PROCESS AND LEGAL INFORMATION

SEC. 6.01 INFORMAL DEBRIEFING

When the contract is completed, an informal debriefing may be performed at the discretion of the project director or procurement officer. If performed, the scope of the debriefing will be limited to the work performed by the contractor.

SEC. 6.02 ALASKA BUSINESS LICENSE AND OTHER REQUIRED LICENSES

Prior to the award of a contract, an offeror must hold a valid Alaska business license. However, in order to receive the Alaska Bidder Preference and other related preferences, such as the Alaska Veteran Preference and Alaska Offeror Preference, an offeror must hold a valid Alaska business license prior to the deadline for receipt of proposals. Offerors should contact the **Department of Commerce, Community and Economic Development, Division of Corporations, Business, and Professional Licensing, PO Box 110806, Juneau, Alaska 99811-0806**, for information on these licenses. Acceptable evidence that the offeror possesses a valid Alaska business license may consist of any one of the following:

- copy of an Alaska business license;
- certification on the proposal that the offeror has a valid Alaska business license and has included the license number in the proposal;
- a canceled check for the Alaska business license fee;
- a copy of the Alaska business license application with a receipt stamp from the state's occupational licensing office; or
- a sworn and notarized statement that the offeror has applied and paid for the Alaska business license.

You are not required to hold a valid Alaska business license at the time proposals are opened if you possess one of the following licenses and are offering services or supplies under that specific line of business:

- fisheries business licenses issued by Alaska Department of Revenue or Alaska Department of Fish and Game,
- liquor licenses issued by Alaska Department of Revenue for alcohol sales only,
- insurance licenses issued by Alaska Department of Commerce, Community and Economic Development, Division of Insurance, or
- Mining licenses issued by Alaska Department of Revenue.

Prior the deadline for receipt of proposals, all offerors must hold any other necessary applicable professional licenses required by Alaska Statute.

SEC. 6.03 SITE INSPECTION

The state may conduct on-site visits to evaluate the offeror's capacity to perform the contract. An offeror must agree, at risk of being found non-responsive and having its proposal rejected, to provide the state

reasonable access to relevant portions of its work sites. Individuals designated by the procurement officer at the state's expense will make site inspection.

SEC. 6.04 CLARIFICATION OF OFFERS

In order to determine if a proposal is reasonably susceptible for award, communications by the procurement officer or the proposal evaluation committee (PEC) are permitted with an offeror to clarify uncertainties or eliminate confusion concerning the contents of a proposal. Clarifications may not result in a material or substantive change to the proposal. The evaluation by the procurement officer or the PEC may be adjusted as a result of a clarification under this section.

SEC. 6.05 DISCUSSIONS WITH OFFERORS

The state may conduct discussions with offerors in accordance with AS 36.30.240 and 2 AAC 12.290. The purpose of these discussions will be to ensure full understanding of the requirements of the RFP and proposal. Discussions will be limited to specific sections of the RFP or proposal identified by the procurement officer. Discussions will only be held with offerors who have submitted a proposal deemed reasonably susceptible for award by the procurement officer. Discussions, if held, will be after initial evaluation of proposals by the procurement officer or the PEC. If modifications are made as a result of these discussions, they will be put in writing. Following discussions, the procurement officer may set a time for best and final proposal submissions from those offerors with whom discussions were held. Proposals may be reevaluated after receipt of best and final proposal submissions.

If an offeror does not submit a best and final proposal or a notice of withdrawal, the offeror's immediate previous proposal is considered the offeror's best and final proposal.

Offerors with a disability needing accommodation should contact the procurement officer prior to the date set for discussions so that reasonable accommodation can be made. Any oral modification of a proposal must be reduced to writing by the offeror.

SEC. 6.06 EVALUATION OF PROPOSALS

The procurement officer, or an evaluation committee made up of at least three state employees or public officials, will evaluate proposals. The evaluation will be based solely on the evaluation factors set out in **SECTION 5. EVALUATION CRITERIA AND CONTRACTOR SELECTION**.

After receipt of proposals, if there is a need for any substantial clarification or material change in the RFP, an amendment will be issued. The amendment will incorporate the clarification or change, and a new date and time established for new or amended proposals. Evaluations may be adjusted as a result of receiving new or amended proposals.

SEC. 6.07 CONTRACT NEGOTIATION

After final evaluation, the procurement officer may negotiate with the offeror of the highest-ranked proposal. Negotiations, if held, shall be within the scope of the request for proposals and limited to those items which would not have an effect on the ranking of proposals. If the highest-ranked offeror fails to provide necessary information for negotiations in a timely manner, or fails to negotiate in good faith, the state may terminate negotiations and negotiate with the offeror of the next highest-ranked proposal. If

contract negotiations are commenced, they may be held in the large conference room on the 18th floor of the Robert B. Atwood Building in Anchorage, Alaska.

If the contract negotiations take place in Anchorage, Alaska, the offeror will be responsible for their travel and per diem expenses.

SEC. 6.08 FAILURE TO NEGOTIATE

If the selected offeror

- fails to provide the information required to begin negotiations in a timely manner; or
- fails to negotiate in good faith; or
- indicates they cannot perform the contract within the budgeted funds available for the project; or
- if the offeror and the state, after a good faith effort, simply cannot come to terms,

the state may terminate negotiations with the offeror initially selected and commence negotiations with the next highest ranked offeror.

SEC. 6.09 OFFEROR NOTIFICATION OF SELECTION

After the completion of contract negotiation, the procurement officer will issue a written Notice of Intent to Award and send copies of that notice to all offerors who submitted proposals. The notice will set out the names of all offerors and identify the offeror selected for award.

SEC. 6.10 PROTEST

AS 36.30.560 provides that an interested party may protest the content of the RFP.

An interested party is defined in 2 AAC 12.990(a) (7) as "an actual or prospective bidder or offeror whose economic interest might be affected substantially and directly by the issuance of a contract solicitation, the award of a contract, or the failure to award a contract."

If an interested party wishes to protest the content of a solicitation, the protest must be received, in writing, by the procurement officer at least ten days prior to the deadline for receipt of proposals.

AS 36.30.560 also provides that an interested party may protest the award of a contract or the proposed award of a contract.

If an offeror wishes to protest the award of a contract or the proposed award of a contract, the protest must be received, in writing, by the procurement officer within ten days after the date the Notice of Intent to Award the contract is issued.

A protester must have submitted a proposal in order to have sufficient standing to protest the proposed award of a contract. Protests must include the following information:

- the name, address, and telephone number of the protester;
- the signature of the protester or the protester's representative;
- identification of the contracting agency and the solicitation or contract at issue;

- a detailed statement of the legal and factual grounds of the protest including copies of relevant documents; and the form of relief requested.

Protests filed by telex or telegram are not acceptable because they do not contain a signature. Fax copies containing a signature are acceptable.

The procurement officer will issue a written response to the protest. The response will set out the procurement officer's decision and contain the basis of the decision within the statutory time limit in AS 36.30.580. A copy of the decision will be furnished to the protester by certified mail, fax or another method that provides evidence of receipt.

All offerors will be notified of any protest. The review of protests, decisions of the procurement officer, appeals, and hearings, will be conducted in accordance with the State Procurement Code (AS 36.30), Article 8 "Legal and Contractual Remedies."

SEC. 6.11 APPLICATION OF PREFERENCES

Certain preferences apply to all state contracts, regardless of their dollar value. The Alaska Bidder, Alaska Veteran, and Alaska Offeror preferences are the most common preferences involved in the RFP process. Additional preferences that may apply to this procurement are listed below. Guides that contain excerpts from the relevant statutes and codes, explain when the preferences apply and provide examples of how to calculate the preferences are available at the following website:

[Application Of Preferences](#)

- Alaska Products Preference - AS 36.30.332
- Recycled Products Preference - AS 36.30.337
- Local Agriculture and Fisheries Products Preference - AS 36.15.050
- Employment Program Preference - AS 36.30.321(b)
- Alaskans with Disabilities Preference - AS 36.30.321(d)
- Alaska Veteran's Preference - AS 36.30.321(f)

The Division of Vocational Rehabilitation in the Department of Labor and Workforce Development keeps a list of qualified employment programs and individuals who qualify as persons with a disability. As evidence of a business' or an individual's right to the Employment Program or Alaskans with Disabilities preferences, the Division of Vocational Rehabilitation will issue a certification letter. To take advantage of these preferences, a business or individual must be on the appropriate Division of Vocational Rehabilitation list prior to the time designated for receipt of proposals. Offerors must attach a copy of their certification letter to the proposal. **An offeror's failure to provide this certification letter with their proposal will cause the state to disallow the preference.**

SEC. 6.12 ALASKA BIDDER PREFERENCE

An Alaska Bidder Preference of 5% will be applied to the price in the proposal. The preference will be given to an offeror who:

- 1) holds a current Alaska business license prior to the deadline for receipt of proposals;

- 2) submits a proposal for goods or services under the name appearing on the offeror's current Alaska business license;
- 3) has maintained a place of business within the state staffed by the offeror, or an employee of the offeror, for a period of six months immediately preceding the date of the proposal;
- 4) is incorporated or qualified to do business under the laws of the state, is a sole proprietorship and the proprietor is a resident of the state, is a limited liability company (LLC) organized under AS 10.50 and all members are residents of the state, or is a partnership under AS 32.06 or AS 32.11 and all partners are residents of the state; and
- 5) if a joint venture, is composed entirely of ventures that qualify under (1)-(4) of this subsection.

Alaska Bidder Preference Certification Form

In order to receive the Alaska Bidder Preference, the proposal must include the Alaska Bidder Preference Certification Form attached to this RFP. An offeror does not need to complete the Alaska Veteran Preference questions on the form if not claiming the Alaska Veteran Preference. An offeror's failure to provide this completed form with their proposal will cause the state to disallow the preference

SEC. 6.13 ALASKA VETERAN PREFERENCE

An Alaska Veteran Preference of 5%, not to exceed \$5,000, will be applied to the price in the proposal. The preference will be given to an offeror who qualifies under AS 36.30.990(2) as an Alaska bidder and is a:

- A. sole proprietorship owned by an Alaska veteran;
- B. partnership under AS 32.06 or AS 32.11 if a majority of the partners are Alaska veterans;
- C. limited liability company organized under AS 10.50 if a majority of the members are Alaska veterans; or
- D. corporation that is wholly owned by individuals, and a majority of the individuals are Alaska veterans.

In accordance with AS 36.30.321(i), the bidder must also add value by actually performing, controlling, managing, and supervising the services provided, or for supplies, the bidder must have sold supplies of the general nature solicited to other state agencies, other government, or the general public.

Alaska Veteran Preference Certification

In order to receive the Alaska Veteran Preference, the proposal must include the Alaska Bidder Preference Certification Form attached to this RFP. An offeror's failure to provide this completed form with their proposal will cause the state to disallow the preference.

SEC. 6.14 STANDARD CONTRACT PROVISIONS

The contractor will be required to sign the state's Standard Agreement Form for Professional Services Contracts (form SAF.DOC/Appendix A). This form is attached with the RFP for your review. The contractor must comply with the contract provisions set out in this attachment. No alteration of these provisions will be permitted without prior written approval from the Department of Law, and the state reserves the right to reject a proposal that is non-compliant or takes exception with the contract terms and conditions stated in the Agreement. Any requests to change language in this document (adjust, modify,

add, delete, etc.), must be set out in the offeror's proposal in a separate document. Please include the following information with any change that you are proposing:

- 1) Identify the provision that the offeror takes exception with.
- 2) Identify why the provision is unjust, unreasonable, etc.
- 3) Identify exactly what suggested changes should be made.

SEC. 6.15 QUALIFIED OFFERORS

Per 2 AAC 12.875, unless provided for otherwise in the RFP, to qualify as an offeror for award of a contract issued under AS 36.30, the offeror must:

- 1) Add value in the contract by actually performing, controlling, managing, or supervising the services to be provided; or
- 2) Be in the business of selling and have actually sold on a regular basis the supplies that are the subject of the RFP.

If the offeror leases services or supplies or acts as a broker or agency in providing the services or supplies in order to meet these requirements, the procurement officer may not accept the offeror as a qualified offeror under AS 36.30.

SEC. 6.16 PROPOSAL AS PART OF THE CONTRACT

Part of or all of this RFP and the successful proposal may be incorporated into the contract.

SEC. 6.17 ADDITIONAL TERMS AND CONDITIONS

The state reserves the right to add terms and conditions during contract negotiations. These terms and conditions will be within the scope of the RFP and will not affect the proposal evaluations.

SEC. 6.18 HUMAN TRAFFICKING

By signature on their proposal, the offeror certifies that the offeror is not established and headquartered or incorporated and headquartered in a country recognized as Tier 3 in the most recent United States Department of State's Trafficking in Persons Report.

The most recent United States Department of State's Trafficking in Persons Report can be found at the following website: <https://www.state.gov/trafficking-in-persons-report/>

Failure to comply with this requirement will cause the state to reject the proposal as non-responsive or cancel the contract.

SEC. 6.19 RIGHT OF REJECTION

Offerors must comply with all of the terms of the RFP, the State Procurement Code (AS 36.30), and all applicable local, state, and federal laws, codes, and regulations. The procurement officer may reject any proposal that does not comply with all of the material and substantial terms, conditions, and performance requirements of the RFP.

Offerors may not qualify the proposal nor restrict the rights of the state. If an offeror does so, the procurement officer may determine the proposal to be a non-responsive counteroffer, and the proposal may be rejected.

Minor informalities that:

- do not affect responsiveness;
- are merely a matter of form or format;
- do not change the relative standing or otherwise prejudice other offers;
- do not change the meaning or scope of the RFP;
- are trivial, negligible, or immaterial in nature;
- do not reflect a material change in the work; or
- do not constitute a substantial reservation against a requirement or provision;

may be waived by the procurement officer.

The State reserves the right to refrain from making an award if it determines that it is not in the best interest of the State.

A proposal from a debarred or suspended offeror shall be rejected.

SEC. 6.20 STATE NOT RESPONSIBLE FOR PREPARATION COSTS

The state will not pay any cost associated with the preparation, submittal, presentation, or evaluation of any proposal.

SEC. 6.21 DISCLOSURE OF PROPOSAL CONTENTS

All proposals and other material submitted become the property of the State of Alaska and may be returned only at the state's option. AS 40.25.110 requires public records to be open to reasonable inspection. All proposal information, including detailed price and cost information, will be held in confidence during the evaluation process and prior to the time a Notice of Intent to Award is issued. Thereafter, proposals will become public information.

The Office of Procurement and Property Management (OPPM), or their designee recognizes that some information an offeror submits might be confidential under the United States or the State of Alaska Constitution, a federal statute or regulation, or a State of Alaska statute: i.e., might be confidential business information (CBI). *See, e.g.*, article 1, section 1 of the Alaska Constitution; AS 45.50.910 – 45.50.945 (the Alaska Uniform Trade Secrets Act); *DNR v. Arctic Slope Regional Corp.*, 834 P.2d 134, 137-39 (Alaska 1991). For OPPM or their designee to treat information an offeror submits with its proposal as CBI, the offeror must do the following when submitting their proposal: (1) mark the specific information it asserts is CBI; and (2) for each discrete set of such information, identify, in writing, each authority the offeror asserts make the information CBI. If the offeror does not do these things, the information will become public after the Notice of Intent to Award is issued. If the offeror does these things, OPPM or their designee will evaluate the offeror's assertion upon receiving a request for the information. If OPPM or their designee reject the assertion, they will, to the extent permitted by federal and State of Alaska law, undertake reasonable measures to give the offeror an opportunity to object to the disclosure of the information.

SEC. 6.22 ASSIGNMENT

Per 2 AAC 12.480, the contractor may not transfer or assign any portion of the contract without prior written approval from the procurement officer.

SEC. 6.23 DISPUTES

A contract resulting from this RFP is governed by the laws of the State of Alaska. If the contractor has a claim arising in connection with the agreement that it cannot resolve with the State by mutual agreement, it shall pursue the claim, if at all, in accordance with the provisions of AS 36.30.620 – AS 36.30.632. To the extent not otherwise governed by the preceding, the claim shall be brought only in the Superior Court of the State of Alaska and not elsewhere.

SEC. 6.24 SEVERABILITY

If any provision of the contract or agreement is declared by a court to be illegal or in conflict with any law, the validity of the remaining terms and provisions will not be affected; and the rights and obligations of the parties will be construed and enforced as if the contract did not contain the particular provision held to be invalid.

SEC. 6.25 SUPPLEMENTAL TERMS AND CONDITIONS

Proposals must comply with Section 6.08 Right of Rejection. However, if the state fails to identify or detect supplemental terms or conditions that conflict with those contained in this RFP or that diminish the state's rights under any contract resulting from the RFP, the term(s) or condition(s) will be considered null and void. After award of contract:

If conflict arises between a supplemental term or condition included in the proposal and a term or condition of the RFP, the term or condition of the RFP will prevail; and

If the state's rights would be diminished as a result of application of a supplemental term or condition included in the proposal, the supplemental term or condition will be considered null and void.

SEC. 6.26 SOLICITATION ADVERTISING

Public notice has been provided in accordance with 2 AAC 12.220.

SEC. 6.27 FEDERALLY IMPOSED TARIFFS

Changes in price (increase or decrease) resulting directly from a new or updated federal tariff, excise tax, or duty, imposed after contract award may be adjusted during the contract period or before delivery into the United States via contract amendment.

- **Notification of Changes:** The contractor must promptly notify the procurement officer in writing of any new, increased, or decreased federal excise tax or duty that may result in either an increase or decrease in the contact price and shall take appropriate action as directed by the procurement officer.
- **After-imposed or Increased Taxes and Duties:** Any federal excise tax or duty for goods or services covered by this contract that was exempted or excluded on the contract award date but later imposed on the contractor during the contract period, as the result of legislative, judicial, or administrative action may result in a price increase provided:

- a) The tax or duty takes effect after the contract award date and isn't otherwise addressed by the contract.
- b) The contractor warrants, in writing, that no amount of the newly imposed federal excise tax or duty or rate increase was included in the contract price, as a contingency or otherwise.
- **After-relieved or Decreased Taxes and Duties:** The contract price shall be decreased by the amount of any decrease in federal excise tax or duty for goods or services under the contract, except social security or other employment taxes, that the contractor is required to pay or bear, or does not obtain a refund of, through the contractor's fault, negligence, or failure to follow instructions of the procurement officer.
- **State's Ability to Make Changes:** The state reserves the right to request verification of federal excise tax or duty amounts on goods or services covered by this contract and increase or decrease the contract price accordingly.
- **Price Change Threshold:** No adjustment shall be made in the contract price under this clause unless the amount of the adjustment exceeds \$250.

SECTION 7. ATTACHMENTS

SEC. 7.01 ATTACHMENTS


- 1) Proposal Responsiveness Checklist
- 2) Cost Proposal Form
- 3) Offeror Information Form
- 4) Certification of Entitlement to the Alaska Bidder Performance Form
- 5) Experience and Qualifications
- 6) Understanding of the Project
- 7) Methodology Used for the Project
- 8) Management Plan for the Project
- 9) Subcontractors
- 10) Request for Clearance
- 11) PREA Employment Disclosure Forms
- 12) Department Policies and Procedures 202.01 and 202.15
- 13) Standard Agreement Form
- 14) Personnel Security Clearance Form and User Agreement
- 15) FBI Criminal Justice Information Services Security Addendum

Attachment 1
PROPOSAL CHECKIST
Sex Offender Management Program Community Services
RFP #2026-2000-0014

Offerors are encouraged to use this checklist in preparation of proposals. This checklist may not be all inclusive of the items required to be submitted in the proposal. In case of a conflict between this checklist and the RFP, the requirements of the RFP will prevail.

NOTE:

Offerors who do not respond to each item as specified below may be considered "non-responsive" and the proposal may not be accepted for evaluation.

Description	
Sealed original proposal submitted by <u>2:00 PM on May 14, 2025.</u>	
Cost Proposal Form - Hourly Rate Required. (<i>sealed or sent separately</i>)	
Offeror Information Form	
Certification of Entitlement to the Alaska Bidder Preference and other preferences (<i>if applicable</i>)	
Evidence of Alaska Business License (<i>if applying for Alaska Bidder Preference</i>)	
Understanding of the Project	
Methodology Used for the Project	
Management Plan for the Project	
Subcontractors (<i>if applicable</i>)	
Experience and Qualifications – (<i>Provide Resume/s and Certificates</i>)	

Attachment 2

COST PROPOSAL FORM

RFP #2026-2000-0014

Offerors **must** use this form to enter data that will be utilized for evaluation purposes and to convert the cost to points. Offerors must provide costs for all three (3) locations.

The rate per hour proposed shall include all direct and indirect costs associated with performance of the services required herein. (Direct cost of the individual's time providing the direct service that includes, but is not limited to, personnel costs and fringe benefits. Indirect costs associated with the performance of this contract include but may not be limited to insurance, supplies, overhead, local travel, etc.)

Costs on this form are for 12 months or one (1) year of service. Partial fiscal year service periods will be pro-rated accordingly (*if applicable*). The purpose is to submit costs in a manner DOC can evaluate and score and then use to establish billing rates for the resultant contract.

SOMP Community Services – Anchorage				
Treatment Category	Hours Per Month	Total Hours/Year	Cost Per Hour	Total Cost Annually
Direct Costs (salary/benefits/indirect):				
Intake	5	60	\$	\$
Individual Treatment	12	144	\$	\$
Group Treatment	6	72	\$	\$
Family Treatment / Safety Net	5	60	\$	\$
Education Classes	5	60	\$	\$
Consultation (program, polygraph, etc.)	7	84	\$	\$
Total direct & indirect costs	40 hours	480 hours	\$	

SOMP Community Services – Fairbanks				
Treatment Category	Hours Per Month	Total Hours/Year	Cost Per Hour	Total Cost Annually
Direct Costs (salary/benefits/indirect):				
Intake	5	60	\$	\$
Individual Treatment	12	144	\$	\$
Group Treatment	6	72	\$	\$
Family Treatment / Safety Net	5	60	\$	\$
Education Classes	5	60	\$	\$
Consultation (program, polygraph, etc.)	7	84	\$	\$
Total direct & indirect costs	40 hours	480 hours	\$	

SOMP Community Services – Palmer				
Treatment Category	Hours Per Month	Total Hours/Year	Cost Per Hour	Total Cost Annually
Direct Costs (salary/benefits/indirect):				
Intake	5	60	\$	\$
Individual Treatment	12	144	\$	\$
Group Treatment	6	72	\$	\$
Family Treatment / Safety Net	5	60	\$	\$
Education Classes	5	60	\$	\$
Consultation (program, polygraph, etc.)	7	84	\$	\$
Total direct & indirect costs	40 hours	480 hours	\$	

Proposals must be submitted under the name as it appears on the person's current Alaska business license in order to be considered responsive. Do not enter additional information on this form. If necessary, use separate page and attach to cost proposal.

Print Name: _____

Signature: _____

Date: _____

Organization: _____

Attachment 3

Offeror Information

PROJECT INFORMATION

RFP NUMBER: 2026-2000-0014
PROJECT NAME: Sex Offender Management Program Community Services

OFFEROR INFORMATION

Company Name: _____
Address: _____
Tax ID: _____
Alaska Business License #: _____

CONTACT INFORMATION

Provide contact information for the individual that can be contacted for clarification regarding this proposal:

Name _____
Title _____
Address _____
Email _____
Telephone _____

CRITICAL TEAM MEMBERS

Provide the names of all critical team members that will be assigned to this contract. Note: These individuals cannot be removed or replaced from this project, or their positions, unless approved in writing the project director or procurement officer.

Name of Position 1 _____
Name of Position 2 _____
Name of Position 3 _____
Name of Position 4 _____

ADDENDA ACKNOWLEDGEMENT

The offeror acknowledges receipt of the following amendments and has incorporated the requirements of such amendments into their proposal. Failure to identify and sign for all amendments may subject the offeror to disqualification. The offeror must list all amendments (by number), then initial and date to confirm that you have received and incorporated them into your proposal (add more rows as necessary).

Number	Initials & Date

Number	Initials & Date

Number	Initials & Date

CERTIFICATIONS

No	Criteria	Response*
1	The offeror is presently engaged in the business of providing the services & work required in this RFP.	True False
2	The offeror confirms that it has the financial strength to perform and maintain the services required under this RFP.	True False
3	The offeror accepts the terms and conditions set out in the RFP and agrees not to restrict the rights of the state.	True False
4	The offeror confirms that they can obtain and maintain all necessary insurance as required on this project.	True False
5	The offeror certifies that all services provided under this contract by the contractor and all subcontractors shall be performed in the United States.	True False
6	The offeror is not established and headquartered or incorporated and headquartered, in a country recognized as Tier 3 in the most recent United States Department of State's Trafficking in Persons Report.	True False
7	Offeror complies with the American with Disabilities Act of 1990 and the regulations issued thereunder by the federal government.	True False
8	Offeror complies with the Equal Employment Opportunity Act and the regulations issued thereunder by the federal government.	True False
9	Offeror complies with the applicable portion of the Federal Civil Rights Act of 1964.	True False
10	The offeror can provide (if requested) financial records for the organization for the past three years.	True False
11	The offeror has not had any contracts terminated by the State of Alaska (within the past five years).	True False
12	The offeror certifies that it is not currently debarred, suspended, proposed for debarment, or declared ineligible for award by any public or federal entity.	True False
13	The offeror certifies that they will not support or participate in a boycott of Israel. Failure to comply with this requirement may cause the state to reject the proposal as non-responsive or cancel the contract.	True False
14	The offeror certifies that they do not have any governmental or regulatory action against their organization that might have a bearing on their ability to provide services to the state.	True False
15	The offeror certifies, within the last five years, they have not been convicted or had judgment rendered against them for: fraud, embezzlement, theft, forgery, bribery, falsification or destruction of records, false statements, or tax evasion.	True False
16	The offeror does not have any judgments, claims, arbitrations or suits pending/outstanding against your company in which an adverse outcome would be material to the company.	True False
17	The offeror is not (now or in the past) been involved in bankruptcy or reorganized proceeding.	True False
18	Offeror certifies they comply with the laws of the State of Alaska.	True False
19	Offeror confirms their proposal will remain valid and open for at least 90 days.	True False

* Failure to answer or answering "False" may be grounds for disqualification. For any "False" responses, provide clarification (up to 250 word maximum for each "False" clarification) below (add rows as necessary).

Section	Clarification

CONFLICT OF INTEREST STATEMENT

Indicate below whether or not the firm or any individuals that will work on the contract has a possible conflict of interest (e.g., currently employed by the State of Alaska or formerly employed by the State of Alaska within the past two years) and, if so, the nature of that conflict. The procurement officer reserves the right to consider a proposal non-responsive and reject it or cancel the award if any interest disclosed from any source could either give the appearance of a conflict or cause speculation as to the objectivity services to be provided by the offeror.

Does the offeror, or any individuals that will work on this contract, have a possible conflict of interest?

☐ Yes ☐ No

** Failure to answer may be grounds for disqualification.*

If “Yes”, please provide additional information regarding the nature of that conflict:

FEDERAL REQUIREMENTS

Indicate below all known federal requirements that apply to the proposal, proposal evaluation, or contract:

ALASKA PREFERENCES

If you wish to claim any Alaska Preferences, please complete the Alaska Bidder Preference Certification Form that follows the below signature section.

SIGNATURE

This proposal must be signed by a company officer empowered to bind the company.

Printed Name

Title

Date

Signature



Attachment 4

ALASKA BIDDER PREFERENCE CERTIFICATION

AS 36.30.321(A) / AS 36.30.990(2)

BUSINESS NAME:

Alaska Bidder Preference: Do you believe that your firm qualifies for the Alaska Bidder Preference?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Alaska Veteran Preference: Do you believe that your firm qualifies for the Alaska Veteran Preference?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please list any additional Alaska Preferences below that you believe your firm qualifies for.	
1.	2.
3.	4.
5.	6.

To qualify for and claim the Alaska Bidder Preference you must answer **YES** to all questions below in the Alaska Bidder Preference Questions section. To qualify for and claim the Alaska Veteran Preference, you must answer **YES** to these questions as well as answer **YES** to all the questions in the Alaska Veteran Preference section. A signed copy of this form must be included with your bid or proposal no later than the deadline set for receipt of bids or proposals.

If you are submitting a bid or proposal as a **JOINT VENTURE**, all members of the joint venture must complete and submit this form before the deadline set for receipt of bids or proposals. [AS 36.30.990\(2\)\(E\)](#)

If the procuring agency is unable to verify a response, the preference may not be applied. Knowingly or intentionally making false or misleading statements on this form, whether it succeeds in deceiving or misleading, constitutes misrepresentation per [AS 36.30.687](#) and may result in criminal penalties.

Alaska Bidder Preference Questions:

1)

Does your business hold a current Alaska business license per [AS 36.30.990\(2\)\(A\)](#)?
☐ YES ☐ NO
If **YES**, enter your current **Alaska business license number**:

2)

Is your business submitting a bid or proposal under the name appearing on the Alaska business license noted in **Question 1** per [AS 36.30.990\(2\)\(B\)](#)?
☐ YES ☐ NO

3)

Has your business maintained a **place of business** within the state **staffed by the bidder or offeror** or an employee of the bidder or offeror for a period of six months immediately preceding the date of the bid or proposal per [AS 36.30.990\(2\)\(C\)](#)?
☐ YES ☐ NO
If **YES**, please complete the following information:

A. **Place of Business**
Street Address:
City:
ZIP:

“**Place of business**” is defined as a location at which normal business activities are conducted, services are rendered, or goods are made, stored, or processed; a post office box, mail drop, telephone, or answering service does not, by itself, constitute a place of business per [2 AAC 12.990\(b\)\(3\)](#).

Do you certify that the **Place of Business** described in **Question 3A** meets this definition?

☐ **YES** ☐ **NO**

B. The bidder or offeror, or at least one employee of the bidder or offeror, must be a resident of the state under [AS 16.05.415\(a\)](#) per [2 AAC 12.990\(b\)\(7\)](#).

1) Do you certify that the bidder or offeror OR at least one employee of the bidder or offeror is physically present in the state with the intent to remain in Alaska indefinitely and to make a home in the state per [AS 16.05.415\(a\)\(1\)](#)?

☐ **YES** ☐ **NO**

2) Do you certify that that the resident(s) used to meet this requirement has maintained their domicile in Alaska for the 12 consecutive months immediately preceding the deadline set for receipt of bids or proposals per [AS 16.05.415\(a\)\(2\)](#)?

☐ **YES** ☐ **NO**

3) Do you certify that the resident(s) used to meet this requirement is claiming residency **ONLY** in the state of Alaska per [AS 16.05.415\(a\)\(3\)](#)?

☐ **YES** ☐ **NO**

4) Do you certify that the resident(s) used to meet this requirement is **NOT** obtaining benefits under a claim of residency in another state, territory, or country per [AS 16.05.415\(a\)\(4\)](#)?

☐ **YES** ☐ **NO**

4) Per [AS 36.30.990\(2\)\(D\)](#), is your business (**CHOOSE ONE**):

A. **Incorporated or qualified to do business under the laws of the state?**

☐ **YES** ☐ **NO**

If **YES**, enter your current **Alaska corporate entity number**:

B. A **sole proprietorship** AND the proprietor is a resident of the state?

☐ **YES** ☐ **NO**

C. A **limited liability company** organized under AS 10.50 **AND** all members are residents of the state?

☐ **YES** ☐ **NO**

Please identify each member by name:

D. A **partnership** under former AS 32.05, AS 32.06, or AS 32.11 **AND** all partners are residents of the state?

☐ **YES** ☐ **NO**

Please identify each member by name:

Alaska Veteran Preference Questions:

1) Per [AS 36.30.321\(F\)](#), is your business (**CHOOSE ONE**):

A. A **sole proprietorship** owned by an Alaska veteran?

☐ **YES** ☐ **NO**

B. A **partnership** under AS 32.06 or AS 32.11 **AND** a majority of the partners are Alaska veterans?

☐ **YES** ☐ **NO**

C. A **limited liability company** organized under AS 10.50 **AND** a majority of the members are Alaska veterans?

☐ **YES** ☐ **NO**

D. A **corporation** that is wholly owned by individuals, **AND** a majority of the individuals are Alaska veterans?

☐ **YES** ☐ **NO**

Per [AS 36.30.321\(F\)\(3\)](#) “**Alaska veteran**” is defined as an individual who:

(A) Served in the

- (i) Armed forces of the United States, including a reserve unit of the United States armed forces; or
- (ii) Alaska Territorial Guard, the Alaska Army National Guard, the Alaska Air National Guard, or the Alaska Naval Militia;
and

(B) Was separated from service under a condition that was not dishonorable.

Do you certify that the individual(s) indicated in **Question 1A, 1B, 1C, or 1D** meet this definition and can provide documentation of their service and discharge if necessary?

☐ **YES**

☐ **NO**

SIGNATURE

By signature below, I certify under penalty of law that I am an authorized representative of _____ and all information on this form is true and correct to the best of my knowledge.

Printed Name _____

Title _____

Date _____

Signature _____

Attachment 5

Experience and Qualifications (20%)

SPECIAL REQUIREMENTS: This Submittal Form must not identify the offeror's proposed costs and must not exceed five pages (reference RFP SEC. 4.03 & SEC. 5.04).

Attachment 6

Understanding of the Project (10%)

SPECIAL REQUIREMENTS: This Submittal Form must not identify the offeror's proposed costs and must not exceed five pages (reference RFP SEC. 4.04 & SEC. 5.05).

Attachment 7

Methodology Used for the Project (10%)

SPECIAL REQUIREMENTS: This Submittal Form must not identify the offeror's proposed costs and must not exceed five pages (reference RFP SEC. 4.05 & SEC. 5.06).

Attachment 8

Management Plan for the Project (10%)

SPECIAL REQUIREMENTS: This Submittal Form must not identify the offeror's proposed costs and must not exceed five pages (reference RFP SEC. 4.06 & SEC. 5.07).

Attachment 9

Subcontractors

Please complete the below form if using subcontractors. During contract negotiation, the state may require a signed written statement from each subcontractor that clearly verifies the subcontractor is committed to performing the services required by the contract. Prior to contract award, the state will also require evidence that a subcontractor possesses a valid Alaska business license if they will be performing work within Alaska.

[illegible]

The following pages contain examples of forms that may be required if awarded a contract. The following forms are NOT required when submitting a proposal.

Attachment 10

State of Alaska Department of Corrections
REQUEST FOR CLEARANCE
For Contractor/Contract Staff Background Checks

Date: _____

Applicant Name: _____

Mailing Address: _____

Purpose of this check: _____

Date of Birth: _____ Social Security #: _____

Alaska driver's license #: _____

Other states applicant has resided in and the dates: _____

Prior criminal history (including the state the offense occurred in) _____

Is applicant currently on probation or parole? _____ If yes, where? _____

Does applicant have any relatives or acquaintances presently incarcerated in Alaska or under the Dept. of Corrections supervision? _____ If yes, state the person's name/location: _____

Clearance requested by (Contractor): _____

Address: _____ Phone: _____

The information that I have provided is true and accurate to the best of my knowledge. I authorize the Department of Corrections to perform a background investigation for any and all prior convictions or current warrants.

Signature of applicant: _____ Date: _____

Contractor's signature: _____ Date: _____

Department Use Only

* * * * *

APSIN/WANTS: Clear: _____ Wants: _____ See Attached: _____

NCIC/WANTS: Clear: _____ Wants: _____ See Attached: _____

Criminal History Check (Alaska) No record found: _____ See Attached: _____

Criminal History Check (other states) No record found: _____ See Attached: _____

Approved by: _____ Date: _____

Contract Oversight Officer/Superintendent,
Division of Institutions

Request Granted: _____ Request Denied: _____

Reason for denial: _____

DOC Staff Signature/Title: _____ Date: _____

Attachment 11



PREA Employment Disclosure

Pursuant to the Prison Rape Elimination Act of 2003 (PREA)

Name

PCN #

Date

It is necessary that all Department of Corrections employees, contract staff, and volunteers be carefully screened prior to employment. This includes a review of all prior employment/service with employers that house or provide services to offenders, youths, vulnerable persons, or others in a correctional facility, juvenile facility, residential treatment center, nursing home, personal care program, group home, etc.

Have you ever been employed by or otherwise provided services on a contract or volunteer basis in a prison, jail, lockup, community confinement facility, juvenile facility, or other facilities in which you provided care or treatment for the mentally ill, disabled or mentally challenged, chronically ill, or handicapped, residential care or treatment facilities for juveniles; facility that provided skilled nursing, short or long-term care or custodial or residential care?

☐ Yes – Specify all

☐ No

Facility Name			
Position Title	Location (City, State)	Start End date (00/0000)	Facility contact phone

☐ Verification complete

Date completed: _____

Facility Name			
Position Title	Location (City, State)	Start End date (00/0000)	Facility contact phone

☐ Verification complete

Date completed: _____

Facility Name			
Position Title	Location (City, State)	Start End date (00/0000)	Facility contact phone

☐ Verification complete

Date completed: _____

Facility Name			
Position Title	Location (City, State)	Start End date (00/0000)	Facility contact phone

☐ Verification complete

Date completed: _____

Attachment 11



PREA Employment Disclosure

Pursuant to the Prison Rape Elimination Act of 2003 (PREA)

Facility Name			
Position Title	Location (City, State)	Start End date (00/0000)	Facility contact phone

☐ Verification complete Date completed: _____

Facility Name			
Position Title	Location (City, State)	Start End date (00/0000)	Facility contact phone

☐ Verification complete Date completed: _____

Facility Name			
Position Title	Location (City, State)	Start End date (00/0000)	Facility contact phone

☐ Verification complete Date completed: _____

Facility Name			
Position Title	Location (City, State)	Start End date (00/0000)	Facility contact phone

☐ Verification complete Date completed: _____

Acknowledgment and Release

I understand that a background check will be conducted including, but not limited to, prior employment and contract/volunteer service. I understand that, if hired, untruthful or misleading answers or deliberate omissions may be cause for rejection of my application and removal of my name for consideration for employment with the Department of Corrections. By signing this form, I am acknowledging that the information provided above is accurate and complete and giving my authorization to the release of my information.

Print Name

PCN #

Signature

Date

Attachment 11



Institutional Employment / Service Disclosure

Pursuant to the Prison Rape Elimination Act of 2003 (PREA)

It is necessary that all Department of Corrections employees, contract staff, and volunteers be carefully screened prior to employment. This includes a review of all prior employment/service with employers that house or provide services to offenders, youths, vulnerable persons, or others in a correctional facility, juvenile facility, residential treatment center, nursing home, personal care program, group home, etc.

Applicant Name: _____ **PCN #:** _____

Verification completed by: _____ **Date:** _____

FACILITY:

CONTACT PERSON:

Question 1: Are you aware of whether or not this person engaged in sexual abuse of an offender, detainee, or resident while employed at your facility? If **yes**, please elaborate (e.g., outcomes, determinations, description of allegation)

- ☐ Yes
☐ No

Comments:

Question 2: Are you aware of whether or not this person has ever been the subject of an investigation for engaging, or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?

- ☐ Yes
☐ No

Comments:

Question 3: Are you aware of whether or not this person has ever been civilly or administratively adjudicated to have engaged in the activity described in the prior questions above related to sexual abuse or sexual activity?

- ☐ Yes
☐ No

Comments:

Attachment 11



Institutional Employment / Service Disclosure

Pursuant to the Prison Rape Elimination Act of 2003 (PREA)

Name

PCN #

Date

Question 4: Are you aware of whether or not this person resigned from your facility while under investigation of an allegation of sexual abuse of an offender, detainee, or resident?

☐ Yes

☐ No

Comments:

Employer Attempts	Method	Date	Comments
1 st Attempt			
2 nd Attempt			
3 rd Attempt			



Department of Corrections – Background Information


Applicant Name: _____ PCN #: _____

Date: _____ Completed by: ☐ Employee
☐ Hiring Manager

Question 1: Please select each state or territory in which you have ever lived:

- | | |
|--|---|
| <input type="checkbox"/> I have never lived in the United States or one of its territories | <input type="checkbox"/> Nevada |
| <input type="checkbox"/> Alabama | <input type="checkbox"/> New Hampshire |
| <input type="checkbox"/> Alaska | <input type="checkbox"/> New Jersey |
| <input type="checkbox"/> Arizona | <input type="checkbox"/> New Mexico |
| <input type="checkbox"/> Arkansas | <input type="checkbox"/> New York |
| <input type="checkbox"/> California | <input type="checkbox"/> North Carolina |
| <input type="checkbox"/> Colorado | <input type="checkbox"/> North Dakota |
| <input type="checkbox"/> Delaware | <input type="checkbox"/> Ohio |
| <input type="checkbox"/> Florida | <input type="checkbox"/> Oklahoma |
| <input type="checkbox"/> Georgia | <input type="checkbox"/> Oregon |
| <input type="checkbox"/> Hawaii | <input type="checkbox"/> Pennsylvania |
| <input type="checkbox"/> Idaho | <input type="checkbox"/> Rhode Island |
| <input type="checkbox"/> Illinois | <input type="checkbox"/> South Carolina |
| <input type="checkbox"/> Indiana | <input type="checkbox"/> South Dakota |
| <input type="checkbox"/> Iowa | <input type="checkbox"/> Tennessee |
| <input type="checkbox"/> Kansas | <input type="checkbox"/> Texas |
| <input type="checkbox"/> Kentucky | <input type="checkbox"/> Utah |
| <input type="checkbox"/> Louisiana | <input type="checkbox"/> Vermont |
| <input type="checkbox"/> Maine | <input type="checkbox"/> Virginia |
| <input type="checkbox"/> Maryland | <input type="checkbox"/> Washington |
| <input type="checkbox"/> Massachusetts | <input type="checkbox"/> West Virginia |
| <input type="checkbox"/> Michigan | <input type="checkbox"/> Wisconsin |
| <input type="checkbox"/> Minnesota | <input type="checkbox"/> Wyoming |
| <input type="checkbox"/> Mississippi | <input type="checkbox"/> District of Columbia |
| <input type="checkbox"/> Missouri | <input type="checkbox"/> American Samoa |
| <input type="checkbox"/> Montana | <input type="checkbox"/> Guam |
| <input type="checkbox"/> Nebraska | <input type="checkbox"/> Puerto Rico |
| | <input type="checkbox"/> U.S. Virgin Islands |

Attachment 12

	State of Alaska Department of Corrections Policies and Procedures	Index #:	202.01	Page 1 of 2	
		Effective:	10/17/14	Reviewed:	
		Distribution:	Public	Due for Rev:	10/2018
	Chapter:	Personnel			
	Subject:	Code of Ethical Professional Conduct			

- I. Authority
In accordance with 22 AAC 05.155, the Department will maintain a manual composed of policies and procedures established by the Commissioner to interpret and implement relevant sections of the Alaska Statutes and 22 AAC.
 - II. References
Alaska Statutes
AS 18.80.200, AS 39.52.010-.960, AS 39.90.010-.150
Alaska Administrative Code
13 AAC 85.230
 - III. Purpose
To establish uniform procedures within the Department for ethical and professional conduct of staff, contractors, and volunteers.
 - IV. Application
All staff, contractors, and volunteers
 - V. Definitions
 - A. Ethical: Conforming to a standard of what is right and good.
 - B. Professional: Behavior and conduct befitting a person employed in a position of public trust.
 - VI. Policy
Every employee, volunteer and contractor shall abide by the Alaska Police Standards Council Code of Ethics for Correctional, Probation, and Parole Officers.
 - VII. Procedures
 - A. All employees and contractors shall review and sign the Code of Ethical Professional Conduct for Employees (Form 202.01A). Failure to do so may result in disciplinary action.
 - B. A copy of the signed form shall be maintained in the employee's permanent personnel file, or for a contractor, in a file maintained by the Division of Administrative Services for this purpose.
 - C. If employees, supervisors, or managers do not understand any portion of the Code, it is their responsibility to request clarification from their supervisors prior to signing the form.
 - D. Employees, including supervisors and managers, who violate the Code of Ethical Professional Conduct are subject to corrective or disciplinary action.
 - E. All volunteers shall review and sign the Code of Ethical Professional Conduct for Volunteers (Form 202.01B). A copy of the signed form will be retained by the Institutional Volunteer Supervisor.
-

VIII. Implementation

This policy and procedure is effective as of the date signed by the Commissioner. Each manager shall incorporate the contents of this document into local policy and procedure within fourteen (14) days of the effective date. All local policies and procedures must conform to the contents of this document.

10.17.2014
Date

SIGNATURE ON FILE
Joseph D. Schmidt, Commissioner
Department of Corrections

Applicable Forms to this Policy:

202.01A (Code of Ethical Professional Conduct for Employees)

202.01B (Code of Ethical Professional Conduct for Volunteers)

Original: 1/21/1985 (Code of Ethics and Standards of Conduct)
Revised 4/17/1985
Revised: 4/2/1990
Revised: 7/25/1991
Revised: 4/15/2000 (Code of Ethical Professional Conduct)
Revised: 11/22/2002
Revised 12/3/2007

DEPARTMENT OF CORRECTIONS
EMPLOYEES
CODE OF ETHICAL PROFESSIONAL CONDUCT

As an employee of the Department of Corrections, whether a Correctional, Probation, or Parole Officer, or in another capacity, my fundamental duty is to respect the dignity and individuality of all people, to provide professional and compassionate service, and to be unfailingly honest. I will not discriminate against any person on the basis of race, religion, color, national origin, sex, age, physical or mental disability, marital status, changes in marital status, pregnancy, parenthood, or any other class protected by law, and will respect and protect the civil and legal rights of all inmates, probationers, and parolees.

I will respect the right of the public to be safeguarded from criminal activity and will be diligent in recording and making available for review all case information that could contribute to sound decisions affecting the public safety, or an inmate, probationer, or parolee. I will maintain the integrity of private information and will neither seek personal data beyond that needed to perform my duties, nor reveal case information to anyone not having a proper professional use for the information. In making public statements, I will clearly distinguish between those that are my personal views and those that are made on behalf of the agency. I will not use my official position to secure privileges or advantages for myself and will not accept any gift or favor that implies an obligation inconsistent with the objective exercise of my professional duties.



I will not act in my official capacity in any matter in which I have a personal interest that could in the least degree impair my objectivity. I will not engage in undue familiarity with inmates, probationers, or parolees. I will report any corrupt or unethical behavior of a fellow correctional, probation, or parole officer that could affect either an inmate, probationer, or parolee, or the integrity of the agency, but will not make statements critical of colleagues or other criminal justice agencies unless the underlying facts are verifiable. I will respect the importance of, and cooperate with, all elements of the criminal justice system, and will develop relationships with colleagues to promote mutual respect for the profession and improvement of the quality of service provided.

I have read the Code of Ethical Professional Conduct and have sought and obtained clarification of portions which I did not understand. I recognize that failure to abide by the Code may result in corrective, disciplinary, or other appropriate action, up to and including dismissal.

Printed Name

Signature

Date

<p align="center">STATE OF ALASKA DEPARTMENT OF CORRECTIONS</p>  <p align="center">POLICIES & PROCEDURES</p>	SECTION: Administration	PAGE: Page 1 of 12
	CHAPTER: 200 NUMBER: 202.15	P&PTYPE: Public
	TITLE: Standards of Conduct	
	APPROVED BY:  Dean R. Williams, Commissioner	DATE: 02/15/17
ATTACHMENTS / FORMS: (A.) Standards of Conduct Certificate of Review and Compliance.	AUTHORITY / REFERENCES: 22 AAC 05.045 AS 33.30.011 22 AAC 05.060 AS 33.30.021 22 AAC 05.095 AS 39.28 22 AAC 05.155 AS 39.52 22 AAC 05.196 AS 39.90.010-150 AS 12.62.120 AS 44.09.015 AS 12.62.900 AS 44.28.030 AS 18.80.200 DOC P&P 202.01 AS 33.05.010 FBI CJIS Security Policy. AS 33.16.180 State of Alaska Constitution, Art. I, Sec. 3, Civil Rights. HIPAA, Pub. L. 104-191. ADA, 42 U.S.C. 12101 et seq.	

POLICY:

It is the policy of the Department of Corrections (DOC) that in the daily performance of their duties, employees will demonstrate honesty, integrity, and respect for the worth and individuality of all persons. Department employees shall also demonstrate a strong commitment to professional and ethical correctional service.

APPLICATION:

This policy and procedure will apply to all Department employees.

DEFINITIONS:

As used in this policy, the following definitions shall apply:

Business Relationships:

A relationship between individuals or companies entered in to for commercial purposes and usually some kind of financial gain. Such relationships are sometimes formalized with legal contracts or agreements.

Conflict of Interest:

A situation that has the potential to undermine the impartiality of a person because of the possibility of a clash between the person's self-interest and a competing professional or public interest.

SUPERCEDES POLICY DATED:	01/09/08
THIS POLICY NEXT DUE FOR REVIEW ON:	02/15/22

SECTION: Administration		PAGE: Page 2 of 12
CHAPTER: 200	NUMBER: 202.15	P&P TYPE: Public
TITLE: Standards of Conduct		

Egregious Misconduct:

Misconduct that is extraordinary in some bad way, and includes but is not limited to, the definition of egregious misconduct found in applicable collective bargaining agreement.

Illegal Behavior:

Behavior that falls outside the law.

Investigations:

The formal or systematic examination or research of an event or person based on the study of factual information. There are various types of investigations including:

- **Official Investigations:**
Investigations that are conducted with the intent of being formally recorded. Such investigations usually follow a set format and would have an outcome that is documented in some official manner.
- **Internal Investigations:**
Investigations undertaken by the Department of Corrections and kept within the Department. Such investigations may not involve outside agencies and the outcome of the investigations would typically not be released outside of the Department.
- **Administrative Investigations:**
Investigations based on the possibility that the event or conduct of the person in question may have involved some form of misadministration (such as the breach of a policy), with the aim of corrective action or discipline when warranted.
- **Criminal Investigations:**
Investigations to determine whether the event or conduct of the person in question may have been criminal in nature.

Medical Information:

Any written, verbal, or electronic information about a person's health status (past or present) or the provision of health care.

Professional Conduct:

Behavior befitting a person employed in a position of public trust.

Unethical Behavior:

Behavior that falls outside of what is considered morally right or proper for a person, profession, or an industry, including behavior which conflicts with the Alaska Executive Branch Ethics Act (AS 39.52) or the Department's Code of Ethical and Professional Conduct (DOC P&P 202.01).

PROCEDURES:

The following rules and standards express in general terms the conduct expected of DOC employees. Violations

SECTION: Administration		PAGE: Page 3 of 12
CHAPTER: 200	NUMBER: 202.15	P&P TYPE: Public
TITLE: Standards of Conduct		

of these principles may result in corrective or disciplinary action, up to and including dismissal. Instances of egregious misconduct may result in immediate dismissal. The following list is not all-inclusive. In addition to generally accepted principles of employment (e.g., employees may not steal from their employers), the State of Alaska and each DOC office or institution has site specific policies and procedures, the violation of which may result in corrective or disciplinary action.

I. General Provisions:

- A. Employees shall comply with and obey all federal, state, and municipal laws.
- B. Employees shall comply with and obey all DOC regulations, policies and procedures, operational memoranda, orders, and instruction. Employees shall not aid, abet, or incite another employee to violate these guidelines.
- C. Employees shall promptly obey directives given by supervisors. If a directive is in conflict with a previous directive, the employee shall inform the supervisor of the conflict. If the supervisor does not retract or alter the directive, it shall stand; however, employees shall not be compelled to obey any directive that would require them to commit or abet an unlawful act.
- D. Failure to obey an order lawfully issued by a supervisor or the use of abusive language toward a supervisor shall be deemed an act of insubordination.
- E. Unlawful discrimination, workplace harassment, or creating a disrespectful workplace will not be tolerated. Employees, offenders, and their families shall be treated professionally at all times regardless of their race, religion, color, creed, national origin, physical or mental disability, sex, marital status, changes in marital status, pregnancy, parenthood, or age.
- F. The DOC complies with the State's Equal Employment Opportunity (EEO) Act (AS 39.28) that prohibit retaliation against an employee in any aspect of employment including promotion, job assignment, or any other terms or conditions of employment because that employee filed a charge of discrimination, complained about illegal discrimination, or because they participated in an employment discrimination proceeding such as an investigation.
- G. When dealing with the public, offenders, and each other, employees shall be courteous and respectful. Employees shall not use violent, profane, or abusive language or gestures.
- H. Employees shall be truthful and forthright in their statements and communications regarding other employees or offenders.
- I. Employees will avoid any conduct, on or off duty, which compromises their integrity and betrays the trust, faith, and public confidence in the DOC.
- J. Employees are obligated to be accountable and efficient in the use of state resources. Employees shall not use or allow the use of state time, supplies, or state-owned or leased property and equipment for their

SUPERCEDES POLICY DATED:	01/09/08
THIS POLICY NEXT DUE FOR REVIEW ON:	02/15/22

SECTION: Administration		PAGE: Page 4 of 12
CHAPTER: 200	NUMBER: 202.15	P&PTYPE: Public
TITLE: Standards of Conduct		

personal gain. Use of state equipment and resources must not violate the State's Executive Branch Ethics Act (AS 39.52). Loss, misuse, misplacement, theft, or destruction of state property must be reported to the appropriate supervisor immediately. Employees shall not appropriate any lost, found, evidential, or DOC property for their own use.

- K. Employees shall report fit for their duty assignment, punctually at the time and place directed. Employees are prohibited from engaging in unprofessional conduct which prohibits immediate response in case of emergency.
- L. Employees are required to remain alert and attentive during duty hours. Sleeping, or being distracted by non-job-related activity that in itself constitutes an unprofessional use of state time is strictly forbidden. Examples of unprofessional use of state time include playing games, extended and recreational reading of newspapers, books and magazines; extended periods of non-work-related internet use, including web surfing; engaging in lengthy personal phone calls and any other action which results in a failure to be attentive of the security and safety of the institution/ office. This list is not all inclusive, and there are other activities that are non-job related which may also constitute an unprofessional use of state time warranting discipline, up to and including dismissal.
- M. Employees shall not knowingly falsify any document nor willfully depart from the truth in giving testimony or in connection with any official duty or investigation.
- N. Employees shall not interfere with any action or investigation assigned to another employee or interfere with DOC operations.
- O. Any level of intoxication or the use or possession of any kind of alcoholic beverage, legal intoxicant or illegal or non-prescribed controlled substance, or drug paraphernalia on the job or on DOC property is prohibited. Employees on duty are not to smell of or to be under the influence of alcohol or marijuana. Employees smelling of or appearing to be under the influence of alcohol or marijuana may be requested to be the subject of an alcohol / drug test. Nor may employees report for duty under the influence of any over the counter or prescription-controlled substance if that substance adversely impacts the employee's ability to perform their duties.

II. Conflicts of Interest:

- A. Employees shall avoid situations that give rise to a financial or personal conflict of interest and shall abide by the provisions of the Alaska Executive Branch Ethics Act (AS 39.52).
- B. Employees shall refuse to accept any gifts, presents, subscriptions, favors, gratuities, scholarships, or promises that could be interpreted as being offered to the employee in order to cause a DOC employee to refrain from performing his or her official duties, or to provide special favor or status to offenders or contractors providing services to the DOC.
- C. Employees shall not accept private or special advantage from their official status as employees of the DOC. DOC credentials, uniforms, identification cards, or badges may not be used to coerce, intimidate,

SECTION: Administration		PAGE: Page 5 of 12
CHAPTER: 200	NUMBER: 202.15	P&PTYPE: Public
TITLE: Standards of Conduct		

or deceive others or to obtain any privilege or articles not otherwise authorized in the performance of official duties.

- D. Employees shall not engage in any other employment during scheduled work hours, nor shall any State resources be used in furtherance of off-duty employment (paid or unpaid), volunteer, or business activities. Time off for volunteer activities (emergency search and rescue, volunteer fire service, etc.) is subject to the normal leave provisions. This restriction shall not apply to employees involved in legitimate military service, such as the AK State Defense Force or Army National Guard.
- E. Employees shall accept no position, paid or unpaid, that conflicts with their duty to report wrongdoing by offenders, volunteers, staff, or members of the public.

III. Relationships Between Supervisors and Subordinates and Relationships Between Peers:

- A. Dating, romantic, sexual relations, or engaging in joint business relationships between supervisors and subordinates when the subordinates are within the direct supervisory chain of command of the supervisor is prohibited. If such a relationship exists or develops, the employees involved shall report it to the office or institution manager to discuss the arrangements that must be made (e.g., shift or supervisory reassignments) to comply with this policy. Exceptions to the policy require written approval by the Commissioner. It is understood that a transfer of one party may be the result of such a relationship and that such an action shall not be considered an act of discipline.
- B. Dating, romantic, sexual relations, or engaging in joint business relationships between employees and a supervisor in their chain-of-command at any level is also prohibited. If such a relationship exists or develops, the employees involved shall report it to the appropriate Division Director and duty reassignments may be made to comply with this policy.
- C. Dating, romancing, sexual relations, engaging in joint business or the ending of such relationships with a coworker shall not interfere with the performance of the employee's duties nor create a hostile workplace for co-workers.
- D. Supervisors shall not give, accept, or solicit gifts, money, or favors to or from peers or employees under their supervision. Gifts of minor monetary value (e.g., Christmas, birthday, and retirement presents) or collections for flowers or gifts on occasions of grief or celebration are not considered contrary to the spirit of this policy. At no time shall such gifts be purchased with State funds.
- E. Supervisors shall not use abusive or obscene language toward a subordinate nor shall subordinates use abusive or obscene language toward a supervisor.
- F. At no time shall a supervisor show undue favoritism to a subordinate. Undue favoritism is a conflict of interest with an employee's obligation to exercise fairness and professional judgment in the conduct of State business. Employees shall avoid participation in situations that may create undue favoritism.

IV. Relationships with Offenders and Family Members of Offenders:

SUPERCEDES POLICY DATED:	01/09/08
THIS POLICY NEXT DUE FOR REVIEW ON:	02/15/22

SECTION: Administration		PAGE: Page 5 of 12
CHAPTER: 200	NUMBER: 202.15	P&PTYPE: Public
TITLE: Standards of Conduct		

- A. Brutality, physical violence, or verbal abuse of offenders by employees will not be permitted. Employees are authorized to use only that level of force necessary to control an offender or to enforce legitimate and legal commands as provided in the Department's use of force policy.
- B. Employees will not exchange special treatment or favors or make threats to obtain information from offenders.
- C. Except as set out in D. below, employees may not knowingly maintain social, sexual, business, or financial associations with offenders that are under the supervision of the DOC, or a member of the offender's immediate family. This prohibition applies to any state or federal offender under the supervision of the DOC, whether the offender is actively detained or incarcerated at a DOC institution, or whether the offender is not incarcerated but is on probation, parole, or furlough supervised by the DOC. This includes, but is not limited to, telephone calls, letters, notes, social media communications or other communications outside the normal scope of employment. Business relationships do not include the purchase of merchandise or groceries from a legitimate retail outlet or the purchase of services from a legal business. Exceptions to this rule include pretrial defendants released on bail unless the defendant is under the supervision of a probation office and those employees who are actively involved in common pro-social activities with offenders such as work, school, treatment programs, sports leagues, and supportive re-entry efforts.
- D. Employees shall not directly or indirectly give to or accept from any offender or member of the offender's family anything in the nature of a gift or promise of a gift.
- E. Employees shall not engage in any unauthorized game, contest, sport, or betting with any offender. Exceptions to this rule include pro-social, organized sports activities.
- F. During the performance of their duties or while acting as representatives of the DOC, employees may not sign any petition, letter, or recommendation to the courts or to representatives of the courts regarding leniency, pardon, probation, parole, or any other form of criminal case disposition on behalf of an offender unless:
 - 1. To do so is a requirement of his or her position; or
 - 2. The employee has received authorization from the institution or office manager.
- G. Regardless of where the employee works in the DOC, in cases where a close personal relationship with an offender or offender's family member existed prior to the offender coming under the supervision of the DOC, the employee shall notify their chain-of-command in writing immediately. The institution or office manager shall determine the appropriate parameters of the employee's conduct toward the offender or offender's family. It is understood that a transfer of one party may be the appropriate reaction to such circumstance and will not be considered disciplinary.
- H. Employees shall not discuss their personal life or another employee's personal life with offenders.

SECTION: Administration		PAGE: Page 7 of 12
CHAPTER: 200	NUMBER: 202.15	P&P TYPE: Public
TITLE: Standards of Conduct		

- I. Employees shall not bring into or carry out of any DOC institution any items for offenders. All items received or purchased from offenders or given to offenders will be through official sanctioned channels and will have prior approval of the office or institution manager. The introduction of any items of contraband onto the grounds of any secure institution is prohibited.

V. Illegal or Unethical Behavior:

- A. Employees are expected to obey all federal, state, and local laws. Neither the absence of a criminal complaint or conviction, nor the dismissal of or acquittal on a criminal charge, shall preclude internal administrative investigation and discipline regarding allegations of illegal or unethical conduct, on or off duty.
- B. DOC employees have an affirmative obligation to report immediately in writing to their office or institution manager any knowledge of criminal activity or unethical action on the part of other employees while on duty or on DOC premises.
- C. When an employee is the subject of an external criminal investigation, has been arrested for, charged with, or convicted of any felony or misdemeanor (except minor traffic violations), or is required to appear as a defendant in any criminal court, that employee shall immediately inform and provide a written report to the employee's chain-of-command. The officer or institution manager shall inform the Director of the division in which the employee is a member and the appropriate Human Resource Manager.
- D. While off duty, employees shall not associate or deal with persons who are known to be involved in illegal activities.

VI. Reports and Investigations:

- A. Reports and logs submitted by employees shall be truthful and complete. No employee shall knowingly enter or cause to be entered any inaccurate, false, or improper information, nor shall they fail to include pertinent information known to them regarding the matter at issue.
- B. Employees shall not convert to their own use, conceal, falsify, destroy, remove, tamper with, or withhold any property or evidence.
- C. During the course of an official investigation an employee can be ordered to cooperate in an internal / administrative investigation and must truthfully answer questions that are specifically, directly, and narrowly related to the employee's official conduct, to include providing a signed statement or affidavit if requested. Statements made pursuant to an order to cooperate in an internal/ administrative investigation and evidence that is derived from the statements cannot be used against the employee in any criminal proceeding.

An employee will not be compelled in any criminal investigation to be a witness against themselves. Employees interviewed in conjunction with a criminal investigation will be afforded all rights under

SECTION: Administration		PAGE: Page 7 of 12
CHAPTER: 200	NUMBER: 202.15	P&P TYPE: Public
TITLE: Standards of Conduct		

Miranda v. Arizona (1966) and the Fifth Amendment of the US Constitution.

VII. Medical Information:

- A. Employees are reminded that medical information that the DOC gathers and maintains is protected by federal and state laws and regulations, such as the Health Insurance Portability and Accountability Act (HIPAA).
- B. All medical information (including mental health and substance abuse information) is considered confidential, and employees may not disseminate or release any medical information without first ensuring that:
 1. The release is authorized by law or the person whose information it is; and
 2. The person (or entity) requesting the information is authorized to receive it.
- C. Employees are expected to handle medical information in a way that preserves its confidentiality at all times. This means restricting access to stored medical information, not leaving medical information accessible when it is not being used and transmitting medical information in a secure manner so that it may not be viewed or intercepted by those not authorized to view or receive it.
- D. Employees who come in to contact with medical information indirectly, such as officers escorting offenders to medical appointments or clerical staff working in clinics, are also expected to keep the information confidential. Any medical information that employees may see or hear as part of their normal duties should be handled appropriately and kept confidential.
- E. If an employee is witness to any misuse or mishandling of medical information, they shall immediately report it to their supervisor. Reports of misuse or mishandling of medical information will be taken seriously and will be investigated. Employees found to have misused or mishandled medical information may face discipline.

VIII. Criminal Justice Information:

- A. Employees are reminded that criminal justice information that the DOC gathers and maintains (whether handwritten or electronic) is protected by federal and state laws and regulations, such as the Federal Bureau of Investigation (FBI) Criminal Justice Information Services (CJIS) Security Policy and Alaska Statute 12.62.160.
- B. According to the FBI (CJIS Security Policy, Appendix A) and Alaska Statute (AS 12.62.900) criminal justice information may include:
 1. Biometric data;
 2. Identity history;
 3. Person data;
 4. Organization data;

SUPERCEDES POLICY DATED:	01/09/08
THIS POLICY NEXT DUE FOR REVIEW ON:	02/15/22

SECTION:	Administration	PAGE:	Page 9 of 12
CHAPTER:	200	NUMBER:	202.15
		P&P TYPE:	Public
TITLE:	Standards of Conduct		

5. Property (when accompanied by any personally identifiable information) data;
6. Case/ incident history data;
7. Non-conviction information;
8. Correctional treatment information; and
9. Information relating to a person to be located, whether or not that person is wanted in connection with the commission of a crime.

C. The DOC makes use of several different repositories for criminal justice information including the Alaska Public Safety Information Network (APSIN) operated by the Department of Public Safety and the DOC's own Alaska Corrections Offender Management System (ACOMS). This policy shall apply to any additional criminal justice information systems that are either created or adopted in the future for DOC use.

D. Access to these databases is restricted and employees shall only access information in these databases when a legitimate business need exists. No employee shall access these databases for personal use.

E. DOC employees are also prohibited from altering or deleting any documentation or criminal justice information entered into a criminal justice information system (such as the DOC offender management system) by another person, without first securing the approval of their Superintendent, Chief Probation Officer or equivalent supervisor or their designee. Before granting approval for an employee to alter or delete documentation or criminal justice information entered by another person, the supervisor or designee shall be satisfied that the alteration / deletion is legitimate and necessary for business needs.

F. All criminal justice information is considered confidential, and employees may not disseminate or release any criminal justice information without first ensuring that:

1. The release is authorized by law or the person whose information it is; and
2. The person (or entity) requesting the information is authorized to receive it.

G. Employees are expected to handle criminal justice information in a way that preserves its confidentiality at all times. This means restricting access to stored criminal justice information, not leaving criminal justice information accessible when it is not being used and transmitting criminal justice information in a secure manner so that it may not be viewed or intercepted by those not authorized to view or receive it.

H. If an employee is witness to any misuse or mishandling of criminal justice information, they shall immediately report it to their supervisor. Reports of misuse or mishandling of criminal justice information will be taken seriously and will be investigated. Employees found to have misused or mishandled criminal justice information may face discipline, as well as legal action.

IX. Public Statements and Disclosure of Information:

A. All official statements for public release concerning the affairs of the DOC must be authorized by the Commissioner, a Deputy Commissioner, a Division Director, or designee.

SUPERCEDES POLICY DATED:	01/09/08
THIS POLICY NEXT DUE FOR REVIEW ON:	02/15/22

SECTION: Administration		PAGE: Page 10 of 12
CHAPTER: 200	NUMBER: 202.15	P&P TYPE: Public
TITLE: Standards of Conduct		

- B. In any public statement, employees will clearly distinguish between those that are positions of the DOC and those that are personal views. Employees are responsible for the accuracy of their statements.
- C. Employees shall not disclose confidential information (ranging from personal data concerning employees and offenders to information that would breach security or endanger any person) unless authorized in policy or having been directed to do so by the employee's Director or designee. Employees who receive such a request for information will refer the inquiring party to the office or institution manager.
- D. Social Media:
1. When identifying yourself as a DOC employee on social media **or** if you have a position for which your DOC association is known to the general public, ensure your profile and related content is consistent with how you wish to present yourself as a professional employee, appropriate with the state and public trust associated with your position. DOC employees shall have no expectation of privacy when using social media tools.
 2. All posts or comments on social media that may be related, directly or indirectly, to your employment by the State of Alaska and the Department of Corrections shall be preceded by a disclaimer that clearly states that the opinions or views expressed are yours alone and do not represent the views of the DOC or your institution or office.
 3. Without written permission from the Commissioner, or designee, the use of any image or photograph of images that belong to the DOC is prohibited, including:
 - a. Department shoulder patch;
 - b. Department official logo;
 - c. Photographs or any graphic rendition of any DOC building, office, institution, or grounds; and
 - d. Any image of an offender (with or without permission).
 4. Without written permission from the Lieutenant Governor, the use of the state seal is prohibited.
 5. In a publicly accessible forum, employees shall not discuss any DOC related information that is not already considered public information. The discussion of sensitive, privileged, or protected information is strictly prohibited. This rule applies even in circumstances where password or other privacy controls are implemented.
- E. Employees are prohibited from accessing official records of any kind unless doing so is a part of the employees' job requirements.
- F. Employees shall not remove any documents or other items from files or make copies of records or documents, except in accordance with established procedures or upon proper authorization. Employees shall not use, or release for use, official information for private purposes.

SECTION: Administration		PAGE: Page 11 of 12
CHAPTER: 200	NUMBER: 202.15	P&P TYPE: Public
TITLE: Standards of Conduct		

G. Former employees will be granted access only to DOC information available to other members of the public and will have no greater standing than members of the public.

X. Clothing and Uniforms:

While on duty all employees will adhere to the DOC's policies on uniforms and appearance.

XI. Egregious Misconduct:

Egregious misconduct may warrant immediate dismissal on a first offense. The following lists are not all inclusive. Executive Branch employees are subject to additional statutes, regulations, policies, and other directives, the violation of which may result in dismissal for a first offense. Also, the totality of circumstances in a given circumstance may warrant immediate dismissal on a first offense whether or not a specific violation is listed below.

A. All DOC employees are prohibited from:

1. Engaging in unlawful discrimination or harassment;
2. Engaging in dishonesty, including dishonesty during an investigation into misconduct alleged to have been committed by the employee or by the employee's co-workers;
3. Theft of State time or resources;
4. Gross disobedience or insubordination;
5. Use, possession or being under the influence of alcohol or any illegal controlled substance on DOC's time or premises;
6. Engaging in physical assault or misconduct, abusive, or lewd behavior;
7. Abandonment of duties;
8. Involvement in illegal activities, including but not limited to conviction of a felony or misdemeanor when the activity or offense giving rise to the conviction or the conviction itself (including a conviction based on a plea of no contest), could adversely affect the employee's availability, ability, or fitness to perform the employee's duties, or adversely impacts the DOC 's ability to carry out its mission;
9. Intentionally aiding or abetting on offender's escape or attempted escape;
10. Introducing contraband onto the grounds of a secure institution;
11. Using excessive force on an offender;

SECTION: Administration		PAGE: Page 12 of 12
CHAPTER: 200	NUMBER: 202.15	P&P TYPE: Public
TITLE: Standards of Conduct		

12. Engaging in undue familiarity, including but not limited to sexual contact, with an offender;

13. Intentionally or negligently endangering or breaching security, including releasing of confidential information when such release has the effect of endangering security; and

14. Being involved in illegal activities, on or off duty, regardless of whether charged or convicted of a crime.

B. Egregious misconduct includes:

1. Conviction of any felony; and

2. Conviction of a misdemeanor when the activity or offense giving rise to the conviction or the conviction itself (including a conviction based on a plea of no contest) adversely affects the employee's availability, ability, or fitness to perform the employee's duties, or may adversely impact the DOC 's reputation or ability to carry out its mission. Misdemeanor convictions involving domestic violence (whether or not charged as a crime of domestic violence), DUI, refusal of chemical breath test, sexual assault or abuse, or the illegal possession, use, transport, transfer, or sale of a controlled substance, by their nature may subject an employee to disciplinary action up to and including termination.

XII. Responsibilities:

A. Division Directors shall ensure dissemination, posting, training, and enforcement of this policy.

B. Office and institution managers and supervisors shall ensure that all employees or persons from other agencies, whose assignment is primarily on the premises of DOC institutions or offices, have read, understand, and adhere to this policy. Failure of managers or supervisors to do so may result in discipline up to and including dismissal.

C. Failure on the part of any employee to implement this policy may constitute grounds for disciplinary action up to and including dismissal from public service.

D. The Human Resources Office shall provide all new employees with a copy of this policy as part of the new employee information packet.

E. All employees shall sign the *Standards of Conduct Certificate of Review and Compliance* (Attachment A), which will be placed in the employee's permanent personnel record. If an employee does not understand any section of this policy, it is the employee's responsibility to obtain clarification from the employee's supervisor prior to signing the Certificate.

F. Any variance from this policy must have prior written authorization from the Commissioner or their designee.

Standards of Conduct: Certificate of Review and Compliance

I have read Policy 202.15 Standards of Conduct (12/07) and have sought and obtained clarification of any portions which I did not understand. I recognize that failure to abide by the Standards of Conduct may result in corrective, disciplinary, or other appropriate action.

Printed Name _____

Signature _____

Date _____

(Attachment 13) STANDARD AGREEMENT FORM FOR PROFESSIONAL SERVICES

The parties' contract comprises this Standard Agreement Form, as well as its referenced Articles and their associated Appendices

1. Agency Contract Number	2. Contract Title	3. Agency Fund Code	4. Agency Appropriation Code
5. Vendor Number	6. IRIS GAE Number (if used)	7. Alaska Business License Number	
This contract is between the State of Alaska,			
8. Department of		Division	hereafter the State, and
9. Contractor <div>hereafter the contractor</div>			
Mailing Address	Street or P.O. Box	City	State ZIP+4
<div>10.</div> <div>ARTICLE 1. Appendices: Appendices referred to in this contract and attached to it are considered part of it.</div> <div>ARTICLE 2. Performance of Service:<div>2.1 Appendix A (General Provisions), Articles 1 through 16, governs the performance of services under this contract.</div><div>2.2 Appendix B sets forth the liability and insurance provisions of this contract.</div><div>2.3 Appendix C sets forth the services to be performed by the contractor.</div></div> <div>ARTICLE 3. Period of Performance: The period of performance for this contract begins _____, and ends _____.</div> <div>ARTICLE 4. Considerations:<div>4.1 In full consideration of the contractor's performance under this contract, the State shall pay the contractor a sum not to exceed \$_____ in accordance with the provisions of Appendix D.</div><div>4.2 When billing the State, the contractor shall refer to the Authority Number or the Agency Contract Number and send the billing to:</div></div>			

NOTICE! This contract has no effect until signed by the head of the contracting agency, procurement officer or designee.

APPENDIX A GENERAL PROVISIONS

Article1. Definitions.

- 1.1 In this contract and appendices, "Project Director" or "Agency Head" or "Procurement Officer" means the person who signs this contract on behalf of the Requesting Agency and includes a successor or authorized representative.
- 1.2 "State Contracting Agency" means the department for which this contract is to be performed and for which the Commissioner or Authorized Designee acted in signing this contract.

Article2. Inspections and Reports.

- 2.1 The department may inspect, in the manner and at reasonable times it considers appropriate, all the contractor's facilities and activities under this contract.
- 2.2 The contractor shall make progress and other reports in the manner and at the times the department reasonably requires.

Article 3.Disputes.

- 3.1 If the contractor has a claim arising in connection with the contract that it cannot resolve with the State by mutual agreement, it shall pursue the claim, if at all, in accordance with the provisions of AS 36.30.620 – 632.

Article4. Equal Employment Opportunity.

- 4.1 The contractor may not discriminate against any employee or applicant for employment because of race, religion, color, national origin, or because of age, disability, sex, marital status, changes in marital status, pregnancy or parenthood when the reasonable demands of the position(s) do not require distinction on the basis of age, disability, sex, marital status, changes in marital status, pregnancy, or parenthood. The contractor shall take affirmative action to insure that the applicants are considered for employment and that employees are treated during employment without unlawful regard to their race, color, religion, national origin, ancestry, disability, age, sex, marital status, changes in marital status, pregnancy or parenthood. This action must include, but need not be limited to, the following: employment, upgrading, demotion, transfer, recruitment or recruitment advertising, layoff or termination, rates of pay or other forms of compensation, and selection for training including apprenticeship. The contractor shall post in conspicuous places, available to employees and applicants for employment, notices setting out the provisions of this paragraph.
- 4.2 The contractor shall state, in all solicitations or advertisements for employees to work on State of Alaska contract jobs, that it is an equal opportunity employer and that all qualified applicants will receive consideration for employment without regard to race, religion, color, national origin, age, disability, sex, marital status, changes in marital status, pregnancy or parenthood.
- 4.3 The contractor shall send to each labor union or representative of workers with which the contractor has a collective bargaining agreement or other contract or understanding a notice advising the labor union or workers' compensation representative of the contractor's commitments under this article and post copies of the notice in conspicuous places available to all employees and applicants for employment.
- 4.4 The contractor shall include the provisions of this article in every contract, and shall require the inclusion of these provisions in every contract entered into by any of its subcontractors, so that those provisions will be binding upon each subcontractor. For the purpose of including those provisions in any contract or subcontract, as required by this contract, "contractor" and "subcontractor" may be changed to reflect appropriately the name or designation of the parties of the contract or subcontract.
- 4.5 The contractor shall cooperate fully with State efforts which seek to deal with the problem of unlawful discrimination, and with all other State efforts to guarantee fair employment practices under this contract, and promptly comply with all requests and directions from the State Commission for Human Rights or any of its officers or agents relating to prevention of discriminatory employment practices.
- 4.6 Full cooperation in paragraph 4.5 includes, but is not limited to, being a witness in any proceeding involving questions of unlawful discrimination if that is requested by any official or agency of the State of Alaska; permitting employees of the contractor to be witnesses or complainants in any proceeding involving questions of unlawful discrimination, if that is requested by any official or agency of the State of Alaska; participating in meetings; submitting periodic reports on the equal employment aspects of present and future employment; assisting inspection of the contractor's facilities; and promptly complying with all State directives considered essential by any office or agency of the State of Alaska to insure compliance with all federal and State laws, regulations, and policies pertaining to the prevention of discriminatory employment practices.
- 4.7 Failure to perform under this article constitutes a material breach of contract.

Article5. Termination.

- 5.1 The Procurement Officer, by written notice, may terminate this contract, in whole or in part, when it is in the best interest of the State. In the absence of breach of contract by the contractor, the State is liable only for payment in accordance with the payment provisions of this contract for services rendered before the effective date of termination.
- 5.2 The Procurement Officer may also, by written notice, terminate this contract under Administrative Order 352 if the contractor supports or participates in a boycott of the State of Israel.

Article 6.No Assignment or Delegation.

The contractor may not assign or delegate this contract, or any part of it, or any right to any of the money to be paid under it, except with the written consent of the Project Director and the Agency Head.

Article 7. No Additional Work or Material.

No claim for additional services, not specifically provided in this contract, performed or furnished by the contractor, will be allowed, nor may the contractor do any work or furnish any material not covered by the contract unless the work or material is ordered in writing by the Project Director and approved by the Agency Head.

Article 8. Independent Contractor.

The contractor and any agents and employees of the contractor act in an independent capacity and are not officers or employees or agents of the State in the performance of this contract.

Article 9. Payment of Taxes.

As a condition of performance of this contract, the contractor shall pay all federal, State, and local taxes incurred by the contractor and shall require their payment by any Subcontractor or any other persons in the performance of this contract. Satisfactory performance of this paragraph is a condition precedent to payment by the State under this contract.

Article 10. Ownership of Documents.

All designs, drawings, specifications, notes, artwork, and other work developed in the performance of this agreement are produced for hire and remain the sole property of the State of Alaska and may be used by the State for any other purpose without additional compensation to the contractor. The contractor agrees not to assert any rights and not to establish any claim under the design patent or copyright laws. Nevertheless, if the contractor does mark such documents with a statement suggesting they are trademarked, copyrighted, or otherwise protected against the State's unencumbered use or distribution, the contractor agrees that this paragraph supersedes any such statement and renders it void. The contractor, for a period of three years after final payment under this contract, agrees to furnish and provide access to all retained materials at the request of the Project Director. Unless otherwise directed by the Project Director, the contractor may retain copies of all the materials.

Article 11. Governing Law; Forum Selection

This contract is governed by the laws of the State of Alaska. To the extent not otherwise governed by Article 3 of this Appendix, any claim concerning this contract shall be brought only in the Superior Court of the State of Alaska and not elsewhere.

Article 12. Conflicting Provisions.

Unless specifically amended and approved by the Department of Law, the terms of this contract supersede any provisions the contractor may seek to add. The contractor may not add additional or different terms to this contract; AS 45.02.207(b)(1). The contractor specifically acknowledges and agrees that, among other things, provisions in any documents it seeks to append hereto that purport to (1) waive the State of Alaska's sovereign immunity, (2) impose indemnification obligations on the State of Alaska, or (3) limit liability of the contractor for acts of contractor negligence, are expressly superseded by this contract and are void.

Article 13. Officials Not to Benefit.

Contractor must comply with all applicable federal or State laws regulating ethical conduct of public officers and employees.

Article 14. Covenant Against Contingent Fees.

The contractor warrants that no person or agency has been employed or retained to solicit or secure this contract upon an agreement or understanding for a commission, percentage, brokerage or contingent fee except employees or agencies maintained by the contractor for the purpose of securing business. For the breach or violation of this warranty, the State may terminate this contract without liability or in its discretion deduct from the contract price or consideration the full amount of the commission, percentage, brokerage or contingent fee.

Article 15. Compliance.

In the performance of this contract, the contractor must comply with all applicable federal, state, and borough regulations, codes, and laws, and be liable for all required insurance, licenses, permits and bonds.

Article 16. Force Majeure:

The parties to this contract are not liable for the consequences of any failure to perform, or default in performing, any of their obligations under this Agreement, if that failure or default is caused by any unforeseeable Force Majeure, beyond the control of, and without the fault or negligence of, the respective party. For the purposes of this Agreement, Force Majeure will mean war (whether declared or not); revolution; invasion; insurrection; riot; civil commotion; sabotage; military or usurped power; lightning; explosion; fire; storm; drought; flood; earthquake; epidemic; quarantine; strikes; acts or restraints of governmental authorities affecting the project or directly or indirectly prohibiting or restricting the furnishing or use of materials or labor required; inability to secure materials, machinery, equipment or labor because of priority, allocation or other regulations of any governmental authorities.

APPENDIX B²

INDEMNITY AND INSURANCE

Article 1. Indemnification

The contractor shall indemnify, hold harmless, and defend the contracting agency from and against any claim of, or liability for error, omission or negligent act of the contractor under this agreement. The contractor shall not be required to indemnify the contracting agency for a claim of, or liability for, the independent negligence of the contracting agency. If there is a claim of, or liability for, the joint negligent error or omission of the contractor and the independent negligence of the contracting agency, the indemnification and hold harmless obligation shall be apportioned on a comparative fault basis. "Contractor" and "contracting agency", as used within this and the following article, include the employees, agents and other contractors who are directly responsible, respectively, to each. The term "independent negligence" is negligence other than in the contracting agency's selection, administration, monitoring, or controlling of the contractor and in approving or accepting the contractor's work.

Article 2. Insurance

Without limiting contractor's indemnification, it is agreed that contractor shall purchase at its own expense and maintain in force at all times during the performance of services under this agreement the following policies of insurance. Where specific limits are shown, it is understood that they shall be the minimum acceptable limits. If the contractor's policy contains higher limits, the state shall be entitled to coverage to the extent of such higher limits. Certificates of Insurance must be furnished to the contracting officer prior to beginning work and must provide for a notice of cancellation, non-renewal, or material change of conditions in accordance with policy provisions. Failure to furnish satisfactory evidence of insurance or lapse of the policy is a material breach of this contract and shall be grounds for termination of the contractor's services. All insurance policies shall comply with and be issued by insurers licensed to transact the business of insurance under AS 21.

2.1 Workers' Compensation Insurance: The Contractor shall provide and maintain, for all employees engaged in work under this contract, coverage as required by AS 23.30.045, and where applicable, any other statutory obligations including but not limited to Federal U.S.L. & H. and Jones Act requirements. The policy must waive subrogation against the State.

2.2 Commercial General Liability Insurance: covering all business premises and operations used by the Contractor in the performance of services under this agreement with minimum coverage limits of \$300,000 combined single limit per claim.

2.3 Commercial Automobile Liability Insurance: covering all vehicles used by the Contractor in the performance of services under this agreement with minimum coverage limits of \$300,000 combined single limit per claim.

2.4 Professional Liability Insurance: covering all errors, omissions or negligent acts in the performance of professional services under this agreement. Limits required per the following schedule:

Contract Amount	Minimum Required Limits
Under \$100,000	\$300,000 per Claim / Annual Aggregate
\$100,000-\$499,999	\$500,000 per Claim / Annual Aggregate
\$500,000-\$999,999	\$1,000,000 per Claim / Annual Aggregate
\$1,000,000 or over	Refer to Risk Management

Attachment 14
DEPARTMENT OF PUBLIC SAFETY DIVISION OF STATEWIDE SERVICES
PERSONNEL SECURITY CLEARANCE FORM AND USER AGREEMENT

REQUESTING AGENCY SECTION:

Requesting Agency: _____

If the agency is requesting a clearance for a contractor, vendor, or non-criminal justice employee, list the name of the person's employer: _____

Terminal Agency Coordinator (TAC): _____

If the agency does not have a TAC, list the agency supervisor's name, phone number, and e-mail address: _____

Name of Person for Whom Access is Requested: _____

Type of Access (check all that are necessary to complete job requirements):

☐ Unescorted Building Access and Key Card (DPS Only).
Location/Address: _____

☐ Unescorted Building Access with Photo ID Key Card (DPS Only).
Location/Address: _____

☐ Unescorted Building/Agency Access Only.
Agency/Location: _____

☐ Direct Access to (do not check items that the applicant currently has access to):

☐ Alaska Public Safety Information Network (APSIN)

☐ Alaska Records Management System (ARMS)

☐ Traffic and Criminal Software (TraCs)

☐ DPS Virtual Private Network (VPN)

Reason VPN Required: _____

☐ Report Manager

List Which Folders/Reports _____

☐ Livescan

☐ Felony Sex Offense Database

☐ Other (please describe): _____

I certify that the above information is accurate, and the requested access is necessary for the applicant to complete their assigned duties. I will review this person's access annually, ensure appropriate training and certification is completed, and will notify the CJIS Programs Unit when the above requested access is no longer required and/or authorized for this person.

TAC/Agency Supervisor's Signature: _____ Date: _____

Please send completed forms to:

Mail: Department of Public Safety, CJIS Programs Unit-Security, 5700 E Tudor Road, Anchorage, AK

99507, Fax: (907) 338-1051

APPLICANT SECTION:

Name: _____
(Last) (First) (Middle) (Suffix)

Date of Birth: ____ / ____ / ____ Sex: ____ Driver's License Number: ____ State: ____
(MM) (DD) (YYYY) (M / F)

Job Title: _____ Agency _____ City _____

E-Mail: _____

One Legible Fingerprint Card** Included: ☐ Yes ☐ No (Application cannot be processed) ☐ Already on file***

***Client number on card should be 4003 for Direct APSINIARMS Access; 4156 for Building or Non-Direct System Access*

****Fingerprint cards already on file with DPS for current APSIN clearance; this request is for additional system access*

ACCESS AGREEMENT

I understand that by executing this request, I am agreeing that an investigation into my background, including the search of Alaska Public Safety Information Network (APSIN) and National Crime Information Center (NCIC) will be conducted. I understand that I will be required to submit my fingerprints in connection with this request. I understand that the results of the investigation will be released to the APSIN Security Team personnel and the person requesting this clearance on my behalf for use in determining approval, denial, or appeal of the security clearance.

I hereby certify that I am familiar with the contents of (1) the Federal Bureau of Investigation (FBI) Criminal Justice Information Services (CJIS) Security Policy; (2) Alaska Statute 12.62; (3) Alaska Administrative Code (AAC) 13 AAC 68.300-345; and the (4) CJIS Systems Agency (CSA) and agree to be bound by their provisions. The Department of Public (DPS) is the CSA for Alaska. I recognize that criminal history record information and related data, by its very nature, is sensitive and has potential for great harm if misused. I acknowledge that access to criminal history record information and related data is therefore limited to the purpose(s) for which the agency has been authorized. I understand that misuse of the system by, among other things: accessing it without authorization; accessing it by exceeding authorization; accessing it for an improper purpose; using, disseminating, or re-disseminating information received as a result of direct or indirect access for a purpose other than that directly authorized, may subject me to administrative and criminal penalties. I understand that accessing the system for an appropriate purpose and then using, disseminating or re-disseminating the information received for another purpose other than what is authorized also constitutes misuse. Such exposure for misuse includes, but is not limited to, suspension or loss of employment and prosecution for state and federal crimes. In addition to any criminal, civil, or employee disciplinary actions that may result from such misuse, if I am found to have violated this agreement, DPS will revoke my security clearance. DPS may consider reinstatement of the clearance upon receipt of the completed Reinstatement Request form and completion of remedial training. DPS reserves the right to permanently revoke my security clearance.

I understand that unauthorized disclosure of information about the methodology, operation, or internal structure of APSIN or the computer networks that interface with APSIN may threaten the security of these systems. I will not disclose information about the security measures, access and/or operating procedures, equipment, or programs without specific authorization from the DPS CJIS Systems Officer (CSO). I understand that biennial Security Awareness training will have to be completed to maintain a clearance, and that initial training must be completed within six (6) weeks of receiving this security clearance. Security Awareness training is incorporated into the certification exam for direct access users which also requires biennial training/certification and must be completed within six (6) weeks of receiving access codes.

Direct Access Accounts Only: If issued a User ID and password, I will not share the password with anyone. I understand that DPS will maintain a record of all direct access account activity for three years; that this record may be used to audit my use of the system(s) at any time; and that this record may be released to my employer for an administrative investigation and/or to a law enforcement agency for a criminal investigation. I have read, understand, and agree to abide by the terms of this agreement for physical or logical access to the aforementioned criminal justice systems or for access to buildings or computer networks processing CJI from these systems.

Applicant Signature: _____

Date: _____

Attachment 15

APPENDIX H SECURITY ADDENDUM

The following pages contain the legal authority, purpose, and genesis of the Criminal Justice Information Services Security Addendum (H2-H4); the Security Addendum itself (H5-H6); and the Security Addendum Certification page (H7).

FEDERAL BUREAU OF INVESTIGATION CRIMINAL JUSTICE INFORMATION SERVICES SECURITY ADDENDUM

Legal Authority for and Purpose and Genesis of the Security Addendum

Traditionally, law enforcement and other criminal justice agencies have been responsible for the confidentiality of their information. Accordingly, until mid-1999, the Code of Federal Regulations Title 28, Part 20, subpart C, and the National Crime Information Center (NCIC) policy paper approved December 6, 1982, required that the management and exchange of criminal justice information be performed by a criminal justice agency or, in certain circumstances, by a noncriminal justice agency under the management control of a criminal justice agency.

In light of the increasing desire of governmental agencies to contract with private entities to perform administration of criminal justice functions, the FBI sought and obtained approval from the United States Department of Justice (DOJ) to permit such privatization of traditional law enforcement functions under certain controlled circumstances. In the Federal Register of May 10, 1999, the FBI published a Notice of Proposed Rulemaking, announcing as follows:

1. Access to CHRI [Criminal History Record Information] and Related Information, Subject to Appropriate Controls, by a Private Contractor Pursuant to a Specific Agreement with an Authorized Governmental Agency To Perform an Administration of Criminal Justice Function (Privatization). Section 534 of title 28 of the United States Code authorizes the Attorney General to exchange identification, criminal identification, crime, and other records for the official use of authorized officials of the federal government, the states, cities, penal, and other institutions. This statute also provides, however, that such exchanges are subject to cancellation if dissemination is made outside the receiving departments or related agencies. Agencies authorized access to CHRI traditionally have been hesitant to disclose that information, even in furtherance of authorized criminal justice functions, to anyone other than actual agency employees lest such disclosure be viewed as unauthorized. In recent years, however, governmental agencies seeking greater efficiency and economy have become increasingly interested in obtaining support services for the administration of criminal justice from the private sector. With the concurrence of the FBI's Criminal Justice Information Services (CJIS) Advisory Policy Board, the DOJ has concluded that disclosures to private persons and entities providing support services for criminal justice agencies may, when subject to appropriate controls, properly be viewed as permissible disclosures for purposes of compliance with 28 U.S.C. 534.

We are therefore proposing to revise 28 CFR 20.33(a)(7) to provide express authority for such arrangements. The proposed authority is similar to the authority that already exists in 28 CFR 20.21(b)(3) for state and local CHRI systems. Provision of CHRI under this authority would only be permitted pursuant to a specific agreement with an authorized governmental agency for the purpose of providing services for the administration of criminal justice. The agreement would be required to incorporate a security addendum approved by the Director of the FBI (acting for the Attorney General). The security addendum would specifically authorize access to CHRI, limit the use of the information to the specific purposes for which it is being provided, ensure the security and confidentiality of the information consistent with applicable laws and regulations, provide for sanctions, and contain such other provisions as the Director of the FBI (acting for the Attorney General) may require. The security addendum, buttressed by ongoing audit programs of both the FBI and the sponsoring governmental agency, will provide an appropriate balance between the benefits of privatization, protection of individual privacy interests, and preservation of the security of the FBI's CHRI systems.

The FBI will develop a security addendum to be made available to interested governmental agencies. We anticipate that the security addendum will include physical and personnel security constraints historically required by NCIC security practices and other programmatic requirements, together with personal integrity and electronic security provisions comparable to those in NCIC User Agreements between the FBI and criminal justice agencies, and in existing Management Control Agreements between criminal justice agencies and noncriminal justice governmental entities. The security addendum will make clear that access to CHRI will be limited to those officers and employees of the private contractor or its subcontractor who require the information to properly perform services for the sponsoring governmental agency, and that the service provider may not access, modify, use, or disseminate such information for inconsistent or unauthorized purposes.

Consistent with such intent, Title 28 of the Code of Federal Regulations (C.F.R.) was amended to read:

§ 20.33 Dissemination of criminal history record information.

- a) Criminal history record information contained in the Interstate Identification Index (III) System and the Fingerprint Identification Records System (FIRS) may be made available:
 - 1) To criminal justice agencies for criminal justice purposes, which purposes include the screening of employees or applicants for employment hired by criminal justice agencies.
 - 2) To noncriminal justice governmental agencies performing criminal justice dispatching functions or data processing/information services for criminal justice agencies; and
 - 3) To private contractors pursuant to a specific agreement with an agency identified in paragraphs (a)(1) or (a)(6) of this section and for the purpose of providing services for the administration of criminal justice pursuant to that agreement. The agreement must incorporate a security addendum approved by the Attorney General of the United States, which shall specifically authorize access to criminal history record information, limit the use of the information to the purposes for which it is provided, ensure the security and confidentiality of the information consistent with these regulations, provide for sanctions, and contain such other provisions as the Attorney General may require. The power and authority of the Attorney General hereunder shall be exercised by the FBI Director (or the Director's designee).

This Security Addendum, appended to and incorporated by reference in a government-private sector contract entered into for such purpose, is intended to ensure that the benefits of privatization are not attained with any accompanying degradation in the security of the national system of criminal records accessed by the contracting private party. This Security Addendum addresses both concerns for personal integrity and electronic security which have been addressed in previously executed user agreements and management control agreements.

A government agency may privatize functions traditionally performed by criminal justice agencies (or noncriminal justice agencies acting under a management control agreement),

subject to the terms of this Security Addendum. If privatized, access by a private contractor's personnel to NCIC data and other CJIS information is restricted to only that necessary to perform the privatized tasks consistent with the government agency's function and the focus of the contract. If privatized the contractor may not access, modify, use, or disseminate such data in any manner not expressly authorized by the government agency in consultation with the FBI.

FEDERAL BUREAU OF INVESTIGATION CRIMINAL JUSTICE INFORMATION SERVICES SECURITY ADDENDUM

The goal of this document is to augment the CJIS Security Policy to ensure adequate security is provided for criminal justice systems while (1) under the control or management of a private entity or (2) connectivity to FBI CJIS Systems has been provided to a private entity (contractor). Adequate security is defined in Office of Management and Budget Circular A-130 as “security commensurate with the risk and magnitude of harm resulting from the loss, misuse, or unauthorized access to or modification of information.”

The intent of this Security Addendum is to require that the Contractor maintain a security program consistent with federal and state laws, regulations, and standards (including the CJIS Security Policy in effect when the contract is executed), as well as with policies and standards established by the Criminal Justice Information Services (CJIS) Advisory Policy Board (APB).

This Security Addendum identifies the duties and responsibilities with respect to the installation and maintenance of adequate internal controls within the contractual relationship so that the security and integrity of the FBI's information resources are not compromised. The security program shall include consideration of personnel security, site security, system security, and data security, and technical security.

The provisions of this Security Addendum apply to all personnel, systems, networks, and support facilities supporting and/or acting on behalf of the government agency.

1.00 Definitions

1.01 Contracting Government Agency (CGA) - the government agency, whether a Criminal Justice Agency or a Noncriminal Justice Agency, which enters into an agreement with a private contractor subject to this Security Addendum.

1.02 Contractor - a private business, organization or individual which has entered into an agreement for the administration of criminal justice with a Criminal Justice Agency or a Noncriminal Justice Agency.

2.00 Responsibilities of the Contracting Government Agency.

2.01 The CGA will ensure that each Contractor employee receives a copy of the Security Addendum and the CJIS Security Policy and executes an acknowledgment of such receipt and the contents of the Security Addendum. The signed acknowledgments shall remain in the possession of the CGA and available for audit purposes. The acknowledgement may be signed by hand or via digital signature (see glossary for definition of digital signature).

3.00 Responsibilities of the Contractor.

3.01 The Contractor will maintain a security program consistent with federal and state laws, regulations, and standards (including the CJIS Security Policy in effect when the contract is executed and all subsequent versions), as well as with policies and standards established by the Criminal Justice Information Services (CJIS) Advisory Policy Board (APB).

4.00 Security Violations.

4.01 The CGA must report security violations to the CJIS Systems Officer (CSO) and the Director, FBI, along with indications of actions taken by the CGA and Contractor.

4.02 Security violations can justify termination of the appended agreement.

4.03 Upon notification, the FBI reserves the right to:

- a. Investigate or decline to investigate any report of unauthorized use;
- b. Suspend or terminate access and services, including telecommunications links. The FBI will provide the CSO with timely written notice of the suspension. Access and services will be reinstated only after satisfactory assurances have been provided to the FBI by the CGA and Contractor. Upon termination, the Contractor's records containing CHRI must be deleted or returned to the CGA.

5.00 Audit

5.01 The FBI is authorized to perform a final audit of the Contractor's systems after termination of the Security Addendum.

6.00 Scope and Authority

6.01 This Security Addendum does not confer, grant, or authorize any rights, privileges, or obligations on any persons other than the Contractor, CGA, CJA (where applicable), CSA, and FBI.

6.02 The following documents are incorporated by reference and made part of this agreement: (1) the Security Addendum; (2) the NCIC 2000 Operating Manual; (3) the CJIS Security Policy; and (4) Title 28, Code of Federal Regulations, Part 20. The parties are also subject to applicable federal and state laws and regulations.

6.03 The terms set forth in this document do not constitute the sole understanding by and between the parties hereto; rather they augment the provisions of the CJIS Security Policy to provide a minimum basis for the security of the system and contained information and it is understood that there may be terms and conditions of the appended Agreement which impose more stringent requirements upon the Contractor.

6.04 This Security Addendum may only be modified by the FBI and may not be modified by the parties to the appended Agreement without the consent of the FBI.

6.05 All notices and correspondence shall be forwarded by First Class mail to:

Information Security Officer

Criminal Justice Information Services Division, FBI

1000 Custer Hollow Road

Clarksburg, West Virginia 26306

**FEDERAL BUREAU OF INVESTIGATION CRIMINAL JUSTICE INFORMATION
SERVICES SECURITY ADDENDUM**

CERTIFICATION

I hereby certify that I am familiar with the contents of (1) the Security Addendum, including its legal authority and purpose; (2) the NCIC Operating Manual; (3) the CJIS Security Policy; and (4) Title 28, Code of Federal Regulations, Part 20, and agree to be bound by their provisions.

I recognize that criminal history record information and related data, by its very nature, is sensitive and has potential for great harm if misused. I acknowledge that access to criminal history record information and related data is therefore limited to the purpose(s) for which a government agency has entered into the contract incorporating this Security Addendum. I understand that misuse of the system by, among other things: accessing it without authorization; accessing it by exceeding authorization; accessing it for an improper purpose; using, disseminating, or re-disseminating information received as a result of this contract for a purpose other than that envisioned by the contract, may subject me to administrative and criminal penalties. I understand that accessing the system for an appropriate purpose and then using, disseminating, or re-disseminating the information received for another purpose other than execution of the contract also constitutes misuse. I further understand that the occurrence of misuse does not depend upon whether or not I receive additional compensation for such authorized activity. Such exposure for misuse includes, but is not limited to, suspension or loss of employment and prosecution for state and federal crimes.

Printed Name/Signature of Contractor Employee

Date

Printed Name/Signature of Contractor Representative

Date

Organization and Title of Contractor Representative

**Standards of Sex Offender Management
ALASKA DEPT OF CORRECTIONS**

TABLE OF CONTENTS

1.000 INTRODUCTION.....	5
1.100 History of the Standards of Sex Offender Management.....	5
1.200 History of Sex Offender Programs in Alaska.....	5
1.300 Purpose of the Standards.....	7
1.400 Terminology.....	8
 2.000 OVERVIEW.....	 9
2.100 Philosophy of Management and Rehabilitation.....	9
2.200 Guiding Principles.....	10
2.210 Community Safety.....	10
2.220 Victim Orientation.....	12
2.230 Offender Accountability.....	14
2.240 Structure and Consistency.....	15
2.250 Collaboration and Teamwork.....	16
2.300 Management and the Use of Polygraph Testing.....	17
2.400 Cognitive Behavioral Treatment and Relapse Prevention.....	18
2.500 Supervision of Sexual Offenders.....	19
 3.000 QUALIFICATION OF PROVIDERS.....	 20
3.100 Ethics/Professional Conduct.....	20
3.200 Department Approval of Treatment Providers.....	21
3.210 Levels of Approval for Treatment Providers.....	21
3.211 Restrictions for all Provider Categories.....	22
3.212 Movement Between Levels.....	22
3.213 Supervision Guidelines for Approved Providers.....	23
3.214 Amount of Supervision Required.....	23
3.215 Supervision Plans.....	23
3.216 Guidelines for Supervision and the Evaluation of Provider Performance.....	23
3.217 Notification, Suspension, and Termination.....	24
3.218 Continued Placement on the Approved Provider List.....	24
3.219 Complaints; subsequent action against provider approval.....	25
3.300 Department Approval of Polygraph Examiners.....	27
3.310 Levels of Approval.....	27
3.320 Continued Placement on the Approved Provider List at Full Operating Level.....	27
3.330 Continued Placement on the Approved Provider List as an Associate Level Examiner.....	28
3.340 Professional Supervision.....	29
3.350 Movement to Full Operating Level.....	29
3.400 Plethysmograph Examiner.....	29
3.410 Levels of Approval.....	29

3.420 Continued Placement on the Provider List.....	30
3.421 Stimulus Materials.....	30
3.500 Abel Assessment Examiner.....	30
3.510 Levels of Approval.....	30
3.520 Continued Placement on the Provider List.....	31
3.600 Exclusions.....	31
 4.000 STANDARDS OF PRACTICE FOR SEXUAL OFFENDER ASSESSMENT.....	 33
4.100 Standards of Practice for Psychological/Risk Assessment	33
4.110 General Considerations.....	33
4.120 Corroboration of Self-report.....	33
4.121 Types and Sources of Corroborating Information.....	34
4.130 Record review.....	34
4.140 Other sources of information.....	34
4.150 Offender Interviews.....	34
4.151 Pre-interview preparation.....	35
4.160 Psychological Testing.....	35
4.170 Assessment of Risk.....	36
4.180 Report of Evaluation.....	37
4.190 Other Considerations.....	38
4.200 Standards of Practice for Polygraph Assessment.....	38
4.210 Equipment.....	38
4.220 Examination Length.....	39
4.230 Design of Test Questions.....	39
4.240 Examination Procedures.....	39
4.250 Peer Review.....	40
4.260 Reporting.....	40
4.300 Standards of Practice for Plethysmograph Assessment	41
4.310 Examination Procedures.....	41
4.320 Stimulus Materials.....	41
4.330 Reporting.....	41
4.400 Standards of Practice for Abel Assessment	42
4.410 Examination Procedures.....	42
4.420 Reporting.....	43
 5.000 STANDARDS OF PRACTICE FOR SEXUAL OFFENSE SPECIFIC TREATMENT.....	 44
5.100 Sex Offender Program Referral Process.....	44
5.200 Program Eligibility Criteria.....	44
5.300 Amenability to Treatment.....	46
5.400 Program Descriptions.....	47
5.500 Confidentiality.....	48
5.600 DOC Contract Payment for Service.....	48
5.610 Offender Payment for Services.....	49
5.700 Approved Provider-Client Contract.....	49
5.800 Sex Offender Specific Programming.....	51

5.810 SOMP Assessment and Program Components.....	52
5.811 Intake/Assessment.....	53
5.812 Psychological Testing.....	53
5.813 Physiological Assessment.....	53
5.814 Polygraph Assessment.....	53
5.815 Sex Offender Management Plan.....	53
5.816 Group Counseling Sessions.....	54
5.817 Individual Counseling Sessions.....	54
5.818 Family Counseling Sessions.....	55
5.819 Education Classes.....	55
5.820 Behavioral Therapy.....	55
5.821 Medication Therapy for Reduction of Sexual Drive.....	55
5.822 Non-Standard Practices.....	55
5.900 Special Needs Populations.....	56
5.910 Alaska Native Sex Offenders.....	56
5.920 Developmentally Disabled Sex Offenders.....	56
5.930 Other Disabled Sex Offenders.....	56
5.940 Female Sex Offenders.....	57
 6.000 EVALUATION OF PROGRESS IN TREATMENT.....	 58
6.100 Completion of Court-Ordered Treatment.....	58
6.200 Treatment Providers' Use of the Polygraph, Plethysmograph and Abel Assessment.....	 59
6.300 Case Staffing/Case Management Team Meetings.....	60
6.400 Program Removal.....	61
6.410 Offender requests removal.....	61
6.420 Administrative removal.....	61
6.430 Case Management Team removals.....	62
6.500 Program Reentry.....	62
6.510 No Reentry Options for Some Program Removals.....	63
6.600 Policy on Pornography.....	63
6.610 Definition of Pornography.....	63
 7.000 RECORDS AND REPORTING.....	 65
7.100 Program Files.....	65
7.200 Program Evaluation.....	66
7.300 Research.....	66
 8.000 EXTERNAL MANAGEMENT OF SEX OFFENDERS - COORDINATION AND SUPERVISION ISSUES.....	 68
8.100 Standards of Practice for Supervising Sexual Offenders.....	68
8.200 Establishment of a Case Management Team.....	68
8.210 Case Management Team Norms.....	69
8.300 Supervising Officer's Role and Responsibilities in Team Management of Sex Offenders.....	 69
8.400 Treatment Providers' Role and Responsibility in Team Management of Sex Offenders.....	 73
8.500 Polygraphers' Role and Responsibility in Team Management of Sex Offenders.....	 74
8.600 SOMP Case Review Team.....	74

8.610 Case Review Team Personnel.....	74
8.620 Case Review Process.....	75
8.700. Safety-Net Team Standards.....	75
8.800 Violations of Conditions of Probation/Parole (Technical Violations)	76
 9.000 VICTIM ISSUES.....	 77
9.100 The Role of Victims/Survivors in Sex Offender Treatment.....	77
9.200 Victim Contact.....	77
9.210 Exclusionary Criteria.....	79
9.300 Victim and Family Clarification/Resolution.....	79
9.400 Family Reunification.....	81

APPENDICES

Appendix A: Significant Events in Sex Offender Treatment & Management in Alaska
Appendix B: Glossary of terms used in the management and treatment of sexual offenders
Appendix C: Alaska Administrative Code Regulating Sex Offender Treatment Providers
Appendix D: Requirements for approval as a DOC approved provider
Appendix E: Sample evaluation form for approved providers under supervision
Appendix F: Qualifications for DOC approved polygraphers
Appendix G: Qualifications for DOC approved plethysmograph and Abel assessment providers
Appendix H: Assessment guidelines
Appendix I: Assessment of dangerousness
Appendix J: Quality assurance protocol for polygraph examiners
Appendix K: Informed consent for physiological assessment
Appendix L: Informed consent for behavioral treatment
Appendix M: Informed consent for medication treatment for reduction of sexual drive
Appendix N: Guidelines for program evaluation
Appendix O: Guidelines for handling violations of conditions of probation/parole

1.000 INTRODUCTION

The Standards of Sex Offender Management were developed to insure a uniform and professional approach to the management of sex offenders under the jurisdiction of the Department of Corrections for the State of Alaska. The Standards have been established as part of DOC's effort to develop and improve assessment and management of sex offenders within the State of Alaska. They provide standards for sex offender programs irregardless of the setting in which they occur. The Standards apply to all Approved Providers, Contractors and agencies regardless of their profit or non-profit status. All such persons and/or agencies that provide services to sex offenders are expected to conform to the Standards as outlined in this manual or the most current revision of the Standards. Services which do not conform to the Standards will not be reimbursed under contract. Sex offenders who are involved in sex offender programs that are out of compliance with these Standards may not receive credit from DOC for their sex offender programming.

1.100 History of the Standards of sex offender management

In 1988 a sex offender planning committee was established by DOC. In March of 1989 the committee met and, at the suggestion of the Department, agreed to establish statewide Standards for the operation of the sex offender management programs (SOMP's). A consultant was hired in August of 1989 to assist in the development of an earlier version of this manual. The manual was revised in 1994. The present manual is the second revision. These Standards will undergo periodic revision as needed.

All Approved Providers, including Contractors are required to operate within the guidelines and context of the most current statement of Standards.

1.200 History of Sex Offender Programs in Alaska

Sex offender programs have been developed, over a number of years, by the Alaska Department of Corrections along a continuum of care in a number of regions throughout the State. The first program was established in 1979 at Lemon Creek Correctional Center (LCCC), Juneau, Alaska. The program was funded via a small Law Enforcement Administration Act (L.E.A.A.) grant of approximately \$18,000.00 and worked with 10 and later 15 sex offenders, at any given time. The program received L.E.A.A. moneys for two years and was then funded by the Department of Corrections for another one and a half years.

A second institutional program was developed in 1981 at Fairbanks Correctional Center (FCC) and housed 32 inmates in a milieu program setting. This program was closed in 1992. The make-up of the FCC population was largely unsentenced felons (60%) and misdemeanants (15%). Thus when the institution reached population caps there was a natural tendency to transfer program participants rather than short term prisoners or those who would need to be available for court. This created an atmosphere of instability for the program participants and the program itself. The Department followed the recommendations of a special task force and closed the program, transferring continuing participants to other institutional programs. Community based programs for sex offenders continued in the Fairbanks area.

A third institutional program was established in 1982 at Hiland Mountain Correctional Center (HMCC) in Eagle River just outside of Anchorage. This program housed approximately 100 sex offenders in a milieu setting. Seventy of these were involved in intensive treatment programming and 30 were involved in pre-treatment programming/screening and pre-release services. The program moved to Meadow Creek Correctional Center (MCCC) in 1998 due to the need to create a facility for female offenders at HMCC. The MCCC program housed 78 pretreatment and treatment beds. This program used specially trained correctional officers as wing counselors. The wing counselors worked as part of a team alongside professionally trained therapists and other professional staff to provide an intensive therapeutic environment. The program was closed in 2002 because of funding issues. The DOC began to focus on treatment delivery in the community.

The program at LCCC was re-established in 1985 and was revised in 1989 and again in 1992, 2003, and 2004. The earlier revisions to the program established it as a pre-treatment facility rather than a full treatment program. This was an attempt to establish a continuum of care rather than attempt to duplicate the program at MCCC. LCCC did not have the staff and resources to duplicate the milieu approach that was possible at MCCC. The LCCC program was revamped as an assessment facility after the MCCC program was closed in 2003. The focus was on assessing sex offenders prior to their release into the community so that probation/parole and community providers would have necessary information to manage these offenders. The program also provided preliminary education about sexual offending to program participants. This proved an inefficient method for conducting assessment because of travel costs incurred in moving offenders to the Juneau facility. The program was closed in 2004 and individual contractors were hired instead to conduct assessments at several facilities. This allowed for a greater number of sex offenders to receive comprehensive risk assessments prior to their release from prison. The program was re-opened as a milieu treatment program in 2010.

In 2002 DOC began consultations with experts from Colorado. This culminated in a pilot project that incorporated polygraph testing with treatment and supervision. The project was initiated in Anchorage in 2006. The program included 25 to 30 offenders who had been released into the community. These offenders had in depth risk assessments conducted prior to their release. Initial results revealed many more victims than previously known for these offenders. Results also revealed new information about the age range of victims, the gender of victims, and their relationship to the offender.

In 2008 DOC established a sex offender program in a Community Residential Center (CRC) in Bethel, Alaska to serve sex offenders from the Yukon-Kuskokwim Delta area. The program is a treatment milieu and can provide assessment and treatment services to offenders on furlough and probation/parole. Offenders from outlying villages may volunteer to reside at the CRC to complete sex offender treatment ordered by the court or the Parole Board. The program was developed with intensive involvement and input from a number of interested community persons and groups. Input from these parties was invaluable in creating a program that is culturally relevant and appropriate for offenders in the region. The program has openings for 19 sex offenders. A community-based sex offender program was also established in Bethel to serve offenders who are able to reside in Bethel. The community program may also serve as a transitional program for offenders released from the CRC sex offender program and preparing to return to their villages.

DOC has plans to re-establish institutional sex offender programming in other correctional institutions in Alaska.

Community based programs for sex offenders are provided in several areas. There are currently 63 openings available for community based treatment in Anchorage, 10 in Fairbanks, 15 in Juneau and 8 each in Kenai and Ketchikan, and 10 in Bethel. Efforts are currently underway to establish community programs in other areas as resources allow. The Department is committed to community management programs for sex offenders and continues to strive for the development of these programs.

In addition to sex offender management programs funded by the Alaska Department of Corrections there are other providers approved by DOC who offer sex offender programs for private pay. A current list of providers is available from the Criminal Justice Planner for Offender Programs.

A timeline of significant events in sex offender management and treatment is given in Appendix A.

1.300 Purpose of the Standards

The purpose of these Standards is to provide *minimum* requirements for provision of services by any approved provider to sex offenders who are in the custody of, or under supervision by, the Alaska Department of Corrections. The Standards apply to any approved provider regardless of whether they have a contract with DOC or are reimbursed for their services by the offender or other parties.

The Standards provide guidelines for assessment and treatment of sex offenders under the jurisdiction of the Department of Corrections. The services shall include, as resources allow, sex offender evaluation, treatment, transition planning, aftercare and other community based programming, and follow-up. Such programming shall be designed to assist sex offenders in becoming law-abiding and self sufficient, contributing members of the community.

These Standards serve a variety of functions. They have been established to:

- Provide minimum standards to insure professionalism among those individuals working with the SOMP and thereby increase professional performance and increase public safety
- Recognize and define sex offender programs in DOC
- Provide statewide consistency in SOMP programming
- Provide ease of transfer of offenders between programs
- Maintain efficiency in operation
- Decrease the potential for legal suits by providing a framework within which DOC and its Approved Providers can operate in a legally responsible fashion
- Clarify the role of DOC and its contractors and other Approved Providers in relation to operation of these programs
- Define the scope of work to be provided under SOMP contracts
- Clarify DOC's position on the treatment and supervision of sex offenders
- Allow for the uniform collection of data for purposes of research and determining overall program outcome

1.400 Terminology. There are a number of terms in this document that are used in the fields of corrections and mental health in general, and in the field of sexual offender programming in particular. A glossary of terms developed by the Center of Sex Offender Management (CSOM) is given in Appendix B. The reader is referred to that glossary for a definition of terms.

Note: It is acknowledged that both males and females commit sexual crimes and that both male and female sexual offenders enter the criminal justice system and DOC. However, in order to increase the readability of this document, and because the majority of offenders receiving sex offender treatment are male, the terms man, men, he, him, his, will be used to refer to all sex offender offenders regardless of gender.

2.000 OVERVIEW

DOC's Mission Statement: *working together to protect the public from sexual violence*

The Alaska Department of Corrections (DOC) provides a variety of services to sex offenders. The ultimate goal of the Department is the safety, well-being and protection of the citizens of Alaska. The development and operation of sex offender programming contributes to this commitment by offering services which increase community safety while preventing future crimes and potential victims of crime.

DOC is committed to providing a comprehensive system of sex offender assessment, treatment, and community management for convicted sexual offenders committed to DOC. In achieving this mission, DOC will strive to provide the highest quality of care available to those individuals under the supervision of corrections who request, or who are ordered, to participate in a DOC sex offender management program.

2.100 Philosophy of Management and Rehabilitation

DOC operates SOMP's based upon the premise that sex offenders can change their behavior but that this process is complex and difficult. Sex offender treatment is a specialty area within the field of forensic psychology. Sex offender treatment specialists teach sex offenders self-management skills that are directly related to their pattern(s) of sexual offending. Not all therapy or counseling can be considered sex offender treatment. For example, pastoral counseling, counseling for sexual addiction, and growth and development counseling are not sex offender treatment and these forms of counseling are not an appropriate substitute for the rehabilitation of sexual offenders. Sex offender programming strives to teach offenders internal management techniques so they have the tools to manage their own behavior. The underlying personality structure of the offender is robust and resistive to change, so teaching management strategies is a difficult and lengthy process. The programs also work with other correctional personnel to design external management strategies that are fitted to individual offenders and provide a structure around each offender to improve community safety. It is the expectation of sex offender treatment that sex offenders learn to self-manage their behavior and risk factors. If offenders reliably and consistently use self-control techniques, external management may be relaxed in some cases. However, DOC believes that SOMP's can significantly lower but not completely eliminate the sex offender's risk to the community. Offenders in program are encouraged to look at recovery as a lifelong process in which they are responsible for engaging in ongoing individualized maintenance programs in their communities. It is also recognized that some sex offenders are not amenable to SOMP's because of attitudes, behaviors or other characteristics that interfere with the goals of the program. These offenders are unlikely to internalize the principles of the program designed to reduce reoffense risk and must be closely managed using strong external means, i.e. intensive supervision.

Since sex offenders may be at different levels of readiness for rehabilitation, various types of programs may be developed that are designed to assist offenders as they move through the correctional system. These programs will be designed to provide maximum security to the public.

DOC's approach to sex offenders is one of clinically oriented management. This approach holds that the more educated Approved Providers and supervisory officers become about the offender's pattern(s) of abuse and relapse, the more effectively they can provide appropriate management of the offender. Even in those cases where offenders' amenability to programming is questionable Approved Providers and supervisory officers

can improve their management of these offenders and reduce the probability of re-offenses by being educated as to the circumstances under which each offender is likely to relapse. DOC maintains that the best approach to sex offender management requires diligent assessment and a coordinated application of management strategies.

2.200 Guiding Principles

The DOC philosophy of sex offender management incorporates the following five guiding principles:

1. Community Safety
2. Victim Orientation
3. Offender Accountability
4. Structure and Consistency
5. Collaboration and Teamwork

2.210 Community Safety

- **Community safety is paramount.** The protection of the community and the prevention of further victims is the primary goal of DOC
- **Sex offenders are dangerous.** When a sexual assault occurs there is always a victim. Victims of sexual assault are usually the most vulnerable members of our society, i.e. children and women. Both the literature and clinical experience suggest that sexual assault can have devastating effects on the lives of victims and their families. There are many forms of sexual offending. Offenders may have more than one pattern of sexual offending behavior and often have multiple victims. The propensity for such behavior is often present long before it is detected. It is the nature of the disorder that sex offenders' behaviors are inherently covert, deceptive, and secretive. Untreated sex offenders also commonly exhibit varying degrees of denial about the facts, severity and/or frequency of their offenses. Prediction of the risk of re-offense for sex offenders is in the early stages of development. Therefore, it is difficult to predict with high accuracy the likelihood of re-offense or future victim selection. Some offenders may be too dangerous to be placed in the community and other offenders may pose enough risk to the community to require long term monitoring to minimize the risk.
- **The sex offender needs to learn internal mechanisms to control his own behavior.** Sexual offending is a behavioral disorder which cannot be “cured”. The term “sexual offender” is not a clinical term, but rather a legal one. Sexual offenses are defined by law and may or may not be associated with clinical diagnoses. Sexual offenders may or may not have the characteristics of sexual deviance which are described as paraphilias. Some sex offenders may have diagnoses such as mental disorders, organic disorders, or substance abuse problems. Many sex offenders do not have these conditions. Even when sex offenders have a diagnosable medical or psychiatric condition this does not account for their sexual offending, although it may complicate their treatment and management. Many offenders can learn to manage their sexual offending behaviors and decrease their risk of re-offense. Sex offenders choose sexually

abusive behavior patterns rather than more adaptive coping responses. Sexual abuse results from a series of decisions made by the offender. These decisions can be changed by the offender and, therefore, sexually abusive behavior can be controlled. This requires that sex offenders accept and utilize constructive feedback offered them in program. Such behavioral management should not, however, be considered a "cure," as successful programming cannot permanently eliminate the risk that sex offenders may return to dysfunctional and deviant patterns and repeat their offenses. The term "treatment" as it relates to sexual offending and other behavioral disorders differs significantly in connotation from the term as it is used in certain medical situations. In the medical field some diseases can be cured through the application of medication or through surgery. In these cases the etiology of the disease may stem from an alien body such as a virus or bacteria or may be the result of an injury to an organ or biological structure. Medical procedures can sometimes completely resolve these issues and return the patient to his or her pre-morbid condition. Some diseases, for example diabetes, can not be cured but can be successfully controlled through diet and medication. In a similar manner, sex offenders have a disorder that needs to be controlled. External control is provided by society when individuals fail to control their own harmful urges. Sexual offending stems from dysfunctional and destructive patterns of thinking and behaving endogenous to the individual. The assaultive behavior patterns are not coming from an external and alien source but from the dysfunctional personality constructs of the individual himself. In sex offender programming the "treatment" is an attempt to give the individual some tools to recognize and alter his dysfunctional patterns. He is taught tools to self manage his behavior. He must choose to use these tools in order to avoid future offending. There is no guarantee that the offender will learn the tools offered or make the choice to use what he has learned. However, offenders who are exposed to sex offender programming have a better chance of learning and using self management techniques than those who have no such training. External controls must remain in place until there is consistent evidence that the offender has learned and is applying internal controls.

- **Sex offenders are intrinsically motivated in destructive ways.** Sex offenders are not without motivation. The goals for which they strive, however, are typically self serving and destructive to themselves and others. They are self-oriented rather than other-oriented. Untreated, their efforts are directed towards maintaining unhealthy ways of thinking and behaving. There may be little or no intrinsic motivation to alter the patterns which lead them to offend. The sex offender's chronic patterns of thinking, perceiving, and behaving lead to maladaptive patterns of adjustment. The patterns are self maintained and resistant to change. They may cause the individual little anxiety and are said to be "ego-syntonic." That is; they fit comfortably with the person's values and are incorporated into the individual's self-concept or personal identity. These patterns involve criminal behavior that is harmful to other persons and to society as a whole. These unhealthy patterns must be identified and addressed in sex offender programming. This typically decreases comfort levels of the offender, at least temporarily. When maladaptive personality patterns are confronted the offender may resist the feedback in an attempt to maintain his dysfunctional self concept

and reduce the stress of facing these problems. Sex offender therapists must focus on what will make the sex offender safer and more functional in the community, not just what will make him feel better. In any rehabilitation program it is important to understand the personality patterns of the person being treated. Diagnostic evaluation is essential to identifying the maladaptive patterns which are the targets of treatment. Sex offenders have thinking errors that facilitate offending behavior. Ingrained patterns of behavior are tactics that aid the offender in carrying out his offense cycle or patterns. Sex offenders must learn to identify and correct these patterns if they are to avoid relapse. This concept has important implications for rehabilitation and is essential to any program that hopes to provide successful programming to sex offenders. Because ingrained patterns of behavior are resistant to change it is important to establish greater external control and structure when working with sex offenders until internalized control has been consistently demonstrated.

- **Assessment and evaluation of sex offenders is an on-going process. Progress in treatment and level of risk are not constant over time.** The effective assessment and evaluation of sexual offenders is best seen as a process. In Alaska many sex offenders are assessed prior to their release from prison. Assessment of sex offenders' risk and amenability to management should not, however, end at this point. Subsequent assessments must occur on an ongoing basis. Assessment and evaluation should be an ongoing practice in any sex offender program. In the management of sex offenders there will be measurable degrees of progress or lack of progress. Because of the cyclical nature of offense patterns and fluctuating life stresses, sex offenders' levels of risk are constantly in flux. Success in the management of sex offenders cannot be assumed to be permanent. For these reasons, monitoring of risk must be a continuing process as long as sex offenders are under criminal justice supervision. Moreover, the end of the period of court supervision should not necessarily be seen as the end of dangerousness.

2.220 Victim Orientation

- **Victims have a right to safety and self-determination.** Victims have the right to determine the extent to which they will be informed of an offender's status in the criminal justice system and the extent to which they will provide input through appropriate channels to the offender management and treatment process. In the case of adolescent or child victims, custodial adults and/or guardian ad litem act on behalf of the child to exercise this right, in the best interest of the victim.
- **You don't know the offender until you know the offense from the victim's perspective.** Offenders strive to maintain an image of social propriety. In many respects they may appear as normal well adjusted citizens. They tend to distort the facts of the assault and to shift responsibility for their actions in order to protect their self-image. Many offenders live a dual life. They present with an air of conformity and hide their acting out behavior. They may go to great extent to convince others around them that they are incapable of committing acts of sexual assault. They often present to evaluators and to probation/parole officers as well functioning people. It is critical for those working with sex offenders to have

collateral information, including reports from the victim about the nature and extent of the sexual offending, to obtain an accurate picture of the offender's actions and deviancy.

- **When a child is sexually abused within the family, the child's individual need for safety, protection, developmental growth and psychological well-being outweighs any parental or family interests.** All aspects of the community response and intervention system to child sexual abuse should be designed to promote the best interests of children rather than focusing primarily on the interests of adults. This includes the child's right not to live with a sex offender, even if that offender is a parent. In most cases, the offender should be moved or inconvenienced to achieve the lack of contact, rather than further disrupting the life of the child victim.
- **Victim involvement must be empowering not re-traumatizing.** When a victim reports a sexual assault they typically have to recount their story to a number of people. Victims may first report to a family member, friend, victim advocate, or others. They then have to repeat their story to police. If they have not been in counseling before, they now have to repeat their story to a counselor. If the case is prosecuted they have to repeat their story to prosecutors. If the case goes to trial they have to testify in court and be cross-examined by the offender's defense attorney. Each time the victim repeats their story they may re-experience the trauma of the assault. Every effort should be made to minimize trauma to the victim by not having them repeat their story unnecessarily.
- **Victims must be allowed to determine their level of involvement in the process.** Victims should have control over how much involvement they have in the judicial system. Their wishes should be respected regardless of what they choose to do.
- **Victims are entitled to notification when offenders are about to be released from prison.** The Alaska constitution guarantees victims the right of notification. DOC Policy and Procedure 1206.01 states that victims may choose to be notified about an offender's pending release from prison. They may also choose to be notified when an offender is being considered for furlough or discretionary parole. They may be notified whenever an offender is going to a lower form of custody. In addition they may choose to be notified when an offender has violated his conditions of probation or parole. If the offender violates his conditions of probation the District Attorney's office notifies the victim. If the offender violated his conditions of parole the victim is notified by DOC. Professionals also have a duty to warn the victim if there is information to suggest the offender is an imminent threat to the victim.
- **Victims should be contacted through appropriate channels.** It is always preferable for there to be a central contact person for the victim. This would typically be someone in their support circle such as a parent, victim advocate,

counselor etc. When there is a need for information from the victim or a need to pass information on to the victim, it is in the victim's best interest to have the support person act as an intermediary for contact. This protects the victim from unwanted contact but gives them the option to speak directly with others if they so choose. In cases when victims must be contacted directly, DOC staff and Approved Providers shall be respectful of victim wishes regarding contact and not attempt to influence their decision.

2.230 Offender Accountability

- **Sex offenders are completely responsible for their behaviors.** Programming must continue to focus on the offender taking responsibility for his behaviors. This includes taking responsibility for, and learning from, the negative consequences that resulted from the offense(s). Sex offense specific programming must continue to focus on the offender taking responsibility for his behavior. He must see how his behavior was self-directed and maintained, sometimes through great effort, rather than being a sudden impulsive act carried out without forethought. They are also responsible for actively working on correcting and coping with patterns and problems that contributed to their offending behavior.
- **Program participants are responsible for active participation in their program.** DOC is committed to providing programming in the most effective and efficient manner. The goals of program must be wholly related to factors that are related to sexual offense patterns. The Department monitors the progress of participants to insure that unmotivated offenders are not allowed to continue in program thereby taking up valuable treatment resources and denying motivated offenders the opportunity for participation.
- **Assignment to community supervision is a privilege, and sex offenders must be completely accountable for their behaviors.** Sex offenders on community supervision must agree to intensive and sometimes intrusive accountability measures which enable them to remain in the community rather than in prison. Offenders carry the responsibility to learn and demonstrate the importance of accountability, and to earn the right to remain under community supervision. This includes polygraph assessment which is required by statute of all sex offenders under the supervision of DOC.

2.240 Structure and Consistency

- **Sex offender programming requires structure and consistency.** Sex offender programming is goal oriented. Many of the goals are common to all those in program and some are individualized. Programs must be structured and organized such that certain activities can occur which will force the offender to focus on certain issues or problems which require work. The activities of a rehabilitation program are not haphazard but are purposely intended to focus the offender's attention on some things and not on others. The more that is known about the offender's thinking errors, grooming patterns, assault cycles, patterns of relating to others, and other essential elements of his personality patterns the greater the chance that professionals will be able to appropriately evaluate him and develop a successful management protocol. Structure facilitates goal achievement. The

most intense form of structure occurs in a milieu program where an offender's activities can be monitored and directed on an ongoing basis. All DOC programs shall contain structure to the degree possible in which to evaluate, and better manage the offender. Activities of the programs shall be organized towards the goals intended. Consistency is critical to the rehabilitation process. Progress is not made with sex offenders through sudden insight followed by rapid and remarkable change. Rather, progress is the slow result of hard work on the part of the offender and the consistent application of principles by program staff. Consistency within and between programs is also essential. The goals of programming will be focused on issues specific to sexual offending and specific goals will be outlined in an Offender Treatment Plan

- **Dangerous and dysfunctional attitudes and behaviors will be consistently confronted in an appropriate and respectful manner.** Sex offenders have developed chronic patterns of maladaptive behavior and thinking that are self-serving and robust in their resistance to change. Furthermore, sex offenders typically distort the meaning of things in their world in a way which will endorse their patterns of thinking and behaving. This then allows them to continue these patterns without feeling discomfort. These distortions must be confronted and efforts made to help the offender modify them. *Confrontation is the presentation of information which challenges the person's distorted view and paves the way for the correction of that view.* Confrontation *does not* involve intentionally demeaning or humiliating comments, the intention of which is to induce shame. Confrontations should be made in a matter-of-fact manner, free from negative emotional tone. DOC programs, contractors and other Approved Providers will refrain from tactics which are intended to induce a sense of humiliation and/or shame but will strive consistently to confront the distorted perceptions of the offender. Likewise DOC Approved Providers will not endorse or encourage humiliation tactics on the part of program participants engaged in confronting a fellow participant. DOC staff and Approved Providers will attempt to train offenders in the appropriate manner of delivering feedback.
- **Sex offender assessment, management, and behavioral monitoring should be non-discriminatory and humane, and bound by the rules of ethics and law.** Individuals and agencies carrying out the assessment, management, and behavioral monitoring of sex offenders should not discriminate based on race, religion, gender, sexual orientation, disability or socioeconomic status. Sex offenders meeting the criteria for admission into SOMPs will be given equal opportunity to participate in DOC sex offender programming. Sex offenders must be treated with dignity and respect by all members of the team who are managing the offender regardless of the nature of the offender's crimes or conduct. Providers of services to sexual offenders shall be bound by their professional ethics at all times.

2.250 Collaboration and Teamwork

- **Sexual offending occurs in secret. Sex offenders must waive confidentiality for evaluation, treatment, supervision, and case management purposes.** All members of the Management Team must have access to the same relevant information. Sex offenses are committed in secret, and all forms of secrecy potentially undermine the rehabilitation of sex offenders and threaten public

safety. The more information the Management Team has about the offender's patterns of thinking, feeling and relating the more able they are to develop effective management strategies. Offenders typically conceal information about themselves as a means of perpetuating sexually deviant behavior. Offenders are expected to share information about their inner thoughts, fantasies, emotions and behavior patterns with group members. They are also expected to share information about each other that is relevant to rehabilitation. Collaterals will also provide information, not because it is being kept secret by the offender, but because the offender doesn't understand the significance of the information to his offense chain and to his rehabilitation. Offenders are expected to sign confidentiality waivers so that information can be freely shared between management staff. This open channel of communication differs from typical therapeutic practice but is critical in the rehabilitation of sexual offending. The limits of confidentiality shall be explained to offenders prior to program entry. There are limitations to the release of sensitive clinical information. Clinical information will be shared only with persons that are responsible for the rehabilitation and management of the offender. Some information, such as psychological test data, is appropriate only for individuals trained to interpret such data. As such, there may be restrictions on the type of information provided based upon the qualifications of the individual requesting such information. Psychologists will release test data and information in accordance with the ethical standards of the American Psychological Association.

- **Standards and guidelines for assessment, management, and behavioral monitoring of sex offenders will be most effective if the entirety of the criminal justice and social services systems apply the same principles and work together.** DOC realizes that setting standards for sex offender providers alone will not significantly improve public safety. In addition, the process by which sex offenders are assessed and managed by a variety of state agencies and the judicial system should be coordinated and improved.
- **The management of sex offenders requires a coordinated team response.** All DOC contractors and other Approved Providers must be willing to communicate, coordinate and cooperate with DOC staff. All relevant individuals and agencies must cooperate in planning containment strategies of sex offenders for the following reasons:
 1. Sex offenders should not be in the community without comprehensive programming, supervision, and behavioral monitoring
 2. Each discipline brings to the team specialized knowledge and expertise
 3. Open professional communication confronts sex offenders' tendencies to exhibit secretive, manipulative and denying behaviors, and
 4. Information provided by each member of an offender Case Management Team contributes to a more thorough understanding of the offender's risk factors and needs, and to the development of a comprehensive approach to managing the sex offender.

- **Successful management of sex offenders is enhanced by the positive cooperation of family, friends, employers and members of the community who have influence in sex offenders' lives.** Sexual issues are often not talked about freely in families, communities and other settings. In fact, there is often a tendency to avoid and deny that sex offenses have occurred. Successful management of sex offenders involves an open dialogue about this subject and a willingness to hold sex offenders accountable for their behavior. Safety-Nets shall be developed for sex offenders whenever possible following the Standards given in this document.

2.300 Management and the Use of Polygraph Testing

DOC began to incorporate the polygraph into sex offender management in 2003 after consultation with experts from the state of Colorado. DOC uses a three pronged approach that incorporates specific sex offender assessment and treatment strategies, specific sex offender supervision strategies, and polygraph assessment. The goal is to contain sexual aggression through careful assessment, management, and rehabilitative efforts thereby increasing public safety. DOC has had specialized sex offender supervision, assessment, and rehabilitation services for a number of years. However, polygraph services had not been available until 2006 when a pilot project was initiated in the Anchorage area. The 2006 legislature passed legislation requiring polygraph assessment of all sex offenders beginning in July 2007. DOC has been mandated to implement the use of polygraph assessment to enhance the management and rehabilitation of all sex offenders throughout Alaska.

It is well known in the field of sexual aggression that sexual offenders are often secretive about their past history of sexual offending. The information on record about sexual offenders is typically the tip of the ice berg with respect to the scope, duration, and intensity of the offenders' sexual offense history. Polygraph assessment often reveals a much more extensive history of sexual offending than that revealed by the offender. Offenders who are involved in rehabilitation programs may reveal more extensive sexual offending over the course of their programming but this may take months or years of involvement in program to uncover. Even those offenders who are actively involved in programming may not reveal the full extent and complete nature of their sexual offense history. Polygraph assessment is an efficient and effective way to assess the full extent of offenders' sexually deviant behavior. Offenders may not only reveal a longer history of sexual offending with many more victims than formerly identified, but they may also reveal offending against other age, gender, and relationship groups than formerly known. This is important because supervision staff need to know the potential victim groups that need to be protected from the offenders. Polygraph assessment may also reveal elements of force that are used by the offender and give a more accurate assessment of the potential for danger presented by individual offenders. The polygraph also assists in helping the offender work through denial more quickly and allowing the therapists to know the extent of any acting out or high risk behavior engaged in by the offender while under supervision. The polygraph assists supervision staff by evaluating the offenders' cooperation with conditions of probation/parole. Specific issue polygraphs and ongoing

monitoring polygraphs increase the effectiveness of supervision by providing knowledge to probation/parole officers about potential violations. Offenders often state that the polygraph helps them contain their high risk behavior because they know it will be detected upon testing.

2.400 Cognitive Behavioral Treatment and Relapse Prevention

Cognitive behavioral treatment is a technique that teaches offenders to recognize patterns of feelings, thoughts, and behaviors that precede a relapse pattern. It requires that offenders work intensively on their personal assault cycles and patterns so that they can recognize signs and triggers to a potential reoffense. The purpose of cognitive-behavioral treatment is to teach offenders to become aware of their pre-relapse signs and to initiate corrective responses so that they can maintain self-control over their urges to reoffend.

The affective, cognitive, and behavioral patterns referred to above are not accidental or transient. Sexual offenders typically have ingrained patterns of thinking, feeling, and behaving that are dysfunctional. The particular personality patterns displayed may differ from offender to offender but they are persistent within each offender and lead the offender on a destructive path of behavior that may eventually end in sexual violence. Offenders are expected to learn to recognize their patterns and correct for them. Feelings may be a trigger for an offense but they are not the *reason* for the offense. Offenders need to learn to identify feelings as a signal to engage in protective behaviors and not use feelings to rationalize offending. Sex offenders have cognitive distortions or thinking errors that are used to rationalize offending and to energize them into reoffense patterns. Sex offender programming is designed to identify these patterns and teach the offender to correct them with healthy thinking that is less self-centered and that takes into account the rights and needs of others. Programming is designed to help the offender recognize and incorporate the rights and needs of others into his decision making. Programming also identifies dysfunctional behavior patterns that allow the offender to avoid responsibility for his behavior and continue to engage in unhealthy interpersonal behaviors. The treatment programming for sexual offending is a long term process, typically taking several years and involving a coordinated effort between program and supervision staff. Sex offenders must make a commitment to abstain from participating in future deviant sexual behavior. The offender must learn new behaviors to substitute for the old and destructive ones they have engaged in previously. Abstinence from sexually deviant, criminal, and other abusive and destructive behavior is promoted as the primary goal for all sex offenders who enter program.

2.500 Supervision of Sexual Offenders. Specific procedures for supervision of sex offenders are given in the Standard Operating Procedures for Supervision by the Division of Probation and Parole. Information from assessment and treatment shall be incorporated into the supervision plans for sexual offenders. Approved Providers shall give regular input to supervision staff and conduct ongoing consultation as needed to assist the supervising officers manage their caseload of sexual offenders.

3.000 QUALIFICATION OF PROVIDERS

The Department has established minimum standards for providers who offer services to sex offenders under the jurisdiction of DOC. DOC has established an Approved Provider Level System which approves clinicians at different service levels according to their training and experience. For treatment providers, the levels include Sex Offender Treatment Supervisor, Full service provider, and Partial service provider. DOC also approves individuals in pre and post graduate training programs to provide services under supervision. Polygraph examiner levels include Full Operating level and Associate Level. Plethysmograph examiners may be approved at Full Operating Level Treatment Provider and/or Full Operating Level Evaluator. All contract staff and Approved Providers must meet the minimum standards set forth in this document. Furthermore, special conditions and/or restrictions may be placed upon providers whose qualifications to provide specific services are limited by lack of experience. Individual professionals and staff working with sex offenders under the jurisdiction of Corrections must meet the minimum qualifications and follow specific conditions and restrictions as determined by DOC. Additionally, they must meet all applicable State and Federal licensure requirements and restrictions. Providers must be licensed in their respective clinical fields. The exception to this policy is DOC personnel who as a part of their job responsibilities are required to participate in the overall supervision and/or delivery of services to the sex offender population.

3.100 Ethics/Professional Conduct

DOC is committed to providing safe and effective programming to offenders under its supervision. The ultimate goal of rehabilitation and management is to reduce the incidence of sexual aggression. Appropriate programming enhances the safety and protection of the public. Approved Providers must be committed to the welfare of the offenders, their family members, victims, and the community as a whole. Ethical principles set guidelines for professional behavior and conduct that reflect high standards of integrity and competence. This protects the public, preserves public trust, and ultimately advances the fight against sexual aggression.

Approved Providers are licensed in one of several mental health professions in Alaska. Each of these professions has a code of conduct that its licensed members must follow. Most mental health professionals also must adhere to a code of ethics developed by national associations in their respective fields. The Association for Treatment of Sexual Abusers (ATSA) has ethical standards for those who practice in this field. In addition, State and Federal laws govern the conduct of mental health professionals. Approved Providers are responsible for familiarizing themselves with ATSA Standards and Guidelines. Approved Providers are also responsible for familiarizing themselves with the ethical guidelines of their respective licensing boards and professional organizations. All treatment providers, polygraph examiners, and plethysmograph/Abel assessment providers shall follow the ethical guidelines of their respective practice, follow the ATSA code of ethics as well as follow all State and Federal laws governing mental health professionals.

3.200 Department Approval of Treatment Providers

All individuals who wish to provide assessment and treatment services to sex offenders under the jurisdiction of DOC must be Approved Providers as determined by Approved Provider Regulations. *Approval as a provider is required of anyone wishing to assess or treat sex offenders in DOC's jurisdiction regardless of whether there is a charge for services and regardless of who pays for the services.* The approved provider process is a systematic review and approval process which has been established by the DOC to insure that sex offenders who are under the Department's jurisdiction are seen by professionals whose philosophy and methods of treatment are commensurate with the Department's Standards of sex offender management. Sex offenders with probation/parole requirements to obtain sex offender treatment are required to see a DOC Approved Provider. All Approved Providers must be licensed by the State of Alaska in their respective fields of practice unless they are involved in a DOC approved pre-graduate or post-graduate sex offender internship program. DOC encourages advanced graduate students at the Masters and Doctoral levels, who have completed their basic class work and practicum training, to obtain supervised experience in the area of sex offender assessment and treatment. The goal of the internship programs is to allow qualified individuals to gain basic knowledge and skills in the area of sex offender assessment, treatment, and management. Supervised experience will help individuals to eventually qualify as DOC approved providers and to provide sex offender services in an ethical and professional manner to a culturally diverse population of sex offenders.

Applications from providers will be reviewed by a Sex Offender Approved Provider Committee appointed by the Department. The approval process is outlined in DOC regulations.

DOC does not approve agencies but only individuals as Approved Providers. There is no "agency umbrella" for approval as a DOC provider. All agency staff persons who work with DOC offenders must undergo the review and approval process. Agencies may not substitute non-Approved Providers for staff persons who have been approved.

DOC does not consider itself to be a governing agency as to licensure or competence of professionals in their respective fields of training and expertise. The Department reserves the right, however, to maintain a list of Approved Providers that sex offenders under their jurisdiction must select from when participating in institutional or community based treatment programs for sex offenders. Approved Providers delivering sex offender treatment services may be added and deleted from the list of Approved Providers based on compliance or lack of compliance with the treatment provider regulations including these Standards.

3.210 Levels of Approval for Treatment Providers

Providers may be approved to provide assessment and treatment services to sex offenders at one of the following five levels:

1. Sex Offender Treatment Supervisor
2. Level I - Full Service Provider
3. Level II – Partial Service Provider
4. Sex Offender Intern – Post-Graduate Level
5. Sex Offender Intern – Pre-Graduate Level

Sex offender treatment supervisors may engage in the full spectrum of assessment and treatment services and may also supervise other DOC Approved Providers. Level I

providers are approved to provide a full range of clinical services to sexual offenders. Less experienced Level I providers may be required to maintain clinical supervision from an approved sex offender treatment supervisor. Level II providers may provide specific services to sexual offenders at the discretion of DOC and an approved sex offender treatment supervisor. All Level II providers are required to receive supervision by a Sex Offender Treatment Supervisor. Pre-Graduate interns must have completed the necessary course work at their college or university to be approved for an internship. They must work under the direct on-site supervision of a Sex Offender Treatment Supervisor. Post-Graduate interns must also work under the supervision of a Sex Offender Treatment Supervisor and may not conduct individual, group, or family therapy sessions independently until approved by the Sex Offender Treatment Supervisor.

The requirements for approval at each level are given in Appendix C.

3.211 Restrictions for all Provider Categories:

All new providers are required to obtain clinical supervision for at least the first year that they provide services to offenders supervised by, or in the custody of the Alaska DOC.

The Department, upon recommendation by the Approved Provider Committee, may elect to impose limits upon the services provided to offenders in custody by any approved provider. Some examples of limitations placed upon providers include:

- May not conduct assessments unless under direct supervision of a Sex Offender Treatment Supervisor.
- Services provided will be on a case review basis and approved by DOC, (e.g., may only treat clients with a previous history of treatment in a DOC program, may only treat low risk offenders).
- All clinical reports must be reviewed and signed by a Sex Offender Treatment Supervisor.
- May not conduct psychological testing if not licensed to do so in this state.

3.212 Movement Between Levels

Movement between levels of approved provider status must be recommended by a Sex Offender Treatment Supervisor and reviewed and approved by DOC Offender Programs. Level I providers may request to be trained as a Sex Offender Treatment Supervisor. Level I providers interested in providing supervision must be trained and supervised by an approved Sex Offender Treatment Supervisor.

3.213 Supervision Guidelines for Approved Providers.

DOC requires that some providers receive supervision from a Sex Offender Treatment Supervisor. The purpose of supervision is to provide guidance and training to less experienced providers, to assure compliance with the DOC treatment model, and to improve the quality and consistency of treatment.

3.214 Amount of Supervision Required.

The amount and type of supervision required will vary according to the experience and training of the supervisee as well as the number and complexity of the cases being treated. The minimum standards for supervision time are as follows:

- One hour every two weeks for every 10 offenders or more on a case load
- One hour every month for case loads less than 10
- Interns must work one hour per week with their approved supervisor

These are minimum standards. Sex Offender Treatment Supervisors shall require more supervision time at their discretion should the circumstances in their opinion warrant it for any reason. The method of supervision can include a variety of techniques in addition to face-to-face supervision meetings, such as taped sessions, supervisor sitting in on sessions, use of forms developed by the supervisor, etc.

Supervision shall be required until such time as the Sex Offender Approved Provider Committee recommends, and the Department agrees, that supervision is no longer necessary.

3.215 Supervision Plans.

All Approved Providers who require supervision shall file a Supervision Plan with the Criminal Justice Planner for Offender Programs prior to the start of any treatment of DOC offenders. The Supervision Plan shall address the frequency, method, and mode of supervision. The plan shall specify any special conditions required (e.g. additional training), and/or any and all prohibitions.

3.216 Guidelines for Supervision and the Evaluation of Provider Performance.

Sex Offender Treatment Supervisors shall be required to provide evaluations of Approved Providers under their supervision on a schedule established when the individual is approved. Appendix D provides a sample evaluation form.

3.217 Notification, Suspension, and Termination

Contractors and other Approved Providers are obligated to notify DOC the next working day if:

1. They are being investigated for malpractice and/or ethical violations by a licensing board or professional organization such as APA, ACSW, etc.

or

2. They are named as a party in any civil or criminal litigation relating to their professional activities.

Contractors and Approved Providers may be temporarily suspended from delivery of sex offender treatment services if either item 1 or 2 applies.

Contractors are subject to termination and Approved Providers may be removed from the approved provider list if they are found civilly or criminally responsible in the circumstances related in items 1 or 2.

3.218 Continued Placement on the Approved Provider List. All Approved Providers must apply for continued placement on the Provider List every 3 years by the date provided by the Approved Provider Committee. Additionally, the provider must abide by Alaska Administrative Code 22AAC30.070 Renewal process.

(a) To renew provider approval under this chapter, an approved provider must apply for renewal of approval no later than 60 days before the end of the provider's current approval period by submitting an application for renewal to the Sex Offender Treatment Committee on a form provided by the department.

(b) For a provider's approval to be renewed, the provider must

(1) have a current professional license, in good standing, as described in 22AAC30.030(b);

(2) be a good moral character;

(3) have obtained, within the proceeding three years, 20 hours of continuing education in the treatment of sex offender that

(A) was sponsored or conducted by the Association for the Treatment of Sexual Abusers;

(B) fulfills a continuing education requirement imposed by the board that licenses the provider as a psychiatrist, psychologist, psychological associate, social worker, marital and family therapist, or professional counselor; or

(C) has been approved by the department as being substantially equivalent to the continuing education described in (A) or (B) of this paragraph:

(4) agree to abide by the standards set out in 22AAC30.200 in providing sex offender treatment to a sex offender who is under the department's jurisdiction; and

(5) provide a reference, on a form provided by the department, from the supervising full-service-level approved provider if the applying provider's current approval is conditioned under 22AAC30.040 on that supervision.

(c) A renewal application must include

(1) the provider's name, business mailing address, and telephone number;

(2) verification from the relevant Alaska licensing board that the provider has a current professional license, as described in (b)(1) of this section, in good standing;

(3) documentation verifying that the provider has obtained the continuing education required by (b)(3) of this section;

(4) the reference described in (b)(5) of this section, signed by the supervising full-service-level provider, if the reference is required under (b)(5) of this section;

(5) all information not previously provided to the department regarding the provider's criminal history; and

(6) information not previously provided to the department regarding any investigations of the provider within the past three years for possible professional license violations.

(d) A renewed provider approval lapses three years from the date of renewal.

3.219 Complaints Against an Approved Provider

Per Alaska Administrative Code 22AAC30.110, the following shall be followed if the Approved Provider Committee receives a complaint against an approved sex offender treatment provider.

(a) A person, including an employee of the department, may bring a complaint against an approved provider, alleging a violation of a requirement for provider approval under this chapter, a violation of a supervision condition placed on the approval as described in 22 AAC 30.040, or a violation of a standard of care in 22 AAC 30.200 by submitting the complaint in writing to the Sex Offender Treatment Committee. The committee shall open a complaint file and review the complaint. Upon completion of initial review of the complaint, the committee shall prepare for the complaint file a report regarding the complaint, including the committee's conclusion as to whether there is probable cause to believe that a violation has occurred. In the report, the committee may recommend that the department suspend the provider's approval under this chapter until the complaint is resolved, in order to prevent an undue risk of harm to the public. The committee shall forward the complaint file to the department.

(b) If, after review of the complaint file, the department determines that probable cause does not exist to believe that a violation has occurred, the department will furnish a written report of the complaint to the provider who is the subject of the complaint, setting out the reasons for the determination, and will place a copy of the report in the complaint file.

(c) If, after review of the complaint file, the department determines that there is probable cause to believe that a violation has occurred, the department will notify the provider who is the subject of the complaint of the allegations contained in the complaint, and will furnish the provider with a response form. The department will return the complaint file to the committee and direct the committee to investigate the allegations in the complaint.

(d) If the department directs the committee to conduct an investigation as described in (c) of this section and the department concludes that suspension of the provider's approval pending resolution of the complaint is necessary to prevent an undue risk of harm to the public, the department will notify the provider that the department intends to suspend the provider's approval under this chapter pending resolution of the complaint and that the provider may contest the suspension determination by providing to the department,

within three days after the date of the notification under this subsection, a written statement as to why suspension is not necessary to prevent an undue risk of harm to the public. The department will consider the provider's statement, make a final determination as to whether the provider's approval under this chapter should be suspended pending resolution of the complaint, and will notify the provider of that final determination. If the department's final determination is that the provider's approval under this chapter should be suspended, the suspension takes effect upon the provider's receipt of notification of that final determination.

(e) Within 14 days after the date of the notification of allegations under (c) of this section, the provider shall submit to the committee, on the response form furnished by the department, a sworn statement in response to the allegations in the complaint. The provider shall cooperate with the investigation of the complaint by providing to the committee any documents or information requested by the committee. The provider's failure to respond to the allegations or to cooperate with the committee's investigation as required by this subsection may result in revocation of the provider's approval. The committee shall place in the complaint file the provider's response statement, any other documents or information provided to the committee under this subsection, and any other material considered by the committee in its investigation.

(f) Upon completion of its investigation, the committee shall prepare for the complaint file a report of the results of the committee's investigation and a recommendation for department action regarding the complaint, and shall forward the complaint file to the department. The committee's recommendation may be that the department

(1) take no action;

(2) continue the provider's approval under this chapter with conditions designed to correct the violation, if the committee considers the violation to be a minor one that does not create an undue risk to the public and is amenable to correction within a specified period of time; or

(3) revoke the provider's approval under this chapter.

(g) If, after review of the complaint file, including the committee's report and recommendation under (f) of this section, the department decides to

(1) take no action on the complaint, the department will notify the provider of the decision, will furnish the provider with a written report of the decision and will retain a copy of the notification and report in the complaint file;

(2) continue the provider's approval under this chapter with specified conditions designed to correct the violation, the department will notify the provider of the continued approval and conditions, will furnish the provider with a written report of the decision, including a statement of the reasons for the conditions, and will retain a copy of the notification and report in the complaint file;

(3) revoke the provider's approval under this chapter, the department will notify the provider of the revocation decision, will furnish the provider with a written report of the decision, including a written statement of the reasons for revocation and instructions for requesting a review of the decision, and will retain a copy of the notification and report in the complaint file.

(h) A provider who receives notification of a decision under (g)(2) or (3) of this section has 30 days from the date of the notification to request review of the decision in the manner described in 22 AAC 30.060(a) . If the provider timely requests review as provided in this subsection, the department's review of the decision will be conducted as described in 22 AAC 30.060. If a timely request for review is not received as provided in this subsection, the revocation or the placement of conditions takes effect on the 31st day after the date of the notification of the decision under (g) of this section.

(i) After resolution of a complaint under this section, the department will inform the complainant of the disposition of the complaint.

(j) In this section, "violation" means a violation of a requirement for provider approval under this chapter, a violation of a supervision condition placed on the approval as described in 22 AAC 30.040, or a violation of a standard of care in 22 AAC 30.200.

3.300 Department Approval of Polygraph Examiners

3.310 Levels of Approval

DOC approves polygraph examiners at the following two levels;

1. Full Operating Level
2. Associate Level.

An examiner at the Full Operating Level may conduct polygraph assessments of offenders without supervision. Associate Level examiners have less experience and may not have a baccalaureate degree. They are required to have supervision by an examiner at the Full Operating Level.

The requirements for each are given in Appendix E.

3.320 Continued Placement on the Approved Provider List at Full Operating Level:

Clinical polygraph examiners at the Full Operating Level must apply for continued placement on the Provider List every 3 years by the date provided by the Approved Provider Committee. Requirements are as follows:

1. The polygraph examiner must demonstrate continued compliance with these Standards;
2. Full Operating Level Clinical polygraph examiners shall complete a minimum of forty (40) hours of continuing education every three years in order to maintain proficiency in the field of polygraph testing and to remain current on any developments in the assessment, treatment, and monitoring of adult sex offenders. Up to ten (10) hours of this training may be indirectly related to sex offender

assessment/treatment/management. It is incumbent on the trainee to demonstrate relevance to sex offender issues if the training is indirectly related to sex offender assessment/treatment/management. The remaining thirty (30) hours must be directly related to sex offender assessment/ treatment/ management.

3. Shall conduct a minimum of 100 post-conviction sex offense polygraph examinations in the 3-year listing period;
4. Provide satisfactory references as requested by DOC. DOC may also solicit such additional references as necessary to determine compliance with the Standards, including, but not limited to other members of the community supervision team;
5. Submit documentation that the examiner has engaged in periodic peer review by other clinical polygraph examiners listed at the Full Operating Level operating separately from the examiner's agency. Peer review must be conducted biannually at a minimum;
6. The individual shall never have been convicted of or received a deferred judgment for any offense involving criminal sexual or violent behavior, or a felony that would bring into question the competence or integrity of the individual to provide sex offense specific treatment;
7. Submit to a current background check and be fingerprinted;
8. Report any practice that is in significant conflict with the Standards;
9. Comply with all other requirements outlined in American Polygraph Association guidelines and DOC policy.

3.330 Continued Placement on the Approved Provider List as an Associate Level Examiner: Clinical polygraph examiners at the Associate Level must apply for continued placement on the Provider List every 3 years by the date provided by the board. Requirements are as follows:

1. The polygraph examiner must demonstrate continued compliance with these Standards;
2. The applicant shall have completed all training as outlined in these Standards;
3. Conduct a minimum of 75 clinical polygraph examinations in the 3 year listing period;
4. Provide satisfactory references as requested by DOC. DOC may also solicit such additional references as necessary to determine compliance with the Standards, including, but not limited to other members of the community supervision team;
5. Submit documentation that the examiner has engaged in periodic peer review by other clinical polygraph examiners listed at the Full Operating Level operating separately from the examiner's agency. Peer review must be conducted biannually at a minimum;
6. The individual shall never have been convicted of or received a deferred judgment for any offense involving criminal sexual or violent behavior, or a felony that would bring into question the competence or integrity of the individual to provide sex offense specific treatment;
7. Submit to a current background check and be fingerprinted;
8. Report any practice that is in significant conflict with the Standards;
9. Comply with all other requirements outlined in American Polygraph Association guidelines and DOC policy.

3.340 Professional Supervision: A supervision agreement shall be signed by both the polygraph examiner and his/her supervisor. The supervision agreement should specify such things as the frequency and length of supervision, type of supervision, and it shall specify accumulated supervision hours.

Supervision must be a minimum of thirty (30) minutes for each of the 100 sex offense polygraphs for a total minimum of fifty (50) face-to-face supervision hours provided by the Full Operating Level clinical polygraph examiner.

The components of supervision include, but are not limited to:

- Preparation for a polygraph examination
- Review/live observation of an examination
- Review of video and/or audio tapes of an examination
- Review of other data collected during an examination

3.350 Movement to Full Operating Level: Associate Level clinical polygraph examiners wanting to move to Full Operating Level status must complete and submit documentation of:

- Obtaining a baccalaureate degree;
- The individual shall have conducted at least 200 criminal specific-issue examinations including post conviction sexual history, maintenance and monitoring exams;
- A letter from his/her supervisor indicating the applicant's readiness to move to Full Operating Level status, including documentation of having completed the professional supervision components;

3.400 Plethysmograph Examiner:

3.410 Levels of Approval

A Plethysmograph Examiner may be approved at the following two levels:

1. Full Operating Level Treatment Provider
2. Full Operating Level Evaluator

Both Full Operating Level Treatment Providers and Evaluators may conduct plethysmograph assessments. In addition a Full Level Treatment Provider may conduct aversive conditioning or other forms of sexual deviancy re-conditioning. The requirements for plethysmograph examiners are given in Appendix F.

Plethysmograph examiners at both levels will be required to prepare and submit reports of their assessment to include an interpretation of the data.

3.420 Continued Placement on the Provider List: Plethysmograph Examiners must apply for continued placement on the Provider List every 3 years by the date provided by DOC. The application will be considered as a part of the application to continue placement on the List as a Full Operating Level Treatment Provider and/or Full

Operating Level Evaluator, since placement on the List as a Full Operating Level Treatment Provider and/or Full Operating Level Evaluator is a requirement of all Plethysmograph Examiners.

Documentation of continued administration of plethysmograph examinations will be required. Additionally, DOC may request a review of reports or program materials specific to plethysmography or evidence of a portion of the continuing education hours addressing plethysmograph examinations.

3.421 Stimulus materials. Plethysmograph examiners shall be aware of, and comply with, all applicable federal and state legislation regarding the possession of sexually explicit materials.

Examiners shall use appropriate stimulus items to evaluate the sexual interests of clinical concern. If permitted, visual stimuli for testing of sexual interest in children should include pictures depicting males and females of different ages and different stages of physical development from very young infants and toddlers to physically mature adults. Neutral stimuli should be included to evaluate the validity of the assessment.

Audio-taped stimuli may also be used to assess sexual interest in children. These stimuli shall clearly specify the age and sex of the depicted individuals. Examiners should use audiotapes describing consensual sex, rape, and sadistic violence when evaluating sexual arousal to non-consenting sex and eroticized aggression. Neutral, nonsexual interactions should also be included. Stimuli may depict males and females as well as adults and children.

At a minimum, examiners shall have at least two examples of each stimulus category. Stimulus items should be of good quality without distracting elements.

3.500 Abel Assessment Examiner:

3.510 Levels of Approval

Providers may be approved at the following two levels:

1. Full Operating Level Treatment Provider
2. Full Operating Level Evaluator

Full operating Level Treatment Providers have more experience and do not require supervision. Full Operating Level Evaluators have less experience and shall be required to be supervised by a Full Operating Level Treatment Provider until the supervisor recommends that supervision is no longer required.

Full Operating Level Treatment Provider and/or Full Operating Level Evaluator under these Standards, have a baccalaureate degree from a four-year college or university and demonstrate that he or she had been trained and licensed as a site to utilize the instrument.

3.520 Continued Placement on the Provider List: Abel Assessment Examiners must apply for placement on the Provider List every 3 years by the date provided by the Board. The application will be considered as a part of the application to continue placement on the List as a Full Operating Level Treatment Provider and/or Full Operating Level Evaluator, since placement on the List as a Full Operating Level Treatment Provider and/or Full Operating Level Evaluator is a requirement of all Abel Assessment Examiners.

Documentation of continued administration of the Abel Assessment will be required. Additionally, DOC may request a review of reports or program materials specific to Abel Assessment administration or evidence of a portion of the continuing education hours addressing use of the Abel Assessment.

3.600 Exclusions. DOC reserves the right to deny placement on the Provider List to any applicant to be a treatment provider, evaluator, clinical polygraph examiner or plethysmograph/Abel Assessment examiner under these Standards. Reasons for denial include but are not limited to:

- A. The DOC determines that the applicant does not demonstrate the qualifications required by these Standards;
- B. The DOC determines that the applicant is not in compliance with the Standards of practice outlined in these Standards;
- C. The applicant fails to provide the necessary materials for application as outlined in the application materials and the administrative policies and procedures;
- D. The applicant has been convicted or received a deferred judgment for any criminal offense;
- E. The applicant has been found to engage in unethical behavior by any licensing or certifying body or has had a license or certification revoked, canceled, suspended or been placed on probationary status by any professional oversight body;
- F. The applicant is addicted to or dependent on alcohol or any habit forming drug as defined or is a habitual user of any controlled substance or any alcoholic beverage;
- G. The applicant has a physical or mental disability which renders the applicant unable to treat clients with reasonable skill and safety or which may endanger the health or safety of persons under the individual's care;
- H. The Board determines that the results of the background investigation, the references given or any other aspect of the application process are unsatisfactory.

4.000 STANDARDS OF PRACTICE FOR SEXUAL OFFENDER ASSESSMENT**4.100 Psychological/Risk Assessment**

4.110 General Considerations: The assessment process for sexual offenders is designed to evaluate the offender with respect to major problems, issues, and patterns across his life span so that programming can be focused specifically upon the areas that contributed to sexual offending. A comprehensive assessment allows treatment and management personnel to conceptualize the sexual offense(s) in the greater context of the offender's life. It also allows for rehabilitation and supervision to be focused on the specific needs and problems of the offender so that the risk of harm to society can hopefully be reduced. Evaluators have an ethical responsibility to conduct evaluations in a comprehensive and factual manner regardless of the offender's status within the criminal justice system. The following are general points of consideration:

- Assessment and evaluation are ongoing processes and should continue through each transition of supervision and treatment. Re-evaluation by community supervision team members should occur on a regular basis to ensure recognition of changing levels of risk.
- The evaluator shall obtain the informed assent of the offender for the evaluation, by advising the offender of the assessment and evaluation methods to be used, the purpose of the evaluation, and to whom the information will be provided. The evaluator shall explain to the offender about the role the evaluator fills with regard to the offender, DOC, the court, and the parole board. The evaluator shall explain the limits of confidentiality and the obligations regarding mandatory reporting of child abuse and other reporting obligations. The offender shall be warned that if he gives specific names, location, dates *or other identifying information* of other offenses not previously reported to authorities that these will be reported and he may be prosecuted for a new offense.”
- The evaluator shall be sensitive to any cultural, ethnic, developmental, sexual orientation, gender, medical and/or educational issues, or disabilities that become known during the evaluation.

4.120 Corroboration of Self-report: Some information will come directly from interviews with the offender. This includes the offender's version of the offense and his report of any past sexually deviant behavior. In addition the clinician must collect general information about the offender's past adjustment across a number of areas including family, social, and sexual history. Also a clinical assessment is obtained to determine past and present psychiatric/psychological problems.

Sex offenders are secretive about their past behavior and adjustment. This perspective allows them to feel less anxiety about past maladaptive attitudes, emotions and behaviors, and therefore skews information that they report. They use defense mechanisms to deny, minimize, rationalize and blame others for their actions. There may also be information that is not known by the offender. Therefore, information they provide may be inaccurate

and/or missing. They typically present information that will place them in a good light and ignore or minimize their problems. For this reason collateral information must be obtained to derive a true picture of the offender's life adjustment. Evaluators must review available records to get an accurate picture of the offender.

4.121 Types and Sources of Corroborating Information:

4.130 Record review The following records should be reviewed prior to meeting with the offender.

1. Indictments
2. Pre-Sentence Report(s)
3. Sentencing Document(s)
4. Probation/Parole Conditions
5. Reports of Parole/Probation Violations
6. Police Reports
7. Victim Statements
8. Prior Psychological/Psychiatric Reports
9. Prior Treatment Records/Risk Assessments
10. Institutional Records
11. Juvenile Records

4.140 Other sources of information: Interviews with relatives, spouses, victim(s), and other significant persons in the offender's life are also helpful when possible and when these can be conducted without harm to these parties.

4.150 Offender Interviews: Offender interviews may occur over a period of time when the assessment is performed while the offender is engaged in a rehabilitation program. At other times the interview may occur as part of a pre-sentence assessment, an assessment prior to placement in program, or prior to release from custody. In these cases the interview may be conducted in one or a few meetings over a short period of time. Assessments will not be conducted prior to trial and/or conviction. Sex offender assessments cannot determine a person's guilt or innocence. To conduct an evaluation prior to the determination of guilt could mislead the court into believing that mental health professionals can determine if an individual committed a specific act. The sex offender evaluator cannot replace the trier of fact. To conduct a pre-trial assessment would constitute an ethical violation.

In all assessment situations or circumstances, an attempt is made to gather information directly from the offender regarding the specifics of the offense as well as social, family and sexual history. The examiner is hoping to gather not only "facts" about the offender's life and view about the offense, but also, to gain insight into how the offender conceptualizes the offense and various aspects of his history. Therefore, the examiner notes the offender's approach to the interview, his use of defenses, his attitude about the offense, his attitude towards treatment and his ability to handle confrontation, his interpersonal style, and his general personality patterns.

4.151 Pre-interview preparation: It is always preferable to read all available collateral material prior to interviewing the offender. *The evaluator shall clarify confidentiality issues before the interview begins and obtain informed assent in writing.* They shall also ask for the offender's understanding of why he's there to determine his level of comprehension about the assessment and correct any misconceptions. The evaluator should explain their credentials and expertise and let the offender know that they have read all the materials provided describing the victim(s), witness, and police accounts of the event(s). They should also encourage the offender to be completely open and honest. It may be helpful to do some preparation work regarding defensiveness with the offender explaining normal defense mechanisms and emphasizing the importance of him giving accurate information.

Techniques for reducing defenses include:

- Asking him to provide information about his own defenses and how you would recognize when he is feeling self-protective or challenged.
- Developing a "yes set,"
- Going slowly to first obtain information prior to the assault,
- Using progressive questioning, paradoxical techniques, and repeating questions later in the interview should you encounter resistance or denial.

The clinical interview must cover the following areas:

1. The instant offense
2. Prior sexual offending and other criminal history
3. Social/family history
4. Developmental history
5. Sexual history
6. Mental/behavioral status examination

See Appendix G for interview guidelines for obtaining specific information regarding the instant offense, sexual history, and social/family history.

4.160 Psychological Testing: A variety of psychological testing may be performed depending on potential issues in each case. The particular tests will vary depending on the particular clinician and his or her experience and training with particular instruments. Psychological testing may be used to assess functioning in the following areas:

- Intellectual Functioning
- Academic Achievement Testing (Reading level, mathematical ability, etc.)
- Neuropsychological Functioning
- Character/Personality Pathology
- Mental Illness
- Self-Concept/Self-Esteem
- Drug/Alcohol Use/Abuse
- Sexual History

- Attitudes/Cognition
- Risk Assessment

Whenever possible and appropriate, evaluators shall use instruments that have specific relevance to evaluating sex offenders and instruments with documented reliability and validity. They should also use at least one validated risk assessment instrument that was normed on a population most similar to the offender being evaluated. When the norm population differs significantly from the offender, this should be mentioned.

4.170 Assessment of Risk

Sex offenders pose a risk to the community. The crimes committed by these offenders are crimes against people rather than property. The typical ways of judging risk for non-sex offenders are not accurate predictors of risk for the sex offender. Sex offenders pose a risk to a vulnerable part of society, most typically women and children. Sex offenders commonly appear to be well adjusted members of society. Their “normal” or well-adjusted appearance often causes people to underestimate their risk to society. It is generally recognized by experts in the field that specific risk assessment is needed for sex offenders. Although risk assessment is far from an exact science certain guidelines are generally recognized as important considerations in judging the danger these offenders pose to public safety. It is also important to remember that risk is not a stable characteristic, but can change over time. While some risk factors are constants, such as a history of violence, others are fluid, such as compliance with treatment or supervision. Therefore, it is essential that risk be reassessed as changes in offender behavior and attitude are apparent. While all sex offenders will have some of these factors, high risk offenders will generally have more factors or more serious ones.

Sex offenders are a heterogeneous group. They vary in the level of risk they pose to the community. The risk assessment process is an attempt to differentiate levels of risk as well as focus attention on relevant variables that may affect judgments about treatment and supervision. It should be kept in mind that in some cases one or a few very serious factors will be enough to judge an offender as high risk.

In recent years several researchers have developed risk assessment screening tools that help to quantify risk prediction. While some risk assessment tools that have been developed are helpful in predicting risk of re-offense, they do not usually address all the factors that may be pertinent to an individual offender’s community management. This is because factors are removed from a scale if they are not significantly correlated with re-offense rates for the entire sample of sex offenders in the study. This is done so that the scale will achieve statistically significant predictive validity. Removed factors, however, may predict re-offense for particular individuals or classes of individuals. For example, sadistic offenders re-offend at high rates. However, since they are a relatively uncommon class of sex offenders (approximately 5%), sexual arousal to hurting the victim does not usually improve statistical prediction for sex offenders as a whole. This is only because these individuals make up such a small percentage of the total number of offenders included in a particular study. Logic and clinical experience dictate, however, that these offenders should be supervised closely. It is therefore helpful to use

statistically validated risk scales in combination with a more individualized assessment of risk factors. It is important to keep in mind that, although it is important to determine which offenders pose the greatest long term risk of re-offense, it is equally important to understand which factors are relevant to managing the risk of all offenders in the community.

In estimating risk, Approved Providers and supervisory officers are interested in two areas of assessment. They want to know how likely it will be that a particular offender will repeat criminal behavior (recidivism), and how much harm this behavior will cause (dangerousness). These factors may operate somewhat independently as some offenders may have a high probability of re-offense with a low likelihood of harm, e.g. obscene phone callers, while others may have a high probability of harm to a victim even though the probability of a re-offense may not be judged to be high. Therefore factors must be considered that help predict recidivism potential as well as factors that help determine dangerousness when estimating risk to the public. Most risk assessment tools that have been developed focus primarily upon risk of recidivism rather than dangerousness. Evaluators also need to estimate the harm an offender may inflict upon future victims should he reoffend. One assumption is that future harm may likely be as serious as past harm inflicted by the offender. In some cases there may be evidence of escalating violence and an upward adjustment to risk of harm may be indicated in these situations. There are several rating scales for estimating dangerousness. These are given in Appendix H.

Approved Providers and DOC staff are required to formulate an assessment of risk, estimating both risk of reoffense and risk of harm to future victims. Several actuarial tools are available for judging risk of reoffense. Approved Providers are encouraged to obtain training in the use of these and other risk assessment tools.

Risk assessment shall be conducted on all sex offenders that are in program. Evaluators shall estimate to the best of their ability the risk offenders under their care pose to the community. All available records shall be reviewed prior to assessment. It is the joint responsibility of the approved provider and DOC staff to gather all information which is available and may contribute to the assessment of risk. Risk assessments should be conducted using input from both program and supervision staff. Whenever possible, assessments should be conducted in a group setting with as many members of the Case Management Team present as possible. (See Sections 8.200 and 8.210)

4.180 Report of Evaluation: Evaluators shall prepare a report summarizing their findings and recommendations. They shall list the documents reviewed and the methods employed in the assessment. They shall summarize their findings in the following areas:

- Demographic information
- PSI and offender versions of the instant offense
- Sexual history information
- Social/Family history information
- Mental Status Examination results
- Psychological Testing Results
- Risk Assessment

Evaluators will also make recommendations or findings regarding:

- Amenability for treatment
- Recommendations regarding offense-specific treatment
- Treatment for co-existing conditions
- Need for further assessment
- Need for medical/pharmacological treatment if indicated
- Housing recommendations

4.190 Other Considerations:

Evaluators have an ethical responsibility to conduct evaluation procedures in a manner that ensures the integrity of testing data, the humane and ethical treatment of the offender, and compliance with the mental health statutes. Evaluators should use testing instruments in accordance with their qualifications and experience. Un-interpreted raw data from any type of testing should never be released to those not qualified to interpret that data.

Any required evaluation areas that have not been addressed or any required evaluation procedures that have not been performed, shall be specifically noted. In addition, the evaluator must state the limitations the absence of the required evaluation areas or procedures causes to the evaluation results, conclusions or recommendations. When there is insufficient information to evaluate one of the required areas, then no conclusions shall be drawn nor recommendations made concerning that required area.

Evaluation instruments and processes will be subject to change as more is learned in this area. As culturally sensitive tests become available, these should be used in place of other tests when appropriate. Because measures of risk are imperfect at this time, evaluation and assessment must be done by collecting information through a variety of methods. Evaluation and assessment therefore currently involve the integration of physiological, psychological, historical, cultural, and demographic information to adequately assess a sex offender's level of risk and amenability to treatment. When the evaluator is in doubt, s/he should err on the side of protecting community safety in drawing conclusions and making recommendations.

4.200 Standards of Practice for Polygraph Assessment

4.210 Equipment. Polygraph examiners shall use a computerized polygraph system or a late model (1980's to present) state-of-the-art, four or five channel polygraph instrument that will simultaneously record the physiological phenomena of abdominal and thoracic respiration, galvanic skin response, and the cardiovascular system.

If the examiner employs a computerized polygraph system, recognized scoring software must be used (e.g. the Johns Hopkins Applied Physics Laboratory scoring algorithm). Computerized charts must also be independently hand scored by the examiner.

4.220 Examination Length. The duration of each examination (including the pre-test, in-test, and post-test phases) shall be scheduled for a minimum of 90 minutes. Time begins when the examinee enters the examination room with the examiner and ends when the examinee departs after the conclusion of the polygraph examination.

4.230 Design of Test Questions. In order to design an effective polygraph examination and adhere to standardized and recognized procedures the relevant test questions should be limited to no more than four (4) and shall:

- Be simple, direct and as short as possible
- Not include legal terminology that allows for examinee rationalization and utilization of other defense mechanisms
- Not include mental state or motivation terminology
- The meaning of each question must be clear and not allow for multiple interpretations
- Each question shall contain reference to only one issue under investigation
- Never presuppose knowledge on the part of the examinee
- Use language easily understood by the examinee and all terms used by the examiner should be fully explained to the examinee
- Be easily answered yes or no
- Avoid the use of any emotionally laden terminology (such as rape, molest, murder, etcetera) and use language that is behaviorally descriptive

4.240 Examination Procedures. Examiners shall use a recognized Comparison Question Technique (CQT).

Examiners shall adhere to the established ethics, standards, and practices of the American Polygraph Association (APA). In addition, clinical polygraph examiners shall demonstrate competency according to professional standards and conduct all polygraph examinations in a manner that is consistent with the reasonably accepted standard of practice in the clinical polygraph examination community.

Examiners shall use the following specific procedures during the administration of each examination:

- A. The examinee shall agree in writing or on video tape to a standard waiver/release statement. The language of the statement should be agreed upon prior to the polygraph examination with the therapist, probation/parole officer, case manager, or prison treatment provider;
- B. The examiner shall elicit relevant biographical and medical history information from the examinee prior to administering the actual polygraph examination;
- C. The testing process shall be completely explained to the examinee, including an explanation of the instrumentation used and causes of general nervous tension;
- E. Examiners shall review and explain all test questions to the examinee. Examinees must demonstrate that they comprehend the meaning of each question;
- F. Surprise or trick questions are forbidden during the administration of primary test charts;
- G. All test questions must be formulated to allow only Yes or No answers;
- H. An optional acquaintance/practice test may be run;

- I. A minimum of three primary test charts shall be administered on the primary issue(s);
- J. Test results shall be reviewed with the examinee;
- K. The examiner must have received all pertinent and available case facts within a time frame sufficient to prepare for the examination.

Videotaping of polygraph examinations is required. Video tapes of the entire examination shall be maintained for a minimum of three years from the date of the examination.

4.250 Peer Review. Examiners shall use a DOC approved quality control assurance process that allows for periodic independent review of all documentation, polygraph charts, and reports. The review should cover the quality assurance protocol given in Appendix I for post conviction sex offender polygraph testing.

4.260 Reporting. Examiners shall issue a written report. The report must include factual, impartial, and objective accounts of the pertinent information developed during the examination, including statements made by the subject. The information in the report must not be biased, or falsified in any way. The examiner's professional conclusion shall be based on the analysis of the polygraph chart readings and the information obtained during the examination process. All polygraph examination written reports must include the following:

- ☐ Date of test or evaluation
- Name of person requesting exam
- Name of examinee
- Location and supervision status of examinee in the criminal justice system (incarcerated offender, offender on probation/parole, etc.)
- Reason for examination
- Date of last clinical examination
- Examination questions and answers
- Any additional information deemed relevant by the polygraph examiner (e.g. examinees' demeanor)
- Reasons for inability to complete exam, information from examinee outside the exam, etc.
- Results of pre-test and post-test examination, including answers or other relevant information provided by the examinee.

4.300 Standards of Practice for Plethysmograph Assessment. Plethysmograph testing is intended for use in treatment. It is not intended for use in a court of law to determine the guilt or innocence of an individual. As in other assessment procedures, it cannot determine if an individual committed a specific act.

4.310 Examination Procedures. A plethysmograph examiner shall adhere to the "Guidelines for the Use of the Penile Plethysmograph," published by the Association for the Treatment of Sexual Abusers, ATSA Practitioner's Handbook and shall demonstrate competency according to professional standards and conduct plethysmograph examinations in a manner that is consistent with the reasonably accepted standard of practice in the plethysmograph examination community.

Plethysmograph examiners shall adhere to the following specific procedures during the administration of each examination:

1. The examiner shall obtain the informed assent of the offender for the plethysmograph examination, and shall inform an offender of the examination methods, how the information will be used, and to whom it will be given. The examiner shall also inform the offender about the nature of the evaluator's relationship with the offender and with the court. The examiner shall respect an offender's right to be fully informed about the examination procedures, and results of the examination should be shared with the offender and any questions clarified;
2. The examinee shall also sign a standard waiver/release of information statement. The language of the statement should be coordinated prior to the plethysmograph examination with the therapist, probation/parole officer, case manager, or prison treatment provider;
3. The examiner shall elicit relevant biographical and medical history information from the examinee prior to administering the actual plethysmograph examination;
4. The testing process shall be completely explained to the examinee, including an explanation of the instrumentation used and causes of general nervous tension;
5. Test results shall be reviewed with the examinee;
6. The examiner must have received all pertinent and available case facts within a time frame sufficient to prepare for the examination.

Plethysmograph examinations should never be used in isolation. The results must be utilized in conjunction with other evaluative measures or as a part of a treatment program to effectively assess risk.

4.320 Stimulus Materials. See Section 3.421

4.330 Reporting. The plethysmograph examiner shall prepare a written report of findings summarizing the results of testing. Reports must include the following:

- Date of test or evaluation
- Name of person requesting exam
- Name of examinee
- Location and supervision status of examinee in the criminal justice system (incarcerated offender, offender on probation/parole, etc.)
- Type of examination (e.g., initial assessment, follow-up assessment, aversive conditioning session)
- Date of last clinical examination
- A description of the type of stimuli and method of presentation

- Any additional information deemed relevant by the plethysmograph examiner (e.g. examinees' demeanor)
- Reasons for inability to complete exam if relevant
- Results of the examination, including deviant and non-deviant arousal patterns and/or ability to control deviant arousal

4.400 Standards of Practice for Abel Assessment. Abel assessment is intended for use in treatment. It is not intended for use in a court of law to determine the guilt or innocence of an individual. As in other assessment procedures, it cannot determine if an individual committed a specific act.

4.410 Examination Procedures. An Abel assessment examiner shall adhere to the guidelines for administration and interpretation that were recommended by the licensed trainers of the instrument. They shall demonstrate competency in the administration of the instrument and in the interpretation of data stemming from the examination. They shall follow guidelines consistent with the reasonably accepted standards of practice in the Abel assessment examination community.

Abel assessment examiners shall adhere to the following specific procedures during the administration of each examination:

1. The examiner shall obtain the informed assent of the offender for the Abel assessment examination, and shall inform an offender of the examination methods, how the information will be used, and to whom it will be given. The examiner shall also inform the offender about the nature of the evaluator's relationship with the offender and with the court. The examiner shall respect an offender's right to be fully informed about the examination procedures, and results of the examination should be shared with the offender and any questions clarified;
2. The examinee shall also sign a standard waiver/release of information statement. The language of the statement shall be coordinated prior to the examination with the therapist, probation/parole officer, case manager, or prison treatment provider;
3. The examiner shall elicit relevant historical information from the examinee prior to administering the actual examination;
4. Test results shall be reviewed with the examinee;
5. The examiner must have received all pertinent and available case facts within a time frame sufficient to prepare for the examination.

Abel assessment examinations should never be used in isolation. The results must be utilized in conjunction with other evaluative measures or as a part of a treatment program to effectively assess risk.

4.420 Reporting. The Abel assessment examiner shall prepare a written report of findings summarizing the results of testing. Reports must include the following:

- Date of test or evaluation
- Name of person requesting exam
- Name of examinee
- Location and supervision status of examinee in the criminal justice system (incarcerated offender, offender on probation/parole, etc.)
- Type of examination (e.g., initial assessment, follow-up assessment).
- Date of last clinical examination
- A description of the type of stimuli presented
- Any additional information deemed relevant by the plethysmograph examiner (e.g. examinees' demeanor)
- Reasons for inability to complete exam if relevant
- Results of the examination, including deviant and non-deviant interest patterns.

5.000 STANDARDS OF PRACTICE FOR SEXUAL OFFENSE SPECIFIC TREATMENT

5.100 Sex Offender Program Referral Process

Community program referrals will be coordinated by individual area Probation & Parole Offices and Institutional program referrals will be coordinated by Institutional Probation Officers. Some treatment providers are under contract with DOC and others are not. Offenders in the community who can pay for their own sex offender programming may enter programming with Approved Providers in private practice but the Supervising Officer must approve the particular approved provider that the offender selects making sure the provider is the most appropriate choice for that offender.

Offenders who cannot pay for services will be referred to a contract provider. When a contract provider has a vacancy, the Probation & Parole Officer or the Institutional Probation Officer will refer the next sex offender eligible for program to the contractor providing treatment.

Furloughees will be referred to community sex offender programs by the institutional furlough officer who will coordinate with Probation & Parole.

All sex offenders referred to a DOC contract program must be admitted into the program provided there is an opening available and the offender meets the eligibility and amenability requirements. Clinicians shall give input as to the appropriateness of referrals into their program. They shall use their clinical judgment to advise DOC as to the appropriateness of the referral. An offender may be judged as inappropriate for a particular program for a number of reasons. For example, the clinician may determine the offender is too high risk to be treated in the community and that community treatment may actually increase his risk. They may also determine that the offender is likely to be disruptive to their program. The clinician may indicate that they don't have the specialty skills to deal with the problems presented by the offender. The clinician shall provide an explanation in writing when offenders are not accepted into the program.

The Probation & Parole Contract Action Officer will monitor the available community openings. The Institutional Probation officer at the program site will monitor available openings in the institutional program. Sex offenders with the least amount of time left on probation/parole will be given a priority for admission into the community program. Offenders with the closest Projected Release Date or Parole Eligibility Date will be given preference in institutional programs.

On occasion, Approved Providers may find themselves in conflict with providing services to a particular offender. In such cases, Approved Providers may refuse to accept an offender prior to program admission or after program admission. These cases will be reviewed by the field probation/parole officer or, if need be, by the Criminal Justice Planner for Offender Programs prior to finalization of such decisions. Such decisions and their rationale shall be documented in the Management Team Report.

5.200 Program Eligibility Criteria

All furloughees, parolees, and probationers will be referred for assessment and/or programming by the Probation & Parole Office. In order to establish uniform criteria for eligibility into any of the SOMP's, DOC has adopted the following *minimum* mandatory criteria for acceptance:

- a. The offender has engaged in sexual offending behavior and has been convicted of such or is willing to acknowledge that he has engaged in sexually assaultive behavior (see note on denial below). In **most** cases there must be an identified victim or victims as well as victim version(s) of the offense(s) to which the offender can be held accountable. In some cases this may require that the court clarify that there was an identified victim, and specify the sexually assaultive behavior that was tied to the offense of record, whether or not the conviction is for a sexual offense as defined by Alaska Statutes. However, in some cases there may not be a specific victim identified and/or a victim version of the offense such as child pornography cases in which a specific victim cannot be identified or cases of bestiality in which there is no victim version of the offense. Nevertheless, these offenders may be judged to be in need of sex offender treatment.
- b. The offender requests to participate in the program and completes an application form which is acceptable to the Case Management Team.
- c. The offender must be sentenced. Unsented sex offenders, or offenders who are appealing their conviction for a sexual offense, are not eligible for participation in sex offender treatment programs. Offenders who are unsentenced or appealing their convictions have an investment in presenting themselves in the best possible light. They are aggressive in the pursuit of their defense and are motivated to protect themselves. This results in a high probability of denial, minimization, justification, blaming and other forms of psychological self-defense. While this may make sense within the framework of a legal proceeding, it is counterproductive in assessment and rehabilitation. Indeed one of the first tasks a sex offender must accomplish is to overcome the tendency to deny or minimize his actions. Therefore, putting an offender in program while he is engaged in continuing legal proceedings creates a psychological bind for the offender in which he either has to jeopardize his legal defense by being open during programming or conceal information in order to protect his legal defense. If an offender lies to his therapist and/or his therapy group during his legal proceedings it will be more difficult for him to retract his false statements later. In fact, cognitive dissonance theory (Festinger, 1957, 1964) predicts that he may come to believe his self-pronounced falsehoods. One therefore runs the risk of complicating this offender's rehabilitation by involving him in the rehabilitation process prior to sentencing and/or appeal proceedings. In a sense this may make him more difficult to reach therapeutically and less amenable to rehabilitation in the long run. Offenders who are appealing their sentence rather than their conviction are eligible for programming. However, if results of a sentence appeal/modification would result in the offender not meeting the time eligibility requirements of a given program, the appeal must first be ruled on by the court before the offender is considered for placement in that program.
- d. Offenders who deny their offense may be admitted into the program provisionally at the discretion of the approved provider but will have six months to resolve their denial issues. They will be required to pass a specific issue polygraph on the instant offense within the six month time period. Failure to do so is grounds for removal from the treatment program.
- e. Interpretive assistance will be provided to offenders for whom English is a second language as necessary and within available resources.
- g. The offender did not engage in sadistic/ritualistic behaviors with his victim(s).

- h. The offender is not actively psychotic or suffering from any disabling major mental disorder(s) with active symptoms so severe as to preclude him from program benefit. Offenders with such symptoms should receive medical attention and reapply after their condition has stabilized.
- i. The offender does not suffer from a documented severe medical condition that precludes him from participating in the program.

5.300 Amenability to Treatment

Successful rehabilitation is not possible unless certain basic criteria are met by the offender. For example, the offender must have sufficient time remaining on his sentence or supervision to participate meaningfully in program. Offenders who meet the basic requirements are said to be eligible for sex offender programming. Once eligibility has been determined (see above section on eligibility requirements) an offender may begin the process of evaluation for sex offender program services. ***Just because an offender is eligible for sex offender programming does not mean that he is amenable to the rehabilitation process that is available.***

Amenability assessment is a process that begins when the offender undergoes a risk assessment or first enters sex offender programming. Amenability to treatment is determined through clinical interviews, various forms of psychological assessment and through the process of actual involvement in program. Amenability is typically determined within the first 90 days of programming. In order for an offender to benefit from programming he will require certain abilities and attitudes and have to meet certain other requirements. Some of these are described in the eligibility requirements. Beyond this the offender will need to demonstrate other attitudes and behaviors. These include:

- A willingness to lower his self-protective defenses in order to explore the process of how he offends. This means he must acknowledge responsibility for offenses for which he was convicted and be willing to describe in detail his thinking, emotions and behaviors prior to, during, and after the offense(s). He must be willing to discuss personal history that may be relevant to understanding the offense pattern(s). Clinical staff shall determine on an individual basis whether an offender has a sufficient level of disclosure and acceptance of responsibility to be amenable to the rehabilitation process. Offenders are required to work on disclosure and responsibility issues as they progress in program or face program removal.
- A willingness to follow institutional rules (for incarcerated offenders) as well as the conditions of probation/parole
- A willingness to change maladaptive behavior patterns within himself rather than try to change others and/or the environment
- A willingness to accept corrective feedback and constructive criticism from others and a willingness to make an active attempt to incorporate this feedback into his daily life
- A willingness to give feedback to others in a constructive fashion
- A willingness to demonstrate appropriate control over the expression of anger and refrain from aggressive or destructive behavior

- A willingness to enter and actively participate in group therapy and to remain actively involved with the group process
- A willingness to apply the principles learned in program to daily life rather than rote memorization and verbalization of concepts.
- A willingness to participate in all assessment procedures and techniques including polygraph testing and phallometric assessment.
- A willingness to attend all classes, groups, individual and/or joint counseling sessions, and complete all assignments and follow all other recommendations of the Management Team
- A willingness to abide by all prohibitions and restrictions ordered or recommended by the court and/or the Management Team.

Within a few months offenders should show substantial efforts towards achieving the qualities outlined above. Once in program they will need to continue their efforts along these lines or face program removal. A determination of amenability to rehabilitation can usually be made within a few months from the time the offender enters a program. Providers will make a determination of each offender's amenability. This will be clearly documented in the clinical record. In some cases an offender may be removed from program and required to complete remedial or adjunct program work. This could include substance abuse treatment, a denier's group or other forms of programming. Staff will make a clinical decision regarding amenability to treatment and recommend the specific site of programming if appropriate.

Offenders who are judged to be unamenable to treatment may reapply for admission at a later time, but will be required to demonstrate that they have changed attitudes and behavior patterns counter-productive to rehabilitation. In cases when the court has ordered participation in sex offender treatment a petition to revoke probation/parole will be filed by the institutional or field probation officer whenever an offender with such an order has been removed for cause from program or found unamenable to treatment. In these cases procedures shall be followed as outlined in Policy and Procedure 811.16.

5.400 Program Descriptions

Each contractor providing sex offender services for DOC shall be required to develop and maintain an up-to-date written program description. The program description will describe the purpose, philosophy, and program services, and should be developed in conjunction with DOC staff. The program description shall be approved by the Criminal Justice Planner for Programs, or designee, prior to publication and distribution. The SOMP must operate according to this program description.

The program description shall be written in such a fashion as to be understood by program participants and shall be made available to them.

5.500 Confidentiality

An approved provider shall obtain signed waivers of confidentiality based on the informed assent of the offender. If an offender has more than one therapist or treatment provider, the waiver of confidentiality shall extend to all therapists treating the offender. The waiver of confidentiality shall extend to the supervising officer and all members of the management team and, if applicable, to the Office of Children's Services and other individuals or agencies responsible for the supervision of the offender.

Waivers of confidentiality should also extend to the victim, or custodial parent or Guardian ad Litem of a child victim, particularly with regard to (1) the offender's compliance with programming and (2) information about risk, threats, and/or possible escalation of violence.

A provider shall notify all clients of the limits of confidentiality imposed on therapists by the mandatory reporting law.

A provider shall ensure that an offender understands the scope and limits of confidentiality in the context of his/her particular situation, including the collection of collateral information, which may or may not be confidential.

When indicated and consistent with the informed assent of an offender, a provider shall obtain a waiver of confidentiality in order to communicate with the victim's therapist, Guardian ad Litem, custodial parent, guardian, caseworker or other professional involved in making decisions regarding reunification of the family or an offender's contact with past or potential child victim(s).

A provider shall obtain specific releases which waive confidentiality for communications with other parties in addition to those described in this standard.

Waivers of confidentiality will be required of the sex offender by the (1) conditions of probation, parole, and/or furlough and 2) the treatment provider-client contract. Notwithstanding such waivers of confidentiality, Approved Providers shall safeguard the confidentiality of client information from those for whom waivers of confidentiality have not been obtained.

5.600 DOC Contract Payment for Services

Reimbursement for DOC paid clinical services is accomplished through contracts between the service provider and DOC. Levels of reimbursement are clearly stated in the contract agreements.

Services for sex offenders in community sex offender programming must be provided on a prioritized basis. Contact the CJP for offender programs to obtain a copy of the current reimbursement policy and practices. Reimbursement for services is defined in each contract.

5.610 Offender Payment for Services

The supervising officer shall determine each offender's ability to pay for sex offender programming. To the extent that offenders can afford their own rehabilitation they shall be required to pay for it.

Under some circumstances, an approved provider, probation officer or other member of the Management Team may suggest services be provided that are beyond what DOC subsidizes. Offenders may therefore be asked to pay for these services. Any such services that are added to an offender's management plan must be reviewed by the case Management Team. These services must be written into the management plan and the plan approved and signed by all members of the Case Management Team including the P.O. and the offender. The plan must be reviewed and approved by DOC. ***Approved Providers must obtain DOC approval in advance before requiring an offender to participate in extra services for which he will be responsible for payment.***

In the event that the services are required but the offender is unable to afford the costs, the contractor may request that DOC provide funding for the services needed. These requests will be reviewed by the Criminal Justice Planner for Offender Programs. A request for payment of additional services must be made in writing to the Criminal Justice Planner for Offender Programs. A rationale must be provided to DOC as to why additional services are necessary. Extra services are approved on a case by case basis and not unilaterally. Additionally, the Probation Officer must determine that the offender can not afford the services without causing undue hardship on himself and/or his family. In some cases reimbursement for needed services may be denied due to limitations in funding.

An offender may not be discharged from program by a contractor for non-compliance with a plan for additional services that has not been approved by DOC.

5.700 Approved Provider-Client Contract

An approved provider shall develop and utilize a written contract with each sex offender (hereafter called "client" in this section of the Standards) prior to the commencement of programming. The contract shall define the specific responsibilities of both the provider and the client.

The contract shall explain the responsibility of an approved provider to:

- Define and provide timely statements of the costs of assessment, evaluation, and treatment, including all medical and psychological tests, physiological tests, and consultations;
- Describe the waivers of confidentiality which will be required for a provider to provide programming to the client for his/her sexual offending behavior; describe the various parties with whom information will be shared during programming; describe the time limits on the waivers of confidentiality; and describe the procedures necessary for the client to revoke the waiver;
- Describe the right of the client to refuse programming and/or to refuse to waive confidentiality, and describe the risks and potential outcomes of that decision;

- Describe the type, frequency, and requirements of the program and outline how the duration of programming will be determined, and;
- Describe the limits of confidentiality imposed on therapists by the mandatory reporting law.

The contract shall explain any responsibilities of a client (as applicable) to:

- Pay for the cost of programming for him or herself, and his or her family, if applicable;
- Pay for the cost of assessment and treatment for the victim(s) and their family(ies), when ordered by the court, including all medical and psychological tests, physiological testing, and consultation;
- Inform the client's family and support system of details of past offenses which are relevant to ensuring help and protection for past victims and/or relevant to the relapse prevention plan. Clinical judgment should be exercised in determining what information is provided to children;
- Actively involve relevant family and support system, as indicated in the relapse prevention plan.
- Notify the approved provider of any changes or events in the lives of the client and members of the client's family or support system;
- Participate in polygraph testing as required in the Standards and Guidelines and, if indicated, plethysmograph testing;
- Assent to be tested for sexually transmitted diseases and HIV, and assent for the results of such testing to be released to the victim by the appropriate person, and;
- Comply with the limitations and restrictions placed on the behavior of the client, as described in the terms and conditions of probation, parole, or furlough and/or in the contract between the provider and the client.

The contract shall also, (as applicable):

Provide instructions and describe limitations regarding the client's contact with victims, secondary victims, and children;

- Describe limitations or prohibitions on the use or viewing of sexually explicit or violent material;
- Describe the responsibility of the client to protect community safety by avoiding risky, aggressive, or re-offending behavior, by avoiding high risk situations, and by reporting any such forbidden behavior to the provider and the supervising officer as soon as possible;
- Describe limitations or prohibitions on the use of alcohol or drugs not specifically prescribed by medical staff, and;
- Describe limitations or prohibitions on employment or recreation.

5.800 Sex Offender Specific Programming.

A provider who treats sex offenders under the jurisdiction of the criminal justice system must use sex offense-specific programming (See Definition Section). They must be approved by DOC at Level 2, Level 1, or Supervisor Level.

A provider shall employ methods that are supported by current professional research and practice. Modes of therapy may include intake/assessment, psychological testing, physiological testing, polygraph assessment, individual, group, and family therapy, educational classes, behavioral therapy, and medication for reduction of sexual drive.

The provider shall employ methods that give priority to the safety of an offender's victim(s) and the safety of potential victims and the community at large.

The provider shall employ methods that are based on the recognition of a need for long-term, comprehensive, offense-specific programming for sex offenders. Self-help or time-limited treatments shall be used only as adjuncts to long-term, comprehensive programming.

The content of offense-specific programming for sex offenders shall be designed to:

- Reduce offenders' denial and defensiveness;
- Decrease and/or manage offenders' deviant sexual urges and recurrent deviant fantasies;
- Educate offenders (and individuals who are identified as the offenders' support systems) about the potential for re-offending and an offender's specific risk factors that may lead to a reoffense. These may include sexual and non-sexual risk factors;
- Teach offenders self-management methods to avoid a sexual re-offense;
- Identify and address the offenders' thoughts, emotions, and behaviors that facilitate sexual re-offenses or other victimizing or assaultive behaviors;
- Identify and teach the offender to correct cognitive distortions;
- Teach offenders to recognize their dysfunctional personality patterns and the core schema or belief systems underlying those patterns and teach offenders methods to correct for these patterns;
- Educate offenders about non-abusive, adaptive, legal, and pro-social sexual functioning;
- Educate offenders about the impact of sexual offending upon victims, their families, and the community;
- Provide offenders with an environment that encourages the development of empathic skills needed to achieve sensitivity and empathy for victims;

- Provide offenders with guidance to prepare, when applicable, written explanation or clarification for the victim(s) that meets the goals of: establishing full perpetrator responsibility, empowering the victim, and promoting emotional restitution for the victim(s). This is not a letter of apology;
- Identify and treat the effects of trauma and past victimizations on offenders as factors in their potential for re-offending. It is essential that offenders be prevented from assuming a victim stance in order to diminish responsibility for their actions. The timing of trauma work with offenders must be carefully considered by the Case Management Team. If the trauma work triggers diminished responsibility for offending behavior it shall be terminated and not resumed until these issues are successfully resolved;
- Identify and decrease offenders' deficits in social and relationship skills, where applicable;
- Require offenders to develop a written relapse prevention plan for preventing a re-offense; the plan should identify antecedent thoughts, feelings, circumstances, and behaviors associated with sexual offenses;
- Provide treatment referrals, as indicated, for offenders with co-existing medical, pharmacological, mental, substance abuse and/or domestic violence issues, or other disabilities;
- Maintain communication with other significant persons in offenders' support systems when indicated, and to the extent possible, to assist in meeting treatment goals;
- Evaluate cultural, language, developmental disabilities, sexual orientation and/or gender factors that may require special treatment arrangements;
- Identify and address issues of gender role socialization, and;
- Identify and address issues of anger, power, and control.

The provision of educational and support services to the families of sex offenders enhances the possibility of meeting treatment, supervision and community safety goals.

5.810 SOMP Assessment and Program Components

The following services may be offered in SOMP's. Some services may be encouraged in DOC contract programs but not reimbursed due to funding restrictions. All Contractors must adhere to their contract with regard to reimbursable services.

5.811 Intake/Assessment

Each program participant will participate in clinical interviews to collect information germane to risk assessment, risk management, and amenability to rehabilitation. This may include social/family history, sexual history, mental status examinations, and other areas as deemed important by program staff such as crisis evaluations. Some information may already be available in a DOC risk assessment and will not need to be repeated.

5.812 Psychological Testing

Most sex offenders will have had a risk assessment prior to their release from prison. These assessments may include psychological testing. Psychological testing may be performed on offenders entering a SOMP if the testing required has not been previously performed or if it is outdated. Psychological evaluations may be conducted only by a licensed psychologist or psychological associate.

5.813 Physiological Assessment

Physiological assessment of sexual interest and arousal patterns will be encouraged for all offenders participating in an SOMP. This service may be performed only by those with documented experience and training. Before an offender participates in a physiological assessment, he must read and sign a Physiological Assessment Consent Form (Appendix J).

5.814 Polygraph Assessment

Beginning July 1, 2007 all sex offenders are required to submit to polygraph assessment. Offenders who deny all or part of their instant offense as described in the Presentence Investigation, charging documents, or police reports will be subject to a specific issue polygraph exam to resolve conflicts in the official and offender versions of the offense. They will have 180 days to pass this polygraph assessment or face program removal. All sex offenders must also pass a sexual history polygraph prior to being successfully discharged from program. They are also subject to monitoring polygraphs every 6 months or at the discretion of the supervising officer.

5.815 Sex Offender Management Plan: A provider shall develop a written management plan based on the needs and risks identified in current and past assessments/evaluations of the offender. The individualized management plan will be composed of specific goals determined by the Management Team to be appropriate to the offender in program. Offenders will only be required to complete goals that are relevant to their case as determined by the Management Team. The management plan may be revised during the offender's involvement in program and as additional information becomes available about the offender's issues and relapse process. The management plan shall:

- Provide for the protection of victims and potential victims and not cause the victim(s) to have unsafe and/or unwanted contact with the offender
- Be individualized to meet the unique needs of the offender
- Identify the issues to be addressed, including multi-generational issues if indicated, the planned intervention strategies, and the goals of programming
- Define expectations of the offender, his/her family (when possible), and support systems
- Address the issue of ongoing victim input

5.816 Group Counseling Sessions

There are several advantages to group therapy (with the group comprised only of sex offenders) that have caused it to become the preferred method of sex offense-specific programming. When more experienced and advanced offenders discuss their offense patterns, less experienced and more defensive sex offenders may become desensitized to

the anxiety of admitting to their crimes. Feedback from peers is oftentimes easier for group members to accept. Sex offenders understand the behavior patterns involved in sexual offending and can therefore recognize these patterns in other offenders and make appropriate observations and interventions. Offenders learn from each other in group, making treatment progress more rapid and more efficient.

At a minimum, any method of programming used must conform to the Standards for content of treatment (see below) and must contribute to behavioral monitoring of sex offenders. The sole use of individual therapy is not recommended with sex offenders, and shall be avoided except when geographical--specifically rural--or disability limitations dictate its use. Family therapy is used as necessary and appropriate as determined by the Case Management Team. The use of male and female co-therapists in group therapy is highly recommended and may be required by the supervising agency. Group therapy may need to be supplemented by treatment for drug/alcohol abuse, marital/family therapy, individual counseling and individual crisis intervention. However, group sex-offense specific programming should remain the primary modality utilized with sex offenders. The ratio of therapists to sex offenders in a treatment group shall not exceed 1:10. Treatment group size shall not exceed 12 sex offenders. It is understood that the occasional illness or absence of a co-therapist may occur, which will cause the treatment group to exceed this ratio. It is also understood that a particular program may be structured in such a way that specific didactic modules of psycho-educational information are presented to larger groups of sex offenders at one time. Such psycho-educational information is a component of, but not a substitute for sex offense-specific programming. These circumstances constitute occasional exceptions to the standard described above. The test for compliance with this standard will be the regularity with which the ratio of therapists to sex offenders is congruent with the ratio given above. DOC believes that the rehabilitation of sex offenders is sufficiently complex and the likelihood of re-offense sufficiently high that the client to therapist ratio and group size should be fairly small. . A minimum of 1 group per week in community programs must be provided. Institutional programs may have more frequent group therapy sessions. Exceptions to this configuration must be approved by DOC in advance.

5.817 Individual Counseling Sessions

Individual therapy is an adjunct to group therapy and focuses on specific individual tasks the offender needs to work on outside the group. This may include behavioral therapy, work on personal victimization issues, and other issues deemed appropriate by the Case Management Team. Offenders that are judged to be amenable to rehabilitation are eligible for individual counseling. Offenders must receive at least one hour of individual counseling per month by contract personnel until this is judged to be no longer necessary by the Case Management Team. Individual counseling sessions are defined as one to one counseling sessions with the program participant and contract staff or other approved provider.

5.818 Family Counseling Sessions

Family therapy may be recommended if appropriate as determined by the Case Management Team. Family counseling sessions may occur in the context of individual family sessions or family group sessions. Involvement of children in family sessions should be restricted to individual family sessions and should be infrequent. The impact of

family therapy on victims and other family members will be assessed prior to the initiation of family treatment (see Chapter on Victim Issues).

5.819 Education Classes

Educational classes may occur within the context of the therapy groups or larger classes within community programs. Educational classes may be co-taught by the approved provider and the supervising probation officer. Education classes may include orientation groups, high risk management groups, denier groups, and groups focused on other specific topics relevant to relapse prevention.

5.820 Behavioral Therapy

All offenders in SOMP's, participating in behavioral therapies, will sign an informed consent form (Appendix K) prior to engaging in behavioral therapy. Behavioral therapy shall be conducted in strict adherence to ethical and professional standards. Behavioral therapy will not be used as a form of punishment. Providers of this service must have documented training and experience.

5.821 Medication Therapy for Reduction of Sexual Drive

Anti-androgen therapy (AAT) or other medication used to reduce sexual drive shall only occur under the supervision of a licensed medical doctor. Any program participant participating in such therapy will be required to sign an informed consent (Appendix L) prior to the first administration of the drug. This therapy will not be used for experimental purposes or as a form of punishment. The use of this therapy method is determined on a case by case basis.

5.822 Non-Standard Practices.

DOC generally expects that staff, Contractors and other Approved providers will follow the standard practices and procedures of their respective professions when providing rehabilitation services to sex offenders. There may, however, be occasions when Contractors and other Approved Providers may choose to employ a practice which is not standard in their field. An example is a therapist who wishes to provide therapy via telephone to an offender in a remote area of the State.

Whenever a therapist wishes to use a non-standard practice, this practice must first be approved by the Approved Supervisor, if there is one, and then by DOC. A written explanation of the procedure to be used along with the rationale for its use should be sent to the Criminal Justice Planner for Offender Programs. A copy of the offender's Management Plan signed by the Approved Supervisor and other members of the Case Management Team should accompany the written explanation of the proposed non-standard practice. Approval from DOC must precede implementation of the procedure.

5.900 Special Needs Populations

Rehabilitation must be tailored to a variety of groups that may have special needs by virtue of their gender, cultural differences, physical and mental disabilities, or other factors that require specialized services.

5.910 Alaska Native Sex Offenders

Alaska Natives constitute approximately 17% of the State's population and approximately 34% of the population of incarcerated felons. Alaska Native sex offenders who are non-English speaking or for whom English is a second language will receive assistance when necessary.

In recognizing the specific cultural differences of Alaska Natives and their respective customs, DOC will make every effort within existing resources to assure that these cultural differences and customs are recognized and respected by DOC and contractor personnel. DOC will encourage Approved Providers providing sex offender rehabilitation services to be sensitive to Alaska Native Cultural issues and will arrange periodic education of personnel working with the SOMPs in regard to Alaska Native culture when resources allow.

Elders and other Alaska Natives will be encouraged to work with the sex offender programs when appropriate and coordinated with program staff. Modifications to the rehabilitation process which incorporate traditional values, traditional healing methods and other techniques which enhance the rehabilitation of native persons are encouraged but must be consistent with the DOC treatment model.

5.920 Developmentally Disabled Sex Offenders

Some sex offenders within DOC institutions are developmentally disabled or learning impaired. The Department recognizes that these individuals require specialized programming that is consistent with the standards and needs of the population. Such programming will be offered as appropriate and available within existing resources.

Some Approved Providers may be specialized in working with individuals who have developmental disabilities or learning impairments. Offenders should be referred to these providers whenever possible.

5.930 Other Disabled Sex Offenders

DOC recognizes that sex offenders receiving rehabilitation services may occasionally have physical disabilities, e.g. hearing or vision impairments, which will require some adjustment(s) be made in service delivery. Reasonable accommodations will be made to allow for these adjustments in service provision unless it would result in a fundamental alteration of the program or undue financial and administrative burden.

5.940 Female Sex Offenders

It is recognized that some female sex offenders charged with sexual offenses will need to receive rehabilitation services which are separate from those offered to the male sex offenders, in that they can not be served within the same physical setting or therapy groups.

Female sex offenders who are identified within the correctional system and request sex offender programming, will be referred to appropriate institutional staff or sex offender Approved Providers in the community. Individual and/or group services will be provided to these women separate from the male offender groups.

6.000 EVALUATION OF PROGRESS IN TREATMENT

6.100 Completion of Court-Ordered Treatment

Completion of programming ordered by the court should be understood as the cessation of court-ordered, offense-specific programming, not the end of offenders' rehabilitative needs or the elimination of risk to the community. If risk increases, programming may be reinstated. The sex offender's community supervision team shall consult about the completion of programming. This decision shall come after the evaluation and assessment, management plan, course of program sequence, and the minimum of a non-deceptive disclosure (sexual history) polygraph examination and two or more consecutive non-deceptive maintenance polygraph examinations. The maintenance polygraph examinations shall test the offender's compliance with court rules, supervision conditions, program contract provisions (including complete abstinence from grooming of victims) and full, voluntary compliance with all conditions required to prevent re-offending behavior. These two or more non-deceptive polygraph examinations must be those most recent prior to termination of programming. (See definitions for non-deceptive polygraph examination results.) A failed polygraph examination may not be used as the sole reason to deny successful completion of program. The team should carefully consider termination of programming based on maintaining community safety. Offenders who pose an ongoing threat to the community, even while demonstrating progress in program, may require ongoing supervision and/or programming to manage their risk. Any exception made to any of the requirements for program completion must be made by a consensus of the Case Management Team. In this case, the team must document the reasons for the determination that program completion is appropriate without meeting all of the standard requirements and note the potential risk to the community.

To determine the recommendation for the successful completion of program, the provider shall:

- Assess actual changes in a client's potential to re-offend prior to recommending termination;
- Attempt to repeat, where indicated, those assessments that might show changes in a client;
- Assess and document how the goals of the management plan have been met, what actual changes in a client's re-offense potential have been accomplished, and what risk factors remain, particularly those affecting the emotional and physical safety of the victim(s);
- Seek input from others who are aware of a client's progress as part of the decision about whether to discharge the offender from program;
- Report to the supervising officer regarding a client's compliance with the program and recommend any modifications in conditions of community supervision.
- At the end of this reassessment process, inform the client regarding the recommendation to end court-ordered programming.

Prior to discontinuing offense-specific programming, a provider shall, in cooperation with the Case Management Team, develop an aftercare plan that includes ongoing behavioral monitoring, such as periodic polygraph examinations. Such monitoring is intended to motivate the offender to avoid high-risk behaviors that might be related to increased risk of re-offense.

6.200 Treatment Providers' Use of the Polygraph, Plethysmograph and Abel Assessment

A treatment provider may employ methods that integrate the results of plethysmography, the Abel Assessment or other physiological testing, as indicated. If plethysmography is used, the examiner must meet the standards for plethysmography as defined in the ATSA Practitioner's Handbook. If the Abel Assessment is used, the treatment provider or evaluator must be trained and licensed as a site to utilize the instrument.

It is recommended that a provider employ plethysmography as a means of gaining information regarding the sexual arousal patterns of sex offenders or the Abel Assessment as a means of gaining information regarding the sexual interest patterns of sex offenders.

Physiological data can be useful in assessing a client's progress in therapy. However, physiological assessment data of this type cannot be used as the sole basis for determining an offender's risk nor, for determining whether an individual has committed or is going to commit a specific deviant sexual act. Providers who utilize this data shall be aware of the limitations of plethysmography and the Abel Assessment and shall recognize that this physiological data is only meaningful within the context of a comprehensive evaluation and/or rehabilitation process.

In cooperation with the supervising officer, the provider shall employ methods that incorporate the results of polygraph examinations, including specific issue polygraphs, disclosure polygraphs, and maintenance polygraphs. Exceptions to the requirement for use of the polygraph may be made only by the Case Management Team.

The Case Management Team shall determine the frequency of polygraph examinations, and the results shall be reviewed by the team. The results of such polygraphs shall be used to identify issues to focus on in programming and for behavioral monitoring.

Because of the epidemic nature of sexual assault, there is a need for more and better methods to accurately assess, rehabilitate, and monitor sex offenders. Polygraph testing is an effective tool for informing the Case Management Team about the type and severity of abusive behavior patterns, and compliance with rehabilitation and supervision conditions, and can assist in suggesting necessary levels of supervision and rehabilitative programming. In addition, polygraph testing can improve outcomes by shortening the denial phase. It is recommended that polygraph exams occur at least every six months, and more frequently as necessary.

There are distinct clinical functions within the levels of Full Operating and Associate Level Providers. Refer to an earlier section of this document for specifics regarding these functions and qualifications.

6.300 Case Staffing/Case Management Team Meetings

Case staffing involves regularly scheduled face-to-face meetings with DOC and clinical staff for the purposes of case review/consultation regarding offenders in program and/or under supervision. For DOC contract billing purposes, these meetings are to be billed under Program Consultation. Case Management Team meetings must:

- a. Be held at least once per month for a maximum of two hours for every 10 sex offenders in the community program reviewed, and a minimum of one hour for every 10 Sex offenders reviewed.
- b. Determine the cases that are to be discussed during the case Management Team meeting. Cases should be prioritized whenever possible prior to the case staffing.
- c. Include case discussion on those sex offenders prioritized for case staffing, or additional times established for case discussion in a separate meeting.

Time restraints may require that cases to be staffed be prioritized according to the following criteria:

1. Cases in crisis, offenders showing lapse behavior or any cases where there is a concern about safety (e.g., high scores or IN scores on the Acute Dynamic risk assessment)
2. Cases going back to court for PTR
3. Cases being terminated from treatment
4. Cases that have been approved for victim contact or reunification efforts
5. Cases with medium-high or above Static 99/Static 2002R scores or high scores on another risk instrument
6. New cases and others who haven't been staffed within 6 months
7. Cases in which the offender is scheduled for a polygraph exam

The focus of case staffings is to:

1. Review and determine progress in program and supervision.
2. Establish, review and/or finalize program/case management plans.
3. Review the results of polygraph testing and set sanctions if appropriate
4. Review the results of plethysmograph testing, psychological testing, substance abuse evaluations and any other pertinent testing and modify program plans as necessary.
5. Determine program removal or suspension
6. Review discharge plans

7. Review offenders being considered for exceptions to established service levels
8. Establish or review risk ratings

All program consultation meetings will include the approved provider and DOC representatives and may include the following:

1. Individuals involved in the sex offender's community programming and/or supervision
2. Field Probation/Parole Officers
3. Any professional staff from community agencies working directly with the sex offender, the sex offender's family, the victim of the sex offender, etc.
4. Contract staff (maximum of two, without prior approval)
5. Other professionals as deemed appropriate or necessary
6. The sex offender may or may not be invited to the meeting at the discretion of the Case Management Team.

6.400 Program Removal

All program removals will be initially processed through the Field or Institutional Probation Officer. Consultation with Case Management Team members and other providers will be pursued prior to case staffings being conducted for program removal. Case Management Team meetings held for program removal should encourage the participation of as many members as possible.

There are a variety of reasons why an offender in an SOMP may need to be removed from the program. These include non-participation or non-cooperation with the rehabilitation process, violations of the conditions of probation or parole which signal the offender is not safe to be managed in the community, committing another offense, inability to benefit further from the treatment process and other possible reasons specific to individual cases. When Approved Providers are considering program removal they shall contact the appropriate Field or Institutional Probation Officer and arrange for a Case Management Team review as soon as possible. Concerns about community safety should be conveyed immediately. Except in urgent circumstances, offenders should be given an opportunity to comment on the reasons for the proposed removal prior to the final decision.

Offenders may be removed from program in several ways.

6.410 Offender requests removal: Some offenders leave program against the advice of their Case Management Team. Offenders who request removal should be required to spend some time reflecting upon their request prior to the request being honored. During this time they are required to meet with treatment and probation staff and other program participants to discuss their reasons for requesting discharge.

6.420 Administrative removal: Some offenders may be removed from program for administrative reasons without being judged non-compliant with their individualized management plan. These are “no-fault” removals. Examples include offenders with medical problems that interfere with their ability to focus on program and offenders who have legal issues that must be resolved before rehabilitation can go forward.

6.430 Case Management Team removals: Offenders who are not compliant with their individualized management plan may be removed by the Case Management Team after they have been given ample opportunity to address issues raised by the program staff. Offenders who are removed are given due process and this is documented in their clinical file.

At the time of removal the offender shall be given guidelines for re-entry to the program at a future time if this is appropriate.

When clinical staff members are considering removal they will schedule a Case Management Team meeting to discuss the reasons for the potential removal. The case Management Team shall outline steps the offender can take to avoid removal along with time lines for completion of the goals. At this time a date will be established for a follow-up case Management Team meeting in which the offender's progress towards meeting his goals will be assessed. At the follow-up case Management Team meeting the Case Management Team may decide to remove the offender from program or they may vote to continue him in program depending upon his compliance with the suggested corrections and his progress in meeting his goals. The Case Management Team's decision and the reasons for it will be recorded and placed in the offender's record. At the time of removal the offender is given the last Case Management Team vote sheet, along with guidelines for seeking reentry if this is appropriate.

6.500 Program Reentry

Offenders who have been removed from program may seek re-entry. Reentry options are summarized below.

Offenders who have been removed from program for any of the above reasons may seek reentry. Reentry is not, however, guaranteed but is at the discretion of the Case Management Team. The offender must complete an application for reentry in which he addresses the reasons for removal. These reasons are addressed in the last Case Management Team report in which the removal decision was made. The offender must present a plan for dealing with the reasons for removal that is acceptable to the Case Management Team. He must demonstrate that he understood the feedback that was given by the Case Management Team and that he understands the issues to be addressed and is committed to working on those issues. He must show that he is committed and motivated to change the behaviors that led to removal. His behavioral record since the time of removal must demonstrate this commitment. Offenders seeking re-entry shall meet the requirements for re-entry that were given them at the time of removal.

The Case Management Team will review the assignment and determine whether or not the offender has addressed the reasons for removal and the relevance of these issues to his individual management plan. The Case Management Team may require further information or clarification and may require additional assignments. If the team decides the offender is ready for reentry this will be encouraged as long as eligibility requirements are met

Offenders who are removed from sex offender treatment programs in the community frequently apply for entry into sex offender treatment with other providers. In many of these cases a Petition to Revoke Probation (PTRP) or a Parole Violation Report (PVR) has been filed or is in the process of being filed. Offenders may seek entry into another program to avoid the consequences of being removed from their prior program. At other times offenders may quit one program in an attempt to avoid some part of the program they do not wish to comply with. Offenders in these situations are "therapist shopping."

This behavior should not be encouraged. Approved providers should not accept offenders into their sex offender treatment program until the PTRP and PVR issues are resolved by the court or the Parole Board. Approved Providers shall not accept these offenders into treatment until they have received and reviewed all materials from the prior approved provider and the Probation/Parole officer. They should communicate and coordinate with the prior approved provider and the supervising officer before accepting the offender into their program. They shall also provide documentation about how their program/services will address the issues and needs of the offender that were a problem in the former program. This should be documented in the Intake Assessment.

No Reentry Options for Some Program Removals. Most offenders who are removed from Program or who quit program will be eligible for reentry. There will occasionally be offenders whose behavior was/is so serious that they will be removed with no reentry option. The behaviors of these offenders indicate a very high risk of injury to victims in the community, an ongoing risk of manipulation and assault upon others in program, and behavior that undermines the integrity of the program environment. These include offenders who 1) commit a new assault and/or who pose an ongoing risk of assault to others, 2) offenders who entered the SOMP but who concealed and/or later revealed information that was not in compliance with their eligibility requirements, and 3) offenders who exhibit a blatant disregard for probation/parole or institutional guidelines or undermine the program participation of other offenders.

Offenders who pose an extremely high risk of harm to victims and who are not responsive to treatment may actually become more dangerous if they continue in treatment and learn ways to manipulate treatment and supervision staff. They may learn more techniques for grooming future victims and may learn enough about sex offender treatment to convince some that they have benefited from treatment and are no longer dangerous. These offenders will best be dealt with from a purely management perspective.

6.600 Policy on Pornography.

Approved Providers shall not encourage or permit the use of pornography. Pornographic materials of various types are antecedent stimuli to deviant sexual fantasies for most sex offenders. Such materials are commonly part of a sex offender's grooming arsenal and assault cycle. Furthermore, pornography promotes attitudes of objectification, sexualization and degradation which further reinforce deviant sexual interests and sexual aggression. The possession and use of pornographic materials by sex offenders therefore is counterproductive to rehabilitation.

The possession and/or use of pornographic materials by sex offenders in DOC treatment programs are prohibited.

6.610 Definition of Pornography

Pornographic material is defined, for the purpose of this document, as any material which can reasonably be expected to trigger or encourage sexual fantasies and/or behaviors that are part of the offender's pattern of sexual aggression or which could encourage new forms of sexually deviant thoughts, feelings and/or behaviors. Pornography includes materials which invite the audience to view the person or persons as a sexual object without respect for the individual as a person. This includes traditional forms of pornography including "X-rated" materials and "soft pornographic" materials available at

news stands. Other materials which were not intended to invite sexualization of a person may also be subject to pornographic interpretation by the offender. In this case the offender may super-impose meaning on a depicted person even when this clearly was not the purpose or intent of the material to begin with. An example is the pedophile's pornographic use of photos of children in clothing catalogues.

The nature of the prohibited materials is determined on an individual basis as, for example, seemingly innocuous photos of children may be highly erotic to the pedophile but may cause no arousal to other types of sexual offenders.

The offender's Case Management Team will determine which materials are prohibited. The Case Management Team may consider various clinical materials in the file including but not limited to the offenders sexual assault history, other sexual history, plethysmograph data, polygraph data, and any other clinical data to aid them in making their determination.

The prohibition of pornography is intended for all sex offenders in DOC programs including those in community care programs.

The Case Management Team may apply a number of sanctions for the possession and/or use of pornography, up to and including program removal.

7.000 RECORDS AND REPORTING

Providers shall maintain clients' files in accordance with the professional standards of their individual disciplines and with Alaska state law on health care records. Client files shall:

- Document the goals of program, the methods used, the client's observed progress, or lack thereof, toward reaching the goals in the program records. Specific achievements, failed assignments, rule violations and consequences given should be recorded.
- Accurately reflect the client's progress, sessions attended, and changes in programming.

Providers must maintain minimum clinical and program data that will enable DOC to answer specific questions. DOC requires certain information from all Approved Providers in order to carry out evaluation and management functions and will provide parameters and/or forms for data collection on a regular basis. Approved Providers are required to complete appropriate forms in a timely fashion and submit them to DOC.

DOC is required to comply with State law regarding court ordered treatment. In order to do so, providers must supply DOC with reports of offender participation and progress. Each offender must have an individualized management plan and providers shall document offender compliance with the management plan and provide DOC with appropriate reports.

Sex offenders must demonstrate progress by satisfactorily meeting all program requirements of their individualized management plan and have such documented in their program file. Progress towards meeting goals must be documented in the offender's program files. Whenever possible, standardized tests and measures should be used to evaluate change. As DOC establishes a list of specific measures to be used for offender and program evaluation, Approved Providers may be required to use these instruments.

7.100 Program Files.

Sex offender programs in correctional facilities and community settings shall maintain a program file on each sex offender who has received services. The contractor is the custodian of the program file, but the file is the property of DOC. Approved Providers may elect to keep a separate clinical file on program participants. The nature, organization, and content of separate contractor files are the business of the contractor establishing them.

The program file will include the following documents:

1. Pre-Sentence Investigation (PSI)
 - a. Criminal History
2. Intake and Assessment
 - a. Identifying Information
 - b. Social History
 - c. Sexual History
 - d. Plethysmograph and Polygraph Assessment (when available)
 - e. Previous Mental Health History (collateral contacts)
 - f. Psychological Assessment/Evaluation/Testing Results (when available)
 - g. Risk Assessment

3. Treatment Contract
4. Treatment Plan
5. Clinical Summaries/Progress Reports
6. Discharge Summaries
7. Releases of Information
8. Other Documents pertinent to treatment

Approved Providers who provide sex offender rehabilitation services will be required to submit monthly attendance records, quarterly progress reports (or more frequent at the request of the supervising officer) and discharge summaries when offenders are released from program or when their program involvement is terminated for any reason.

7.200 Program Evaluation

Evaluations are conducted for the purpose of ensuring that the SOMPs are operating within the guidelines established in the SOMP Standards of Sex Offender Management. Program evaluation will be used to insure quality, continuity, and consistency in the rehabilitation programming of sexual offenders under the jurisdiction of DOC. Contract compliance and program operation will be the central themes of program evaluations. Quality assurance and utilization review will also be considerations of the overall evaluation process.

DOC reserves the right to conduct an audit/evaluation whenever deemed necessary. The evaluation may be conducted by DOC personnel and/or by a privately contracted consultant with a demonstrated understanding and expertise in the area of sexual aggression and sex offender programming. Whenever possible, programs will be given advance notice of the intent to conduct a program evaluation.

Guidelines and evaluation criteria have been established for the evaluation of the Department's SOMP's and are contained in this manual as Appendix M. They are subject to change by addition, deletion, or modification at the discretion of the Department. Changes in the evaluation procedures may be requested by the contractor provided they are made in writing to the Department in advance of the evaluation. Changes in evaluation guidelines and criteria will be made available to the contractor as they are established.

7.400 Research

DOC personnel, Approved Providers and others may desire to conduct research on various aspects of sex offender rehabilitation as well as other subjects related to sexual aggression. Additionally, researchers have occasionally asked to conduct studies unrelated to sexual deviancy using participants in DOC sex offender programs.

DOC supports efforts to increase scientific knowledge in the field of sexual deviancy and other forms of criminal behavior. The Department recognizes, however, the importance of insuring that all research is conducted according to high ethical standards and that the rights and safety of offenders be protected along with insuring that research activities will not compromise the security and safety of correctional facilities and staff and of the community.

All research conducted in DOC facilities and/or using DOC offenders must first receive approval from a Human Subject and Research Approval Committee or reviewed by independent researchers. University researchers may submit their research proposal to the University's Human Subjects Committee for approval of methods with respect to

ethical considerations. All other researchers must provide documentation that their research proposal has been reviewed and approved by an independent and appropriate human research committee or other appropriate professionals.

All research must be conducted in accordance with Sections 6.06 through 6.26 of the Ethical Principles of Psychologists and Code of Conduct of the American Psychological Association. Once the research project has been approved by the Human Subjects Committee and all recommendations of the committee either carried out or made part of the research plan, the project must be approved by DOC. The procedure for obtaining approval is given in DOC Policy and Procedure 501.02. All research projects must comply with the provisions of this Departmental policy and procedure.

8.000 EXTERNAL MANAGEMENT OF SEX OFFENDERS - COORDINATION AND SUPERVISION ISSUES.

8.100 Standards of Practice for Supervising Sexual Offenders

The Division of Probation and Parole (DPP) has developed Standard Operating Procedures (SOP's) for probation/parole officers who supervise sex offenders on their case load. A copy of the SOP's can be provided by DPP.

8.200 Establishment of a Case Management Team.

As soon as possible after the conviction and referral of a sex offender to DPP, the supervising officer should form a Case Management Team to manage the offender during his/her term of supervision:

The purpose of the team is to staff cases, share information, and make informed decisions related to risk assessment, treatment, behavioral monitoring, and management of each offender. The team should use the sex offense-specific evaluation and pre-sentence investigation as a starting point for such decisions;

Although policy development is an important function, the primary purpose of the team is individual case management, not policy development.

Supervision and behavioral monitoring is a joint, cooperative responsibility of the supervising officer, the approved provider, and the polygraph examiner.

Each team, at a minimum, should consist of:

- The supervising officer,
- The offender's approved provider, and
- The polygraph examiner
- Adjunct treatment provider

Each team is formed around a particular offender and is flexible enough to include any individuals necessary to ensure the best approach to managing and treating the offender. Team membership may therefore change over time.

The team may include individuals who need to be involved at a particular stage of management or treatment (e.g., the victim's therapist or victim advocate). When the sexual offense is incest, the child protection worker is also a team member if the case is still open.

In rural areas, the team members may be the same for each offender. In more highly populated areas, there may be a cluster of teams that include various combinations of supervising officers, Approved Providers, and polygraph examiners.

The team is coordinated by the supervising officer, who determines:

- The members of the team and, beyond the required membership, who should attend any given meeting;
- The frequency of team meetings;

- The content of the meetings (with input from other team members);
- The types of information required to be released.

Team members should keep in mind the priorities of community safety and risk management when making decisions about the management and/or treatment of offenders.

8.210 Case Management Team Norms. The team should demonstrate the following behavioral norms:

- There is an ongoing and completely open flow of information among all members of the team;
- Each team member participates fully in the management of each offender;
- Team members settle among themselves conflicts and differences of opinion that might make them less effective in presenting a unified response. The final authority rests with the supervising officer;
- Team members are committed to the team approach and seek assistance with conflicts or alignment issues that occur.
- Team members should communicate frequently enough to manage sexual offenders effectively, with community safety as the highest priority.

Supervising officers are encouraged to periodically attend group and/or individual therapy sessions to monitor sex offenders under their supervision. Approved Providers are encouraged to allow attendance of supervising officers and prepare sex offenders in the group in advance for the attendance of a supervising officer. Preparation should include notification of the supervising officer's attendance and execution of appropriate waivers of confidentiality, if necessary. The visiting supervising officer shall be bound by the same confidentiality rules as the approved provider and should sign a statement to that effect. It is understood that Approved Providers may set reasonable limits on the number and timing of visits in order to minimize any disruption to the group process.

8.300 Supervising Officer's Role and Responsibilities in Team Management of Sex Offenders

The supervising officer shall refer sex offenders for evaluation and rehabilitation services only to Approved Providers who meet these Standards.

Supervising officers have a responsibility to ensure that the offender is engaged in appropriate rehabilitation with a provider who is listed in DOC'S Approved Provider List and that the rehabilitation program is consistent with DOC's Standards. It is the supervising officer's responsibility to refer to Approved Providers who will best meet the sex offenders' rehabilitation needs and the need for community safety.

The Supervising officer shall ensure that sex offenders sign releases for at least the following types of information:

- Releases of information to treatment providers, including information from any treatment program in which the offender participated at the Department of Corrections;
- Releases of information to Case Management Team members, including collateral information sources, as indicated, such as the child protection agency, the approved provider, the polygraph examiner, the victim's therapist, and any other professionals involved in the rehabilitation and management of the offender;
- Releases of information to the victim's therapist, the Guardian ad Litem, custodial parent, guardian, caseworker, or other involved professional, as indicated. Such information may be used in the victim's treatment and/or in making decisions regarding reunification of the family or the offender's contact with the victim.

The supervising officer, in cooperation with the approved provider and polygraph examiner, should utilize the results of periodic polygraph examinations for program and behavioral monitoring. Team members should provide input and information to the polygraph examiner regarding examination questions. The information provided by the team should include date and results of last polygraph examination.

Supervising officers have a responsibility to ensure that the offender receives polygraph examinations from a polygraph examiner who is listed on DOC's Provider List and that the examinations are consistent with DOC's Standards. It is the supervising officer's responsibility to refer to polygraph examiners who will best meet the sex offenders' rehabilitation needs and the need for community safety.

Exceptions to the requirement to use the polygraph shall be made only with the unanimous agreement of the Case Management Team and the reasons for the exception shall be recorded in the sex offender's file.

Although deceptive findings on a polygraph test are not in and of themselves a violation of probation or parole, they can be considered in determining the intensity and conditions of supervision. Pre-test and post-test admissions, however, may be used in a revocation hearing. An offender's failure to take a polygraph as directed should be considered a violation of probation and/or parole; Offenders can be required to complete a polygraph examination on their crime of conviction once all appeals of their conviction are exhausted. If they are appealing their sentence and not their conviction they can be required to complete a polygraph examination on the instant offense. **They cannot be required to answer polygraph questions on any unreported crime(s) that would give information such as victim names, dates of offenses, locations of offenses, and any other information that would incriminate them and could lead to their being prosecuted for a new offense. They may assert their Fifth Amendment rights if asked to give specific details of prior unreported offenses. They may be required to**

answer general questions regarding their prior sexual history as long as the information is not specific enough to implicate them in a new crime.

The supervising officer should require sex offenders to provide a copy of the written plan developed in program for preventing a relapse, signed by the offender and the therapist, as soon as it is available. The supervising officer should utilize the relapse prevention plan in monitoring offenders' behavior.

The supervising officer should require sex offenders to obtain the officer's written permission to change sex offender programs (refer to 6.500 for a discussion of changes in sex offender treatment providers).

The supervising officer should ensure maximum behavioral monitoring and supervision for offenders in denial. The officer should use supervision tools that place limitations on offenders' use of free time and mobility and emphasize community safety and containment of offenders.

The supervising officer should require Approved Providers to keep written updates on sex offenders' status and progress in program. Progress reports should be submitted quarterly at a minimum or sooner at the request of the supervising officer.

The supervising officer should discuss with the approved provider, the victim's therapist, custodial parent or foster parent, and Guardian ad Litem specific plans for any and all contacts of an offender with a child victim and plans for family reunification.

The supervising officer should develop a supervision plan and contact standards based on a risk assessment of each sex offender, the sex offender's offending cycle, physiological monitoring results, polygraph results, and the offender's progress in program.

Recognizing that sex offenders present a high risk to community safety, probation/parole/officers should base their field work on the supervision plan, relapse prevention plan, and offense cycle/pattern of an offender.

The supervising officer should not request early termination of sex offenders from supervision.

On a regular basis, the supervising officer should review each offender's specific conditions of probation, parole, or furlough and assess the offender's compliance, needs, risk, and progress to determine the necessary level of supervision and the need for additional conditions.

If contact is allowed, the supervising officer should limit and control the offenders' authority to make decisions for minors or to discipline them.

If necessary and possible, the supervising officer should request an extension of supervision to allow an offender to complete sex offender programming.

The supervising officer should notify sex offenders that they must register with local law enforcement, in compliance with state sex offender registration laws.

The supervising officer should discuss program issues and progress with offenders during office visits and other contacts.

The supervising officer/agency should impose or request criminal justice sanctions for offenders' unsatisfactory termination from sex offender programming, including revocation of probation or parole.

The supervising officer should require sex offenders who are transferred from other states through an Interstate Compact Agreement to agree in advance to participate in offense-specific programming and specialized conditions of supervision contained in these Standards.

The supervising officer should not allow a sex offender who has been unsuccessfully discharged from a sex offender rehabilitation program to enter another program unless the new program and case management arrangement will provide *greater* behavioral monitoring and *increased* programming in the areas the sex offender "failed" in the previous program. The purpose of this standard is to discourage movement among treatment providers by offenders as a way of avoiding doing the work of therapy.

Supervising officers assessing or supervising sex offenders should successfully complete training programs specific to sex offenders. Such training shall include information on:

- Prevalence of sexual assault
- Offender characteristics
- Assessment/evaluation of sex offenders
- Current research
- Community management of sex offenders
- Interviewing skills
- Victim issues
- Sex offender rehabilitation
- Choosing evaluators and Approved Providers
- Relapse prevention
- Physiological procedures
- Determining progress
- Offender denial
- Special populations of sex offenders
- Cultural and ethnic awareness

It is also desirable for agency supervisors of officers managing sex offenders to complete such training.

On an annual basis, supervising officers should obtain continuing education/training specific to sex offenders.

The successful completion of training required in guidelines given above is necessary prior to the supervising officer attending any individual or group therapy sessions of sex offenders under his/her supervision.

8.400 Treatment Providers' Role and Responsibility in Team Management of Sex Offenders

An approved provider shall establish a cooperative professional relationship with the supervising officer of each offender and with other relevant supervising agencies.

A provider shall immediately report to the supervising officer all violations of the provider/client contract, including those related to specific conditions of probation, parole, or furlough;

A provider shall immediately report to the supervising officer evidence or likelihood of an offender's increased risk of re-offending so that behavioral monitoring activities may be increased. Contractors and Approved Providers are required to notify the field P.O. within 24 hours of any information which indicates that an offender is a risk of re-offending. If the community offender is a furlougee, this notification will be made to the furlough officer. In cases where an offender commits a new offense, local and/or state law enforcement shall also be notified;

A provider shall report to the supervising officer any reduction in frequency or duration of contacts or any alteration in programming that constitutes a change in an offender's management plan. Any permanent reduction in duration or frequency of contacts or permanent alteration in programming shall be determined on an individual case basis by the provider and the supervising officer.

All Contractors and DOC Approved Providers who provide sexual offender programming in the community will be required to provide 1) monthly attendance reports to field P.O.'s in writing, and 2) quarterly progress reports (or more often at the request of the supervising officer) on each program participant. Progress reports shall document the offender's participation in treatment, increase in risk factors, changes in the treatment plan, and treatment progress. Reports shall be submitted in a timely fashion.

If a revocation of probation or parole is filed by the supervising officer, a provider shall furnish, when requested by the supervising officer, written information regarding the offender's progress in program. The information shall include: changes in the management plan, dates of attendance, treatment activities, the offender's relative progress and compliance in program, and any other material relevant to the court or the parole board at the hearing. The approved provider shall be willing to testify in Court if necessary. Payment for expert witness testimony shall be reimbursed by the individual or agency that requests and/or summons the approved provider to testify in Court. Providers who are called as factual witnesses in a sexual offender case shall not give expert opinions. If an expert opinion is requested the provider shall ask the Court to review his or her credentials and experience and determine if they qualify as an expert witness in the particular case before the Court.

A provider shall discuss with the supervising officer, the victim's therapist, custodial parent, foster parent and/or Guardian ad Litem specific plans for any and all contacts of the offender with the child victim and plans for family reunification.

A provider shall make recommendations to the supervising officer regarding visitation supervisors for an offender's contact with children, if such contact is allowed.

8.500 Polygraphers' Role and Responsibility in Team Management of Sex Offenders

The polygraph examiner shall participate as a member of the post-conviction case Management Team established for each sex offender.

The polygraph examiner shall submit written reports to each member of the community supervision team for each polygraph exam. Reports shall be submitted in a timely manner, no longer than two (2) weeks post testing.

Attendance at team meetings shall be on an as-needed basis. At the discretion of the supervising officer, the polygraph examiner may be required to attend only those meetings preceding and/or following an offender's polygraph examination, but the examiner is nonetheless an important member of the team.

8.600 SOMP Case Review Team

The individual rehabilitation programs for sex offenders are subjected to oversight by the offender's Case Management Team. Program reviews occur periodically and case records are reviewed at random during these reviews to assess the quality of record keeping as well as program planning. Individual case reviews are also requested from time to time to address specific issues and complaints regarding sex offenders who have been removed from their program or denied admission or re-admission. There are also requests for review due to concerns regarding the specifics of a particular offender's program. These requests may come from the offender himself or from others such as family, attorneys, legislators or others who have an interest in the offender's rehabilitation.

A SOMP case review team may be convened for the purpose of conducting these individual case reviews. Case review by the Case Review Team is not intended as a regular review process but rather as a process for exceptional cases and situations that warrant special attention.

The Case Review Team may also conduct inquiries into sexual re-offenses in an attempt to obtain information regarding the offense that might help correctional and program staff to recognize pre-relapse signs and prevent future occurrences of re-offending.

8.610 Case Review Team Personnel: The review team is composed of several members who have expertise in the rehabilitation and management of sex offenders. Minimally, the case review team shall be composed of the Criminal Justice Planner for Offender Programs, the Statewide Consultant for Sex Offender Programs, and clinical and correctional staff responsible for the management of the case.

8.620 Case Review Process: The review process will always involve a thorough review of the offender's institutional and/or probation/parole record, as well as his or her program record. In addition the team may request interviews with the offender,

Approved Providers, correctional staff, family members and others who may provide input about the offender.

8.700. Safety-Net Team Standards

Sex offenders are typically secretive about the behaviors and thought processes which lead to relapse. Any successful approach to rehabilitation must involve supervision and monitoring as well as other more traditional therapeutic measures. An offender's chances of successfully maintaining a non-assaultive life style in the community can be significantly increased if those individuals in a position to observe the offender are well educated about offenders' high risk signs and their relapse process. The safety-net is a group of natural helpers that can alert professionals who are working with the offender of potential pre-relapse indicators so that intervention can occur more rapidly.

The safety-net is a small group of individuals (typically three to five) who are in a position to observe the day to day behaviors of the offender. Safety-net members are trained to recognize pre-relapse signs and to report such signs to various members of the Case Management Team including therapists and probation officers. Safety-net team members may include family, employers, clergy, friends and others who have frequent contact with the offender. They are trained to be "experts" in the relapse process of the particular offender they are helping.

The primary purpose of the safety-net is to aid in the supervision and management of the offender by acting as an "early-warning" system. The safety-net aids the probation officer by providing information which will allow the supervising officer to take corrective measures when an offender slips into a pre-relapse cycle.

The following Standards shall be followed in creating a safety-net:

1. All sex offenders in Community SOMP's shall have a safety-net.
2. The minimum size for a safety-net is three persons. There is no maximum size but a safety-net would typically include three to five persons.
3. At least two members of the Safety-net must be persons outside the offender's immediate family.
4. Persons on the offender's Case Management Team can also be members of the Safety-net but the Safety-net can not be entirely made up of Case Management Team members.
5. The composition of the Safety-net should be representative of the offender's environments in the community. That is, any location in which the offender spends significant time should be represented by a Safety-net person from that environment. Examples of such environments include home, work, religious environments, cultural groups, adjunct treatment groups such as AA, etc.
6. Safety-net members must be consistently available to observe the offender. Frequent or prolonged absences may disqualify an individual from being part of the Safety-net.

7. All Safety-net members shall be non-paid volunteers. Safety-net members may not accept payment in any form from offenders or others for their involvement in the Safety-net.
8. All Safety-net members must undergo training conducted by the approved provider and the supervising officer.
9. Objectivity and a willingness to report pre-relapse signs are an essential characteristic of a good Safety-net member. Safety-net members must be selected with these traits in mind. Those members who are reluctant to report or who are non-objective observers are subject to removal from the Safety-net.
10. The Field Probation/parole Officer is in charge of the safety-net team and shall give approval for all Safety-net members. Safety net members may be contacted by the approved provider and/or the supervising officer to gather information regarding the offender. After the offender completes treatment it is the responsibility of the supervising officer to contact the safety-net team members.
11. The removal of a Safety-net member may be recommended by the Management Team or the Field Probation Officer, but the final decision to remove a member is made by the Field Probation Officer. All removals are subject to review by the Criminal Justice Planner for Offender Programs.

8.800 Violations of Conditions of Probation/Parole (Technical Violations)

When the Safety-net concept works as intended, a number of violations of the conditions of probation/parole may be reported. These may vary in seriousness and present different degrees of potential risk to the community. It is DOC's hope that offenders may be maintained safely in the community and the Department recognizes the importance of dealing with technical violations quickly and appropriately. Guidelines for Handling Violations of Conditions of Probation/Parole are provided in Appendix N. These guidelines assist the Field Probation Officer in evaluating the offender's potential danger to the community and in determining the appropriateness of various sanctions. These sanctions range from verbal and written warnings to recommendations for re-incarceration. A number of therapeutic interventions lie in between these extremes.

The supervision of the sex offender is an essential part of the offender's programming. All Contractors and other Approved Providers must report condition violations to the Field Probation Officer as soon as possible after becoming aware of such violations.

9.000 VICTIM ISSUES

9.100 The Role of Victims/Survivors in Sex Offender Treatment

DOC recognizes that the behavior of sex offenders can be extremely damaging to victims and that their crimes can have a long-term impact on victims' lives. Moreover, the level of violence and coercion involved in the offense does not necessarily determine the degree of trauma experienced by the victim.

Victims' involvement in the criminal justice process can be either empowering or re-victimizing. DOC believes that victims should have the option to decide their level of involvement in the process, especially after the offender has been convicted and sentenced.

In Alaska victims may state whether they wish to be notified about any changes in the offender's status in the criminal justice system. In certain situations, the Case Management Team may communicate with a victim's therapist or a designated victim advocate. Further, if a victim is willing, s/he may be contacted for information during the pre-sentence investigation, in order to include additional victim impact information in the investigation report.

Professionals in the criminal justice, evaluation, and treatment systems should contact victims through appropriate channels to solicit their input, since victims may possess valuable information that is not available elsewhere. In particular, a victim's information about an offender's offense patterns can assist evaluators, Approved Providers and supervisors to develop management plans and supervision conditions that may prevent or detect future offenses. Oftentimes the victim's information about an offense can be obtained through a third party such as a victim therapist, a family member, or other persons close to the victim. It is often preferable to obtain information indirectly so as not to re-traumatize the victim. Some victims may wish to give their input directly, however. Supervising officers and Approved Providers must use extreme sensitivity in contacting and talking to survivors of sexual abuse so as not to re-traumatize them. At all times a victim's right to not discuss the offense, the impact of the offense, or other aspects of his/her involvement with the offender shall be respected.

9.200 Victim Contact

Warning: Child Protective Statutes in Alaska (AS 11.51.100) prevent certain offenders from having contact with minors. Approved Providers must check with the Office of Adult Probation prior to recommending or initiating any contact between the offender and minor children to establish that contact is authorized. The Department of Law has advised DOC as to the application of AS 11.51.100 to probationers and parolees. Approved Providers should make every effort to insure that they are operating in a manner consistent with advice from the Attorney General's Office.

The primary mission of DOC is to protect the public. It is therefore essential that all DOC staff, Contractors and other Approved Providers hold the best interest of victims in mind when working with sex offenders. The safety and well being of victims and potential victims must be considered as the highest priority. Safety in this context means both physical and psychological safety. DOC staff and other providers of service to sex offenders must consider the best interest of victims when making decisions regarding the rehabilitation and management of sex offenders. Decisions about victim/potential victim

contact must be made conservatively. Research indicates that most sex offenders have a more extensive history of sexual offending including multiple victim and offense types than is indicated in criminal justice records. The offense(s) for which an offender was convicted is not a reliable indicator of all victims who may be at risk. As offenders participate successfully in rehabilitation programs more information is gathered and a more accurate estimate of risk may be forthcoming. Ongoing risk assessment is critical so that decisions made by the team that could affect victim safety are made with the most accurate information available. In making decisions about victim contact the following standards shall be followed:

- Contact between offenders and victims or potential victims will not occur until there has been consultation with, and approval by, all appropriate parties. This includes the offender's approved provider and the provider's clinical supervisor if one is required, the supervising probation officer, the victim, the victim's therapist, the victim's parent or guardian, and the victim's advocate or Guardian ad Litem. This applies to direct and/or indirect contact. Contact is intended to refer to any form of interaction including:
 1. Physical contact, face to face, or any verbal contact;
 2. Being in a residence with a child or victim;
 3. Being in a vehicle with a child or victim;
 4. Visitation of any kind;
 5. Correspondence (both written and electronic), telephone contact (including messages left on a voice mail or answering machines), gifts, or communication through third parties;
 6. Entering the premises, traveling past or loitering near the child or victim's residence, school, day care, or place of employment;
 7. Frequenting places used primarily by children, as determined by the Community Supervision Team.

Prohibition of contact does not impact an offender's responsibility to pay child support. This applies to contact in a prison or in a community setting.

- Case Management Teams should plan for changes in risk level and recognize that offenders will always present with some level of risk for sexual re-offending. Progress in program may not be consistent over time. The team should also consider that changes in child development characteristics or adult victim characteristics may affect offenders' risk level. Approval of situations that involve contact with children under the age of eighteen shall be continually reviewed and changed by the Case Management Team based on current risk.
- In the event that there is a court order prohibiting contact between the offender and the victim or potential victims, this order will be followed unless altered by the court or, if so indicated, by the supervising probation officer.
- All contacts between sex offenders and victims or potential victims must be approved by the supervising probation officer
- All non-authorized contact with victims and potential victims will be reported immediately to the supervising probation officer

- All guidelines for family clarification as described below will be followed by DOC staff and other providers of services to sex offenders

In order to maintain program integrity, Approved Providers and evaluators who receive referrals for offenders in circumstances which conflict with these Standards should refuse to accept or continue to work with offenders who do not agree to comply with the requirements in the Standards regarding restricted contact. The referral source should be informed in writing of the reasons for the refusal and of the possible risk to the involved children or victims.

During any time that an offender is not in program, the supervising officer should maximize the use of surveillance, monitoring and containment methods including more frequent use of polygraphs. The supervising officer may obtain additional information during this period of time which should be brought back to the court for additional guidance and/or sentencing conditions.

9.210 Exclusionary Criteria

Due to extreme risk, when any of the following are present, the Case Management Team shall ensure that the offender is **not** considered for any type of contact with children.

A clinical diagnosis by an approved evaluator or treatment provider of:

- Pedophilia (Exclusive Type, per DSM IV-TR or later DSM versions), i.e. attracted only to children)
- Psychopathy or Mental Abnormality per the Psychopathy Checklist-Revised (PCL-R) or per the MCMI III (85 or more on each of the following scales: Narcissistic, Antisocial and Paranoid)
- Sexual sadism, as defined in the DSM IV-TR or later revision of this manual

9.300 Victim and Family Clarification/Resolution

Sexual assault is like a ripple in a pond. It affects many persons other than the offender and the immediate victim. Immediate and extended family are also affected by the offender's behavior and are among the many secondary victims. In cases of intra-familial child abuse the impact on family is especially significant. The purpose of victim and family clarification is to give primary and secondary victims the opportunity to convey to the offender how they have been harmed by the offense and to re-establish boundaries. Clarification sessions also establish that the offender is fully responsible for the offense and clarify, to the family members, details of the offense and grooming patterns. Clarification sessions may help to relieve denial and minimization among family members, relieve family members of perceived responsibility and facilitate their healing process, and educate family as to potential relapse patterns so they may function, if desired, as appropriate safety-net members. Victims may also challenge information provided by the offender and offer program staff information that may help in the offender's rehabilitation.

There may also be occasions when family clarification meetings are appropriate even though none of the family members were victimized by the offender. For example, it is common for an offender to request that he be allowed to live with a new partner and her children. The children may or may not be the same gender or in the age range of prior victims. In such cases, clarification sessions may help establish appropriate boundaries, educate the family as to warning signs of potential relapse, establish contacts for reporting and set up other protections for the family.

Clarification sessions may include couples counseling, counseling with other family dyads and counseling with the entire family as deemed necessary and appropriate.

Family re-unification is not the purpose of family clarification. Guidelines for family re-unification are given in the next section. The following guidelines are to be followed for victim/family clarification sessions.

- There shall be no direct or indirect contact between offenders and their victims until this is approved by the DOC Approved Clinical Supervisor (if there is one) and the supervising PO. Permission from the sentencing court and/or parole board will be obtained prior to contact in cases where the court or parole board prohibits contact.
- Confidentiality will be maintained for both the offender and the victim(s).
- The Approved Provider will establish through contact with the victim and/or family members that contact with the offender is desired.
- The Approved Provider will establish that both the offender, victim and family members are psychologically prepared for the clarification session(s). Contact will be made with the victim's and/or family members therapist(s), if such exist, to determine that all parties are suitably prepared for the clarification session(s) and that such sessions are beneficial to the victim and family members. The Approved Provider will also establish that such therapists will be available to their clients after the clarification sessions for de-briefing.
- The Approved Provider will inquire of the victim and family members if they desire other persons including victim and/or other therapists to be present during the session(s) for purposes of support.
- The Approved Provider shall clarify to all parties involved that the purpose of the clarification session is not to re-establish the relationship or re-unite the family.
- The Approved Provider shall conduct the session in a structured manner and call an immediate halt to the session if it should become inappropriate or potentially damaging to the victim or family members.
- The Approved Provider will make every effort to communicate and coordinate with other therapists involved with the victim or family to determine the impact of the session(s) upon the victim and family members and readjust plans for further meetings accordingly.
- The victim's wish to end a clarification session and/or the clarification process itself shall be respected at all times.

9.400 Family Reunification

Many families who are victims of intra-familial child abuse do not re-unite. This is an appropriate resolution for many families. Family re-unification may be desired by some families and may or may not be appropriate depending on a number of factors. ***Family reunification is not appropriate in all cases even if desired by the offender and all family members.*** Approved Providers must determine the appropriateness of family reunification prior to initiating the process. Decisions about the appropriateness of family re-unification are based first and foremost on safety issues. Approved Providers must follow the guidelines listed below before re-unification is attempted.

- Prior to initiating the family reunification process, approval must be obtained from the DOC Approved Supervisor (if one exists), the supervising PO, the victim's guardian or custodial parent, and the victim's therapist (if one exists). Conditions of probation/parole must be modified by the Court and/or parole board when necessary.
- Victim and Family Clarification sessions must be successfully completed prior to initiating family re-unification.
- The Approved Provider shall determine that the non-offending parent or parental guardian can appropriately protect the child from future sexual assaults. In determining this, contact with the victim(s) and non-offending parent's therapist and social worker may be required.
- The Approved Provider shall determine that the re-unification plan adequately provides for the safety of the victim(s). This shall be determined through consultation with the treatment supervisor (if there is one), the supervising probation officer, the guardian or custodial parent, the victim's therapist (if there is one), the Guardian ad Litem (if there is one), and any others that are in a position to evaluate safety of the victim.
- All parties must agree that re-unification is appropriate, desired, and in the victim's best interest.
- A trained safety-net must be in place. The non-offending parent or custodial guardian must be a trained member of the safety-net.
- When appropriate the victim(s) must be trained to recognize and report pre-relapse behaviors. In cases where this is not appropriate (e.g. extremely young victims or victims with severe cognitive impairments) other family members will be trained.
- There shall be a written re-unification plan. This shall include a list of pre-relapse signs and prohibited behaviors along with the names and phone numbers of persons to notify in case high risk behaviors occur. The plan shall also indicate a graduated schedule of direct contact that provides adequate opportunity to evaluate the safety of the re-unification process. Violations of the plan by the offender or non-offending parent shall result in immediate cessation of contact between the offender and the victim(s).
- The Approved Provider shall make periodic contact with safety-net members to determine if pre-relapse behaviors are occurring in or outside of the home.
- All contact between the offender and the victim or potential victims shall be supervised until all parties agree this is no longer necessary.

APPENDIX A

Significant Events in Sex Offender Treatment & Management in Alaska

- 1979 A pilot sex offender program, funded by an LEAA grant, opens at Lemon Creek Correctional Center
- 1980 Alaska initiates presumptive sentencing for Class A, B and C felonies (2nd offense)
- 1981 An institutional sex offender treatment program is established at Fairbanks Correctional Center . A community aftercare program is established in Fairbanks
- 1982 The Lemon Creek program closes.
A pilot program is established at Hiland Mountain Correctional Center.
Alaska moves Class A felonies to unclassified status and initiates presumptive sentencing for a first offense of Sexual Assault and Sexual Assault of a Minor
- 1984 A community aftercare program is established in Anchorage
The HMCC SOTP expands
- 1985 Plethysmograph assessment and behavioral treatment begin at HMCC
The LCCC program reopens
A community aftercare program is established in Juneau
- 1986 Social Skills Program established at Hiland Mountain for lower functioning individuals
Pre-program (pre-treatment) wing is established at Hiland Mountain
- 1989 Standards for provision of sex offender treatment developed in Alaska (second in U.S.)
LCCC SOMP is revised
- 1990 DOC sponsors statewide training for probation officers
- 1991 DOC hires NIC national experts to evaluate Alaska's sex offenders programs
DOC sponsors training in Relapse Prevention for treatment providers
- 1992 Based on recommendations of NIC evaluators, DOC hires statewide clinical consultant
The LCCC SOMP is reorganized into a pre-treatment program
The Fairbanks institutional program is closed
Community treatment openings in Fairbanks are increased

- A community treatment program is established in Ketchikan
- An Approved Provider process is established and DOC begins contracting with individual Approved Providers rather than agencies
- 1993 A community treatment program is established in Kenai
- A Safety Net Training Manual is written under an NIC grant
- 1994 DOC sponsors a training workshop for treatment providers
- Began developing/training safety net teams in communities
- Standards of sex offender management for provision of treatment services are revised
- 1995 Ketchikan treatment provider established safety net program in Metlakatla
- A community treatment program is established in Bethel
- 1996 Recidivism study on participants of main institutional programs
- 1997 Sex Offender Working Group established
- Clinical consultant and CJP began providing risk assessment training to Probation Officers
- 1998 Main institutional program revised and moved to Meadow Creek
- Bethel program closed due to loss of contract therapists
- Interagency Sex Offender Working Group established
- 1999 Risk study is conducted, including review of institutional program by two outside consultants
- 2001 Process for establishing regulations for sex offender treatment providers began;
- Static 99 & SONAR training held and participation in standardization study
- Began
- 2002 High Risk Management Program developed in Juneau. Consultations regarding the containment approach begin with Colorado experts.
- 2002 SOMP at MCCC closes and the Pre-Treatment/Pre-Release Program at LCCC is revised and shortened so that a greater number of offenders can be assessed. The LCCC program provides focused risk assessment and risk management services to offenders prior to release
- 2003 The LCCC program closes and Contractors are hired to conduct assessments at individual facilities. As a result the number of assessments conducted increases.

- 2006 A pilot containment project begins and the first group of sex offenders undergo polygraph testing.

The Alaska State Legislature passes legislation requiring polygraph testing on all sex offenders by 2007.

- 2008 CRC and community sex offender treatment programs are established in Bethel for sex offenders from the Yukon-Kuskikwim Delta area.

- 2010 The LCCC sex offender management program re-opens

- 2011 The Standards of sex offender management are revised.

APPENDIX B

Glossary of Terms Used in the Management and Treatment of Sexual Offenders

Abstinence: The decision to refrain from taking part in a self-prohibited behavior. For sex offenders, abstinence is marked by refraining from engaging in behaviors that are associated with their offense patterns and not dwelling on deviant fantasies and thoughts.

Abstinence Violation Effect (AVE): A term used to describe high risk factors and a variety of changes in beliefs and behaviors that can result from engaging in lapses. Among the components of the AVE are: a sense that treatment was a failure; a belief that the lapse is a result of being weak-willed and unable to create personal change; a failure to anticipate that lapses will occur; and recalling only the positive aspects of the abusive behavior (also referred to as the Problem of Immediate Gratification). When sex offenders are not prepared to cope with the AVE, the likelihood of relapse increases. The AVE is experienced most strongly when clients believe that lapses should never occur.

Abel Assessment for Sexual Interest: A psychological test giving an objective measurement of deviant sexual interests. This is a computer driven test that gives the operator an objective reaction time measure of deviant sexual interests. Offenders who participate in an Abel Assessment complete a 30-minute computerized test showing 160 slides of clothed adults, teens, and children. Objective reaction time measuring 22 sexual areas are compared using “z scores” and self report. A 60-minute paper and pencil questionnaire is coupled with the computerized test to provide extensive details of the offender’s history of interest, degree of control, accusations, and other information. The Abel test assesses most dangerous clients, least dangerous clients, and clients most likely to commit a sex crime.

Access to the Community: Refers to a sex offenders’ ability to leave the physical confines of a residential program (with or without permission) and enter the community for any purpose and under any level of supervision or under no supervision.

Access to Potential Victims: Any time a sex offender is alone with a potential victim the sex offender is considered to have access to a potential victim, and the potential victim is considered at risk.

Actuarial Risk Assessment: A risk assessment based upon risk factors which have been researched and demonstrated to be statistically significant in the prediction of re-offense or dangerousness.

Adaptive Coping Response (ACR): A change in thoughts, feelings, and/or behaviors that helps sex offenders deal with risk factors and reduces the risk of lapse. Adaptive coping responses help sex offenders avoid re-offending (relapse), and may be general in nature (e.g., talking with a friend who is upset, hurt, or angry) or specific to certain situations (e.g., avoiding children or refraining from masturbation to deviant fantasies). General coping responses improve the quality of life. These responses include: effectively managing stress and anger; improving skill and ability to relate with others; changing life in ways which do not support sexually abusive behavior; learning to relax; and increasing knowledge, skills and ability to solve problems.

Specific coping responses deal with lapses and identified risk factors. These include: avoiding triggers to behavior (stimulus control); avoiding high risk factors; escaping from risk factors; developing specific coping methods for a particular problem and using them when the problem occurs; changing the way one thinks; learning ways to reduce the impact of the AVE; developing lapse contracts; setting positive approach goals; and using other methods of dealing with problems when they arise.

Adjudication: The process of rendering a judicial decision as to whether the facts alleged in a petition or other pleading are true; an adjudicatory hearing is that court proceeding in which it is determined whether the allegations of the petition are supported by legally-admissible evidence.

Admission Criteria: The specific characteristics and level of risk which can be treated and managed safely and effectively in a treatment program.

Adolescent/Juvenile Sexual Abuser: A person, legally or legislatively defined by the criminal or juvenile code of each state, with a history of sexually abusing other persons.

Aftercare: The portion of treatment that occurs after formal termination or graduation from the primary treatment program. Aftercare is provided either by the primary treatment provider or by community resources that are overseen and/or contracted by the primary treatment provider.

Aftercare Plan: The plan created by the primary treatment staff, family, other support systems, and the sex offender which includes the development of daily living skills, a focus on community reintegration while residing in a less structured/restrictive environment, a relapse prevention component, an emphasis on healthy living and competency building, and an identified system of positive support.

Aggravating Circumstances: Conditions that intensify the seriousness of the sex offense. Conditions may include age and gender of the victim, reduced physical and/or mental capacity of the victim, the level of cruelty used to perpetrate the offense, the presence of a weapon during the commission of the offense, denial of responsibility, multiple victims, degree of planning before the offense, history of related conduct on the part of the offender, and/or the use of a position of status or trust to perpetrate the offense.

Alford Plea: An Alford Plea allows the offender to admit that there is enough evidence to convict him or her at trial without admitting to the offense of record. This type of plea often precludes treatment since it is difficult to treat someone who has not admitted responsibility for the offense.

Anaphrodisiac: A drug or medicine that reduces sexual desire.

Androgen: A steroid hormone producing masculine sex characteristics and having an influence on body and bone growth and on the sex drive.

Anti-androgen: A substance that blocks the production of male hormones.

Aphrodisiac: Anything that stimulates sexual desire or arousal.

Assault Cycle: The sex offenders' pattern of abusing that includes triggers, feelings, behaviors, cognitive distortions, planning, etc. Methods of addressing the assault cycle may include charting, the use of a psycho educational curriculum, individual teaching/therapy, etc.

Assessment: See Phases of Assessment.

Autoerotic: Self-stimulation; frequently equated with masturbation.

Aversive Conditioning: A behavioral technique designed to reduce deviant sexual arousal by exposing the client to a stimulus which arouses him/her and then introducing an unpleasant smell or physical sensation.

Boredom Tapes: A behavioral technique wherein the client masturbates alone while talking into a tape recorder about the sexual fantasies he is using to achieve sexual arousal.

Castration: Removal of sex glands—the testicles in men and the ovaries in women. Chemical castration refers to the use of medications to inhibit the production of hormones in the sex glands.

Chaperone: This is a person who has been approved by a supervising officer to supervise contact between a person at risk (generally a minor or developmentally disabled person) and an offender.

Child Pornography: Any audio, visual, or written material that depicts children engaging in sexual activities or behaviors, or images that emphasize genitalia and suggest sexual interest or availability.

Civil Commitment: The confinement and treatment of sex offenders who are especially likely to reoffend in sexually violent ways following the completion of their prison sentence. Commitment is court ordered and indeterminate.

Clarification: This procedure requires the sex offender to write a letter to the victim, in an effort to relieve the victim of any responsibility for the sexual abuse and clarify what occurred in language the victim can understand. Clarification is permitted only after the offender and victim have adequately demonstrated progress in their respective therapy programs. This is a supervised process by the offender and victim's treatment provider and sometimes the supervision officer. This procedure is a pre-requisite for re-unification to occur. In cases where the victim is not in therapy, the offender may still write a letter and the letter is kept in the offender's treatment file. This process varies, but usually requires the offender to accomplish the following tasks:

- Verbalize full responsibility for his sexual deviancy and for making the victim endure the abuse;
- State why he chose the victim and how he misused those qualities to abuse him/her;
- Acknowledge "grooming" behavior which;
- Affected family relationships;
- Isolated the victim;
- Created confusion or guilt for the victim;
- Manipulated the victim into compliance; and
- Convinced the victim to keep the abuse secret.
- Support the victim's decision to report abuse and take responsibility for making the victim endure the legal process;
- Acknowledge deviancy as a life-long process and describe what the offender is doing to manage it; and
- Make no request for forgiveness and ask no questions of the victim.

Clinical Polygraph: A diagnostic instrument and procedure designed to assist in the treatment and supervision of sex offenders by detecting deception or verifying truth of statements by persons under supervision or treatment. The polygraph can assess reports relating to behavior. The three types of polygraph examinations that are typically administered to sex offenders are:

- Sexual History Disclosure Test: Refers to verification of completeness of the offender's disclosure of his/her entire sexual history, generally through the completion of a comprehensive sexual history questionnaire.
- Instant Offense Disclosure Test: Refers to testing the accuracy of the offender's report of his/her behavior in a particular sex offense, usually the most recent offense related to his/her being criminally charged.
- Maintenance/Monitoring Test: Refers to testing the verification of the offender's report of compliance with supervision rules and restrictions.

Clinical Support: Clinical support refers to participants in an aftercare group or receipt of individual therapeutic support.

Cognition: Refers to the mental processes such as thinking, visualizing, and memory functions that are created over time based on experience, value development and education.

Cognitive Distortion (CD): A thinking error or irrational thought that sex offenders use to justify their behavior or to allow themselves to experience abusive emotions without attempting to change them. Cognitive distortions are ways sex offenders go about making excuses for justifying and minimizing their sexually abusive behavior. In essence, these are self-generated excuses for taking part in one's relapse patterns. These thoughts distort reality.

Cognitive Restructuring: A treatment technique wherein the client is made aware of distorted thinking styles and attitudes that support sexual offending and/or other problem behaviors and is encouraged to change those cognitions through confrontation and rebuttal.

Coitus: Sexual intercourse between a male and female, in which the male penis is inserted into the female vagina.

Collaboration: A mutually beneficial and well-defined relationship entered into by two or more organizations to achieve common goals. This type of relationship developed between supervising officers, treatment providers, polygraph examiners, victim advocates, prosecution and the defense bar has been credited with the success of effective sex offender management. This type of relationship includes a commitment to:

- Mutual relationships and goals;
- A jointly developed structure and shared responsibility;
- Mutual authority and accountability; and
- Sharing of resources and rewards.

Collateral Contacts: The sharing and use of information regarding a sex offender among law enforcement, probation/parole officers, treatment providers, employers, family members, and friends of the offender to enhance the effectiveness and quality of community supervision.

Community Justice: A proactive systems approach which emphasizes community partnerships and crime prevention. Principles of Community Justice include:

- The community (including individual victims and offenders) is the ultimate customer, as well as a partner, of the justice system;
- Partnerships for action, among justice components and citizens, strive from community safety and well being;
- The community is the preferred source of problem solving as its citizens work to prevent victimization, provide conflict resolution, and maintain peace; and
- Crime is confronted by addressing social disorder, criminal activities and behavior, and by holding offenders accountable to victims and the community.

Community Notification Laws: Laws which allow or mandate that law enforcement, criminal justice, or corrections agencies give citizens access to relevant information about certain convicted sex offenders living in their communities (see Megan's Law).

Community Supervision: Day to day casework by a supervision officer that centers around the officer's monitoring of the offender's compliance to conditions of supervision, as well as the offender's relationship and/or status with his/her family, employers, friends and treatment provider. From these sources, the officer obtains information about the sex offender's compliance with conditions of community supervision, participation in treatment and risk of reoffense, and assists the offender in behavior modification and restoration to the victim and community. Types of community supervision include:

- *Bond supervision (also called "Pre-Trial Supervision"):* Supervision of an accused person who has been taken into custody and is allowed to be free with conditions of release before and during formal trial proceedings.
- *Parole supervision:* The monitoring of parolees' compliance with the conditions of his/her parole.
- *Probation supervision:* The monitoring of the probationers compliance with the conditions of probation (community supervision) and providing of services to offenders to promote law abiding behavior. General goals of community supervision include (American Probation and Parole Association, 1995):
 - Protection of the community and enhancement of public safety through supervision of offenders and enforcement of the conditions of community supervision;
 - Provision of opportunities to offenders which can assist them in becoming and remaining law-abiding citizens; and

- Provision of accurate and relevant information to the courts to improve the ability to arrive at rational sentencing decisions.

Conditions of Community Supervision: Requirements prescribed by the court as part of the sentence to assist the offender to lead a law-abiding life. Failure to observe these rules may lead to a revocation of community supervision, or graduated sanctions by the court. Examples of special conditions of community supervision for sex offenders are noted below:

- Enter, actively participate, and successfully complete a court recognized sex offender treatment program as directed by your supervising officer, within 30 days of the date of this order;
- No contact with the victim (or victim's family) without written permission from your supervising officer;
- Pay for victim counseling costs as directed by the supervising officer;
- Submit at your expense to polygraph and plethysmograph testing as directed by your supervising officer; and
- Do not possess any sexually explicit materials.

Contact: As a special condition of supervision or as a treatment rule, a sex offender is typically prohibited from contact with his/her victim or potential victims. Contact has several meanings noted below:

- Actual physical touching;
- Association or relationship: taking any action which furthers a relationship with a minor, such as writing letters, sending messages, buying presents, etc.; or
- Communication in any form is contact (including contact through a third party). This includes verbal communication, such as talking, and/or written communication such as letters or electronic mail. This also includes non-verbal communication, such as body language (waving, gesturing) and facial expressions, such as winking.

Contact with Prior Victims or Perpetrators: This includes written, verbal or physical interaction, and third party contact with any person whom a sex offender sexually abused or who committed a sexual offense against the sex offender.

Containment Approach: A model approach for the management of adult sex offenders (English, et al. 1996). This is conceptualized as having five parts:

1. A philosophy that values public safety, victim protection, and reparation for victims as the paramount objectives of sex offender management;
2. Implementation strategies that rely on agency coordination, multi-disciplinary partnerships, and job specialization;
3. A containment approach that seeks to hold sex offenders accountable through the combined use of both the offenders' internal controls and external criminal justice control measures, and the use of the polygraph to monitor internal controls and compliance with external controls;
4. Development and implementation of informed public policies to create and support consistent practices; and
5. Quality control mechanisms, including program monitoring and evaluation, that ensure prescribed policies and practices are delivered as planned.

Conviction: The judgment of a court, based on the verdict of guilty, the verdict of a judicial officer, or the guilty plea of the defendant that the defendant is guilty of the offense.

Copulation: Sexual intercourse; coitus.

Covert Sensitization: A behavioral technique in which a deviant fantasy is paired with an unpleasant one.

Crossover: A sexual behavior pattern which reveals that a sex offender is aroused or acting out to sexual interests in addition to the offenses of record or conviction.

Cruising: The active seeking out of a victim for purposes of engaging in deviant sexual activity.

Culpability: While the term guilty implies responsibility for a crime or at the least, grave error or misdoing, culpability implies a lower threshold of guilt. Culpability connotes malfeasance or errors of ignorance, omission, or negligence. Criminal justice practitioners and treatment providers use an assessment that includes a detailed examination of abusive behavior and criminal histories to determine culpability in sex offenses.

Denial: A psychological defense mechanism in which the offender may act shocked or indignant over the allegations of sexual abuse. Seven types of denial have been identified (Freeman-Longo and Blanchard, 1998):

1. *Denial of facts:* The offender may claim that the victim is lying or remembering incorrectly;
2. *Denial of awareness:* The offender may claim that s/he experienced a blackout caused by alcohol or drugs and cannot remember;
3. *Denial of impact:* Refers to the minimization of harm to the victim;
4. *Denial of responsibility:* The offender may blame the victim or a medical condition in order to reduce or avoid accepting responsibility;
5. *Denial of grooming:* The offender may claim that he did not plan for the offense to occur;
6. *Denial of sexual intent:* The offender may claim that s/he was attempting to educate the victim about his/her body, or that the victim bumped into the offender. In this type of denial, the offender tries to make the offense appear non-sexual; and
7. *Denial of denial:* The offender appears to be disgusted by what has occurred in hopes others would believe s/he was not capable of committing such a crime.

Detumescence: The process of a fully or partially erect penis losing erection and becoming flaccid resulting from drainage of blood from the erectile tissue in the penis. This usually occurs because the man is no longer aroused by the erotic stimulus that previously caused the man's penis to become erect.

Deviant Arousal: The sexual arousal to paraphilic behaviors. Deviant arousal is a sex offender's pattern of being sexually aroused to deviant sexual themes. Not all sex offenders have deviant arousal patterns. The most common method of assessing deviant arousal is through phallometric assessment conducted by a trained and qualified sexual abuse treatment specialist.

Disinhibitors: Internal or external motivators (stimuli) which decrease reservations or prohibitions against engaging in sexual activities. An example of an internal disinhibitor is a cognitive distortion (e.g., "that 8 year old is coming on to me," or "she said no, but she really wants to have sex with me"). Alcohol and drug use are examples of external disinhibitors.

Disposition: A final settlement of criminal charges.

Drug Testing: A chemical analysis of one or more body substances to determine the presence or absence of drugs or drug metabolites.

DSM-IV/ICD-10: The DSM-IV is an abbreviation for the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition and the ICD-10 is an abbreviation for the International Classification of Diseases, Tenth Edition. These are compendia of diagnoses and their definitions that are utilized universally in psychiatry and related professions.

Egosyntonic: Congruent with an individual's self image or values.

Egodystonic: Disruptive to an individual's self-image or values.

Electronic Monitoring: An automated method of determining compliance with community supervision restrictions through the use of electronic devices. There are three main types of electronic monitoring utilizing different technologies (Crowe, 1998):

1. *Continuous Signaling Technology:* The offender wears a transmitting device that emits a continuous coded radio signal. A receiver-dialer is located in the offender's home and is attached to the telephone. The receiver detects the transmitter's signals and conveys a message via telephone report to the central computer when it either stops receiving the message or the signal resumes again.
2. *Programmed Contact Technology:* This form of monitoring uses a computer to generate either random or scheduled telephone calls to offenders during the hours the offender should be at

his/her residence. The offender must answer the phone, and verify his/her presence at home by either having the offender transmit a special beeping code from a special watch attached to the offender's wrist, or through the use of voice or visual verification technology.

3. Global Positioning Technology (GPS): This technology is presently under development and is being used on a limited basis. The technology can monitor an offender's whereabouts at any time and place. A computer is programmed with the places offenders should be at specific times and any areas that are off limits to the offender (e.g., playgrounds and parks). The offender wears a transmitting device that sends signals through a satellite to a computer, indicating the offender's whereabouts.

Empathy: A capacity for participating in the feelings and ideas of another.

Evaluation: The application of criteria and the forming of judgments; an examination of psychological, behavioral, and/or social information and documentation produced by an assessment (sex offender assessments precede sex offender evaluations). The purpose of an evaluation is to formulate an opinion regarding a sex offender's amenability to treatment, risk/dangerousness, and other factors in order to facilitate case management.

Exclusion Criteria: The specific offender characteristics and level of risk which cannot be treated and managed safely and effectively in a treatment program.

External, Supervisory Dimension (ESD): The dimension of relapse prevention that enhances the ability of probation/parole officers and significant others (e.g., employer, family members, and friends) to monitor a sex offender's offense precursors.

False Remorse: An insincere attempt by the offender to show s/he feels sorry for the abuse s/he has committed. The false remorse is usually self-pity or self-disgust.

False Resolve: An insincere effort on the part of an offender to make promises to him/her self never to abuse again.

Family Reconciliation: The therapeutic process that ends with a resolution of problems and conflict areas that prevent a family from having a healthy, non-abusive relationship. Family reconciliation must take place before family reunification can occur. Reconciliation may take place without reunification, although reunification should not occur without reconciliation.

Family Reunification: This is the joining again of the family unit as part of a sex offender's treatment plan. It is a step-by-step process with achievable goals and objectives.

Gender Role: The pattern of behaviors and attitudes considered appropriate for a male or a female in a given culture.

Graduation or Discharge Readiness: Documented evidence of a sex offender's accomplishment of treatment goals outlined in an individual treatment plan. Sex offender progress that leads to graduation or discharge readiness may include, but is not limited to:

- A decrease in the offender's risk/dangerousness to the community;
- Aftercare planning;
- A community reintegration plan;
- The ability to recognize and alter thinking errors and to intervene in the assault cycle;
- The ability to develop and use relapse prevention plans;
- Knowledge of healthy sexuality and safe sex practices;
- Improved social skills;
- Vocational and recreational planning; and
- A commitment to attend aftercare support groups.

Grooming: The process of manipulation often utilized by child molesters, intended to reduce a victim's or potential victim's resistance to sexual abuse. Typical grooming activities include gaining the child victim's trust or gradually escalating boundary violations of the child's body in order to desensitize the victim to further abuse.

High Risk Factors (HRF): A set of internal motivations or external situations/events that threaten a sex offender's sense of self-control and increase the risk of having a lapse or relapse. High risk factors usually follow seemingly unimportant decisions (SUDs).

Homogeneous: Similar in significant characteristics that relate to treatment and living needs (e.g., age, cognitive ability, type of sexual offending behavior, mental health diagnosis, etc.).

Incest: Sexual relations between close relatives, such as father and daughter, mother and son, sister and brother. This also includes other relatives, step children, and children of common-law marriages.

Index Offense: The most recent offense known to authorities.

Individual Treatment Plan: A document outlining the essential treatment issues which must be addressed by the sex offender. Treatment plans often consist of core problem areas to be addressed in treatment such as cognitive restructuring, emotional development, social and interpersonal skills enhancement, lowering of deviant sexual arousal, anger management, empathy development, understanding of the sexual abuse cycle, and the formulation and implementation of a relapse prevention plan. These plans include the:

- Problem to be addressed;
- Proposed treatment;
- Treatment goal;
- Responsible staff; and
- Time frame to meet goals.

Internal, Self-Management Dimension (ISD): The aspect of relapse prevention that allows a sex offender to recognize and control offense precursors.

Intake Procedure: The process of admission/reception into a treatment program.

Intrusive: The degree to which a treatment technique invades the usual physical and/or psychological privacy and/or functioning of a sex offender in order to address specific components of sexually aggressive behavior. Because sex offender treatment is usually involuntary/mandatory, all abuse specific treatment may be considered intrusive and may require informed consent. The use of phallometric measurement, pharmacological agents, and treatment modalities involving physical contact are generally deemed to be the most intrusive treatment methods. Treatment providers who use the most intrusive treatment methods should consider requiring a separate statement of informed consent for each method. Audio recording of masturbation satiation exercises and verbal confrontations that violate normal body space boundaries are examples of intrusive treatment techniques. Abusive techniques such as shaming, verbal abuse, and name calling are not commonly used or accepted intrusive treatment techniques. Intrusive is also used in sex offender management to describe the degree of intrusiveness or violation of the victim by the sex offender. This is often categorized along a continuum from relatively low intrusiveness offenses, such as obscene phone calling or exhibitionism, to high intrusiveness offenses, such as forced intercourse with a minor by a parent.

Jacob Wetterling Crimes Against Children and Sexually Violent Offender Registration Act:

Enacted in 1994, this federal mandate requires states to establish stringent registration programs for sex offenders—including lifelong registration for offenders classified as “sexual predators” by September 1997 (see Sex Offender Registration).

Justification: A psychological defense mechanism by an offender in which s/he attempts to use reasoning to explain offending behavior.

Lapse: An emotion, fantasy, thought, or behavior that is part of a sex offender's cycle and relapse pattern. Lapses are not sex offenses. They are precursors or risk factors for sex offenses. Lapses are not failures and are often considered as valuable learning experiences.

Lapse Contract: A contract signed by the sex offender, his/her therapist, and/or probation/parole officer that describes the extent to which the sex offender is permitted to lapse. Effective lapse contracts include clauses that require sex offenders to delay engaging in the lapse, permit only one instance of the lapse, require that the sex offender immediately report the lapse to the therapist and/or the probation/parole officer, and receive some penalty for the lapse behavior (e.g., a curfew, a driving restriction, house arrest, etc.).

Less Restrictive: The result of changing the environment in which a sex offender lives by decreasing security offered by the physical structure (e.g., increased number of roommates), reducing the level/intensity of supervision, allowing greater access to unsupervised leisure time activities, and permitting community or family visits. A less restrictive environment is usually the result of significant treatment progress or compliance with the treatment program and environment.

Level of Risk: The degree of dangerousness a sex offender is believed to pose to potential victims or the community at large. The likelihood or potential for a sex offender to re-offend is determined by a professional who is trained or qualified to assess sex offender risk.

Level of Service Inventory-Revised (LSI-R): A risk assessment tool designed to assess re-offense risk and treatment needs among the general criminal population. This tool utilizes a 54 item scale scored “yes” or “no” or a “0-3” rating by clinical staff or case managers (Andrews and Bonta, 1995). This instrument has not been validated for a sex offender population.

Maladaptive Coping Response (MCR): An apparent effort to deal with a risk factor or lapse that actually enables the sex offender to get closer to relapse (e.g., an angry rapist who decides to take a drive and picks up a female hitch-hiker, or a child molester who knows that he has a problem with alcohol and decides to have a drink because he is upset).

Masochism: A sexual deviation in which an individual derives sexual gratification from having pain, suffering and/or humiliation inflicted on him/her.

Masturbation: Self-stimulation of the genitals; autoeroticism.

Megan’s Law: The first amendment to the Jacob Wetterling Crimes Against Children and Sexually Violent Offenders Act. This was passed in October 1996 and requires states to allow public access to information about sex offenders in the community. This federal mandate was named after Megan Kanka, a seven-year-old girl who was raped and murdered by a twice-convicted child molester in her New Jersey neighborhood (see Community Notification).

Minimization: An attempt by the offender to downplay the extent of abuse.

Minnesota Sex Offender Screening Tool—Revised (MnSOST-R): A risk assessment tool commonly used for screening adult sex offenders for civil commitment and community notification. This tool has 16 items scored by clinical staff or case managers using a weighted scoring key.

Mitigating Circumstances: Conditions that may modify the seriousness of a sex offense. Conditions may include the offender participating in the offense under coercion or duress; a lack of sufficient capacity on the part of the sex offender for judgment due to physical or mental impairment; or sincere remorse and a course of action undertaken to demonstrate restitution, responsibility, and culpability.

Multi-Cultural Issues: Any difference that exists between the language, customs, beliefs, and values among various racial, ethnic, or religious groups.

Multi-Disciplinary Team: A variety of professionals (e.g., psychologists, psychiatrists, clinical social workers, educators, medical personnel, recreational staff, paraprofessionals, criminal justice personnel, volunteers, and victim advocates) working together to evaluate, monitor, and treat sex offenders.

Narcissism: Excessive self-love; self-centeredness, beliefs that the individual is overly “special,” often resulting in the individual’s belief that rules, requirements and laws that apply to others should not apply to him/her. Also, sexual excitement through admiration of one’s own body.

Nolo Contendere: A plea in criminal prosecution that, without admitting guilt, leads to conviction but does not prevent denying the truth of the charges in a collateral proceeding. A defendant may plead nolo contendere only with the consent of the court after the judge has obtained a factual basis. A plea of nolo contendere cannot be considered an admission of guilt in civil court proceedings.

Obscene: A legal finding that a specific depiction, typically sexually explicit, is so abhorrent to a community's standards of acceptability that it is an exception to the First Amendment's free speech protections and is therefore illegal to possess or distribute. Examples of obscene materials include depictions of children engaged in sexual behavior.

Obsession: A neurosis characterized by the persistent recurrence of some irrational thought or idea or by an attachment to or fixation on a particular individual or object.

Orgasmic Reconditioning: A behavioral technique designed to reduce inappropriate sexual arousal by having the client masturbate to deviant sexual fantasies until the moment of ejaculation, at which time the deviant sexual theme is switched to a more appropriate sexual fantasy.

Outcome Data: Data that demonstrates clear, relevant, and undisputed information regarding the effect of supervision and/or treatment on sex offender recidivism rates.

Pam Lychner Act: Passed in 1996, this federal amendment to the Jacob Wetterling Act requires the U.S. Department of Justice to establish a National Sex Offender Registry (NSOR) to facilitate state-to-state tracking of sex offenders and lifetime registration and 90-day address verification requirements on violent and habitual sex offenders. This act also requires the Federal Bureau of Investigations (FBI) to handle sex offender registration and notification in states unable to maintain "minimally sufficient" programs on their own.

Paraphilia: A psychosexual disorder. Recurrent, intense, sexually arousing fantasies, urges, and/or thoughts that usually involve humans, but may also include non-human objects. Suffering of one's self or partner, children, or non-consenting persons is common. A deviation in normal sexual interests and behavior that may include:

- *Bestiality (Zoophilia):* Sexual interest or arousal to animals.
- *Coprophilia:* Sexual interest or arousal to feces.
- *Exhibitionism:* Exposing one's genitalia to others for purposes of sexual arousal.
- *Frotteurism:* Touching or rubbing against a non-consenting person.
- *Fetishism:* Use of nonliving objects (e.g., shoes, undergarments, etc.) for sexual arousal that often involves masturbation.
- *Hebophilia:* Sexual interest in, or arousal to, teens/post-pubescent children.
- *Klismophilia:* Sexual arousal from enemas.
- *Necrophilia:* Sexual interest in, or arousal to, corpses.
- *Pedophilia:* The Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) criteria for pedophilia are as follows:

1. Over a period of at least 6 months, recurrent, intense, sexually arousing fantasies, sexual urges, or behaviors involving sexual activity with a pre-pubescent child or children (generally age 13 years or younger);
2. The fantasies, sexual urges, or behaviors cause clinically significant distress or impairment in social, occupational, or other important areas of functioning; and
3. The person is at least 16 years old and at least 5 years older than the child or children in the first criterion (this does not include an individual in late adolescence who is involved in an ongoing sexual relationship with a 12 or 13 year old).

- *Pederast:* Sexual interest in, or arousal to, adolescents.
- *Sexual Masochism:* Sexual arousal/excitement from being humiliated, beaten, bound, or made to suffer.
- *Sexual Sadism:* Sexual arousal/excitement from psychological or physical suffering of another.

- *Telephone Scatologia*: Engaging in uninvited, sexually explicit talk with another person via the telephone. This is often referred to as “obscene phone calling.”
- *Transsexual*: A person who has undergone a surgical sexual/gender change.
- *Transvestic Fetishism*: The wearing of clothing articles and especially undergarments for persons of the opposite sex. This is often referred to as “cross dressing.”
- *Voyeurism*: Observing unsuspecting individuals, usually strangers, who are naked, in the act of dressing or undressing, or engaging in sexual activities.

Parole: A method of prisoner release on the basis of individual response and progress within the correction institution, providing the necessary controls and guidance while serving the remainder of their sentences within the free community.

Pathology: Structural and functional deviations from the norm that constitute disease or psychological malfunctioning.

Pedophile: An individual who turns to prepubescent children for sexual gratification. (The DSM-IV criteria for pedophilia is noted under pedophilia.) There are several typologies of pedophiles, including:

- *Fixated Pedophile*: An individual who is sexually attracted to children and lacks psychosexual maturity.
- *Regressed Pedophile*: Most commonly describes a sex offender who has a primary adult sexual orientation but under stress engages in sexual activities with underage persons.

Phallometry (Phallometric Assessment or Penile Plethysmography): A device used to measure sexual arousal to both appropriate (age appropriate and consenting) and deviant sexual stimulus material. Stimuli can be either audio, visual, or a combination.

Phases of Assessment: An assessment is the process of collecting and analyzing information about an offender so that appropriate decisions can be made regarding sentencing, supervision, and treatment. An assessment does not and cannot determine guilt or innocence, and it cannot be used to determine whether an individual fits the “profile” of an offender who will commit future offenses. Assessments lay the groundwork for conducting an evaluation.

There are several phases and types of sex offender assessments. These include the following:

- *Investigative Assessment*: An investigative assessment is generally completed by a team that includes law enforcement personnel, a prosecuting attorney, and a child protective services staff member. The purpose of this assessment is to gather as much information as possible regarding the modus operandi of a sexual abuser and to corroborate evidence regarding the crime scene and how the abuse occurred.
- *Risk Assessment*: A risk assessment considers the nature, extent, and seriousness of an offender’s sexually abusive behavior; the degree of threat the offender presents to the community or victim; and the general dangerousness of the offender in any particular setting. It determines specifically and in detail the appropriate setting, the intensity of intervention, and the level of supervision needed by a particular sex offender. A risk assessment is required prior to admission to any program for sex offenders, and is conducted on an ongoing basis after admission.
- *Treatment Planning Assessment*: The purpose of a treatment planning assessment is to identify specific problem areas, strengths and weaknesses, skills, knowledge, and the precedents and antecedents of the sexually abusive behavior. The assessment includes consideration of thinking, affect, behavior, organicity of behavioral and cognitive issues, psychiatric disorders, addictions, and family functioning.
- *Clinical Assessment*: A clinical assessment is necessary for treatment planning. It helps determine the problem areas that need to be addressed in treatment as well as the types and modalities of treatment most suitable to treat the sex offender.
- *Formal and Informal Assessments of Progress in Treatment*: Formal and informal assessments of progress in treatment are used to determine sex offender progress in treatment. They are typically done using prepost testing of information learned, direct observation and evaluation of the skills the sex offender has acquired, and the extent of his/her behavioral change.

- *Graduation or Discharge Readiness Assessment*: A graduation or discharge readiness assessment is used to determine if a sex offender has successfully completed treatment. The sex offender's skills, knowledge, and abilities are evaluated based upon the treatment plan and other factors that were identified to determine the offender's progress.
- *Classification Assessment*: A classification assessment is conducted to determine the supervision classification status of a probationer or parolee who is a sex offender.
- *Outcome Evaluations*: Outcome evaluations are conducted after discharge from a program, typically by tracking all sex offenders to determine rates of recidivism/re-offense.

Plethysmograph: A device that measures erectile responses in males to both appropriate and inappropriate stimulus material (see Phallometry).

Polygraph: See Clinical Polygraph.

Pornography: The presentation of sexually arousing material in literature, art, motion pictures, or other means of communication or expression.

Positive Treatment Outcome: A treatment outcome that includes a significantly lower risk of the sex offender engaging in sexually abusive behavior as a result of attaining/developing a higher level of internal control. Positive treatment outcomes include a lack of recidivism; a dramatic decrease in behaviors, thoughts and attitudes associated with sexual offending; and other observable changes that indicate a significantly lower risk of re-offending.

Precocious Sexuality: Premature onset of sexual interest and behavior in children.

Precursors: A general term used to describe seemingly unimportant decisions (SUDs), maladaptive coping responses (MCRs), risk factors, lapses, and the abstinence violation effect (AVE). Precursors are events that occur prior to a sex offense.

- *Perpetuating Precursors*: Thoughts, feelings, and behaviors which are generally ongoing problems in the sex offender's life and often help maintain him/her in the pretend-normal phase of the cycle and trigger the relapse process (e.g., unresolved angers, alcohol and drug abuse, and low self-esteem). The pretendnormal phase of the deviant cycle for a sex offender is the phase in which the offender attempts to cover up his/her behavior by engaging in "normal daily routines" that do not include sexually deviant behavior.

- *Precipitating Precursors*: Thoughts, feelings, and events which generally began during the sex offender's childhood which influence the way he/she currently thinks, feels, and behaves (e.g., thoughts and feelings experienced today that are a result of abuse during childhood).

- *Predisposing Precursors*: Thoughts, feelings, and events which occur in the sex offender's life which trigger the deviant cycle and relapse process. These precursors are usually high risk factors and triggers which precede acting out (e.g., arguments with others, isolation, etc.).

Presentence Investigation Report: A court ordered report prepared by a supervision officer. This report includes information about an offender's index offense, criminal record, family and personal history, employment and financial history, substance abuse history, and prior periods of community supervision or incarceration. At the conclusion of the report, the officer assesses the information and often makes a dispositional recommendation to the court.

Probation: A court ordered disposition through which an adjudicated offender is placed under the control, supervision, and care of a probation field staff member in lieu of imprisonment, so long as the probationer (offender) meets certain standards of conduct.

Problem of Immediate Gratification (PIG Phenomenon): The PIG phenomenon is part of the Abstinence Violation Effect (AVE). It occurs when sex offenders selectively remember the positive sensations experienced during, or immediately after, past assaults, and forget the delayed negative consequences (e.g., guilt, loss of family and friends, loss of employment, newspaper and television coverage of arrest and conviction, incarceration, parole, etc.). Recalling only the immediate positive sensations from past assaults increases the likelihood of relapse. When sex offenders learn to counter the strength of the PIG phenomenon by focusing on the delayed negative effects of their acts (and the immediate and delayed harmful impacts on victims), the likelihood of relapse decreases.

Programmed Coping Responses: Coping responses and interventions that are well practiced by the offender so that they are used automatically when s/he is faced with a risk factor or high risk situation.

Progress in Treatment: Observable and measurable changes in behavior, thoughts, and attitudes which support treatment goals and healthy, non-abusive sexuality.

Promiscuous: Engaging in sexual intercourse with many persons.

Psychopath: A disorder characterized by many of the following: glibness and superficial charm; grandiosity; excessive need for stimulation/proneness for boredom; pathological lying; cunning and manipulative; lack of remorse or guilt; shallow affect; parasitic lifestyle; poor behavior controls; promiscuous sexual behavior and many short-term relationships; early behavioral problems; lack of realistic, long-term goals; impulsivity; irresponsibility; history of juvenile delinquency; likelihood of revocation on conditional release; and criminal versatility.

Hervé Cleckley (1982) developed the following three important points about psychopaths:

- Psychopaths have all of the outward appearances of normality—they do not hallucinate or have delusions and do not appear particularly encumbered by debilitating anxiety or guilt;
- Psychopaths appear unresponsive to social control; and
- Criminal behavior is not an essential characteristic.

Psychopathy Checklist—Revised: The clinical instrument to assess the degree to which an individual has characteristics of psychopathy. It is a 20-item instrument that is scored by the evaluator based on collateral information and typically an interview of the offender (Hare, 1991).

Psychopharmacology: The use of prescribed medications to alter behavior, affect, and/or the cognitive process.

Psychosexual Evaluation: A comprehensive evaluation of an alleged or convicted sex offender to determine the risk of recidivism, dangerousness, and necessary treatment. A psychosexual evaluation usually includes psychological testing and detailed history taking with a focus on criminal, sexual, and family history. The evaluation may also include a phallometric assessment.

Puberty (or Pre-Pubescence): The stage in life at which a child's reproductive organs become functionally operative and secondary sexual characteristics develop.

Range of Clinical Needs: Clinical needs of sex offenders may include developmental, psychiatric, neuropsychological, cognitive, and psycho-social issues.

Rape: Forcible sexual penetration of a child or an adult (vaginal, oral, or anal) with a penis, finger, or object. Groth (1979) proposed three types of rapists:

1. *Anger Rapist:* A sex offender whose rape behavior is motivated primarily by a desire to release anger and hostility on his/her victims. Offender's mood is one of anger and depression.
2. *Power Rapist:* A sex offender whose primary motivation for raping others is to feel powerful and exercise control over victims. Offender's mood is one of anxiety.
3. *Ritualistic-Sadistic Rapist:* A sexual offender whose primary motivation for raping is the eroticized power or anger. If power is eroticized the victim is subjected to ritualistic acts, such as bondage. If anger is eroticized, the victim is subjected to torture and sexual abuse. Offender's mood is one of intense excitement and dissociation.

Rapid Risk Assessment for Sex Offense Recidivism (RRASOR): A risk assessment tool that assesses sexual re-offense risk among adult sex offenders at five and ten year follow-up periods. In this tool, four items are scored by clinical staff or case managers using a weighted scoring key (Hanson, 1997).

Recidivism: Commission of a crime after the individual has been criminally adjudicated for a previous crime; reoffense. In the broadest context, recidivism refers to the multiple occurrence of any of the following key events in the overall criminal justice process: commission of a crime whether or not followed by arrest, charge, conviction, sentencing, or incarceration.

Reintegration: Gradual re-acclimation or adjustment to a non-supervised, less structured environment featuring opportunities to demonstrate new social skills and responsible decision making in support of community and personal safety.

Relapse: A re-occurring sexually abusive behavior or sex offense.

Relapse Prevention: A multidimensional model incorporating cognitive and behavioral techniques to treat sexually abusive/aggressive behavior. See Appendix I for listings of relapse prevention specific terminology.

Release of Information: A signed document for purposes of sharing information between and among individuals involved in managing sex offenders (e.g., two-way information release between treatment providers and legal professionals includes the sharing of sex offender legal and treatment records and other information necessary for effective treatment, monitoring and supervision).

Restrictive: The degree to which a program places limitations or external controls on a sex offender's physical freedom, movement within a treatment facility, access to the community, or other basic privileges. Secure treatment units with perimeter security and individual rooms for sex offenders that are locked at night and/or prisons would be considered the most restrictive treatment settings. The use of locked seclusion rooms and policies forbidding supervised community outings for sex offenders would be considered very restrictive intervention techniques.

Restitution: A requirement by the court as a condition of community supervision that the offender replaces the loss caused by his/her offense through payment of damages in some form.

Restorative Justice: Focuses on the repair of the harm to the victim and the community, as well as the improvement of pro-social competencies of the offender, as a result of a damaging act.

Reunification: A gradual and well-supervised procedure in which a sex offender (generally an incest offender) is allowed to re-integrate back into the home where children are present. This takes place after the clarification process, through a major part of treatment, and provides a detailed plan for relapse prevention.

Risk Controls: External conditions placed on a sex offender to inhibit re-offense. Conditions may include levels of supervision, surveillance, custody, or security. In a correctional facility, these conditions generally are security and custody related. In a community setting, conditions are a part of supervision and are developed by the individual charged with overseeing the sex offender's placement in the community.

Risk Factors: A set of internal stimuli or external circumstances that threaten a sex offender's self-control and thus increases the risk of lapse or relapse. Characteristics that have been found through scientific study to be associated with increased likelihood of recidivism for known sex offenders. Risk factors are typically identified through risk assessment instruments. An example of a sex offender risk factor is a history of molesting boys.

Risk Level: The determination by evaluation of a sex offender's likelihood of reoffense, and if the offender reoffends, the extent to which the offense is likely to be traumatic to potential victims. Based on these determinations, the offender is assigned a risk level consistent with his/her relative threat to others. Sex offenders who exhibit fewer offenses, less violence, less denial, a willingness to engage in treatment, no/few collateral issues (e.g., substance abuse, cognitive deficits, learning disabilities, neurological deficits, and use of weapons) are considered lower risk than those whose profile reflects more offenses, greater violence, and so on. Risk level is changeable, depending on behaviors exhibited within a treatment program. Disclosures of additional, previously unknown offenses or behaviors may also alter the offender's assessed level of risk.

Risk Management: A term used to describe services provided by corrections personnel, treatment providers, community members, and others to manage risk presented by sex offenders. Risk management approaches include supervision and surveillance of sex offenders in a

community setting (risk control) and require sex offenders to participate in rehabilitative activities (risk reduction).

Risk Reduction: Activities designed to address the risk factors contributing to the sex offender's sexually deviant behaviors. These activities are rehabilitative in nature and provide the sex offender with the necessary knowledge, skills, and attitudes to reduce his/her likelihood of re-offense.

Sadism: The achievement of sexual gratification by inflicting physical or psychological pain and/or humiliation upon another.

Seemingly Unimportant Decisions (SUDs): Decisions sex offenders make that seem to them to have little bearing on whether a lapse or relapse will occur. SUDs actually allow sex offenders to get closer to high-risk factors that increase the probability of another offense (e.g., a pedophile who decides to go holiday shopping at a mall on a Saturday afternoon or decides to go to a Walt Disney movie on a Saturday afternoon is making a Seemingly Unimportant Decision--the certain presence of children in the mall or the inevitable presence of children at the theater creates a high-risk factor that may lead to lapse or relapse).

Selective Serotonin Reuptake Inhibitors (SSRIs): A class of antidepressant drugs, sometimes used in the treatment of sex offenders, that includes fluoxetine (Prozac), fluvoxamine, paroxetine and sertraline. SSRIs are mood stabilizers that can cause sexual dysfunction.

Self-Deprecation: Belittling or putting down oneself.

Sex Offender: The term most commonly used to define an individual who has been charged and convicted of illegal sexual behavior.

Sex Offender Registration: Sex offender registration laws require offenders to provide their addresses, and other identifying information, to a state agency or law enforcement agency for tracking purposes with the intent of increasing community protection. In some states, only adult sex offenders are required to register. In others, both adult and juvenile sexual offenders must register (see Jacob Wetterling Act).

Sexual Abuse Cycle: The pattern of specific thoughts, feelings, and behaviors which often lead up to and immediately follow the acting out of sexual deviance. This is also referred to as "offense cycle," or "cycle of offending."

Sexual Abuser: The term most commonly used to describe persons who engage in sexual behavior that is considered to be illegal (this term refers to individuals who may have been charged with a sex crime but have not been convicted).

Sexual Abuse Specific: A term used to imply that aspects of treatment, assessment, and programming are targeting sexually abusive behaviors and not generic problems. Sexual abuse specific treatment often includes limited confidentiality, involuntary client participation, and a dual responsibility for the therapist: meeting the offender's needs while protecting society).

Sexual Assault: Forced or manipulated unwanted sexual contact between two or more persons.

Sexual Contact: Physical or visual contact involving the genitals, language, or behaviors of a seductive or sexually provocative nature.

Sexual Deviancy: Sexual thoughts or behaviors that are considered abnormal, atypical or unusual. These can include non-criminal sexual thoughts and activities such as transvestitism (cross-dressing) or criminal behaviors, such as pedophilia.

Sexual Predator: A highly dangerous sex offender who suffers from a mental abnormality or personality disorder that makes him/her likely to engage in a predatory sexually violent offense.

Statement of Informed Consent: A clinical document that is signed by a sex offender which becomes part of the treatment record and may be admissible in court. It implies that the sex offender understands the benefits and risks of a particular treatment procedure and may voluntarily withdraw from the procedure without consequence. Informed consent is used with treatments such as behavioral therapy, phallometry, odor aversion, aversive conditioning techniques and chemotherapy treatments that may generate physical

discomfort or be intrusive to the human body. Informed consent is not used with sex offense specific treatments such as group and individual therapy, and educational classes.

Successful Completion: Indicates a sex offender can graduate from a program with a discharge statement stating that s/he has successfully demonstrated all skills and abilities required for safe release from the program.

Suppression: The later part of the sexual abuse cycle after the individual offenses during which a conscientious effort is made to cover up and forget the abusive behavior.

Termination of Community Supervision: Community supervision usually ends in one of three ways:

- *Early Termination:* For good behavior and compliance with the conditions of probation, the court may reduce the period of supervision and terminate community supervision prior to the conclusion of the original term.
- *Expiration of Sentence/Term:* An offender completes the full probated or incarcerated sentence.
- *Revocation:* If the offender violates the terms of the community supervision, the court, following a revocation hearing, may suspend community supervision and sentence the offender to a term in jail or prison.

Thinking Error: See Cognitive Distortion.

Transducer: The gauge used to measure physiological changes in penile tumescence during a phallometric assessment. Also referred to as a “strain gauge.”

Treatment Contracts: A document explained to and signed by a sex offender, his/her therapist, his/her probation/parole officer, and others that includes:

- Program goals;
- Program progress expectations;
- Understanding and acceptance of program and facility (if applicable) rules;
- Agreement by the sex offender to take full responsibility for his/her offenses within a specific time frame;
- Acknowledgment of the need for future stipulations as more risks and needs are identified (e.g., triggers, patterns, etc.) and that privileges or restrictions may be adjusted as progress or risk factors change;
- Parental/family requirements to participate in sexual abuse specific family treatment and be financially responsible when necessary;
- Acknowledgment of consequences for breaking the treatment contract; and
- Incentives.

Treatment Models: Various treatment models are employed with sex offenders.

- *Bio-Medical Treatment Model:* The primary emphasis is on the medical model, and disease process, with a major focus on treatment with medication.
- *Central Treatment Model:* A multi-disciplinary approach to sex offender and sexual abuser treatment that includes all program components (e.g., clinical, residential, educational, etc.).
- *Cognitive/Behavioral Treatment Model:* A comprehensive, structured treatment approach based on sexual learning theory using cognitive restructuring methods and behavioral techniques. Behavioral methods are primarily directed at reducing arousal and increasing pro-social skills. The cognitive behavioral approach employs peer groups and educational classes, and uses a variety of counseling theories.
- *Family Systems Treatment Model:* The primary emphasis is on family therapy and the inclusion of family members in the treatment process. The approach employs a variety of counseling theories.
- *Psychoanalytic Treatment Model:* The primary emphasis is on client understanding of the psychodynamics of sexual offending, usually through individual treatment sessions using psychoanalytic principles.

- *Psycho-Socio Educational Treatment Model*: A structured program utilizing peer groups, educational classes, and social skills development. Although the approach does not use behavioral methods, it employs a variety of counseling theories.
- *Psychotherapeutic (Sexual Trauma) Treatment Model*: The primary emphasis is on individual and/or group therapy sessions addressing the sex offender's own history as a sexual abuse victim and the relationship of this abuse to the subsequent perpetration of others. The approach draws from a variety of counseling theories.
- *Relapse Prevention (RP) Treatment Model*: A three dimensional, multimodal approach specifically designed to help sex offenders maintain behavioral changes by anticipating and coping with the problem of relapse. Relapse Prevention: 1) teaches clients internal self-management skills; 2) plans for an external supervisory component; and 3) provides a framework within which a variety of behavioral, cognitive, educational, and skill training approaches are prescribed in order to teach the sex offender how to recognize and interrupt the chain of events leading to relapse. The focus of both assessment and treatment procedures is on the specification and modification of the steps in this chain, from broad lifestyle factors and cognitive distortions to more circumscribed skill deficits and deviant sexual arousal patterns. The focus is on the relapse process itself. (See Appendix I for a list of terms commonly used in the relapse prevention treatment models.)
- *Sexual Addiction Treatment Model*: A structured program using peer groups and an addiction model. This approach often includes 12-Step and sexual addiction groups.

Treatment Planning/Process Meeting: A face-to-face gathering of a multi-disciplinary team to discuss the results of initial evaluations and outline the individual treatment plan for a sex offender. The meeting generally focuses on specific developmental, vocational, educational and treatment needs; and housing and recreational placement.

Treatment Program or Facility: Any single program in which sex offenders routinely are grouped together for services. It may include residential, educational, and day treatment programs; or any similar service. A treatment program or facility is differentiated from an agency which may administer a number of different treatment facilities.

Treatment Progress: Gauges the offender's success in achieving the specific goals set out in the individual treatment plan. This includes, but is not limited to: demonstrating the ability to learn and use skills specific to controlling abusive behavior; identifying and confronting distorted thinking; understanding the assault cycle; accepting responsibility for abuse; and dealing with past trauma and/or concomitant psychological issues, including substance abuse/addiction.

Triggers: An external event that begins the abuse or acting out cycle (i.e., seeing a young child, watching people argue, etc.).

Victim Impact Statement: A statement taken while interviewing the victim during the course of the presentence investigation report, or at the time of pre-release. Its purpose is to discuss the impact of the sexual offense on the victim.

Victim-Stancing: The behavior of an individual who has been the perpetrator of victimization inaccurately portraying the real victim.

Violence Risk Appraisal Guide (VRAG): A risk assessment tool designed to assess sexual and nonsexual violence re-offense risk among adult male offenders. This tool has twelve items scored by clinical staff using a weighted scoring key (Quinsey, 1998).

APPENDIX C
ALASKA ADMINISTRATIVE CODE REGULATING SEX OFFENDER
TREATMENT PROVIDERS

Section

10. Sex offender treatment committee.

20. Provider approval.

30. Application process; qualifications.

40. Provider levels; supervision condition.

50. Application review; approval or denial; request for review of denial.

60. Review of denial.

70. Renewal process; qualifications.

80. Renewal application review; approval or denial; request for review of denial.

90. Transition: previously approved providers.

100. Lapsed approval.

110. Complaints; subsequent action against provider approval.

120. Summary suspension or revocation of provider approval.

130. Revoked approval.

200. Standards of care.

900. Definitions.

22 AAC 30.010. Sex offender treatment committee

(a) The commissioner will establish a Sex Offender Treatment Committee for the purposes of

(1) assisting in developing a Sex Offender Treatment Standards of Care Manual for use by providers approved under this chapter;

(2) reviewing applications from individuals applying for approval, or renewal of approval, to provide sex offender treatment to offenders under the department's

jurisdiction and making recommendations to the department regarding the applications;
and

(3) reviewing and investigating complaints against approved providers and making recommendations to the department regarding disposition of the complaints.

(b) The committee will include

(1) the department employee with responsibility for oversight of the sex offender treatment program;

(2) one department employee representing the department's correctional facilities;

(3) two department employees representing the department's community corrections programs; and

(4) three public members, from different judicial districts in the state, who are licensed under AS 08 in a professional field listed in 22 AAC 30.030(b) (1) and who have experience in providing clinical services to sex offenders.

(c) The committee's members serve on the committee at the pleasure of the commissioner. The commissioner will designate one of the committee members to be the committee chairperson.

History: Eff. 11/2/2002, Register 164

Authority: AS 33.30.011

AS 33.30.021

AS 44.28.030

22 AAC 30.020. Provider approval

(a) An individual who wishes to provide sex offender treatment to a sex offender who is under the department's jurisdiction first must obtain, and then maintain, approval from the department under this chapter in order for the treated sex offender to be considered in compliance with a sex offender treatment requirement imposed by the court, the parole board, or the department. Department approval of such a provider is required regardless of who pays for the sex offender's treatment and regardless of whether the treatment takes place in a correctional facility or is community-based.

(b) An individual does not need approval under this chapter in order to provide a service that is not sex offender treatment, as defined in 22 AAC 30.900, to a sex offender who is under the department's jurisdiction.

History: Eff. 11/2/2002, Register 164

Authority: AS 33.30.011

AS 33.30.021

AS 44.28.030

22 AAC 30.030. Application process; qualifications

(a) An individual who wishes to become an approved sex offender treatment provider must apply to the department on a form provided by the department. Only an individual may be approved as a sex offender treatment provider.

(b) To become an approved provider under this chapter, an individual must

(1) have a current professional license, in good standing, issued under AS 08, as a psychiatrist, psychologist, psychological associate, social worker, marital and family therapist, or professional counselor;

(2) be of good moral character; and

(3) agree to abide by the standards set out in 22 AAC 30.200 in providing sex offender treatment to a sex offender who is under the department's jurisdiction.

(c) An application for provider approval must include

(1) the applicant's name, business mailing address, and telephone number;

(2) a statement of the applicant's educational degrees, the year they were obtained, and the institutions from which they were obtained;

(3) verification from the relevant Alaska licensing board that the applicant has a current professional license, as described in (b) of this section, in good standing;

(4) a history of the applicant's specialized training in the treatment of sex offenders;

(5) a history of the applicant's professional work experience;

(6) the applicant's complete criminal history, if any;

(7) information about any investigations of the applicant by any licensing authority in this or any other jurisdiction for possible professional license violations; and

(8) references from at least two individuals familiar with the applicant's professional training and experience.

(d) Except as provided in 22 AAC [30.100](#), initial department approval of a provider lapses three years from the date of the approval.

History: Eff. 11/2/2002, Register 164

Authority: [AS 33.30.011](#)

[AS 33.30.021](#)

[AS 44.28.030](#)

22 AAC 30.040. Provider levels; supervision condition

(a) The department will establish different provider levels, including a full-service level, and will approve a provider at a particular level based on the provider's education, training, experience, and professional license.

(b) Department approval of a provider at a provider level less than the full-service level will be conditioned on the requirement that, in providing sex offender treatment to a sex offender who is under the department's jurisdiction, that approved provider must be supervised by an approved full-service-level provider.

History: Eff. 11/2/2002, Register 164

Authority: [AS 33.30.011](#)

[AS 33.30.021](#)

[AS 44.28.030](#)

22 AAC 30.050. Application review; approval or denial; request for review of denial

(a) The Sex Offender Treatment Committee shall review an application for approval as a sex offender treatment provider and shall place in the applicant's file the committee's recommendation to the department regarding approval or denial of the application. The committee may recommend denial only if the committee determines that the applicant does not meet the requirements for approval in 22 AAC [30.030](#). If the committee recommends denial of an application, the committee's recommendation to the department must include a written statement of the committee's reasons for recommending denial. The committee shall forward the applicant's file to the department.

(b) After review of the application and the committee's recommendation, the department will approve or deny an application for provider approval and will notify the applicant of the decision. If the department denies the application, the department will furnish the applicant with a statement of its findings regarding the denial and with instructions for requesting a review of the denial under 22 AAC [30.060](#). Failure to timely request review

as provided in 22 AAC [30.060\(a\)](#) precludes further department consideration of the denial.

History: Eff. 11/2/2002, Register 164

Authority: [AS 33.30.011](#)

[AS 33.30.021](#)

[AS 44.28.030](#)

22 AAC 30.060. Review of denial

(a) An applicant whose application for provider approval was denied under 22 AAC [30.050](#) may request review of the denial by filing a request with the commissioner within 30 days after the date of the department's notification of denial under 22 AAC [30.050\(b\)](#). The request for review must contain a statement of why the department's decision should be changed and must indicate which department findings the applicant believes are in error.

(b) If the commissioner determines that the request for review demonstrates a genuine issue in contention, the commissioner will grant an administrative review. The commissioner's denial of a request for review is a final administrative decision for purposes of appeal to the superior court under the Alaska Rules of Appellate Procedure.

(c) If the request for review is granted, the commissioner will appoint a review officer to conduct the review. If the commissioner appoints a department employee as the review officer, the employee will not be a person who participated in the decision to deny the application.

(d) In conducting the review, the review officer may

(1) request additional information from the applicant if the review officer considers the information to be necessary to the review; and

(2) conduct an additional investigation if the review officer believes that the information to be obtained from the additional investigation is necessary to the review.

(e) All information resulting from the review officer's review will be retained in the applicant's file.

(f) Upon completion of the review, the review officer shall prepare a written report that summarizes the case and recommends a decision, and shall submit the report and the applicant's file to the commissioner. The commissioner will review the report and will issue a written decision that sets out the reasons for accepting or rejecting the review officer's recommendation. The review officer's report and a copy of the commissioner's

decision will be retained in the applicant's file. The commissioner's decision is a final administrative decision for purposes of appeal to the superior court under the Alaska Rules of Appellate Procedure.

(g) In a review under this section, the burden of proof is on the applicant to establish by a preponderance of the evidence that the applicant meets the department's requirements for provider approval under this chapter.

History: Eff. 11/2/2002, Register 164

Authority: [AS 33.30.011](#)

[AS 33.30.021](#)

[AS 44.28.030](#)

22 AAC 30.070. Renewal process; qualifications

(a) To renew provider approval under this chapter, an approved provider must apply for renewal of approval no later than 60 days before the end of the provider's current approval period by submitting an application for renewal to the Sex Offender Treatment Committee on a form provided by the department.

(b) For a provider's approval to be renewed, the provider must

(1) have a current professional license, in good standing, as described in 22 AAC [30.030\(b\)](#) ;

(2) be of good moral character;

(3) have obtained, within the preceding three years, 20 hours of continuing education in the treatment of sex offenders that

(A) was sponsored or conducted by the Association for the Treatment of Sexual Abusers;

(B) fulfills a continuing education requirement imposed by the board that licenses the provider as a psychiatrist, psychologist, psychological associate, social worker, marital and family therapist, or professional counselor; or

(C) has been approved by the department as being substantially equivalent to the continuing education described in (A) or (B) of this paragraph;

(4) agree to abide by the standards set out in 22 AAC [30.200](#) in providing sex offender treatment to a sex offender who is under the department's jurisdiction; and

(5) provide a reference, on a form provided by the department, from the supervising full-service-level approved provider if the applying provider's current approval is conditioned under 22 AAC [30.040](#) on that supervision.

(c) A renewal application must include

(1) the provider's name, business mailing address, and telephone number;

(2) verification from the relevant Alaska licensing board that the provider has a current professional license, as described in (b)(1) of this section, in good standing;

(3) documentation verifying that the provider has obtained the continuing education required by (b)(3) of this section;

(4) the reference described in (b)(5) of this section, signed by the supervising full-service-level provider, if the reference is required under (b)(5) of this section;

(5) all information not previously provided to the department regarding the provider's criminal history; and

(6) information not previously provided to the department regarding any investigations of the provider within the past three years for possible professional license violations.

(d) A renewed provider approval lapses three years from the date of renewal.

History: Eff. 11/2/2002, Register 164

Authority: [AS 33.30.011](#)

[AS 33.30.021](#)

[AS 44.28.030](#)

22 AAC 30.080. Renewal application review; approval or denial; request for review of denial

(a) Review of an application for renewal of provider approval by the Sex Offender Treatment Committee and the department, and approval or denial of the application, will be conducted in the manner provided in 22 AAC [30.050](#) for an application for initial provider approval.

(b) Review of denial of a renewal application may be requested as provided in 22 AAC [30.060\(a\)](#) . The review of a denial will be conducted as described in 22 AAC [30.060](#).

History: Eff. 11/2/2002, Register 164

Authority: AS 33.30.011

AS 33.30.021

AS 44.28.030

22 AAC 30.090. Transition: previously approved providers

(a) Notwithstanding the provisions of 22 AAC 30.020 - 22 AAC 30.060, an individual who, on 11/1/2002, had approval from the department to provide sex offender treatment to sex offenders who are under the department's jurisdiction is considered on 11/2/2002 to be an approved provider under this chapter.

(b) The individual's provider approval under (a) of this section lapses on 11/2/2003. To maintain provider approval under this chapter, the individual must, no later than 60 days before the lapse date of the individual's provider approval under this section, apply for renewal of provider approval under 22 AAC 30.070. The individual must meet the requirements of 22 AAC 30.070 in order to obtain renewal of approval.

History: Eff. 11/2/2002, Register 164

Authority: AS 33.30.011

AS 33.30.021

AS 44.28.030

22 AAC 30.100. Lapsed approval

(a) If an individual's provider approval under this chapter lapses, the individual may submit to the department, no later than 60 days after the approval lapsed, a request to submit a late renewal application. The request must state the reasons for late application. If the department determines that good cause exists to allow a late renewal application, the department will notify the individual that a late renewal application may be submitted and will be processed under 22 AAC 30.070 and 22 AAC 30.080. If the department determines that good cause does not exist to allow a late renewal application, the department will notify the individual of that determination and that the individual must instead follow the procedures in 22 AAC 30.030 for a new initial approval.

(b) An individual whose approval under this chapter has lapsed and who subsequently applies for a new initial approval under 22 AAC 30.030 must, in addition to meeting the requirements of 22 AAC 30.030, meet the continuing education requirement in 22 AAC 30.070(b) and must submit with the application under 22 AAC 30.030 documentation of having met that requirement.

History: Eff. 11/2/2002, Register 164

Authority: AS 33.30.011

AS 33.30.021

AS 44.28.030

22 AAC 30.110. Complaints; subsequent action against provider approval

(a) A person, including an employee of the department, may bring a complaint against an approved provider, alleging a violation of a requirement for provider approval under this chapter, a violation of a supervision condition placed on the approval as described in 22 AAC 30.040, or a violation of a standard of care in 22 AAC 30.200 by submitting the complaint in writing to the Sex Offender Treatment Committee. The committee shall open a complaint file and review the complaint. Upon completion of initial review of the complaint, the committee shall prepare for the complaint file a report regarding the complaint, including the committee's conclusion as to whether there is probable cause to believe that a violation has occurred. In the report, the committee may recommend that the department suspend the provider's approval under this chapter until the complaint is resolved, in order to prevent an undue risk of harm to the public. The committee shall forward the complaint file to the department.

(b) If, after review of the complaint file, the department determines that probable cause does not exist to believe that a violation has occurred, the department will furnish a written report of the complaint to the provider who is the subject of the complaint, setting out the reasons for the determination, and will place a copy of the report in the complaint file.

(c) If, after review of the complaint file, the department determines that there is probable cause to believe that a violation has occurred, the department will notify the provider who is the subject of the complaint of the allegations contained in the complaint, and will furnish the provider with a response form. The department will return the complaint file to the committee and direct the committee to investigate the allegations in the complaint.

(d) If the department directs the committee to conduct an investigation as described in (c) of this section and the department concludes that suspension of the provider's approval pending resolution of the complaint is necessary to prevent an undue risk of harm to the public, the department will notify the provider that the department intends to suspend the provider's approval under this chapter pending resolution of the complaint and that the provider may contest the suspension determination by providing to the department, within three days after the date of the notification under this subsection, a written statement as to why suspension is not necessary to prevent an undue risk of harm to the public. The department will consider the provider's statement, make a final determination as to whether the provider's approval under this chapter should be suspended pending resolution of the complaint, and will notify the provider of that final determination. If the department's final determination is that the provider's approval under this chapter should

be suspended, the suspension takes effect upon the provider's receipt of notification of that final determination.

(e) Within 14 days after the date of the notification of allegations under (c) of this section, the provider shall submit to the committee, on the response form furnished by the department, a sworn statement in response to the allegations in the complaint. The provider shall cooperate with the investigation of the complaint by providing to the committee any documents or information requested by the committee. The provider's failure to respond to the allegations or to cooperate with the committee's investigation as required by this subsection may result in revocation of the provider's approval. The committee shall place in the complaint file the provider's response statement, any other documents or information provided to the committee under this subsection, and any other material considered by the committee in its investigation.

(f) Upon completion of its investigation, the committee shall prepare for the complaint file a report of the results of the committee's investigation and a recommendation for department action regarding the complaint, and shall forward the complaint file to the department. The committee's recommendation may be that the department

(1) take no action;

(2) continue the provider's approval under this chapter with conditions designed to correct the violation, if the committee considers the violation to be a minor one that does not create an undue risk to the public and is amenable to correction within a specified period of time; or

(3) revoke the provider's approval under this chapter.

(g) If, after review of the complaint file, including the committee's report and recommendation under (f) of this section, the department decides to

(1) take no action on the complaint, the department will notify the provider of the decision, will furnish the provider with a written report of the decision and will retain a copy of the notification and report in the complaint file;

(2) continue the provider's approval under this chapter with specified conditions designed to correct the violation, the department will notify the provider of the continued approval and conditions, will furnish the provider with a written report of the decision, including a statement of the reasons for the conditions, and will retain a copy of the notification and report in the complaint file;

(3) revoke the provider's approval under this chapter, the department will notify the provider of the revocation decision, will furnish the provider with a written report of the decision, including a written statement of the reasons for revocation and instructions for requesting a review of the decision, and will retain a copy of the notification and report in the complaint file.

(h) A provider who receives notification of a decision under (g)(2) or (3) of this section has 30 days from the date of the notification to request review of the decision in the manner described in 22 AAC [30.060\(a\)](#) . If the provider timely requests review as provided in this subsection, the department's review of the decision will be conducted as described in 22 AAC [30.060](#). If a timely request for review is not received as provided in this subsection, the revocation or the placement of conditions takes effect on the 31st day after the date of the notification of the decision under (g) of this section.

(i) After resolution of a complaint under this section, the department will inform the complainant of the disposition of the complaint.

(j) In this section, "violation" means a violation of a requirement for provider approval under this chapter, a violation of a supervision condition placed on the approval as described in 22 AAC [30.040](#), or a violation of a standard of care in 22 AAC [30.200](#).

History: Eff. 11/2/2002, Register 164

Authority: [AS 33.30.011](#)

[AS 33.30.021](#)

[AS 44.28.030](#)

22 AAC 30.120. Summary suspension or revocation of provider approval

(a) Notwithstanding the procedures set out in 22 AAC [30.110](#), the department will summarily suspend or revoke a provider's approval as provided in this section.

(b) The department will summarily suspend a provider's approval under this chapter if the department determines that the provider's professional license issued in this or another jurisdiction has been suspended or determines that the provider has violated a condition placed on the approval under 22 AAC [30.110\(g\)](#) . The department will notify the provider of the suspension of provider approval under this section. Suspension of provider approval under this subsection takes effect on the date the provider is notified of the suspension. The provider may not apply for renewal of the approval, or apply for a new initial approval, under this chapter while the provider's approval is suspended under this section. If, before the lapse date of the provider's approval, the provider

(1) submits verification to the department that the provider's suspended professional license has been restored to good standing, or that the provider is in compliance with the relevant condition, as applicable, the department will lift the suspension of the provider's approval under this chapter;

(2) has not submitted verification to the department that the provider's suspended professional license has been restored to good standing or that the provider is in

compliance with the relevant condition, as applicable, the provider's approval under this chapter lapses.

(c) A provider whose professional license was suspended and whose approval under this chapter lapsed under (b)(2) of this section because that professional license had not been restored to good standing must comply with the procedures and requirements of 22 AAC 30.100 to obtain a subsequent approval under this chapter and must submit verification acceptable to the department that the provider's suspended professional license has been restored to good standing.

(d) The department will summarily revoke a provider's approval under this chapter if the department determines that the provider's professional license issued in this or another jurisdiction has been revoked. The department will notify the provider of the revocation. Revocation under this subsection takes effect on the date the provider is notified of the revocation.

(e) In this section, "professional license" means a license described in 22 AAC 30.030(b) (1) or a license to practice in one of the fields listed in 22 AAC 30.030(b) (1) issued by another licensing jurisdiction.

History: Eff. 11/2/2002, Register 164

Authority: AS 33.30.011

AS 33.30.021

AS 44.28.030

22 AAC 30.130. Revoked approval

If an individual's provider approval under this chapter is revoked under 22 AAC 30.110 or 22 AAC 30.120, the individual

(1) may not apply for a new initial approval under 22 AAC 30.030 sooner than two years after the effective date of the revocation;

(2) in applying for a new initial approval under 22 AAC 30.030 also must meet the continuing education requirement of 22 AAC 30.070(b) and must submit documentation of meeting the requirement.

History: Eff. 11/2/2002, Register 164

Authority: AS 33.30.011

AS 33.30.021

AS 44.28.030

22 AAC 30.200. Standards of care

(a) An approved provider shall comply with the standards of care set out in this section in providing sex offender treatment to a sex offender who is under the department's jurisdiction.

(b) An approved provider may not

(1) allow personal feelings about a client or the client's crimes to interfere with the provider's professional judgment and objectivity, and shall make appropriate referrals to other professionals if the provider is unable to manage negative reactions to a client;

(2) discriminate based on age, gender, race, ethnicity, national origin, religion, sexual orientation, political affiliation, social or economic status, disability, or any basis proscribed by law;

(3) engage in behavior that is harassing, exploitative, or demeaning to a client;

(4) barter for services;

(5) advise or facilitate family reunification unless suitable measures have been taken to ensure the safety of, and appropriateness of reunification for, the client's victim;

(6) provide sex offender treatment to a sex offender who is under the department's jurisdiction if the provider has a pre-existing relationship with that person and that relationship could impair the provider's professional judgment;

(7) engage in a sexual relationship with a client or former client, regardless of whether payment was made for the sex offender treatment, and may not engage in a sexual relationship with a family member of a client or former client;

(8) engage in a business or social relationship with a client if that relationship could conflict with or compromise the primary professional relationship;

(9) disclose identifying information about a client during professional training or workshops; an audiotape or videotape to be used by the provider during training or a workshop must protect the identity of the client and may be used only after obtaining written informed consent from the client; or

(10) encourage or permit the use of pornography.

(c) An approved provider shall

(1) discuss fees to be charged for services before, or at the time of, the client's initial appointment, and shall inform the client before a change is made regarding fees that will be charged;

(2) at the time of the initial appointment, inform the client about the types of services to be provided, reasonable expectation of outcomes, alternatives to the type of services proposed, potential benefits and risks involved in the services, and the limits of privilege and confidentiality; if a client is incapable of consenting to services, the provider shall explain to the client the proposed assessments and treatments in a manner commensurate with the client's developmental and psychological capabilities and shall obtain a signed informed consent from the client's legal guardian;

(3) carry out professional duties regarding a client in a way that maximizes safety for the client's victims and potential victims;

(4) hold in confidence information provided by a client's victim, and not provide the information to others, including the client, without the written permission of the victim;

(5) comply with all state and federal reporting laws;

(6) advise each client as to the confidentiality of communications with the client, how confidentiality applies when multiple clients are members of the same family, and of statutory requirements for mandatory reporting;

(7) except when reporting is mandated by state statute, obtain a written waiver of confidentiality before releasing information about a client; the provider shall inform the client about the reasons for the release of information; and

(8) cease sex offender treatment for a client if

(A) the client also is receiving treatment from a provider who is not approved under this chapter;

(B) it is determined by another provider who is an approved full-service-level provider that that treatment is interfering with sex offender treatment with the approved provider; and

(C) the client does not cease treatment with the unapproved provider.

(d) Supervision arrangements between a supervising provider under 22 AAC 30.040 and a supervised provider must be agreed upon in writing before the supervised provider begins providing sex offender treatment to a client. The written document must specify the duties to be performed by the supervised provider, the scope and focus of the supervision, and the frequency and duration of supervision meetings.

(e) An approved provider who is supervising another approved provider under 22 AAC [30.040](#) may not delegate responsibilities to or advise professional activities for the supervised provider unless the supervising provider is confident that the responsibilities or activities are within the competencies of the supervised provider. In deciding whether to delegate or advise, the supervising provider shall consider the training, education, and experience of the supervised provider.

(f) A provider who is supervising another provider under 22 AAC [30.040](#) shall take the steps necessary to ensure that the supervised provider performs professional duties ethically, competently, and responsibly. A supervising provider shall review and co-sign all reports prepared by the supervised provider, to indicate either concurrence or nonconcurrence with the opinions, conclusions, and recommendations stated in the report.

(g) A provider who is supervising another provider under 22 AAC [30.040](#) may not engage in a sexual relationship with that provider.

(h) A provider whose approval is conditioned under 22 AAC [30.040](#) upon being supervised shall inform clients of the supervision, supply the name of the supervising provider, and explain the impact of the supervision on the confidentiality of communications with the client.

(i) In this section, "client" means a sex offender who is under the jurisdiction of the department and who is receiving, or will be receiving, sex offender treatment.

History: Eff. 11/2/2002, Register 164

Authority: [AS 33.30.011](#)

[AS 33.30.021](#)

[AS 44.28.030](#)

22 AAC 30.900. Definitions

In this chapter,

(1) "approved provider" means an individual who has received approval from the department under this chapter to provide sex offender treatment to sex offenders who are under the department's jurisdiction;

(2) "clinical services" means the application of assessment and psychotherapeutic techniques by an individual licensed under [AS 08](#) to practice in the field of psychiatry, psychology, social work, marital and family therapy, or professional counseling;

(3) "committee" means the Sex Offender Treatment Committee established under 22 AAC [30.010](#);

(4) "commissioner" means the commissioner of corrections;

(5) "department" means the Department of Corrections;

(6) "good moral character" means, based on consideration of all aspects of an individual's character, the absence of acts or conduct that would cause a reasonable person to have substantial doubts about the individual's honesty, fairness, and respect for the rights of others and for the laws of the state and the nation; the following are indicia of a lack of good moral character:

(A) illegal conduct;

(B) conduct involving moral turpitude, including dishonesty, fraud, deceit, or misrepresentation;

(C) intentional deception or fraud, or attempted deception or fraud, in an application, examination, or other document submitted to secure employment, eligibility for licensure, or certification;

(D) conduct that adversely reflects on a person's fitness to provide sex offender treatment, including intoxication while providing treatment and undue familiarity with a client, or with a sex offender, or correctional inmate, probationer, or parolee, with whom the provider has a professional relationship;

(7) "moral turpitude" means an act that

(A) is contrary to justice, honesty, principle, or good morals;

(B) violates the private and social duties that a person owes to another or to society in general; or

(C) is immoral in itself, regardless of illegality;

(8) "sex offender" means an individual who

(A) has been convicted of a sexual offense as defined in

(i) [AS 11.41.410](#) - 11.41.470, [AS 11.61.110](#) (a)(7), 11.61.120(a)(4) or (5), or 11.61.125; or

(ii) former [AS 11.15.120](#) , 11.15.134, 11.15.160, [AS 11.40.080](#) , 11.40.110, 11.40.130, or 11.40.200 - 11.40.420;

(B) has been convicted under a statute of another jurisdiction that is substantially similar to a statute listed in (A) of this paragraph; or

(C) acknowledges behavior that, if charged, would have been a crime under a statute listed in (A) of this paragraph;

(9) "sex offender treatment" means the provision of clinical services to a sex offender and includes assessment of the sex offender;

(10) "undue familiarity" means developing, or attempting to develop, an intimate, personal, or financial relationship with an individual, or otherwise failing to maintain an appropriate professional relationship with the individual.

History: Eff. 11/2/2002, Register 164

APPENDIX D

REQUIREMENTS FOR APPROVAL AS A DOC APPROVED SEX OFFENDER TREATMENT PROVIDER

Sex Offender Treatment Supervisor: Professionals meeting the requirements below may engage in supervision of other DOC Approved Providers.

REQUIREMENTS:

- Meets all requirements of Level I full service provider.
- Masters degree or Doctorate degree in the behavioral sciences and licensed by the State of Alaska in the graduate field of study.
- Experience in supervising other professionals who are treating sexual offenders.
- Clinical experience in treating, rapists, child molesters, and other paraphiliac disorders.
- Experience in working with residential treatment programs for sex offenders is desirable.
- Three years full time experience in the assessment and treatment of sexual offenders or 6000 documented hours of direct experience in the assessment and treatment of sexual offenders.
- Three years experience in working with Alaska DOC's sexual offender programs (or program(s) with a comparable philosophy and approach).

Level I - Full Service Provider: Approved to provide the full range of clinical services necessary in the treatment of sexual offenders. Less experienced full service providers may still be required to obtain clinical supervision.

REQUIREMENTS:

- Masters degree or Doctorate degree in behavioral sciences and licensed by the State of Alaska in the graduate field of study.
- One year full time experience in the assessment and treatment of sexual offenders or 2000 documented hours of direct experience in the assessment and treatment of sexual offenders.
- Clinical experience in treating adult rapists, child molesters, and other paraphiliac disorders.

Level II - Partial Service Provider: Approved to provide specific sex offender services at the discretion of DOC and a Sex Offender Treatment Supervisor. All Level II providers are required to receive supervision by a Sex Offender Treatment Supervisor no less than once every two weeks for a case load of 10 or more offenders and once per month for a case load of less than 10 offenders.

REQUIREMENTS:

- Masters degree or Doctorate degree in the behavioral sciences and licensed by the State of Alaska in the graduate field of study.

Sex Offender Intern Pre-Graduate Student: Individuals meeting the requirements below may perform specified duties with sexual offenders under the supervision of a Sex Offender Treatment Supervisor. Pre-Graduate Student Interns are in a transitional phase in which they are receiving specialized education and experience in preparation for eventually becoming approved providers.

REQUIREMENTS & DUTIES:

- The candidate must have a Bachelor's degree in the behavioral sciences.
- Candidates must be enrolled in a program of graduate study at a regionally accredited college or university and have satisfactorily completed the necessary course work to be approved for an internship under the guidelines of the department in which they are enrolled.
- They must be recommended for the internship by their university clinical supervisor and complete an application that must be approved by the Approved Provider Committee.
- They must complete a minimum of 80 hours of continuing education specifically in the area of assessment and treatment of sexual offending during the internship.
- They must work under the direct on-site supervision of a Sex Offender Treatment Supervisor. Areas of training and supervision during the internship shall include the following:

- Intake assessments
- Risk assessment
- Treatment planning
- Ongoing therapy
- Interagency coordination/cooperation
- Case reviews and treatment team meetings
- Safety-net development and training
- Community safety and issues related to recidivism
- Containment approach to sex offender management
- Individual and cross cultural differences
- Personality Disorders
- Review of relevant research and/or conducting research
- Report writing.

- Pre-graduate level interns must have a written supervision plan developed by the Sex Offender Treatment Supervisor in collaboration with the university clinical supervisor.
- Pre-graduate student interns may observe but not independently conduct individual, group, or family counseling.
- The Sex Offender Treatment Supervisor will read and co-sign all reports and assessments completed by pre-graduate student interns.
- The Sex Offender Treatment Supervisor will conduct ongoing assessments of the intern's progress in supervision. Areas of weakness will be noted and a plan for correction will be established. This may include additional continuing education and/or additional direct in-vivo supervision.
- The Sex Offender Treatment Supervisor will coordinate and collaborate with the intern's graduate clinical supervisor.
- The internship will continue for a minimum of one academic year or the equivalent of two semesters. The length of the internship may be extended upon the recommendation of the Treatment Supervisor and approval by the college or university clinical supervisor.
- All candidates for a Pre-graduate student internship must clear a background check and follow all DOC policies and procedures.

Sex Offender Intern – Post Graduate Level: Individuals who have completed graduate study in the behavioral sciences in either a Masters or Doctoral graduate program but have not yet obtained the necessary requirements for licensure in the State of Alaska, but are license eligible, may practice as an intern at the Post Graduate level.

REQUIREMENTS & DUTIES:

- The candidate must have a graduate degree in the behavioral sciences.
- They must have completed a pre-graduate internship or the equivalent.
- They must have filed an application for licensure in their respective field.
- They must work under the direct supervision of a Sex Offender Treatment Supervisor.
- Post-graduate level interns must have a written supervision plan developed by the Sex Offender Treatment Supervisor
- They may not conduct individual, group, and family therapy sessions independently unless approved by the Sex Offender Treatment Supervisor. The supervisor shall sit in on group, individual, and family counseling sessions at his or her discretion. Audio and/or video tapes of counseling sessions may be reviewed by the Sex Offender Treatment Supervisor in place of face to face supervision.
- The Sex Offender Treatment Supervisor will read and co-sign all reports and assessments completed by Post Graduate Level Interns.
- The Sex Offender Treatment Supervisor will conduct ongoing assessments of the intern's progress in supervision. Areas of weakness will be noted and a plan for correction will be established. This may include additional continuing education and/or additional direct in vivo supervision.

- The internship may continue until the candidate is licensed in the State of Alaska as a psychiatrist, psychologist, psychological associate, licensed clinical social worker, marriage and family counselor, or licensed professional counselor. At this time they may apply to become an Approved Provider with DOC.
- All candidates for a Post-graduate internship must clear a background check and follow all DOC policies and procedures.

APPENDIX E

SAMPLE EVALUATION FORM FOR APPROVED PROVIDERS UNDER SUPERVISION

Approved Provider Supervisor_____

Average Caseload _____ Current Caseload

Date of Evaluation _____ Approved Provider Level_____

List any restrictions or special requirements that are part of the Supervision Plan._____

Have these restrictions been followed and/or have special requirements been met? Describe below._____

PERFORMANCE STANDARDS

(Circle appropriate numbers below.)

A. Ability to function as a team member

1) Provides clinical structure for offenders

1_____2_____3_____4_____5

below standard standard above standard

2) Uses system intervention.

1_____2_____3_____4_____5

below standard standard above standard

3) Coordinates and consults with other staff and offenders in the program.

1_____2_____3_____4_____5

below standard standard above standard

Standards of Sex Offender Management

Page 121 of 229

- 4) Coordinates and consults with relevant staff and/or offenders outside the program.

1_____2_____3_____4_____5

below standard standard above standard

- 5) Provides direction to others (wing counselors, probation officers, other therapists etc.)

1_____2_____3_____4_____5

below standard standard above standard

- 6) Participates in treatment teams.

1_____2_____3_____4_____5

below standard standard above standard

- 7) Participation in staff meetings.

1_____2_____3_____4_____5

below standard standard above standard

- 8) Knowledge of the Standards of Care, Policy and Procedures, Legislation and other relevant legal, institutional and Departmental structure.

1_____2_____3_____4_____5

below standard standard above standard

B. Quality of relationship with offenders.

- 1) Respect for the whole person.

1_____2_____3_____4_____5

below standard standard above standard

- 2) Diagnostic skills and impressions.

1_____2_____3_____4_____5

below standard standard above standard

- 3) Clinical comprehension of the sex offender.

1_____2_____3_____4_____5

below standard standard above standard

Standards of Sex Offender Management

Page 122 of 229

- 4) Ability and flexibility in working with different types of sex offenders.

1_____2_____3_____4_____5

below standard standard above standard

- 5) Responsive to special needs populations.

1_____2_____3_____4_____5

below standard standard above standard

- 6) Multi-cultural awareness.

1_____2_____3_____4_____5

below standard standard above standard

C. Knowledge of the DOC treatment model.

- 1) Understanding of the DOC model.

1_____2_____3_____4_____5

below standard standard above standard

- 2) Provider's philosophy consistent with the DOC model.

1_____2_____3_____4_____5

below standard standard above standard

- 3) Ability to develop treatment plans.

1_____2_____3_____4_____5

below standard standard above standard

D. Application of the model/performance of specific skills.

- 1) Clinical judgment.

1_____2_____3_____4_____5

below standard standard above standard

Standards of Sex Offender Management

Page 123 of 229

2) Group therapy skills.

1_____2_____3_____4_____5

below standard standard above standard

3) Individual therapy skills.

1_____2_____3_____4_____5

below standard standard above standard

4) Family therapy skills.

1_____2_____3_____4_____5

below standard standard above standard

5) Victim orientation.

1_____2_____3_____4_____5

below standard standard above standard

6) Behavioral interventions.

1_____2_____3_____4_____5

below standard standard above standard

7) Crisis intervention skills with mental health or
behavioral crisis.

1_____2_____3_____4_____5

below standard standard above standard

8) Education of offenders.

1_____2_____3_____4_____5

below standard standard above standard

9) Documentation: Record keeping and reporting.

1_____2_____3_____4_____5

below standard standard above standard

E. Response to clinical supervision.

1_____2_____3_____4_____5

below standard standard above standard

F. Independence of performance.

1_____2_____3_____4_____5

below standard standard above standard

G. Continuing education

1_____2_____3_____4_____5

below standard standard above standard

H. Training of staff.

1_____2_____3_____4_____5

below standard standard above standard

I. Research and/or knowledge of current literature.

1_____2_____3_____4_____5

below standard standard above standard

J. Remediation

1) Areas of below standard performance.

2) Action Plans and Specific Time Frames

K. Other recommendations and comments.

Signature_____

APPENDIX F

QUALIFICATIONS FOR DOC APPROVED POLYGRAPHERS

Polygraph Examiner - Full Operating Level: Polygraph examiners who test adult sex offenders must meet the minimum standards as indicated by the American Polygraph Association as well as the requirements throughout these Standards.

Polygraph examiners who conduct examinations on adult sex offenders shall adhere to best practices as recommended within the polygraph profession.

To qualify at the Full Operating Level to perform examinations of adult sex offenders, an applicant must meet **all** the following criteria:

1. The individual shall have graduated from an accredited American Polygraph Association (APA) school and shall have a baccalaureate degree from a four year college or university;
2. The individual shall have conducted at least two hundred (200) criminal specific-issue examinations broken down into the following categories:
3. Of these 200 examinations, a minimum of half or one hundred (100) must be post-conviction sexual offender (adult or juvenile) polygraph examinations;
4. Of these 100 examinations, a minimum of half or fifty (50) must be post-conviction adult sexual offenders;
5. Of these 50 examinations, twenty (20) must be sexual history (see Note); twenty (20) must be maintenance/monitoring; and the remaining ten (10) may be from any or a combination of the three categories (specific issue, sexual history, maintenance/monitoring).

Note: A sexual history examination is identified by question areas that verify a subject's entire sexual history and may include documentation provided by the subject prior to the examination.

The individual shall have completed 64 hours of specialized clinical sex offender polygraph examiner training;

Following completion of the APA school curriculum the applicant shall have completed an APA approved forty hour training specific to post-conviction sexual offending which focuses on the areas of evaluation, assessment, treatment and behavioral monitoring and includes, but is not limited to the following:

- ☐ Pre-test interview procedures and formats
- ☐ Valid and reliable examination formats
- ☐ Posttest interview procedures and formats
- ☐ Reporting format (i.e., to whom, disclosure content, forms)
- ☐ Recognized and standardized polygraph procedures

- ☐ Administration of examinations in a manner consistent with these Standards
- ☐ Participation in sex offender community supervision teams
- ☐ Use of polygraph results in the treatment and supervision process
- ☐ Professional standards and conduct
- ☐ Expert witness qualifications and courtroom testimony
- ☐ Interrogation techniques
- ☐ Maintenance/monitoring examinations
- ☐ Periodic/compliance examinations

The applicant must **also** complete twenty-four (24) hours of specialized training in any of the following areas:

- ☐ Behavior and motivation of sex offenders
- ☐ Trauma factors associated with victims/survivors of sexual assault
- ☐ Overview of assessment and treatment modalities for sex offenders
- ☐ Sex offender denial

The aggregate of the required APA approved forty hour training specific to post-conviction sexual offending and the twenty-four (24) hours of specialized training make up the 64 hours of training post-graduation from an APA accredited polygraph school.

If an applicant wishes to substitute any training not listed here, it is incumbent on the applicant to write a justification demonstrating the relevance of the training to this standard.

In concert with the generally accepted standards of practice of the polygraph profession, the individual shall adhere to the Professional Code of Ethics (2001) published by the Association for the Treatment of Sexual Abusers (ATSA). The individual shall demonstrate competency according to the individual's respective professional standards and conduct all examinations in a manner that is consistent with the reasonably accepted standard of practice in the clinical polygraph examiner community;

Provide satisfactory references as requested by DOC. DOC may also solicit such additional references as necessary to determine compliance with the Standards. These references shall include, but not be limited to, other members of the community supervision team;

The individual shall never have been convicted of or received a deferred judgment for any offense involving criminal sexual or violent behavior, or a felony that would bring into question the competence or integrity of the individual to provide sex offense specific treatment;

Submit to a current background check and be fingerprinted.

Polygraph Examiner - Associate Level: A clinical polygraph examiner at the Associate Level is an individual who otherwise meets the Standards for Full Operating Level but who does **not** have;

- A. A baccalaureate degree from a four year college or university and/or,
- B. Who has not yet completed two hundred (200) post-conviction polygraph examinations broken out into the following categories:
 - a. Of these 200 examinations, a minimum of half or one hundred (100) must be post-conviction sexual offender (adult or juvenile) polygraph examinations;
 - b. Of these 100 examinations, a minimum of half or fifty (50) must be post conviction adult sexual offenders;
 - c. Of these 50 examinations, twenty (20) must be sexual history (see Note); twenty (20) must be maintenance/monitoring; and the remaining ten (10) may be from any or a combination of the three categories (specific issue, sexual history, maintenance/ monitoring).
- C. The examiner shall obtain supervision from a clinical polygraph examiner at the Full Operating Level under these Standards for each remaining polygraph examination up to the completion of 200 polygraph exams. The supervision agreement must be in writing.
- D. All applicants must have an application on file with DOC that includes the supervision agreement. Supervision must continue for the entire time an examiner remains at the Associate Level.
- E. The supervisor of a clinical polygraph examiner shall review samples of the videotapes of clinical polygraphs and/or otherwise observe the examiner; and provide supervision and consultation on question formulation for clinical polygraph exams, report writing, and other issues related to the provision of polygraph testing of adult sexual offenders. Supervisors must review and sign off on each polygraph examination report completed by an Associate Level polygraph examiner under their supervision.
- F. If the Associate Level polygraph examiner has met all the requirements for Full Operating Level status except for obtaining a bachelor's degree, the supervision requirement that supervisors sign off on each exam may be waived by DOC if the following conditions are met:

The Associate Level polygraph examiner submits:

- Documentation that all other criteria for Full Operating Level status have been met
- Evidence of continuing work toward obtaining a B.A. degree with a proposed

- completion date.
- Evidence that the examiner is continuing to conduct clinical polygraph exams
 - A letter from the examiner's supervisor indicating their proficiency and their willingness to lower the intensity of supervision to one hour per month.
- G. The applicant shall have completed all training as outlined in these Standards;
- H. If an applicant wishes to substitute any training not listed here, it is incumbent on the applicant to write a justification demonstrating the relevance of the training to this standard;
- I. In concert with the generally accepted standards of practice of the polygraph profession, the individual shall adhere to the Professional Code of Ethics (2001) published by the Association for the Treatment of Sexual Abusers (ATSA). The individual shall demonstrate competency according to the individual's respective professional standards and conduct all examinations in a manner that is consistent with the reasonably accepted standard of practice in the clinical polygraph examiner community;
- J. Provide satisfactory references as requested by DOC. DOC may also solicit such additional references as necessary to determine compliance with the Standards. These references shall include, but not be limited to other members of the community supervision team;
- K. Submit documentation that the examiner has engaged in periodic peer review by other clinical polygraph examiners listed at the Full Operating Level operating separately from the examiner's agency. Peer review must be conducted bi-annually at a minimum;
- L. The individual shall never have been convicted of or received a deferred judgment for any offense involving criminal sexual or violent behavior, or a felony that would bring into question the competence or integrity of the individual to provide sex offense specific treatment;
- M. Submit to a current background check and be fingerprinted.

APPENDIX G

QUALIFICATIONS FOR DOC APPROVED PLETHYSMOGRAPH AND ABEL ASSESSMENT PROVIDERS

Qualifications for Plethysmograph Assessment Providers:

Full Operating Level Treatment Provider and/or Full Operating Level Evaluator under these Standards, have a baccalaureate degree from a four year college or university, demonstrate that s/he has received credible training in the use of the plethysmograph and shall interpret plethysmograph test results.

At this time there is no certification or accreditation process for Plethysmograph Examiners. Those wishing to conduct exams should seek credible training from experienced examiners. Should a certification process be developed, these Standards will be revised to accommodate such a process.

A Plethysmograph Examiner shall interpret the results of the plethysmograph exam and write and sign off on reports.

A Plethysmograph Examiner or any person who administers the plethysmograph exam shall adhere to the “Guidelines for the Use of the Penile Plethysmograph,” published by the Association for the Treatment of Sexual Abusers (ATSA) Practitioner’s Handbook (1997) and shall demonstrate competency according to professional standards, and conduct plethysmograph examinations in a manner that is consistent with the reasonably accepted standard of practice in the plethysmograph examination community.

A Plethysmograph Examiner shall be proficient in the use of stimulus materials:

Determination of type of stimuli to be utilized for each assessment;

- Use of specialized stimuli;
- Familiarity with state and federal codes regulating possession, storage, use and transportation of pornographic materials.

Interpretation of data shall consider the following:

- A. Differential responses to various stimuli categories;
- B. Required minimum response levels;
- C. Maximum response; latency; area under the curve;
- D. Base rates for responses;
- E. Client's self-estimates of response;
- F. Detecting faking/suppression attempts;
- G. Data validity/reliability.

A Plethysmograph Examiner shall have received the equipment manufacturer's training and/or other supervised training on equipment operation and shall be trained in:

- A. Types and selection of available gauges;
- B. Gauge size determination for each client.

A Plethysmograph Examiner shall be knowledgeable about and familiar with the uses of plethysmograph data for:

A. Assessment/evaluation:

- Assessing cross-over of deviant interests;
- Assessing reliability of self-report;
- Determining existence of deviant arousal;
- Determining baseline data for treatment of deviant arousal reduction/control.

B. Treatment:

- Providing objective measure of treatment progress in terms of deviant arousal;
- Providing recommendations based on knowledge of treatment methodologies.

C. Offenders in denial:

- Understanding limitations;
- Understanding proper/improper uses.

D. Validity/Reliability:

- Familiarity with current and historical research;
- Client's ability/potential to control arousal response during assessment;
- As a variable for recidivism prediction;
- Habituation as a potential contaminating factor.

APPENDIX H

ASSESSMENT GUIDELINES

Sexual Offense Interview Guideline

Psychodynamics of Offense:

- A. Offender version of offense: Allow the offender to tell his version of the incident. Pay attention to what he doesn't say as well as to what he does say. Note conflicts between the official version and offender version. Question him about the differences and record his responses.
- B. Sexual behavior during the offense: Describe the nature and extent of the abuse, once again determining conflicts between the official and offender versions.
- C. Pre-meditation: Determine the extent to which the offender thought about or planned the offense prior to acting-out. Obtain information about the grooming process. Note the conflicts between official and offender versions.
- D. Victim Characteristics: Note the age and gender of each victim. Note whether the offender over-estimates the age of child victims. Describe the relationship (stranger, acquaintance, relative etc.) between the offender and the victim(s). Ask the offender to describe the physical aspects and personality or temperament of each victim. If the victim(s) is known to the offender, determine the offender's feelings about the victim(s) prior to, during, and after the assault. Make note of any vulnerabilities of the victim(s).
- E. Assault Style: Note whether the assault was exploitive or forceful. Describe the nature and extent of force used. Determine if a weapon was involved. Try to determine if there was eroticized aggression. Note the type and extent of psychological pressure used. Note if kidnapping was involved. Note the length of the grooming cycle i.e., was it a gradual process of grooming or a sudden attack.
- F. Offender Affect: Determine the offender's emotions prior to, during, and after the assault.
- G. Sexual Fantasies: Ask the offender to describe his sexual fantasies prior to and during the assault. Determine his expectations regarding the victims' reactions. Also ask about the nature of other sexual fantasies in the offender's life. Ask about masturbatory fantasies and associated fantasies. Ask how often he masturbates. Ask about deviant sexual fantasies that are not acted out.
- H. Communication During Assault: Record the nature of any communication with the victim prior to, during, and after the assault.
- I. Disinhibiting Factors: Record the use of disinhibitors such as alcohol, drugs, and pornography. Also ask about disinhibiting thoughts (defenses, thinking errors). Determine the nature and extent of external as well as internal stresses.
- J. Detering Factors: Determine if the offender deterred himself from offending in the past. Ask him what caused him to stop noting internal and external inhibitors.
- K. Conflicts between Offender and Official Version of Offense: Summarize the conflicts between offender and victim versions.
- L. Acceptance of Responsibility for Offending: Describe the offender level of acceptance for the offense. Note the use of particular defense mechanisms. Note if

any denial is full or partial. List the offenders attempt to rationalize, minimize, or blame other persons or problems for the assault.

- M. Recidivism: Record the number of assaults against the victim(s) in the instant offense. Record the time period over which the offending took place. Record any history of prior sexual assault including allegations, charges, arrests, and convictions.
- N. Attitude Towards Treatment: Ask about the offender's position on treatment in general and sex offender treatment in particular. Determine the nature and extent of any resistance to treatment.

Social/Family History Interview Guideline

Social/Family History: The following areas in the offender's life should be addressed by reviewing the record and through interview with the offender. Note the age at which each significant event occurred. Try to gauge the offender's reaction to events in his life. How did they affect his thinking, emotions and actions? Be mindful of conflicts between the offender's account of his life and the account of others as noted in the records.

A. Childhood/Adolescent History – Family Structure:

1. Describe the family structure including parent(s)/step-parents in the home, siblings, others living in the home.
2. Did his biological parents raise the offender? If so until what age? How old was the offender when he left home? Under what conditions did he leave?
3. Relationship to family members – relationship to parents, stepparents, siblings, and significant others in the home. What was the offender's perceived role in the family?

B. Childhood/adolescent History - Problems in the family:

1. Note a history of medical, psychiatric (include substance abuse, behavior/criminal problems, financial problems and other stresses on the family.
2. What was/is the offender's attitude about these problems?
3. What was the relationship like between parents, stepparents, and significant others?
4. Was there domestic violence in the home?
5. How does the offender describe his caretakers and what is his view of his relationships with them?

C. Childhood/Adolescent History - Early adjustment:

1. Report medical/emotional/behavioral/cognitive problems and how the offender and others handled these in the household.
2. Note contact with authority figures including school officials and police.
3. Note and describe aggressive behavior to self or others. Document frequency and type of offenses as well as actions taken. What was, and is, the offender's attitude towards these behaviors?
4. Report diagnosis and treatment of cognitive, emotional or behavior problems in childhood.
5. Report the offender's academic performance, truancy problems, suspensions/expulsions, and attitude towards school.
6. Does the offender have a high school diploma or GED?
7. Report interpersonal adjustment. Were there significant peer problems? Did the offender have any close friends? How does he characterize the peer group he was involved with?
8. Describe any use of drugs or alcohol noting the types, frequency and patterns of use.

D. Childhood/Adolescent History - Discipline:

1. Note the use of corporal punishment and other discipline methods.
2. Report the presence and appropriateness of supervision by parents or others, and the offender's reaction to discipline and supervision.

3. Note if the offender was exposed to physical or emotional abuse (self or others).

E. Childhood/Adolescent History - Moral Development:

1. Was there any religious or spiritual guidance in the offender's youth?
2. Ask the offender what lessons, morals, or ideals his parents tried to teach him. Note what parental figures said as well as what they modeled.
3. Were parental values conforming and constructive or anti-social? What was the offender's reaction to this influence?
4. What values did he learn from other adults, his peer group, or from other sources such as the media?
5. Did he develop his own set of values from experience? What were those values? What are his values at the present time; i.e. what principles does he now try to live by?

F. Adult History - Education/work/military:

1. Report post-high school education or vocational training. What were his performance/grades? Does he have an advanced degree?
2. List the number, types and length of employment.
3. Report job performance and achievement in the work field.
4. Was he ever terminated from employment? If so, report circumstances.
5. Note the offender's reliability as an employee. Did he quit work impulsively and/or leave a job without another lined-up.
6. Note frequency and length of unemployment periods.
7. Has he ever collected unemployment or public assistance? If so, how many times, for how long, and at what ages?
8. How did he support himself (money, food, and lodging) on the street if not through employment? Did he rely on others or engage in criminal activity for money.
9. Does he have any plans for future employment or training? Are the plans realistic?
10. What are his long-term career goals and what problems does he expect in achieving these goals?
11. Has he ever "hit the road" with no plans? If so, when and for how long?
12. When he works at something for a long time does he get bored?
13. Did the offender serve in the military?
14. Were there any disciplinary infractions in the military record?
15. What was the type of discharge obtained?
16. What was the offender's rank at the time of discharge? Was rank ever reduced during term of duty? If so for what reasons?
17. Is the offender a combat veteran? If so did he see light, moderate, or heavy combat?
18. Are there any medical or psychiatric problems that are service related?

G. Adult History - Finances:

1. Determine how responsible the offender has been with money. Has he met his financial obligations or ignored them in favor of spending money frivolously?
2. Determine if he has had loans and if he paid them back.
3. Also determine if he has been required to pay child/spousal support and if he has met his obligations.

4. How is his credit rating?

H. Adult History - Medical/Psychiatric Health:

1. Does the offender have any serious medical or psychiatric problems? Include intellectual, neurological, and emotional/behavior problems. Report former diagnoses.
2. Has he ever attempted suicide? List age and method of suicide attempt. Was the attempt serious or just to get attention?
3. Does he have an adult history of psychiatric/psychological hospitalization/treatment? List psychiatric medications (past and current).
4. How did he respond to mental health treatment?
5. Has he been involved in any other form of treatment (sex offender, anger management or other treatment)? How did he respond to treatment?
6. What is his attitude towards treatment? Is he willing to participate in treatment programs in the future?
7. Does the offender feel he has an anger problem? Do others see him as being short tempered or explosive?
8. Does the offender feel guilty about anything in his life other than his crime(s)?
9. When was he the most depressed and the happiest in his life?
10. Has he ever lost someone close to him and how did he respond?
11. Is he satisfied with himself and his life so far? What improvements or changes does he feel he needs to make? Does he feel he has any attitude, emotional, or behavior problems?
12. How does he feel about himself? Ask him to name his greatest strengths and his greatest flaws.

I. Adult History - Substance Abuse:

1. Determine whether the offender used alcohol or drugs. Assess the pattern of usage giving the ages that the offender used, the frequency and amount of each substance used. Determine the extent to which substance abuse interfered with the offender's life adjustment.
2. Was substance abuse involved in the commission of prior or present crimes? Include arrests for DUI.
3. Has there been a substance abuse assessment?
4. Did the offender experience symptoms of dependency?
5. What was the offender's behavior and emotional functioning when using?
6. Has he attended substance abuse treatment and if so did he successfully complete the program(s)?
7. Has the offender relapsed into substance abuse after treatment? When, how often, and for how long?
8. Does the offender feel he has a substance abuse problem? What is his current attitude towards and willingness to participate in substance abuse treatment/management (including UA's)?

J. Adult History - Criminal Behavior:

1. Report the offender's prior adult criminal record. List the number and types of offenses. Describe offenses that were not reported or charged. Note prior accusations, charges, arrests, and convictions for sexual and non-offenses. Include all aggressive behavior (sexual and non-sexual) towards peers, partners, children and others.
2. What is the offender's attitude towards these offenses?
3. Has he been incarcerated in the past? If so when and for how long?
4. Describe any discipline problems in prison.
5. Has he been on Probation/Parole in the past? Has he ever breached probation/parole? Did he successfully complete supervision? Describe any problems while under supervision.
6. Was he involved in treatment programs in prison or in the community? If so, did he successfully complete them?
7. Does the offender accept responsibility for the offense(s)?
8. What does he feel he could have done to avoid committing the offense(s)?
9. Does he regret any of his crimes?
10. Is he able to describe the effect of his crimes upon his victims?
11. Has he had contact with his victims?
12. Are any of his crimes impulsive or are they all planned?
13. How does he feel when committing his crimes?
14. Has he ever used aliases?
15. Has he ever committed crimes for which he wasn't caught?
16. Does the offender have a history of escapes, failure to appear, or jumping bail?

K. Adult History - Social/Interpersonal Adjustment:

1. Describe the offender's adult social relationships. Note the quantity and quality of the friendships. Does he have any close friends? What is the offender's definition of a close friend?
2. Describe any problems or strains in past and present friendships. Does he feel that he is treated fairly by others?
3. Has the offender associated with others involved in criminal activities? Are others involved in criminal activity with the offender?
4. What is the proportion of positive to negative influences in the offender's current life? How many constructive support persons are involved in the offender's life that are not being paid to associate with him?
5. What is the offender's current relationship like with his family of origin?

Sexual History Interview Guideline

Sexual History: The sexual history should follow a developmental sequence from birth through the present. Sexual experiences and practices, memories, fantasies and education regarding sex should be explored. Try to get an account of both normal and deviant sexual practices.

A. Childhood Sexuality:

1. What were the offender's parents and/or significant others attitudes and practices regarding sexuality? Was there nudity in the home, use of pornography, or openness regarding sexual practices?
2. How did the offender learn about sex (sex education by peers, parents, school officials or others)?
3. Ask about early memories, curiosities and experiences regarding sex. Explore the topic of sexual experiences during childhood including fantasies, crushes on other children or adults, and sexual abuse (by or to the offender).
4. Was there a normal latency period?
5. Was there early sexual play between the offender and siblings or other peers?
6. Was there exposure to pornography at an early age?
7. Did the offender engage in early sexual acting-out behavior? Describe the nature of this behavior.

B. Adolescent Sexuality:

1. When did the offender first openly express an interest in the opposite sex?
2. When did he begin dating or have his first girlfriend? What sexual activity was involved?
3. Describe the dating pattern. Note the number of dating partners he was involved with, the length of the relationships, and the sexual activity involved.
4. Did the offender have any same-sex partners?
5. When did the offender first begin to masturbate? Report the frequency of masturbation including use of pornography and sexual fantasies.
6. Describe any deviant sexual practices, fantasies and urges during childhood and adolescence.
7. What was the offender's attitude towards his dating partners?
8. Did he feel that he was in love?
9. Were there any serious rejections? How did the offender handle this?
10. Was there any violence in early sexual relationships?

C. Adult Sexuality/Bonding:

1. Describe the dating pattern during adult life. Note both heterosexual and homosexual relationships. How many sexual relationships has the offender had?
2. Has the offender ever been married? How many live-in relationships/marriages has the offender had? Note the length of each relationship.
3. If there have been a large number of relationships ask "Why so many?"
4. Ask the offender to describe his partners (at least the most recent or ones from the longest relationships).

5. Ask him to describe the relationship, discuss problems in the relationship (including violence), describe the sexual practices and problems, describe his partner, and discuss why the relationship ended.
6. Was there any sexual violence in any of the offender's relationships with partners?
7. Was the offender in love with any of his partners?
8. Has the offender ever been unfaithful to any of his partners?
9. Ask about the offender's relationship with any ex-partners. If there are problems in these relationships ask him to talk about the problems.
10. Does the offender have any children or stepchildren? What is his relationship like with his children? How often does he have contact with them? Ask the offender to give his children's birth dates and ages. Also ask him to tell you about each child, paying attention to whether he appears to know his children in an intimate fashion.
11. What discipline practices did the offender use with his children/stepchildren? Did he physically, sexually or emotionally abuse any of his children? Did he neglect his children?
12. Describe deviant sexual practices in the offender's life including rape, child sexual abuse, voyeurism, exhibitionism, obscene phone calling, toucherism/frotteurism, bestiality, and sadomasochistic activity. Get the details for each incident. Including, age and sex of victims, offender's age at the time of each offense, offender's relationship to the victim, frequency of assault, nature of assaultive behavior, grooming patterns, contributing factors, use of force, degree of pre-meditation, emotions preceding, during and following the assault, and the offender's acceptance of responsibility for each offense. Also ask about non-criminal paraphilias and sexual dysfunctions.

APPENDIX I

ASSESSMENT OF DANGEROUSNESS

Risk assessment of sexual aggressors has been the subject of considerable study in recent years. In estimating high risk we are interested in two things. We want to know how likely it will be that a particular offender will repeat criminal behavior (recidivism), and we also want to know how much harm this behavior will cause (dangerousness). These factors may operate somewhat independently as some offenders may have a high probability of re-offense with a low likelihood of harm, e.g. obscene phone callers, while others may have a high probability of harm to a victim even though the probability of a re-offense may not be judged to be high. Therefore, we must consider factors, which help us, predict recidivism potential as well as factors which help us determine dangerousness when we estimate risk to the public. Most risk assessment tools that have been developed focus primarily upon risk of recidivism rather than dangerousness. The following risk tool focuses on the harm an offender may inflict upon future victims should he reoffend. The assumption is that future harm may likely be as serious as past harm inflicted by the offender. In some cases there may be evidence of escalating violence and an adjustment to the risk may be indicated in these situations. This tool is intended for use along with recidivism risk tools such as the Static-99 and the Sonar (Hanson, 1999, Hanson & Harris, 2000). The Department of Justice developed a brief four-point scale for judging harm. This is also given below.

Probability of Harm Factors

The following factors are related to the degree of physical harm the offender has caused to the victim(s) during his assault(s). Rate any and all factors that apply.

Crimes of penetration: Code this factor for offenders who have penetrated their victims orally, vaginally or anally with any part of their body or with an object. Once again the offenses may or may not have resulted in a criminal charge or conviction.

History of Aggression: This factor should be marked if there is evidence in the record that the offender directed physical aggression towards another person in the past. The act may or may not have caused actual physical harm to another person but the act was clearly intended to do so. This includes domestic violence offenses, a history of brawling and aggression used in the commission of any criminal activity. The category does not include socially sanctioned violence such as tournament boxing, martial arts competition, violence performed in the course of duty as a soldier or police officer, or other aggressive activities deemed as acceptable by society. This factor is for coding of non-sexual aggression. Code aggression during sexual assault under “Use of force,” “Use of extreme Force,” or “Eroticized aggression.”

Threats of force or death: Code this factor when the offender has threatened the victim during the commission of a sexual assault, but not followed through with the threat. Do not code this factor for threats made against a victim outside of the assault itself unless

the threat relates directly to the sexual assault, such as threats of violence if the victim reports the crime.

HIV or other STD's: Offenders who have a current diagnosis of HIV or who have infected a victim with HIV or other STD in the past should be coded on this factor.

Continued assault in spite of high level of verbal or physical objection from victim: Score this item when the offender does not halt the assault even though the victim struggles, pleads or clearly demonstrates fear or pain before or during the assault. Evidence of Eroticized aggression is not necessary to code this item. In fact, if evidence of such exists the offender should be coded for eroticized aggression instead. The offender may or may not be under the influence of alcohol or drugs.

Vulnerability of victims: This factor is coded if the offender has assaulted victims who are extremely vulnerable by virtue of their age (extremely young or old), inability to communicate, physical or mental impairment, or other factors which would impair the victim's ability to report the crime or defend themselves against the assault. Vulnerability due to victim age is a subjective judgment but children who have no expressive use of the English language certainly qualify. Also victims, who are intoxicated, mentally ill, developmentally disabled and victims who rely entirely on the offender for primary care all qualify. The offender's position of authority (e.g., as in the case of a parent, coach or teacher) is not in and of itself enough to justify coding this factor.

Use of force: Code this factor if force was used in the commission of any sexual crime committed by the offender. Force may have been used in order to subdue the victim or it may have been used to prevent the victim from reporting. The force, however, was related directly to the commission of the sexual assault. Aggression to the victim that is committed at other times is coded under History of Aggression. Force used in the context of eroticized aggression should be coded under that category.

Use of a weapon: The offender used a weapon to commit a sexual assault. This includes the use of a knife, gun, or any other instrument, other than his own person, which could potentially cause physical harm to the victim and/or create a sense of fear in the victim beyond that caused by the assault itself. This factor should be marked regardless of whether or not the weapon was actually used to inflict harm. It should also be checked even if the weapon was not used in every offense committed. Also, code this item if the offender led the victim to believe he had a weapon even if he didn't.

Use of extreme force: Score this factor if the offender has kidnapped his victim and/or if he has murdered or attempted to murder any of his victims during a sexual assault. Kidnapping a victim and taking them to a pre-selected place is a high risk factor for serial killers. If the offender used extreme force as a part of a pattern of eroticized aggression score both categories.

Research note: Offenders who use force in committing offenses are more likely to recidivate (Barbaree & Marshall, 1988; Gebhard, Gagnon, Pomeroy, & Christiansen, 1965; Maletsky, 1990).

Eroticized Aggression: Score when evidence indicates that harming the victim sexually arouses the offender. This information may come from verbal report by the offender and in some cases the victim, from physiological assessment, or from information gathered from the record. This might include indication that the offender did not obtain an erection until causing harm to the victim or that he intensified the assault after the victim demonstrated resistance or pain. Arousal to force or physical aggression during a plethysmograph assessment is evidence of eroticized aggression. Evidence in the record that the offender possessed a torture or rape kit indicates ritual offending and the likelihood of eroticized aggression. Sadistic offenders often practice many elements of their offense pattern on their current or past partners. Interviewing these individuals will frequently give important input into the arousal patterns of the sadistic offender. Sexual and violent recidivism was predicted by phallometric measures of arousal to non-sexual violence in 54 rapists (Rice, Harris, & Quinsey, 1989b). Several studies showed that offenders with eroticized aggression might be particularly prone to recidivate (Groth & Birnbaum, 1979; Hazelwood, Reboussin, & Warren, 1989; Rice, Harris, & Quinsey, 1989a).

Probability of Harm Factors

Crimes of penetration ____
 History of aggression ____
 Threats of force/death ____
 HIV or other STD's ____
 Continued assault in spite of high level of verbal or physical objection from victim ____
 Vulnerability of victims ____
 Use of force ____
 Use of weapon ____
 Use of extreme force ____
 Eroticized aggression ____

Rate the offender from 1 to 5 based on the following criteria. The higher the number the higher the potential for harm. If an offender has any factor in a given category he is assigned the number equivalent to the highest category scored.

- | | | |
|-----------------------------|--------------------------|---|
| 1. No use of force | 2. Crimes of penetration | 3. History of Aggression |
| No physical harm to victims | | Threats of force/death |
| No penetration | | HIV or other STD's |
| No other factors scored | | Continued assault in spite of objection |
| | | Vulnerability of victims |

- | | |
|-----------------|-------------------------|
| 4. Use of force | 5. Use of extreme force |
| Use of weapon | Eroticized aggression |

Estimate of Current Risk to the Community:

Potential Harm to victims: _____ (Rate 1-5 using above guidelines)

Was there a pattern of escalating violence prior to arrest? ____ Yes ____ No

Department of Justice Harm Scale:

Rate the harm to the victim on a four point scale.

Victim required no medical treatment = 0

Victim treated and released = 1

Victim hospitalized = 2

Death of victim = 3

DOJ Score ____

Hanson & Harris Harm Scale

Rate most serious victim injury inflicted during a sexual offense (including index offence).

Non-contact offenses only = 0

Physical contact but no victim injury = 1

Victim injury (e.g., cuts, bruises) but not life threatening; forcible confinement =2

Life threatening victim injury (e.g., murder, attempted murder, manslaughter) =3

H&H Score ____

Describe the worst physical harm inflicted on victim(s) by the offender.

Comments:

AMM August 1, 2003

APPENDIX J

QUALITY ASSURANCE PROTOCOL FOR POLYGRAPH EXAMINERS

The following standards and procedures shall be employed in the use and the evaluation of polygraph procedures and results.

Information is released only to professionals:

Written polygraph reports and related work products shall be released only to members of the management team, the court, parole board, or other releasing agency, or other professionals at the discretion of the management team.

Communication with the examiner after testing:

Following the completion of the examination and post-test review, examiners shall not discuss the polygraph results with the offender, or the offender's family members, unless done in the context of a formal case staffing.

Quality Assurance:

Examiners shall seek peer review of at least two examinations per year using the protocol. Additional peer reviews may be requested by the management team. Quality assurance reviews shall consist of a systematic review of the examination report, test data, test questions, scored results, computer score (if available), audio/video recording, and collateral information. Documentation of six quality assurance peer reviews shall be submitted to DOC at the time of re-application. The purpose of the Quality Assurance Protocol shall be to facilitate a second professional opinion regarding a particular examination, to gain professional consensus when ever possible, and to formulate recommendations for the management team.

The Quality Assurance Protocol is intended to advise members of the management team on the polygraph test about the strengths and limitations of a particular test, and to provide examiners with a formal vehicle for gaining professional feedback and consensus. Quality assurance activities include: compliance with standards of practice, certification requirements, ongoing training, supervision and oversight, options for recourse in the event of identified problems, and program evaluation. Quality assurance activities take place at varying levels of formality, including informal data checks via audio/video recording, procedural or follow-up case staffing with the examiner, collaborative peer review, blind review, panel review, or referral to an outside agency for quality assurance review.

Initiating the quality assurance review:

With the exception of exams required for reapplication purposes, quality assurance reviews shall be initiated by a member of the management team. Quality assurance reviews may be initiated in response to a variety of circumstances, including but not limited to:

- A. A formal or informal complaint regarding non-compliance with these standards, or when critical decisions may be influenced by the information or results from the polygraph test.
- B. When separate examinations yield differing test results regarding the same issue(s) and/or time period. This review would then be completed by the two examiners whose examinations yielded differing results. The purpose of this review is to clarify the reasons for the differing test results and formulate a recommendation for the management team. If consensus cannot be reached, the team shall consult with a third, independent DOC approved full operating level polygraph examiner, agreed upon by both polygraph examiners, to review the conflicting information and offer an opinion regarding the issue. If differences in test results remain unresolved, both examinations shall be set aside and a new polygraph examination shall be conducted. Whenever consensus cannot be reached the management team must err on the side of community safety when considering their response.
- C. When an examiner determines the test subject has attempted to use manipulative techniques to alter the test results. The purpose of the review is to confirm the offender's use of manipulative techniques prior to the imposition of sanctions or consequences for non-cooperation. This review may not be necessary when the offender admits non-cooperation, explains his or her in-test behavior, and is forthcoming in discussing his or her knowledge of the polygraph technique. In these cases the test results may be regarded as inconclusive or unresolved until the issues are subject to re-examination.

Selection of the reviewing examiner:

When initiating a quality assurance review, the management team shall contact the original examiner and, together with the original examiner, select an independent, full operating level polygraph examiner to complete an objective peer review.

The reviewing examiner shall contact the original examiner with any questions and feedback, and shall complete the Quality Assurance Protocol and a Quality Assurance Summary Report together with the original examiner.

It should not be assumed that a reviewer or reviewers present more expertise than the original examiner. Studies have found that results obtained by original examiners have outperformed those of subsequent reviewers (National Academy of Sciences, 2003). Quality assurance reviews serve only to offer an additional professional opinion to further advise management team members regarding a polygraph test whose decisions may be affected by the information and results obtained.

Conclusions from the quality assurance review:

Management team members shall include a Quality Assurance Summary Report in the offender's treatment and supervision files. Quality assurance reviewers shall refrain from making global or generalized conclusions regarding an examiner's work or competence

(which cannot be done based upon a single examination). Unless an empirical flaw is identified, the reviewing examiner shall endorse the original examiner's reported results, and shall limit professional opinions to the following conclusions:

- A. Examination is supported – results shall be accepted;
- B. Examination is not supported – results shall be set aside;
- C. Examination is not supported but qualified by identifiable empirical limitations – results may be set aside or accepted with reasonable caution. Such qualifying limitations may include identifiable empirical limitations pertaining to offender suitability, data quality, and clarity of the issue(s) under investigation and are often noted by the original examiner in the examination report.

Setting aside an examination result does not include removal of the examination report from the offender's supervision and treatment files, but should include the addition of documentation regarding the management team's response.

The use of polygraph with special considerations:

The management team shall address any special considerations such as severe medical, psychiatric, or developmental conditions that may affect an offender's suitability for polygraph testing. When deciding whether to use polygraph testing with such offenders; the management team shall consider the probable benefits of testing, including improved decision making, deterrence of problem behavior, and the value of additional disclosed information that might otherwise not be obtained.

APPENDIX K
INFORMED CONSENT FOR PHYSIOLOGICAL ASSESSMENT

ALASKA DEPARTMENT OF CORRECTIONS
SEX OFFENDER TREATMENT PROGRAMS

CONSENT FORM - PHYSIOLOGICAL ASSESSMENT OF SEXUAL INTERESTS

I understand that I am being asked to participate in an assessment specifically to evaluate my sexual interests. I will be questioned regarding my history with specific details being asked about my sexual behavior.

My sexual interests will be measured by recording my erection response while I look at explicit sexual slides, videos, or listen to sexual material. This sexual material will be very explicit and will include non-deviant sexual behavior and deviant sexual behavior relating to my problems. While I observe or listen to these sexual materials, my erection will be measured by a small penile transducer, an apparatus that I place around my penis in the privacy of a laboratory. This device is thoroughly cleaned with an antiseptic to kill germs.

Because I may not have had my erection measures recorded before and because the investigators will know my erection responses, I may feel uncomfortable about such recording. I subsequently may feel anxious, uncomfortable, depressed, nervous, or angry.

My fears about sexual performance in the laboratory may cause me to have fears about my sexual performance outside of the laboratory after such measures are taken and I may develop difficulties getting an erection. I understand that if I have any side effects or unwanted reactions resulting from the procedures that I should discuss these reactions with my therapist as soon as possible. If my therapist is not available, I can discuss the matter with my wing counselor or ask for a referral to the mental health clinician. Offenders in community treatment programs may contact _____ when the therapist is not available.

The benefits of such an assessment are that it will be able to identify exactly which (if any) treatment is needed because of my sexual interest and arousal. The results of such an assessment will be communicated to me by my therapist.

If I have any questions about the assessment, I have discussed them to my satisfaction with the person in charge of my evaluation. My signature below indicates I have read and understood all of the above.

Person in charge of my evaluation _____ Date
Program Participant _____ Witness

APPENDIX L

INFORMED CONSENT FOR BEHAVIORAL TREATMENT

ALASKA DEPARTMENT OF CORRECTIONS SEX OFFENDER TREATMENT PROGRAMS

BEHAVIORAL TREATMENT OF SEXUAL DEVIANCY

I, _____ understand that I am asked to participate in treatment specifically designed to reduce my sexual arousal to deviant themes and/or increase my sexual arousal to non-deviant themes.

During treatment I may be shown explicit sexual slides and/or video tapes, asked to listen to explicit sexual tapes or asked to verbalize or imagine explicit sexual behavior as well as graphic consequences for engaging in such behavior. The sexual material will depict deviant sexual behavior as well as non-deviant sexual behavior relating to my problems. The material may also include aversive scenes and/or natural consequences to my deviant sexual arousal/interest(s). The aversive scenes/consequences are designed to decrease my interest in sexual deviancy. While I observe, listen to, or verbalize these sexual materials my erection responses may be monitored and/or measured by a penile transducer.

I understand that the behavioral treatment may include covert rehearsal, arousal conditioning procedures, noxious scenes, masturbatory procedures, and aversive conditioning (i.e. odor aversion or galvanic stimulation). The use of these procedures may pair deviant sexual material with aversive elements. I am aware that the use of behavioral treatment procedures may result in increased anxiety, and/or nausea. This anxiety may carry over to outside the laboratory and cause me to have fears about my sexual performance, and I may develop difficulty getting an erection. Also, because my therapists will know my erection responses I may feel anxious, uncomfortable, depressed, or angry. I understand if I have any side effects or unwanted reactions resulting from the procedures that I should discuss these reactions with my therapist as soon as possible. If my therapist is not available, I can discuss my concerns with my wing counselor, or ask for a referral to the mental health clinician. Offenders in community programs may contact _____ when the therapist is not available.

The benefits of behavioral treatment include increased control over my deviant sexual urges and/or increased arousal to appropriate sexual stimuli.

I understand that at this time my therapist is recommending that I engage in the following behavioral therapies:

My signature below indicates that I have read and understand all of the above information.

Program Participant_____ Date_____

Witness _____

APPENDIX M

INFORMED CONSENT FOR MEDICATION TREATMENT FOR REDUCTION OF SEXUAL DRIVE

ALASKA DEPARTMENT OF CORRECTIONS SEX OFFENDER TREATMENT PROGRAMS

REQUEST FOR ANTI-ANDROGEN TREATMENT

I, _____ understand that I am requesting anti-androgen treatment (MPA or Medroxy Progesterone Acetate) to be administered to me to assist in reducing my sexual arousal to and interest in deviant themes. I also understand that I may have already participated in methods of treatment designed to reduce my deviant sexual arousal, but that those methods have not sufficiently done so. It is because I still have significant deviant sexual arousal that I am requesting the use of anti-androgen treatment (AAT).

I understand that AAT is administered on a weekly basis by injection and that serum testosterone levels will be conducted before and periodically during use, as well as plethysmographic assessments. I further understand that additional lab work such as sperm morphology may be required prior to administration of AAT.

I understand that the dosage of MPA will be sufficient to reduce my testosterone level to my pre-pubertal level. During which time I may be participating in behavioral therapies to assist in reducing my deviant sexual arousal. Once my deviant sexual arousal is reduced to an insignificant level my weekly dosages of AAT will be reduced monthly until I am no longer taking it.

The benefits of treatment are that it may reduce my deviant sexual arousal and assist in overcoming my habitual pattern of sexual deviancy.

I understand potential side effects resulting from use of AAT may include, but are not limited to: weight gain, increased need for sleep, cold sweats, hot flashes, testicles may decrease in size, hyperglycemia, G.I. discomfort, hypertension, nightmares, elevated blood glucose, muscular pain, labored or difficult breathing, decreased sperm count, abnormal sperm, nervousness and upset stomach. I also understand that with use of AAT I may have difficulties obtaining erections and the overall desire to sexualize or fantasize may decrease. These side effects are temporary while receiving AAT and are reversible. I agree to report any side-effects to the prescribing physician.

At any stage of treatment I may withdraw my consent for AAT by submitting my withdrawal in writing to my therapist.

Standards of Sex Offender Management
Page 151 of 229

In signing this I indicate I have read and understand the above.

Program Participant_____

Date_____

Therapist_____

Date_____

APPENDIX N

**GUIDELINES FOR PROGRAM EVALUATION
SEX OFFENDER PROGRAM EVALUATION
GUIDELINES FOR PROGRAM REVIEW**

Written by

Anthony M. Mander, Ph.D.

and

Roseanne Munafo, M.S.

for

State of Alaska
Department of Corrections

October 1994

**SEX OFFENDER PROGRAM EVALUATION:
GUIDELINES FOR PROGRAM REVIEW**

TABLE OF CONTENTS

- I. Introduction and Overview
- II. Preparation for the Evaluation
- III. Pre-Visit Activities
 - a. Pre-visit Information
 - b. Offender enrollment form
 - c. Pre-visit arrangements
- IV. Interview Guidelines
 - a. Overview
 - b. The interview process
 - c. Interviewing offenders
 - d. Program evaluation interview schedule
 - e. General questions for all interviewed
 - f. Position specific questions-Program staff
 - 1. Suggested questions for administrator/clinical director
 - 2. Suggested questions for clinical supervisor
 - 3. Suggested questions for program psychologist
 - 4. Suggested questions for therapists
 - 5. Suggested questions for educators/instructors
 - 6. Suggested questions for CRC Staff
 - g. Position specific questions doc personnel
 - 1. Suggested questions for prison Superintendent/assistant superintendent
 - 2. Suggested questions for institutional/field probation officer
 - 3. Suggested questions for program/wing counselor supervisor
 - 4. Suggested questions for correctional officer/wing counselor
 - 5. Suggested questions for work supervisor
 - 6. Suggested questions for mental health Clinician
 - h. Suggested questions for program participants
 - 1. Suggested questions for offenders
 - 2. Suggested questions for spouses/partners
 - 3. Suggested questions for victims/other family
 - 4. Suggested questions for program drop-outs
 - i. Suggested questions for community persons
 - 1. Suggested questions for board members
 - 2. Suggested questions for shelter staff/victim advocates/victim therapists
 - j. Sex Offender Treatment Survey
 - k. Sex Offender Pre-Treatment Survey

- V. Observation of Program Components
 - a. Overview
 - b. The observation process
 - c. Observation guidelines
 - 1. guidelines for observation of group therapy
 - 2. guidelines for observation of individual Therapy
 - 3. guidelines for observation of family/marital Therapy
 - 4. guidelines for observation of educational Class
 - 5. guidelines for observation of behavioral assessment/treatment
 - 6. guidelines for observation of psychological assessment
- VI. Record Review Process
 - a. Overview
 - b. The Process of Review
 - c. Record Review Checklist
- VII. Report Outline for Program Evaluation

INTRODUCTION AND OVERVIEW

The State of Alaska's Department of Corrections (DOC) provides assessment and treatment services to sex offenders across a continuum of care. There are several sex offender programs including two institutional programs and a number of community based programs. The Department strives to expand and improve services throughout the state within the constraints of funding. Evaluation of programs is essential to maintaining a high standard of care and to facilitate healthy program growth.

The purpose of the evaluation process is to examine program structure and procedure to determine areas of strength and weakness as well as to determine compliance with DOC's Standards of Care. The evaluation process can assist programs in reaching their goals and maintaining program excellence. Program evaluation, properly done, enhances training and program development.

Program evaluations are conducted by an evaluation team composed of the Criminal Justice Planner for the Division of Institutions and a private contractor. Other DOC personnel will assist as needed.

Program evaluations are conducted annually and are part of the routine activities of the Department. The Department may conduct program evaluations whenever deemed necessary and appropriate, however. Additionally, programs may request a DOC evaluation at any time in order to assist in identifying and/or helping to resolve problems in service delivery. Requests for site visits and information regarding program evaluation should be made to the criminal justice planner for the Division of Institutions.

The present guidelines are an attempt to create a tool for evaluation which will lead to a consistent and standardized evaluation process. The instrument itself will undergo evaluation through its use. The instrument will undergo development and revision as needed. The document is in a three-ring binder format to facilitate its use and to encourage the addition or replacement of materials as needed.

PREPARATION FOR THE EVALUATION

Program evaluations are typically anxiety producing for program staff. Adequate preparation will help to alleviate anxiety regarding the process and facilitate the evaluation process for evaluators.

Programs should be notified 30 days in advance of the site visit so as to have sufficient time to provide pre-visit materials and arrange for interviews.

Additionally, program evaluation procedures and guidelines should be made available to programs for review. Programs should be encouraged to "self-evaluate" using the same guidelines and procedures used by DOC several months prior to the formal DOC evaluation. When deficits are identified a plan for resolution can often be developed and initiated prior to the formal evaluation process. This puts the responsibility for evaluation upon the program itself and encourages self-imposed standards and a higher quality of care.

PRE-SITE VISIT ACTIVITIES

Pre-Evaluation Information/Materials. In order for a productive evaluation to be conducted certain materials must be submitted for review prior to the actual site visit. This will expedite the work to be done and facilitate the evaluation process. The following materials and pieces of information should be provided to the Criminal Justice Planner for the Division of Institutions at least 14 days prior to the site visit:

1. A written program description including a statement of program philosophy and admission standards.
2. A list of all services provided (assessment, group therapy, individual therapy etc.) and frequency of sessions.
3. A list of current staff including their professional degree, current licensure information and approved provider level.
4. A completed Offender Enrollment Form with all DOC participants listed.
5. The number of non-DOC sex offenders (private clients who have not gone through the court system or former DOC clients) currently enrolled in the program.
6. The names of any DOC sex offenders currently on a waiting list and the numbers of any non-DOC sex offenders currently on that list.
7. A list of all DOC program drop-outs during the contract period.
8. A list of all DOC program removals during the contract period.
9. A list of all offenders who were released as program complete during the contract period.

OFFENDER ENROLLMENT FORM

Name	Sex	DL	Off	EC	SN	ED	TP
------	-----	----	-----	----	----	----	----

1.

2.

3.

4.

5.

6.

7.

8.

9.

10.

11.

12.

13.

14.

15.

Key:

Sex: M=male, F=Female

DL: DOC Level (I, II,III)

Off: Offense(s) (A=offense against adults, C=offense against children, B=offense against both adults and children)

EC: Ethnic Code (C=Caucasian, AN=Alaska native, B=black, H=Hispanic, A=Asian, O=other)

SN: Special Needs (Y=yes, N=no)

ED: Entry Date (Mo./Day/Year)

TP: Treatment Phase (PT=pretreatment, B=beginning, I=intermediate,A=advanced)

Pre-visit Arrangements. In addition to reviewing certain documents and examining information regarding program services, DOC staff will require the program to arrange for the scheduling of several interviews. Interviews typically will last between 30 and 60 minutes. It is the responsibility of the contractor to arrange for time in program staff scheduling to allow for the various interviews. In addition, the contractor must arrange for observation times so the various treatment components can be observed by members of the evaluation team.

The evaluator(s) will at a minimum observe the following activities:

1. One or more assessment sessions
2. One or more education classes
3. One or more individual therapy sessions
4. One or more group therapy sessions

Other activities which may be observed include:

1. One or more marriage or family counseling sessions
2. One or more behavioral treatment sessions
3. Other program activities including staff training, case staffing, treatment team meetings and other activities as deemed appropriate by DOC.

DOC will notify the contractor of the activities to be observed 14 days prior to the site visit. The contractor should notify the Criminal Justice Planner immediately if problems arise in scheduling.

Since a random sampling of records for each therapist will be evaluated during the site visit all records should be maintained in good order and be made available to the evaluator(s) during the site visit.

INTERVIEW GUIDELINES

Overview. An important source of information about program performance comes from interviewing key personnel. The purpose of the interviews is to gather information from a variety of perspectives regarding program performance. A list of suggested persons to interview is given in the Program Evaluation Interview Schedule. The schedule is intended as a guideline. The evaluation team may choose those individuals to interview which they feel will provide the most appropriate information regarding program performance.

The interview schedule should be completed two weeks prior to the site visit. Program staff will be consulted and in some cases will be required to arrange interview times.

The Interview Process. The type of information to be obtained will differ according to who is interviewed. A list of suggested questions for each interview is given in the following sections of this document. These questions are intended to be guidelines for interviewing. The particulars of a given program or situation may necessitate additional questions. The evaluator(s) should feel free to develop whatever questions they feel are necessary to properly and completely evaluate the program. Many of the questions are open-ended and are designed to allow the interviewee an opportunity to give their opinions and observations freely. The exception is the interview process for offenders which is more directive. The reasons for this are discussed below.

Interviewing Offenders. The guidelines for interviewing offenders attempt to derive some sense of where the offender is in the treatment process. In a sense these questions are intended to test the offender rather than gather offender opinions regarding program performance. For many offenders an opportunity to critique the program can lead to a "gripe session" and give a false sense of control over program staff. This could be disruptive to the program itself. Personal interviews of offenders should, therefore, avoid gathering critical information about the program or attending to the personal needs of the offender being interviewed. Any discussion of the particular aspects of their case should be avoided. Instead the interviewer should be concerned with determining the level of knowledge the offender has about his own offense cycle and the attitude he portrays about his crime. The sense one gets of the offender's level of advancement should bear some relationship to his level of achievement in the program. For example, while we might expect denial in a Phase I (pre-treatment) offender, we certainly would not expect this in an offender who is in the advanced phase of treatment.

The offender's critique of program activities is obtained via an anonymous questionnaire. This allows offenders to offer comments, criticisms and suggestions without reinforcing destructive attitudes and allowing offenders to manipulate the evaluation process.

PROGRAM EVALUATION INTERVIEW SCHEDULE

Name	Position	Interview Date	Time
------	----------	----------------	------

Program Staff

Admin/Clin Dir.

Clinical Supervisor

Psychologist

Therapist

Educator

CRC Staff

DOC PersonnelPrison Superintendent/
Asst. Super.

Institutional/Field P.O.

Program/Wing Counselor Supervisor

Correctional Officer

Work Supervisor

Program Participants

Offender

Spouses/Partners

Victims/Family

Community Persons

Board Members

Shelter Staff/Victim Advocates

Others

INTERVIEW GUIDELINES-SUGGESTED QUESTIONS

Name: _____ Date _____

Interviewer(s) _____

—

—

GENERAL QUESTIONS (FOR ALL INTERVIEWED EXCEPT OFFENDERS)

- 1) How long have you been associated with the program?
- 2) Describe your job, role or connection with the program?
- 3) In your opinion what are the program's strengths and weaknesses?
- 4) What problems have you encountered in the past year in your role with the program? How were these problems resolved? or What is the plan to resolve the problems?
- 5) Describe any staff problems. What is the staff morale?
- 6) What is your perception of the degree of cooperation/coordination between staff? What level of cooperation/coordination exists between staff and other professionals, paraprofessionals and/or non-professionals?
- 7) Describe any problems in service delivery.
- 8) What suggestions do you have to improve the program?
- 9) Do you feel the program is effective? Do you have an opinion about the quality of services being provided?
- 10) Does the program emphasize prison/community safety?
- 11) Does the staff behave in a professional manner?

POSITION SPECIFIC QUESTIONS-PROGRAM STAFF

A. **Administrative/Clinical Director**

INTERVIEW GUIDELINES-SUGGESTED QUESTIONS

Name: _____ Date _____

Interviewer(s) _____
—

-
1. What is the history of the program? When was it established and how has it evolved?
 2. Describe the program's history with DOC.
 3. How has the program been funded over the years?
 4. What percent of the total current funding is from DOC?
 5. Have you had any difficulties complying with your DOC contract?
 6. Have there been any difficulties staying in compliance with the Standards of Care?
 7. Do you receive funding for sex offender programming from any other sources?
 8. How do you feel about the relationship between yourself/your agency and DOC.
 9. Are there agency/practice problems which potentially could effect the performance and/or stability of the sex offender program?
 10. What other sources of funding does the agency/practice receive?
 11. What other types of programs/services does the practice/agency provide?
 12. What are the agency's overall goals and priorities for the coming year? What are the goals/priorities for the sex offender program?

B. Clinical Supervisor

INTERVIEW GUIDELINES-SUGGESTED QUESTIONS

Name: _____ Date: _____

Interviewer(s) _____

—

—

1. Describe the services that you supervise. How are they staffed?
2. How frequently do you meet with staff? Describe how supervision is conducted.
3. How often do you observe program activities?
4. Summarize any difficulties you have had supervising the staff.
5. How do you feel about the overall skill and quality of staff?
6. Do you have any concerns about staff's responsiveness to supervision and guidance?
7. Are supervision plans being followed?
8. Do you feel that there are cooperation/coordination problems between clinical and DOC management staff?
9. Are you aware of any deficits that are seriously jeopardizing the quality of treatment?
10. List and summarize the problems with the program from a clinical perspective.
11. Are there teamwork problems among staff?
12. List your priorities for staff training.
13. Are there any problems complying with the Standards of Care?
14. List any difficulties with record-keeping/documentation.
15. Discuss any plans to improve supervision in the coming year.

16. Are the staff's relationships with inmates appropriate?

C. Psychologist

INTERVIEW GUIDELINES-SUGGESTED QUESTIONS

Name: _____ Date: _____

Interviewer(s) _____

—

—

1. Describe the types of assessments performed.
2. Are there any difficulties performing assessments and evaluations?
3. Do you feel the results of examinations are incorporated into the treatment plan?
4. Are you lacking any materials in order to perform the necessary tests?
5. Do you feel you need further training/consultation to perform the necessary tasks of your job?

D. Therapist

INTERVIEW GUIDELINES-SUGGESTED QUESTIONS

Name: _____ Date: _____

Interviewer(s) _____
—

1. Are you experiencing any difficulties in carrying out your work as a therapist?
2. Do you feel you are getting adequate supervision?
3. Are there any safety issues that are not being adequately addressed (safety to victims, therapists, offenders)?
4. What areas of continuing education and training do you feel need to be addressed?
5. Are there any changes to the therapy process and/or the program itself that you would like to see made?

E. Educator/Instructor

INTERVIEW GUIDELINES-SUGGESTED QUESTIONS

Name: _____ Date: _____

Interviewer(s) _____

—

—

1. Do you feel you have the necessary materials and resources to carry out your job?
2. Do you feel the curriculum is adequate for the educational components you teach? Do you have any ideas for curriculum development?
3. Do you need additional training/consultation to carry out your work?
4. Do you feel the educational program is effective?

F. CRC Staff

INTERVIEW GUIDELINES-SUGGESTED QUESTIONS

Name: _____ Date: _____

Interviewer(s) _____

—

—

1. Are there any management problems as a result of SOTP programming that need to be addressed?
2. Do you have any safety concerns?
3. Do you feel the SOTP treatment staff keeps you informed regarding participants?
4. Do you feel you need further training/consultation from the SOTP staff in order to be effective in your job?
5. Is the sex offender program consistent with/coordinated with other CRC programs?

POSITION SPECIFIC QUESTIONS-DOC PERSONNEL

A. **Prison Superintendent/Asst. Superintendent**

INTERVIEW GUIDELINES-SUGGESTED QUESTIONS

Name: _____ Date: _____

Interviewer(s) _____

—

—

1. Do program staff follow security regulations and/or other institutional regulations and procedures?
2. Are you kept informed about management and/or security issues promptly?
3. Are program staff willing to coordinate with correctional staff?
4. Are reports placed in inmates files in a timely fashion?
5. Are relationships with inmates appropriate?
6. Is the program in compliance with the contract and the Standards of Care?
7. Is information provided in reports sufficient to substantiate recommendations for important decisions such as the decision to remove an inmate from program?

B. Institutional/Field Probation Officer

INTERVIEW GUIDELINES-SUGGESTED QUESTIONS

Name: _____ Date: _____

Interviewer(s) _____

—

—

1. Are you kept informed about the offender's progress in treatment on a regular basis?
2. Are you consulted for input regarding offenders' behavior outside of treatment?
3. Do staff anticipate problems and consult with you beforehand or do they react to problems after they occur?
4. Do you feel that the program has a team approach and that you are a part of that team?
5. Do you receive required reports? Are they complete?
6. Are relevant institutional staff at treatment team meetings?

C. Program/Wing Counselor Supervisor

INTERVIEW GUIDELINES-SUGGESTED QUESTIONS

Name: _____ Date: _____

Interviewer(s): _____

1. Describe the services you supervise and/or the administrative duties you have.
2. Have you had any difficulties carrying out these duties?
3. How frequently do you meet with staff?
4. How often do you observe program activities?
5. Summarize any difficulties you have supervising staff.
6. Do you have any concerns about the staff's responsiveness to supervision and guidance?
7. Do you feel there are cooperation/coordination problems between clinical and DOC management?
8. Have there been any problems with contractors meeting contract agreements?
9. What has been the quality of services provided?
10. Are you aware of any deficits that are seriously jeopardizing the quality of treatment?
11. Are there teamwork problems among staff?
12. Are there any problems complying with the standards of care?
13. Are the staff's relationships with inmates appropriate?
14. What are the program's goals and priorities for the coming year?
15. Have there been any problems interfacing with other programs?
16. Do you feel your relationship with prison administration and central office staff has been cooperative and supportive?

D. Correctional Officer-Wing Counselor

INTERVIEW GUIDELINES-SUGGESTED QUESTIONS

Name: _____ Date: _____

Interviewer(s) _____

—

—

1. Are you kept informed about treatment activities when you are not co-facilitating?
2. Are you having any problems working with the therapist(s) or other program staff?
3. Do you feel that the program has a team approach and that you are a part of that team?
4. Do you feel you are getting the necessary guidance and supervision from the therapist?
5. Are conflicts between yourself and your co-therapist resolved in a satisfactory manner?
6. Do you feel that your input is accepted and valued by other treatment staff?
7. What types of training or continuing education do you feel you need to do your job more effectively?

E. Work Supervisor

INTERVIEW GUIDELINES-SUGGESTED QUESTIONS

Name: _____ Date _____

Interviewers(s): _____

1. Are there any particular problems that sex offender programming causes to the work programs you supervise?
2. Are you consulted for input about offenders' attitudes on the job?
3. Do you see a relationship between progress in treatment and work performance?
4. Do you report job problems to treatment staff?
5. Do you think program staff value the goals you're working towards in your position?

F. Mental Health Clinician

INTERVIEW GUIDELINES-SUGGESTED QUESTIONS

Name: _____ Date: _____

Interviewer(s): _____

1. Are there any coordination/cooperation problems between you and the SOTP staff?
2. What is your opinion of the level of expertise among the SOTP staff?
3. Describe any problem with record-keeping/documentation. Is there a flow of information between yourself and SOTP staff?
4. Do you get appropriate referrals? Are the referrals made in a timely manner?
5. Are you consulted for input about program participants?
6. Are you included in treatment team meetings?
7. Are the relationships between SOTP staff and inmates appropriate?

PROGRAM PARTICIPANTS

A. **Offenders**

INTERVIEW GUIDELINES-SUGGESTED QUESTIONS

Name: _____ Date: _____

Interviewer(s) _____

-
1. How long have you been in treatment? What phase of treatment are you in?
 2. How do you feel about your involvement in the program? How consistent has your effort been and how hard are you working?
 3. Describe the changes you've made since joining the program.
 4. Are the various aspects of treatment, e.g. group and individual therapy, behavior treatment, education, assignments etc., helping you to reach your treatment goals? Are you getting everything out of treatment that you could be?
 5. What are your high risk factors?
 6. Describe your predominant thinking errors.
 7. What are your main stumbling blocks to change? What are you currently working on?
 8. What has the program helped you understand about your relapse process?
 9. What is your opinion of your risk to the community?
 10. Do you feel you have contributed anything to the program?
 11. What aspect of yourself do you think your group and/or your therapist has had the hardest time dealing with?
 12. What is your biggest regret? Why?
 13. What worries you the most about yourself?
 14. How do you rate your risk of committing a sexual offense in the future? Circle one.

1 _____ 2 _____ 3 _____ 4 _____ 5
LOW HIGH

B. Spouses/Partners

INTERVIEW GUIDELINES-SUGGESTED QUESTIONS

Name:_____ Date:_____

Intra-Family Abuse____ Extra-Family Abuse____

Interviewer(s)_____

—

1. What involvement have you had in the program? What services are you receiving?
2. Do you have your own therapist?
3. Has the program been helpful? How?
4. Can you describe the main things you've learned about the offense and about relapse?
5. Do you have any safety concerns?
6. Have you seen any changes in your spouse/partner? Describe.
7. What areas do you feel still need work?
8. Have you had any problems working with program staff?
9. Do you feel that your needs and/or the needs of your children have been put first by staff?
10. What will you do if you sense that your partner is on the verge of a reoffense?
11. Who do you regard as your main support person(s) when you have questions and/or concerns regarding potential relapse?
12. Do you have any suggestions about how the program could help you and your family more effectively?
13. How do you rate the offender's risk of committing a sexual offense in the future? Circle one.

1_____2_____3_____4_____5

LOW

HIGH

C. Victims/Other Family

INTERVIEW GUIDELINES-SUGGESTED QUESTIONS

Name:_____Date:_____

Intra-Family Abuse____ Extra-Family Abuse____

Interviewer(s)_____

1. What involvement have you had with the program?
What services have you received?
2. Do you have your own therapist?
3. Has the treatment helped you with your problems?
4. Do you feel that the program staff are concerned
about your safety? If something were to start to
happen again would you feel safe to tell?
5. What are the best and worst things about the
program?
6. Have you felt comfortable/safe enough to share
your feelings and problems with your therapist?
7. Is there anything happening in treatment that is a
problem for you?
8. Is there anything that is not happening that
should be?
9. Do you feel you have enough privacy in your home?
Do people respect your privacy/boundaries?
10. How do you rate the offender's risk of committing
a sexual offense in the future? Circle one.

1____2____3____4____5

LOW

HIGH

D. Program Drop-Outs

INTERVIEW GUIDELINES-SUGGESTED QUESTIONS

Name: _____ Date: _____

Interviewer(s) _____
—

1. How long did you participate in the program?
2. What phase of treatment were you in when you dropped out?
3. Give the main reason for dropping out.
4. What other factors effected your decision (i.e., wanting to be at another institution or location, wanting more time to work etc.)?
5. Do you feel you got anything out of the program?
6. What did you learn about your offense pattern?
7. Do you think you would want to participate again in the future?
8. How do you rate your risk of committing a sexual offense in the future? Circle one.

1_____2_____3_____4_____5

LOW

HIGH

COMMUNITY PERSONS

A. **Board Members**

INTERVIEW GUIDELINES-SUGGESTED QUESTIONS

Name:_____ Date:_____

Interviewer(s)_____

—

1. Describe any agency problems which could be effecting the program? What are the plans for resolution?
2. Are there any upcoming changes that could potentially effect the operation of the program?
3. What are the plans and goals for the agency's future? What are the priorities for the coming year?
4. What are your impressions of the degree of cooperation between the agency and DOC?

B. Shelter Staff/Victim Advocates/Victim Therapists

INTERVIEW GUIDELINES-SUGGESTED QUESTIONS

Name: _____ Date: _____

Interviewer(s) _____

—

1. What involvement have you had with the program?
2. What is your impression of the program?
3. Is the program's philosophy and methods consistent with victim protection and community safety?
4. Do you have any concerns about quality of treatment?
5. Has the program been open and receptive to your input?
6. Has program staff coordinated with shelter staff in providing services to victims and other family?
7. Have shelter staff been included in safety-net training with the victim/family?
8. Are you getting enough information to assist you in making decisions about victim safety?
9. Is there anything from the victim's standpoint that needs to happen in therapy that has not yet taken place?
10. Do you feel the victim feels safe/comfortable enough to make his/her needs/concerns known to the program staff?
11. Was the victim's therapist contacted before the offender had any contact with the victim?
12. What other recommendations do you have to improve services to the victim/family?

SEX OFFENDER TREATMENT SURVEY

General Instructions. The purpose of this survey is to give program participants an opportunity to share their opinions about the Sex Offender Program. The survey is anonymous and you are **NOT** to put your name on the questionnaire. Program staff will be given feedback about the findings from the survey. These findings will be summarized as a group. No ones' individual answers can be identified so please be open and honest in your responses. After you complete your survey, place it in the envelop provided and seal it. Please answer all questions. Thank you for your input.

SEX OFFENDER TREATMENT SURVEY

INSTRUCTIONS

- Do not put your name on this survey.
- Do not ask other individuals to help you complete the survey. If you have difficulty reading, you may ask for help from a wing counselor or other treatment staff.

Please read each statement carefully and put a check mark next to the answer you select.

1. I am:

☐ single
☐ married
☐ divorced
☐ widower
2. I am in Phase ____ of treatment. (**I** = Pre-Treatment, **II** = Beginning Treatment, **III** = Intermediate Treatment, **IV** = Advanced Treatment)
3. My therapist is: (check both if appropriate)

☐ male
☐ female
4. In my opinion, the one most important part of treatment is: (Please check one only)
☐ Problem-Solving
☐ Assertiveness
☐ Social Skills
☐ Empathy
☐ Relapse Prevention
☐ Anger Management
☐ Other (specify) _____
5. In the past, I have had a problem with alcohol or drugs.

☐ True
☐ False

6. The use/abuse of alcohol or drugs was involved in my sex offense.
- ☐ True
☐ False
7. How would you rate your wing counselor/therapist's presentation of the materials?
- ☐ very helpful
☐ mostly helpful
☐ somewhat helpful
☐ not helpful
8. If you are not currently in treatment specify the reason.
- ☐ I successfully completed the program.
☐ I was removed because of a conduct violation I received.
☐ I was removed for lack of motivation/participation; for example, absences.
☐ I was removed due to failure to understand or apply the concepts.
☐ I quit or refused to participate.
☐ Other reason (please explain)_____
9. The duration of treatment in the sex offender program is:
- ☐ too long
☐ too short
☐ just about right
10. Which Educational Components have you completed? (please check all that apply)
- ☐ Anger Management
☐ Relapse Prevention
☐ Values Clarification
☐ Empathy Training
☐ Assertiveness Training
☐ Substance Abuse Education
☐ Sexual Education
☐ Social Skills Training
☐ Other (specify)_____

Standards of Sex Offender Management

Page 186 of 229

On the following questions, please circle the one word or phrase that expresses your point of view: (Double answers will not be counted)

11. Relapse Prevention was a valuable part of the program. (Answer only if you attended this part.)

Strongly agree Agree NeutralDisagree Strongly disagree

12. Empathy Training was a valuable part of the program. (Answer only if you attended this part.)

Strongly agree Agree NeutralDisagree Strongly disagree

13. Anger Management was a valuable part of the program. (Answer only if you attended this part.)

Strongly agree Agree NeutralDisagree Strongly disagree

14. Social Skills Training was a valuable part of the program. (Answer only if you attended this part.)

Strongly agree Agree NeutralDisagree Strongly disagree

15. Values Clarification was a valuable part of the program. (Answer only if you attended this part.)

Strongly agree Agree Neutral Disagree Strongly disagree

16. Assertiveness Training was a valuable part of the program. (Answer only if you attended this part.)

Strongly agree Agree Neutral Disagree Strongly disagree

17. Substance Abuse Education was a valuable part of the program. (Answer only if you attended this part.)

Strongly agree Agree Neutral Disagree Strongly disagree

18. Sexual Education was a valuable part of the program. (Answer only if you attended this part.)

Strongly agree Agree Neutral Disagree Strongly disagree

19. The learning aids such as written handouts, audio-visual tapes, and films were helpful in treatment.

Strongly agree Agree NeutralDisagree Strongly disagree

20. The concepts of the program are valuable while still living in prison.

Strongly agree Agree NeutralDisagree Strongly disagree

21. The concepts of the program will help me when I return home.

Strongly agree Agree NeutralDisagree Strongly disagree

22. Treatment does, in fact, help you change your thinking and behavior.

Strongly agree Agree NeutralDisagree Strongly disagree

23. There is a possibility that I will re-offend.

Strongly agree Agree NeutralDisagree Strongly disagree

24. I still think irrationally at times.

Strongly agree Agree NeutralDisagree Strongly disagree

25. A person's thinking can control what he feels and does.

Strongly agree Agree NeutralDisagree Strongly disagree

26. Sex Offender Treatment is a needed and useful program in the Department of Corrections.

Strongly agree Agree NeutralDisagree Strongly disagree

27. Applying what I learned in treatment works for me.

Strongly agree Agree NeutralDisagree Strongly disagree

28. Being responsible is the key to staying out of prison.

Strongly agree Agree NeutralDisagree Strongly disagree

29. I think that treatment was successful in helping me to understand and change my behavior.

Strongly agree Agree NeutralDisagree Strongly disagree

30. I believe that my therapist was professional and treated me with respect.

Strongly agree Agree NeutralDisagree Strongly disagree

31. The therapist was fair and consistent with all group members.

Strongly agree Agree NeutralDisagree Strongly disagree

32. I believe my wing counselor was professional and treated me with respect.

Strongly agree Agree NeutralDisagree Strongly disagree

33. My wing counselor was fair and consistent with all group members.

Strongly agree Agree NeutralDisagree Strongly disagree

34. The materials (charts, principles, etc.) were presented in a way that I could understand them and use them.

Strongly agree Agree Neutral Disagree Strongly disagree

35. Do you have any suggestions that might be given to your therapist or wing counselor?

36. In your opinion, what can be done to improve the effectiveness of the Sex Offender Treatment Program?

SEX OFFENDER PRE-TREATMENT SURVEY

General Instructions. The purpose of this survey is to give program participants an opportunity to share their opinions about the Sex Offender Pre-Treatment Program. The survey is anonymous and you are **NOT** to put your name on the questionnaire. Program staff will be given feedback about the findings from the survey. These findings will be summarized as a group. No ones' individual answers can be identified so please be open and honest in your responses. After you complete your survey, place it in the envelope provided and seal it. Please answer all questions. Thank you for your input.

SEX OFFENDER PRE-TREATMENT SURVEY

INSTRUCTIONS

- Do not put your name on this survey.
- Do not ask other individuals to help you complete the survey. If you have difficulty reading, you may ask for help from a wing counselor or other treatment staff.

Please read each statement carefully and put a check mark next to the answer you select.

1. I am:
 - ☐ single
 - ☐ married
 - ☐ divorced
 - ☐ widower
2. I have been in Pre-Treatment for:
 - ☐ 1-30 days
 - ☐ 30-90 days
 - ☐ 90-180 days
 - ☐ over 180 days
3. My therapist is: (check both if appropriate)
 - ☐ male
 - ☐ female

4. In the past, I have had a problem with alcohol or drugs.
- ☐ True
☐ False
5. The use/abuse of alcohol or drugs was involved in my sex offense.
- ☐ True
☐ False
6. How would you rate your wing counselor/therapist's presentation of the materials?
- ☐ very helpful
☐ mostly helpful
☐ somewhat helpful
☐ not helpful
7. The duration of treatment in the sex offender Pre-Treatment program is:
- ☐ too long
☐ too short
☐ just about right
8. Which Educational Components have you completed? (please check all that apply)
- ☐ Orientation
☐ Anger Management
☐ Relapse Prevention
☐ Values Clarification
☐ Empathy Training
☐ Assertiveness Training
☐ Substance Abuse Education
☐ Sexual Education
☐ Social Skills Training
☐ Other (specify) _____

On the following questions, please circle the one word or phrase that expresses your point of view: (Double answers will not be counted)

9. Relapse Prevention was a valuable part of the program. (Answer only if you attended this part.)

Strongly agree

Agree

Neutral/Disagree

Strongly disagree

10. Empathy Training was a valuable part of the program. (Answer only if you attended this part.)

Strongly agree Agree NeutralDisagree Strongly disagree

11. Anger Management was a valuable part of the program. (Answer only if you attended this part.)

Strongly agree Agree NeutralDisagree Strongly disagree

12. Social Skills Training was a valuable part of the program. (Answer only if you attended this part.)

Strongly agree Agree NeutralDisagree Strongly disagree

13. Values Clarification was a valuable part of the program. (Answer only if you attended this part.)

Strongly agree Agree Neutral Disagree Strongly disagree

14. Assertiveness Training was a valuable part of the program. (Answer only if you attended this part.)

Strongly agree Agree Neutral Disagree Strongly disagree

15. Substance Abuse Education was a valuable part of the program. (Answer only if you attended this part.)

Strongly agree Agree Neutral Disagree Strongly disagree

16. Sexual Education was a valuable part of the program. (Answer only if you attended this part.)

Strongly agree Agree Neutral Disagree Strongly disagree

17. The learning aids such as written handouts, audio-visual tapes, and films were helpful in treatment.

Strongly agree Agree NeutralDisagree Strongly disagree

18. The Pre-Treatment program has helped me understand what treatment is all about.

Strongly agree Agree NeutralDisagree Strongly disagree

19. I am better able to discuss my crimes than I ever was before.

Strongly agree Agree NeutralDisagree Strongly disagree

20. The Pre-Treatment program has helped me to better understand what my problems are.

Strongly agree Agree NeutralDisagree Strongly disagree

21. The Pre-Treatment program has helped me change my thinking and behavior.

Strongly agree Agree NeutralDisagree Strongly disagree

22. I think sex offender treatment will be the right program for me.

Strongly agree Agree NeutralDisagree Strongly disagree

23. Honesty about oneself is necessary before a person can really change.

Strongly agree Agree NeutralDisagree Strongly disagree

24. I believe the Pre-Treatment program has prepared me or will prepare me for treatment.

Strongly agree Agree NeutralDisagree Strongly disagree

25. The concepts of the program are valuable while still living in prison.

Strongly agree Agree NeutralDisagree Strongly disagree

26. The concepts of the program will help me when I return home.

Strongly agree Agree NeutralDisagree Strongly disagree

27. There is a possibility that I will re-offend.

Strongly agree Agree NeutralDisagree Strongly disagree

28. I still think irrationally at times.

Strongly agree Agree NeutralDisagree Strongly disagree

29. A person's thinking can control what he feels and does.

Strongly agree Agree NeutralDisagree Strongly disagree

30. Sex Offender Pre-Treatment is a needed and useful program in the Department of Corrections.

Strongly agree Agree NeutralDisagree Strongly disagree

31. Applying what I learned in Pre-Treatment works for me.

Strongly agree Agree NeutralDisagree Strongly disagree

32. Being responsible is the key to staying out of prison.

Strongly agree Agree NeutralDisagree Strongly disagree

33. I believe that my therapist was professional and treated me with respect.

Strongly agree Agree NeutralDisagree Strongly disagree

34. The therapist was fair and consistent with all program participants.

Strongly agree Agree NeutralDisagree Strongly disagree

35. I believe my wing counselor was professional and treated me with respect.

Strongly agree Agree NeutralDisagree Strongly disagree

36. My wing counselor was fair and consistent with all program participants.

Strongly agree Agree NeutralDisagree Strongly disagree

37. The materials (charts, principles, etc.) were presented in a way that I could understand them and use them.

Strongly agree Agree Neutral Disagree Strongly disagree

38. Do you have any suggestions that might be given to your therapist or wing counselor?

39. In your opinion, what can be done to improve the effectiveness of the Sex Offender Pre-Treatment Program?

GUIDELINES FOR OBSERVATION OF PROGRAM ACTIVITIES

Overview. It is important for evaluators to actually observe the various aspects of the treatment process in order to get a first hand sense of how services are being delivered. The observation process is a subjective one, however, in the following section suggestions are made about what to look for in the various program components. It is not possible to observe evidence of all factors in any one session and this should not be implied from the list. Also there may be other important factors which are observed but are not on the list. These comments should be recorded as well. The lists are not exhaustive. The evaluators should attempt to record specific examples, whenever possible, of behaviors and interactions upon which their conclusions and judgments are based.

The Observation Process. Program participants should be informed prior to the site visit that observations will be made of the various treatment components. Participants should be informed that the purpose of the observation is to gather first hand information about how treatment is conducted. Therefore, treatment activities should be conducted normally as if the observer were not present. It should be made clear that the purpose of observation is not to field complaints about the program or to help offenders with problems related to their particular situations. The demeanor of the evaluator(s) should be one of quiet observation. Observers should not become actively involved in the ongoing process. A few minutes should be allowed at the end of the activity for the evaluator(s) to gather the participants' and therapists' perspective about the representativeness of the session. Also if the evaluator(s) wish to clarify anything about what went on during the session they can do it at this time.

Because of standardized testing procedures observation of certain psychological tests is not possible without invalidating the test itself. If necessary information about the test process for these procedures can be obtained through interview of the psychologist, treatment supervisor or participant(s).

GUIDELINES FOR OBSERVATION OF GROUP THERAPY

Program Site _____ Date of Observation_____

Program Evaluator(s)_____

Type of Group_____

Therapists_____

Number of Group Participants

Evaluators should observe and comment upon the following areas of therapist and group performance.

1. Use of RP principles in group:_____

2. Ability of therapist to use relevant interventions.____

3. Ability of therapist to maintain therapeutic control.

4. Ability to deliver feedback appropriately._____

5. Attempts to involve all group members._____

6. Ability to provide structure, focus and avoid getting sidetracked._____

7. Ability to identify issues relevant to individual goals and/or treatment plans._____

8. Shows respect for offenders._____

Standards of Sex Offender Management
Page 197 of 229

Post Session Interview:

Therapist(s) Comments:_____

—

Offenders Comments:_____

—

Was the session representative?_____

—

Evaluator(s) Summary and Comments._____

—

Evaluator Signature_____

Evaluator Signature_____

GUIDELINES FOR OBSERVATION OF INDIVIDUAL THERAPY

Program Site_____ Date of Observation_____

Program Evaluator(s)_____

Therapist_____

—

Evaluators should observe and comment upon the following areas of therapist performance:

1. Familiarity with the offender's case i.e., personality issues, case, treatment plan_____

—

2. Ability to provide focus for the session consistent with the treatment plan

3. Ability to make appropriate interventions during the session_____

—

4. Possession of necessary skills to carry out specific procedures e.g. role playing, cognitive sensitization, thought stopping etc._____

—

5. Ability to focus on relevant aspects of the therapist/client relationship when appropriate_____

6. Ability to give appropriate feedback

7. Appropriate use of RP principles_____

—

8. Ability to maintain therapeutic control of the session__

—

-
-
9. Appropriateness of homework assignments_____
-
- _____
10. Shows respect for offender_____
-
-

Post Session Interview:

Therapist Comments: _____

—

Offender Comments: _____

—

Was the session Representative?

—

Evaluator(s) Summary and Comments: _____

Evaluator
Signature _____

Evaluator
Signature _____

GUIDELINES FOR OBSERVATION OF FAMILY/MARITAL THERAPY

Program Site_____ Date of Observation_____

Program Evaluator(s)_____

Type of Therapy_____

Therapists_____

—

Number Family Members Present

Evaluators should observe and comment upon the following areas of therapist performance:

1. Ability to understand the following aspects of the family/marital system:

- a) Communication patterns_____

- b) Cooperation patterns_____

- c) Decision making patterns_____

- d) Hierarchies of power

- e) Individual roles_____

- f) How needs are met_____

- G) Problem solving strategies

2. Ability to make appropriate interventions_____

—

3. Attempts to help the family focus on relevant issues_____

4. Application of RP principles in the therapy session_____

5. Open and appropriate discussion of abuse and safety issues_____

6. Ability to make victim issues/needs paramount in the session_____
-
7. Ability to focus on the healthy needs of the family as opposed to putting the offender's needs first_____
-
8. Ability to recognize the offender's manipulations and make appropriate interventions_____
-
9. Ability to facilitate discussion in the family so relevant issues emerge_____
-
10. Ability to deal with the offender's attempts to control the family and/or session_____
-
11. Ability to give appropriate feedback_____
-
12. Willingness to treat all family members with respect_____
-
13. Ability to help the family reframe issues when appropriate_____
-
14. Ability to provide positive support and focus_____
-
15. Understanding of individuality and awareness of boundary issues_____
-

Post Session Interview:

Therapist's Comments:_____

—

Family's Comments:-

—

Was the session representative:_____

—

Evaluator(s) Summary and Comments_____

Evaluator Signature_____

Evaluator Signature_____

GUIDELINES FOR OBSERVATION OF EDUCATION CLASS

Program Site_____ Date of Observation_____

Program Evaluator(s)_____

Class Topic_____

Instructor(s)_____

Number of Class Participants

Evaluators should observe and comment upon the following areas of Instructor performance:

1. Ability to cover material relevant to the topic area

2. Ability to explain concepts clearly_____

—

3. Ability to answer questions effectively

4. Ability to maintain control of the class_____

—

5. Ability to maintain focus, provide structure, and avoid
being sidetracked_____

—

6. Ability to use learning aids (assignments, videos,
etc.) appropriate to the topic_____

—

7. Ability to relate material to individual cases_____

—

8. Ability to generate discussion when appropriate_____

—

9. Willingness to be respectful to participants _____

-
-
10. Ability to deal with inappropriate or disruptive behavior effectively
-
-

Post Session Interview:

Instructor Comments_____

—

Class Comments

—

Was the session representative?_____

—

Evaluator(s) Summary and Comments_____

Evaluator Signature_____

Evaluator Signature

Standards of Sex Offender Management

Page 209 of 229

GUIDELINES FOR OBSERVATION OF BEHAVIORAL
ASSESSMENT/TREATMENT

Program Site_____ Date of Observation_____

Program Evaluator(s)_____

Type of Session_____

Therapist/Technician_____

—

Evaluators should observe and comment upon the following
areas of therapist/technician performance:

- 1) Ability to use accepted procedures for
assessment/treatment

- 2) Ability to follow standardized procedures_____

—

- 3) Conducts pre-treatment/pre-assessment briefing_____

- 4) Ability to explain procedures_____

—

- 5) Ability to adequately answer offender's
questions_____

—

- 6) Knowledge regarding methods and procedures
used_____

—

- 7) Willingness to treat offenders with respect_____

—

- 8) Conducts debriefing session_____

—

- 9) Attempts to identify problems, concerns, or side
effects which may have resulted from the procedures_

—

10) Uses proper informed consent forms and releases_____

—

Post Session Interview:

Therapist/Technician Comments:_____

—

Offender Comments:_____

—

Was the session representative?_____

—

Evaluator(s) summary and Comments_____

Evaluator Signature_____

Evaluator Signature_____

GUIDELINES FOR OBSERVATION OF PSYCHOLOGICAL ASSESSMENT

Program Site_____ Date of Observation_____

Program Evaluator(s)_____

Type of Assessment_____

Psychologist_____

—

Evaluators should observe and comment upon the following areas of psychologist performance:

1. Appropriateness of setting in which tests are administered_____

2. Appropriateness of tests chosen_____

—

3. Use of standardized procedures_____

—

4. Knowledge of tests given_____

—

5. Ability to deal with offender's questions and/or problems which occur during the course of testing_____

—

6. Arrangements made for review of results _____

—

7. Knowledge of scoring and interpretation of tests administered_____

—

Post Session Interview:

Psychologist Comments_____

—

Offender Comments_____

—

Was the session representative?_____

—
Evaluator(s) Summary and Comments_____

—
Evaluator Signature_____

Evaluator Signature_____

RECORD REVIEW PROCESS

Overview. Proper documentation of an offender's progress through the program is essential to evaluating participant advancement as well as being able to make important decisions regarding amenability to treatment, risk of reoffense, readiness for parole etc. The maintenance of good records is particularly important in cases where offenders move from one program site to another or when therapists change.

The focus of record review will be upon the completeness, accuracy and timeliness of required reports and forms. As such, the evaluators will be examining these forms using the Record Review Checklist as a guideline.

Process of Review. It is usually not possible to examine all records of current program participants. A sampling of records, therefore, must suffice especially if there is more than one therapist in a program. Inquiries about how the records are maintained and by whom is important as well as if the program has its own record review process. Records should be sampled such that some records from each primary therapist are examined. The particular records selected should be determined by the evaluator(s) at the time of review. The number of records sampled depends upon the number of therapists and the size of the program. Reviews should take approximately 30 minutes a file. Three to five files should give a representative sample of file quality. The files should be picked randomly without prior review. The evaluator(s) should keep track of the number of files reviewed for each therapist.

RECORD REVIEW CHECKLIST

Name of Offender_____ Phase__

Therapist_____ Date of Review_

Program Site_____

Evaluator(s)-

A. Quantitative Checks (Check those that apply)

	<u>Present</u>	<u>Completed</u>	<u>Not Comp.</u>	<u>N/A</u>
Intake Sheet	_____	_____	_____	_____
Psychological Eval.	_____	_____	_____	_____
Social History	_____	_____	_____	_____
Sexual History	_____	_____	_____	_____
Pre-Sentence Report	_____	_____	_____	_____
Police Report (may be in PSI)	_____	_____	_____	_____
Victim Statements (may be in PSI)	_____	_____	_____	_____
Progress Reports	_____	_____	_____	_____
Discharge Summary	_____	_____	_____	_____
Treatment Team Sum.	_____	_____	_____	_____
Treatment Plan	_____	_____	_____	_____
Treatment Overview	_____	_____	_____	_____

Number of documents expected to be present in record _____

Number of documents present and completed

Percent Complete

B. Quality Checks:

Do the reports contain relevant information about the offender's participation?_____

Is the background of the case adequately summarized in the reports? Has there been a thorough assessment?_____

Are the goals in the Treatment Plan consistent with the psychological evaluation and other assessment data?_____

—

—

Do identified problems have a written treatment strategy (e.g. specific therapy group, educational class, assignments etc.)?_____

—

How appropriate are the recommendations made by the treatment team with respect to restrictions and prohibitions? Are these recommendations tied to the offenders high risk factors?—

—

—

Are treatment team meetings held in a timely fashion?_____

—

What is the average time between treatment team meetings for this offender?_____

Is there documentation in the record of safety issues and concerns and measures taken when appropriate?_____

—

Is there documentation of referrals for adjunct assessment/treatment when appropriate?_____

Is there documentation of collateral contacts/coordination efforts?_____

—

PROGRAM EVALUATION REPORT OUTLINE

I. Identifying Information

Name of Program:

Type of Program:

Dates of Evaluation:

Evaluators:

II. Brief History and Description of Program

Describe how and when the program was established. Discuss the evolution of the program, its profit or non-profit status, its history of funding and its history with DOC. Describe any problems which have existed over the years and how these problems were addressed.

III. Offender Population Served

Summarize data noting problem areas and offer recommendations. Examine the following:

1. Numbers: (total number in program, monthly average, percent of total openings filled, waiting list)
2. Offense Categories: (total numbers and percentages by current offense, numbers of offenders with multiple paraphilias)
3. DOC Level: (total numbers/percentages by Level, total number/percent of non-DOC clients)
4. Special Populations: (numbers/percent of female offenders, minority offenders, handicapped, etc.)

IV. Admission Standards

Standards given in program description should be consistent with the standards of care. Admission practices should follow the description given.

V. Staffing Patterns

Describe the numbers, professional degrees, licensing and approved provider level of program staff. Also report sex ratios for DOC and contract staff as well as numbers of minority staff. Summarize and focus on specific deficits, offer recommendations, examine clinical supervisor ratings and evaluations when available.

VI. Description of Services

Summarize strengths and weaknesses and offer recommendations in areas given below:

1. Modes of Assessment: (psychological, psychiatric, plethysmograph, polygraph, treatment team ratings of progress etc.)
2. Mode(s) of Therapy: (individual, group, family/marital)
3. Modes of Education: (list specific educational topics/modules)
4. Frequency of Services: (frequency by wk. or mo. for each mode)
5. Staff: (numbers and qualifications of staff per mode)

VII. Direct Observation

Summarize observations for the following areas using guidelines for observation:

1. Assessment Sessions Observed: (give number by type i.e. intake, Psychological testing, Plethysmograph etc., dates observed)
2. Therapy Sessions Observed: (give number x mode, dates observed)
3. Educational Sessions Observed: (give number by topic and dates observed)

VIII. Individual Interviews

Summarize data in the areas given below:

A. Interviews:

1. Program Staff: (list names, positions, dates of interview)
2. DOC Personnel: (list names, positions, dates of interview)
3. Program Participants: (list numbers/percentage by offense category, dates of interview)
4. Others: (community members, board members, family of offenders, etc., dates of interview)

- B. Questionnaires: (anonymous client Questionnaires- numbers given and percentage completed summarize results giving statistical means, medians, and/or other relevant statistics, give ratings x offense and ratings x treatment phase when appropriate)

IX. Records Review

Summarize findings as to quantity and quality issues:

1. Numbers Reviewed: (random sample of records x therapist)
2. Quantity Checks: (numbers/percentages of records missing reports or other relevant materials)
3. Quality Checks: (examine records sampled for the following:)
 - a. Completeness of Reports/Information:
 - b. Appropriateness of Information provided:
 - c. Appropriateness of Treatment Plan:
 - d. Appropriateness of Recommendations:
 - e. Documentation of Safety Issues/Measures:
 - f. Documentation of Referrals for Adjunct Treatment/Assessment:
 - g. Documentation of Collateral Contacts/Coordination Efforts:

X. Offender Progress

The following data should be determined:

1. Drop-Out Rate/Program Removals: Determine the rate for the past year, since the last evaluation, or for however long the program has operated as deemed appropriate; give discharge rates as well as reasons for discharge.
2. Level of Advancement: Determine the number and percentage of offenders at each phase of treatment.
3. Time in Treatment: Determine the average amount of time offenders spend in each treatment phase, the average total treatment time, and the number/percent of offenders completing each treatment phase.

XI. Specific Compliance Issues

1. Written Program Description: As per the Standards this should be available for offenders and other interested parties-check for accuracy.
2. Program Admissions: Check against the Standards for general eligibility requirements and also, check for compliance with approval for funding x Level.
3. Treatment Philosophy: Program should be consistent with DOC philosophy, observation of treatment activities should reflect written statement of philosophy.
4. Treatment Approach: Check for compliance in following areas:
 - a) Assessment Process (appropriateness, timeliness, thoroughness)
 - b) Phases of Treatment (appropriateness of work to phase)
 - c) Modalities of Treatment (appropriateness of modalities to client need)
 - d) RP Principles (appropriate use and emphasis)
 - e) Treatment Techniques (appropriateness, skill level)
 - f) Family Reunification Work (appropriateness, safety measures taken, victim focus)
 - g) Frequency and Duration of Treatment
5. Use of Forms: Check compliance with Standards for use of appropriate reporting forms, consent forms, release of information forms, etc.
6. Records Compliance: Based on information above determine compliance as per standards.
7. Program Supervision: Determine existence and appropriateness of supervision plan, examine evaluations of staff by supervisor, frequency of contact with supervisor etc.)
8. Contract Compliance: Are services being provided as per contract agreement?

XII. Summary of Findings

Summarize the findings above and note:

1. Program Strengths:
2. Program Weaknesses:

XIII. Recommendations

List all recommended remedies and if possible recommended time frames. Recommendations should be summarized under the following headings:

1. Treatment Issues
2. Staffing Issues
3. Training Issues
4. Data and Research Issues

Signature- Evaluator

Date

Signature- Evaluator

Date

Sopeval revised 10/94

APPENDIX O

GUIDELINES FOR HANDLING VIOLATIONS OF CONDITIONS OF PROBATION/PAROLE & DECISION GRID

SAFETY NET TEAMS

Guidelines for Handling Violations of Conditions of Parole/Probation (Technical Violations)

Introduction

During fiscal year 1993, the Alaska Department of Corrections was awarded federal assistance by the National Institute of Corrections to develop a sex offender support network training manual for non-professionals. The manual is designed to assist in the training of non-professionals and probation officers in working with and supervising sex offenders in community placement.

The project is a collaborative effort between DOC and the University of Alaska-Anchorage, the staff of whom developed a manual for training “safety-net members” in the community to recognize and report pre-relapse signs. The idea is to train persons close to offenders to recognize and report early warning signs of relapse and to, therefore, enhance the probability of successful community placement of probationers and parolees through early intervention strategies. After the manual was developed, a pilot project was conducted to test its use. Efforts are currently underway to further develop the use of the safety net concept, as well as the manual, in areas throughout the state.

Purpose of Guidelines

If the program functions as envisioned, a number of technical violations may be identified for some offenders. These guidelines are intended to assist probation officers in handling these situations consistently and appropriately. While the hope is that most offenders can be maintained successfully in the community, the primary concern of DOC is community safety. It is believed, however, that if precursors to new offenses are identified early in the relapse chain, successful interventions can often be made which will allow for the offender to safely continue community placement.

Responsibility for Enforcing Sanctions

The field probation officer is ultimately responsible for imposing and enforcing sanctions which are determined to be appropriate. The P.O. should rely upon input from all members of the treatment team whenever possible before making a final decision. Although the final decision normally rests with the probation officer, the following should be considered:

- 1) If the severity of the technical violation and the risk to the community is considered low and the P.O. recommends revocation/reincarceration, he/she should provide justification for the recommendation.

2) Conversely, if the severity of the technical violation and the risk to the community is high and the P.O. does not recommend revocation/reincarceration justification for this recommendation should be provided.

LINES OF ORGANIZATION AND SUPERVISION

The following defines the organization of the entire safety net of natural supporters.

Personnel

Responsibility

DOC Central Office

This is the upper management team in charge of developing and managing the supervision system of care.

Field Supervisor(s)

There may be one or more field managers who supervise on-line staff (probation officers).

Field Probation Officers

On-line workers, probation officers, who directly supervise offenders and make decisions and judgments that effect management and care of offenders.

Health Care Providers

Professional and para-professional treatment specialists who deliver direct services to offenders and input to the P.O.

Natural Helpers

Interested persons who have agreed to observe the offender's behavior and report potential pre-relapse signs including technical violations and high risk signs.

Guidelines for Handling Technical Violations

Any member of the safety net team may contact the probation officer to report a technical violation. This may include health care providers such as substance abuse counselors, mental health counselors, sex offender therapists etc. as well as non-health care safety net members, such as family, employers, village elders, clergy etc.

When a violation is reported, the P.O. has several options depending upon the seriousness of the violation, the probability of risk to the community, the availability of alternative methods of treatment intervention etc. It is the purpose of these guidelines to offer information to field probation officers which will assist them in making decisions when a technical violation occurs. The guidelines will also assist the Department in developing a consistent approach to handling technical violations which is in accord with overall departmental policy and philosophy.

The following factors should be considered by the P.O. before making a decision regarding a technical violation:

1) The Number of High Risk Factors Present.

The greater the number of high risk factors present, the closer an offender generally is to a relapse. For example, a rapist who is using alcohol or drugs as well as pornography is likely to be closer to a reoffense than if only one factor is present. Although any factor alone can signal a

reoffense, generally the greater the number of factors converging the higher the probability of an offense.

2) The Offender's Supervision History.

The P.O. should consider prior history of technical violations. Consider the seriousness of the violations as well as the offender's attempts to self-correct or respond to interventions by the P.O. Also consider the offender's attitude towards past and present violations. Does he recognize the seriousness and importance of the violation? What is his attitude towards the system? Is he angry, rebellious, blaming, superficially compliant or does he appear to have a true sense of his own risk to the community and a genuine interest in "getting back on track." How willing is he to accept increased supervision and further therapeutic intervention?

3) The Relative Seriousness of the Infraction(s).

The probation officer should rate the violation(s) along a continuum of low to high seriousness. The seriousness should not only be rated according to legal standards but also for the proximity in the offense chain to the actual relapse behavior. For example, consider the following pattern: A child molester's assault cycle consists of a) going to a playground, b) flying a kite to attract children, c) talking to the child, d) inviting the child for ice cream, e) driving to a secluded spot, and f) fondling the child's genitals. Information that the offender has just purchased a kite may be less serious than if he had been seen having ice cream with a child.

4) The Offender's History of Dangerousness and Violence.

The P.O. should consider who the offender has been violent towards as well as the frequency and the form the violence has taken. Things to consider here include history of fighting/brawling, domestic violence towards women, children or both, use of weapons, etc.

5) Prior History of Victimizing.

The P.O. should consider the frequency of sexual assaults in the offender's past as well as the number of total victims. Look for a history of repetitive and/or compulsive assaults. Do not rely upon offender accounts alone. Use as much collateral information as is available.

6) The Offender's "Risk Score" on the Probation/Parole Score Sheet.

This should be examined in addition to any other specific estimates of dangerousness/risk as it is a broader estimate of risk than other more specific measures.

7) The Likely Form of Sexual Behavior Upon Reoffense.

When the probability of an offense is judged to be low, the probable harm caused by the offense should be considered and the risk considered higher under conditions of greater harm. For example, if an offender's risk of reoffense is considered low but his offense pattern includes penetration, the risk should be rated higher than if his offense pattern was to expose himself without direct contact with the victim.

8) The Victims at Risk.

The P.O. should consider the range of potential victims including their ages and gender(s), as well as their vulnerability. The greater the number of victims, the greater the risk as it is more difficult to isolate the offender from those he harms. Those offenders who abuse highly vulnerable victims such as mentally or physically handicapped, very young victims, elderly victims etc. pose a greater risk. The availability of victims should also be of prime concern.

9) The Appropriateness of the Support Network.

It is important to consider the objectivity and safety-mindedness of natural helpers on the safety net team as well as other support persons close to the offender. Are there signs of enabling behaviors, minimizing, denial, etc. on the part of support persons? Dangerousness increases to the extent that such tendencies exist. Also consider how likely it is that the support members will report pre-relapse signs. Finally, consider the number of support persons available, their frequency of contact with the offender, and their ability to directly observe behavior accurately.

10) The Mental State of the Offender.

It is important to consider the mental status of the offender in terms of contact with reality, emotional stability, behavioral impulsivity, cognitive ability, and substance abuse. It is most important to determine the degree to which such factors will effect the offender's ability to follow therapeutic and management sanctions aimed at reducing the probability of a reoffense. Mental health treatment providers, DOC approved sex offender therapists, substance abuse counselors and other therapeutic personnel can offer assistance in evaluating the offender's ability to comply with intervention strategies.

11) The Offender's Amenability to Treatment.

Generally Level I and Level II offenders are more amenable than Level III offenders. Input from the sex offender therapist (DOC Approved Provider) and other members of the treatment team is critical.

12) The Availability and Suitability of Alternatives.

The P.O. should consider the availability and suitability of alternatives to incarceration and the probability that these alternatives will be successful in stabilizing the offender and breaking the reoffense chain. For example, an offender who abuses under the influence of alcohol has recently broken his sobriety. Can he be placed in an alcohol treatment center? What is the likely effectiveness of this approach? Has the approach succeeded or failed in the past?

RED FLAGS FOR REVOCATION

The purpose of using the natural support "safety net" model is to prevent relapse and improve offender survivability in the community. Community safety remains the primary objective and should never be compromised. In certain situations revocation proceedings are unavoidable and necessary. These situations include the following:

- 1) A reoffense
- 2) An offender is in violation of a condition of probation/parole and has not responded to intervention for correction and remains in the relapse cycle.
- 3) An offender is in violation of a condition of probation/parole and the P.O., in consultation with the treatment team, has determined that necessary interventions are unavailable and that relapse is imminent.
- 4) An offender is in violation of a condition of probation/parole and the offender is unable to comply with the intervention strategies due to his mental state and mental health options (e.g., hospitalization) are unacceptable or less appropriate i.e., the offender requires residential sex offender treatment.
- 5) An offender is in violation of a condition of probation/parole and, in the judgment of the treatment team, the danger to the community is so high that the benefits of attempting to maintain the offender in the community are outweighed by the potential for harm.

PROCEDURES

- 1) When the Probation Officer receives a report of a technical violation s/he shall investigate the report by interviewing all relevant parties/witnesses as soon as is feasible.
- 2) Witnesses and other relevant parties should be interviewed before the interview of the offender is conducted unless, in the Probation Officer's judgment, postponing the interview of the offender would jeopardize community safety.
- 3) After determining all relevant facts and obtaining input from all relevant parties the Probation Officer shall determine what action to take. The P. O. should complete the Technical Violations Rating Form (attached), as this will assist in the decision making process.
- 4) Once a decision has been made regarding appropriate sanctions and/or revocation, this information shall be conveyed to the offender's treatment team members and when appropriate to other safety-net members including natural helpers.
- 5) If applicable, the Probation Officer shall file for revocation.
- 6) A copy of the Technical Violations Rating Form shall be sent to the Criminal Justice Planner in the Division of Institutions for purposes of data collection.

HIERARCHY OF SANCTIONS

Field probation officers have a range of options and sanctions they can apply to fit the needs of a variety of situations. These options are as follows:

1) Verbal Warning.

In some cases all that is necessary is to remind the offender of his probation\parole conditions or clarify the meaning or extent to which those conditions apply.

2) Written Warning.

It is frequently important to clarify conditions in writing and give written notice of warning as well as noting potential consequences for noncompliance.

3) Change of Conditions of Probation\Parole.

The field P.O. typically has the ability to apply special sanctions and conditions to improve management of the case when special conditions and needs apply. Thus when the P.O. becomes aware of factors which effect community safety that were not evident at the time conditions were set special instructions can be given to the offender. These should be in writing and sent to the offender as well as all members of the treatment team.

4) Outpatient Therapeutic Sanctions.

The P.O. in consultation with the treatment team may determine that additional outpatient therapeutic measures such as increased frequency of therapy sessions, AA meetings, or other treatments can reduce the risk of reoffense to safe levels.

5) Alternative Therapeutic Placements.

There are situations in which a P.O. in consultation with the treatment team may determine that a residential therapeutic setting, such as a substance abuse detox and/or treatment facility, psychiatric hospital or other therapeutic setting may be most appropriate in reducing risk to the community and stabilizing the offender. Placement in a residential facility can only occur

through court or parole board order unless the offender is willing to enter the facility on a voluntary basis.

6) Alternative Correctional Placement.

Placement in a CRC or other closely monitored supervision may at times be deemed a safe and appropriate alternative to reincarceration in prison. Placement at a CRC can only occur when an appropriate order exists. Under certain conditions and if the sentencing order allows the P.O. may place the offender under House Arrest employing electronic monitoring to manage the offender's movements in the community.

7) Reincarceration.

If other measures are thought to be inadequate to protect the community and stabilize the offender the P.O. should file a petition to revoke probation\parole and seek reincarceration.

TECHNICAL VIOLATIONS RATING FORM

Field Probation Officers Rating Sheet

Describe the violation in detail:

Rate the following 12 factors using a scale of 1 to 5 as shown below:

1	2	3	4	5
low		moderate		high
severity		severity		severity

- _____ Number of high risk factors present.
- _____ Offender's supervision history.
- _____ Relative seriousness of infraction(s).
- _____ Offender's history of dangerousness and violence.
- _____ Prior history of victimizing.
- _____ Offenders "Risk Score" on probation/parole score sheet.
- _____ Likely form of sexual behavior upon reoffence.
- _____ Victims at risk.
- _____ Appropriateness of support network.
- _____ Mental state of the offender.
- _____ Offender's amenability to treatment.
- _____ Availability and suitability of alternatives.

Comments:

Standards of Sex Offender Management

Page 229 of 229

Average "severity" score. _____

Number of factors with five rating. _____

Number of factors with four or five rating. _____

Recommendations: _____

If revocation is being pursued check below all sanctions attempted prior to the recommendation for revocation.

___ Verbal warning(s)

___ Written warning(s)

___ Change of conditions of probation/parole

___ Outpatient therapeutics sanctions(s)

___ Alternative therapeutics placements(s)

___ Alternative correctional placements(s)

___ Prior revocation hearing(s)

___ Other _____
