Provider Agency Certification Requirements

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California Sex Offender Management Board (CASOMB)

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Introduction:

For the safety and well-being of California's citizens, especially those most vulnerable to sexual assault, it is essential to manage known sex offenders living in the state's communities in ways that most effectively reduce the likelihood that they will commit another offense, whether such reoffending occurs while they are under the formal supervision of the criminal justice system or takes place after that period of supervision comes to an end.

Specialized sex offender treatment programs which consistently deliver state-of-the art rehabilitative services play a major role in these community protection efforts.

There is general agreement that correctional programming, properly designed and delivered, is effective in reducing criminal recidivism. There is strong evidence that sex offender treatment, when provided correctly, significantly reduces the risk of future sexual victimizations. Current research strongly supports the view that treatment and management efforts driven by the basic principles of correctional programming, and particularly by the "Risk, Need and Responsivity Principles," are the best practice in the general corrections field as well as in the field of specialized sex offender treatment.

Risk, Need and Responsivity (RNR) is used in this document to refer to a set of established principles in the field of offender rehabilitation and recidivism prevention. These principles were developed primarily by researchers and authors Don Andrews and James Bonta. Information about RNR is available from many sources, among them an excellent review is available at http://www.publicsafety.gc.ca/cnt/rsrcs/pblctns/rsk-nd-rspnsvty/index-eng.aspx.

The RNR model describes consistent patterns found in hundreds of evaluations of offender treatment programs in terms of three guiding principles (RNR, Andrews & Bonta, 2006). Programs that do not target any of the three principles have been found to either have no effect on recidivism or increase it, while those that target all three have the most positive impact upon recidivism rates. The available body of research clearly indicates that sexual offender interventions should be grounded in RNR principles to maximize efficacy.

1. The Risk Principle matches the intensity of treatment to the offender's risk to re-offend. In short, it speaks to the issue of who should be treated. This means that higher risk offenders should receive more intensive interventions than lower risk sexual offenders. Programs that target high risk offenders produce substantially greater reductions in recidivism than those that treat low risk offenders.

2. The Need Principle speaks to the issue of what should be addressed in treatment. Treatment should target social or psychological factors that are linked to offending. These are referred to as criminogenic needs since they are the risk relevant factors that need to be addressed to reduce recidivism.

3. The Responsivity Principle speaks to the issue of how treatment should be delivered. Service delivery is designed to motivate offender clients so that they become partners in their own treatment process. The Responsivity Principle focuses on maximizing the response to treatment by tailoring it to the learning style, personality, motivation, abilities and skills of the offender client.

Programs must be shaped, guided and kept up-to-date by being grounded in the best available knowledge. Successful therapeutic outcomes require the administrators and clinicians operating such specialized programs to be knowledgeable about many important areas. Among the most important of these topic areas are the following:

- theoretical perspectives on sexual offending,
- characteristics of different types of sexual offenders,
- evidence-based models of treatment,
- effective ways to address the wide range of criminogenic needs found among adult sex offenders,
- basics of how the criminal justice system responds to and manages convicted sex offenders,
- successful treatment completion.

Sex offender-specific therapy is an important component of the Containment Model of sex offender management. Since the California Penal Code, as modified by "Chelsea's Law," has now committed the state to using the Containment Model, it is essential that all treatment programs conform to the model's expectations. Collaboration, communication and teamwork between treatment providers, parole agents, probation officers, polygraph examiners, victim advocates, and other stakeholders are key elements necessary for the effective management of sex offenders under the Containment Model.

In order to be certified, a Treatment Provider Agency must meet certain standards as identified by the California Sex Offender Management Board (CASOMB) and described in the following sections of this statement. Provider agencies should not view the information provided here as sufficient to develop the required statements and documents. Familiarity with the literature related to sex offender treatment is expected and references to, as well as citations from that literature should be a part of the program's documentation. Familiarity with the general standards of practice for mental health professionals must also be referenced.

When the provider agency applies for CASOMB certification, the agency representative must attest to the fact that the provider agency has created and has on file documentation, in compliance with CASOMB criteria, which guides and supports the provision of specialized sex offender treatment services. Certified provider agencies shall utilize evidence-based and emerging best practices to the greatest extent possible. It is expected that all providers who work in the program will be familiar with the materials and use them as the program's guiding documents. Certified provider agencies must use CASOMB certified treatment providers.

The agency representative is also attesting that they will submit to CASOMB/SARATSO data in the designated format when requested. The data is required to measure the effectiveness of the Containment Model at the local level and determine whether the agency is operating according to basic standards of the Containment Model as part of CASOMB's quality accountability requirements.

Agencies do not have to be psychological corporations but do need to have appropriate business licenses for their locations. Owners of provider agencies do not have to be licensed mental health professionals as long as there is a certified independent provider supervising all clinical services.

CASOMB may revise these standards and requirements at any time.

Required Areas for Treatment Provider Agency Manuals

The primary method each provider agency shall use to verify that it meets the conditions for certification is the documentation of program theories, policies, and, practices, in a Provider Agency Manual.

Each provider agency shall have a detailed written "Provider Agency Manual," that informs the operations of the agency and guides the delivery of sex offender specific services. The information that must be included in the Provider Agency Manual is described in the following pages under the program requirement headings. The statements prepared for the Provider Agency Manual shall address all of the aspects of the topic as detailed in the explanations of each Requirement Area.

The Manual shall address, at a minimum, each of the following requirement areas

1. Overview Statement of Provider Agencies Theory
2. Basic Operating Policies and Procedures
3. Implementation of the Containment Model
4. Use of the Polygraph within the Containment Model
5. Assessment Based Treatment and Supervision Planning
6. Treatment Modalities
7. Informed Consent and Waiver of Confidentiality
8. Treatment Contract
9. Written Treatment Plan
10. Treatment Completion
11. Other Documentation
12. Complaints Against Treatment Provider or Treatment Provider Agencies

CASOMB reviewers need to be able to find the necessary information. Therefore, the Provider Agency Manual shall be organized according to the following requirements. The Provider Agency Manual shall include a Table of Contents with page numbers indicated. The sections or requirement areas need to be in the same order as the Treatment Provider Certification Requirements. Sections and subsections need to be clearly labeled. Provider agencies may choose to include other materials in the Provider Agency Manual, which should be included in the appropriate sections or in additional sections.

Some requirements need to be supported by the use of corresponding forms. Each of these forms must include a client signature line. Copies of these forms should be included in the appendices of the Provider Agency Manual. **The following forms are required:**

- **Informed Consent**
- **Waiver of Confidentiality/Release of Information**

- **Consent for Polygraph Testing**
- **Treatment Contract**
- **Model of the Treatment Plan**

Upon request, the Provider Agency Manual will be made available for CASOMB audit or review. The Provider Agency Manual will need to be provided to CASOMB in electronic form such as a PDF or a word processing document. Provider agencies should be aware that Probation or Parole may request access to the manual. If there are concerns regarding the use of the manual, an agreement regarding the confidentiality of this proprietary information should be reached before the manual is released.

Disclaimer regarding the Public Records Act for Provider Agency Manuals

CASOMB considers the manuals to be exempt from disclosure under the Public Records Act (PRA). If a PRA request is made for a manual, CASOMB may refuse to disclose the requested documents unless ordered by a court. CASOMB will not retain possession of any submitted materials and, for purposes of the California Public Records Act, will treat such documents as trade secrets and proprietary information of each respective provider agency.

Requirement 1: Overview Statement of the Provider Agency's Theory

The provider agency shall have, a written overview statement that describes the program's theory, policies and practices in delivering sex offender specific services.

The field of sex offender evaluation and treatment continually evolves based on research and published resource materials. Each certified provider agency shall have a statement of the knowledge base, which guides its use in the delivery of services. This overview statement need not be exhaustive.

The statements shall set forth:

1. Position regarding theories of change and rehabilitation
2. Methods of intervention that facilitate change
3. Perspective on the importance of a victim-sensitive approach and the approach to resolution of harm to victims

Requirement 2: Basic Operating Policies and Practices

The provider agency shall describe policies and practices which guide agency operations, including, but not limited to, those listed in the topic areas below.

Explain in this section of the Provider Agency Manual how your agency will comply with the following administrative requirements:

1. Use of Certified Providers
2. Maintenance of CASOMB certification documentation for each current provider (This documentation must be kept on file by the program)
3. Documentation of CASOMB required clinical supervision
4. Compliance with ethical standards for each provider as required by their professional discipline (Board of Behavioral Sciences or Board of Psychology) and the ATSA Code of Ethics
5. Treatment provider boundaries with offender clients
6. Compliance with the CASOMB requirement to submit new or departing employee notifications via the CASOMB employee update form (see appendix)
7. Ensure and support ongoing staff training in accordance with CASOMB Provider Certification requirements
8. Use of assessment instruments as required by SARATSO, including policies and procedure related to training and certification of providers
9. Adherence to NexTEST requirements (required by the Department of Justice for provider agency access to Criminal Offender Record Information)
10. Monitoring compliance with CASOMB and SARATSO requirements

Requirement 3: Implementation of the Containment Model

The provider agency shall have a written policy describing how the agency meets the expectations of the Containment Model approach.

The policy shall articulate the practices of the Provider Agency with regard to the following:

1. "The certified sex offender management professional shall communicate with the offender's probation officer or parole agent on a regular basis, but at least once a month, about the offender's progress in the program and dynamic risk assessment issues, and shall share pertinent information with the certified polygraph examiner as required." (Penal Code § 290.09)
2. Pursuant to Penal Code § 1203.067 and 3008, disclosure of confidential details from the treatment process should be limited to containment team members. The "Containment Team" includes the supervising officer, certified Provider Agency, and polygraph examiner.
3. Adjunct containment team participants (victim advocates, visiting professionals, law enforcement officers) should receive only general information regarding current risk level and information necessary to manage risk
4. Commitment to a victim-sensitive perspective on sex offender management
5. Collaboration and communication with the supervising authority, e.g.,
    a. timely reports of non-compliance with the treatment program requirements
    b. timely reports of any evidence that an offender has an increased risk to reoffend
    c. periodic treatment updates on the offender's attendance and participation

California has adopted the Containment Model, a comprehensive strategy to manage offenders in a systematic and collaborative manner. (See Appendix B) The model recognizes that multiple entities play important roles in the community management of sex offenders and stresses the importance of open ongoing collaboration between these key players.

Requirement 4: Use of the Polygraph within the Containment Model

The provider agency shall have a policy for the use of Post Conviction Sex Offender Testing (PCSOT) polygraph examinations as required by Penal Code § 1203.067 and 3008.

The description of the Provider Agency's approach to polygraph testing should include:

1. Description of the types of polygraph examinations used
2. Informed consent process for polygraph testing (model forms are available on the CASOMB web site)
3. Procedures for complying with CASOMB's "Post Conviction Sex Offender Polygraph Standards" including, but not limited to: use of polygraph examiners who affirm they comply with CASOMB's requirements for polygraph examiners, and suitability of client offender for polygraph testing
4. Procedures for preparation of each client for polygraph testing
5. Procedures for debriefing the client after polygraph testing
6. Policies regarding the transmission of polygraph results to the other members of the Containment Team

Penal Code § 1203.067 and 3008 require participation in compelled polygraph examinations. Refusing to answer questions based on the Fifth Amendment privilege against self-incrimination during a polygraph examination could result in revocation of probation, parole or supervised release. However, answers to questions during a polygraph examination cannot be introduced as evidence against the person at a criminal proceeding, including trial. Polygraph informed consent forms should describe possible ways that answers could be used in civil commitment proceedings (see CASOMB model Informed Consent and Release forms on the CASOMB web site).

Requirement 5: Informed Consent, Waiver of Confidentiality, Authorized Release of Information, and Treatment Contract

The provider agency shall have forms for obtaining Informed Consent to treatment, Waiver of Confidentiality, Authorization for Release of Information, and a Treatment Contract.

This section should include the agency policy and practices for:

1. Explaining and obtaining informed consent from the offender client
2. Consequences and procedure if the client refuses to sign the Informed Consent, Waiver of Confidentiality, Authorization for Release of Information, or Treatment Contract forms
3. Modification of procedures for individuals who have unique or special needs such as cognitive limitations, mental health issues, language or other barriers

The Agency's forms shall be included in the appendix. Each form should be signed by the offender client. After review and signature the Provider Agency shall provide a signed copy of the treatment contract to each offender client and the supervising officer.

A. Informed Consent

Clients should understand the screening, assessment and treatment processes prior to the onset of services. Clients participating in treatment and/or screening are required to give informed consent for assessment and treatment (Penal Code § 1203.067, 3008.) Provider agencies or providers should use language that each client can comprehend. Clients who refuse treatment must be advised that refusal to give consent can result in legal consequences. The provider agency must ensure that the client has the capacity to understand and give informed consent.

The following components should be included in the informed consent form:

1. A description of the assessment and treatment processes
2. A description of the frequency and length of sessions and estimated duration of treatment
3. A statement regarding the possible benefits and risks of treatment, and possible adverse effects from treatment
4. Consequences of refusing to participate in treatment
5. Alternative forms of treatment, for example whether or not to take a medication
6. An explanation of the limits of confidentiality including the possible legal impact of disclosures

7. CASOMB and SARATSO outcome evaluations as required by Penal Code § 1203.067 and 3008
8. Training, education, and experience of the treatment provider.
9. Name and contact information for the clinical supervisor of unlicensed providers
10. An explanation of the nature of, limitations and boundaries of the therapeutic relationship
11. A statement allowing for open, two-way communication between the professional staff members within the provider agency to facilitate communication related to supervision, consultation, case conferencing, back-up, and other interagency communications
12. Information about client fees for assessment, treatment, polygraph examinations and other costs
13. A statement explaining client rights and responsibilities, including maintaining the privacy and confidentiality of other persons who are in the treatment program (This information may be provided in a separate document)
14. A description of the agency's internal complaint process and the CASOMB complaint process
15. For internal research the provider agency must state its policy on the use of file information for research and on the solicitation of client participation in research projects, whether within the agency or by outside investigators.

NOTE: The above list is not intended to be a legal guide or a comprehensive, authoritative review of all the elements required for informed consent.

B. Waiver of Confidentiality

Clients are required by law to agree to waive the psychotherapist – patient privilege to enable communication between the provider and the supervising officer or agent. (Penal Code § 1203.067, 3008.) This does not mean the provider must share everything that is disclosed in the treatment process. A provider shall explain to clients that information disclosed in a mental health treatment context is confidential with certain exceptions.

Clients must clearly understand that they will be expected to give their written permission (*Waiver of Confidentiality* or *Authorization for Release of Information*) for the provider agency to share information about them with supervising officer and polygraph examiner. Providers should explain the other limits of confidentiality, such as child abuse reporting, *Tarasoff* warnings, etc.

The waiver must explain that the following entities are required to communicate openly with each other regarding risk related information: supervising agency,

polygraph examiner (agency), and treatment provider agency. A separate release of information form must be generated and signed to allow communication with adjunct participants on the containment team.

The provider agency's waiver of confidentiality form must meet professional standards of practice and must be written so that it can be understood by the individuals who are required to sign it. In accord with the Health Insurance Portability and Accountability Act (HIPAA) regulations, the provider agency must provide a statement of its privacy practices which addresses the handling of confidential client information and documents.

C. Authorization for Release of Information

Providers must obtain a signed authorization to exchange information with other entities.

1. CASOMB conducts accountability reviews of provider agencies. Authorization to Release Information must include CASOMB or the CASOMB designee.
2. Multi-Health Systems and the CA Department of Justice (DOJ) must be included. The Level of Service/ Case Management Inventory (LS/CMI) test score is submitted to Multi-Health Systems (the publisher of the instrument), and to the CA Department of Justice (DOJ).
3. Communication with adjunct participants in the containment team requires a release of information.
4. If the offender has additional therapists or treatment providers external to the certified provider agency, a separate release shall be arranged for each of the professionals involved.
5. External consultants or external clinical supervisors involved with the treatment program shall also be listed on the release of information forms before a case is discussed with them.

D. Treatment Contract

A treatment contract describes the roles and responsibilities of the provider agency and what is expected of the offender client. Written agreements between treatment providers and their clients are standard in the sexual offender treatment field. Such agreements can be particularly useful in establishing the offender client's responsibility, accountability, and ownership with respect to his or her engagement in treatment. They document in writing that the client has been informed of the conditions and requirements of the treatment program as well as the consequences of violating these conditions. Although the contract should not enter into specifics with regard to the possible responses of the criminal justice system, it should be made clear that client violations of the contract may be the basis of the imposition of

sanctions by the criminal justice system including a return to court for revocation of probation or parole. The treatment contract requires the signature of the offender client to signify willingness to participate in the ways that are stated in the contract.

The treatment contract shall define the **role and responsibilities of the provider agency** with respect to, at a minimum, the following areas. The treatment contract shall:

1. Describe the type, frequency, and requirements of the treatment, and outline how the duration of treatment will be determined;
2. Describe and clarify program rules and behavioral expectations;
3. Define and provide statements of the costs of the assessment, evaluation, and treatment, including all psychological tests, physiological tests, and consultations;
4. Describe the right of the client to refuse treatment and describe the risks and potential consequences and outcomes of such a decision;
5. Describe the provider agency's grievance process to address and resolve client complaints.

The treatment contract shall define the **role and responsibilities of the client** (as applicable) with respect to, at a minimum, the following areas. The treatment contract shall:

1. Describe compliance with attendance policies and procedures for handling cancellations and tardiness
2. Describe expected participation in assessments, treatment sessions and treatment homework
3. Describe financial expectations including paying for the cost of evaluation and treatment for him or herself, and to his or her family, if applicable;
4. Describe provider's expectation that the client notify the treatment provider of any changes or events in the life of the client, the members of the client's family, or support system;
5. Describe any other provider agency rules and requirements to which clients are expected to adhere.

Requirement 6: Assessment of Offender Clients

The provider agency shall have, a written overview statement that describes the program's theory, policies and practices in delivering sex offender specific services.

The provider agency shall have a policy regarding use of assessment tools and the application of findings to sex offender-specific treatment planning and management by the containment team.

Sex offender-specific assessments assist in developing supervision and treatment strategies to put in place external controls and to aid offenders in developing their ability to self-regulate. The Provider Agency Manual shall include, but is not limited to, the following:

1. Criteria for accepting or rejecting offender clients (some agencies may not be experienced or qualified in treating certain populations such as developmentally disabled offenders or severally mentally ill offenders)
2. The intake process, including receipt of referrals (referred by a department, the client calls the agency directly, etc.), and time frame for scheduling initial appointments with offender clients
3. Comprehensive assessment policy and procedures
4. Referral criteria for medication evaluation, including but not limited to medication used for sexual arousal management
5. Describe how the agency will gather and use information obtained during the assessment process to individualize treatment and supervision.

Provided below are expectations for specific aspects of the assessment process, which should be integrated into each agency's manual.

A. The initial intake process should be completed within 30 days of the client offender's referral to the provider agency. As soon as a provider agency is aware they cannot treat a client, they should inform the appropriate party as soon as possible. The intake process should include the collection of demographic information, review of Static-99R scores, criminal history, information on funding sources and fees, and the offender client's willingness to participate and comply with treatment rules.
B. Assessments completed pre-sentencing, in custody, or other situations may or may not be relevant for outpatient community based treatment. If the assessment is not valid for your agency setting, a new assessment should be completed
C. Unless a previous sex offender specific assessment was completed (by another agency) no more than twelve (12) months prior to the beginning date of treatment, the program shall complete a new sex offender-specific assessment

D. SARATSO specific assessments (dynamic and violence) should be completed annually or when there is a significant intervening event that would affect the risk characteristics
E. Assessment should be viewed as an ongoing process that begins with the initial assessment at intake and continues as treatment proceeds.
F. Comprehensive assessment should be completed in 90 and no more than 120 days, and should incorporate the following:
    1. Risk levels for sexual reoffense and violent reoffense using the SARATSO approved risk instruments. Neither SARATSO requirements nor these criteria are intended to restrict the use of other appropriate evaluation instruments, as long as the SARATSO expectations are met
    2. Criminogenic needs identified on the dynamic risk assessment tools
    3. Identify issues related to engagement and responsivity
    4. Neurodevelopmental impairments, traumatic brain injuries,
    5. Trauma history
    6. Cognitive functioning
    7. Presence of mental health issues
    8. Drug and alcohol use
    9. Level of denial or responsibility taking
    10. Degree of coercion and violence in sexual offense(s)
    11. Prior history of violence, e.g., domestic violence, assaults
    12. Presence of sexual deviance, interests and paraphilia
    13. Antisocial orientation including criminal or sexual behavior, or psychopathy
    14. Social relationship history
    15. Review of criminal justice and other collateral information
    16. Offender-specific psychological testing, when indicated. Providers are encouraged to utilize testing instruments that are accepted in the sex offender treatment field, such as those recognized by the Association for the Treatment of Sexual Abusers [ATSA]
    17. Pertinent medical history
    18. Motivation and amenability to treatment
    19. Any past treatment history and response
    20. Other case specific information

Requirement 7: Written Treatment Plan

The provider agency shall develop and make consistent use of a written treatment plan for each offender client that articulates treatment goals agreed upon by both the agency and the client.

In this section please include the agency's written policy and procedure regarding the development and review of the Treatment Plan. Please include:

1. Use of the assessment for development of the treatment plan
2. Procedure for review of the treatment plan with the offender client, include time frame for initial review, which shall not exceed 120 days, time frame for periodic review and the participants involved in the Treatment Plan review/update.
3. Agency's response if the offender client refuses to participate in treatment planning or refuses to sign a treatment plan
4. Include a sample written treatment plan in the appendix

The treatment plan articulates a set of achievable goals and evidence based interventions that provide a way to measure and record progress toward those goals or the lack of progress. The treatment plan should allow a way for the program to assess the level of compliance and effort demonstrated by the participant.

Treatment planning and delivery follow the Risk Needs Responsivity principles. A written treatment plan shall be developed for each offender client that starts with a comprehensive assessment. This includes identified factors which contribute to that individual's risk to sexually reoffend. In line with research and best practices, a program may determine that non-sexual criminogenic risk factors need to be included in the plan based on individual case characteristics.

The treatment plan is a living document which is updated at various points during the course of treatment. The treatment plan is designed to reflect and document progress and to be a significant resource for determining when treatment has been completed.

Clients should collaborate in the development of the treatment plan and identification of goals. To show their agreement with the treatment plan, a client signs the initial plan and any subsequent updates.

The program shall utilize an evidence-based approach to creating the treatment plan so that it is supported by the professional literature in the field of sex offender treatment. The treatment plan shall be designed to assist and guide offender clients to address any or all of the following:

1. Accept responsibility for sexual offending behavior(s)
2. Develop accountability for their behavior and relationships with others

3. Develop motivation for change and deeper engagement in the treatment process
4. Collaborate with professional supports
5. Appreciate the impact of sexual offending upon victims, their families, and the community
6. Understand the relapse prevention concept and how it applies to their lives
7. Develop an individualized relapse prevention/safety plan
8. Modify thinking errors, cognitive distortions, and pro-offending attitudes and schema
9. Manage and respond to emotions and impulses in positive, prosocial ways
10. Develop healthy interpersonal skills, including communication, perspective-taking, healthy sexuality, and intimacy
11. Decrease and manage deviant sexual arousal or interests
12. Establish, maintain or expand positive support systems
13. Develop and practice self-management methods to avoid sexual reoffending
14. Identify and manage issues of anger, power and control
15. Modify an antisocial orientation to life
16. Identify and address any personality traits that are related to the potential for sexual reoffending
17. Identify and address any additional criminogenic need areas

Since information in the treatment plan can be useful in guiding supervision strategies, providers shall make a copy of the treatment plan available to the supervising officer, upon request.

Requirement 8: Treatment Modalities

The provider agency shall have a policy regarding treatment modalities.

Provider Agencies are generally expected to use a combination of group, individual, and, if indicated, family therapy. The Provider Agency Manual shall include, but is not limited to, the following:

1. Description of treatment modalities (group, individual, family therapy etc) and how they meet offender client needs
2. Agency policy for assigning clients to different modalities (group, individual, family, etc.), if groups are open or closed
3. Procedure for modifications to modalities when working with individuals who have unique or special needs such as cognitive limitations, mental health issues, language or other barriers that may impede effective treatment
4. Sensitivity to cultural diversity
5. Criteria for victim reunification or contact with victims

Provider Agencies are expected to adhere to the following:

A. Groups shall have no more than nine participants assigned per group.
B. A group made up of between five and nine clients shall not be less than ninety minutes in length per group session
C. A group consisting of four or fewer clients shall not be less than sixty minutes in length
D. Groups comprised solely of individuals with low cognitive functioning or severe mental illness shall be limited to six participants. Such groups may be as short as sixty minutes in length, if clinically indicated
E. Commingling male and female clients in the same group is not supported
F. Individuals with gender identity concerns should be managed on a case by case basis
G. It is highly recommended that groups be led by co-therapists.

Group constellation and length of each session shall be based on the risk levels, participant gender or gender identity, cognitive functioning, and criminogenic needs of the group members. For example, group members who have had voluntary sexual activity with minors (e.g., PC 261.5) and similar offenses should receive different programming than offenders convicted of forcible offenses or offenses against prepubescent children.

While group treatment is the most commonly used modality, individual counseling may be used to augment group treatment or in lieu of group treatment in those cases where it is supported by proper assessment and treatment planning.

CASOMB recommends individuals identified as above-average or well-above average risk should receive a higher dosage of treatment than those at lower risk levels. The Containment Team shall determine frequency and duration of services. Justification for frequency and duration shall be clarified in the treatment plan based on individual characteristics, including risk level.

CASOMB expects programs to primarily use Cognitive Behavioral Therapies to address the core criminogenic needs identified on the SARATSO risk assessment tools. Additionally, other evidence based methods and modalities can be utilized based on the client's needs and responsivity issues. These include but are not limited to:

- Cognitive behavioral therapy (CBT)
- Strength-based interventions
- Pro-social life goals
- Trauma informed care
- Mindfulness meditation
- Dialectic behavior therapy (DBT)
- Brain based change and bio-feedback
- Eye movement desensitization and reprocessing (EMDR)
- Motivational Interviewing (MI)
- Behavioral conditioning

Requirement 9: Treatment

The provider agency shall have a description of the treatment program and management of offender clients participating in the treatment program.

Include the following:

1. Use of a structured treatment curriculum – briefly describe the curriculum that your agency uses, the structure of the curriculum, estimated amount of time to complete the curriculum
2. Management of offender clients in denial
3. Management of offender clients with substance use disorders
4. Management of offender clients non-compliance with treatment rules
5. Treatment suspension, unsuccessful termination, and readmission
6. Compliance with CASOMB's Treatment Completion Guidelines
7. Aftercare treatment options

The agency's treatment curriculum does not need to be a part of the Provider Agency Manual. However, for compliance purposes it should be made available to CASOMB staff and supervising agents upon request.

Treatment Completion

The therapy component provided by a certified Provider Agency must be for a period of not less than one year, but can last up to the entire supervision term. Duration of active treatment is determined by the Provider Agency in consultation with the supervising officer. (Penal Code § 1203.067, 3008).

"Successful treatment completion" is defined as having "demonstrated sufficient progress in meeting the goals and objectives of an individualized treatment plan" at the time of release from active treatment (Practice Guidelines for the Assessment, Treatment, and Management of Male Adult Sexual Abusers, Association for the Treatment of Sexual Abusers, 2016, *14.0). At the time the client has successfully completed the therapy component he or she shall receive a statement of successful treatment completion. Provider agencies will submit a copy of the statement to CASOMB and to the supervising agency, if any. Treatment completion does not mean that the client has successfully completed the sex offender management program. When therapy ends, supervision and other elements of the Containment Model may continue through the end of supervision. These elements may include, but are not limited to, GPS monitoring, follow up sessions, polygraph testing, risk assessments, and other services which may be required as part of a sex offender management program.

To the extent sex offender treatment programs are asked to continue involvement in elements of the Containment Model after therapy is completed, arrangements for compensation for services provided must be made with the supervising agency or the client. If a client is returned to the Provider Agency for follow up after issuance of a statement of successful treatment completion the statement shall not be rescinded, unless the certified sex offender management program determines it was erroneously issued based on facts not known at the time, e.g., client was actively sexually reoffending during active treatment. New sexual offense behavior, whether or not it results in revocation or new criminal charge may require reinstatement of the therapy requirements.

The requirement to participate in a Containment Model program may continue until the parolee or probationer's supervision period expires, regardless of completion of therapy. In some cases therapy and supervision end at the same time; at other times therapy ends before supervision.

See the CASOMB Treatment Completion Guidelines on the CASOMB web site for further information.

Requirement 10: Other Documentation

The provider agency shall have a policy regarding documentation not previously reviewed.

In this section include:

1. Agency method for maintaining clinical files (are the files electronic or paper, how long does the agency maintain the clinical files, what happens to the files in cases in which a sole independent provider retires or passes away)
2. Procedures and timeframes for completing other documentation including clinical notes, containment team contact notes, discharge summary, periodic progress reports, and any other agency documents not previously mentioned. Sample copies of documents should be included in the appendix.

Each provider agency shall maintain appropriate case documentation. These include the following: clinical records of each therapeutic contact, containment team and other collaborative team contact, notes documenting case management activities outside of the therapeutic contact, periodic progress reports, a written discharge summary, statement of successful treatment completion and any other legally required or clinically indicated written records.

All certified provider agencies, agency employees, such as administrative and IT personnel and providers who have access to criminal record information must meet FBI and California Department of Justice requirements by taking and passing the NexTEST exam. This must be renewed every two years. Failure to renew will lead to suspension of provider agency or provider certification, or both. Email CASOMB staff at casomb@cdcr.ca.gov for instructions.

Clinical notes for each therapeutic contact must occur. These shall include information such as client name, treatment provider name, date, time, duration of contact, client level of participation, progress towards treatment goals, treatment homework assignments, topics discussed or any risk management concerns.

Written progress reports shall memorialize the individual client's involvement in and advancement through a program. Frequency and content of any such reports should be provided to the supervising officer or agent and discussed with the supervising agency.

As each client exits treatment - whether because treatment has been completed or for any other reason - a written discharge summary shall be prepared. This summary should include information such as the client's participation in the treatment program, progress on goals identified in the treatment plan, factors associated with

the risk to sexually reoffend and strategies to manage that risk. The reason for leaving treatment should also be stated. The discharge summary and statement of successful completion if applicable shall be provided to the supervising officer or agent.

Requirement 11: Complaints Against Treatment Providers and/or Provider Agencies

The program agency shall have an internal grievance procedure and procedure notifying offender clients of the CASOMB complaint process.

This section shall include:

1. The agency's internal grievance procedure. If the agency has a form for this the form should be included in the appendix
2. Procedure for notifying offender clients of CASOMB's complaints process

CASOMB is charged with overseeing compliance with program and provider certification requirements (Penal Code § 290.09).§ If someone believes that a certified treatment provider or provider agency is not operating ethically or in compliance with a Provider Agency or Treatment Provider Certification Requirement, the person may submit a complaint in writing to CASOMB with any available documentation or evidence. The complaint form in found on the CASOMB website must be legibly signed by the complainant and submitted, identifying the specific requirement that has been violated. Further documentation may be required. Complaints regarding alleged criminal and/or unethical behavior may be investigated and also referred to the appropriate licensing board or agency.

In most cases a person receiving treatment services who believes a certified treatment provider is not operating in compliance with a certification requirement should address the issue with the provider or supervising officer. In those cases where the matter is not resolved the person receiving treatment services may file a written complaint in accordance with the procedure delineated on the website.

Appendix A

Definitions

Containment Team: The "Containment Team" refers to the collaborators who work together to provide various specialized functions and services to "contain" each identified offender client living in the community under direct criminal justice system supervision. At a minimum it consists of three specialists: (1) the supervising probation officer or parole agent; (2) the provider of specialized sex offender evaluation and treatment services; (3) the polygraph examiner. Adjunct participants of the Containment Team may be added, but there are confidentiality requirements described in section 7. A brief summary of the Containment Model is included in Appendix B. Additional information about the Containment Model is available at http://ccoso.org/containment.php. The Comprehensive Approach to sex offender management developed by the Center for Sex Offender Management (www.csom.org also provides helpful materials.

Offender Client: The term "offender client" refers to an individual who has been adjudicated or convicted of a crime that requires registration pursuant to the Sex Offender Registration Act.

Relapse prevention: In this document the expression "relapse prevention" is not intended to describe any particular techniques, strategies or interventions but is used in its broadest sense and can be thought of as synonymous with "recidivism prevention." Any recognized intervention which attempts to lessen the risk of re-offense may legitimately be termed relapse prevention. The use of this expression is not intended to lend support to any particular technique used in the past or currently to accomplish the goal of reducing re-offending.

Risk, Need, and Responsivity (RNR): The Risk, Need and Responsivity (RNR) principles are described below.
Risk Principle: The level of treatment and supervision resources assigned to working with an offender should be proportionate to their statistical risk for recidivism.
Need Principle: Treatment and supervision efforts should be concentrated on addressing psychological and social factors that predispose an offender client toward offending, often called criminogenic needs.
Responsivity Principle: Treatment should use methods that have generally been shown to work with offenders. It should be adapted to maximize offender client's responsiveness and attend to their individual learning style, abilities, and culture.

SARATSO: The acronym "SARATSO" stands for State Authorized Risk Assessment Tools for Sex Offenders. SARATSO refers to the statutorily established three-member committee tasked with supporting and guiding California's sex offender risk assessment systems. SARATSO also refers to the various risk assessment instruments authorized by the committee. More information can be found at www.SARATSO.org.

Sex Offender Management Program: This term refers to an organized structure of service delivery and supervision that involves therapy, polygraph examinations, and supervision by probation or parole. Sex Offender Management Programs adhere to the Risk Principle by matching the intensity of therapy and supervision interventions to the offender client's current level of risk and criminogenic need. This means as an offender client progresses in treatment, and risk is sufficiently managed or reduced, the dosage and intensity of treatment and level of supervision can decrease at the discretion of the Containment Team. For CASOMB purposes the provider agencies adhere to the Risk Principle by decreasing or terminating the sexual offense-specific therapy component of the Containment Model program. In California the duration of supervision is fixed, therefore completion of sex offender specific therapy does not end supervision.

Sex Offender Provider Agencies and Sex Offender Management Professionals: The sex offender professional is referred to as the "treatment provider." A "provider agency" is an identifiable business entity with a taxpayer identification number, or is a program operated directly by a public-sector agency. A treatment provider or provider agency may only be certified by CASOMB when it has demonstrated that it meets the criteria set forth in this document. As long as the criteria have been met and certification has been granted, a provider agency, in the sense used here, may have multiple sites and many staff or, at the other end of the spectrum, may consist of one individual provider. A provider agency is expected to have a comprehensive, coherent and integrated approach to the assessment and treatment of sex offenders.

Statement of Successful Treatment Completion: For offender clients treatment completion is one component of a sex offender management program. Upon completion of active treatment, as defined in the Treatment Completion Guidelines, the provider agency shall issue a Statement of Successful Treatment Completion to the offender client, and provide a copy to the supervising agency. Provider agencies shall utilize the CASOMB Treatment Completion Guidelines in determining whether to issue a Statement of Successful Treatment Completion. Provider agencies should maintain this document as treatment completion is one of the factors considered in tiered registration termination.

Appendix B

Containment Model Overview

Four elements form the core of the Containment Model:

The central goal of the Containment Model is community and victim safety, a goal which is supported by adopting a victim-centered perspective on all aspects of sex offender management.

- Authoritative criminal justice system supervision and monitoring is needed to exert external control over offenders. Probation and parole agencies apply pressure through clear expectations and through the use or threatened use of sanctions to ensure that the offender complies with supervision conditions, including participation in specialized treatment.
- Sex offender-specific treatment based on evidence-based principles is utilized to help offenders learn to develop internal control, and to understand and interrupt their individual offense cycles.
- Polygraph examinations are used to enhance the assessment process and to help monitor the sex offender's deviant fantasies and external behaviors, including access to potential victims.
- Victim advocacy brings a realistic, victim-responsive community safety perspective to the entire effort and works to support victims who may have questions and concerns about a sex offender's re-entry into the community. The victim advocacy perspective may be represented by a victim advocate participating as an adjunct participant of the team or by the consistent stance of victim sensitivity and advocacy brought by the containment team members.

On a regular basis or on an as-needed basis, the containment team may invite adjunct participants to play an important role in the management of any specific offender. These adjunct participants may include representatives of law enforcement, members of the offender's family, employers, clergy, case workers, Circles of Support and Accountability (COSA) volunteers and others who might contribute to effective management and community safety. Legal requirements around confidentiality must be resolved for each containment team meeting participant. Pursuant to Penal Code sections 1203.067 and 3008, disclosure of confidential details from the treatment process should be limited to containment team members. Adjunct containment team participants should receive only general information regarding current risk level and information necessary to manage risk.

Appendix C

Employee Change Form

The following document is intended to keep current the records of CASOMB Certified Provider Agencies' affiliated CASOMB Certified Providers, and assist with maintaining valid certification for CASOMB Providers. Provide a completed form to the CASOMB Certification Unit and retain a copy in facility in the event of an audit. Provide if employees are hired or dismissed in the interim of annual submission.

CASOMB

Employee Change Form

Complete and submit this form to the CASOMB Certification Unit if your agency hires new employees or has a separation in the interim of an annual submission of your list of affiliated CASOMB Certified Providers. The Employee Change Form can be sent to CASOMB@cdcr.ca.gov.

Provider Agency Name		
Employee Name	**Start or Separation Date**	**CASOMB Certified Supervisor**
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
11.		
13.		
14.		
15.		

WWW.CASOMB.ORG

CASOMB@CDCR.CA.GOV