



<p style="text-align: center;">SOUTH DAKOTA</p>  <p style="text-align: center;">DEPARTMENT OF CORRECTIONS POLICIES AND PROCEDURES</p>		POLICY NUMBER 1.4.A.3	PAGE NUMBER 1 OF 12
		DISTRIBUTION:	Public
		SUBJECT:	Sex Offender Management Program
RELATED STANDARDS: None		EFFECTIVE DATE:	July 01, 2022
		SUPERSESSION:	09/30/2019
DESCRIPTION: Admission and Orientation	REVIEW MONTH: June	 KELLIE WASKO SECRETARY OF CORRECTIONS	

I. POLICY

It is the policy of the South Dakota Department of Corrections (DOC) to provide specialized sex offender treatment to identified offenders to reduce recidivism and enhance public safety by providing a continuum of identification, treatment, and monitoring.

II. PURPOSE

The purpose of this policy is to establish criteria for:

- Classification and risk level upon admission
- Offender programming needs
- Appropriate release planning, and
- Identify supervision needs

III. DEFINITIONS

Level of Service Inventory-Revised (LSI-R):

An assessment used to measure an offender's risk to re-offend and define programming needs.

Offender:

An inmate in the custody of the DOC institutional system, an offender released to parole or suspended sentence who is under supervision of the South Dakota Parole Services, or a juvenile supervised by Division of Juvenile Services staff.

Polygraph:

An instrument that permanently and simultaneously records cardiovascular and respiratory patterns or other physiological changes pertinent to the detection of deception.

P-Scan:

An assessment to rate an offender's tendency toward psychopathic behaviors.

Sex Offender:

Any adult offender convicted or adjudicated of a felony sex crime, as listed in SDCL 22-24B-1, regardless of the offense date or date of conviction.

Sex Offender Management Program (SOMP) Team:

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The Sex Offender Management Program (SOMP) operated by the DOC includes Admissions and Orientation (A&O) psychosexual screens, STOP programming, psychosexual reports, assistance in community release planning and supervision, development and promotion of a community treatment provider network, and sex offender community treatment and supervision standards.

Sex Offender Accountability Programming:

A sex offender program operated through the DOC. The program consists of offenders meeting with the SOMP team to work towards accountability for sexual behaviors and development of a transitional plan for community supervision. The program is designed for offenders assessed as not appropriate for standard group sex offender treatment.

Sexual Behavior Issue:

A history of sexually abusive or violent behavior (including sexually abusive or violent behavior while incarcerated); or the factual basis of a crime for which the offender was charged, convicted, or adjudicated that involves sexual violence or sexual abuse. An acquittal on a sex offense by itself cannot be the basis for determining a sexual behavior issue does not exist. A “sex offense” is any crime listed in SDCL § 22-24B-1, or any crime defined by law as a sex offense within the jurisdiction in which the crime was committed.

Sexual Violence and Sexual Abuse:

A range of behaviors, including battery, mutilation, torture or assault, or intentional unwanted sexual conduct. May be verbal, written, visual, or physical. A person under the age of sixteen (16) cannot consent to sexual behavior with an adult, therefore by definition, any sexual conduct with a person under the age of sixteen (16) is unwanted sexual conduct, which constitutes sexual abuse.

SOMP A&O Psychosexual Screen and/or Psychosexual Reports:

Reports that include information from any of the following or combination thereof: pre-sentence investigation, psychosexual reports, Minnesota Sex Offender Screening Tool – Revised (MnSOST-R), Static 99, ABLE screening, monitor polygraphs, SOMP screening instrument, STOP file information, and clinical interviews.

SOMP Sex Offender Treatment:

A sex offender treatment program provided to inmates by a contracted provider. Also known as Special Treatment of Perpetrators (STOP). The program consists of module assignments that offenders typically complete in a group setting to prepare them for entry into community-based sex offender treatment. Includes therapy, educational treatment, and relapse prevention.

SOMP Treatment Provider:

A person who provides sex offense specific treatment to sex offenders according to the following standards of practice.

Special Treatment of Perpetrators (STOP):

Special Treatment of Perpetrators (STOP) is a sex offender treatment program operated through the DOC. The STOP program consists of therapy, educational treatment, and relapse prevention.

IV PROCEDURES

1. Admissions:

- A. Upon admission to the DOC, inmates identified as a sex offender will be reviewed by unit staff to determine the inmate’s programming, housing, and supervision needs. Inmates initially identified as a sex offender or those who may have a sexual behavior issue shall be referred to SOMP staff.
 1. Sex offenders will be referred for a psycho-sexual assessment. The assessment will be included with the offender’s sentencing papers, which shall be available to the Board of Pardons and Paroles and Warden (See SDCL § 22-22-1.3).

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- B. Inmates who do not meet the definition of a sex offender but who have been identified as having a current or past sexual behavior issue, will be reviewed by SOMP staff for possible Sexual Behavior Issue (SBI) review.
- C. All sex offenders and those identified through the SBI review as having a sexual behavior issue, will be assigned a sexual behavior code of 2Y or 2N.
1. SOMP staff will gather and maintain documentation for each sex offender. This may include but is not limited to, LSI-R score, pre-sentence investigation (PSI) report, psychosexual assessment, MnSOST-R, STATIC 99, SOMP Screening Instrument, ABEL screen, clinical interview, polygraph reports, P-SCAN, mental health assessment, STOP program status, NCIC III history, and Sexual Behavior Issue assessment.
 2. The results of an offender's STATIC 99, SOMP Screen Instrument and MnSOST-R will be scored in the Offender Assessment Questionnaire section in the Comprehensive Offender Management System (COMS) and a hard copy placed in the inmate's SOMP file
 3. The ABEL screen will be administered to inmates in A&O who are within two (2) years of their programmed release date.
 4. If an inmate is identified as a sex offender, the SOMP team will review the inmate's records and prepare a SOMP Program Track Screen Report (See Attachment 1).
 - a. The report will include a summary of the offender's offense, criminal history, risk level, level of responsibility, treatment recommendations, and whether the offender is recommended for SOMP/STOP programming.
 - b. Sex offenders recommended for SOMP/STOP programming will be assigned a sexual behavior code of 2Y and updated to waiting status in accredited programs in COMS.
 - c. Sex offenders not recommended for SOMP/STOP programming will be assigned a sexual behavior code of 2N.
 - d. If SOMP staff determines an offender who was previously identified as a sex offender is not a sex offender, the offender will be assigned a sexual behavior code of 1N, meaning the offender does not have a sexual behavior issue.
- D. Sex offenders with a sexual behavior code of 2, who meet one or more of the following conditions, will be coded as 2N unless additional risk is documented in the SOMP Program Track Screen Report (See Attachment 1):
1. The sex offender has a single prior felony sex conviction or adjudication where the offender has resided six (6) consecutive years or a sum total of six (6) years in the community with no further convictions for sex crimes or revocations for sex related activities; or
 2. Fifteen (15) years have elapsed since the offender completed their sentence for a sex offense conviction; or
 3. The sex offender has completed an approved sex offender treatment program and has no subsequent sex offense-related misdemeanors, felonies, or adjudications.
- E. Sex offenders serving a life sentence or capital punishment sentence will typically NOT be scheduled for SOMP programming but will receive a sexual behavior code of 2Y.
- F. Information, evidence, and facts warranting an SBI assessment or supporting a determination the offender is a sex offender, may be discovered at any time while an offender is under DOC custody or supervision. When new information is discovered, this will be collected and referred to the SOMP Team for review.

2. Risk Levels:

- A. The SOMP Team will determine the risk level of an offender with a sexual code of 2Y while the offender is housed in the A&O unit.

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B. The SOMP team will review the offender's case records and recommend the offender for specific assessments to determine the offender's risk level. Moderate and High-risk offenders are prioritized and receive the highest level of services. Low risk offenders are assigned lower priority status and typically receive less intensive treatment protocol. Risk levels are as follows:

1. Low Risk:
 - STATIC 99 score = low to moderate low.
 - MnSOST-R = Level 1.
 - Modified history polygraph = no deception indicated regarding victim(s) under thirteen (13) years of age or sexual force.
- a. Offenders exhibiting any of the following risk factors will not be classified as low risk:
 - 1) Sexual force, sexual violence, or sexual abuse.
 - 2) Multiple victims.
 - 3) Victims under the age of thirteen (13), including child pornography.
 - 4) Exhibitionism with sexual gratification.
 - 5) Incest.
 - 6) Sexual contact with someone incapable of consent.
- b. Low risk offenders will be classified as 2YCP and will not be required to complete SOMP programming or community-based sex offender treatment/programming.
 - 1) Low risk offenders will receive a polygraph examination every six (6) months.
 - 2) Sex offenders who fail a polygraph examination may be required to complete sex offender programming.
2. Moderate or High Risk:
 - A STATIC 99 score greater than moderate low.
 - MnSOST-R level greater than 1.
 - An ABEL result indicating a sexual preference for children under the age of thirteen (13) years of age.
 - Meeting the low-risk criteria but with deceptive polygraph results indicating victims under thirteen (13) years of age.
 - Sexual force, sexual violence, or sexual abuse.
- a. Offenders meeting one or more of these criteria shall be identified as moderate or high risk. Moderate or high-risk offenders are considered at risk of violating parole for sexual behaviors or committing a new felony sex offense.
3. Alternate Program Supervision (Unlikely to Benefit from Group Programming):
 - a. Research and clinical experience support highly anti-social/psychopathic offenders do not typically benefit from traditional group treatment. In some cases, traditional SOMP treatment may not be recommended for these offenders.
 - b. The SOMP Team will review the pre-sentence report, psychosexual evaluation, mental health assessment, LSI-R score, SBI assessment, and other information to assess if the offender meets the alternate program criteria.
 - c. Criteria to be considered for an alternate program include the following:
 - 1) Offenders with untreated psychiatric conditions, cognitive issues, or those who demonstrate highly anti-social or psychopathic characteristics; or
 - 2) Offenders with an LSI-R score of High Risk/Needs (Females =>40 Males =>37) will have a P-Scan completed after 90 days of observation by unit staff; or
 - 3) Males with an LSI-R score =>37 and females with an LSI-R score =>40 and offenders with a P-Scan score greater than 30.
 - d. If the SOMP team determines an offender is not likely to benefit from group or traditional SOMP/STOP programming, the offender may be required to attend individualized SOMP Sex Offender Accountability programming (alternate programming) while incarcerated. Parole supervision strategies and requirements will be outlined in the psychosexual report, as applicable.
 - e. Offenders assessed as not likely to benefit from SOMP programming; or those who have refused SOMP programming or terminated from SOMP programming, may be referred to the Warden by SOMP staff for withholding of parole eligibility, if the offender meets the criteria set forth in DOC policy 1.4.B.11 Withholding of Parole Eligibility Pursuant to SDCL 24-15A-32.1, and the offender

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is identified within the risk criteria on the SOMP Withholding Parole Screening Instrument as being at risk of reoffending.

- f. SOMP staff will notify the Risk Reduction Manager and Executive Director of the Parole Board when an inmate has been referred to the Warden for possible withholding of parole.
 - g. If an offender's parole is withheld, the offender will be assigned system risk in accordance with DOC policy 1.4.G.6 *System Risk Level*.
- C. Offenders with a sexual behavior code of 2Y will be referred for a pre-release psychosexual assessment approximately two (2) years prior to the offender's programmed or initial discretionary release date. If necessary, the offender's sexual behavior code will be updated following completion of the assessment.

3. STOP Contract:

- A. Offenders assessed as requiring SOMP/STOP programming, are required to sign the A&O STOP contract (See Attachment 5) prior to transfer from A&O.
- B. Offenders assessed as requiring SOMP Sex Offender Treatment or SOMP Sex Offender Accountability programming, are required to sign the contract prior to beginning programming (See Attachment 2).
- C. Offenders may be removed/terminated from SOMP Sex Offender Treatment or SOMP Sex Offender Accountability programming for violating conditions of the program contract or program requirements (See Attachment 4).
- D. Offenders who refuse to sign the contract, refuse required programming, or are terminated from required programming, are considered non-compliant with element #4 of the IPD and are ineligible for work or heroic act earned discharge credit (EDC).
- E. Offenders who refuse SOMP Sex Offender Treatment or SOMP Sex Offender Accountability programming must sign a Program Refusal form (See Attachment 3). If an offender refuses to sign the form, SOMP staff will sign and date the form and note the offender's refusal.
- F. Offenders requesting to return to SOMP Sex Offender Treatment or SOMP Sex Offender Accountability programming after refusing programming or being terminated, must submit a written request to SOMP staff and may be scheduled for programming, time and space permitting.

4. STOP Modules:

- A. STOP modules are part of the SOMP program and help prepare offenders for entry into a community-based sex offender treatment (See Section 8).
- B. Offenders recommended for SOMP Sex Offender Treatment will be offered programming approximately two (2) hours per week for nine to twelve (9-12) months prior to release.
- C. Offenders recommended for SOMP Sex Offender Accountability programming will attend individualized sessions with SOMP staff or SOMP contract staff prior to releasing.
- D. Offenders recommended for Psycho-sexual assessments:
 - 1. A psycho-sexual assessment completed as part of the sex offender's pre-sentence investigation (PSI) may be provided to the DOC (SOMP Team) (See SDCL § 22-22-1.3). A signed release of information from the offender is NOT required for the DOC to receive the assessment.

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2. A pre-release psycho-sexual assessment may be recommended for an offender prior to release. Offenders who have refused STOP programming may be required to complete a psychosexual evaluation while under parole supervision.

5. Transitional Release Planning:

- A. The SOMP team will assist offenders with release planning and identifying community treatment provider(s).
 1. The psycho-sexual report will include community treatment recommendations for the offender.
 2. Recommendations for community treatment will be included on the offender's release plan and may include increased polygraph schedule, individualized supervision plan, community treatment/programming, and frequency of treatment/programming.
 3. The SOMP team may refer the offender to a community treatment provider.
- B. Offenders releasing to parole supervision who have been referred for community treatment must be accepted by a community treatment provider before release to supervision. The offender must make contact with the provider within five (5) working days of release.
- C. Offenders releasing to parole supervision who have been recommended for SOMP/STOP programming and have refused programming or required assessments, or who have been terminated from programming will be assigned to intensive parole supervision. The offender will be allowed up to five (5) working days following release from DOC custody to contact a community treatment provider and a maximum of thirty (30) days to be accepted into a community treatment program. This includes suspended sentence releases.
- D. Offenders assessed as not likely to benefit from group programming will be assigned an individualized supervision plan and placed on intensive parole supervision, to include accountability meetings with the offender's parole agent and/or treatment provider.

6. Community Sex Offender Treatment and Supervision:

- A. Offenders released to parole supervision may be subject to any of the following while on supervision:
 1. Group and individual counseling sessions.
 2. Adherence to all sex offender registration requirements.
 3. Community safety zones, exclusion zones, and restricted areas.
 4. Polygraph examinations.
 5. GPS or electronic monitoring.
 6. Reporting, screening, and required assessments.
 7. Limited or restricted access to certain individuals, victims, or specific groups.
 8. Law enforcement and victim notification.
- B. The above shall be applied to help offenders learn to reduce and manage risks of reoffending and aid staff in supervising the offender.
- C. Community Treatment Providers:
 1. The DOC will work with community treatment providers to provide treatment and services to identified sex offenders within the community.
 2. Community treatment must be consistent with the standards set within the SOMP Treatment Providers Standards (See Section 9).
 - a. The standards outline requirements and expectations of the DOC for licensure, professional organization membership, contracts, record keeping, access, and supervision of sex offenders by providers.
 3. Any offender who interferes with the transfer of records or reporting between providers and/or DOC, or who removes or terminates any confidentially agreement between a provider or polygraph

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examiner and the DOC, will be considered to be refusing programming/community treatment and subject to a policy driven response.

7. Polygraph Testing and Management:

- A. The primary objective of polygraph examinations is to obtain information from the offender, which is necessary for placement recommendations, treatment, risk assessment, community management, parole supervision, and clinical interventions.
- B. The following polygraphs are recognized by SOMP staff.
 1. Sexual History/Full Disclosure – review and verification of an offender’s sexual history and behavior up to the present conviction. The history polygraph helps the treatment provider accurately obtain and verify an offender’s self-reported sexual history, set treatment goals, identify sexual preferences, and risk factors.
 2. Monitor – a polygraph examination that reviews an offender’s sexual behavior or sexual deviancy. Monitor polygraphs can be used by the SOMP Team to help assess an offender’s treatment risk level or by a parole agent to assess offender's compliance with treatment, supervision, and community safety while on supervision. The frequency an offender is required to complete a monitor polygraph examination shall be determined by the SOMP team, or parole staff if the offender is on parole supervision.
 3. Specific Issue – a polygraph examination that addresses a singular event or behavior. This polygraph can be used to follow-up on a failed polygraph or to substantiate a reported act or behavior of the offender.
- C. Polygraph examinations administered to offenders on community supervision provide parole agents and providers an opportunity to establish risk management and treatment objectives, assess offender accountability, and preserve community safety.
 1. Deceptive or inconclusive results or new admissions indicate areas of concern. The polygraph examiner will notify the supervising parole agent as soon as practical of such results, or if the following occur:
 - a. The offender fails to attend an examination session; or
 - b. The offender displays disruptive behavior during a session; or
 - c. The offender manifests signs of re-offending.
 2. Polygraph data may be used in conjunction with other information when making decisions about case management. Polygraph examinations will supplement, not substitute, other forms of investigation, such as electronic monitoring, offender self-report, and agent supervision.
 3. Polygraph examinations are considered a clinical tool and are used to encourage and support offender honesty as a treatment goal.
 4. The polygraph results may be used in part to determine an offender's compliance with his/her supervision release agreement. Non-compliance or results indicating deception, inconclusion, or new admissions will result in a policy driven response.
- D. Polygraph examinations administered to an offender in the institution allow the SOMP Team an opportunity to establish risk management and treatment objectives for the inmate.
 1. When a sex offender is assessed as low risk on specified test protocols, the sex offender will complete a polygraph to verify his/her perpetration history. The results help assess the offender’s need for continued SOMP/STOP programming/treatment.
 2. Sexual History/Full Disclosure polygraphs may be used as a part of the SOMP upon review and approval by the SOMP Team.

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- E. Polygraph examinations may be required while an offender is on parole to assist treatment providers, parole services staff, and community program staff in determining the offender's compliance with parole and/or treatment rules and guidelines.
1. While attending sex offender treatment in the community, offenders may be required to submit to maintenance polygraphs every six (6) months, unless recommended in the pre-release psychosexual to be more frequent.
 - a. Polygraph examiners will not normally perform more than two (2) consecutive exams per offender.
 - b. Offenders must pass a history polygraph before being successfully completed from community sex offender treatment. If an offender is unable to pass the history polygraph, the supervising parole agent, treatment provider, and SOMP staff must review the offender to determine if approval shall be granted for the treatment provider to complete the offender's treatment in the community.
 2. Offenders who have successfully completed community sex offender treatment and who meet the following criteria may be placed on annual polygraphs.
 - a. The offender must have two (2) consecutive passed maintenance polygraphs since completion of treatment with no significant high-risk behaviors.
 - b. The offender must be assessed as a MnSOST-R Level 1 or Level 2 (Not 3 or R).
 - c. Must be approved by the supervising parole agent, area supervisor, and SOMP Director.
- F. A polygraph examiner is a person who uses a polygraph test to question offenders for the purpose of detecting deception through the administration of offender-specific polygraph exams to offenders.
1. No person may question an offender using a polygraph for the purpose of detecting deception unless the person is a licensed polygraph examiner (SDCL § 36-30-2).
- G. The results/summary of findings of all polygraph examinations conducted on an offender will be recorded in the SOMP folder located on the M: Drive.
- H. Standardized Treatment Responses for Parole Supervision:
1. Treatment providers will use standardized polygraph treatment responses.
 2. All monitor polygraph exam results indicating deceptions, inconclusive results, and new admissions require a policy driven response.
 3. Sex offenders on parole supervision may have inadvertent contact with children under the age of eighteen (18), provided the following criteria are met:
 - a. Complete sexual history polygraph to assess risk to children.
 - b. Prior approval for such contact from the supervising parole agent and treatment provider.
 - c. The offender must agree to any and all restrictions placed in the contact by the supervising parole agent, treatment provider, and SOMP Team.
 4. Sex offenders on parole supervision may have consistent or planned contact with children under the age of eighteen (18) after completing a chaperone program with a qualified treatment provider. Chaperone Programs must include the following:
 - a. Passed sexual history polygraph to assess risk to children.
 - b. At least one passed maintenance polygraph showing healthy boundaries and sexual behavior and no indication of high-risk contact with children.
 - c. An approved chaperone or prosocial responsible adult must be approved by the offender's therapist and parole agent.
 - d. An individual session must be completed with the treatment therapist and identified prosocial responsible adult.
 - 1) As part of this session, the therapist will review the offender's sexual history in its entirety.
 - 2) The therapist will review risk factors, appropriate boundaries, and expectations around children.
 - e. If the offender shows significant response on a polygraph exam chaperone, the offender's privileges will be suspended immediately until the polygraph issue can be cleared.
 5. Sex offenders on parole supervision may live with children under the age of eighteen (18) only after completing a family integration program with a qualified treatment provider. Family integration

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should only be considered at an advanced stage of treatment and is not required as part of standard treatment programs. A family integration program must include the following:

- a. The offender's case shall be reviewed by the SOMP team, treatment provider, and parole agent to determine if the offender is an appropriate candidate for the program.
- b. A non-deceptive sexual history polygraph to assess risk to children.
- c. The offender must complete the chaperone program.
- d. The offender must pass at least three maintenance polygraph exams that demonstrate good boundaries and sexually safe behaviors around children when offender's chaperone is present.
- e. The process involves graduated increments of time spent in the home, which eventually include overnight stays until the offender is living full time in the home. The process may take twelve-eighteen (12-18) months.
- f. The offender must attend monthly sessions with the chaperone and therapist to review progress and concerns that may have arisen during previous month.
- g. The offender is required to complete maintenance polygraph exams at thirty (30) and/or sixty (60) day intervals.
- h. If the offender shows significant response on a polygraph exam, the offender will be required to move out of the home immediately. The offender shall not reside in the home until the polygraph issue can be cleared.

8. STOP Modules

- A. STOP Program Modules are designed to prepare sex offenders for entry into the community-based treatment groups.
 1. Family History: The purpose of this assignment is to introduce the offender and develop trust with the group. The genogram worksheets are used to help the offender discuss their family history as it relates to their psychosexual development and sexual perpetration. The offender is asked to describe family dynamics and to detail any history of sexual and/or emotional abuse.
 2. Sexual Terminology: The purpose of this assignment is to give the offenders a common language to discuss and process their sexual perpetration with the group. In this assignment the offender is asked to define, recite, and demonstrate their understanding of each sexual term. (25 total).
 3. Sexual Anatomy and Diagramming: The purpose of this assignment is to give each offender a basic understanding of male and female sexual anatomy and functioning. Research and clinical experience demonstrate that sex offenders lack knowledge and understanding in this area. The offender is asked to identify and describe general sexual anatomy for both males and females to help increase their competency in this area.
 4. Disclosure Assignment (History of Pornography): The purpose of this assignment is to have the offender disclose his use and exposure to pornography and general erotica. Research and clinical experience show that pornography often makes the onset of cognitive distortions and negative attitudes towards women and children. The offender is asked to document his use of pornographic magazines, films, videotapes, pictures, and Internet imagery of both men and women and present this to the group.
 5. Disclosure Assignment (History of Observed Sexual Behaviors): The purpose of this assignment is to have the offender disclose how they learned about sex from watching others. This assignment is important in helping the offender understand how early sexual experiences have affected their general sexual development. The offender is asked to document his history of observed sexual behaviors and present this to the group.
 6. Disclosure Assignment (History of Masturbation): The purpose of this assignment is to help the offender understand how his masturbation behaviors and fantasies are often correlated with deviant sexual behaviors. The offender is asked to describe how he learned to masturbate, frequency of masturbation, and so forth. This assignment also requires the offender to describe and present to the group their consensual sexual experiences, involvement with any paraphilias, and any additional sexual acts other than sexual perpetration.
 7. Disclosure Assignment (History of Sexual Perpetration): The purpose of this assignment is to have the offender describe to the group in detail their entire history of sexual perpetration. This includes their instant offense as well as any other acts of sexual perpetration, which includes fantasies about their victim(s).

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8. Disclosure Assignment (Sexual History Polygraph Booklet): The purpose of this assignment is to have the offender complete their actual sexual history polygraph booklet and present it to the group. The completed booklet will be used for their sexual history polygraph when they are released to the community.

9. SOMP Treatment Providers Standards

A. Standards include:

1. Provider will agree to carry current licensure in their respective field (examples of, but not limited to the following: Licensed Professional Counselor, Licensed Professional Counselor – Mental Health, Licensed Psychologist, or be under clinical supervision and pursuing licensure).
2. Provider agrees to have offender sign and adhere to a sex offender treatment contract.
3. Provider agrees to maintain weekly progress notes.
4. Provider agrees to maintain accurate financial records of offenders' payments for services.
5. Provider agrees to maintain documentation of assessments and release of information forms.
6. Provider agrees to allow a representative of the State to have access to the offenders file.
7. Provider will incorporate polygraph examinations to ensure compliance with treatment expectations.
8. Provider will prepare six (6) month treatment updates for Agent and SOMP Program Manager, to include summary of treatment progress, goals for the following six (6) months of sex offender treatment, and current financial record.
9. Provider will prepare a treatment summary/justification for continued treatment after the offender has been attending treatment for two (2) years. This report will be provided to the Agent and SOMP Program Manager, to include treatment progress, future treatment plan, estimated time needed to complete the program, and polygraph compliance.
10. Provider will currently be a member of the Association for the Treatment of Sexual Abusers (ATSA).
11. Provider will maintain a cooperative working arrangement with the offender's community supervision agent.
12. Provider will offer sex offender treatment services based on the level of risk as directed under the DOC's sex offender assessment level.
13. Provider understands that the state is contracting for sex offender treatment only. Offenders who are in need of mental health or other services need to contact their parole agent to get services set up with an appropriate agency.
14. Provider will document and notify the community supervision agent when the offender has an unexcused absence from group.
15. Provider treatment groups will be of the same gender.

V. RESPONSIBILITY

It is the responsibility of the Director of Clinical and Correctional Services to annually review this policy and revise as necessary.

VI. AUTHORITY

- A. SDCL §§ 22-22-1.3, 22-24B-1, 22-24B-1 (1), 24-15A-32.1, 36-30-2

VII. HISTORY

June 2022
July 2019
October 2018
June 2018
June 2017
June 2016
March 2014
January 2013

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January 2012
September 2010

ATTACHMENTS (PUBLISHED IN POLICYTECH UNLESS OTHERWISE NOTED)

1. SOMP Program Track Screen
2. STOP Contract
3. SOMP Refusal Form
4. SOMP Termination Notice
5. STOP A&O Contract
6. DOC Policy Implementation / Adjustments

DOC POLICY IMPLEMENTATION/ADJUSTMENTS

DESCRIPTION	TITLE	POLICY #	EFFECTIVE
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(FACILITY/WORK UNIT NAME)

WILL ACCEPT AND IMPLEMENT THE PROVISIONS OF THE ABOVE ADMINISTRATIVE REGULATION:

AS WRITTEN

NOT APPLICABLE

WITH THE FOLLOWING PROCEDURES TO ACCOMPLISH THE INTENT OF THE POLICY

(SIGNED) _____ (DATE) _____
Warden / Director