



**STATE OF MONTANA
DEPARTMENT OF CORRECTIONS
POLICY DIRECTIVE**

Policy No. DOC 5.4.1	Subject: OFFENDER PROGRAMS
Chapter 5: OFFENDER PROGRAMS	Page 1 of 6 and Attachments
Section 4: Offender Programs	Effective Date: 07/01/08
Signature: /s/ Reginald D. Michael, Director	Revised: 06/03/2019

I. POLICY

The Department of Corrections provides a broad range of services and treatment programs to meet the identified needs of adult and youth incarcerated offenders.

II. APPLICABILITY

All programs and facilities, Department owned and contracted.

III. DEFINITIONS

Adjunct Programming - Programming which is structured, positive, and a productive use of an individual's time. This programming is not considered essential for release decision-making or may be voluntary in nature versus driven by assessment.

Administrator – The official, regardless of local title (division or facility administrator, bureau chief, warden, superintendent), ultimately responsible for the division, facility or program operation and management.

Core risk reducing - Core risk reducing programs are those that target criminogenic risk factors, or those aspects of an individual that are directly related to future criminality. These are programs which are required based on criminogenic risk and need assessments and clinical evaluation. Programs utilize cognitive behavioral strategies with graduated skills practice.

Evidence-Based – Demonstrated through empirical knowledge and scientific research with defined measurable outcomes regarding the effectiveness of a program in reducing recidivism and improving public safety.

Fidelity – The extent to which program or treatment delivery adheres to the protocol or program model originally developed. Fidelity measurement has increasing significance for evaluation, treatment effectiveness research, and service administration.

Gender Responsive – Acknowledging the role of gender in how offenders engage in criminal behavior and respond to conditions of confinement or community supervision and treatment approaches, and creating an environment based on safety, respect, and dignity.

Trauma-informed care – an organizational structure or treatment framework that is strengths-based, creates opportunities for offenders to rebuild a sense of control and empowerment, and is responsive to the impact of trauma, emphasizing physical, psychological, and emotional safety for both service providers and offenders.

Treatment Providers – Department or contracted staff who are trained and qualified to provide

education, counseling and treatment services to the offender population.

IV. DEPARTMENT DIRECTIVES

A. Program Approval Process

1. The Department has an evidence-based programs steering committee, which consists of:
 - a. Montana Women's Prison Warden;
 - b. Montana State Prison Warden;
 - c. Clinical Services Division Administrator;
 - d. Probation and Parole Division Administrator;
 - e. Facility and Programs Bureau Chief;
 - f. Board of Pardons and Parole representative;
 - g. Quality Assurance Director;
 - h. Mental Health, Bureau Chief
 - i. Montana Correctional Enterprises Administrator; and
 - j. Pine Hills Correctional Facility, Superintendent
2. The steering committee is assisted by the Quality Assurance Office and may solicit input from other staff. The steering committee reviews proposed programs to determine whether they are evidence-based or, if no evidence-based program is available for a particular type of treatment, whether they are research driven and otherwise appropriate for use by the Department. The steering committee forwards each tentatively approved program to the Director and Deputy Director for their consideration.
3. A program may not be used by the Department until the Director or Deputy Director give final approval.
4. To submit a proposed program to the steering committee, staff will complete the Evidence-Based Program Proposal Form and forward it to their administrator. The administrator will review the form including associated costs, space and staffing requirements. If approved, the administrator will sign the form and submit it to the Quality Assurance Office.
5. In considering whether to approve a proposed program, the steering committee, Director and Deputy Director will consider factors including whether the program:
 - a. is core risk reducing or adjunct programming,
 - b. is evidence-based,
 - c. has been studied on a criminal justice population,
 - d. is culturally appropriate,
 - e. is gender responsive,
 - f. is trauma-informed care, and
 - g. will likely result in ongoing costs for the offender or Department.

B. Administration of Offender Programs

1. Offender programming will be offered as follows:

Subject: OFFENDER TREATMENT PROGRAMS

- a. All programs will be offered as ordered by the court or the Board of Pardons and Parole and as available;
 - b. The core risk reducing programs available to a particular offender will depend on a number of factors including the offender's risk and needs assessment scores (priority to high-risk and medium-risk offenders) and whether the program is offered by the program or facility where the offender is located;
 - c. The adjunct programs available to a particular offender will be based on need or offered on a voluntary basis.
2. The Department prohibits discrimination on the basis of disability in providing treatment programs to offenders. Facilities may be required to take remedial action, when necessary, to facilitate offender participation as follows:
 - a. make reasonable modifications to policies, practices, or procedures;
 - b. provide auxiliary aids and services to the hearing and visually impaired;
 - c. address the special needs of impaired offenders, i.e., those with mental illness, or who are illiterate, head injured or developmentally disabled;
 - d. construct new or alter existing facilities; or
 - e. deliver services at alternate accessible sites.
 3. Qualified staff will provide appropriate screenings and assessments, case management, progress reports, and clinical documentation.
 4. Administrators will establish formal mechanisms to determine appropriate staffing levels for the number and type of offenders served and the treatment goals to be accomplished.
 5. Administrators may approve the use of community resources such as 12-step programs to augment facility treatment programs.
 6. Since most offenders cannot accept paid work assignments during intensive treatment, administrators may elect to pay offenders a daily wage during treatment program participation.

C. Sex Offender Program (SOP)

1. Facilities that provide sex offender treatment will comply, at a minimum, with the following requirements:
 - a. screen and assess offenders for appropriate SOP placement;
 - b. offer outpatient and inpatient treatment settings where applicable;
 - c. use cognitive and behavioral-based treatment modalities;
 - d. provide education and progressive treatment phases with established criteria and time frames; and
 - e. provide an aftercare component to address relapse prevention techniques, discharge planning and continuing care.
2. Sex offender programs will maintain a treatment manual that includes, at a minimum, the following procedures: offender consent for testing and treatment, if applicable; criteria for removing offenders from treatment; records access, release and confidentiality; staff

and intern supervision requirements; and offender risk assessments prior to discharge when applicable.

D. Substance Use Disorder (SUD)

1. Facilities that provide substance use disorder treatment programs will comply, at a minimum, with the following requirements:
 - a. provide screenings, assessments and referrals to appropriate levels of treatment;
 - b. develop individualized, multidisciplinary treatment plans;
 - c. include SUD education and primary care treatment;
 - d. offer outpatient and inpatient treatment settings where applicable;
 - e. use cognitive and behavioral-based treatment modalities; and
 - f. offer the following treatment components where appropriate:
 - 1) medicine wheel, incorporating Native American spiritual/cultural issues;
 - 2) treatment for special needs offenders, e.g., to address trauma-related issues;
 - 3) intensive treatment for SUD;
 - 4) intensive treatment for methamphetamine-specific addiction;
 - 5) treatment for co-occurring SUD and mental illness;
 - 6) relapse prevention; and
 - 7) continuing care treatment.
2. Programs for youth may integrate SUD treatment into other curriculum.
3. SUD treatment programs in all facilities will provide offender drug testing in accordance with [*DOC Policy 3.1.20, Offender Drug Testing Program*](#).

E. Program Provider Training and Qualifications

1. Clinical program directors or administrators will have the following minimum credentials:
 - a. a post-graduate or Master's degree in a treatment-related field;
 - b. licensure as LCSW, LCPC, or psychologist; with
 - c. LAC (licensed addiction counselor) preferred.
2. Sex Offender Program (SOP) Therapists will have the following minimum credentials:
 - a. a post-graduate or Master's degree in a treatment-related field; and
 - b. professional licensure preferred; or eligibility for licensure required.
3. Licensed Addiction Counselors (LACs) will have the following minimum credentials:
 - a. Associate's degree in SUD counseling or Bachelor's degree in related field; and
 - b. licensed as an addiction counselor, or LAC eligible.
4. Trained and qualified staff who administer, supervise, and provide offender programming will maintain current licensure, certification and continuing training requirements for each position.
5. Staff who provide offender programs not requiring professional licensure will be qualified by either formal education or training.

Subject: OFFENDER TREATMENT PROGRAMS

6. All offender programs will receive appropriate levels of clinical or staff supervision and training according to licensing and credentialing standards and as necessary to maintain program fidelity.
7. Designated staff with appropriate qualifications will observe and review facilitator performance at least once per year. If deficiencies are noted, the facilitator's supervisor will submit a corrective action plan to the Quality Assurance Office and Clinical Services Division Administrator and implement it upon approval.

F. Education/Training Plans

1. Facilities that have been unable to recruit applicants with the minimum qualifications listed above must develop a structured education or training plan for the treatment providers they employ who do not possess the minimum qualifications.

G. Program Statistics

1. Designated staff associated with each component of offender programming will:
 - a. have written goals and measurable objectives;
 - b. track the number of offenders:
 - 1) in programs,
 - 2) on waiting lists,
 - 3) who have successfully completed programs, and
 - 4) who have not completed programs and the reasons for not completing;
 - c. track offender participation and involvement in programs;
 - d. compile and submit program statistics to the Quality Assurance Office; and
 - e. where applicable, document and submit required statistics for state agency databases, e.g., Substance Abuse Management System (SAMS); Alcohol & Drug Information System (ADIS).

H. Program Evaluation

1. In evaluating programs, the Department uses an endorsed evaluation tool that addresses adherence to evidence-based practices. The Department has adopted the Correctional Program Checklist as its program evaluation tool, which is provided only to staff conducting the evaluations. The Quality Assurance Office or designee will use this tool in periodically reviewing any implemented programs for fidelity and adherence to evidence-based practices.
2. Administrators will designate staff to analyze collected statistical data at least annually, prepare and submit any corrective action plan to the Quality Assurance Office, and implement the corrective action plan upon approval.

V. CLOSING

Questions concerning this policy should be directed to the Quality Assurance Office.

VI. REFERENCES

Policy No. DOC 5.4.1	Chapter 5: Offender Programs	Page 6 of 6
Subject: OFFENDER TREATMENT PROGRAMS		

A. DOC Policies 3.1.1, Management of the Security Program; 3.1.20, Offender Drug Testing Program

VII. ATTACHMENTS

DOC Evidence-Based Program Proposal Form
DOC Evidence-Based Program Proposal Form for Already Approved Program
Contractor Request for Evidence-Based Program Proposal
Contractor Request to Use a Previously Approved Evidence-Based Program Proposal (Short Form)