COMMUNITY CORRECTIONS FACILITIES AND PROGRAMS BUREAU
FACILITY OPERATIONAL REQUIREMENT

Requirement:	**FPB 6.2.462 SEX OFFENDER TREATMENT PROGRAMS**
Effective Date:	08/10/2026 Page 1 of 5
Revision Date(s):	
Signature/Title:	/s/ Scott Eychner, Rehabilitative and Enterprise Division Chief

I. PURPOSE

Sex offender (SO) treatment programs will follow this procedure to ensure quality and effectiveness of programming.

II. DEFINITIONS (see Glossary)

III. PROGRAM REQUIREMENTS

A. Required Programming and Treatment Offerings

1. All programs are required to provide the Integrated Correctional Program Model (ICPM) curriculum.
2. Offender assignment within ICPM must be consistent with the following:
   a. If an offender is Low Risk on all risk and needs assessments, the offender must complete ICPM-SO Primer only.
      1) Efforts should be made to ensure Low Risk offenders are grouped with other Low Risk offenders for treatment and housing purposes.
   b. If an offender is Moderate Risk on any risk and needs assessment (with no High Risk assessment scores), offender must complete ICPM-SO Primer (unless completed previously) and Moderate ICPM-SO.
   c. If offender is High Risk on any risk and needs assessment, offender must complete ICPM-SO Primer (unless completed previously), and High ICPM-SO.
      1) If High ICPM-SO is unavailable, the offender must complete the ICPM-SO Primer (unless completed previously), Moderate ICPM-SO, and up to 50 hours of additional dosage in the form of adjunct treatment and programming.
      2) Planning for additional dosage should take into consideration whether a prerelease center placement is planned following completion of the sex offender program.
   d. If the offender has successfully completed ICPM previously in any setting and the offender has:
      1) No new felonies, the offender must complete an ICPM Maintenance track plus any additional dosage indicated by a current risk and needs assessment; or
      2) New felonies, appropriate programming will be determined by the Department.
3. Offenders must receive the total dosage of treatment and/or programming indicated through individualized assessments.
   a. Total dosage includes dosage received during the current placement path from the previous, current, and subsequent placements.
   b. In order to count toward an offender's dosage requirements, additional programs must be formalized, structured, and documented, and must address the offender's identified risks and needs.
   c. The following additional programming must be available in the program for referral based on court requirements, BOPP requirements, and individual risk and needs assessment results; however, additional programming may be offered by the facility if resources allow:
      1) Individual SO counseling sessions;

2) Individual mental health counseling;
3) Individual SUD treatment;
4) Individualized skills practice sessions; and
5) Victim Impact Panel (this program does not count toward offender dosage requirements).

d. Offender referral to programs should be based on individualized assessment, and programs should target risk areas.

4. Program schedules must include a minimum of 35 hours per week of planned structured time.

5. All programming must be offered at regular intervals to ensure adequate availability. Offender program completion may not be delayed due to lack of group availability.

B. Required Program Staff and Training Requirements

1. Sufficient numbers of qualified staff are required to ensure no offender waits at the program more than 25 days after completion of the treatment plan *(see IV.C below)* without starting programming.

2. Training requirements for staff who will be conducting programming and assessments:
   a. Staff offering ICPM must be currently certified to offer ICPM-SO. Certification requirements include:
      1) ICPM Initial Multi-Target 10-Day Training;
      2) ICPM-SO Initial 5-Day Training; and
      3) Participation in CQI efforts, including 4 videos during initial group and a review every 3 years after initial certification.
   b. Staff administering the MORRA must comply with the following training requirements:
      1) Initial MORRA certification;
      2) MORRA Annual Booster; and
      3) MORRA recertification every three years
   c. Staff conducting secondary assessments must be trained in the following:
      1) TCU/AUDIT-related training;
      2) ODARA;
      3) SOTIPS; and
      4) STATIC-99 or STATIC-2002.
3. Training requirements for all staff include:
   a. Motivational Interviewing; and
   b. 40 hours annually of EBP-related training.

C. Required Fidelity Measures

1. The program is subject to:
   a. Correctional Program Checklist (CPC) evaluation (full evaluation and/or group assessment); and
   b. Data tracking and reporting as directed by the Department.

IV. Offender Eligibility, Placement, and Management

A. Eligible Offenders

1. Must be convicted of and serving on a sexual offense, or an offense that was sexually motivated, ***and*** determined in need of sex offender programming by the Department.

2. Allowed case types include offenders:
   a. Committed to the Department;
   b. Currently in a secure facility, with BOPP authorization or approval through the Institutional Screening process;
   c. Serving on a not-to-exceed-1-year placement (via Court); or
   d. Serving up to 9-month placement (via Court or BOPP).

3. Excluded offenders include:
   a. Offenders on an up-to-90-day placement (due to time constraints for programming);
   b. Female offenders; and
   c. Offenders under age 18.

B. Offender Placement Process

1. All referrals for placement to the program must be from the Department's Placement Unit.
2. Upon successful completion of the program, offenders may be released to community supervision through the applicable process or placed in a prerelease center.
   a. Placement in sex offender treatment programs may not be followed directly by placement in any other treatment program.
3. Placement Unit staff will:
   a. Ensure all referrals meet eligibility requirements for the program;
   b. Identify the appropriate placement path for the offender; and
   c. Facilitate any necessary screening.

C. Treatment Planning

1. Formal, written, individualized treatment plans must be:
   a. completed using *FPB 6.2.462 (A) Individualized Treatment Plan* for each offender within 14 days after offender arrival:
      1) Emailed to coraccdreports(at)mt.gov (subject line: *STEP, Offender Name, DOC ID #, Treatment Plan*); and
   b. Approved or rejected by the Department within 21 days after offender arrival.
2. All treatment plans must include:
   a. Projected length of stay (LOS) and any recommended changes to the identified placement path;
   b. The results of the following assessments:
      1) A current MORRA;
      2) TCU-5;
      3) AUDIT;
      4) Static-99R;
      5) Stable-07 or SOTIPS;
      6) Responsivity assessments, such as those related to mental health, suicide risk, or motivation for change; and
      7) ODARA, if current felony offenses include intimate partner violence; and
   c. Clear indication of successful completion of all treatment and programming requirements of the overall program.
      1) Note: All required treatment and programming must be based on the offender's individualized assessments, case history, and requirements from the Department, Court, and/or BOPP.
3. Progress reviews must occur as follows:
   a. Interviews are conducted with each offender as part of the ICPM program at the following intervals:
      1) One interview prior to entry into the Primer track;
      2) One interview following completion of the Primer track **or** prior to entry into the Moderate track;
      3) Individual sessions following completion of each module for Modules 1-4; and
      4) One interview following completion of Module 5.
   b. Program interviews should be conducted at the designated timeframes using the appropriate Interview and Risk/Needs Analysis Booklet.
   c. Individual interviews should:
      1) Be conducted after each ICPM program module;

2) Follow the outlined session in the program module;
3) Determine the offender's progress, or lack of progress, in meeting program components;
4) Identify potential solutions for addressing barriers; and
5) Be documented and uploaded to the offender management system as directed by the Department.

d. In addition to interview sessions, individual sessions with a case manager should occur as needed, but no less than twice per month, to access overall program progress, update treatment plans, and address discharge planning.

4. Progress reporting is required using the *FPB 6.2.437 (H) Progress/Summary Report*.
   a. The completed *Progress/Summary Report* must be submitted to coraccdreports(at)mt.gov (with the subject line *Facility: Offender last name, Offender first name: [day of stay] PSR*):
      1) At least 30 days prior to the projected completion date indicated in the treatment plan (must contain information on offender's progress and whether offender is estimated to release by the projected completion date); and
      2) After the above submission, if the offender:
         a) Discharges on the anticipated completion date, no subsequent LOS reports are necessary; or
         b) Does not discharge on the anticipated completion date, subsequent LOS reports are due every 30 days until discharge, consistent with *FPB 6.2.437 Lengths of Stay*.
   b. Discharge summaries will be submitted consistent with *FPB 6.2.437 Lengths of Stay*.

5. Transition Planning
   a. Individualized transition planning should begin at the time of an offender's entry into the program. This process requires program staff to identify and understand:
      1) The offender's correctional status in their program, as an inmate under the jurisdiction of the BOPP or the Department, or as an offender on community supervision;
      2) All timeframe limitations associated with the offender's placement in the program;
      3) The offender's planned next placement and correctional status in that placement; and
      4) The processes associated with transitioning the offender to their next placement and correctional status.
   b. The transition plan will be completed as part of the initial treatment plan.
   c. The transition plan will be fluid and include a minimum of the following topic areas:
      1) Employment, if applicable;
      2) Financial, to include restitution and fines;
      3) Housing, if applicable;
      4) Medical insurance coverage (for example, Medicaid or private insurance, or plan to obtain coverage);
      5) Medical, mental health, and on-going treatment needs;
      6) Ongoing education; and
      7) Resource list (for example, Veterans Affairs contacts, etc.).
   d. The transition plan must be finalized at least 5 days in advance of the offender's successful completion of the program.
   e. For offenders:
      1) Transferring to another program or releasing to community supervision following successful completion of the program, program staff shall:
         a) If required for the offender, identify and facilitate acceptance by an SO treatment provider for treatment services; and
         b) Forward the transition plan to the subsequent placement or P&P Officer at least 5 days in advance of the transfer.
      2) Releasing to community supervision, the program shall:
         a) Ensure staff have appropriately investigated and verified the offender's release residence with collateral contacts (all collateral contacts must be documented); and

b) Once a release date is set, assist offender in scheduling appointments with applicable community-based providers for medical, behavioral health, and other aftercare services.

3) Who do not successfully complete the program, no finalized transition plan is required; however, a discharge *PSR* shall be completed and forwarded in accordance with *FPB 6.2.437 Lengths of Stay (LOS)*.

V. CLOSING

Questions about this requirement should be directed to the Community Corrections Facilities and Programs Bureau.

VI. REFERENCES

A. *FPB 6.2.437 Lengths of Stay*

VII. FORMS

FPB 6.2.462 (A) Individualized Treatment Plan