

- 68 Bed facility to treat sex offenders in a variety of capacities
- Run up to 6 groups at once – 10-12 in each group
  - The ICPM-SO moderate and high intensity and community groups are close ended. For the full program a client can only join a group at the beginning of a new module, if that is the module they are on.
  - The Maintenance group is open-ended, can be on-going and joined anytime
- 6-8 programming staff needed– ATSA members (non-licensed)- these staff are dedicated to providing the ICPM program to offenders
- 1 ATSA clinical member to clinically (and administratively) supervise as well as take part in High intensity programming- this individual would be onsite
- 2-3 case managers/IPPO – transition offenders in and out to community
- All programming staff need 3 weeks of ICPM training (multi and SO), provided and approved by DOC, would need recertification every 3 years
- 2-3 treatment rooms
- Programming can happen up to 6x/week, programmers can only run 1 full program (+ a primer or maintenance group) at one time
- Programming:
  - ICPM-SO Primer/Moderate Intensity Hybrid (25 weeks @ 5 sessions/wk, 2-2.5 hr session, 6 individual sessions)– run by 1 programmer, up to 10 offenders, for individuals who need the entire program (have never had ICPM) and risk level with MORRA/STATIC/STABLE moderate
  - ICPM-SO Primer/High Intensity Hybrid (34 weeks @ 5 sessions/wk, 2-2.5hr session, 6 individuals)- run by 2 programmers, up to 12 offenders, for individuals who need the entire program (have never had ICPM) and risk level with MORRA/STATIC/STABLE is high
  - ICPM-SO Maintenance (20 sessions, 2.5hr sessions, can be repeated) - for individuals who have had mod or high intensity ICPM-SO program and have been recommended for maintenance. They could come from community or prison
  - ICPM-SO Primer/Community (~10 weeks @ 5 sessions/wk, 2-2.5hr session, 3 individuals)– for individuals who have completed previous, non-ICPM programming and are revoked or in need of additional programming
- Programming Path Determination:
  - Most offenders will come to START-SO with their recommendation for programming already determined by DOC. On occasion screeners may need to be done to assess what programming the individual needs; in these cases, DOC would approve the program path prior to the offender starting.
  - New crime/fresh sentence- come from jail or assessment centers
    - Primer, full program (moderate or high)
  - Revocation by court for any reason – 1 of 2 tracks
    - Primer, full program (moderate or high) – those who are not treatment complete from a past program
    - Primer, community program – those who are treatment complete from a previous program, non-ICPM

- DOC commits who did not make it to community and are revoked by DOC (from a treatment or prerelease center) – 1 of 2 tracks
  - Primer, full program (moderate or high) – those who are not treatment complete from a past program
  - Primer, community program – those who are treatment complete from a previous program, non-ICPM
- Parole upon completion – come from prison
  - Primer, full program (moderate or high)
- In-Program Referral for Additional Maintenance Programming:
  - Referrals must be made to the DOC with approved form and approved by Programming Manager (need to develop form)
  - Maintenance can be recommended for a number of reasons:
    - If a person participated in a high intensity program, they are automatically referred to Maintenance
    - Most referrals come directly from the programmer for following reasons:
      - Deficits that were not addressed
      - Problematic institutional behaviors
      - New write ups
      - revocations
- Additional Programming Considerations:
  - Prosocial/productive activities should compromise 8 hours of the work week
- Follow-Up Placement Considerations:
  - This program may not be stacked with any other treatment programs (ex. WATCH, Pine Hills, CCP, Nexus).
  - The referral source (assessment center, P&P, BOPP) should determine where the offender will go following this program and that should be known prior to the offender's placement in the program (if PRC, not necessarily screened and approved, but at least decided). SO Program staff may also recommend PRC if something arises during the offender's program which points to the appropriateness of a PRC to follow (loss of housing, etc.); in these cases, DOC would approve prior to referral.