

**Directive 251.04 Vermont Treatment Program For Sexual Aggressors Record Keeping**

**STATE OF VERMONT  
AGENCY OF HUMAN SERVICES  
DEPARTMENT OF CORRECTIONS**

**Directive: 251.04**

**Subject:** Vermont Treatment Program For Sexual Aggressors Record Keeping  
**Effective Date:** December 7, 1998      **Review and Re-Issue Date:**  
**Supersedes:** NEW      **APA Rule Number:**

<b>Recommended for approval by:</b>		<b>Authorized By:</b>	
_____	_____	_____	_____
<b>Signature</b>	<b>Date</b>	<b>Signature</b>	<b>Date</b>

**1. Authority:**

**1.1** Authority for this directive is derived from Title 28 V.S.A. (c)(1).

**2. Purpose:**

**2.1** To establish a statewide system for developing, maintaining, and auditing clinical files for the Vermont Treatment Program for Sexual Aggressors and to establish minimum documentation requirements for the Department of Corrections core file for offenders participating in VTPSA program services.

**3. Applicability/Accessibility**

**3.1** Anyone may have a copy of this directive.

**4. Directive**

**4.1 Implementation**

**4.1.1** All VTPSA service providers and DOC staff in Correctional Facilities and Community Correctional Service Centers working with offenders participating in these programs will be expected to adhere to the requirements of this directive.

**4.2 Specific File Requirements**

**4.2.1** VTPSA Inpatient File (See VTPSA Record Keeping Policies)

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**4.2.1.1(a) VTPSA Face Sheet**

VTPSA Treatment Task Worksheet

VTPSA Treatment Review

VTPSA Treatment Termination/Transfer Summaries

Psychosexual Evaluation Agreement

Waiver of Confidentiality

Informed Consent Documents

VTPSA Treatment Agreement

**4.2.1.1(b) VTPSA Individual Treatment Plan**

VTPSA Progress Notes

VTPSA Specialty Progress Notes

**4.2.1.2(a) VTPSA Psychosexual Evaluations**

VTPSA raw test data

**4.2.1.2(b) Probation (warning) letters c**

Facility Incident Reports

Requests to see treatment team

Correspondence concerning current treatment

**4.2.1.3(a) Authorizations of Disclosure**

Past Psychosexual Evaluations

Previous records

Previous relevant correspondence

**4.2.1.3(b) Client program assignments**

**4.2.2 VTPSA Outpatient File (See VTPSA Outpatient Record Keeping Policies)**

**4.2.2.1** VTPSA contracted outpatient clinicians shall follow the VTPSA Treatment Guidelines and maintain a clinical record for all referred

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clients. The clinical record shall contain the following, at a minimum:

- 4.2.2.1.1** Waiver of confidentiality
- 4.2.2.1.2** Treatment Agreement
- 4.2.2.1.3** Social History
- 4.2.2.1.4** VTPSA Treatment Review forms
- 4.2.2.1.5** Progress Reports
- 4.2.2.1.6** Treatment/Termination/Transfer Summary
- 4.2.2.1.7** Probation/Disciplinary Notices
- 4.2.2.1.8** Risk Assessment

### **4.2.3 DOC Core File shall contain the following documentation at a minimum:**

- 4.2.3.1** Referral to treatment
- 4.2.3.2** Treatment acceptance/rejection with justification\*
- 4.2.3.3** VTPSA Treatment Review forms biannually\*
- 4.2.3.4** Milestone events: probation, termination, aftercare, program completion\*
- 4.2.3.5** Case record documentation of client contacts according to standard
- 4.2.3.6** Case record documentation of collateral contact with treatment provider

(at least monthly during regular program and at least bimonthly during aftercare)

\*Provider information above must be forwarded to DOC timely.

## **4.3 File Location**

**4.3.1** VTPSA inpatient clinical files shall be kept in a locked filing cabinet within the VTPSA staff office. Access shall be limited to members of the treatment team. Outpatient clinical files shall be kept in a locked filing cabinet in the office or treatment location of the clinical provider. Access shall be limited to the service provider except for audit or evaluation as specified in the contract for services.

## **4.4 Closed Files**

**4.4.1** Closed clinical files should be kept indefinitely in a secure location for purposes of ongoing research and evaluation.

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**4.5 Audits**

**4.5.1** Clinical files should be audited annually through a process defined by the VTPSA Program Coordinator of Sex Offender Services. Documentation of audits shall minimally include the name of the auditor, date of audit, identification of the file audited, the number of files audited, and if necessary, remedial action taken. This file audit does not take the place of other evaluation projects that may be undertaken by VTPSA or the Department of Correction Quality Assurance Director. Superintendents are to assure audits of DOC core files and sex offender requirements should be included in that process.

**5. Training Method**

**5.1**

**6. Quality Assurance Processes**

**6.1**

**7. Financial Impact:**

**7,1**

**8. References**

**9. Responsible Director and Draft Participants**

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