CD-101700	**NEW MEXICO CORRECTIONS DEPARTMENT**	**ISSUE DATE: 05/20/02** **EFFECTIVE DATE: 05/20/02** **REVIEW/REVISED: 05/28/08**
	TITLE: **Sex Offender Treatment Programming**	

AUTHORITY:

A. NMSA 1978, Section 33-1-6, as amended
B. Policy *CD-010100*
C. Policy *CD-082801*

REFERENCES:

A. ACA Standards 2-CO-4E-01, *Manual of Standards for the Administration of Correctional Agencies*, 2nd Edition.
B. ACA Standard 4-4281-4, *Standards for Adult Correctional Institutions*, 4th Edition.
C. *Responsible Living: A Sex Offender Treatment Program*, Medlin Training Institute, Julie C. Medlin, Ph.D, Stockbridge, GA, 1985.
D. *The Sex Offender*, Volumes 1-3, editors Barbara Schwartz, Ph. D. and Henry Cellini, Ph. D., Civic Research Institute, 1995, 1997, 1999.
E. *Practice Standards and Guidelines for Members of the Association for the Treatment of Sexual Abusers*, Beavertown, OR, 2005.
F. *Starting Over*, Federal Bureau of Prisons, 2004.

PURPOSE:

To enhance public safety by providing sex offenders with cognitive-behavioral sex offender treatment programming designed to facilitate pro-social behaviors and halt criminal sexual behaviors.

APPLICABILITY:

All custody and program staff assigned to work with, administer, and/or supervise NMCD and contract facilities sex offender treatment programs including residential programs designed as Community Reintegration Units (CRU). All inmates assigned to participate in the CRU Programming.

FORMS:

A. **CRU Agreement to Participate** Form *(CD-101701.1) (2 pages)*
B. **CRU Refusal to Participate** Form *(CD-101701.2)*
C. **CRU Limits of Confidentiality** Form *CD-101702.1)*
D. **CRU Tier 1 Pre-Treatment Program Treatment Plan** *(CD-101702.2)*
E. **CRU Tier 2 Intensive Treatment Plan - Relapse Prevention Introductory Program** *(CD-101702.3)*
F. **CRU Tier 3 Intensive Treatment Plan - Relapse Prevention Intermediate Program** *(CD-101702.4)*
G. **CRU Tier 4 Intensive Treatment Plan - Relapse Prevention Advanced Program** *(CD-101702.5)*
H. **CRU Tier 5 Reintegration Program Treatment Plan** *(CD-101702.6)*
I. **CRU Individual Treatment Needs- Treatment Plan** *(CD-101702.7)*
J. **CRU Monthly Progress Report** Form *(CD-101702.8)*
K. **CRU Treatment Summary** Form *(CD-101702.9)*
L. **CRU Group Treatment Sign-In** Form *(CD-101702.10)*
M. **CRU Program Participation Tracking Log** Form *(CD-101703.1)*
N. **CRU Quarterly Report** Form *(CD-101703.2)*

ATTACHMENTS:

None

DEFINITIONS:

A. *CRU Clinical Supervisor*: The CRU Clinical Supervisor is responsible for the overall integrity and administration of the CRU and the supervision of the CRU mental health services program staff. The CRU Clinical Supervisor reports to the facility Mental Health Manager

B. *CRU Program Staff*: Mental Health Services staff assigned to provide the sex offender treatment and management program services including substance abuse education at the CRU.

C. *CRU Treatment Provider's Manual*: A manual used by all CRU program staff in the delivery of sex offender treatment.

D. *Community Reintegration Unit (CRU)*: The CRU program is an intensive treatment program for sex offenders, based upon a cognitive-behavioral and relapse prevention model. Treatment focus will include helping the programmers identify and change distorted thinking patterns, deviant sexual fantasies, deviant sexual behaviors and substance abuse problems.

E. *Static 99*: an actuarial 10-item instrument designed to assess sexual recidivism using static risk factors.

F. *Treatment Progress Scale (TPS)*: The Sex Offender Treatment Needs and Progress Scale measures dynamic risk factors and is designed to help in identifying and monitoring the treatment needs, supervision needs and progress of adult male sex offenders. The scale consists of 22 risk factors empirically or theoretically linked to sexual offending.

POLICY:

A. The New Mexico Corrections Department (NMCD) will organize, implement, supervise and oversee sex offender treatment programs including residential sex offender treatment programs in designated public and private prison facilities. The sex offender treatment programs will enhance public safety by providing treatment programming designed to facilitate offender pro-social behaviors and halt offender criminal sexual behaviors.

B. Inmates identified as high risk with a history of sexually assaultive behavior are assessed by a mental health or other qualified professional. Inmates with a history of sexually assaultive behavior are identified, monitored, and counseled. **[4-4281-4]**

Original Signed and Kept on File

_____ 05/28/08

Bianca McDermott, PhD, Mental Health Authority Date
New Mexico Corrections Department

_____ 05/28/08

Joe R. Williams, Secretary of Corrections Date
New Mexico Corrections Department

CD-101701	**NEW MEXICO CORRECTIONS DEPARTMENT**	**ISSUE DATE: 05/20/02** **EFFECTIVE DATE: 05/20/02** **REVIEW/REVISED: 05/28/08**
	TITLE: **Sex Offender Treatment Program Selection and Assignment Process**	

AUTHORITY:

Policy *CD-101700*

PROCEDURES:

A. Eligibility for Sex Offender Treatment:

An inmate must be serving a sentence for sex offense(s) including, but not limited to: Criminal sexual penetration in the first, second, third or fourth degree; Criminal sexual contact of a minor in the third degree; and Sexual exploitation of children (30-6A-3, (B,C,D)). This includes serving any sentence that is concurrent to a sex offense, consecutive to a sex offense or a sentence to which a sex offense is consecutive. Inmates with other sex offenses may be considered for sex offender treatment on a case-by-case basis.

Inmates not eligible for the CRU program may request to participate an individual treatment program as described in CD-101704.

B. Selection Criteria for CRU:

An inmate shall not be required to participate in the CRU program if all of the sex offenses for which he/she has been convicted and sentenced to prison for are on appeal. Once all appeals are resolved, an inmate may be required to participate in the program if the inmate remains convicted of one or more sex offenses and he/she meets the selection and assignment criteria for the CRU program.

1. An inmate must be serving a sentence for sex offense(s) including, but not limited to: Criminal sexual penetration in the first, second, third or fourth degree; Criminal sexual contact of a minor in the third degree; and Sexual exploitation of children (30-6A-3, (B, C, D)). This includes serving any sentence that is concurrent to a sex offense, consecutive to a sex offense or a sentence to which a sex offense is consecutive. Inmates with other sex offenses may be assigned to the CRU based upon program evaluation, availability and security issues.

2. Inmates must have been approved for placement into the CRU by NMCD Classification Bureau at Central Office through the classification process.

3. Inmates must have a projected prison release date of at least 18 months. Inmates with the earliest projected prison release date shall be given priority for placement into the CRU, as long as the inmate meets the other selection criteria. Ideally treatment will be completed by inmates just prior to release into the community.

4. The inmate must be psychologically stable and have sufficient intellectual capability to participate in and benefit from the program.

   a. For inmates who have questionable psychological stability, the NMCD facility psychiatrist will perform an assessment to determine if the inmate is psychologically stable enough to participate in the CRU Program. In those instances when the psychiatrist determines that an inmate is psychologically unstable, the psychiatrist shall consult with the Mental Health Services Bureau Chief prior to a final determination as to the inmate's ability to program.

   b. For those inmates who have questionable intellectual capacity to participate in the CRU Program, the Mental Health Services Bureau Chief (or appointed designee) shall determine which assessment instruments are to be used and which staff person will conduct the assessment. Upon completion of the assessment, the assessor shall meet with the Mental Health Bureau Chief (or appointed designee) at which time a decision will be made.

5. The inmate must show some willingness to participate in the program and display some desire to change his behaviors and attitudes which are associated with sex offending. Inmates who display hostile or uncooperative attitudes shall not be considered appropriate for treatment. They shall be issued a misconduct report for Failure to Program and shall be subject to the consequences listed in CD-101702 (J).

C. Referral Process:

1. The CRU Clinical Supervisor shall review the NMCD Internal Facility Reports on Sex Offenders to determine the eligibility of inmates for entry into the CRU Program. The CRU Clinical Supervisors at Level II and Level III facilities shall identify inmates whose projected release dates are consistent with the requirements of paragraph B(3) above.

2. The CRU Clinical Supervisor shall contact the Mental Health Manager of the facility in which the inmate resides and request that they assess whether the inmate's psychological stability and intellectual capacity are compatible with the CRU Programs. For an inmate whose mental health is appropriate for treatment, the mental health manager shall request the Classification Supervisor or Unit Manager to verify that the inmate's projected prison release date is accurate and that the inmate meets all classification criteria for placement into the CRU Programs.

3. If the Mental Health Manager determines that the inmate's psychological stability or intellectually capacity are incompatible with the CRU Programs, they shall follow the procedures outlined in CD-101701(3). For facilities which house CRU Programs, the CRU Clinical Supervisor shall be responsible for the duties of the Mental Health Manager stated above.

4. Once the Classification Supervisor or Unit Manager verifies that the inmate's projected release date meets the CRU criteria stated in B(3) above, and the inmate meets all classification criteria for placement into the CRU Programs, they shall set up a Classification Committee meeting.

D. Classification Process for Assignment to CRU:

1. At the Classification Committee meeting, the inmate will be informed that he is being assigned to the CRU sex offender treatment programs.

2. If the inmate refuses to accept the assignment, the inmate will be informed of the consequences of not actively participating in his assigned program. If he still refuses to accept the assignment, he will be asked to sign the **CRU Refusal to Participate** Form (CD-101701.3). If the inmate refuses to sign this form, it will be witnessed by staff that the inmate "refused to sign."

3. For inmates who agree to accept the assignment to the CRU Programs, the Classification Committee of the sending facility shall refer the inmate to the Classification Bureau at Central Office.

4. If approved for the CRU Programs by the Central Office Classification Bureau, the Bureau shall arrange for the inmate's placement at the CRU Program facility, pending space availability.

5. At the receiving facility, the inmate shall meet with the CRU staff to review the **CRU Agreement to Participate** Form *(CD-101701.1)* and the **CRU Limits of Confidentiality** Form *(CD-101702.1).*

E. Consequences for Refusal to Actively Participate

If an inmate refuses to participate in the CRU Program the following will occur:

1. The inmate's file will be flagged and the inmate will not be eligible to earn good time. The inmate will be terminated from good-time earning status pursuant to the applicable NMCD good time policy (CD-080200; CD-080400; or CD-080600). An inmate who has been terminated from good time earning status will be ineligible for reinstatement on good time earning status until the inmate meets the following criteria:

   a. The inmate agrees to participate in the CRU Program; and

   b. The inmate is approved through the classification process and accepted by the CRU Clinical Supervisor back into the program or placed by the CRU Clinical Supervisor on the official waiting list for the program.

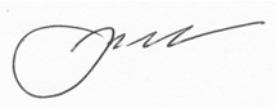
2. The inmate may be given other institutional assignments for which pay may be received. However, the inmate will not be eligible to earn good time for such work unless reinstated on good time earning status as described above.

3. The inmate should be transferred from the current facility. However, if all members of the classification committee agree that the inmate would not contribute negatively to the programming environment for current and future CRU programmers he may be transferred to another housing unit within the same facility.

Original Signed and Kept on File

_____ 05/28/08

Bianca McDermott, PhD, Mental Health Authority Date
New Mexico Corrections Department



_____ 05/28/08

Joe R. Williams, Secretary of Corrections Date
New Mexico Corrections Department

NEW MEXICO
CORRECTIONS DEPARTMENT
CRU Agreement to Participate

1. I enter into this **Community Reintegration Unit (CRU) Agreement to Participate** with the New Mexico Corrections Department to allow their staff to provide me with treatment services for my sexual offending behavior. I understand that the primary goals of treatment are: (1) to help me reduce my risk to re-offend: and (2) to protect the community from my sexual offending behavior.

2. I agree to be honest and accept full responsibility for my sexual offenses. I understand that successful treatment depends upon full acknowledgement of my sexual offenses.

3. I have read and signed the CRU Limits of Confidentiality Form and I understand the limits of confidentiality.

4. I understand that treatment will focus on eight areas: (1) Taking Responsibility; (2) Relapse Prevention; (3) Individual Risk Factors; (4) Cognitive-Behavioral Change; (5) Healthy Sexuality and Relationships; (6) Health and Wellness; (7) Support Teams and Release Plans; and (8) Community Participation.

5. I understand that treatment techniques that will be used include talk therapy (primarily in group format), writing, reading, films, psycho-educational classes, role plays and discussions. I also understand that behavioral treatment may be required as part of my treatment and that behavioral treatment will ask me to pair my deviant sexual thoughts and fantasies with aversive scenes. I understand that neither the polygraph nor plethysmograph will be used in the CRU Program.

6. I understand that I may find certain aspects of my treatment stressful. For example, discussing possibly embarrassing personal issues in treatment may result in my feeling anxious, upset, angry, guilty, ashamed or depressed. I will inform staff if I experience undue stress as a result of any treatment intervention and I understand that treatment will be available if any of these symptoms persist.

7. I understand that I have the right and will have the opportunity to have each treatment method explained to me before being requested to carry out each new treatment method. I understand that I have the right to refuse to participate in any assessment or treatment method. I also understand that if I refuse to participate in one or more assessment or treatment methods, that I may become ineligible to continue treatment.

8. I understand that recent research indicates that men who have completed specialized sex offender treatment programs have lower sexual recidivism rates than those who do not. I am also aware that the practice of mental health treatment is not an exact science and I acknowledge that no guarantees have been made to me about the results of assessments and treatment.

9. I understand that completion of these programs will take approximately 27 months. I understand that this is a 5-tier program which contains 5 distinct programs. I understand that Program Tiers 2 through 4 (The Intensive Treatment Program) are the most challenging programs in the CRU and that in order to graduate from the Intensive Treatment Program, I must complete all required treatment goals and successfully compete all required psycho-educational classes. I understand that if I have had problems with substance abuse in my past, substance abuse treatment will be a required element of my treatment.

Inmate Name: _____ NMCD#: _____ Facility: _____

NEW MEXICO
CORRECTIONS DEPARTMENT
CRU Agreement to Participate
(Continued)

10. I acknowledge that I have caused harm to my victim(s). I agree to not use derogatory, demeaning or abusive language when discussing my victim and to use only my victim's first name out or respect for their right to privacy. I also understand that for the duration of my treatment I shall have no contact with my victim(s), including third party contact.

11. I understand that I will be required to arrange and participate in at least one support meeting with my support people who live in the community and who will assist me upon release. The purpose of this meeting will be to discuss my offending cycle and relapse prevention plan. I understand that CRU treatment staff will be present at this meeting and that Probation and Parole Officers may be invited to attend these meetings if deemed appropriate by the CRU Clinical Supervisor.

12. I agree to follow all CRU Program Rules including but not limited to the following: No use of drugs, alcohol or tobacco; No violence or threats of violence; No stealing; No sexual acting out; No violations of confidentiality; No use of pornography (as defined by the NMCD, CRU Clinical Supervisor and the community); No disrespectful use of language or gestures towards staff or inmates; No disrespectful use of language towards your victim(s).

13. I understand that I may be removed from the CRU Treatment Program for any of the following reasons: (1) Refusal to actively participate; (2) Receipt of a Misconduct Report for violating NMCD Rules; or (3) Violation of state or federal law. I understand that if I am removed from the CRU program I may not be eligible to receive good-time.

I have read, understand and acknowledge that I am required to follow all conditions listed above regarding my treatment and behavior. If I have any questions about this Treatment Agreement I have discussed them to my satisfaction with the person in charge of my treatment. By signing this Treatment Agreement, I give voluntary consent to participate in all the above.

Inmate NMCD#: _____

Inmate: _____ _____ _____
Printed Signature Date

CRU Staff: _____ _____ _____
Printed Signature Date

NEW MEXICO
CORRECTIONS DEPARTMENT
CRU Refusal to Participate

By signing below, I acknowledge that I have been informed of the consequences of my refusal to participate in the Community Reintegration Unit Sex Offender Treatment Program. These consequences are as follows:

1. I understand that I will be issued a Misconduct Report for failure to program;

2. I understand that my file will be flagged and I will be unable to earn good time. I will be terminated from good time earning status pursuant to applicable NMCD policy (CD-08201; CD-080400; or CD-08600).

3. I understand that once terminated from good time earning status I will be unable to be reinstated to good time earning status until I meet the following criteria:

   a. I agree to participate in the CRU Treatment Program by signing a CRU Treatment Agreement; and

   b. I am approved through classification process and I am accepted by the Clinical Supervisor into the program or placed by the CRU Clinical Supervisor on the official waiting list for the program;

4. I understand that I may be moved out of the institution and will be given other institutional assignments; however I will not be eligible to earn good time for such work until I am reinstated on good time earning status.

By signing below, I REFUSE to participate in the Community Reintegration Unit Sex Offender Treatment Program and I understand the consequences of my decision.

Inmate NMCD#: _____

Inmate Name PRINTED	Inmate SIGNATURE	Date
CRU Staff Name PRINTED	CRU Staff SIGNATURE	Date
Classification Staff Name PRINTED	Classification Staff SIGNATURE	Date

Inmate Name: _____ NMCD#: _____ Facility:_____

CD-101702	**NEW MEXICO CORRECTIONS DEPARTMENT**	**ISSUE DATE: 05/20/02** **EFFECTIVE DATE: 05/20/02** **REVIEW/REVISED: 05/28/08**
	TITLE: **Community Reintegration Unit (CRU)**	

AUTHORITY:

Policy *CD-101700*

PROCEDURES:

A. CRU Program Location:

1. The residential Community Reintegration Units (CRU) may be located at NMCD or contract Level II and Level III facilities. The Secretary or designated Deputy Secretary will approve which facilities will offer the program.

2. The approved facilities will have housing units dedicated to the exclusive use of the CRU. Vacant beds in the CRU housing units may be filled with inmates on the waiting list for the CRU program or with program mentors, tutors, or translators who are assigned by classification.

B. Confidentiality:

1. Inmates participating in the CRU Programs will be encouraged to divulge the totality of their deviant sexual history and sex offending behavior. However, inmates will not be required to divulge this information in such a way as to identify a particular victim, or in such a way as to allow the inmate to be identified as having committed a particular crime for which they have not been convicted. Furthermore, this information, which is required to be provided by the inmate concerning his deviant sexual history and sex offending behavior, will be considered confidential and privileged according to New Mexico Law. Program staff shall inform inmates that, as to the information they are required to disclose, they:

   a. Need not identify a specific victim;

   b. Need not disclose a specific crime by date and location; and

   c. Need not otherwise provide information that would identify a specific event.

2. Inmates in the CRU will not be required to disclose specific victims or identifying information regarding criminal activity for which they were not convicted, and they have the right not to incriminate themselves;

3. Inmates participating in the program will be informed that the following information, if voluntarily provided by the inmate, will be reported by the receiving staff member to the CRU Clinical Supervisor, who will in turn disclose the information as follows:

    a. Disclosure of any information that represents a threat to the safety or security of the institution will be reported to security;

    b. Disclosure of any information that represents a threat to self or to others will be reported to security;

    c. Voluntary disclosure of any specific information indicating that a child is abused or neglected or indicating that an incapacitated adult is and abused, neglected or exploited adult, will be reported to the Children, Youth and Family Department, as required by New Mexico Law; and

    d. Disclosure of any specific information indicating that the inmate has participated in a crime may be disclosed to law enforcement officials;

4. All inmates assigned to the CRU will receive a written statement regarding the CRU limits of confidentiality. **CRU Limits of Confidentiality** Form *(CD-101702.1)*. This form will be reviewed with the inmate and the inmate will be required to sign this form, acknowledging that they understand these limits.

5. Information regarding risk for recidivism will be provided to the New Mexico Parole Board and the NMCD Probation and Parole Division and potential outpatient treatment providers upon request and may include, but are not limited to the following:

    a. Results of risk assessment instruments such as the Static 99 and Treatment Progress Scale;

    b. Results or any other assessment instruments that have been deemed necessary for program participation by the Mental Health Services Bureau Chief;

    c. Recommendations for continued sex offender programming upon release, including CRU treatment summary and relapse prevention plan.

6. Disclosure information that does not specify specific CRU participants may be used for program evaluation and research.

C. CRU Programs:

The CRU Program will consist of five distinct programs or tiers: Pre-Treatment Program (Tier 1), Relapse Prevention Introductory Program (Tier 2), Relapse Prevention Intermediate Program (Tier 3) and Relapse Prevention Advanced Program (Tier 4), and Reintegration Treatment Program (Tier 5). Tiers 2, 3, and 4 are also called the Intensive Treatment Program. If possible, Tier 1 and Tier 5 programmers shall be housed in the same unit and Tier 2, 3 and 4 programmers shall be housed in their own unit. The procedures, guidelines and curriculum for these programs will be followed by CRU program staff as stated in the **CRU Treatment Provider's Manual.** This manual shall be developed and updated on a regular basis by the Mental Health Services Bureau Chief or designee. During the start-up of a CRU Program, CRU programmers may directly enter into the Intensive Treatment Program's Relapse Prevention Introductory Program (Tier 2).

1. Pre-Treatment Program (Tier 1):

   a. Purpose: This program will prepare the new programmer for the intensive programs. The main focus of this program will be to begin confronting the inmate's denial and minimization of his crime of conviction, to learn and practice new communication skills and to help him look at criminal attitudes and thinking that led to criminal behaviors.

   b. Required Program Activities: This program generally lasts 6 months, but may be longer or shorter depending on the inmate's level of participation in treatment, the inmates projected prison release date and the availability of space in the Intensive Treatment Program. The programmer will be required to attend at least one psychotherapy group and one psycho-educational group and complete all homework assignments. Program curriculum will be identified in the CRU Treatment Provider's Manual.

   c. Requirements for completion of Tier 1: A programmer shall have completed the Pre-treatment Program Tier when he has taken responsibility for at least some of his sex offense conviction(s), has shown the motivation and willingness to change behaviors and attitudes associated with his sex offense and has shown progress in identifying criminal thinking and attitudes that contributed to his offending. He must have completed all treatment goals listed on the **CRU Tier 1 Treatment Plan** Form *(CD-101702.2)*.

2. Intensive Treatment Programs (Tier 2- Relapse Prevention Introductory Program, Tier 3- Relapse Prevention Intermediate Program, Tier 4- Relapse Prevention Advanced Program):

   a. Purpose: These programs are the core of comprehensive sex offender treatment. These Intensive Treatment Programs will be divided into 3 distinct program tiers: Relapse Prevention Introductory Program (Tier 2), Relapse Prevention Intermediate Program (Tier 4), and Relapse Prevention Advanced Program (Tier 4). The programmer will be required to take full responsibility for his offense(s), will develop a comprehensive relapse prevention plan, will identify his motivations to offend, understand healthy sexuality, challenge his cognitive distortions, participate in community activities, develop support teams and develop realistic release plans.

   b. Required Program Activities: The program duration for both Tier 2 and Tier 3 will be 6 months with Tier 4 lasting 3 months. The programmer will be required to attend two weekly psychotherapy groups, several psycho-educational classes, support-team meetings, community meetings, and AA/NA recovery meetings if indicated. Program curriculum will be identified in the CRU Treatment Provider's Manual.

   c. Requirements for Completion of Intensive Treatment Program: In order for the Programmer to complete the Tier 2 Program he must satisfactorily complete all the treatment goals listed on the **CRU Tier 2 Treatment Plan** Form *(CD-101702.3)*. In order for the Programmer to complete the Tier 3 Program he must satisfactorily complete all the treatment goals listed on the **CRU Tier 3 Treatment Plan** Form *(CD-101702.4)* and all goals identified on the **CRU Individual Treatment Needs-Treatment Plan** Form *(CD-101702.7)*. In order for the Programmer to complete the Tier 4 Program he must satisfactorily complete all the treatment goals listed on the **CRU Tier 4 Treatment Plan** Form *(CD-101702.5)* and all goals identified on the **CRU Individual Treatment Needs-Treatment Plan** Form *(CD-101702.7)*.

   d. For programmers who do not complete all Treatment Goals on their treatment plan within the specified time-frame, the CRU Clinical Supervisor shall determine the appropriate course of action to include the following: passing the programmer into the next program and adding the uncompleted goals onto his next treatment plan; not passing the programmer into the next treatment program and placing him on a behavior management contract; or removing him from the program for failure to program.

3. Reintegration Treatment Program (Tier 5):

   a. Purpose: This program will focus on preparation of the programmer to return to the community. Treatment topics will include updating Relapse Prevention Plans, Socialization, Healthy Relationships, Release and Reintegration Preparation.

   b. Required Program Activities: The programmer in this program will attend at least one psychotherapy group and one psycho-educational class weekly. The programmer will also be expected to work individually and/or in groups with Tier 1 Programmers if possible. Additional groups, classes or assignment may be required depending upon the inmate's individual treatment needs. Program curriculum will be identified in the CRU Treatment Provider's Manual.

   c. Requirements for Completion of Reintegration Program: The programmer must show continued progress intervening on offense cycle behaviors and update his relapse prevention plan as required. He must also have completed a realistic release plan. He must have satisfactorily completed all goals identified on his **CRU-Tier 5 Treatment Plan** Form *(CD-101702.6)* and on his **CRU Individual Treatment Needs-Treatment Plan** Form *(CD-101702.7)*.

D. Assessments, Treatment Plans, Progress Notes and Treatment Summaries:

1. Mental health services, clinical assessments, treatment plans, and treatment reviews for mental health treatment issues other than sex offender specific treatment will be conducted according the NMCD Mental Health Policies CD-180000, CD-180100, and CD-180200.

2. A **Clinical Assessment,** Form (CD-180101.3) shall be completed within 14 days from their assignment into the Pre-treatment Program.

3. The treatment plans will be individualized and incorporate sex offender specific treatment goals and, if applicable, other mental health and/or psychiatric treatment goals. The sex offender treatment goals shall be different for each treatment program and shall be in accordance with the Treatment Plans specifically defined for each Program Tier *(CD-101702.2 - .10)*. Individual Treatment Needs shall be identified using the **CRU Individual Treatment Needs-Treatment Plan** Form *(CD-101702.7)*.

4. **CRU Monthly Progress Report** Form (*CD-101702.8)* shall be completed for each CRU Programmer on a monthly basis.

5. Prior to the CRU programmer being released into the community, the CRU program staff shall complete a **CRU Treatment Summary** Form *(CD-101702.9)*. Ideally this form shall be completed and submitted and presented at the Reentry Committee. This form shall be made available to the Parole Board, the inmate's parole or probation officer and his/her outpatient treatment provider upon the inmate's written consent to disclose this information.

E. Required Level of Active Participation for CRU Programmers

Inmates assigned to the CRU are required to actively and meaningfully participate in the program and adhere to the following standards:

1. Follow institutional and program rules;
2. Participate in community and program activities as scheduled;
3. Complete all homework in a timely manner;
4. Discuss specific details of his sex offense crime(s) of conviction;
5. Acknowledge patterns of deviant sexual thinking, fantasy and behavior;
6. Complete and cooperate with any sexual history or sexual interest assessments;
7. Complete and cooperate in the administration of any other assessment processes deemed necessary by the CRU Clinical Supervisor;
8. Compliance with random drug screens;
9. Maintain an attitude of seriousness and cooperation with treatment staff;
10. Take responsibility for sexual offense behaviors for crime(s) of conviction;
11. Acknowledge that they want to change behaviors and attitudes associated with sex offending and show continued progress in engaging in pro-social behaviors.

F. CRU Program Rules

All participants in the CRU Program will adhere to NMCD and facility rules and regulations regarding conduct. Violation of any NMCD, facility or program rules will subject the inmate be removed from the program. The CRU Program Rules include but are not limited to:

1. No use of drugs, tobacco or alcohol
2. No violence or threats of violence
3. No stealing
4. No sexual acting out
5. No violations of confidentiality
6. No use of pornography (as defined by NMCD and CRU Treatment Provider's Manual)
7. No disrespectful language or gestures toward staff or other programmers
8. No disrespectful language to be used toward the victim(s) of your offense(s).

G. Refusal to Actively Participate

1. Inmates who refuse to actively participate in accordance with the Required Level of Active Participation for CRU Programmers or fail to adhere to the CRU Program Rules shall be subject to removal from the CRU Program pursuant to NMCD Policy (CD-101702 (H)). Inmates who are removed from the CRU Program shall be subject to the consequences listed in NMCD Policy (CD-101702 (I)).

2. When determining the level of active participation for taking responsibility for sex offense behaviors (E (10) above) the following rule shall apply:

   a. For inmates in the Pre-treatment Program, they must take responsibility for some of the sex offense behaviors that they were convicted of within the first three months of treatment;

   b. For inmates in the Intensive Treatment Program, they must take significant responsibility for their sex offense behaviors within the first three months of treatment. "Significant" shall be defined as the offender's statements are mostly consistent with the major offense behaviors identified in official police reports and/or victim statements.

H. Maximum Benefit Derived

1. For certain programmers with developmental disabilities or limitations where it becomes clinically evident that the programmer will no longer benefit from the programming , it may be determined by the CRU Clinical Supervisor in consultation with the Mental Health Bureau Chief or designee, that this programmer shall be removed from the CRU Program. This individual will not be issued a misconduct report for failure to program.

2. For programmers who are resistant, defensive or hostile toward CRU programming, CRU programmers or NMCD staff, and it is evident that they will no longer benefit from continued treatment in the CRU, it may be determined by the CRU Clinical Supervisor, that this programmer shall be removed from the CRU Program. These programmers shall be issued a misconduct report for failure to program and they will be subject to the consequences listed in CD-101702(J).

I. Classification Process for Removal from CRU:

1. An inmate may be removed from the CRU for the following reasons:

   - Refusal to Actively Participate in the Program (see section CD-101702 (E)(G))
   - violation of program rules (see section CD-101702(F),
   - violation of a Behavior Management Contract or
   - violation of any institutional rules.

2. The CRU Clinical Supervisor will submit a written request to remove the inmate from the CRU Program. This request shall be sent to the Classification Supervisor or Unit Manager and shall include documentation of the inmate's violation of CRU Program policies or institutional rules.

3. Upon receipt of this written request, the Classification Supervisor or Unit Manager shall schedule the inmate for review by the Classification Committee.

4. The Classification Committee shall remove the inmate from the CRU Program and submit a recommendation for transfer to the Classification Bureau at Central Office.

5. Pending the classification action, the inmate may be housed in a location other the CRU housing unit that is consistent with his classification and security needs.

J. Consequences for Removal from CRU Program for Refusal to Actively Participate

If an inmate is assigned to the CRU Program and is removed from the program due to violation of this policy, and the inmate has been deemed able to participate in the program; or the inmate refuses to participate in the CRU Program the following will occur:

1. The inmate's file will be flagged and the inmate will not be eligible to earn good time. The inmate will be terminated from good-time earning status pursuant to the applicable NMCD good time policy (CD-080201; CD-080400; or CD-080600). An inmate who has been terminated from good time earning status will be ineligible for reinstatement on good time earning status until the inmate meets the following criteria:

   a. The inmate agrees to participate in the CRU Program; and

   b. The inmate is approved through the classification process and accepted by the CRU Clinical Supervisor back into the program or placed by the CRU Clinical Supervisor on the official waiting list for the program.

2. The inmate may be given other institutional assignments for which pay may be received. However, the inmate will not be eligible to earn good time for such work unless reinstated on good time earning status as described above.

3. The inmate should be transferred from the current facility. However, if all members of the classification committee agree that the inmate would not contribute negatively to the programming environment for current or future CRU programmers, he may be transferred to another unit within the same facility.

K. Reinstatement Process

Inmates who have been removed from the program or who have refused to actively participate may reapply in writing after 90 days have passed from the date of removal or refusal. This written request shall be submitted to the CRU Clinical Supervisor and shall be reviewed by the CRU Clinical Supervisor and the Classification Supervisor to determine if the inmate meets the assignment criteria for the program and if any of his problem behaviors and/or attitudes have significantly changed to consider him/her appropriate for treatment. A Classification Committee shall be held. Eligibility for reinstatement of good time shall be handled in accordance with classification policies CD-080200.

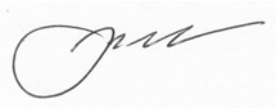
L. Program Completion

Inmates who have completed all five program tiers of the CRU Programs shall be reviewed by the Classification Committee for transfer to another facility or housing unit within the same facility. At the discretion of the CRU Clinical Supervisor, there may be certain limited exceptions to this for inmates who provide beneficial services to the CRU including mentoring, tutoring and translating.

Original Signed and Kept on File

_____ 05/28/08

Bianca McDermott, PhD, Mental Health Authority Date
New Mexico Corrections Department



_____ 05/28/08

Joe R. Williams, Secretary of Corrections Date
New Mexico Corrections Department

NEW MEXICO
CORRECTIONS DEPARTMENT
CRU Limits of Confidentiality

Inmate Initials	Confidentiality Provisions
	Inmates participating in the CRU Program will be encouraged to divulge the totality of their deviant sexual history and sex offending behavior. However, inmates will not be required to divulge this information in such a way as to identify a particular victim, or in such a way as to allow the inmate to be identified as having committed a particular crime or crimes which they have not been convicted of. Furthermore, this information, which is required to be provided by the inmate concerning his deviant sexual history and sex offending behavior, will be considered confidential and privileged according to New Mexico Law.
	For crimes in which you were not convicted you need not identify a specific victim; need not disclose a specific crime by date and location; and need not otherwise provide information that would identify a specific event. Inmates in the CRU Program have the right not to incriminate themselves.
	Voluntary disclosure of any information that represents a threat to the safety or security of the institution will be reported to security;
	Voluntary disclosure of any information that represents a threat to self or others will be reported to security;
	Voluntary disclosure of any specific information indicating that a child is abused or neglected or indicating that an incapacitated adult is and abused, neglected or exploited adult, will be reported to the Children Youth and Family Department as required by New Mexico law.
	Voluntary disclosure of any specific information indicating that the inmate has participated in a crime may be disclosed to law enforcement officials
	Information regarding risk for recidivism will be provided to the New Mexico Parole Board and the NMCD Probation and Parole Division and outpatient sex offender treatment providers upon request, and may include the following: results of risk assessment instruments (STATIC-99 and TPS), psycho-sexual assessments, the results of other necessary assessment instruments as determined by the CRU Clinical Supervisor, and treatment summaries, relapse prevention plans and recommendations for continued sex offender programming upon release
	Disclosure of information that does not identify specific CRU participants may be used for program evaluation and research.

By signing below and signing your initials next to the statements above, you acknowledge that you understand the limits of confidentiality as described herein.

_____	_____	_____
Inmates Name Printed	Inmate Signature	Date
_____	_____	_____
CRU Program Staff Name Printed	CRU Program Staff Signature	Date

Inmate Name: _____ NMCD#: _____ Facility: _____

NEW MEXICO
CORRECTIONS DEPARTMENT
CRU Tier 1 Pre-Treatment Program Treatment Plan

Treatment Goal	Treatment Modality	Evaluation Criteria
Understands components of treatment and agrees to participate	Group Therapy and/or psycho-educational	Signs CRU Treatment Agreement and Confidentiality Statement
Has a preliminary understanding of thinking errors	Group Therapy and/or psycho-educational	Completes homework as assigned, able to identify some personal thinking errors
Able to take responsibility for some offense behaviors for crime(s) of conviction	Group Therapy and/or psycho-educational	Is consistent with official reports
Has an attitude of seriousness and cooperation with treatment staff	Group Therapy and/or psycho-educational	Observations by staff
Acknowledges that he wants to change and shows willingness to actively and meaningfully participate	Group Therapy and/or psycho-educational	Observations by staff
Completes Responsibility-Taking Class	Group Therapy and/or psycho-educational	Certificate issued
Completes Communication Skills Class	Group Therapy and/or psycho-educational	Certificate issued

By Signing Below, I am consenting to this treatment plan:

_____	_____	_____
Inmates Name Printed	Inmate Signature	Date
_____	_____	_____
CRU Program Staff Name Printed	CRU Program Staff Signature	Date

Inmate Name: _____ NMCD#: _____ Facility: _____

NEW MEXICO
CORRECTIONS DEPARTMENT
CRU Tier 2 Intensive Treatment Plan - Relapse Prevention Introductory Program

Date Issued: _____ 90-day Treatment Review: _____

Responsibility	Relapse Prevention	Cognitive Behavioral Change	Healthy Sexuality & Relationships	Health and Wellness	Support & Release Plans	Community Participation
Discloses more about sexual deviancy than is noted in official documents	Is able to ID where their core beliefs and schemas fit into Offending Cycle, present to Group	Understands core beliefs are learned & IDs core beliefs & attitudes that contributed to his offense, can write Thinking Rprts, passes Cog. Change Class	Maintains or attempts to make regular contact with family members and/or a stable adult love relationship-keep log	Understands concept of a healthy family & roles you played in childhood-how it led to offense-passes Emotional WB class	Shows ability to ask for help, brings up issues in community mtng or group at least 1X, using "I " statements	Associates primarily with and values opinions of other inmates who are a positive influence-observations of staff
Ceases to blame others or external factors for offense	Identifies Offending Cycle-passes RP 1	Shows continued improvement in honest & open engagement with CRU staff, minimal behavioral problems	Discusses past and present deviant sexual fantasies, passes Behavioral Techniques class	Identifies personal health and wellness needs and challenges and develops plan	Meets regularly with support team and actively uses time productively-keep log	Consistently Interacts in social activities with other inmates at least 2 times per week-keep log
Admits commission of offense(s) of conviction consistent with official reports	Makes additions to Autobiogaphy and presents to his primary therapy group	Identifies own thinking errors that allowed him to by-pass internal barriers to commit sexual offense	Discusses concept of deviant arousal in group, Identifies deviant sexual interests and fantasies that were present at the time of offense	Participates in health and wellness activities regularly-keeps log	Identifies a strong support team on the unit-approved by group	Prepare a paper discussing what values and behaviors are important to community

By Signing Below, I am consenting to this treatment plan:

_____ _____ _____
Inmates Name Printed Inmate Signature Date

_____ _____ _____
CRU Program Staff Name Printed CRU Program Staff Signature Date

Inmate Name: _____ NMCD#: _____ Facility: _____

NEW MEXICO
CORRECTIONS DEPARTMENT
CRU Tier 3 Intensive Treatment Plan - Relapse Prevention Intermediate Program

Date Issued: _____ 90-day Treatment Review: _____

Responsibility	Relapse Prevention	Cognitive Behavioral Change	Healthy Sexuality & Relationships	Health and Wellness	Support & Release Plans	Community Participation
Write a Thinking Report from the victim's perspective on the first time you assaulted them. Read to group	Presents "Tier 3 Progress Report" to group- passes RP-2 class	Shows continued improvement in honest and open engagement with CRU staff, minimal behavioral problems	Maintains or attempts to make regular contact with family members and/or a stable adult love relationship- keep log- or write 3-5 in depth paper-why you haven't	Understands stages of anger- his early signs of anger- develops 3 strong interventions- passes Anger Management Class	Write a paper on : "My employment plan and my financial plan upon release"- read to group- ask for feedback- revise if needed	Continues to associate primarily with members of community who are positive influence- interacts regularly in CRU social activities
Participates openly and courageously in Expressive Therapy class- volunteers for exercises and role plays	Presents 2 "here and now" cycles in class, 1 in group	Identify thinking errors in others in your group and give appropriate feedback- ask others for feedback on your thinking errors-be open	Actively and openly participates in Sex Education class- passes class	Openly and honestly discusses past addiction issues of substance abuse and/or sex addiction; passes Substance Abuse class	Identifies strong support team on the outside- with one primary member – accepted by group	Follow through with your project until completion
Consistently presents "Introduction" of offense- w/o blaming, adding more specific details	Discusses "here and now" cycle behaviors openly and honestly in group immediately after slip	Write a 2-3 paper on your most concerning Core Belief or Schema that led to offense – read to group, ask for feedback	Write a 2-3 page paper on your most concerning sexual risky fantasy or sexual interest- ask for feedback from group	Write a 2-3 page paper on your most concerning "risky coping behavior", , read to group, ask for feedback f	Begins to make realistic release plan- identifies 5 pros and 5 cons for your chosen release plan	Identify one specific way (a significant project) that you can improve the CRU, present to group for approval

By Signing Below, I am consenting to this treatment plan:

_____ _____ _____
Inmates Name Printed Inmate Signature Date

_____ _____ _____
CRU Program Staff Name Printed CRU Program Staff Signature Date

Inmate Name: _____ NMCD#: _____ Facility: _____

NEW MEXICO
CORRECTIONS DEPARTMENT
CRU Tier 4 Intensive Treatment Plan - Relapse Prevention Advanced Program

Date Issued: _____ 90-day Treatment Review: _____

Responsibility	Relapse Prevention	Cognitive Behavioral Change	Healthy Sexuality & Relationships	Health and Wellness	Support & Release Plans	Community Participation
Shows emotional as well as intellectual empathy for others and demonstrates remorse	Present RP 1 cycle to new RP 1 class, Able to ID Risky triggers, feelings, thinking styles and coping behaviors by memory	Shows continued improvement in honest and open engagement with CRU staff, minimal behavioral problems	Maintains or attempts to maintain regular contact with family members &/or stable love relationship- keep log- or write in-depth paper- why you haven't	Read a book on self-improvement and write a 3-5 page paper on what you learned, read to group, ask for feedback	Write to Sex Offender Treatment Provider in region where you are going to be released- ask any questions- request info on group requirements	Write a "good bye" letter to CRU community- discussing your experiences- read to community
Actively and courageously participates in victim empathy class- Passes Victim Empathy class	Completes Relapse Prevention Plan- presents to group and staff, Passes RP 3	Most of the time- shows the ability to solve typical life problems- ability to recognize, ask for, and accept help when appropriate	Write a 2-4 page paper on your commitment to stay offense free for the rest of your life, read to group, ask for feedback	Shows ability to manage anger and other emotional states effectively- emotional states occur less frequently	Contact Probation-Parole officer in region where you live- ask any questions you have and request list of typical parole conditions	Meet with Pre-treatment programmers to discuss your experiences in the CRU
Identifies immediate and long-term effects of abuse on his victim(s)- shares Victim empathy journal with group	Continues to identify and intervene on risky cycle behaviors when they arise- bring them up in group and community	Has no or minimal difficulty recognizing and self-correcting attitudes or thoughts that support sexual offending	Write a 3-6 page paper on "The troubling patterns in my past love relationships- and my part in this"- read to group	Has shown consistent regular participation in health and wellness activities- keep log	Write a paper on your understanding of the sex offender registration requirements upon release- read to group	Consistently shows leadership in CRU Community by modeling pro-social, responsible and supportive behaviors

By Signing Below, I am consenting to this treatment plan:

_____ _____ _____
Inmates Name Printed Inmate Signature Date

_____ _____ _____
CRU Program Staff Name Printed CRU Program Staff Signature Date

Inmate Name: _____ NMCD#: _____ Facility: _____

NEW MEXICO
CORRECTIONS DEPARTMENT
CRU Tier 5 - Pre-Reintegration Program Treatment Plan

Treatment Goal	Treatment Modality	Evaluation Criteria
Continues to update Relapse Prevention Plan	Group Therapy and/or psycho-educational	Relapse Prevention Plan presented to and accepted by Group and staff
Shows leadership in community by modeling new behaviors and attitudes and helping other CRU programmers	Group Therapy and/or psycho-educational	Observations in group and community
Continues to build a healthy personal support team outside and makes contacts with treatment and probation etc.	Group Therapy and/or psycho-educational	Communication efforts and updates brought up in group regularly
Continues to be honest and open with acknowledging and intervening on "here and now" cycle behaviors	Group Therapy and/or psycho-educational	Observations by staff
Completes all homework assignments	Group Therapy and/or psycho-educational	Verified by staff

By Signing Below, I am consenting to this treatment plan:

_____	_____	_____
Inmates Name Printed	Inmate Signature	Date
_____	_____	_____
CRU Program Staff Name Printed	CRU Program Staff Signature	Date

Inmate Name: _____ NMCD#: _____ Facility: _____

NEW MEXICO
CORRECTIONS DEPARTMENT
CRU Individual Treatment Needs - Treatment Plan

Check One: [ ] Tier 1 [ ] Tier 2 [ ]Tier 3 [ ]Tier 4 [ ]Tier 5

Treatment Goal	Treatment Modality	Evaluation Criteria

By Signing Below, I am consenting to this treatment plan:

Inmates Name Printed	Inmate Signature	Date
CRU Program Staff Name Printed	CRU Program Staff Signature	Date

Inmate Name: _____ NMCD#: _____ Facility: _____

NEW MEXICO
CORRECTIONS DEPARTMENT
CRU Monthly Progress Report

Client Name: _____ NMCD#: _____ Month: _____

Behaviors Being Assessed for Progress	**Consistently Exceeds Expectations** Excellent	**Meets Expectations Most of the Time** Satisfactory	**Meets Expectations Some of the Time** Marginal	**Does not Meet Expectations** Unsatisfactory
Attends all sessions, arrives on-time				
Submits homework complete and on-time				
Shows willingness and desire to change				
Takes significant responsibility for his offense(s) without minimizing, denying or blaming				
Adds his own thoughts and ideas to discussion				
Able to identify distorted thinking in self and others				
Gives only constructive feedback intended to help others				
Willing to accept feedback from others without becoming defensive				
Open and Willing to explore deeper levels of thinking and feeling				
Shows progress in expressing emotions and opinions assertively and respectfully				
Willing to look at all aspects of his crime(s) and shares specific details				
Openly shares meaningful here & now personal issues				
Shows respect to all group members and facilitator				
Willing to ask for help and support when necessary				
Does not waste time in group sessions, does not monopolize group				
Openly discusses risky sexual fantasy in the past and the present				
Understands his high risk situations, discusses them openly and avoids them				
Volunteers to present treatment work and participate in group activities				
Current Classes and Treatment Work Presented:				
Comments:				

CRU Counselor (Typed/Printed): _____ Date:_____

Signature: _____

Inmate Name: _____ NMCD#: _____ Facility: _____

1) Name of Client and NMCD#:

2) Current Sexual Offense(s):

3) Prior Sexual Offense(s):

4) Other Criminal History:

5) Date Treatment Began:

6) Date Treatment Completed (if applicable):

7) Total Length of Treatment: (To Date if applicable):

8) Mental Health/Psychiatry/Medical/Learning Difficulties:

9) Psychoeducational Classes Completed:

10) Admission of Offense and Responsibility-Taking:

11) Level of Motivation and Cooperation with Treatment:

12) Risk and Need Summary:

- **a) Risk Factors Identified:**
- **b) High Risk Situations Identified:**
- **c) Treatment Progress on Risk Factors:**
- **d) Continued Treatment Needs:**

13) Conclusions/Recommendations:

Evaluator: _____ _____ _____

Typed/Printed Name **Signature** **Date**

Clinical Supervisor:_____ _____ _____

Typed/Printed Name **Signature** **Date**

Form CD-101702.10

NEW MEXICO
CORRECTIONS DEPARTMENT
CRU Group Treatment Sign-In

Group: _____ Date:_____

Inmate Signature	NMCD#	Major Check-in	Minor Check-in	Treatment Work Ready to Present	Treatment Work/Issues Presented/Comments

CD-101703	**NEW MEXICO CORRECTIONS DEPARTMENT**	**ISSUE DATE: 05/20/02** **EFFECTIVE DATE: 05/20/02** **REVIEW/REVISED: 05/28/08**
	TITLE: **CRU Record Keeping and Reports**	

AUTHORITY:

Policy *CD-101700*

PROCEDURES:

A. Tracking and Outreach for Removed CRU Participants:

1. The CRU Clinical Supervisor will maintain a record of all inmates assigned to the sex offender program that either complete or refuse to participate or who are removed from the sex offender program for failure to appropriately participate on the **CRU Program Participation Tracking Log** Form *(CD-101703.1)*.

2. For each inmate assigned to any of the CRU Treatment Programs, the CRU Clinical Supervisor shall enter the start dates and exit dates for completion of each program, or program tier, of the 5 programs within the overall CRU Program.

B. Quarterly Reports

The CRU Clinical Supervisor will provide a quarterly report to the Mental Health Services Bureau Chief covering the following issues on the **CRU Quarterly Report** Form *(CD-101703.2)*:

1. Program participation for each phase, waiting lists, and program completions/ graduations.

2. Removals from program by reason.

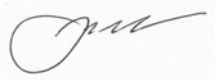
C. CRU Quality Assurance Reporting:

The CRU Clinical Supervisor is responsible for conducting and reporting quality assurance audits and implementing corrective actions plans per CD-180000. The audits will address the compliance with required program elements and the quality of the treatment programming.

Original Signed and Kept on File

_____ 05/28/08

Bianca McDermott, PhD, Mental Health Authority Date
New Mexico Corrections Department



_____ 05/28/08

Joe R. Williams, Secretary of Corrections Date
New Mexico Corrections Department

Form CD-101703.1

New Mexico Corrections Department
CRU Program Participation
Tracking Log

Name, Last	Name, First	NMCD#	Date entered Tier 1	Date entered Tier 2	Date entered Tier 3	Date entered Tier 4	Date entered Tier 5	Date Left Program	Reason *

* Graduation, Completed, Failure to Participate, Refusal to Participate, Parole, Probation, Discharge from Prison, Other (Specify)

Form CD-101703.2

New Mexico Corrections Department
CRU Quarterly Report

Program Location: _____ Reporting Period: _____

	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	All Tiers
Program Participants (Anytime During the Quarter)						
Number of New Participants						
Number of Participants (End of Quarter)						
Waiting List (End of Quarter)						
Number of Graduates/Completions						
Removed for Failure to Participate						
Removed for Refusal to Participate						
Removed for Misconduct not Related to Program						
Discharge from Prison						
Parole						
Probation						
Transfer to Another Institution						

Submitted By
CRU Clinical Supervisor: _____ _____ _____
Printed/Typed Name Signature Date

CD-101704	**NEW MEXICO CORRECTIONS DEPARTMENT**	**ISSUE DATE: 05/20/02** **EFFECTIVE DATE: 05/20/02** **REVIEW/REVISED: 05/28/08**
	TITLE: **Sex Offender Program – Non-CRU**	

AUTHORITY:

Policy *CD-101700*

PROCEDURES:

A. Sex Offender Programming

Inmates who reside in level IV, V or VI facilities or other inmates at level II or III facilities who are not eligible for the CRU programming, will be offered sex offender treatment. Programming will primarily be workbook-based, using coursework which is approved by the Mental Health Services Bureau Chief. Individual counseling may also be provided by mental health counselors who have received training in sex offender-specific programming and treatment.

B. Program Completion

Inmates completing this workbook program will be eligible to earn a certificate of completion but will not be able to earn a lump sum award.

Original Signed and Kept on File

_____ 05/28/08

Bianca McDermott, PhD, Mental Health Authority Date
New Mexico Corrections Department

_____ 05/28/08

Joe R. Williams, Secretary of Corrections Date
New Mexico Corrections Department