 <p>CD-181000</p>	<p>NEW MEXICO CORRECTIONS DEPARTMENT</p> <p><i>"We commit to the safety and well-being of the people of New Mexico by doing the right thing, always."</i> Courage Responsibility Ethics Dedication - CREDibly serving the public safety of New Mexico</p>	
	<p>ISSUE DATE: 05/20/02</p> <p>EFFECTIVE DATE: 05/20/02</p>	<p>REVIEWED: 02/28/18</p> <p>REVISED: 06/09/16</p>
	<p>TITLE: Sex Offender Treatment Programming</p>	

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, *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, 1998.
- D. *Practice Standards and Guidelines for Members of the Association for the Treatment of Sexual Abusers*, Beavertown, OR, 2005.
- E. *Starting Over*, Federal Bureau of Prisons, 2004.
- F. *A New Direction: Release & Reintegration Preparation*, Hazelden, 2002

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) or Sex Offender Treatment Programs (SOTP). All inmates assigned to participate in the CRU Programming or SOTP.

FORMS:

- A. **CRU Agreement to Participate** form (*CD-181001.1*) (2 pages)
- B. **CRU Refusal to Participate** form (*CD-181001.2*)
- C. **CRU Limits of Confidentiality** form (*CD-181002.1*)
- D. **CRU Clinical Assessment** form (*CD-181002.2*)
- E. **CRU Treatment Plan** (*CD-181002.3*)
- F. **CRU Monthly Progress Report** form (*CD-181002.4*)

- G. **CRU Treatment Summary** form (CD-181002.5)
- H. **CRU Pre-Treatment Treatment Plan** form (CD-181002.6)
- I. **CRU Post-Treatment Treatment Plan** form (CD-181002.7)
- J. **SOTP Agreement to Participate** form (CD-181003.1) (2 pages)
- K. **SOTP Refusal to Participate** form (CD-181003.2)
- L. **SOTP Limits of Confidentiality** form (CD-181004.1)
- M. **SOTP Clinical Assessment** form (CD-181004.2)
- N. **SOTP Treatment Plan** (CD-181004.3)
- O. **SOTP Monthly Progress Report** form (CD-181004.4)
- P. **SOTP Treatment Summary** form (CD-181004.5)
- Q. **SOTP Pre-Treatment Treatment Plan** form (CD-181004.6)
- R. **SOTP Post-Treatment Treatment Plan** form (CD-181004.7)

ATTACHMENTS:

- A. **CRU Documentation Requirements** Attachment (CD-181002.A)
- B. **SOTP Documentation Requirements** Attachment (CD-181004.A)


DEFINITIONS:

- A. CRU Manager: The CRU Manager is responsible for the overall integrity and administration of the CRU and the supervision of the CRU behavioral health services program staff.
- B. CRU Program Staff: Behavioral Health Services staff assigned to provide the sex offender treatment and program services including substance abuse education at the CRU.
- C. CRU Treatment Provider's Manual: The Medlin Training Institute Curriculum: *Responsible Living: A Sex Offender Treatment Program* 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 participant identify and change distorted thinking patterns, deviant sexual fantasies, and deviant sexual behaviors. It is a 12-month program designed for inmates within 24 months of release from prison.
- E. SOTP Director: The SOTP Director is responsible for the overall integrity and administration of the SOTP and the supervision of the SOTP staff.
- F. SOTP Program Staff: Behavioral Health staff assigned to provide the sex offender treatment and program services including substance abuse education at the SOTP.
- G. SOTP Treatment Provider's Manual: The Medlin Training Institute Curriculum: *Responsible Living: A Sex Offender Treatment Program* used by all SOTP staff in the delivery of sex offender treatment.

- H. Sex Offender Treatment Program (SOTP): The SOTP is an intensive treatment program for sex offenders, based upon a cognitive-behavioral and relapse prevention model. Treatment focus will include helping the participant identify and change distorted thinking patterns, deviant sexual fantasies, and deviant sexual behaviors. It is a 18-24 month program with an option for a compressed program and refresher program for inmates who are close to their release date.
- I. Static 99: an actuarial sex offender risk assessment instrument designed to assess sexual recidivism using static risk factors.

POLICY: [2-CO-4E-01]


- 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 behavioral health or other qualified professional. Inmates with a history of sexually assaultive behavior are identified, monitored, and counseled. **[4-4281-4]**



David Jablonski, Secretary of Corrections
New Mexico Corrections Department

02/28/18

Date

 <p>CD-181001</p>	<p>NEW MEXICO CORRECTIONS DEPARTMENT</p> <p><i>"We commit to the safety and well-being of the people of New Mexico by doing the right thing, always."</i> Courage Responsibility Ethics Dedication - CREDibly serving the public safety of New Mexico</p>	
	<p>ISSUE DATE: 05/20/02</p>	<p>REVIEWED: 02/28/18</p>
	<p>EFFECTIVE DATE: 05/20/02</p>	<p>REVISED: 06/09/16</p>
	<p>TITLE: Community Reintegration Unit, Sex Offender Treatment Program, Selection and Assignment Process</p>	

AUTHORITY:
Policy *CD-181000*

PROCEDURES:

A. Selection Criteria for Sex Offender Treatment in the Community Reintegration Unit (CRU):

1. An inmate must be convicted of a 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.
2. An inmate must have a projected prison release date between 12-24 months. Ideally treatment will be completed by inmates just prior to release into the community. 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.
3. The inmate must be psychologically stable and have sufficient intellectual capability to participate in and benefit from the program.
 - a. Those inmates whose psychological stability is questionable will be assessed by the facility psychiatrist to determine if the inmate is stable enough to participate in the CRU program. If the psychiatrist determines that an inmate is psychologically unstable, the psychiatrist shall consult with the Behavioral Health Bureau Chief prior to final determination as to the inmate's ability to benefit from the program.
 - b. For those inmates with questionable intellectual capacity to participate in the CRU Program, the Behavioral 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 Behavioral Health Bureau Chief (or appointed designee) at which time a decision will be made.
4. An inmate shall not be required to participate in the CRU program if all of the sex offenses for which he has been convicted and sentenced to prison for are on appeal.

5. An inmate with an U.S. Immigration and Customs Enforcement (ICE) detainer who doesn't speak English will not be required to participate in the CRU program but may request to participate in the CRU.
6. An inmate must have been approved for placement at the CRU facility by NMCD Classification Bureau at Central Office through the classification process.

B. Referral Process:

1. The CRU Manager or designee develops a list of inmates initially eligible for the CRU program by reviewing: 1) the NMCD internal reports on sex offenders, 2) the CRU Manager's list of sex offenders requesting treatment, and 3) the CRU Manager's databases of CRU graduates, CRU non-graduates, and inmates refusing CRU treatment.
 - a. A sex offender may request to be assigned or reassigned to the CRU Program by submitting a request through the facility Behavioral Health Manager/Director who will forward the request to the CRU Manager. If the inmate meets initial eligibility criteria, the CRU Manager adds the inmate to the list of Sex Offender's Requesting Treatment. If the inmate does not meet eligibility requirements but is likely to meet them in the future, the CRU Manager places the inmate on a waiting list.
2. The CRU Manager works with the Classification Bureau Chief to validate and refine the list of inmates eligible to be transferred and assigned to the CRU.
3. Inmates who have been identified as being eligible for transfer to the CRU program will be processed in accordance with the procedures outlined in Classification Policy *CD-080100* and transferred to the facility which has the CRU program.

C. Classification Process for Assignment to CRU:

1. At the Classification Committee meeting at the facility with the CRU program, the inmate will be informed that he is being assigned to the CRU sex offender treatment programs. The inmate is informed about the purpose of the program.
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-181001.3*). If the inmate refuses to sign this form, it will be witnessed by staff that the inmate "refused to sign." The administrative procedure for processing these inmates is described in Section D (Consequences for Refusal) below.
3. The inmate shall meet with the CRU staff to review the **CRU Agreement to Participate** form (*CD-181001.1*) and the **CRU Limits of Confidentiality** form (*CD-181002.1*).

D. Consequences of Refusal to 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 Manager back into the program or placed by the CRU Manager 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. Inmates that refuse to consent to mandated addictions programming may be referred to Classification and may receive sanctions.



David Jablonski, Secretary of Corrections
New Mexico Corrections Department

02/28/18

Date

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) Behavioral Techniques (3) Emotional Well-Being; (4) Victim Empathy; (5) Anger Management; (6) Sex Education (7) Relapse Prevention Plan; and (8) Health and Wellness.
5. I understand that treatment techniques that will be used include talk therapy (primarily in group format), writing, reading, films, psycho-educational classes, and discussions. 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. 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 behavioral 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.

Inmate Name: _____ NMCD#: _____ Facility: _____
CRU Agreement to Participate Form CD-181001.1 (06/09/16)

NEW MEXICO CORRECTIONS DEPARTMENT
CRU Agreement to Participate

- 8. I understand that completion of these programs will take approximately 12 months. I understand that this is a Three-phase program which contains 7 distinct core program modules. I understand that in order to graduate from the Treatment Program, I must complete all required treatment goals and successfully compete all required psycho-educational classes.
- 9. 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.
- 10. 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 Manager and the community); No disrespectful use of language or gestures towards staff or inmates; No disrespectful use of language towards the victim(s).
- 11. I understand that I may be removed from the CRU Treatment Program for any of the following reasons: (1) Refusal to take responsibility (2) Refusal to actively participate; (3) Receipt of a Misconduct Report for violating NMCD Rules; or (4) 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. I have had all my questions about this Treatment Agreement answered. I have discussed them to my satisfaction by 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

Inmate Name: _____ NMCD#: _____ Facility: _____

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-080201; CD-080400; or CD-080600*).
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 CRU Manager into the program or placed by the CRU Manager 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
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CRU Staff Name PRINTED	CRU Staff SIGNATURE	Date
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Classification Staff Name PRINTED	Classification Staff SIGNATURE	Date
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Inmate Name: _____ NMCD#: _____ Facility: _____
CRU Refusal to Participate Form CD-181001.2 (06/09/16)

 <p>CD-181002</p>	<p>NEW MEXICO CORRECTIONS DEPARTMENT</p> <p><i>"We commit to the safety and well-being of the people of New Mexico by doing the right thing, always."</i> Courage Responsibility Ethics Dedication - CREDibly serving the public safety of New Mexico</p>	
	<p>ISSUE DATE: 05/20/02</p> <p>EFFECTIVE DATE: 05/20/02</p>	<p>REVIEWED: 02/28/18</p> <p>REVISED: 06/09/16</p>
	<p>TITLE: Community Reintegration Unit (CRU)</p>	

AUTHORITY:

Policy *CD-181000*

PROCEDURES: [2-CO-4E-01]

A. CRU Program Location:

1. The residential Community Reintegration Units (CRU) may be located at NMCD or contract 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 Manager, 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 being abused, neglected or exploited, will be reported, as required by New Mexico Law, to the Children, Youth and Family Department in the case of children or to the Aging and Long Term Services Department in the case of adults; 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-181002.1*). 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;
 - b. Results from any other assessment instruments that have been deemed necessary for program participation by the Behavioral Health Services Bureau Chief;
 - c. Recommendations for continued sex offender programming upon release, including CRU treatment summary and relapse prevention plan.

C. CRU Pre-Treatment Program:

1. Inmates begin participating in Pre-Treatment upon assignment to the CRU and stay in Pre-Treatment until the next available treatment cohort enters the CRU Program. There is no minimum or maximum amount of time that an inmate can spend in Pre-Treatment.
2. The CRU Pre-Treatment helps inmates start making a commitment to treatment and positive behavior change. The approach is based on motivation strategies, self-responsibility and structured self-exploration. This is done with a combination of classroom work and self-paced workbook assignments.

D. CRU Treatment Program:

The CRU Treatment Program will consist of three distinct mandatory phases of approximately 4 months each: Beginning Phase, Intermediate Phase, and Advanced Phase and one optional phase; CRU Substance Abuse Treatment. The procedures, guidelines and curriculum for these programs will be followed by CRU program staff as stated in the *Responsible Living: A Sex Offender Treatment Program*, Medlin Training Institute, Julie C. Medlin, PhD, Stockbridge, GA, 1998. This program will be referred to as the **Responsible Living Program**. The following elements of the **Responsible Living Program** will not be used in the CRU Programs: 1) Polygraphs, 2) Penile Plethysmographs. Further modifications to this program must be approved by the Behavioral Health Services Bureau Chief or designee.

1. Beginning Phase (Responsibility Taking and Behavioral Techniques Modules):

- a. Purpose: The main focus of the Beginning Phase will be to begin confronting the inmate's denial and minimization of his crime of conviction, to learn and practice behavioral methods of reducing stress and controlling impulses, and to help him look at criminal attitudes and thinking that led to criminal behaviors.
- b. Required Program Activities: This program generally lasts 4 months. The participant will be required to attend all psycho-educational groups, complete all homework assignments, and complete major projects (Offense Summary, Offense Cycle, and Covert Sensitization Script).
- c. Requirements For Completion Of The Beginning Phase: A participant shall have completed the Beginning Phase 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 for Modules 1 and 2 as listed on the **CRU Treatment Plan** form (CD-181002.3).
- d. Remedies If A Module Isn't Completed On Time: For participant who do not complete all Treatment Goals on their treatment plan for each module within the specified time-frame, the CRU Manager shall determine the appropriate course of action to include the following: allowing the participant into the next module while working on the uncompleted; not passing the participant into the next treatment module and placing the inmate on a behavior management contract; or removing the inmate from the program for failure to participate.

2. Intermediate Phase (Emotional Well-Being and Victim Empathy Modules):

- a. Purpose: The participant will develop an understanding of healthy emotional well-being, how to express feelings in a healthy way, and develop an understanding of how sexually abusive behaviors affect victims.
 - b. Required Program Activities: The Intermediate Phase generally lasts 4 months. The participant will be required to attend all psycho-educational groups, complete all homework assignments, and complete major projects (Autobiography and Victim Scrapbook).
 - c. Requirements for Completion of the Intermediate Phase: The inmate must have completed all treatment goals for Modules 3 and 4 as listed on the **CRU Treatment Plan** form (*CD-181002.3*).
3. Advanced Phase (Anger Management, Sex Education, and Relapse Prevention Modules):
- a. Purpose: The participant will learn the relationship between anger and sexual offending and different techniques for managing anger, understand what is involved in a healthy sexual relationship, recognize false sexual beliefs, and identify the elements of a successful relapse prevention plan.
 - b. Required Program Activities: The Advanced Phase generally lasts 4 months. The participant will be required to attend all psycho-educational groups, complete all homework assignments, and complete major projects (Anger Journal, Sexual Development Comparison, and Relapse Prevention Plan).
 - c. Requirements for Completion of the Advanced Phase: The participant 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 Treatment Plan** form (*CD-181002.3*).
4. Requirements for Successful Completion of the CRU Program:
- a. Successful completion of all Program Modules.
 - b. Recommendation of the treating CRU Counselor(s) and the CRU Manager.

E. CRU Post-Treatment Program:

1. Inmates begin participating in Post-Treatment upon completion of the CRU Treatment Program and stay in Post-Treatment until released from prison or transferred from the CRU. There is no minimum or maximum amount of time that an inmate can spend in Post-Treatment.

2. CRU Post-Treatment provides additional help for CRU Program graduates in preparing for release from prison and reintegration into the community. Topics include setting goals, making plans for a new life, finding employment and a place to live, budgeting, developing a support system, healthy use of spare time, and recognizing addictive and criminal thought patterns. This is done with a combination of classroom work and self-paced workbook assignments.

F. CRU Programming and Treatment Documentation:

1. A **CRU Pre-Treatment Treatment Plan** form (*CD-181002.6*) shall be completed on or before the inmate enters Pre-Treatment.
2. A **CRU Clinical Assessment** form (*CD-1810102.2*) shall be completed within 28 days from their assignment into the Beginning Phase.
3. The **CRU Treatment Plan** form (*CD-181002.3*) will be started when the inmate enters the Beginning Phase. This plan incorporates learning objectives and objective standards for each of the 7 modules in the Medlin Curriculum. Treatment Plan Compliance will be assessed on an ongoing basis throughout the time the inmate is enrolled in programming.
4. **CRU Monthly Progress Report** form (*CD-181002.4*) shall be completed for each CRU participant on a monthly basis.
5. A **CRU Post-Treatment Treatment Plan** form (*CD-181002.7*) shall be completed on or before an inmate enters Post-Treatment.
6. Prior to the CRU participant being released into the community, the CRU program staff shall complete a **CRU Treatment Summary** form (*CD-181002.5*). 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 their outpatient treatment provider upon the inmate's written consent to disclose this information.
7. Behavioral health services, clinical assessments, treatment plans, and treatment reviews for behavioral health treatment issues other than sex offender- specific treatment will be conducted according the NMCD Behavioral Health Policies *CD-180000, CD-180100, and CD-180200*.

G. NMCD Security Rules and CRU Program Policies

1. 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 to removal from the program. The CRU Program Rules include but are not limited to:

- a. No use of drugs, tobacco or alcohol;
 - b. No violence or threats of violence;
 - c. No stealing;
 - d. No sexual acting out;
 - e. No violations of confidentiality;
 - f. No use of pornography (as defined by NMCD and CRU Treatment Provider's Manual);
 - g. No disrespectful language or gestures toward staff or other participants;
 - h. No disrespectful language to be used toward the victim(s) of your offense(s).
2. Inmates assigned to the CRU are required to actively and meaningfully participate in the program and adhere to the following standards:
- a. Follow institutional and program rules;
 - b. Participate in community and program activities as scheduled;
 - c. Complete all homework in a timely manner;
 - d. Discuss specific details of his sex offense crime(s) of conviction;
 - e. Acknowledge patterns of deviant sexual thinking, fantasy and behavior;
 - f. Complete and cooperate with any sexual history or sexual interest assessments;
 - g. Complete and cooperate in the administration of any other assessment processes deemed necessary by the CRU Manager;
 - h. Comply with random drug screens;
 - i. Maintain an attitude of seriousness and cooperation with treatment staff;
 - j. Take responsibility for sexual offense behaviors for crime(s) of conviction;
 - k. Acknowledge that they want to change behaviors and attitudes associated with sex offending and show continued progress in engaging in pro-social behaviors.

H. 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-181002 (G)*)
 - Violation of program rules (see section *CD-181002(G)*),
 - Violation of a Behavior Management Contract or
 - Violation of any institutional rules or
 - Achievement of maximum program benefit.
2. The CRU Manager will ensure that the following progressive disciplinary steps are completed before recommending removal from the program:
 - a. Individual Counseling – administered by CRU staff and documented in the Behavioral Health Chart.
 - b. Behavioral Contract – administered by CRU staff at a Unit Management Team meeting and documented in the inmate's Classification File.

3. When the steps above do not resolve the participant's behavioral issues, the CRU Manager will initiate 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.
4. Upon receipt of this written request, the Classification Supervisor or Unit Manager shall schedule the inmate for review by the Classification Committee.
5. The Classification Committee shall remove the inmate from the CRU Program and submit a recommendation for transfer to the Classification Bureau at Central Office.
6. Pending the classification action, the inmate may be housed in a location other than the CRU housing unit that is consistent with his classification and security needs.

I. Consequences of Removal from CRU Program for Refusal to Actively Participate

If an inmate is assigned to the CRU Program and is removed 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 Manager back into the program or placed by the CRU Manager 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. Inmates that refuse to consent to mandated addictions programming may be referred to Classification and may receive sanctions.

J. Maximum Benefit Derived

For certain participants with developmental disabilities or intellectual or cognitive limitations where it becomes clinically evident that the participants will no longer benefit from the programming, it may be determined by the CRU Manager in consultation with the Behavioral

Health Bureau Chief or designee, that this participant shall be removed from the CRU Program. This individual will not be issued a misconduct report for failure to program.

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 Manager who will review and forward to the Classification Supervisor to determine if the inmate meets the assignment criteria for the program and if any of the inmates problem behaviors and/or attitudes have significantly changed to consider their 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 program modules 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 Manager, there may be certain limited exceptions to this for inmates who provide beneficial services to the CRU including mentoring, tutoring and translating.

M. Lump Sum Awards

Program participants are eligible for lump sum awards in accordance with *CD-082800*, Lump Sum Awards.



David Jablonski, Secretary of Corrections
New Mexico Corrections Department

02/28/18
Date

NEW MEXICO CORRECTIONS DEPARTMENT
CRU Limits of Confidentiality

Inmate Initials	Confidentiality Provisions
	<p>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.</p>
	<p>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.</p>
	<p>Voluntary disclosure of any information that represents a threat to the safety or security of the institution will be reported to security;</p>
	<p>Voluntary disclosure of any information that represents a threat to self or others will be reported to security;</p>
	<p>Voluntary disclosure of any specific information indicating that a child is abused or neglected or indicating that an incapacitated adult is an abused, neglected or exploited adult, will be reported, as required by New Mexico Law, to the Children, Youth and Family Department in the case of children or to the Aging and Long Term Services Department in the case of adults.</p>
	<p>Voluntary disclosure of any specific information indicating that the inmate has participated in a crime may be disclosed to law enforcement officials</p>
	<p>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), clinical assessments, the results of other necessary assessment instruments as determined by the CRU Manager, and treatment summaries, relapse prevention plans and recommendations for continued sex offender programming upon release</p>

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: _____
CRU Limits of Confidentiality Form CD-181002.1 (06/09/16)

NEW MEXICO CORRECTIONS DEPARTMENT
CRU Clinical Assessment

Initial: Reassessment: Reason:

Name: Age: DOB: Sex: Race/Ethnicity:

Presenting Problem and Description of Clinical Signs and Symptoms:

Mental Status Examination:

Appearance/Behavior:

Orientation:

Speech:

Memory:

Mood/Affect:

Cognition:

Other MSE factors:

Current or Most Recent Mental Health/Psychiatric/Medical Diagnosis and Treatment:

Substance Abuse /Dependency History Including Treatment:

Prior Mental Health Treatment/Counseling and Prior Psychiatric Treatment:

Psycho-Social History:

Legal/Criminal History:

Special Considerations:

History of Suicidal Attempts/Gestures/Self-Harm:

History of Homicide or Violence towards Others:

History of Sexual Offenses:

History of Being Sexually Victimized:

History of Mental Retardation or Developmental Disorder:

History of Brain Injury and/or Neurological Disorder:

Psychological/Neurological Testing Results and/or Recommendations:

STATIC – 99:

Other Diagnostic/Treatment Consultations:

Summary/Clinical Impressions:

Inmate Name: _____ NMCD#: _____ Facility: _____

CRU Clinical Assessment

Form CD-181002.2 (06/09/16)

NEW MEXICO CORRECTIONS DEPARTMENT
CRU Clinical Assessment

DSM-5 Diagnosis (Including Codes):

Treatment Recommendation:

_____	_____	_____
Clinician (Printed/Typed Name)	Clinician Signature	Date
_____	_____	_____
Clinical Supervisor (Printed/Typed Name)	Clinical Supervisor Signature	Date

Inmate Name: _____ NMCD#: _____ Facility: _____

CRU Clinical Assessment Form CD-181002.2 (06/09/16)

NEW MEXICO CORRECTIONS DEPARTMENT

CRU TREATMENT PLAN

Participant: _____

Cohort: _____

Module #1 - Responsibility Taking

(A) Learning Objectives:

_____ I admit to my offense & all of the details in my victim(s) statement(s).

_____ I take full responsibility for my offending.

_____ I can identify my "thinking errors."

_____ I can identify the fantasy and planning involved in my offending.

_____ I can identify my offense cycle and "red flags."

(B) Objective Standards... I completed my major projects:

_____ Offense Summary

_____ Offense Cycle

Module Start Date _____ Module Completion Date _____

Module #2 - Behavioral Techniques

(A) Learning Objectives:

_____ I recognize my "thinking errors" that encourage deviant behavior.

_____ I know how to correct my "thinking errors."

_____ I know the difference between a thought and feeling.

_____ I understand the relationship between perceptions, thoughts, feelings and behaviors.

_____ I know how to stop unhealthy or deviant thoughts by using thought-stopping techniques.

_____ I know how to stop unhealthy or deviant thoughts by using covert sensitization.

_____ I have decreased my deviant sexual arousal.

_____ I have increased my sexual arousal to appropriate themes.

_____ I know how to use imagery and relaxation.

(B) Objective Standards... I completed my major project:

_____ Covert Sensitization Script

Module Start Date _____ Module Completion Date _____

Module #3 - Emotional Well-Being

(A) Learning Objectives:

_____ I know the difference between a healthy family and an unhealthy family.

_____ I am aware of the role I played within my family.

_____ I have examined the hurts, losses, or traumas I suffered in childhood.

_____ I understand how and why people develop addictions.

_____ I understand the concept of codependency.

_____ I have grieved and healed from my childhood traumas.

_____ I know how to express my feelings in a healthy way.

(B) Objective Standards... I completed & presented my major project:

_____ My Autobiography

Module Start Date _____ Module Completion Date _____

Inmate Name: _____ NMCD#: _____ Facility: _____

CRU Treatment Plan

Form CD-181002.3 (06/09/16)

NEW MEXICO CORRECTIONS DEPARTMENT

CRU TREATMENT PLAN

Module #4 - Victim Empathy

(A) Learning Objectives:

- _____ I understand how sexually abusive behaviors affect victims.
- _____ I understand how a lack of empathy contributed to my offending.

- _____ I have identified the immediate and long-term effects of my offending on my victim(s).
- _____ I have gained some empathy for my victim.

(B) Objective Standards.... I completed & presented my major project:

_____ Victim Scrapbook
Module Start Date _____ Module Completion Date _____

Module #5 - Anger Management

(A) Learning Objectives:

- _____ I know the different stages of anger.
- _____ I understand how anger is related to sexual offending.
- _____ I can recognize the early signs that I am starting to get angry.
- _____ I can manage my anger by using assertiveness skills.
- _____ I can manage my anger by using relaxation techniques.
- _____ I can manage my anger by using cognitive restructuring.

(B) Objective Standards.... I completed & presented my major project:

_____ Anger Journal
Module Start Date _____ Module Completion Date _____

Module #6 - Sex Education

(A) Learning Objectives:

- _____ I understand sexual anatomy and sexual development.
- _____ I can recognize false sexual beliefs and myths.
- _____ I am aware of what is involved in a healthy sexual relationship.
- _____ I understand how to practice "safe sex."
- _____ My partner is aware of my sexual offending and my risk for re-offending.
- _____ Following my release, my partner plans to attend counseling sessions with me
To learn about my sexual deviancy problem.

(B) Objective Standards.... I completed & presented my major project:

_____ Sexual Development Comparison
Module Start Date _____ Module Completion Date _____

Inmate Name: _____ NMCD#: _____ Facility: _____
CRU Treatment Plan Form CD-181002.3 (06/09/16)

NEW MEXICO CORRECTIONS DEPARTMENT

CRU TREATMENT PLAN

Module #7 - Relapse Prevention

(A) Learning Objectives:

- _____ I recognize that I am at risk for re-offending.
- _____ I can recognize when I am slipping back into my offense cycle.
- _____ I know how to stop my offense cycle.
- _____ I can identify my high-risk factors.
- _____ I know how to avoid and escape high-risk factors.
- _____ I can identify lapses.
- _____ I have built a support network to help me not re-offend.
- _____ I have developed a healthy, balanced lifestyle.

B) Objective Standards.... I have completed my major project:

_____ Relapse Prevention Plan
Module Start Date _____ Module Completion Date _____

Participant Signature: _____ *Date:* _____

Program Start Date: _____ *Counselor:* _____

Program Completion Date: _____ *Counselor:* _____

CRU Manager Signature: _____ *Date:* _____

Inmate Name: _____ NMCD#: _____ Facility: _____
CRU Treatment Plan Form CD-181002.3 (06/09/16)

NEW MEXICO CORRECTIONS DEPARTMENT

CRU Monthly Progress Report

Inmates Name: _____ NMCD#: _____ Program Month:

	5	4	3	2	1	0
Program Goals & Expectations Progress	Excellent - Consistently Exceeds	Exceptional - Sometimes Exceeds	Satisfactory - Consistently Meets	Marginal - Sometimes Meets	Inconsistent - Seldom Meets	Unsatisfactory - Does not Meet
Attendance						
Homework						
Responsibility						
Insight						
Participation						
Treatment Plan						

Current Program Module:

Completed Program Module & Major Project (if applicable):

Comments:

CRU Counselor (Typed/Printed): _____

Date: _____

Signature: _____

Inmate Name: _____ NMCD#: _____ Facility: _____

NEW MEXICO CORRECTIONS DEPARTMENT

CRU PRE-TREATMENT TREATMENT PLAN

Section #1 - Self-Reflection

(A) Learning Objectives:

- _____ I will examine who I want to become through self-reflection.
_____ I will consider how I honestly feel about myself.
_____ I will weigh the costs and benefits of committing to change.
_____ I will explore my barriers to changing my behaviors.

(B) Objective Standards... I completed:

- _____ "Starting Over" workbook Section 1: Self-Reflection.

Section #2 – Criminal Behavior Influences

(A) Learning Objectives:

- _____ I will understand the connection between my thoughts and my actions.
_____ I will examine five examples of faulty thinking common to sex offenders.
_____ I will consider the ways to think and act in a responsible manner.

(B) Objective Standards... I completed:

- _____ "Starting Over" workbook Section 2: Criminal Behavior Influences.

Section #3 – Victim Impact

(A) Learning Objectives:

- _____ I will understand that my crimes have a great impact on other people.
_____ I will learn that my sexually deviant behavior hurt many people.
_____ I will explore how the ripples from my actions spread.
_____ I will understand the full extent of the harm I have caused.

(B) Objective Standards... I completed:

- _____ "Starting Over" workbook Section 3: Victim Impact

Section 4 – Guiding Principles

(A) Learning Objectives:

- _____ I will examine three defect of character that are linked to a criminal lifestyle; pleasure seeking, self-centeredness and disregard for others.
_____ I will explore three positive guiding principles; honesty, responsibility and integrity.
_____ I will understand there is no shortcut to changing my sexually deviant, exploitive behavior.

(B) Objective Standards.... I completed:

- _____ "Starting Over" workbook Section 4: Guiding Principles

Section 5 – Committing to Treatment

(A) Learning Objectives:

- _____ I will understand the truth about treatment.
_____ I will learn why I can't hope to change my sexually defiant behavior without treatment.
_____ I will explore my motivation to change my behavior.
_____ I will understand that to do well in treatment, I must be honestly and truly committed.

(B) Objective Standards.... I completed:

- _____ "Starting Over" workbook Section 5: Committing to Treatment

Participant Signature: _____

Start Date: _____

Counselor: _____

Completion Date: _____

Counselor: _____

CRU Manager Signature: _____

Date: _____

Inmate Name: _____ NMCD#: _____ Facility: _____

NEW MEXICO CORRECTIONS DEPARTMENT

CRU POST-TREATMENT TREATMENT PLAN

Part 1 – Criminal and Addictive Thinking

(A) Learning Objectives:

_____ I will understand how my plans and goals for the future relate to my own criminal and addictive thinking patterns.

(B) Objective Standards... I completed:

_____ “Release & Reintegration” workbook Part 1: Criminal and Addictive Thinking.

Part 2 – Building a Foundation for Your Future

(A) Learning Objectives:

_____ I will learn how to lay the groundwork for my success after release.

_____ I will learn how to set goals.

_____ I will identify the people and organizations I would like in my support system.

(B) Objective Standards... I completed:

_____ “Release & Reintegration” workbook Part 2: Building a Foundation for Your Future.

Part 3 – Setting Housing Goals

(A) Learning Objectives:

_____ I will utilize my support system to find a place to live.

(B) Objective Standards... I completed:

_____ “Release & Reintegration” workbook Part 3: Setting Housing Goals.

Part 4 – Setting Employment Goals

(A) Learning Objectives:

_____ I will plan and set realistic goals for finding and keeping a job.

(B) Objective Standards.... I completed:

_____ “Release & Reintegration” workbook Part 4: Setting Employment Goals.

Part 5 – Your Budget and Free Time

(A) Learning Objectives:

_____ I will learn how to handle money and live on a budget.

_____ I will learn how to make healthy choices on spending my free time.

(B) Objective Standards.... I completed:

_____ “Release & Reintegration” workbook Part 5: Your Budget and Free Time.

Part 6 – Your Plan for Life after Release

(A) Learning Objectives:

_____ I will create a daily and weekly schedule of my goals, budgets and life plans.

(B) Objective Standards.... I completed:

_____ “Release & Reintegration” workbook Part 6: Your Plan for Life after Release.

Participant Signature: _____

Start Date: _____

Counselor: _____

Completion Date: _____

Counselor: _____

CRU Manager Signature: _____

Date: _____

Inmate Name: _____ NMCD#: _____ Facility: _____


NEW MEXICO CORRECTIONS DEPARTMENT
CRU Documentation Requirements

Purpose	Form	Initiated	Completed	Updated	Comments
Agreement to Participate	CRU Agreement to Participate form (CD-181001.1)	Classification Committee	Classification Committee		Reviewed upon entry to CRU
Refusal to Participate	CRU Refusal to Participate form (CD-181001.2)	Classification Committee or Inmate's Request	Classification Committee		
Confidentiality Limits	CRU Limits of Confidentiality form CD-181002.1)	Classification Committee	Classification Committee		Reviewed upon entry to CRU
Psychosocial & Sexual History	CRU Clinical Assessment form CD-181002.2)	No earlier than entry to CRU	No later than 28 days after start of beginning phase		
Risk Factors	STATIC-99				Reported in Clinical Assessment
Treatment Progress	CRU Monthly Progress Report form (CD-181002.4)	First day of pre-treatment	End of each calendar month and end of treatment		New report each month
Learning Objectives & Goals for Pre-Treatment	CRU Pre-Treatment Treatment Plan form (CD-181002.6)	No earlier than entry to CRU	First day of Pre-Treatment	As goals are completed	
Learning Objectives & Goals for Treatment	CRU Treatment Plan (CD-181002.3)	No earlier than entry to CRU	First day of Treatment	As goals are completed	
Learning Objectives & Goals for Post-Treatment	CRU Post-Treatment Treatment Plan Form (CD-181002.7)	Last month of CRU Treatment	First day of Post-Treatment	As goals are completed	
Summary of Background, Treatment, Needs, Recommendations	CRU Treatment Summary form (CD-181002.5)	No earlier than entry into CRU Reentry Committee	Before release to the community or upon transfer to another facility	As additional treatment is completed	

NEW MEXICO CORRECTIONS DEPARTMENT

CRU Documentation Requirements

Individual Counseling, Consultations, Behavioral issues, etc.	Documentation Notes Form	Contemporaneous with event	No later than end of the day	Requires an additional note each time	Note worthy positive or negative incidents. Individual counseling to address behavior that could lead to removal from the CRU. Rationale for recommending/not recommending LSA.
Correcting unacceptable behavior	Behavioral Contract	Developed at UMT		As needed	Filed in Classification File, Copy in Behavioral Health File
Removal of inmate from CRU	Written Request for Removal	When Individual Counseling/Behavioral Contract are unsuccessful			Letter from CRU Manager to Classification Supervisor or Unit Manager
Program Completion	Certificate		End of Program		Completion of the three-phase CRU Treatment Program
Lump Sum Awards	LSA Recommendations	Upon completion of CRU program			Follow procedures in CD-082800, Lump Sum Awards

 <p>CD-181003</p>	<h1>NEW MEXICO CORRECTIONS DEPARTMENT</h1> <p><i>"We commit to the safety and well-being of the people of New Mexico by doing the right thing, always."</i> Courage Responsibility Ethics Dedication - CREDibly serving the public safety of New Mexico</p>	
	ISSUE DATE: 05/20/02	REVIEWED: 02/28/18
	EFFECTIVE DATE: 05/20/02	REVISED: 06/09/16
	TITLE: Otero County Prison Facility (OCPF) Sex Offender Treatment Program (SOTP) - Selection and Assignment Process	

AUTHORITY:
Policy *CD-181000*

PROCEDURES:

A. Selection Criteria for Sex Offender Treatment in the Community Reintegration Unit (SOTP):

1. An inmate must be convicted of a 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.
2. The program generally requires 18 to 24 months to complete. Ideally, treatment will be completed by inmates just prior to release into the community. Inmates with the earliest projected prison release date shall be given priority for placement into the SOTP, as long as the inmate meets the other selection criteria.
3. The inmate must be psychologically stable and have sufficient intellectual capability to participate in and benefit from the program.
 - a. Those inmates whose psychological stability is questionable will be assessed by the facility psychiatrist to determine if the inmate is stable enough to participate in the SOTP program. If the psychiatrist determines that an inmate is psychologically unstable, the psychiatrist shall consult with the Behavioral Health Bureau Chief prior to final determination as to the inmate's ability to benefit from the program.
 - b. For those inmates with questionable intellectual capacity to participate in the SOTP, the Behavioral 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 Behavioral Health Bureau Chief or designee at which time a decision will be made.

4. An inmate shall not be required to participate in the SOTP if all of the sex offenses for which he has been convicted and sentenced to prison for are on appeal.
5. An inmate with an U.S. Immigration and Customs Enforcement (ICE) detainer who doesn't speak English or Spanish will not be required to participate in the SOTP but may request to participate in the SOTP.
6. An inmate must have been approved for placement at the SOTP facility by NMCD Classification Bureau at Central Office through the classification process.

B. Referral Process:

1. The SOTP Director or designee develops a list of inmates initially eligible for the SOTP by reviewing: 1) the NMCD internal reports on sex offenders, 2) the SOTP Manager's list of sex offenders requesting treatment, and 3) the SOTP Manager's databases of SOTP graduates, SOTP non-graduates, and inmates refusing SOTP treatment.
 - a. A sex offender may request to be assigned or reassigned to the SOTP by submitting a request through the facility Behavioral Health Manager/Director who will forward the request to the SOTP Director. If the inmate meets initial eligibility criteria, the SOTP Director adds the inmate to the list of Sex Offender's Requesting Treatment. If the inmate does not meet eligibility requirements but is likely to meet them in the future, the SOTP Director places the inmate on a waiting list.
2. The SOTP Director works with the Classification Bureau Chief to validate and refine the list of inmates eligible to be transferred and assigned to the SOTP.
3. Inmates who have been identified as being eligible for transfer to the SOTP will be processed in accordance with the procedures outlined in Classification Policy *CD-080100* and transferred to the facility which houses the SOTP.

C. Classification Process for Assignment to SOTP:

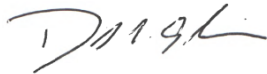
1. The inmate will be informed that he is being assigned to the SOTP at the Classification Committee meeting which includes a representative from SOTP. The inmate is informed about the details of the program at this time.
2. If the inmate refuses to accept the assignment, the inmate will be informed 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 **SOTP Refusal to Participate** form (CD-181003.3). If the inmate refuses to sign this form, it will be witnessed by staff that the inmate "refused to sign." The administrative procedure for processing these inmates is described in Section D (Consequences for Refusal) below.

3. The inmate shall meet with the SOTP staff to review the **SOTP Agreement to Participate** form (*CD-181003.1*) and the **SOTP Limits of Confidentiality** form (*CD-181004.1*).

D. Consequences of Refusal to Participate

If an inmate refuses to participate in the SOTP 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 SOTP; and
 - b. The inmate is approved through the classification process and accepted by the SOTP Director and is either placed back into the program or placed 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.



David Jablonski, Secretary of Corrections
New Mexico Corrections Department

02/28/18
Date

NEW MEXICO CORRECTIONS DEPARTMENT
SOTP Agreement to Participate

1. I enter into this **Sex Offender Treatment Program (SOTP) Agreement to Participate** with the New Mexico Corrections Department/Otero County Prison Facility (OCPF) 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 SOTP 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) Behavioral Techniques (3) Emotional Well-Being; (4) Victim Empathy; (5) Anger Management; (6) Sex Education (7) Relapse Prevention Plan; and (8) Health and Wellness.
5. I understand that treatment techniques that will be used include talk therapy (primarily in group format), writing, reading, films, psycho-educational classes, and discussions. I understand that neither the polygraph nor plethysmograph will be used in the SOTP.
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. 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 behavioral 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.

Inmate Name: _____ NMCD#: _____ Facility: _____
SOTP Agreement to Participate Form CD-181003.1 (06/09/16)

NEW MEXICO CORRECTIONS DEPARTMENT
SOTP Agreement to Participate

8. I understand that completion of these programs will take approximately 18 to 24 months. I understand that this is a Three-phase program which contains 7 distinct core program modules. I understand that in order to graduate from the Treatment Program, I must complete all required treatment goals and successfully compete all required psycho-educational classes.
9. 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.
10. I agree to follow all SOTP 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, SOTP Director and the community); No disrespectful use of language or gestures towards staff or inmates; No disrespectful use of language towards the victim(s).
11. I understand that I may be removed from the SOTP for any of the following reasons: (1) Refusal to take responsibility (2) Refusal to actively participate; (3) Receipt of a Misconduct Report for violating NMCD Rules; or (4) Violation of state or federal law. I understand that if I am removed from the SOTP 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. I have had all my questions about this Treatment Agreement answered. I have discussed them to my satisfaction by 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

SOTP Staff: _____
Printed Signature Date

Inmate Name: _____ NMCD#: _____ Facility: _____
SOTP Agreement to Participate Form CD-181003.1 (06/09/16)

NEW MEXICO CORRECTIONS DEPARTMENT
SOTP Refusal to Participate

By signing below, I acknowledge that I have been informed of the consequences of my refusal to participate in the Sex Offender Treatment Program (SOTP). 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-080201; CD-080400; or CD-080600*).
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 SOTP by signing a SOTP Treatment Agreement; and
 - a. I am approved through classification process and I am accepted by the SOTP Director into the program or placed by the SOTP Director 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 Sex Offender Treatment Program (SOTP) and I understand the consequences of my decision.


Inmate NMCD#: _____

Inmate Name PRINTED	Inmate SIGNATURE	Date
---------------------	------------------	------

SOTP Staff Name PRINTED	SOTP Staff SIGNATURE	Date
-------------------------	----------------------	------

Classification Staff Name PRINTED	Classification Staff SIGNATURE	Date
-----------------------------------	--------------------------------	------

Inmate Name: _____	NMCD#: _____	Facility: _____
SOTP Refusal to Participate		Form CD-181003.2 (06/09/16)

 <p>CD-181004</p>	<h1 style="text-align: center;">NEW MEXICO CORRECTIONS DEPARTMENT</h1> <p style="text-align: center;"><i>"We commit to the safety and well-being of the people of New Mexico by doing the right thing, always."</i> Courage Responsibility Ethics Dedication - CREDibly serving the public safety of New Mexico</p>	
	ISSUE DATE: 05/20/02	REVIEWED: 02/28/18
	EFFECTIVE DATE: 05/20/02	REVISED: 06/09/16
	TITLE: Otero County Prison Facility (OCPF) Sex Offender Treatment Program (SOTP) - Program Details	

AUTHORITY:

Policy *CD-181000*

PROCEDURES: [2-CO-4E-01]

A. SOTP Program Location:

1. The Sex Offender Treatment Program (SOTP) may be located at NMCD or contract 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 SOTP. Vacant beds in the SOTP housing units may be filled with inmates on the waiting list for the SOTP program or with program mentors, tutors, or translators who are assigned by classification.

B. Confidentiality:

1. Inmates participating in the SOTP 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
 - b. Need not otherwise provide information that would identify a specific event.
2. Inmates in the SOTP 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 SOTP Director, 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 being abused, neglected or exploited, will be reported, as required by New Mexico Law, to the Children, Youth and Family Department in the case of children or to the Aging and Long Term Services Department in the case of adults; 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 SOTP will receive a written statement regarding the SOTP limits of confidentiality. SOTP Limits of Confidentiality form (*CD-181004.1*). 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;
 - b. Results from any other assessment instruments that have been deemed necessary for program participation by the Behavioral Health Services Bureau Chief;
 - c. Recommendations for continued sex offender programming upon release, including SOTP treatment summary and relapse prevention plan.

C. SOTP Pre-Treatment Program:

1. Inmates begin participating in Pre-Treatment upon assignment to the SOTP and stay in Pre-Treatment until the next available treatment cohort enters the SOTP. There is no minimum or maximum amount of time that an inmate can spend in Pre-Treatment.
2. The SOTP Pre-Treatment helps inmates start making a commitment to treatment and positive behavior change. The approach is based on motivation strategies, self-responsibility and structured self-exploration. This is done with a combination of classroom work and self-paced workbook assignments.

D. SOTP Treatment Program:

The SOTP Treatment Program will consist of three distinct mandatory phases of approximately 6 to 8 months each: Beginning Phase, Intermediate Phase, and Advanced Phase and one optional phase; SOTP Substance Abuse Treatment. The procedures, guidelines and curriculum for these programs will be followed by SOTP staff as stated in the *Responsible Living: A Sex Offender Treatment Program*, Medlin Training Institute, Julie C. Medlin, PhD, Stockbridge, GA, 1998. This program will be referred to as the **Responsible Living Program**. The following elements of the **Responsible Living Program** will not be used in the SOTP: 1) Polygraphs, 2) Penile Plethysmographs. Further modifications to this program must be approved by the Behavioral Health Services Bureau Chief or designee.

1. Beginning Phase (Responsibility Taking and Behavioral Techniques Modules):
 - a. Purpose: The main focus of the Beginning Phase will be to begin confronting the inmate's denial and minimization of his crime of conviction, to learn and practice behavioral methods of reducing stress and controlling impulses, and to help him look at criminal attitudes and thinking that led to criminal behaviors.
 - b. Required Program Activities: This program generally lasts 6 to 8 months. The participant will be required to attend all psycho-educational groups, complete all homework assignments, and complete major projects (Offense Summary, Offense Cycle, and Covert Sensitization Script).
 - c. Requirements For Completion Of The Beginning Phase: A participant shall have completed the Beginning Phase 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 for Modules 1 and 2 as listed on the **SOTP Treatment Plan** form (CD-181004.3).
 - d. Remedies If A Module Isn't Completed On Time: For a participant who do not complete all Treatment Goals on their treatment plan for each module within the specified time-frame, the SOTP Director shall determine the appropriate course of action to include the following: allowing the participant into the next module while working on the uncompleted; not passing the participant into the next treatment module and placing the inmate on a behavior management contract; or removing the inmate from the program for failure to participate.
2. Intermediate Phase (Emotional Well-Being and Victim Empathy Modules):
 - d. Purpose: The participant will develop an understanding of healthy emotional well-being, how to express feelings in a healthy way, and develop an understanding of how sexually abusive behaviors affect victims.

- e. Required Program Activities: The Intermediate Phase generally lasts 6 to 8 months. The participant will be required to attend all psycho-educational groups, complete all homework assignments, and complete major projects (Autobiography and Victim Scrapbook).
 - f. Requirements for Completion of the Intermediate Phase: The inmate must have completed all treatment goals for Modules 3 and 4 as listed on the **SOTP Treatment Plan** form (*CD-181004.3*).
3. Advanced Phase (Anger Management, Sex Education, and Relapse Prevention Modules):
- d. Purpose: The participant will learn the relationship between anger and sexual offending and different techniques for managing anger, understand what is involved in a healthy sexual relationship, recognize false sexual beliefs, and identify the elements of a successful relapse prevention plan.
 - e. Required Program Activities: The Advanced Phase generally lasts 6 to 8 months. The participant will be required to attend all psycho-educational groups, complete all homework assignments, and complete major projects (Anger Journal, Sexual Development Comparison, and Relapse Prevention Plan).
 - f. Requirements for Completion of the Advanced Phase: The participant 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 **SOTP Treatment Plan** form (*CD-181004.3*).
4. Accelerated SOTP:
- An accelerated program within the SOTP will be available for inmates who arrive at the OCPF with a projected release date of 12 months or less. These inmates will be immediately assessed and screened for priority assignment to the program.
5. Refresher SOTP:
- A refresher program will be available for inmates who have completed the SOTP but have more than 24 months left until release. The refresher curriculum will go over the essential aspects of the program to include, but not limited to, behavioral control, victim empathy, anger management, and relapse prevention. The refresher program will be completed in approximately four months and will have to be completed prior to release from OCPF.
6. Requirements for Successful Completion of the SOTP Program:

- c. Successful completion of all Program Modules.
- d. Recommendation of the treating SOTP Counselor(s) and the SOTP Director.

E. SOTP Post-Treatment Program:

1. Inmates begin participating in Post-Treatment upon completion of the SOTP and stay in Post-Treatment until released from prison or transferred from the SOTP. There is no minimum or maximum amount of time that an inmate can spend in Post-Treatment.
2. SOTP Post-Treatment provides additional support for SOTP graduates by preparing them for release from prison and reintegration into the community. Topics include setting goals, making plans for a new life, finding employment and a place to live, budgeting, developing a support system, healthy use of spare time, and recognizing addictive and criminal thought patterns. This is done with a combination of classroom work and self-paced workbook assignments.

F. SOTP Programming and Treatment Documentation:

1. A **SOTP Pre-Treatment Treatment Plan** form (*CD-181004.6*) shall be completed on or before the inmate enters Pre-Treatment.
2. A **SOTP Clinical Assessment** form (*CD-1810104.2*) shall be completed within 28 days from their assignment into the Beginning Phase.
3. The **SOTP Treatment Plan** form (*CD-181004.3*) will be started when the inmate enters the Beginning Phase. This plan incorporates learning objectives and objective standards for each of the 7 modules in the Medlin Curriculum. Treatment Plan Compliance will be assessed on an ongoing basis throughout the time the inmate is enrolled in programming.
4. **SOTP Monthly Progress Report** form (*CD-181004.4*) shall be completed for each SOTP participant on a monthly basis.
5. A **SOTP Post-Treatment Treatment Plan** form (*CD-181004.7*) shall be completed on or before an inmate enters Post-Treatment.
6. Prior to the SOTP participant being released into the community, the SOTP program staff shall complete a **SOTP Treatment Summary** form (*CD-181004.5*). Ideally this form shall be completed, submitted and presented at the Reentry Committee meeting. This form shall be made available to the Parole Board, the inmate's parole or probation officer and their outpatient treatment provider upon the inmate's written consent to disclose this information.
7. Behavioral health services, clinical assessments, treatment plans, and treatment reviews for behavioral health treatment issues other than sex offender- specific treatment will be

conducted according the NMCD Behavioral Health Policies CD-180000, CD-180100, and CD-180200.

G. NMCD Security Rules and SOTP Policies

1. All participants in the SOTP will adhere to NMCD and facility rules and regulations regarding conduct. Violation of any NMCD, facility or program rules will subject the inmate to removal from the program. The SOTP Rules include but are not limited to:
 - a. No use of drugs, tobacco or alcohol;
 - b. No violence or threats of violence;
 - c. No stealing;
 - d. No sexual acting out;
 - e. No violations of confidentiality;
 - f. No use of pornography (as defined by NMCD and SOTP Treatment Provider's Manual);
 - g. No disrespectful language or gestures toward staff or other participants;
 - h. No disrespectful language to be used toward the victim(s) of your offense(s).

2. Inmates assigned to the SOTP are required to actively and meaningfully participate in the program and adhere to the following standards:
 - a. Follow institutional and program rules;
 - b. Participate in community and program activities as scheduled;
 - c. Complete all homework in a timely manner;
 - d. Discuss specific details of his sex offense crime(s) of conviction;
 - e. Acknowledge patterns of deviant sexual thinking, fantasy and behavior;
 - f. Complete and cooperate with any sexual history or sexual interest assessments;
 - g. Complete and cooperate in the administration of any other assessment processes deemed necessary by the SOTP Director;
 - h. Comply with random drug screens;
 - i. Maintain an attitude of seriousness and cooperation with treatment staff;
 - j. Take responsibility for sexual offense behaviors for crime(s) of conviction;
 - k. Acknowledge that they want to change behaviors and attitudes associated with sex offending and show continued progress in engaging in pro-social behaviors.

H. Removal from SOTP:

1. An inmate may be removed from the SOTP for the following reasons:
 - Refusal to actively participate in the program (see section *CD-181004* (G))
 - Violation of program rules (see section *CD-181004*(G)),
 - Violation of a Behavior Management Contract or
 - Violation of any institutional rules or
 - Achievement of maximum program benefit.

2. The SOTP Director will ensure that the following progressive disciplinary steps are completed before recommending removal from the program:
 - a. Individual Counseling – administered by SOTP staff and documented in the Behavioral Health Chart.
 - b. Behavioral Contract – administered by SOTP staff at a Unit Management Team meeting and documented in the inmate’s Classification File.
3. When the steps above do not resolve the participant’s behavioral issues, the SOTP Director will initiate a written request to remove the inmate from the SOTP. This request shall be sent to the Classification Supervisor or Unit Manager and shall include documentation of the inmate’s violation of SOTP policies or institutional rules.
4. Upon receipt of this written request, the Classification Supervisor or Unit Manager shall schedule the inmate for review by the Classification Committee.
5. The Classification Committee shall remove the inmate from the SOTP and submit a recommendation for transfer to the Classification Bureau at Central Office.
6. Pending the classification action, the inmate may be housed in a location other than the SOTP housing unit that is consistent with his classification and security needs.

I. Consequences of Removal from SOTP for Refusal to Actively Participate

If an inmate is assigned to the SOTP and is removed 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 SOTP 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 SOTP Program; and
 - b. The inmate is approved through the classification process and accepted by the SOTP Manager back into the program or placed by the SOTP Manager 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.

J. Maximum Benefit Derived

If it becomes clinically evident that an SOTP participant with developmental disabilities or intellectual or cognitive limitations will no longer benefit from the programming, the SOTP Director in consultation with the Behavioral Health Bureau Chief or designee, may decide to remove the participant from the SOTP. This individual will not be issued a misconduct report for failure to program.

K. Reinstatement Process

Inmates who have been removed from the program or who have refused to actively participate in the program may reapply in writing after 90 days have passed from the date of removal or refusal. This written request shall be submitted to the SOTP Director who will review and forward to the Classification Supervisor to determine if the inmate meets the assignment criteria for the program and if any of the inmate's problem behaviors and/or attitudes has significantly changed to consider him appropriate for treatment. If deemed eligible for reinstatement, 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 program modules of the SOTP shall be reviewed by the Classification Committee and will remain in their current housing unit, unless the Classification Committee recommends the inmate be transferred to another facility. Additionally, at the discretion of the SOTP Director, SOTP graduates may remain at the current facility to provide beneficial services to the SOTP including mentoring, tutoring and translating.

M. Lump Sum Awards

Program participants are eligible for lump sum awards in accordance with *CD-082800*, Lump Sum Awards.



David Jablonski, Secretary of Corrections
New Mexico Corrections Department

02/28/18
Date

**NEW MEXICO CORRECTIONS DEPARTMENT
SOTP Limits of Confidentiality**

Inmate Initials	Confidentiality Provisions
	Inmates participating in the SOTP 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 of 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.
	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 SOTP 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 suggesting that a child is abused or neglected or suggesting that an incapacitated adult is being abused, neglected or exploited, will be reported, as required by New Mexico Law, either to the Children, Youth and Family Department in the case of a child or to the Aging and Long Term Services Department in the case of an adult.
	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, the NMCD Probation and Parole Division, and outpatient sex offender treatment providers upon request. Information disclosed may include the following: results of risk assessment instruments (STATIC-99), clinical assessments, the results of other necessary assessment instruments as determined by the SOTP Manager, and treatment summaries, relapse prevention plans and recommendations for continued sex offender programming upon release

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
SOTP Program Staff Name Printed	SOTP Program Staff Signature	Date

Inmate Name: _____ NMCD#: _____ Facility: _____
 SOTP Limits of Confidentiality Form CD-181004.1 (06/09/16)

NEW MEXICO CORRECTIONS DEPARTMENT
SOTP Clinical Assessment

Initial: Reassessment: Reason:

Name: Age: DOB: Sex: Race/Ethnicity:

Presenting Problem and Description of Clinical Signs and Symptoms:

Mental Status Examination:

Appearance/Behavior:

Orientation:

Speech:

Memory:

Mood/Affect:

Cognition:

Other MSE factors:

Current or Most Recent Mental Health/Psychiatric/Medical Diagnosis and Treatment:

Substance Abuse /Dependency History Including Treatment:

Prior Mental Health Treatment/Counseling and Prior Psychiatric Treatment:

Psycho-Social History:

Legal/Criminal History:

Special Considerations:

History of Suicidal Attempts/Gestures/Self-Harm:

History of Homicide or Violence towards Others:

History of Sexual Offenses:

History of Being Sexually Victimized:

History of Mental Retardation or Developmental Disorder:

History of Brain Injury and/or Neurological Disorder:

Psychological/Neurological Testing Results and/or Recommendations:

STATIC – 99:

Other Diagnostic/Treatment Consultations:

Summary/Clinical Impressions:

Inmate Name: _____ NMCD#: _____ Facility: _____

SOTP Clinical Assessment

Form CD-181004.2 (06/09/16)

NEW MEXICO CORRECTIONS DEPARTMENT
SOTP Clinical Assessment

DSM-5 Diagnosis (Including Codes):

Treatment Recommendation:

_____	_____	_____
Clinician (Printed/Typed Name)	Clinician Signature	Date
_____	_____	_____
Clinical Supervisor (Printed/Typed Name)	Clinical Supervisor Signature	Date

Inmate Name: _____ NMCD#: _____ Facility: _____

SOTP Clinical Assessment Form CD-181004.2 (06/09/16)

NEW MEXICO CORRECTIONS DEPARTMENT

SOTP TREATMENT PLAN

Participant: _____

Cohort: _____

Module #1 - Responsibility Taking

(A) Learning Objectives:

_____ I admit to my offense & all of the details in my victim(s) statement(s).

_____ I take full responsibility for my offending.

_____ I can identify my "thinking errors."

_____ I can identify the fantasy and planning involved in my offending.

_____ I can identify my offense cycle and "red flags."

(B) Objective Standards... I completed my major projects:

_____ Offense Summary

_____ Offense Cycle

Module Start Date _____ Module Completion Date _____

Module #2 - Behavioral Techniques

(A) Learning Objectives:

_____ I recognize my "thinking errors" that encourage deviant behavior.

_____ I know how to correct my "thinking errors."

_____ I know the difference between a thought and feeling.

_____ I understand the relationship between perceptions, thoughts, feelings and behaviors.

_____ I know how to stop unhealthy or deviant thoughts by using thought-stopping techniques.

_____ I know how to stop unhealthy or deviant thoughts by using covert sensitization.

_____ I have decreased my deviant sexual arousal.

_____ I have increased my sexual arousal to appropriate themes.

_____ I know how to use imagery and relaxation.

(B) Objective Standards... I completed my major project:

_____ Covert Sensitization Script

Module Start Date _____ Module Completion Date _____

Module #3 - Emotional Well-Being

(A) Learning Objectives:

_____ I know the difference between a healthy family and an unhealthy family.

_____ I am aware of the role I played within my family.

_____ I have examined the hurts, losses, or traumas I suffered in childhood.

_____ I understand how and why people develop addictions.

_____ I understand the concept of codependency.

_____ I have grieved and healed from my childhood traumas.

_____ I know how to express my feelings in a healthy way.

(B) Objective Standards... I completed & presented my major project:

_____ My Autobiography

Module Start Date _____ Module Completion Date _____

Inmate Name: _____ NMCD#: _____ Facility: _____

SOTP Treatment Plan

Form CD-181004.3 (06/09/16)

NEW MEXICO CORRECTIONS DEPARTMENT

SOTP TREATMENT PLAN

Module #4 - Victim Empathy

(A) Learning Objectives:

- _____ I understand how sexually abusive behaviors affect victims.
- _____ I understand how a lack of empathy contributed to my offending.

- _____ I have identified the immediate and long-term effects of my offending on my victim(s).
- _____ I have gained some empathy for my victim.

(B) Objective Standards.... I completed & presented my major project:

_____ Victim Scrapbook
Module Start Date _____ Module Completion Date _____

Module #5 - Anger Management

(A) Learning Objectives:

- _____ I know the different stages of anger.
- _____ I understand how anger is related to sexual offending.
- _____ I can recognize the early signs that I am starting to get angry.
- _____ I can manage my anger by using assertiveness skills.
- _____ I can manage my anger by using relaxation techniques.
- _____ I can manage my anger by using cognitive restructuring.

(B) Objective Standards.... I completed & presented my major project:

_____ Anger Journal
Module Start Date _____ Module Completion Date _____

Module #6 - Sex Education

(A) Learning Objectives:

- _____ I understand sexual anatomy and sexual development.
- _____ I can recognize false sexual beliefs and myths.
- _____ I am aware of what is involved in a healthy sexual relationship.
- _____ I understand how to practice "safe sex."
- _____ My partner is aware of my sexual offending and my risk for re-offending.
- _____ Following my release, my partner plans to attend counseling sessions with me to learn about my sexual deviancy problem.

(B) Objective Standards.... I completed & presented my major project:

_____ Sexual Development Comparison
Module Start Date _____ Module Completion Date _____

Inmate Name: _____ NMCD#: _____ Facility: _____
SOTP Treatment Plan Form CD-181004.3 (06/09/16)

NEW MEXICO CORRECTIONS DEPARTMENT

SOTP TREATMENT PLAN

Module #7 - Relapse Prevention

(A) Learning Objectives:

- _____ I recognize that I am at risk for re-offending.
- _____ I can recognize when I am slipping back into my offense cycle.
- _____ I know how to stop my offense cycle.
- _____ I can identify my high-risk factors.
- _____ I know how to avoid and escape high-risk factors.
- _____ I can identify lapses.
- _____ I have built a support network to help me not re-offend.
- _____ I have developed a healthy, balanced lifestyle.

B) Objective Standards.... I have completed my major project:

_____ Relapse Prevention Plan
Module Start Date _____ Module Completion Date _____

Module #8 - Aftercare

(A) Learning Objectives:

- _____ I recognize that I am at risk for re-offending.
- _____ I can recognize when I am slipping back into my offense cycle.
- _____ I know how to stop my offense cycle.
- _____ I can identify my high-risk factors.
- _____ I know how to avoid and escape high-risk factors.
- _____ I can identify lapses.
- _____ I have built a support network to help me not re-offend.
- _____ I have developed a healthy, balanced lifestyle.

B) Objective Standards.... I have completed my major project:

_____ Relapse Prevention Plan
Module Start Date _____ Module Completion Date _____

Participant Signature: _____ **Date:** _____

Program Start Date: _____ **Counselor:** _____

Program Completion Date: _____ **Counselor:** _____

SOTP Manager Signature: _____ **Date:** _____

Inmate Name: _____ NMCD#: _____ Facility: _____
SOTP Treatment Plan Form CD-181004.3 (06/09/16)

NEW MEXICO CORRECTIONS DEPARTMENT

SOTP Monthly Progress Report

Inmates Name: _____ NMCD#: _____ Program Month:

	5	4	3	2	1	0
Program Goals & Expectations Progress	Excellent - Consistently Exceeds	Exceptional - Sometimes Exceeds	Satisfactory - Consistently Meets	Marginal - Sometimes Meets	Inconsistent - Seldom Meets	Unsatisfactory - Does not Meet
Attendance						
Homework						
Responsibility						
Insight						
Participation						
Treatment Plan						

Current Program Module:

Completed Program Module & Major Project (if applicable):

Comments:

SOTP Counselor (Typed/Printed): _____

Date: _____

Signature: _____

Inmate Name: _____ NMCD#: _____ Facility: _____

NEW MEXICO CORRECTIONS DEPARTMENT
SOTP Treatment Summary

- 1) Name of Inmate 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) Psycho educational 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
SOTP Manager:	_____	_____	_____
	Typed/Printed Name	Signature	Date

Inmate Name: _____ NMCD#: _____ Facility: _____

NEW MEXICO CORRECTIONS DEPARTMENT

SOTP PRE-TREATMENT TREATMENT PLAN

Section #1 - Self-Reflection

(A) Learning Objectives:

- _____ I will examine who I want to become through self-reflection.
_____ I will consider how I honestly feel about myself.
_____ I will weigh the costs and benefits of committing to change.
_____ I will explore my barriers to changing my behaviors.

(B) Objective Standards... I completed:

- _____ "Starting Over" workbook Section 1: Self-Reflection.

Section #2 – Criminal Behavior Influences

(A) Learning Objectives:

- _____ I will understand the connection between my thoughts and my actions.
_____ I will examine five examples of faulty thinking common to sex offenders.
_____ I will consider the ways to think and act in a responsible manner.

(B) Objective Standards... I completed:

- _____ "Starting Over" workbook Section 2: Criminal Behavior Influences.

Section #3 – Victim Impact

(A) Learning Objectives:

- _____ I will understand that my crimes have a great impact on other people.
_____ I will learn that my sexually deviant behavior hurt many people.
_____ I will explore how the ripples from my actions spread.
_____ I will understand the full extent of the harm I have caused.

(B) Objective Standards... I completed:

- _____ "Starting Over" workbook Section 3: Victim Impact

Section 4 – Guiding Principles

(A) Learning Objectives:

- _____ I will examine three defect of character that are linked to a criminal lifestyle; pleasure seeking, self-centeredness and disregard for others.
_____ I will explore three positive guiding principles; honesty, responsibility and integrity.
_____ I will understand there is no shortcut to changing my sexually deviant, exploitive behavior.

(B) Objective Standards.... I completed:

- _____ "Starting Over" workbook Section 4: Guiding Principles

Section 5 – Committing to Treatment

(A) Learning Objectives:

- _____ I will understand the truth about treatment.
_____ I will learn why I can't hope to change my sexually defiant behavior without treatment.
_____ I will explore my motivation to change my behavior.
_____ I will understand that to do well in treatment, I must be honestly and truly committed.

(B) Objective Standards.... I completed:

- _____ "Starting Over" workbook Section 5: Committing to Treatment

Participant Signature: _____

Start Date: _____

Counselor: _____

Completion Date: _____

Counselor: _____

SOTP Manager Signature: _____

Date: _____

Inmate Name: _____ NMCD#: _____ Facility: _____

NEW MEXICO CORRECTIONS DEPARTMENT

SOTP POST-TREATMENT TREATMENT PLAN

Part 1 – Criminal and Addictive Thinking

(A) Learning Objectives:

_____ I will understand how my plans and goals for the future relate to my own criminal and addictive thinking patterns.

(B) Objective Standards... I completed:

_____ “Release & Reintegration” workbook Part 1: Criminal and Addictive Thinking.

Part 2 – Building a Foundation for Your Future

(A) Learning Objectives:

_____ I will learn how to lay the groundwork for my success after release.

_____ I will learn how to set goals.

_____ I will identify the people and organizations I would like in my support system.

(B) Objective Standards... I completed:

_____ “Release & Reintegration” workbook Part 2: Building a Foundation for Your Future.

Part 3 – Setting Housing Goals

(A) Learning Objectives:

_____ I will utilize my support system to find a place to live.

(B) Objective Standards... I completed:

_____ “Release & Reintegration” workbook Part 3: Setting Housing Goals.

Part 4 – Setting Employment Goals

(A) Learning Objectives:

_____ I will plan and set realistic goals for finding and keeping a job.

(B) Objective Standards.... I completed:

_____ “Release & Reintegration” workbook Part 4: Setting Employment Goals.

Part 5 – Your Budget and Free Time

(A) Learning Objectives:

_____ I will learn how to handle money and live on a budget.

_____ I will learn how to make healthy choices on spending my free time.

(B) Objective Standards.... I completed:

_____ “Release & Reintegration” workbook Part 5: Your Budget and Free Time.

Part 6 – Your Plan for Life after Release

(A) Learning Objectives:

_____ I will create a daily and weekly schedule of my goals, budgets and life plans.

(B) Objective Standards.... I completed:

_____ “Release & Reintegration” workbook Part 6: Your Plan for Life after Release.

Participant Signature: _____

Start Date: _____

Counselor: _____

Completion Date: _____

Counselor: _____

SOTP Manager Signature: _____

Date: _____

Inmate Name: _____ NMCD#: _____ Facility: _____


NEW MEXICO CORRECTIONS DEPARTMENT
SOTP Documentation Requirements

Purpose	Form	Initiated	Completed	Updated	Comments
Agreement to Participate	SOTP Agreement to Participate form (CD-181003.1)	Classification Committee	Classification Committee		Reviewed upon entry to SOTP
Refusal to Participate	SOTP Refusal to Participate form (CD-181003.2)	Classification Committee or Inmate's Request	Classification Committee		
Confidentiality Limits	SOTP Limits of Confidentiality form CD-181004.1)	Classification Committee	Classification Committee		Reviewed upon entry to SOTP
Psychosocial & Sexual History	SOTP Clinical Assessment form CD-181004.2)	No earlier than entry to SOTP	No later than 28 days after start of beginning phase		
Risk Factors	STATIC-99				Reported in Clinical Assessment
Treatment Progress	SOTP Monthly Progress Report form (CD-181004.4)	First day of pre-treatment	End of each calendar month and end of treatment		New report each month
Learning Objectives & Goals for Pre-Treatment	SOTP Pre-Treatment Treatment Plan form (CD-181004.6)	No earlier than entry to SOTP	First day of Pre-Treatment	As goals are completed	
Learning Objectives & Goals for Treatment	SOTP Treatment Plan (CD-181004.3)	No earlier than entry to SOTP	First day of Treatment	As goals are completed	
Learning Objectives & Goals for Post-Treatment	SOTP Post-Treatment Treatment Plan Form (CD-181004.7)	Last month of SOTP Treatment	First day of Post-Treatment	As goals are completed	
Summary of Background, Treatment, Needs, Recommendations	SOTP Treatment Summary form (CD-181004.5)	No earlier than entry into SOTP Reentry Committee	Before release to the community or upon transfer to another facility	As additional treatment is completed	

NEW MEXICO CORRECTIONS DEPARTMENT

SOTP Documentation Requirements

Individual Counseling, Consultations, Behavioral issues, etc.	Documentation Notes Form	Contemporaneous with event	No later than end of the day	Requires an additional note each time	Note worthy positive or negative incidents. Individual counseling to address behavior that could lead to removal from the SOTP. Rationale for recommending/not recommending LSA.
Correcting unacceptable behavior	Behavioral Contract	Developed at UMT		As needed	Filed in Classification File, Copy in Behavioral Health File
Removal of inmate from SOTP	Written Request for Removal	When Individual Counseling/Behavioral Contract are unsuccessful			Letter from SOTP Manager to Classification Supervisor or Unit Manager
Program Completion	Certificate		End of Program		Completion of the three-phase SOTP Treatment Program
Lump Sum Awards	LSA Recommendations	Upon completion of SOTP			Follow procedures in CD-082800, Lump Sum Awards

 <p>CD-181005</p>	<p align="center">NEW MEXICO CORRECTIONS DEPARTMENT</p> <p align="center"><i>"We commit to the safety and well-being of the people of New Mexico by doing the right thing, always."</i></p> <p align="center">Courage Responsibility Ethics Dedication - CREDibly serving the public safety of New Mexico</p>	
	<p>ISSUE DATE: 05/20/02</p> <p>EFFECTIVE DATE: 05/20/02</p>	<p>REVIEWED: 02/28/18</p> <p>REVISED: 06/09/16</p>
	<p>TITLE: Sex Offender Program -Non-CRU and Non-SOTP</p>	

AUTHORITY:
Policy *CD-181000*

PROCEDURES: [2-CO-4E-01]

A. Eligibility

An inmate must be convicted of a 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.

B. Sex Offender Programming

Inmates who reside in level IV or Special Management facilities or other inmates at level II /III facilities who are not eligible for the CRU/SOTP , will be offered sex offender treatment, if sufficient behavioral health staff with the requisite skills are available on site. Programming will primarily be workbook-based, using coursework which is approved by the Behavioral Health Services Bureau Chief. Individual counseling may also be provided by behavioral health counselors who have received training in sex offender-specific programming and treatment.

C. 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.



David Jablonski, Secretary of Corrections
New Mexico Corrections Department

02/28/18
Date