



Corrections and Community Supervision

SEX OFFENDER COUNSELING AND TREATMENT PROGRAM (SOCTP) GUIDELINES

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INTRODUCTION

The New York State Department of Corrections and Community Supervision (DOCCS) operate one of the largest counseling and treatment programs for sex offenders in the nation. The Sex Offender Counseling and Treatment Program (SOCTP) is offered at maximum and medium security correctional facilities in the state prison system and provides comprehensive sex offender treatment for convicted sex offenders, inmates convicted of sexually motivated offenses, and inmates whose histories (including behavior while incarcerated), indicate that they are likely to benefit from sex offender counseling and treatment.

Now more than ever, increased attention has been focused on convicted sex offenders and individuals convicted of certain designated offenses. Initiatives such as civil management and sex offender registration are just two examples of the policies that have been established to manage this segment of the population. With the limitations of these interventions in mind and the fact that only a small fraction of sex offenders will be the subject of a civil management proceeding, the Department recognizes that most sex offenders and other inmates with histories of sexual offending behavior will be released to live and work in our communities and be responsible for controlling their own behaviors. Based on this reality, the SOCTP is designed to give convicted sex offenders, and other inmates with a history of sexual offending behavior, the knowledge and skill sets that they need to live pro-social, law-abiding, and productive lives. The SOCTP is designed as a first step in the continuum of sex offender treatment.

As used in connection with the SOCTP, the term “sex offender” includes all DOCCS’ inmates who are convicted sex offenders, those convicted of sexually motivated offenses, and other inmates who are likely to benefit from sex offender counseling. The term “sex offender” is not limited to participants who are required to register under the Sex Offender Registration Act (Correction Law §168-a) and/or who are detained sex offenders subject to civil management review under Mental Hygiene Law §10.03 (g), of the Sex Offender Management and Treatment Act (SOMTA).

These guidelines are meant to establish and maintain standardization of all Department SOCTPs.

MISSION STATEMENT

In keeping with the Department's vision, mission statement, goals, values, and policies, DOCCS is providing sex offender counseling to sex offenders and other inmates with histories of sexual offending behavior. In accordance with SOMTA, the Department is committed to providing high quality comprehensive sex offender counseling and treatment. The primary purpose of the program is to reduce the likelihood of re-offending by assisting participants in the management of their thoughts and behaviors which lead to sexual offending.

PHILOSOPHY

DOCCS conducts sex offender counseling and treatment under the premise that sex offenders can change and that sexual re-offending behavior can be reduced through counseling and treatment. The Department is dedicated to providing a comprehensive approach to therapeutic assessment, evaluation, counseling and treatment, and intervention to adult offenders. This is accomplished through the application of individual meetings, group therapy, and psycho-educational sessions, provided with sufficient time to build strong therapeutic alliances and to identify and address underlying issues and concerns.

The Department's philosophy of counseling sex offenders incorporates the following beliefs:

- Empirical evidence indicates and supports that sex offender counseling and treatment is effective.
- Assessment is vital and ongoing.
- Sex offenders are completely responsible for their behaviors and their internalization of insight and acceptance of responsibility for these behaviors is possible with counseling and treatment.
- Sexual abuse results from a series of decisions made by the inmate.
- It is possible for individuals to learn to monitor and control thoughts and behaviors which may lead to sexual offending.
- Counseling and treatment services for sex offenders must be delivered in a professional and ethical manner.
- It is the policy of the NYS Department of Corrections and Community Supervision (DOCCS) to provide full and fair participation in all of its programs and services to inmates without discrimination on the basis of age, race, creed, color, national origin, sex, pregnancy, disability, marital status, sexual orientation, military status, veteran status, or predisposing genetic characteristics. Additionally, programs and services provided to inmates by DOCCS must ensure accessibility and usability by qualified inmates in the most integrated setting.

- Counseling and treatment is individualized through the targeting of dynamic risk factors within appropriate timeframes.
- Counseling and treatment goals and objectives are a collaborative effort between treatment staff and the inmate.
- It is important to apply a positive and motivational approach to the counseling and treatment of sex offenders. This serves to engage the inmate, making the progress gratifying and beneficial, so that the individual is provided with the greatest opportunity to gain positive, pro-social personal insight and progress.
- Program participants are responsible for their participation and progress in the program.
- Monitoring participation and progress is necessary to provide warranted intervention.
- Sex offenders that participate in treatment in a supportive environment are less likely to reoffend.
- Continued community based sex offender treatment may be necessary for many inmates.

PROGRAM OVERVIEW

The SOCTP and Office of Mental Health's Prison Based Sex Offender Treatment Program Sex Offender Program (PBSOTP) are the only recognized programs designed to meet the sex offender counseling need as identified in the Earned Eligibility Plan or Program Plan for offenders needing sex offender counseling.

The PBSOTP runs separately and independently of the SOCTP. Office of Mental Health staff is responsible for the provision and oversight of the program.

The SOCTP is a 6 to 18 month program that is comprehensive in scope and utilizes an integrated approach including individual and group counseling, individualized treatment planning, and psycho-educational groups. In accordance with Correction Law 622, the length of participation for each inmate to achieve successful completion shall be dependent upon assessment of the inmate's specific needs and the progress made by the inmate as a counseling and treatment participant.

The SOCTP is provided in residential and modular (non-residential) settings.

Residential: A setting where general confinement SOCTP participants are housed together in a unit that employs Therapeutic Community (TC) concepts. The focus of the TC is to effect positive change through the establishment of an emotionally and physically healthy environment (2011 Therapeutic Community Supplement). Inmates assume responsibility for the community through each member's involvement in the community's system. The sense of mutual responsibility to self and others encouraged in this system fosters the rehabilitative

approach, mutual self-help, work as therapy, and staff and peers as role models. Inmates on these units participate in other programs when not engaged in sex offender counseling, including Alcohol and Substance Abuse Treatment (ASAT) for moderate and high risk designated inmates with a recognized substance abuse treatment need. Most counseling activities occur within the residential unit. Participants may have access to general population activities depending on the rules and policies of the facility. The SOCTP is currently available in residential settings at Clinton Annex, Shawangunk, Gowanda, and Mid-State Correctional Facilities.

Modular: Participants assemble in a specific area where ongoing sex offender counseling and treatment is provided. The SOCTP is currently available in modular settings at Attica, Clinton, Elmira, Great Meadow, Five Points, Marcy, Mid-State, Sullivan, Wende, Albion, Cape Vincent, Collins, Fishkill, Groveland, Mohawk, Riverview, and Woodbourne Correctional Facilities.

Several of the identified facilities are designed to provide SOCTP services for specialized inmate populations including: the Special Housing Unit (SHU), Intermediate Care Program (ICP), Protective Custody (PC), Regional Mental Health Unit (RMHU), Regional Medical Unit (RMU), Assessment and Program Preparation Unit (APPU), and Special Needs Unit (SNU).

Depending on the particular treatment needs of the inmate, the SOCTP is divided into three distinct treatment tracks, **Low Risk, Moderate Risk, and High Risk.**

Both facility administration and SOCTP staff are responsible for providing an appropriate, confidential, and safe environment for the provision of the program. In addition to sex offender specific counseling, the participants are encouraged and expected to actively pursue other skill building and developmental programming activities such as academic, vocational training, Aggression Replacement Training (ART), substance abuse treatment, transitional services, healthy leisure activities, and any other recommended counseling programs as deemed appropriate for addressing an inmate's criminogenic needs, the enhancement of wellness, and/or self-esteem. For ongoing support of the recovery process, participants who complete the program are encouraged and in some cases mandated to continue treatment in the community upon release.

PROGRAM GOALS

The main goal of the SOCTP is to reduce the likelihood of reoffending by assisting participants to control their chain of behaviors that lead to sexual offending. This is accomplished by helping participants advance through the following program stages through education, counseling, and treatment. Participants in the SOCTP should be able to demonstrate to SOCTP staff that they have progressed through these stages and met their treatment plan goals.

1. Demonstrate acceptance of responsibility for sexual offending behavior as required;
2. Develop and demonstrate an understanding of the cycle of sexual offending behavior as required; and

3. Develop a viable release plan with appropriate relapse intervention and prevention strategies.

PROGRAM CURRICULUM

All SOCTPs will adhere to the SOCTP curriculum. The curriculum has been designed in such a way that it allows participants who have had their program interrupted for a short time to potentially restart where they left off.

The curriculum is divided into three levels and covers the following major subject areas: cognitive distortions, core values and beliefs, sexual abuse, cycle of sexual offending behavior, relapse prevention skills, relationships, and discharge planning. No changes to the curriculum are allowed. Proposed supplements must be approved by the SOCTP staff in Central Office Guidance and Counseling.

PROGRAM ADMINISTRATION, ORGANIZATION, AND STAFF

PROGRAM ADMINISTRATION

Central Office Guidance and Counseling supervises the SOCTP under the direction and administration of the Deputy Commissioner and Assistant Commissioner for Program Services.

Within the SOCTP, the staff functions as a team, inclusive of security staff in residential settings. The program is supervised by a Supervising Offender Rehabilitation Coordinator (SORC) and facilitated by SOCTP treatment staff. The low risk SOCTP, levels one and three, may be facilitated by an Offender Rehabilitation Coordinator (ORC) or clinical staff. In the moderate and high risk program, the Structural Support material can be facilitated by an ORC or clinical staff, however, the Core Groups must be facilitated by clinical staff. It is strongly recommended that all groups be co-facilitated by male and female staff whenever possible.

The size of a program and the needs of the inmate population affect the staffing design of each program individually. SOCTP staffing that is typical of the various programs offered throughout the program is described below.

PROGRAM STAFF

Modular Low Risk

Supervising Offender Rehabilitation Coordinator
Offender Rehabilitation Coordinator or Social Worker
Clerical staff

Modular Moderate and High Risk

Supervising Offender Rehabilitation Coordinator
Social Worker
Offender Rehabilitation Coordinator
Clerical staff

Residential

Supervising Offender Rehabilitation Coordinator	Psychologist
Offender Rehabilitation Coordinator	Social Worker
Offender Rehabilitation Coordinator (ASAT)	Security staff
ASAT Program Assistant	Clerical staff

OFFENDER REHABILITATION COORDINATOR CASELOADS

Offender Rehabilitation Coordinators assigned to the SOCTP will carry a reduced guidance caseload of fifty (50) inmates, which is to include their treatment caseload.

SEX OFFENDER COUNSELING AND TREATMENT PROGRAM STAFF TRAINING

Staff will attend Department endorsed sex offender training as offered. These opportunities will be forwarded to facility supervisory and treatment staff once they are approved. Sex offender training opportunities which come to the attention of facility staff must be forwarded to Central Office Guidance and Counseling for review, approval, and statewide distribution if appropriate.

PROGRAM ELIGIBILITY

ESTABLISHING THE SEX OFFENDER COUNSELING NEED

General confinement correctional facilities have the authority to establish the sex offender counseling need in the initial Earned Eligibility Plan or Program Plan of any inmate meeting the following criteria:

- The inmate is serving a sentence for a sex offense, attempted sex offense or conspiracy to commit a sex offense as defined by Section 10.03 (p) of the NYS Mental Hygiene Law, including a sentence for a specified offense as a sexually motivated felony under Penal Law Section 130.91 (**ATTACHMENT 1**).
- The inmate is serving a sentence for a conviction of any crime deemed a registerable offense under the Sex Offender Registration Act (SORA) (**ATTACHMENT 2**). It should be noted that inmates serving a sentence for a SORA registerable crime absent sufficient sexual motivation will be, barring any additional relevant factors, referred to Office of Guidance and Counseling SOCTP staff for consideration to participate in low risk sex offender counseling.

Once an Earned Eligibility Plan or Program Plan has been established, the sex offender counseling need can only be updated by staff in Central Office Guidance and Counseling.

Central Office SOCTP staff will review each individual case for potential establishment of the sex offender counseling need or the inmate's suitability to readdress his or her sex offender counseling need based on the following criteria for those inmates not convicted of a qualifying sex offense as defined above, inmates that experienced a regression subsequent to the completion of the SOCTP, or inmates returned to the Department's custody as returned parole violators:

1. The inmate is serving an indeterminate or determinate sentence(s) of imprisonment for any non-sex crime which also satisfies a sentence for any sex offense (e.g. pursuant to Penal Law Section 70.35).
2. The inmate's instant offense is a non-sex crime, but there is evidence in the pre-sentence investigation or other related documents that behavior of a sexual nature occurred in the commitment of the crime. All SOMTA ineligible and/or non-registerable prostitution convictions should have their case reviewed for the sex offender counseling need based on determining factors including but not limited to intimidation,

violence, and coercion. Additionally, any inmate who is currently serving a sentence for Criminal Contempt, or was under supervision for a Criminal Contempt conviction immediately prior to entering the Department's custody, where the subject of the order of protection had been sexually victimized by the inmate should be reviewed for the sex offender counseling need.

3. The inmate is sentenced on a violation of probation for a sex offense or the inmate was serving a probationary supervision term for a sex offense or an offense that included behavior of a sexual nature and while under supervision was convicted of the instant offense.
4. At any time of incarceration for the instant offense, the inmate has a commitment detainer lodged against him or her for a conviction for a sex offense or any other offense that included behavior of a sexual nature.
5. The inmate's instant offense is Failure to Register as a Sex Offender 1st or 2nd offense (COR Law 168-t).
6. The inmate receives a guilty Tier disposition per the Standards of Inmate Behavior for a sex offense, threats to commit a sex offense, penal law offense of a sexual nature, or attempt thereof.

Based on the Department's zero tolerance policy for inmate on inmate sexual abuse as outlined in Directive 4027A and in accordance with the Prison Rape Elimination Act (PREA), inmates who are found guilty of a Tier disposition per the Standard of Inmate Behavior for a sex offense, threats to commit a sex offense, penal law offense of a sexual nature, or attempt thereof while incarcerated will be referred to Office of Guidance and Counseling SOCTP staff per criteria #6 and may be required to participate in the SOCTP. If the inmate has an established sex offender counseling need that pre-dates the inmate on inmate sexual abuse, a non-sex offense referral will not be necessary.

7. The inmate is a returned parole violator who had the assessed need for sex offender counseling before release, but never completed the SOCTP.
8. The inmate is a returned parole violator with no assessed sex offender counseling need prior to his or her release to supervision, and failed to complete or comply with mandated sex offender counseling while supervised in the community as a discretionary sex offender.
9. The inmate is a returned parole violator with a previously assessed and satisfied need for sex offender counseling and his or her supervision has been revoked for incurring one or more high risk behaviors including but not limited to: non-compliance with supervision, violation of sex offender specific conditions, substance abuse, violence or aggression, a new arrest/conviction or contact with a police agency.
10. Documented evidence exists in the Parole Violation of Release Report that inappropriate sexual offending behavior occurred while under Parole supervision.

11. After completing the SOCTP, the inmate is found guilty per the Standards of Inmate Behavior of committing a sex offense, threats to commit a sex offense, penal law offense of a sexual nature (or attempt thereof), disobeying a direct order for possessing, accessing/using pornography or unauthorized literature, or possession of contraband as defined in the Waiver of Access to Pornography, Photographs and Other Materials (**ATTACHMENT 3**) and the Amendment to the Waiver of Access to Pornography, Photographs and Other Materials (**ATTACHMENT 3A**).
12. After completing the SOCTP, the inmate is found to be in violation of an Order of Protection or negative correspondence order involving the victim(s) of his or her sex offense(s).
13. An inmate who completed the Department's previous Sex Offender Counseling Program (SOCP) prior to the enactment of Correction Law § 622 (effective April 13, 2007) shall be assessed by Central Office Guidance and Counseling to determine whether they require additional treatment in the moderate or high risk SOCTP or the Office of Mental Health's Prison Based Sex Offender Treatment program (PBSOTP).

PROGRAM REFERRALS

For cases meeting any of the criteria listed above, correctional facilities are to submit the applicable auto-routed electronic referral e-form and fax or scan the supporting documentation pertaining to the referral to Central Office Guidance and Counseling to the attention of SOCTP staff as indicated below. All documents are to be submitted at the same time.

Non-Sex Offense Referral

The **SO-NON** referral e-form will be used to refer cases which meet criteria #1 through #6 to Central Office Guidance and Counseling. Upon submitting the e-form, the Pre-Sentence Investigation or other pertinent documentation pertaining to the referral shall be submitted. Inmates not convicted of a qualifying sex offense should not have the sex offender counseling need reflected on their Earned Eligibility Plan or Program Plan until determined by Central Office Guidance and Counseling SOCTP staff.

Parole Revocation Referral

The **SO-RPV** referral e-form will be used to refer cases which meet criteria #7 through #10 to Central Office Guidance and Counseling. Upon submitting the referral, the Violation of Release Report including all violation charges (both sustained and non-sustained), and any other pertinent documentation pertaining to the referral shall be submitted. Returned parole violators with a pre-established need for sex offender counseling meeting any of these criteria should have the status code Unclear (UNC)

reflected for their sex offender counseling need on their Earned Eligibility Plan or Program Plan until a determination as to their program eligibility is received from Central Office Guidance and Counseling. If the inmate is found to not have to readdress his sex offender counseling need, the status code Parole Violator-No Additional SOCTP Required (NSX) should be reflected on his or her Earned Eligibility Plan or Program Plan.

Regression Referral

The **SO-REG** referral e-form will be used to refer cases which meet criteria #11 and #12 to Central Office Guidance and Counseling. Upon submitting the e-form, all pertinent documentation pertaining to the referral shall be submitted. Offenders meeting any of these criteria should not have the Regression (REG) status code reflected on their Earned Eligibility Plan or Program Plan unless determined by Central Office Guidance and Counseling SOCTP staff.

After reviewing the e-form referral and all pertinent documentation, Central Office Guidance and Counseling SOCTP staff will make a determination concerning an inmate's need for sex offender counseling and will send a decision to the requesting facility via the e-mail answer mode. If the inmate is found to be suitable for an assessed sex offender counseling need or suitable to readdress the sex offender counseling need, Central Office Guidance and Counseling SOCTP staff will update the inmate's Earned Eligibility Plan or Program Plan (when necessary) and/or activate the inmate on the proper SOCTP Required Program List (RPL). Facility staff will notify the inmate of any change in his or her Earned Eligibility Plan or Program Plan, file the received message, and make a chronological entry of the decision in the inmate's Guidance folder.

RISK ASSESSMENT AND PLACEMENT

TREATMENT RISK ASSESSMENT

During the reception process, inmates serving a sentence for a conviction for one or more offenses specified under MHL §10.03 (p) or an offense designated as a sexually motivated felony under Penal Law Section 130.91 may be assessed for initial treatment level placement by the New York State Office of Mental Health (OMH) using the Computerized Criminal History CCH-Based Risk Instrument (CBRI) and, possibly, a staff performed Sex Offender Treatment Needs Assessment. Though initial placement is determined through the CBRI, facility SOCTP clinical staff should complete a Static-99R to support proper placement once the inmate begins participation in the SOCTP.

Inmates with a need for sex offender counseling who have not had their initial treatment risk assignment assessed at reception or have not been convicted of a qualifying offense under MHL §10.03 (p) or Penal Law Section 130.91 will be assessed by Central Office Guidance and Counseling SOCTP staff or facility SOCTP clinical staff using the Static-99R instrument prior to or during their admission to the program. Upon completion of an initial risk

assessment, participants will be assigned a treatment need designation of low, moderate, or high risk for sexual re-offending. Once an inmate has been assigned a risk level, the assigned ORC will ensure that the inmate has been placed on the proper RPL of 87C for low risk inmates or 87H for moderate and high risk inmates.

Some participants eligible for the SOCTP may be subject to additional assessments (all risk assessments are to be completed in accordance with their intended use) and evaluations consistent with best practices in the field of sex offender counseling including but not limited to: The Stable 2007, Vermont Assessment of Sex Offender Risk (VASOR), Screening Scale for Pedophilic Interests, and Texas Christian University (TCU) Criminal Thinking Scales.

The completion of psychosexual evaluations for moderate and high risk offenders is encouraged. Any questions regarding the utilization of the above assessments may be forwarded to SOCTP staff in Central Office Guidance and Counseling.

TREATMENT RISK ASSESSMENT OVERRIDES

Empirical research indicates there are limitations to actuarial assessment tools in assessing an appropriate level of treatment for some inmates requiring sex offender counseling. In cases where it is believed a risk level assignment does not appropriately capture the treatment needs for an inmate, any member of the treatment staff can submit a Risk Assessment Override (**ATTACHMENT 4**) to SOCTP staff in Central Office Guidance and Counseling for further assessment and a final risk level determination.

TRANSFER PROCEDURE

It is very important to provide sex offenders with statutorily mandated sex offender counseling in a timely fashion. Procedurally and according to best practices in the field of sex offending, inmates assessed with a sex offender counseling need will be placed in the SOCTP in close proximity to their qualifying release date. Inmates with earlier qualifying release dates will take priority for placement over inmates with later dates. Per Section 622 of Correction Law, participation in the SOCTP is coordinated to permit the completion of the program prior to civil management review for inmates convicted of SOMTA qualifying offenses.

All transfers of inmates into facilities for the SOCTP are overseen by the Office of Classification and Movement in collaboration with Central Office Guidance and Counseling.

The Department's automated transfer system schedules moderate and high risk general population male inmates for appropriate placement into the SOCTP when they are within thirty-six (36) months of their Conditional Release Date and low risk general population male inmates when they are within eighteen (18) months of their Earliest Release Date. When an inmate is identified by the automated transfer system for SOCTP placement eligibility, a priority UTR is generated for transfer to a suitable facility offering the SOCTP. For time, eligible inmates already at correctional facilities with a suitable SOCTP, facility staff may be instructed via email to place the offender in their SOCTP providing available space exists.

Inmates in need of low, moderate, or high-risk sex offender counseling who reside in an ICP, SHU, PC, SNU, RMU, or RMHU, female inmates, and moderate and high-risk inmates serving indeterminate life terms will be manually reviewed for transfer into an SOCTP facility using Management reports provided by the Office of Information Technology Systems (ITS) and/or the Office of Program Planning, Research, and Evaluation. Inmates assessed as needing moderate or high risk SOCTP placement and serving indeterminate life terms will be

eligible for placement within thirty-six (36) months of their ERD (low risk inmates serving indeterminate life sentences will be scheduled for placement by the automated transfer system within eighteen (18) months of their ERD). Returned parole violators with no new term, who require participation in the SOCTP, will be placed into the program based on their ERD.

Though most transfers into the SOCTP will be generated by Central Office staff, some transfers may require submission of an Unscheduled Transfer Review (UTR). For these cases, Central Office staff will email the appropriate SORC with instructions to submit a **priority** UTR for the inmate's participation in the SOCTP at a designated facility (when possible). Unless extenuating circumstances preclude it, the transfer requests are to be submitted within three (3) business days. SOCTP staff from Central Office Guidance and Counseling and/or other pertinent Central Office staff must be notified via e-mail if the deadline cannot be met or if the transfer request cannot be submitted. The action taken by the facility will be documented in the chronological entry sheet of the inmate's Guidance folder.

A transfer order will be issued by the Office of Classification and Movement and monitored by Central Office Guidance and Counseling to ensure inmates are placed in accordance with qualifying release dates.

SOCTP staff in Central Office Guidance and Counseling should be notified if an eligible inmate has not scheduled for participation in the SOCTP within eight months of his or her earliest release date for low risk designation and within 20 months for moderate/high risk designation.

ORIENTATION STATUS CODE

The Orientation status code (ORI) is to be used only in conjunction with the SOCTP for all cases where the facility has been notified that an inmate is to be enrolled in the program. Upon arrival via transfer or direction received from the Office of Classification and Movement, or Central Office Guidance and Counseling, that an inmate is to be placed in the SOCTP, the SORC will ensure the completion of an Unscheduled Inmate Review (UIR) and assign the status code of ORI to the inmate for the sex offender counseling need. After successfully completing facility orientation, it should be confirmed by the SORC that the status code has been updated to reflect Present Program Acceptable Level of Participation and Progress (PPA) once the inmate begins participation in the program. If the inmate refuses the SOCTP during the facility orientation, the status code should be changed to REF.

INMATE PAYROLL SYSTEM CODES

The correct shop code must be used when admitting participants into the SOCTP. If the wrong shop code is used, the participant's name will remain active on the SOCTP RPL. Any questions concerning an inmate's placement on the correct SOCTP RPL or correct SOCTP shop code should be directed to Central Office Guidance and Counseling SOCTP staff. Shop codes will be used as follows:

PROGRAM	RPL	SHOP CODE
Residential Moderate/High Risk Program	87H	892
Modular Moderate/High Risk Programs	87H	894
Modular Low Risk Programs	87C	872*
Substance Abuse Treatment (CD/SOP)	75D	893**

* All female inmates recommended for participation in the SOCTP will be placed on the 87C RPL and programmed using shop code 872.

** When an inmate assessed for moderate or high-risk programming is assigned to a Residential SOCTP (Shop code 892) and has a need for substance abuse treatment, the inmate will also be placed in CD/SOP unpaid (Shop code 893) 9 months prior to the inmate's expected SOCTP completion date. When appropriate, placement in CD/SOP may be done at the same time as placement in the residential SOCTP.

PROGRAM RELATED POLICIES

PROGRAM ORIENTATION

Before an inmate starts the SOCTP, an orientation is provided where program specific standards of behavior and expectations are explained and participants are provided with a copy of the SOCTP Offender Orientation Handbook. Inmates programming in Residential programs will receive a copy of the 2011 Therapeutic Community Supplement. In addition to the articulation of program expectations, the following is a list of program specific requirements and tasks that are to be completed in the orientation phase of the program.

1. Participants must comply with all required treatment risk assessments.
2. Participants must sign the Limits of Confidentiality, Partial Waiver of Confidentiality and Acknowledgement form (**ATTACHMENT 5**). Confidentiality is paramount to the integrity of the SOCTP and the release of information is done in compliance with all governing protocols.

The Professional Code of Ethics of the Association for the Treatment of Sexual Abusers (ATSA) requires its members to inform clients of the limits of confidentiality, exceptions to any agreed upon confidentiality, mandatory reporting requirements, and to address issues of confidentiality in a group setting. The Department's SOCTP is designed to be as consistent as possible with the ATSA standards and the Limits of Confidentiality, Partial Waiver of Confidentiality and Acknowledgment form (**ATTACHMENT 5**) is intended to assist in meeting this ethical standard of treatment.

The disclosures contemplated in the Acknowledgement form take into consideration statutory and other disclosure requirements most often associated with the treatment of incarcerated sex offenders and other inmates with a sex offender counseling need

in the Department's custody. These disclosure requirements may not be applicable in every case; however, as is with the law, facts and circumstances continue to change, thus, disclosure requirements may as well.

3. At the time of admission to the SOCTP, the Waiver of Access to Pornography, Photographs and Other Materials (**ATTACHMENT 3**) shall be explained to participants and must be completed upon an inmate's entrance into the SOCTP. The Amendment to Waiver of Access to Pornography and Other Materials (**ATTACHMENT 3A**) should be explained and signed by the inmate once prohibited materials are added to it. Based upon the inmate's individual sexual abuse history, the SOCTP treatment team will detail the specific categories of prohibited materials as they pertain to the Amendment to Waiver of Access to Pornography, Photographs, and Other Materials (**ATTACHMENT 3A**).

Use of pornographic materials is counterproductive to the sex offender counseling and treatment process. Pornographic materials can trigger deviant sexual fantasies and are often found to be part of a sex offender's grooming and sexual offense cycle. It promotes attitudes of objectification, degradation, and sexualization which reinforce deviant sexual interests and aggression.

The prohibition of pornography is intended for both current participants and those who have completed the program. This includes inmates whose participation is suspended while serving a disciplinary sanction. If access, possession, or use of pornography is detected while in the program, a Treatment Plan Review Committee (TPRC) conference will be held to decide on appropriate intervention(s) or possible removal from the program. If the behavior is detected after completing the program, a Regression Referral will be submitted to Central Office Guidance and Counseling SOCTP staff for a determination regarding whether or not the inmate is to readdress their sex offender counseling need.

4. For all inmates participating in the program that are on an active mental health caseload, a Participation Notification form (**ATTACHMENT 6**) will be sent to the facility's OMH staff for their completion. If OMH staff indicates that an inmate is unable to participate in the program for psychiatric reasons, the inmate will not participate until such time that he or she is cleared for participation by OMH. While unable to participate, the Medically or Psychiatrically Unable to Participate (MPU) status code will be entered in the inmate's Earned Eligibility Plan or Program Plan along with a detailed chronological entry in the SOCTP, Guidance, and Community Supervision folders.

Inmates who refuse to sign the above-mentioned waivers will not be permitted to participate in the SOCTP. This will be considered a program refusal.

TREATMENT AMENABILITY

Participants with low amenability to sex offender counseling and a high level of denial will not be excluded from participating in the SOCTP. It is well-accepted that having the need for sex offender counseling does not necessarily translate into wanting or seeking treatment.

Although inmates cannot be forced to accept treatment, they will be provided with the necessary information and support for making an informed decision about participating in the SOCTP. While it is the Department's legal and ethical obligation to make tools available for inmates to be able to self-manage their sexual behavior, it is up to them to accept and utilize the tools.

Staff will explain the program, the role sex offender counseling has in lowering re-offending risk, and the importance of understanding and managing risk factors in the prevention of sexual re-offending to inmates placed into the SOCTP. Participants will need to make the connection between participating in the program and a successful community reintegration. Although the focus of the interview and program orientation will be on how the SOCTP will improve the participants' chances of remaining in the community, participants will be informed of the impact that refusing sex offender counseling or receiving an unsatisfactory discharge from the SOCTP may have on their particular situation.

Reluctant participants who want to give counseling a try will be given the opportunity to participate in the program provided they sign all required waivers and comply with the assessment process. If given the opportunity, some participants will begin to recognize the maladaptive nature of their behavior and will become invested in the counseling process. If that does not occur, the inmate can sign a Program Refusal Notification form (3617) and an unsatisfactory discharge from the SOCTP will be made. If the inmate chooses to remain in group, but fails to progress, he or she may be discharged unsatisfactorily via a TPRC determination after all counseling and treatment interventions have been exhausted and comprehensively documented.

Participants in the SOCTP will gain and demonstrate their ability to:

- recognize their defense mechanisms which impede counseling interventions
- develop pro-social strategies which support achievement of their treatment plan goals
- change or attempt to change maladaptive patterns, rather than to try to change others or their environment
- accept constructive feedback from others and use that feedback to make positive changes in their lives
- give feedback to others in a positive and constructive way
- adequately control anger, aggression and destructive behavior
- actively participate in group counseling, individual sessions and all other activities of the SOCTP
- apply the principles learned in counseling to daily activities
- understand and abide by all restrictions recommended by the SOCTP

LEGAL CONCERNS

An inmate's legal concerns may serve as an impediment to effective treatment. In order for a participant to benefit from treatment, he or she must feel as comfortable as possible openly discussing his or her history of sexual offending behavior, whether that behavior resulted in the conviction for the instant offense, was behavior that occurred in connection with the conduct that resulted in the conviction, or was unrelated to the instant offense.

Most often, an inmate's legal concerns are expressed in the context of the Fifth Amendment right to be free from compelled self-incrimination. Accordingly, an inmate is not required to admit the commission of a particular crime, whether it resulted in the present commitment or not. In order to permit open discussion for the most effective treatment, Department policy provides that no written or oral statement made by a program participant in conjunction with treatment services rendered in connection with the SOCTP may be used against the inmate in any subsequent criminal proceeding in accordance with the Limits of Confidentiality, Partial Waiver of Confidentiality and Acknowledgment form (**ATTACHMENT 5**). In addition, no program participant may reveal in any subsequent criminal proceeding any information disclosed by another inmate in any group session or otherwise disclosed in conjunction with counseling and treatment services rendered as part of the SOCTP.

For successful program participation, the inmate may discuss his or her behavior in general terms without providing the full names of victims, without disclosing the exact dates, times, and places (e.g., the city, town, etc.) of various sexual offending behavior, and without admitting to any specific crime or the violation of any specific section of the Penal Law (e.g., rape in the first degree, criminal sexual act in the third degree, sexual abuse in the second degree, etc.). Nonetheless, the inmate must openly and honestly discuss the behavior that resulted in his or her incarceration and/or referral to the program, demonstrate acceptance of responsibility for the conduct that resulted in his or her criminal conviction, and demonstrate an understanding of his or her sexual offending behavior and cycle of abuse.

The participant will be expected to openly discuss the behavior that resulted in the conviction and/or any other history of sexual offending behavior. This will include discussing prior incidents of sexual offending behavior, and the individual thoughts and feelings associated with that behavior, regardless of whether any criminal justice intervention occurred. Although there is no prohibition against providing exact dates, ages of victims and other specific information, an inmate is not required to provide the full names of victims, exact dates, times, and places of various sexual offending behavior in order to appropriately participate in treatment.

DOCCS adopted these policies to protect the participants Fifth Amendment rights through a now expired private settlement agreement in *Donhauser v. Goord*. The policies previously adopted remain consistent with the programmatic need to encourage participants to openly and frankly discuss their history of sexual offending behavior. No written or oral statement made by a program participant in conjunction with treatment services may be used against the offender in any subsequent criminal proceeding. Similarly, a claim that an inmate cannot suffer adverse consequences for refusing to participate in sex offender counseling because the case is on appeal and there is a continuing Fifth Amendment right not to be compelled to self-incriminate is incorrect. The Second Circuit United States Court of Appeals ruled in *Johnson v. Baker*, 108 F.3d 10, "...that state officials are permitted to take adverse administrative action for failure to respond to inquiries, even where the answers might tend to incriminate, so long as the adverse consequence is imposed for failure to answer a relevant inquiry and not for refusal to give up a constitutional right." The court ruled "...no doubt that inquiries seeking an inmate's admission to an alleged sexual offense are relevant to the proper functioning of a rehabilitative program." The court further stated, "...an inmate who is unwilling to admit to a particular criminal activity is unlikely to benefit from a rehabilitative process aimed at helping those guilty of that activity."

PROGRAM REFUSAL

An inmate unwilling to participate in the SOCTP based upon a claim that participation violates the inmate's Fifth Amendment rights will be construed as a refusal.

During the orientation process of the SOCTP, the TPRC will conduct interviews with any inmate who refuses to participate in the program. When inmates refuse participation in the SOCTP prior to being placed in the program, the assigned ORC will discuss the refusal with the inmate. At this time, the Program Refusal Notification form will be explained to the inmate by the particular staff member(s). Staff should detail the potential consequences to any Departmental program refusal such as the denial of Parole, the loss of Good Time, denial of Limited Credit Time Allowance (LCTA), denial of a Merit Time, Presumptive Release, and/or Earned Eligibility Program certificate, and ineligibility for an area of preference transfer. In addition, refusal to participate may affect placement in a program and/or honor housing, the Family Reunion Program, and/or a reduction in pay/grade assignment. Additionally, for inmates facing Civil Management review under Article 10 of the Mental Hygiene Law and/or the requirement to register as a sex offender under the Sex Offender Registration Act, the staff member(s) should take great care in explaining that a refusal to participate in the SOCTP may be viewed unfavorably by OMH Civil Management review staff and/or the NYS Board of Examiners of Sex Offenders. If the inmate refuses to sign the refusal form, a notation to that effect must be entered on the form. The refusal will be properly documented on all pertinent chronological entry forms in the Guidance, Community Supervision, and SOCTP (if applicable) folders. Additionally, the refusal shall be noted in the Earned Eligibility Plan or Program Plan and Section I of the custom fields in the inmate Case Plan. Copies of the documented refusal will also be filed in the Guidance, Community Supervision, and SOCTP (if applicable) folders.

A signed refusal form will remain valid until such time that an inmate decides that he or she would like to participate in the program. Any inmate who initially refused to participate in the SOCTP may subsequently, at any time, request to participate in the SOCTP. The inmate should notify his or her assigned ORC of the decision to rescind the refusal. For these cases, the ORC will change the status code from REF to RPL and activate the inmate on the appropriate SOCTP RPL. Once the RPL status code is established, the automated transfer system (or Central Office staff for specialized offender populations) will schedule the inmate for transfer. Office of Classification and Movement staff will arrange for the inmate to be placed into a suitable SOCTP for participation according to the inmate's SOCTP need and applicable release date as time and space permit.

TREATMENT DURATION

Current research and best practices in the field of sex offender treatment support the recommended treatment durations associated with the following treatment risk assignments:

Low Risk (Static-99R/CBRI score of 3 or less)	6 months
Moderate Risk (Static-99R/CBRI score of 4-5)	9 to 12 months
High Risk (Static-99R/CBRI score of 6 or more)	15 to 18 months

Participants in the SOCTP should not have their treatment plans extended beyond these time frames absent documentation supporting the extension and approval from Central Office Guidance and Counseling SOCTP staff. Extensions should rarely be granted with respect to a low risk participant.

Requests for treatment extensions should be submitted using the SOCTP Treatment Extension Request (**ATTACHMENT 7**) and submitted in accordance with the following procedure:

A request for an extension must be submitted to the facility Deputy Superintendent for Program Services (DSP) with the specific reasons for the requested extension (e.g., the participant has regressed in behavior or participation and is required to repeat two modules). The request must include a plan outlining the needs to be addressed and the projected date of completion. If approved by the DSP, the request will be forwarded to the Director of Central Office Guidance and Counseling for consideration.

In the low-risk SOCTP, staff may request an extension as deemed appropriate upon review of the inmate's progress. For participants in the moderate and high-risk programs, the TPRC may request an extension be considered in order to promote the achievement of treatment plan goals.

In recognition of the inherent differences of male and female sex offenders, it is the policy of this Department that female inmates assessed for participation in the SOCTP will have treatment duration of 6 to 9 months. Staff may request an extension as deemed appropriate upon review of the inmate's progress.

Finally, to ensure that the SOCTP is made available to all inmates with the sex offender counseling need, SOCTP staff must initiate the submission of an Unscheduled Transfer Review (UTR) two weeks prior to each inmate's estimated date of completion.

TREATMENT PLANNING

Upon admission to the SOCTP, an individualized treatment plan will be developed for each participant and updated every 90 days thereafter. During the treatment planning process, inmates will always be afforded the opportunity to provide input regarding their treatment plan goals, objectives, needs, strengths, and weaknesses. The treatment plan is to be reflective of the inmate's needs as they relate to treatment as well as other empirically supported risk factors associated with sexual offending addressed in the material covered during the particular 90 day period (may be less for certain circumstances) in the SOCTP. A copy of the signed treatment plan will be provided to the inmate.

CHRONOLOGICAL ENTRIES

A chronological record within the SOCTP folder should be maintained for each inmate participating in the SOCTP. This record should reflect all pertinent documents added to an inmate's treatment record along with any notations or statements that would not normally be captured in a progress note or detailed on any SOCTP related forms or documents.

PROGRESS NOTES

At a minimum, bi-weekly progress notes should be maintained on each inmate participating in the SOCTP. Progress notes should not only include the level, section, and modules of the curriculum covered for the particular two week period, but also give an accurate account of the inmate's participation for that time, including the inmate's ability to grasp the material presented, his or her ability to relate the material to their own situation, and their ability to relate to the group. It is also encouraged that whenever possible, staff observe and document SOCTP participant's behavior outside of the SOCTP treatment setting to provide support and verify that participants are applying treatment concepts. The use of psychotherapy notes is strongly recommended to assist SOCTP staff in the bi-weekly documentation. If psychotherapy notes are used, they should not be made part of the treatment record.

EVALUATING PROGRESS

Progress is measured using a variety of tools and methods including but not limited to the following: staff observation, the Texas Christian University (TCU) Criminal Thinking Scale, Sexual History Measuring Scale, Pretend to be Normal Phase Measuring Scale, Build Up Phase Measuring Scale, Fantasy/Planning/Grooming Measuring Scale, Act Out Phase Measuring Scale, Justification/Reintegration Phase Measuring Scale, Sexual Offense Clarification (Pre-Abuse) Outline Measuring Scale, Sexual Offense Clarification (Victim) Outline Measuring Scale, Offending Behaviors Measuring Scale, and Responsibility Measuring Scale.

All measuring scales may be found in the SOCTP curriculum.

TREATMENT PLAN REVIEW COMMITTEE (TPRC)

The TPRC is responsible for multi-disciplinary case conferencing and regular review and/or updating of treatment plans. It also is expected to provide an established forum for the counseling and treatment staff to formally address issues impacting an inmate's program participation or refusal of continued participation requests.

The TPRC must have a minimum of three members to convene and no more than five members total. The committee is comprised of the SOCTP treatment staff along with the program SORC and may also include a combination of the following staff: the inmate's primary ORC, ASAT ORC, ASAT Program Assistant, and when applicable, security staff (preferably the area Sergeant). The Committee is normally chaired by the program SORC, but may be chaired by a clinical staff member. Additional staff input is encouraged. In such cases where the staff member desires to share a concern or provide relevant documentation, contact should be made with the TPRC Chairperson. All meetings of the TPRC, regardless of their nature, will be documented as a chronological entry, an individual progress note, and if applicable, on the TPRC Referral and Recommendation (**ATTACHMENT 8**).

The goals and protocols for each function of the TPRC are specific to the particular reason for the committee's convening as illustrated below:

Case Conferencing: To be done on a weekly basis (with greater attention paid to acute cases). Case conferencing provides an opportunity for members of the SOCTP treatment staff and other staff directly involved with an inmate's treatment to discuss an inmate's participation and progress and any other issues impacting treatment including but not limited to physical or mental health concerns and cognitive deficiencies.

Treatment Planning, Reviews, and Updates: Based on the knowledge that the treatment needs of inmates are dynamic in nature, treatment plan updates and/or reviews provide an opportunity for the TPRC to continually monitor and tailor treatment to the inmate's individual needs and are to be conducted at a minimum of every ninety days. The inmate should either be present for the treatment planning, review, and update process or provided an avenue by which their input is considered during the process and incorporated into any alterations in their treatment plan. A copy of any treatment plan updates or alterations will be provided to the inmate.

Retention Review: The TPRC also functions to assess program status. For this function, the inmate may be referred to the TPRC based on issues such as poor program performance, disciplinary problems, continued non-compliance with program objectives, and the refusal of further participation in the program as outlined in the Standards of Inmate Behavior, the Therapeutic Community Supplement, or other SOCTP guidelines or contracts. The referral source must provide documentation for consideration by the TPRC including, but not limited to: assignments, counseling notifications, and monthly evaluations (**ATTACHMENT 11, 12**) (learning experiences and behavioral contracts may also be considered). Inmates referred to the TPRC for the function of retention review are required to be present when the committee meets so the reasons for the referral can be explained and the inmate can be afforded the opportunity to discuss the referral briefly. It is important to note that no witnesses from the inmate will be permitted. The TPRC attempts to educate the inmate in reference to the seriousness of poor program performance or disciplinary problems. The goal of the TPRC is to communicate a positive message which will impact the inmate's personal decision making, translating into productive programming and satisfactory adjustment. The course of action or sanctions will be discussed and expectations will be made clear. The TPRC may recommend immediate unsatisfactory discharge from the program, program probation, retention at current level in the program, regression to a prior level in the program, or assign interventions such as behavioral contracts, learning experiences, or other tasks in relationship to treatment issues to promote both compliance and understanding of specific treatment objectives. At times, an inmate will refuse positive reinforcement and dismiss any direction. In this case, the TPRC shall recommend a program removal and all appropriate procedures regarding program removals will be followed. Within 72 hours, the TPRC will notify the inmate in writing of their decision using TPRC Referral and Recommendation.

Inmates who are removed following a misbehavior report which results in disciplinary sanctions totaling 31 or days or more of SHU or keeplock time do not have to be seen by the TPRC. The extended sanctions constitute an automatic disciplinary removal from the program. In such cases, inmates should be notified via the TPRC Referral and Recommendation form of the committee's decision to remove them from the program along with being provided a copy of the Discharge Summary. In instances where an inmate will be disciplinarily transferred, every effort should be made to hand deliver these documents prior

to his or her transfer. If the inmate is transferred prior to receiving these documents, they should be sent to him or her at their current facility.

SUBSTANCE ABUSE TREATMENT AND AGGRESSION PROGRAM NEEDS

Inmates participating in a moderate or high risk SOCTP may have the opportunity to participate in and/or satisfy other identified Departmental program needs as follows:

Moderate or high risk residential SOCTP participants, who also have an identified need for Departmental substance abuse treatment, may have the opportunity to participate in ASAT as a component of the residential SOCTP. With the expectation that satisfactory completion of ASAT within the SOCTP would require 9 months of direct services and satisfaction of their individualized substance abuse treatment plan goals, eligible inmates should remain on the ASAT required program list until they are approximately 9 months to their expected SOCTP completion date before beginning ASAT participation (moderate risk inmates may be programmed simultaneously for the SOCTP and ASAT due to the expected SOCTP completion date for these inmates being within 9-12 months). Inmates with an identified substance abuse treatment need not participating in a moderate or high risk residential SOCTP, will have that need addressed outside of the SOCTP according to established substance abuse treatment protocol.

Inmates with an identified need for aggression programming will have the need satisfied with the successful completion of the moderate or high-risk SOCTP.

The Successful Completion/Satisfied Need status code (SAT) for substance abuse treatment and/or aggression programming is to be entered on the inmate's Earned Eligibility Plan or Program Plan simultaneously with the SAT for completion of the SOCTP. In exceptional circumstances, satisfaction of the substance abuse treatment need prior to SOCTP completion may be reviewed with SOCTP staff in Central Office Guidance and Counseling.

TREATMENT SUSPENDED STATUS

When an inmate is taken out of SOCTP pending a misbehavior hearing, the treatment suspended end code will be used pending the outcome of the hearing. If the inmate receives 31 days or more in SHU or keeplock sanctions, they will be removed from the SOCTP for disciplinary reasons (an End Code Change request should be submitted to Central Office Guidance and Counseling to denote the disciplinary removal). Once their sanctions are satisfied, a UIR should be completed to reflect RPL as the current status code for the sex offender counseling need and the inmate should be reactivated on the appropriate RPL in the KIPY system for a return to the SOCTP at the first available opportunity. If they receive 30 days or less in SHU or keeplock sanctions, they will remain in the treatment suspended mode for the duration of their sanctions. Once the inmate has completed his or her assigned sanction time, they will be seen by the TPRC for intervention, retention, or removal purposes before restarting the program. The inmate will be notified of the committee's decision utilizing the TPRC Referral and Recommendation.

CONTACT WITH VICTIMS

Per Directives #4422 – Offender Correspondence Program, and #4423 - Offender Telephone Calls, inmates are prohibited from communicating in writing or by telephone with victims they have been convicted of abusing or are under indictment for their abuse. If available, the names of their victims must be placed on their negative telephone and correspondence lists. Per Directive #4423, no inmate may place a telephone call to the residence of a victim of the crime(s) for which the inmate has been convicted or is currently under indictment, regardless of whether immediate family members maintain the same residence, unless prior written authorization has been received from the Superintendent.

All orders of protection will be complied with. If an order of protection prohibits physical contact or telephone and written communication, the name(s) of the protected person(s) must be placed on the negative telephone, correspondence, and visiting lists. If a protected person changes his or her mind and wishes to resume contact with the inmate, it is that person's responsibility to contact the court and ensure that the order of protection is rescinded or amended as applicable. However, per Directive #4423, written and telephone contact with formerly protected persons who are victims of crimes for which an inmate has been convicted or is under indictment for, is still prohibited and their names will remain on the negative correspondence and telephone lists unless prior written authorization has been received from the Superintendent.

The TPRC, with the authorization of Central Office Guidance and Counseling SOCTP staff, may unsatisfactorily discharge any program participant who writes or calls the victims of their sex offenses. This includes victims who are family members. As stipulated in these Directives they, as well as those who have completed the program, may also be subject to disciplinary action. Their behavior will be reported to the Board of Examiners of Sex Offenders and all contact with victims is to be documented in the SOCTP, Guidance, and Community Supervision folders.

MANAGEMENT OF RECORDS

SOCTP FOLDERS

SOCTP folders containing segmented and labeled sections are provided for the filing of all SOCTP records. Each section is labeled to indicate the documents to be filed in that section. Original documents generated by or sent to the SOCTP from other offices are to be filed in the SOCTP folders. If questions arise as to where a document should be placed in the SOCTP record, Central Office SOCTP staff should be consulted.

RECORDS DEPOSITORY

When participants are discharged from the program, regardless of the reason for the discharge, their SOCTP records are to be maintained by the discharging facility unless they are requested for future SOCTP participation purposes.

PROCESSING OFFENDER RECORDS FOR TRANSFER

Ordinarily, when participants in the SOCTP are transferred, their SOCTP records are not to be transferred with them. The only reason to transfer SOCTP records to another facility is if the inmate is going to continue SOCTP participation at the next facility. If that is the case, the SOCTP folder will be forwarded to the receiving facility as per Directive #4011 – Processing Offender Records for Transfer. The SOCTP staff should ensure records are complete and the chronological entry sheet indicates the date of the transfer and any pertinent instructions for the continuation of services. If no continuation of SOCTP is possible or it is not clear that the inmate will be placed in the SOCTP of the receiving facility, the SOCTP record is not to be sent to the facility unless the record is requested by staff at the receiving facility after it has been verified that the inmate is willing to participate and is being enrolled into the SOCTP.

RECORDS SECURITY

SOCTP records are confidential and unauthorized access to the records will be prevented. Correctional facilities providing the SOCTP will make certain SOCTP records are properly and securely stored. Disclosure of the SOCTP records will only be made pursuant to the Limits of Confidentiality, Partial Waiver of Confidentiality and Acknowledgement form (**Attachment 5**) and as set forth below.

SOCTP RECORD

The SOCTP record is comprised of two components; the Programmatic Record and the Clinical Record.

Under Correction Law §622, the established SOCTP utilizes Psychologists, Licensed Clinical Social Workers, and other mental health professionals in the provision of treatment to program participants. Accordingly, the SOCTP record is, in part, subject to the confidentiality and right of access provisions of Public Health Law §18 and the Health Insurance Portability

and Accountability Act (HIPAA). With this said, there are specific rules for record access and confidentiality applicable to this portion of the record. Note: DOCCS records are not subject to the provisions of MHL §33.13, *et seq.* However, the confidentiality provisions under HIPAA closely parallel State law with respect to the confidentiality of mental health records.

The SOCTP record is subject to disclosure in accordance with State law and the Limits of Confidentiality, Partial Waiver of Confidentiality and Acknowledgement form (**Attachment 5**). The SOCTP record is subject to disclosure to the Board of Examiners of Sex Offenders if the inmate is subject to the Sex Offender Registration Act and disclosure to the Office of Mental Health if the inmate is subject to evaluation in accordance with the Civil Management procedures set forth in Mental Hygiene Law Article 10 or otherwise under the care of OMH. The record is also subject to disclosure to any state agency, community organization, or individual who subsequently engages the offender in sex offender treatment following release from the NYS Department of Corrections and Community Supervision. It is also recognized that changes in State law may otherwise require or permit disclosure.

All requests for the SOCTP record not specifically addressed by the Limits of Confidentiality, Partial Waiver of Confidentiality and Acknowledgement form (**Attachment 5**) are governed by New York State Freedom of Information Law (FOIL) for the Programmatic Record, and Public Health Law §18 and HIPAA for the Clinical Record.

As inmates complete or are removed from the SOCTP, closed SOCTP folders at the DOCCS treatment facilities will be scanned into a Public Safety Document Repository (PSDR).

ACCESS TO PROGRAMMATIC RECORD

The Programmatic Record may be released to the inmate upon written request. The inmate may either review the Programmatic Record or obtain copies pursuant to and subject to the limitations set forth in FOIL. Persons authorized by the inmate may also obtain the same records. No specific type of authorization form is required for an inmate to grant permission to another person to access his or her Programmatic Record. Any release of all or part of the Programmatic Record must be documented in the SOCTP chronological notes.

ACCESS TO CLINICAL RECORD

The Clinical Record may be requested pursuant to the procedure in Health Services Policy Manual (HSPM) 4.10, with the following modifications:

II. DESCRIPTION

- II. A. Definition – The SOCTP Clinical Record is a health record.

III. TYPES OF REQUESTS

III. A. 2. Inmate Requests

Requests by an inmate to view and/or obtain a copy of their Clinical Record must be made in writing, to the senior treatment provider (Psychologist or Social Worker for moderate or high risk programs and the SORC for low risk programs that do not employ clinical staff) at the treatment site. Following discharge from the program, requests for access must be directed to the SOCTP program supervisor at the most recent treatment facility.

III. A. 3. Any disclosure of the Clinical Record provided as a result of authorization or request by the inmate is to be documented in the SOCTP progress and chronological entry sheets.

III. B. Third party requests for patient information.

Requests for the Clinical Record **MUST** be accompanied by a HIPAA compliant authorization form or court ordered subpoena. A copy of the authorization is acceptable. The authorization form **MUST** specifically identify that release of the SOCTP record has been authorized by the inmate (e.g., "SOCTP record," "sex offender counseling file," "SOP treatment file," etc.). Because DOCCS has not traditionally provided mental health treatment or been the holder of mental health records, a general HIPAA release for the "entire record" is **NOT** sufficient. A sample form is attached as **ATTACHMENT 9 – Authorization for Use or Disclosure of Protected Health Information including Confidential HIV Related Information.**

III. B. 3. Third party requests for copies of the clinical record must be directed to the SOCTP Coordinator in Central Office of Guidance and Counseling.

IV. PROCEDURE

IV. A. 2. Authorizations for release of records shall be filed in the SOCTP file under Section 8 (homework, correspondence and miscellaneous records).

IV. A. 3. Release of all or part of the Clinical Record must be entered into the SOCTP chronological notes.

IV. E.1 Denial of Access or Denial of Health Record Copies: Unreviewable reason for denial.

(Bullet 2) In any circumstance where the health provider believes that providing a copy of protected health information (i.e., all or part of the Clinical Record) to the inmate may pose a danger to the health, safety,

security, custody, or rehabilitation of the inmate or other inmates, or the safety of any officer, employee, or other person at the correctional facility, or any person responsible for transporting the inmate, the health care provider must discuss the issue with the Director of Central Office Guidance and Counseling, the SOCTP Coordinator, the facility Superintendent, and the Department's HIPAA Privacy Officer.

Per HIPAA: Psychotherapy notes or personal notes and observations of a health care provider are not subject to review.

- IV. F. Review Rights. Section IV. F. 1-3. is not applicable to requests for the SOCTP Clinical Record. A decision denying access may be appealed by writing to the HIPAA Officer.

- IV. H. Complaint Process. If an inmate has a complaint concerning access, release or disclosure under this policy and HSPM 4.10, he/she should attempt to resolve the problem through contact with the senior treatment provider (Psychologist or Social Worker for moderate or high risk programs, and the SORC for low risk programs that do not employ clinical staff). If this is unsuccessful, the inmate should address the issue, concern, or complaint to the SOCTP Coordinator in Central Office Guidance and Counseling.

SEX OFFENDER REGISTRATION ACT (SORA) PROCEEDINGS

The SOCTP record is often sought in connection with a SORA risk level assessment hearing. A written request from a District Attorney's Office, Public Defender's Office or other attorney specifically seeking the record in connection with a SORA proceeding is sufficient for production of the programmatic record. However, a HIPAA compliant authorization or a court ordered subpoena signed by a judge and requiring production to the court is required before the clinical record may be released.

SUBSTANCE ABUSE TREATMENT RECORDS

For some participants, participation in the SOCTP may include simultaneous participation in ASAT. In these circumstances, records pertaining to ASAT may be maintained in a separate file within the SOCTP record. However, ASAT records are not considered a part of the SOCTP record for disclosure purposes and are to be maintained according to the ASAT Operations Manual as directed by Central Office Substance Abuse Treatment Services.

To the extent that an inmate's SOCTP record includes a separate ASAT record, those records are confidential in accordance with the provisions of 42 U.S.C. §290dd-2. Disclosure is only permitted pursuant to the provisions of 42 C.F.R. Part 2 (Directive #2010, "Departmental Records" section VII.E). Any request for an inmate's SOCTP record that includes an ASAT component but is not accompanied by a Release of Drug and Alcohol Abuse Records must be answered in a way that will not affirmatively reveal that the inmate has been, or is being diagnosed or treated for alcohol or substance abuse.

PROGRAM DISCHARGE AND READMISSION

PROGRAM DISCHARGE

There are three (3) types of discharge from the SOCTP: satisfactory, administrative, or unsatisfactory. Each type is explained below. A Discharge Summary is prepared for all inmates discharged from the program except in situations where an inmate is being transferred to another SOCTP for immediate participation in the program. This document is to be provided to the inmate and filed in the SOCTP, Guidance, and Community Supervision folder.

SATISFACTORY PROGRAM DISCHARGE

Participants will receive a satisfactory discharge from the SOCTP upon successful achievement of their individualized treatment plan goals and objectives. Once successful completion occurs, they will be given the SAT status code on their Earned Eligibility Plan or Program Plan and section 1 of the custom fields in the inmate Case Plan. As stated previously in these guidelines, moderate and high risk inmates with an identified aggression need, will also receive a SAT status code for the aggression need when they satisfactorily complete the SOCTP.

ADMINISTRATIVE PROGRAM DISCHARGE

An administrative discharge occurs when a program participant is removed from the program through no personal fault, such as in the case of transfers, health or psychiatric restrictions, protective custody status, release, etc. For these cases, the appropriate status code Removed Through No Fault of His or Her Own (RNF) status code, Protective Custody (PCS) status code, or Medically or Psychiatrically Unable to Participate (MPU) status code must be entered for the sex offender counseling need in the inmate's Earned Eligibility Plan or Program Plan and the documentation justifying the administrative discharge needs to be filed in the inmate's SOCTP, Guidance, and Community Supervision folders.

If administrative discharges are requested for Protective Custody, health, or psychiatric reasons, it is the responsibility of the assigned ORC to monitor the inmate's suitability for participating in the SOCTP on a quarterly basis. When notice is received by the appropriate medical, mental health, or security staff that the inmate is, once again, eligible to participate in the SOCTP, the ORC will reactivate the inmate on the proper SOCTP RPL and perform a UIR to update the inmate's status code for his or her sex offender treatment need from MPU or PCS to RPL.

Transfer of active program participants is to be avoided. Only necessary transfers are to be allowed including but not limited to transfers for medical, psychiatric, and the safety and security of the facility, etc. Transfer holds for program purposes will be submitted to the Office of Classification and Movement for cases where transfer of the inmate can be delayed. If transfer cannot be avoided, efforts need to be made to transfer the inmate to a correctional facility where continuation of the SOCTP is possible.

UNSATISFACTORY PROGRAM DISCHARGE

The TPRC is to meet with an inmate before making an unsatisfactory discharge from the SOCTP (excluding situations where an offender is serving extended SHU or keeplock sanctions). The TPRC Referral and Recommendation will be completed and given to the inmate along with filing a copy in the SOCTP, Guidance, and Community Supervision folder. If an inmate is removed from the SOCTP as a result of unacceptable attendance, participation, or progress, the REU status code will be reflected for the sex offender counseling need in the Earned Eligibility Plan or Program Plan. In situations where the inmate refuses further participation in the SOCTP, the REF status code will be reflected for the sex offender counseling need in the Earned Eligibility Plan or Program Plan. For cases in which an inmate is removed from the SOCTP due to a disciplinary sanction, the RED status code will be reflected for the sex offender counseling need in the Earned Eligibility Plan or Program Plan.

Reasons for which an inmate may be discharged unsatisfactorily from the SOCTP include, but are not limited to, the following:

1. The program participant contacts his victim, directly or indirectly.
2. The program participant acts out sexually during counseling and demonstrates an inability to control deviant impulses and behaviors, such as exhibitionism.
3. The program participant demonstrates violent or aggressive behavior that places other group members and/or group facilitators at risk.
4. The program participant fails to comply with the rules, policies, and procedures of the program.
5. The program participant fails to demonstrate positive progress toward their treatment plan goals and/or fails to positively participate in the program.
6. The program participant receives disciplinary sanctions of 31 days or more of SHU or keeplock.
7. While participating in the SOCTP, the inmate chooses to refuse further participation in the program.

When an inmate who is participating in both the residential SOCTP and ASAT receives an unsatisfactory discharge (REU or RED) from the SOCTP, the individual should receive the same removal code for both programs. However, an unsatisfactory removal from ASAT does not necessarily warrant a removal from the SOCTP and should be evaluated on a case by case basis.

In cases where an inmate is participating in a residential SOCTP with a therapeutic community component, and it is recommended by staff that the inmate should be removed from the program due to a violation of a Therapeutic Community Treatment Termination Standard, a recommendation for program removal via the TPRC Referral and

Recommendation (along with faxing or scanning all pertinent documentation to support the recommendation), will be sent to SOCTP staff in Central Office Guidance and Counseling. SOCTP staff will determine if program removal is warranted or if alternative therapeutic and program interventions should be utilized.

READMISSION TO THE PROGRAM

Participants who have received an unsatisfactory discharge from the program are eligible for and may be readmitted to the SOCTP. These inmates will be reviewed by Central Office staff for readmission into an appropriate SOCTP contingent upon the inmate's qualifying release date and availability of space within the program. Subsequent to their unsatisfactory removal from the program, the REU, RED, EXD, or REF status code will remain in the Earned Eligibility Plan or Program Plan until the next review. At the next review, if the inmate's status code reads REU, RED, or EXD, the assigned ORC will ascertain if the inmate would like to, once again, participate in the SOCTP. If the inmate refuses future participation, the refusal should be properly documented using a Program Refusal Notification form and the corresponding REF status code should be entered. If the inmate is willing to be placed back into the SOCTP, the ORC is to reactivate the inmate on the proper SOCTP RPL in the KIPY system and enter the RPL status code on the Earned Eligibility Plan or Program Plan. Once the RPL status code has been established for the inmate's sex offender programming need and reactivation on the proper SOCTP RPL is completed, the inmate will reschedule for transfer to a suitable SOCTP.

PROGRAM REGRESSIONS

Inmates determined by Central Office Guidance and Counseling (via the Sex Offender Regression Referral) to have had a regression after completing the SOCTP will have the status code of REG reflected in their Earned Eligibility Plan or Program Plan. At the next review, the inmate should be reactivated on the appropriate SOCTP RPL and the current status code should reflect RPL.

ASSESSMENT FOR PREVIOUS PROGRAM PARTICIPATION

Within one month of readmission to the SOCTP, the TPRC will determine how much of an inmate's previous participation in an SOCTP may be applied to his or her current participation in the program using the Assessment of Prior Participation form (**ATTACHMENT 10**). Any applicable participation will be based upon positive progress made previously. Participation in other sex offender programs will not be considered.

ATTACHMENTS

ATTACHMENT 1

SOMTA - ARTICLE 10 - SEXUAL OFFENSES (Includes Felony Attempt and Conspiracy to Commit)					
PL SECTION	CRIME	CLASS	PL SECTION	CRIME	CLASS
130.25	RAPE - 3 RD	E FELONY	130.70	AGGRAVATED SEXUAL ABUSE - 1ST	B FELONY
130.30	RAPE - 2 ND	D FELONY	130.75	COURSE SEX CONDUCT - CHILD - 1ST	B FELONY
130.35	RAPE - 1 ST	B FELONY	130.80	COURSE SEX CONDUCT - CHILD - 2ND	D FELONY
130.40	CRIMINAL SEXUAL ACT - 3 RD	E FELONY	130.85	FEMALE GENITAL MUTILATION	E FELONY
130.45	CRIMINAL SEXUAL ACT - 2 ND	D FELONY	130.90	FACILITY SEX OFF/CONTROL SUBST	D FELONY
130.50	CRIMINAL SEXUAL ACT - 1 ST	B FELONY	130.91	SEXUALLY MOTIVATED FELONY	VARIOUS FELONIES
130.53	PERSISTENT SEXUAL ABUSE	E FELONY	130.95	PREDATORY SEXUAL ASSAULT	A-II FELONY
130.65	SEXUAL ABUSE - 1 ST	D FELONY	130.96	PREDATORY SEXUAL ASSAULT AGAINST A CHILD	A-II FELONY
130.65A	AGGRAVATED SEXUAL ABUSE - 4TH	E FELONY	230.06	PATRONIZE PROSTITUTE - 1ST	D FELONY
130.66	AGGRAVATED SEXUAL ABUSE - 3RD	D FELONY	255.26	INCEST - 2ND	D FELONY
130.67	AGGRAVATED SEXUAL ABUSE - 2ND	C FELONY	255.27	INCEST - 1ST	B FELONY
ARTICLE 10 DESIGNATED FELONIES IF SEXUALLY MOTIVATED*					
<p>For purposes of the Sex Offender Management and Treatment Act (SOMTA), a conviction of a designated felony, including a conviction for an attempt or a conspiracy to commit a designated felony, may be considered a sex offense if the act or acts constituting the designated felony were committed in whole or in substantial part for the purpose of direct sexual gratification of the offender.</p> <p>If the crime was committed on or after April 13, 2007, the offender is deemed to have committed a sex offense only if the offender is convicted of a sexually motivated felony in accordance with Penal Law §130.91. Such conviction must be noted on the Sentence and Commitment or other Court documentation.</p>					
PL SECTION	CRIME	CLASS	PL SECTION	CRIME	CLASS
120.05	ASSAULT - 2 ND	D FELONY	140.30	BURGLARY - 1ST	B FELONY
120.06	GANG ASSAULT - 2 ND	C FELONY	150.15	ARSON - 2ND: INTENT PERSON PRESENT	B FELONY
120.07	GANG ASSAULT - 1 ST	B FELONY	150.20	ARSON - 1ST: CAUSE INJ/FOR PROFIT	A-1 FELONY
120.10	ASSAULT - 1 ST	B FELONY	160.05	ROBBERY - 3RD	D FELONY
120.60	STALKING - 1 ST	D FELONY	160.10	ROBBERY - 2ND	C FELONY
125.15	MANSLAUGHTER - 2 ND	C FELONY	160.15	ROBBERY - 1ST	B FELONY
125.20	MANSLAUGHTER - 1ST	B FELONY	230.30	PROMOTING PROSTITUTION - 2ND	C FELONY
125.25	MURDER - 2ND	A-1 FELONY	230.32	PROMOTING PROSTITUTION - 1ST	B FELONY
125.26	AGGRAVATED MURDER	A-1 FELONY	230.33	COMPELLING PROSTITUTION	B FELONY
125.27	MURDER - 1ST	A-1 FELONY	235.22	DISSEM INDECENT MAT MINOR - 1ST	D FELONY
135.20	KIDNAPPING - 2ND	B FELONY	263.05	USE CHILD <17 - SEX PERFORMANCE	C FELONY
135.25	KIDNAPPING - 1ST	A-1 FELONY	263.10	PROM OBSCENE SEX PERF-CHILD <17	D FELONY
140.20	BURGLARY - 3RD	D FELONY	263.15	PROM SEX PERFORMANCE-CHILD <17	D FELONY
140.25	BURGLARY - 2ND	C FELONY			
<p>* Sexual Motivation may be present if:</p> <ol style="list-style-type: none"> a. Instant Offense includes behavior that could have resulted in a sex charge, but did not. b. Instant Offense includes a sex offense charge. c. Offender made statements of intent of a sexual nature to the victim of the instant offense. d. Instant Offense is indicative of prior modus operandi resulting in a sexual offense conviction. e. Documented admission of the offender to the instant offense being sexually motivated. 					

ATTACHMENT 2

NEW YORK STATE SEX OFFENDER REGISTRY REGISTERABLE OFFENSES EFFECTIVE NOVEMBER 1, 2007		
The following list contains the New York State Penal Law statutes for which registration as a sex offender is required. Individuals are required to Registration as a sex offender upon a conviction of a registerable offense or a conviction for an attempt to commit a registerable offense or a conviction of or a conviction for an attempt to commit a registerable offense as a hate crime or a crime of terrorism.		
PENAL LAW STATUTE	OFFENSE CLASS	OFFENSE
120.70	E Felony ¹	Luring a child
130.20	A Misdemeanor	Sexual misconduct
130.25	E Felony	Rape in the third degree
130.30	D Felony	Rape in the second degree
130.35	B Felony	Rape in the first degree
130.40	E Felony	Criminal sexual act in the third degree
130.40	E Felony	Sodomy in the third degree
130.45	D Felony	Criminal sexual act in the second degree
130.45	D Felony	Sodomy in the second degree
130.50	B Felony	Criminal sexual act in the first degree
130.50	B Felony	Sodomy in the first degree
130.52 ²	A Misdemeanor	Forcible touching
130.53	E Felony	Persistent sexual abuse
130.55 ²	B Misdemeanor	Sexual abuse in the third degree
130.60	A Misdemeanor	Sexual abuse in the second degree
130.65	D Felony	Sexual abuse in the first degree
130.65-a	E Felony	Aggravated sexual abuse in the fourth degree
130.66	D Felony	Aggravated sexual abuse in the third degree
130.67	C Felony	Aggravated sexual abuse in the second degree
130.70	B Felony	Aggravated sexual abuse in the first degree
130.75	B Felony	Course of sexual conduct against a child in the first degree
130.80	D Felony	Course of sexual conduct against a child in the second degree
130.90	D Felony	Facilitating a sex offense with a controlled substance
130.95	A-II Felony	Predatory sexual assault
130.96	A-II Felony	Predatory sexual assault against a child
135.05 ³	A Misdemeanor	Unlawful imprisonment in the second degree
135.10 ³	E Felony	Unlawful imprisonment in the first degree
135.20 ³	B Felony	Kidnapping in the second degree
135.25 ³	A-1 Felony	Kidnapping in the first degree

ATTACHMENT 2 CONT'D

PENAL LAW STATUTE	OFFENSE CLASS	OFFENSE
230.04 ⁴	A Misdemeanor	Patronizing a prostitute in the third degree
230.05	E Felony	Patronizing a prostitute in the second degree
230.06	D Felony	Patronizing a prostitute in the first degree
230.30(2)	C Felony	Promoting prostitution in the second degree
230.32	B Felony	Promoting prostitution in the first degree
230.33	B Felony	Compelling prostitution
230.34	B Felony	Sex trafficking
235.22	D Felony	Disseminating indecent material to minors in the first degree
250.45(2),(3) & (4) ⁵	E Felony	Unlawful surveillance in the second degree
250.50	D Felony	Unlawful surveillance in the first degree
255.25	E Felony	Incest (committed prior to 11/1/06)
255.25	E Felony	Incest in the third degree
255.26	D Felony	Incest in the second degree
255.27	B Felony	Incest in the first degree
263.05	C Felony	Use of a child in a sexual performance
263.10	D Felony	Promoting an obscene sexual performance by a child
263.11	E Felony	Possessing an obscene sexual performance by a child
263.15	D Felony	Promoting a sexual performance by a child
263.16	E Felony	Possessing a sexual performance by a child
263.30	B Felony	Facilitating a sexual performance by a child with a controlled substance or alcohol

¹ If the underlying offense is a class A or class B felony, then the offense of luring a child shall be considered respectively, a class C felony or class D felony.

² A registerable offense only if the victim is less than eighteen years of age or where the defendant has a prior conviction for a sex offense, a sexually violent offense, forcible touching or sexual abuse in the third degree or an attempt thereof even if registration was not required for the prior conviction; regardless of when the prior conviction occurred.

³ A registerable offense only if the victim is less than seventeen years old and the offender is not the parent of the victim.

⁴ A registerable offense only if the person patronized is in fact less than seventeen years old.

⁵ A registerable offense unless the trial court finds that registration would be unduly harsh and inappropriate. The attempt version of this offense is registerable for offenders who committed the offense on or after Sept. 23, 2011, or who previously committed the offense but were still under sentence as of that date.



Corrections and Community Supervision

ANDREW M. CUOMO
Governor

ANTHONY J. ANNUCCI
Acting Commissioner

ATTACHMENT 3

WAIVER OF ACCESS TO PORNOGRAPHY, PHOTOGRAPHS, AND OTHER MATERIALS

I, _____, DIN _____, understand that as a part of my Sex Offender Counseling and Treatment Program, progress and rehabilitation, it is necessary for me to refrain from possessing or having access to materials which in the judgment of the treatment staff may be deemed to be pornography or other materials which the treatment staff have determined may encourage or otherwise suggest inappropriate sexual impulses or feelings. I understand that, although certain materials may be permissible under Directive #4572 – Media Review, I am affirmatively waiving and agreeing to refrain from possessing, reading, accessing or otherwise using pornography, photographs and other materials as directed by the treatment staff, throughout the course of the Sex Offender Counseling and Treatment Program and thereafter, including any period during which my treatment may have been suspended, as long as I am in the custody of the New York State Department of Corrections and Community Supervision. I also understand and agree that the list of pornography, photographs and other materials I may not possess, read, access or use may be modified at any time during my participation in the program by the treatment staff. Upon such modification, I will be notified and I will sign an acknowledgement amending this Waiver.

Questionable materials will be reviewed by the treatment staff in consideration of my offense and treatment history. I understand that if I am found to be in possession of pornography or material found to be inappropriate, it may result in a misbehavior report, and may also result in my removal from the Sex Offender Counseling and Treatment Program or regression to an earlier module of the program, if recommended by the Treatment Team. If removal is indicated, documentation will be placed in my Guidance folder and Community Supervision folder and notification will be sent to the NYS Board of Examiners of Sex Offenders. I also understand that once I have successfully completed the Sex Offender Counseling and Treatment Program, if found to be in possession of any inappropriate materials, this will be considered a relapse and I will be referred again to participate in the Sex Offender Counseling and Treatment Program, documentation will be placed in my Guidance folder and Community Supervision folder and the NYS Board of Examiners of Sex Offenders will be notified.

The Sex Offender Counseling and Treatment Program Policy and the Waiver of Access to Pornography, Photographs and Other Materials have been explained to me to my satisfaction by the treatment staff. I understand the policy and agree to the terms of this Waiver as set forth above.

Inmate Signature

Date

Treatment Staff Signature

Date

cc: Inmate
Community Supervision Folder
Guidance Folder



Corrections and Community Supervision

ANDREW M. CUOMO
Governor

ANTHONY J. ANNUCCI
Acting Commissioner

ATTACHMENT 3A

AMENDMENT TO WAIVER OF ACCESS TO PORNOGRAPHY, PHOTOGRAPHS AND OTHER MATERIALS

I, _____, DIN _____, agree that I will refrain from accessing, possessing, reading or otherwise using the materials listed below, throughout my Sex Offender Counseling and Treatment Program and thereafter, as long as I am in the custody of the NYS Department of Corrections and Community Supervision.

These materials have been deemed by the Sex Offender Counseling and Treatment staff to be either pornographic or materials that may encourage or suggest inappropriate sexual impulses and feelings:

Inmate Signature

Date

Treatment Staff Signature

Date

cc: Inmate
Community Supervision Folder
Guidance Folder



Corrections and Community Supervision

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Governor

ANTHONY J. ANNUCCI
Acting Commissioner

ATTACHMENT 4

SEX OFFENDER COUNSELING AND TREATMENT PROGRAM RISK ASSESSMENT OVERRIDE

FACILITY: _____ **INMATE:** _____ **DIN:** _____

Based upon an assessment of the information provided, I believe this inmate's current placement in a _____ risk program does not accurately reflect his or her treatment needs. An individual's personal risk level may be higher or lower based on additional variables not considered as part of the particular assessment tool used. Participation in a _____ risk program is recommended.

BASIS FOR RISK ASSIGNMENT OVERRIDE:

TREATMENT STAFF: _____ DATE: _____

SORC: _____ DATE: _____

DSP/ADSP: _____ DATE: _____

CENTRAL OFFICE SOCTP STAFF REVIEW:

APPROVE: _____ **APPROVED RISK ASSIGNMENT:** _____
DENY: _____

SOCTP COORDINATOR: _____ DATE: _____



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Acting Commissioner

ATTACHMENT 5

LIMITS OF CONFIDENTIALITY, PARTIAL WAIVER OF CONFIDENTIALITY AND ACKNOWLEDGEMENT

I understand that the primary purpose of the program is to reduce the likelihood of re-offending by assisting me to control my chain of behaviors that lead to sexual offending. I also understand that I am not required to admit the commission of a particular crime, whether it resulted in the present commitment or not.

Rather, for successful program participation, I may discuss my behavior in general terms without providing the full names of victims, without disclosing the exact dates, times, and places of various sexual offending behavior, and without admitting to any specific crime or the violation of any specific section of the Penal Law. Nonetheless, I must openly and honestly discuss the behavior that resulted in my criminal conviction, incarceration, and referral to the program along with any other history of sexual offending behavior. This is to include the individual thoughts and feelings associated with that behavior and demonstration of acceptance of responsibility for the behavior and an understanding of my sexual offending cycle of abuse.

I. Limits of Confidentiality

I, _____ DIN _____ understand that as a part of my Sex Offender Counseling and Treatment Program and progress, it is necessary to share my progress and participation with others who will be supervising me or continuing to treat me in the community when I am released. This includes sharing any/all homework assignments, program evaluations, discharge summaries and other related materials of the Sex Offender Counseling and Treatment Program. I understand that by signing this Limits of Confidentiality, Partial Waiver of Confidentiality and Acknowledgement, I am acknowledging that the Sex Offender Counseling and Treatment Program staff may release these materials to: the Board of Examiners of Sex Offenders, who will evaluate my risk level pursuant to the Sex Offender Registration Act; the Office of Mental Health, who may evaluate me in accordance with the Civil Management procedures set forth in Mental Hygiene Law Article 10; the Office of the Attorney General, in the event that a Civil Management proceeding is initiated in accordance with Mental Hygiene Law Article 10 or I initiate legal action concerning my participation in the Sex Offender Counseling and Treatment Program, and to any state agency, community organization or individual who engages me in sex offender treatment when I am released from the NYS Department of Corrections and Community Supervision or as otherwise required or permitted under New York State law.

II. Exceptions to Confidentiality

I understand that if I disclose information indicating that I present a clear and immediate danger to another individual or individuals, staff are required to report such information to security and to the appropriate law enforcement agency.

III. Mandatory Reporting

I understand that certain members of the treatment team are required by law to report to the Office of Children and Family Services when they have reasonable cause to suspect that a child is an abused or maltreated child. No part of this document shall be construed as releasing any member of the treatment team from complying with mandatory reporting laws.

IV. Additional Issues

I have been advised that no written or oral statement made by me in conjunction with treatment services rendered in connection with the Sex Offender Counseling and Treatment Program may be used against me in any subsequent criminal proceeding.

I have further been advised that I may not reveal in any subsequent criminal proceeding any information disclosed by another offender in a group therapy session or otherwise disclosed in conjunction with treatment services rendered as part of the Sex Offender Counseling and Treatment Program.

V. Acknowledgment

The Sex Offender Counseling and Treatment Program Policy and this document have been explained to me to my satisfaction by the Sex Offender Counseling and Treatment Program staff. I understand the policy and give my consent to the limits of confidentiality as set forth above.

Inmate Signature

Date

Treatment Staff Signature

Date

cc: Inmate
Community Supervision Folder
Guidance Folder



Corrections and Community Supervision

ANDREW M. CUOMO
Governor

ANTHONY J. ANNUCCI
Acting Commissioner

ATTACHMENT 6

PARTICIPATION NOTIFICATION

TO: Mental Health Unit

FROM: _____

DATE: _____

SUBJECT: SEX OFFENDER COUNSELING AND TREATMENT PROGRAM

The offender identified below is currently participating in the Sex Offender Counseling and Treatment Program.

INMATE NAME: _____

DIN: _____

Please provide us with the following information and advise us of any contraindications to this inmate's participation in the Sex Offender Counseling and Treatment Program. Records indicate the following OMH service level _____

Please indicate:

1. Current OMH service level: _____
 2. Medications: No Yes
 3. Contraindications to participation: No Yes
- If yes, please describe briefly:

Clinician Signature

Date

cc: Inmate
Community Supervision Folder
Guidance Folder



Corrections and Community Supervision

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Governor

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Acting Commissioner

ATTACHMENT 7

SEX OFFENDER COUNSELING AND TREATMENT PROGRAM TREATMENT EXTENSION REQUEST

FACILITY: _____ INMATE: _____ DIN: _____

TREATMENT LEVEL: _____ CURRENT LENGTH OF TIME IN TREATMENT: _____

REASONS FOR REQUESTED EXTENSION:

NEEDS TO BE ADDRESSED AND EXPECTED DATE OF COMPLETION:

TREATMENT STAFF: _____ DATE: _____

SORC: _____ DATE: _____

DSP/ADSP: _____ DATE: _____

CENTRAL OFFICE SOCTP REVIEW:

APPROVE: _____

DENY: _____

SOCTP COORDINATOR: _____ DATE: _____

cc: Inmate
SOCTP Folder



Corrections and Community Supervision

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Governor

ANTHONY J. ANNUCCI
Acting Commissioner

ATTACHMENT 8

SEX OFFENDER COUNSELING AND TREATMENT PROGRAM TREATMENT PLAN REVIEW COMMITTEE REFERRAL AND RECOMMENDATION

Name: _____ Facility: _____

DIN: _____ Referral Date: _____

TPRC Members: _____

Reason(s) for referral (Check all that apply and describe below):

_____	Unsatisfactory participation	_____	Tier disposition(s) with SHU/Keeplock sanctions exceeding 30 days
_____	Unsatisfactory behavior	_____	Failure to respond favorably to treatment interventions
_____	Program refusal	_____	Residential SOCTP Treatment Termination Standard violation *If removal is recommended for a Residential SOCTP Treatment Termination Standard violation, referral and supporting documentation must be submitted to Central Office Guidance and Counseling SOCTP staff for final determination

Relevant History

TPRC Recommendation (Check all that applies and describe below):

_____ Retention at current level _____ Treatment plan revision (attach) _____ Unsuitable programmatic
 _____ Regression to prior level _____ Probation _____ Disciplinary discharge
 _____ Treatment intervention (specify and attach): _____ Other (specify):

Inmate signature (If applicable): _____ Date: _____

TPRC Chairperson Signature: _____ Date: _____

cc: Inmate



Corrections and Community Supervision

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Acting Commissioner

ATTACHMENT 9

Form 3124 (1/03)

AUTHORIZATION FOR USE OR DISCLOSURE OF PROTECTED HEALTH INFORMATION INCLUDING CONFIDENTIAL HIV RELATED INFORMATION

Date Received

(COMPLETE BOTH SIDES)

Print Name (include alias)	Date of Birth	DIN
Social Security #	Address	

I understand that confidential HIV related information is any information indicating that a person had an HIV related test, or has HIV infection, HIV related illness or AIDS, or any information which could indicate that a person has been potentially exposed to HIV (Human Immunodeficiency Virus).

Under New York State and Federal law, except for certain people, protected health information including HIV related information, can only be given to persons you allow by signing an authorization.

I understand that the information used or disclosed pursuant to this authorization may be subject to redisclosure by the recipient if the recipient is not a health care provider or health plan covered by the laws. Such redisclosure is restricted/limited by NYS Public Health Law 27-F.

By completing and signing this form, I authorize the use or disclosure of my health information as described below, which may include medical, mental health, dental records, and confidential HIV related information.

The following individual or organization is authorized to make the disclosure and provide the information as indicated below:

Name of Entity Disclosing Information DOCCS	Address of Entity Disclosing Information Building 2
Name of Entity Receiving Information	Address of Entity Receiving Information

Purpose of Disclosure **REQUIRED** Check if for Continued Treatment?
 At the request of patient OR representative
 Third Party Request, why is information needed? _____

The type of information limited to need and specified dates:

<input type="checkbox"/> AHR,DR's Orders	<input type="checkbox"/> most recent	<input type="checkbox"/> other/specify dates	FROM	TO
<input type="checkbox"/> Problem list	<input type="checkbox"/> most recent	<input type="checkbox"/> other/specify dates	_____	_____
<input type="checkbox"/> MD Progress Notes	<input type="checkbox"/> most recent	<input type="checkbox"/> other/specify dates	_____	_____
<input type="checkbox"/> Medication list	<input type="checkbox"/> most recent	<input type="checkbox"/> other/specify dates	_____	_____
<input type="checkbox"/> history & physical	<input type="checkbox"/> most recent	<input type="checkbox"/> other/specify dates	_____	_____
<input type="checkbox"/> discharge summary	<input type="checkbox"/> most recent	<input type="checkbox"/> other/specify dates	_____	_____
<input type="checkbox"/> laboratory results	<input type="checkbox"/> most recent	<input type="checkbox"/> other/specify dates	_____	_____
<input type="checkbox"/> x-ray/imaging reports	<input type="checkbox"/> most recent	<input type="checkbox"/> other/specify dates	_____	_____
<input type="checkbox"/> consultation reports	<input type="checkbox"/> most recent	<input type="checkbox"/> other/specify dates	_____	_____
<input type="checkbox"/> entire record	<input type="checkbox"/> most recent	<input type="checkbox"/> other/specify dates	_____	_____
<input type="checkbox"/> list of allergies	<input type="checkbox"/> TB History/Treatment	<input type="checkbox"/> immunization record	_____	_____
<input type="checkbox"/> FHSI	<input type="checkbox"/> OTHER _____			

REQUIRED SIGNATURES ON PAGE 2

AUTHORIZATION FOR USE OR DISCLOSURE OF PROTECTED HEALTH INFORMATION INCLUDING CONFIDENTIAL HIV RELATED INFORMATION

I understand that I may refuse to sign this authorization and that my refusal to sign will not affect my ability to obtain treatment or payment or my eligibility for benefits. I may inspect or copy any information used/disclosed under this authorization.

I understand that I may revoke this authorization in writing, at any time, by delivering or sending a copy of the revocation to the person (s) or entities I have authorized to use or disclose information as listed on Page 1. I understand that a revocation is not effective to the extent that the person(s) named has relied upon this authorization.

This authorization expires at conclusion of my SORA proceeding _____	
(REQUIRED – insert date or event)	
s/ _____	_____
(REQUIRED: Signature of Patient or Representative)	(REQUIRED: Date Signed)
John Doe _____	
(REQUIRED: Print Patient's Name)	
_____ (PRINT NAME OF REPRESENTATIVE)	
Check one:	<input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Executor/Administrator (also send court papers proving such) <input type="checkbox"/> Agent (by health care proxy)

Department of Corrections and Community Supervision CANNOT release Psychiatric Information maintained by the Office of Mental Health. A separate authorization addressed to the Office of Mental Health must be sent to: Office of Mental Health, Forensic Bureau, 44 Holland Avenue, Albany, NY 12226.

OFFICE PROCESSING

SEND COPY OF AUTHORIZATION FORM WITH REQUESTED HEALTH RECORD COPIES TO REQUESTER

Date Information Sent

Signature/Title

To the recipient: This information has been disclosed to you from confidential records which are protected by law. State law prohibits you from making any further disclosure of this information without the specific written consent of the person to whom it pertains, or as otherwise permitted by law. Any unauthorized further disclosure in violation of state law may result in a fine or jail sentence or both. A general authorization for the release of medical or other information is not sufficient for further disclosure.

Original: SOCTP Record – Correspondence Section
Copy: Inmate



Corrections and Community Supervision

ANDREW M. CUOMO
Governor

ANTHONY J. ANNUCCI
Acting Commissioner

ATTACHMENT 10

SEX OFFENDER COUNSELING AND TREATMENT PROGRAM ASSESSMENT OF PRIOR PARTICIPATION

FACILITY: _____ INMATE: _____ DIN: _____

Prior episodes of participation in the Sex Offender Counseling and Treatment Program:

Program Type (L,M,H) and Level (1,2,3)	Start Date	Discharge Date	Discharge Reason	Facility

Assessment of Prior Participation (to be conducted within 4 weeks of readmission and must include a detailed rationale for awarding or denying any application of past program participation toward the current treatment episode):

Inmate Signature

Date

Treatment Staff Signature

Date

cc: Inmate



Corrections and Community Supervision

ATTACHMENT 11

Sex Offender Counseling and Treatment Program Monthly Evaluation for Low Risk (Level I, III) Participants

Name _____ Month/Year _____
 DIN _____ Month/Year began program _____

INDICATOR:	DEMONSTRATES BEHAVIOR:			
	Consistently & independently	Often, with prompting	Occasionally, with substantial prompting	Not at all
Understanding of program material	_____	_____	_____	_____
Engagement in group	_____	_____	_____	_____
Displays appropriate behavior	_____	_____	_____	_____
Accepts criticism/feedback	_____	_____	_____	_____
Supportive of staff/peers	_____	_____	_____	_____
Sets goals/ takes steps to accomplish	_____	_____	_____	_____
Completes homework thoroughly/timely	_____	_____	_____	_____
Follows group/facility standards	_____	_____	_____	_____
Column Score	_____	_____	_____	_____
Total Score	_____			

Demonstrates behavior consistently & independently (2 points)	Highly motivated	13-16
Demonstrates behavior often with prompting (1 point)	Motivated	9-12
Demonstrates behavior occasionally with substantial prompting (.5 points)	Needs improvement	5-8
Does not demonstrate the behavior at all (0 points)	Below minimum standard	0-4

Two consecutive monthly evaluations reflecting participation at a level of "needs improvement" or below will result in an appearance at the Treatment Plan Review Committee for consideration of appropriate interventions or removal from the program.

Treatment Staff Comments: _____

Offender Comments: _____

Treatment Staff Signature Date

Inmate Signature Date

cc: Guidance Folder
 Community Supervision Folder
 Inmate



Corrections and Community Supervision

ATTACHMENT 12

Sex Offender Counseling and Treatment Program Monthly Evaluation for Moderate/High Risk (Level II, III) Participants

Name _____ Month/Year _____
 DIN _____ Month/Year began program _____

INDICATOR:	DEMONSTRATES BEHAVIOR:			
	Consistently & independently	Often, with prompting	Occasionally, with substantial prompting	Not at all
Understanding of program material	_____	_____	_____	_____
Engagement in group	_____	_____	_____	_____
Displays appropriate behavior	_____	_____	_____	_____
Accepts criticism/feedback	_____	_____	_____	_____
Supportive of staff/peers	_____	_____	_____	_____
Sets goals/ takes steps to accomplish	_____	_____	_____	_____
Completes homework thoroughly/timely	_____	_____	_____	_____
Demonstrates acceptance of responsibility for sexual offending behavior	_____	_____	_____	_____
Demonstrates personal insight into sexual offending behavior	_____	_____	_____	_____
Follows group/facility standards	_____	_____	_____	_____
Column Score	_____	_____	_____	_____
Total Score	_____			

Demonstrates behavior consistently & independently (2 points)	Highly motivated	16-20
Demonstrates behavior often with prompting (1 point)	Motivated	11-15
Demonstrates behavior occasionally with substantial prompting (.5 points)	Needs improvement	6-10
Does not demonstrate the behavior at all (0 points)	Below minimum standard	0-5

Two consecutive monthly evaluations reflecting participation at a level of "needs improvement" or below will result in an appearance at the Treatment Plan Review Committee for consideration of appropriate interventions or removal from the program.

Treatment Staff Comments: _____

Offender Comments: _____

 Treatment Staff Signature Date

 Inmate Signature Date

cc: Guidance Folder
 Community Supervision Folder
 Inmate