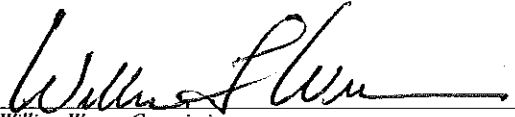


NH DEPARTMENT OF CORRECTIONS POLICY AND PROCEDURE DIRECTIVE	CHAPTER <u>Health Services</u> STATEMENT NUMBER <u>6.35</u>
SUBJECT: MALE SEXUAL OFFENDER TREATMENT SERVICES PROPONENT: <u>Paula Mattis, Director</u> <i>Name/Title</i> <u>Medical/Forensic Services 271-3707</u> <i>Office Phone #</i>	EFFECTIVE DATE <u>03/15/2017</u> REVIEW DATE <u>03/15/2019</u> SUPERSEDES PPD# <u>6.35</u> DATED <u>10/15/12</u>
ISSUING OFFICER:  <i>William Wrenn, Commissioner</i>	DIRECTOR'S INITIALS: _____ DATE: _____ APPENDIX ATTACHED: YES _____ NO _____
REFERENCE NO: See reference section on last page of PPD.	

I. PURPOSE:

To establish a policy and procedural standards with regard to assessment, service deliver, and treatment for individuals who have committed sexually-related offenses.

II. APPLICABILITY:

To all employees involved in the delivery of intensive sexual offender treatment services and clients receiving Intensive Sexual Offender Treatment Services (ISOTS).

III. POLICY:

It is the policy of the NH Department of Corrections (NHDOC) to provide all male individuals who have committed sexually-related offenses with access to appropriate sexual offender treatment services as clinically indicated. The goal of such services is to eliminate sexual victimization through responsible and ethical treatment of individuals who have committed sexually-related offenses.

IV. PROCEDURES:

A. Staffing and Staff Qualifications

The Sexual Offender Treatment (SOT) service is staffed by qualified behavioral health professionals who meet the following requirements:

1. Education, license/certification criteria specified by their professional discipline;
2. Criteria established by the New Hampshire State Division of Personnel;
3. Professionally qualified consultants (e.g., psychiatrists, psychologists).

B. Assessment

1. Individuals referred and/or identified through the classification process will be provided with a full psychosexual assessment. ISOTS staff assesses a person's risk/needs levels using actuarial instruments as well as conducting a comprehensive psychosocial profile of the individual and their criminal history. Elements of the psychosocial assessment include, but are not limited to, criminogenic history and needs, developmental history,

mental health involvement, substance abuse issues, strengths, skill deficits and the individuals' cycle of offending. To the extent practicable, data from collaterals (e.g., medical providers, family, criminal records police reports, court documentation, NCIC, clinical providers) will be utilized during the assessment process.

2. The timing of the assessment will be dependent on the individual's sentence structure including any provisions outlined by the sentencing court for sentence reduction modifications contingent on successful completion of treatment. The assessment will be scheduled with the intent to provide the individual at least 24 months to complete the intensive treatment service, if it is the recommended intervention. In situations where the person enters the prison with less than a year to their minimum as well as an assessment indicating need for intensive treatment, the Department's goal is to enroll them as soon as possible to mitigate the impact of keeping them over their minimum sentence.

Example: For an individual with a 3 year minimum sentence, they would be assessed within their first year of incarceration to determine treatment needs.

2. A polygraph or other intervention may be required at any time for the purposes of gathering additional information to inform treatment interventions. The Department provides multiple types of polygraphs described in attachment A.
3. Upon completion of the assessment, individuals will be provided with the results and recommendations of the assessment including the treatment recommendation they are being recommended to participate in.. The sexual offender treatment recommendations offered by the Department are:
 - a. Community- based treatment;
 - b. Prison-based Intensive Sexual Offender Treatment Services in the Modified Therapeutic Community (ISOT-MTC); or
 - c. Transitions Group

Individuals who decline the assessment or treatment at this stage are asked to sign a declination of services form. If they sign the form declining services, this can be retracted at any time during their incarceration.

4. Individuals declining ISOTS-MTC services will be administered a mental status examination to determine if any behavioral health needs exist. Any concerns that may impact the individual's ability to make decisions due to a mental health condition will be referred to Behavioral Health services to develop a comprehensive treatment plan with the goal to engage the individual into the appropriate sexual offender treatment intervention.
5. Admission to the ISOTS-MTC will be through the Administrator of Sexual Offender Treatment Services who will request that Classifications place the individual on the housing movement list for admission into treatment.
6. Entrance into ISOTS-MTC will be determined by the individual's minimum sentence date. In general, an offender will be considered for entrance into the program when they have reached the date that is within two years of their minimum release date. Those who are further away from their minimum release date may be admitted into the program if space is available and all entrance requirements are met. If an individual is eligible for sentence reduction by participating in the program, this will be included in the calculation for his minimum release date to allow the individual timely access. For those individual's with shorter sentences, less than two years to their minimum, they will be triaged into services as soon as possible in order to maximize their opportunity for release upon their minimum sentences barring their own decision to decline services or institutional behavior.

C. Community-Based Treatment

1. Community-based treatment is the recommendation for an individual to complete sexual offender treatment upon release to parole or other community-based supervision.
2. If the assessing clinician is recommending an individual for community –based treatment following the assessment, the offender may be referred for additional screening as necessary to complete the assessment and recommendations. Once the assessing clinician determines that a community treatment referral is warranted, this outcome will be reviewed by the Administrator of Sexual Offender Treatment and the Deputy Director of Forensic Services for thoroughness and concurrence.
3. If the recommendation is approved, a treatment plan will be developed for participation in behavioral health groups to address any treatment needs of the individual while waiting for release into community-based treatment services.
4. The individual will also participate in the Transitions Group until released. The Transitions Group requires completion of the American Community Correctional Institute curriculum, cycle work and victim empathy. If at any time during treatment in Transitions Group, a clinician identifies a behavioral status change, acquires additional information with regard to the individual’s engaging in risky sexual behaviors offender status, or is provided additional collateral information which is a cause for concern; a new assessment will be completed using actuarial tools as appropriate.
5. All individuals recommended for community-based treatment are expected to develop a understanding your cycle plan and a re-entry plan that includes written acceptance from a qualified mental health professional who utilizes the polygraph as a therapeutic tool as part of their treatment service. The plan must also reflect how the individual intends to follow the recommendations from his discharge summary. If the individual fails a polygraph or shows deception, they will be placed in ISOT to receive more intense treatment.

D. Intensive Sexual Offender Treatment Services in the Modified Therapeutic Community (ISOTS-MTC)

1. Prior to admission into ISOTS-MC, individuals will begin attending recommended behavioral health groups as part of their treatment plan. The individual will be referred for participation in groups such as:
 - a.) Cognitive Behavior Therapy;
 - b.) Coping Skills;
 - c.) Dealing with Trauma;
 - d.) Socialization;
 - e.) Victim Empathy;
 - g.) Anger Management; and
 - h.) Drug and Alcohol treatment.

The individual may complete treatment requirements for these groups at any time during incarceration through NHDOC behavioral health services.

2. All individuals who enter the ISOTS-MTC will be administered the Prison Rape Elimination Act (PREA) potential for sexual assault/sexual victimizing screening instrument (PPD 5.19 attachment #2) and housed accordingly. This tool will be utilized at the point of admission into ISOTS-MTC to ensure safety and to address specific sexual treatment needs.
3. ISOTS-MTC therapeutic services are offered in accordance with an individualized treatment plan that will at a minimum transition through four treatment curriculum phases outlined in Attachment B. If the individual is identified with any intellectual disabilities or requires medically restricted housing, a modified individualized treatment program will be established following at a minimum the four treatment phases. Individuals with multiple treatment needs will have a collaborative treatment plan established inclusive of areas such as substance use, mental health and psychiatric needs with all clinical

disciplines needed to facilitate the treatment plan.

4. The individual must also demonstrate continuous diligence and positive participation in the ISOTS-MTC and maintain constructive interaction with peers.
 5. The length of involvement in the ISOTS-MTC is determined by the individual's willingness to engage in the treatment service, his ability to demonstrate acquisition of skills and relapse prevention techniques as well as achieving goals specified in the individual treatment plan.
 6. ISOT staff is responsible for determining completion of goals, providing feedback to individuals on how to better achieve goals and thereby program completion.
 7. Participants in ISOTS-MTC will be assigned and required to participate in a weekly problem solving group and a unit committee.
 8. All program participants will be paid \$1.00 a day as they will be unable to participate in other programs or work activities as indicated in PPD 3.01.
- E. Documentation
1. Sexual offender treatment will be documented in the electronic health record using the progress note, group note, treatment plan and discharge summary. This includes such documents as the assessment, polygraph materials and other disclosure/administrative tools.
 2. Treatment plans will be completed during the readiness phase and updated at least every six months or when goals are attained or require modifications based on the individual's needs. Clinical staff will follow the time and documentation standards as outlined in PPD 6.05 Behavioral Health Services.
 3. Caseloads will be entered in CORIS for ongoing informational sharing and awareness for re-entry planning. CORIS will also be used to document movement in ISOT-MTC treatment for purposes of case management. Clinicians will continue to update this information, for instance when someone has transitioned out of ISOT whether it be due to a security move or because they have been issued a discharge summary.
 4. All discharges from sexual offender treatment services shall be documented by the primary clinician within five days of program completion.
- F. Program Completion
1. When a program participant has met all program goals, he will be referred to the ISOTS Administrative Review Committee (ARC) by his ISOTS therapist for case review. The ARC provides a risk management process and clinical review of the treatment of high-profile and high-risk individuals who have committed sexually-related offenses. The ARC is an important venue for clinicians to present these high-risk clinical cases and to obtain risk mitigation guidance and consultation to ensure the Department is meeting its mission in reducing the victimization resulting from sexually-related crimes. The ARC is comprised of administrators from the Division of Medical and Forensic Services assigned by the Director of Medical & Forensic Services. The purpose of the ARC is to ensure that each individual participating in the ISOTS-MTC has reached maximum benefit via completion of his goals as specified on his individualized treatment plan and outlined by the clinicians discharge summary proposal.
 2. The ARC will review each case extensively and make recommendations for the case. The ARC will determine if they are in agreement with whether a program participant has completed the program or needs further treatment and/or assessment. If deemed completed by the ARC, the results of the determination with treatment recommendations will be sent to the parole board, if applicable. The original ARC referral form will be placed in the individual's record, the SOTS record and a copy sent to the program participant. Participants will also receive a copy of their discharge summary. If treatment is not deemed completed, the ARC will provide recommendations to enhance attainment of treatment goals to the clinician for implementation with the individual. (See Attachment B.)

3. The ARC will meet at a minimum bi-weekly to review cases. The individuals completed packet must be received by the ARC for review 10 days prior to the scheduled meeting.
4. The ISOTS-MTC therapist will present the case, relating the individual's progress to his goals. The therapist will also provide information on any disciplinary action, and/or behaviors that resulted in being removed from the program, if applicable. Included in the case presentation shall be a description of the individual's self-management plan for the community to include therapeutic, vocational, educational and housing activities established for transition.
5. No individual shall be considered to have completed the ISOTS-MTC if he has not developed a comprehensive plan which will include a description of his offending cycle and a maintenance contract. These are two key areas of treatment.
6. Decisions made by the ARC may be appealed through the process outlined in PPD 1.16 Grievances and Complaints by Persons under DOC Supervision.

G. Responses to Parole Violators

1. Individuals who have previously completed ISOTS-MTC treatment or community treatment who are returned on a parole violation will be assessed within 90 days to determine treatment needs. The assessment may result in admission to the ISOTS- MTC or may specify other treatment needs and recommendations. A treatment plan will be developed as a result of the new assessment and documented in the electronic health record.
2. Parole Violators may be recommended for the Transitions Group. This is an open-ended, open-enrollment group for individuals who have committed sexually-related offenses who have previously received and/or completed treatment and have returned to prison for violating a condition of their parole.
3. Cognitive behavioral therapy is the predominant approach to therapy in the Transitions Group. Participants are expected to participate actively in the therapy group and are also expected to complete all homework assignments. This includes updating their offending cycle to include an analysis of their parole violation and updating their Maintenance Contract. Other assignments are determined on an individual basis as they relate to the participant's parole violation and clinical needs.
4. Once the treatment goals have been successfully completed and the participant has an updated cycle of offending and Maintenance Contract, the SOTS therapist will make recommendations for participants on-going treatment needs in a discharge summary for use upon release to the community and by the Parole Board for continuity of care and safety planning.

H. Supervision

Sexual Offender Treatment Services is administratively a part of the Division of Medical and Forensic Services and is directed and supervised by the Administrator of Sexual Offender Treatment Services. The Administrator of Sexual Offender Treatment Services supervises the sexual offender clinicians. Staff is required to attend weekly staff meetings, individual supervision and maintain any licensure requirements.

1. For those individuals receiving treatment in ISOTS-MTC, they are to be aware that there will be joint consultation between Classifications, the Captain of Security and ISOTS-MTC staff with regard to the following areas: housing assignments, program assignments and disciplinary measures.
2. All program participant unit concerns will be reviewed monthly with the Captain of Security, Administrator of Sexual Offender Services and Program Participants Steering Committee to ensure that any safety or procedural concerns are addressed in a timely manner.

I. Sexual Offender Treatment Services Records will be maintained in accordance with PPD 6.43 Division of Medical/Forensic Services Records Maintenance, Retention and Release.

J. Termination from ISOTS

1. An individual may be removed from ISOTS for disciplinary infractions related to sexual behaviors, safety issues, non-compliance with program expectations, not engaging in treatment, criminal behaviors and/or other behaviors that disrupt the treatment milieu. All recommended terminations occurring as a result of founded disciplinary or criminal action as determined by security and/or investigations will be reviewed as a team with the ISOT administrator, unless emergent removal is required. These terminations will be reviewed by the Administrator of Sexual Offender Treatment Services in conjunction with the Deputy Director of Forensic Services within five calendar days of the removal.
2. Within 30 calendar days of termination, a plan for re-admittance will be completed by the primary sexual offender clinician and reviewed with the individual.

K. Staff Rules and Guidelines

1. No employee shall engage in any activity as an employee of NHDOC, as a private provider or as an employer of a community provider that services the offender population, as that is a conflict of interest. The NHDOC places the burden of responsibility on the employee to disclose and report all potential conflict of interest situations to his/her supervisor. An employee who violates their Licensing Board's Conflict of Interest Policy, who fails to make a timely or accurate report of potential, apparent or real conflict of interest, or who engages in any conflict of interest or fails to discontinue such conflict after being so advised, shall be subject to disciplinary action up to and including discharge. Pursuant to the NH Legislative Budget Assistance Audit of November of 2016, "The American Mental Health Counselors Association (AMHCA), the National Association of Social Workers (NASW), and Association for the Treatment of Sexual Abusers (ATSA) have all promulgated ethics guidelines discouraging this type of relationship. Specifically:
 - a. The AMHCA states, "[m]ental health counselors do not evaluate, for forensic purposes, individuals whom they are currently counseling or have counseled in the past. In addition, mental health counselors do not counsel individuals they are currently evaluating, or have evaluated in the past, for forensic purposes."
 - b. The NASW prohibits social workers from engaging in dual relationships with clients or former clients. According to the NASW, dual relationships occur "when social workers relate to clients in more than one relationship, whether professional, social, or business."
 - c. The ATSA guidelines state, "[m]embers recognize that there may be potential conflicts of interest when they provide both evaluation and treatment services to the same person. When it is necessary to fulfill both functions, (for example, in rural settings or institutions) members take reasonable steps to manage and resolve any conflict in the best interests of the client and the community."

REFERENCES:

Standards for the Administration of Correctional Agencies
Second Edition Standards

Standards for Adult Correctional Institutions
Fourth Edition Standards

Best Practices: The Administrative Review Committee at New Hampshire Hospital: A One-Year Follow-Up

Alexander de Nesnera, M.D., and David G. Folks, M.D.

View Author and Article Information

Published online: June 01, 2012 | <http://dx.doi.org/10.1176/appi.ps.201200>

http://www.gencourt.state.nh.us/LBA/AuditReports/PerformanceReports/DOC_Sex_Offender_Treatment_2016.pdf

Attachment A



STATE OF NEW HAMPSHIRE
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DIVISION OF MEDICAL & FORENSIC
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William L. Wrenn
Commissioner

Paula Mattis
Director

Polygraph by Type Descriptions

1.) Instant Offense Specific/Single Issue Polygraph

Offense Specific/Single Issue examination are used in criminal cases, internal investigations, or any other investigation where there are known allegation. The examination focuses on a single behavior or single offense. If a parolees, probationer or an individual incarcerated deny their offense or deny a known allegation made against them while incarcerated, on parole or probation, they can be scheduled for an Instant Offense/Offense Specific. Background information is required, such a police reports, court documents, incident reports, PSI or anything that describes specifically what contact or conduct occurred. **No examination will be conducted without acceptable background information that meets the examiner's criteria.**

2.) Sexual History/Full Disclosure Polygraph

Utilized by the NH State Prison ISOT Program or community-based counselors/treatment providers, **not PPOs**, as part of the individual's treatment program to determine if there are any additional victims or sexual behaviors that the individual has not identified as part of his sexual history.

The sexual history is a standardize test that focuses on four areas:

1. Adult age offenders that have engaged in sexual contact with minors under the age of sixteen,
2. Sexual contact with family members or relatives,
3. The use of physical force or threats toward anyone to make them do something sexual against their will and
4. Touching someone sexually without their consent while they appeared to be asleep or not conscious from drugs or alcohol.

Any offender being referred for a Sexual History should have completed a sexual history questionnaire and sexual history chronology that the treatment provider/counselor must have reviewed that information with the offender to ensure understanding of the questions and the accuracy of their answers.

If the sexual history questionnaire/chronology has not been completed by the offender or said questionnaire/chronology has not been brought by the offender or sent by the treatment provider for the polygraph then the examination should not be conducted.

If new victim information is disclosed by the offender during the pretest interview that is not identified as part of their sexual history than the test will not be conducted.

The offender/offender must update their history and discuss this with their counselor to make sure that there is no additional information that needs to be added.

Maintenance Polygraph

This is utilized by Probation/Parole Officers or community-based treatment providers to determine if a parolee or probationer is engaging in behaviors while out in the community that are **not known** to the supervising officer or counselor. Maintenance test requires a referral form outlining the specific areas that the treatment provider or PPO has concerns about or wants to know if a certain behavior/s are occurring that the offender is not reporting. Maintenance test will focus on behaviors that could be considered violation(s) of their supervision or treatment conditions. The following are some, but not all the areas that the maintenance can test focuses on:

Viewing pornography, being on the internet, sexual thoughts or masturbating to sexual thoughts of minors, who have they been sexual with, being alone with a minor that is not associated with sexual contact, sexual conversations with minors, curfew violations, being at places like schools, playgrounds, the kid's section of a library, going to events or locations specifically for kids,



STATE OF NEW HAMPSHIRE
DEPARTMENT OF CORRECTIONS

William L. Wrenn
Commissioner

DIVISION OF MEDICAL & FORENSIC SERVICES
SEXUAL OFFENDER TREATMENT SERVICES

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Paula Mattis
Director

Administrative Review Committee Referral / Decision Form

Review Date: _____
Individual's Name: _____ DOB: _____ CORIS ID # _____ Min PD: _____ Max PD: _____

Review board participants and position:

Name	Position	Phone

Reason for referral:

- REQUEST
 - Community Based Treatment
 - Discharge from NHDOC Prison based sexual offender treatment services

Referred by (Please print): _____

Information to be reviewed (attach additional printed documents as necessary):

Sexual Offender Treatment Clinician Recommendations:

ARC Committee's Decision:

- PROGRESSION IN TREATMENT
 - NHDOC Prison Based Treatment

- Community Based Treatment

Committee's Initials/ (indicating approval):
