



# NEW MEXICO CORRECTIONS DEPARTMENT

Secretary  
Alisha Tafoya Lucero

CD-054000 PPD Recovery Academies	Issued: 07/08/96 Effective: 07/08/96	Reviewed: 11/22/23 Revised: 06/29/23
Alisha Tafoya Lucero, Cabinet Secretary		<i>Original Signed and Kept on File</i>

## AUTHORITY:

*CD-010100*

## REFERENCES:

Policy *CD-051200*

## PURPOSE:

To establish the proposed definitions for state run in-patient and transitional living services implemented and operated by the Probation/Parole Division (PPD) of the New Mexico Corrections Department (NMCD).

## APPLICABILITY:

All Probation/Parole Division staff and any programs contracting to provide services to program residents.

## FORMS:

- A. **Pre-Admission Interview NMMRA** form (*CD-054001.1*) (5 pages)
- B. **Pre-Admission Interview NMWRA** form (*CD-054001.2*) (1 page)
- C. **Discharge Planning for Residential Treatment Program** form (*CD-054001.3*) (2 pages)
- D. **NMMRA/NMWRA Referral Packet Checklist** (*CD-054001.4*) (1 page)

## DEFINITIONS:

- A. Resident: Any offender who is actively participating in state run in-patient treatment programs, transitional living centers or halfway houses.
- B. Criteria: The standards by which a potential resident who is pending adjudication as a Probationer and/or Parolee and is determined to be acceptable for participation in the programs.
- C. Length of Supervision: The period of time an offender is supervised under the direct supervision of the assigned program shall be specific to individual needs. Additional mandated time may be authorized if the offender is determined to need additional program supervision due to a program specific circumstance as recommended by the program director and assigned PPO.

- D. Violent Offender: An offender possessing a documented criminal history of crimes containing elements of the use, attempted use, or threatened use of physical force against the person or property of another.
- E. Referral: A packet of background documentation for an offender. All referrals must go through the screening process in order to determine if the offender meets the criteria for participation in the program.
- F. Screening Process: The process by which PPD staff and/or clinical staff shall determine if a referral meets the criteria necessary for acceptance into the program.
- G. Meaningful Rehabilitation Activities and Alternatives: Activities that a resident may be mandated by the NMCD, or a program contracted provider may be required to participate in, including but not limited to development of employment skills, behavioral and substance abuse counseling/treatment; and adjustment to/in the community, including community service. If additional needs are identified for an offender, reasonable accommodations will be made to ensure that individual needs are met.
- H. Offender Contacts: Face-to-face and collateral contacts made between the offender and PPO to meet program standards.
- I. Collateral Contacts: Secondary contacts, including but not limited to those made by telephone, letter and review of treatment progress reports.
- J. Offender Management System: A database that tracks the status and progress of inmates, probationers and parolees.
- K. NMMRA: The New Mexico Men's Recovery Academy is a six (6) month inpatient residential treatment program for State and Compact Probationers and Parolees.
- L. NMWRA: The New Mexico Women's Recovery Academy is a six (6) month inpatient residential treatment program for State and Compact Probationers and Parolees.

**POLICY:**

The New Mexico Recovery Academies (NMRA) shall be evaluated annually by the NMCD or by an outside auditor selected by the NMCD.

- A. Referred offenders will be screened and assessed to determine if they are eligible for the NMRA program. Adjustments to the individual plan are made based on reassessment and are made in accordance with the offender's performance in the community and in accordance with the NMCD policy.

**Eligibility for Community Residential Programs**

- A. Any adult offender under active probation and/or parole supervision may be referred for participation. A supervising Probation/Parole District will be designated.

1. State Probationers or Parolees who are incarcerated or referred by their respective probation and parole officer may be assigned to Community Residential Programs at the discretion of the NMCD or designee.
2. Any offender under the jurisdiction of the PPD of the NMCD are eligible.
3. NMCD will not take self-referrals.

#### B. Offender Referral Process

1. Any PPD district or prison institution representative of the NMCD may refer an offender or inmate to Community Residential Programs.
2. NMCD may assign any probationer or parolee that meets the eligibility criteria to Community Residential Programs. Such inmates will be subject to applicable NMCD operating procedures.
3. Subject to a signed release of information from the prospective offender, the referring NMCD unit shall provide a referral's criminal history, medical, psychological, substance abuse and any other criminal or social history information required by the Community Residential Program to facilitate an acceptance decision. A current photo must be provided.
4. Acceptance in the program must occur in advance of program participation.
5. The reasons for non-acceptance of a referral must be returned in writing to the referring NMCD district.
6. Upon request, the Community Corrections Administrator (CCA) or designee may review referrals which are not accepted.
7. Transportation to the Community Residential Program will be coordinated between the program and the referring NMCD district. The program shall assist in transport to and from common carrier stations.

#### C. Accountability for Offender Movement for Residential Treatment Programs:

1. Except while on transition visits or passes, time out of the residential program must be limited to authorized absences such as fulfilling program obligations, i.e., employment, community service, treatment, counseling appointments, job interviews, or medical appointments. These must be verified prior to the offender leaving the program.
2. Every NMRA resident will have an individualized supervision plan as outlined in procedures, which includes highly structured supervision, reporting requirements, programming recommendations and meaningfully rehabilitative activities and alternatives according to NMCD policy.

3. The PPD shall recommend and accept for participation in the NMRA, only those offenders who meet the eligibility criteria which are established by NMCD and which can change in accordance with the needs of the offender population.
4. Each NMRA shall maintain standards for offender supervision, including measures of offenders' success and termination. This will also include length of supervision and number of offender contacts per NMCD policy CD-050200.
5. The program shall have a sign in/sign out system that includes destination and phone number, reason for signing out, time and date out, expected time of return, offender's signature at time of departure, staff signature or initials at time of departure, date and time of return, offender's signature at time of return and staff signature or initials at time of return.
6. As required in the contract, random telephone or on-site checks shall be made to ensure the offender is in an approved location.
7. Approved technological monitoring may be used.

D. Resident Curfews

1. NMRA programs may implement resident curfews as appropriate to maintain the mission of the program.
2. The Recovery Academy Program Director or designee and Probation and Parole Supervisor (PPS) or designee may grant a curfew exception to an offender who is participating in a pass, transitional visit, treatment program, or employment which extends after curfew. This exception must be documented. In either instance, the offender must return to the program at the conclusion of the pass, transition visit, treatment program, work, or authorized absence.

E. Resident Serious Incident Reports

1. **Unauthorized Absence** - In the event of an unauthorized absence from the Community Residential Program, staff must notify the supervising PPD Office or host Institution immediately upon determining the resident has absconded. The NMCD PPO or PPS has sole authority to charge the resident with institutional or supervision violations. Program staff must report in writing an unauthorized absence of an offender within one (1) working day to the NMCD operating unit contact and the Community Corrections Administrator and/or designee. Unauthorized absence of inmates must be reported immediately to the host Institution and Community Corrections Administrator and/or designee and documented.
2. **Other Serious Incidents** – All other serious incidents must be immediately reported to the supervising PPS or host Institution and CCA by the Program Director.

#### F. Offender Medical Expenses

1. Offenders are responsible for their own medical and/or health care expenses, including but not limited to medical, dental, vision and audiological expenses, and should be encouraged to apply for Medicaid presumptive eligibility. Supervising or Receiving PPD Office “purchase of services” monies may be used in instances of dire need as defined and authorized by the CCA or designee.
2. Prior authorization may be required to utilize direct service PPD funds in exigent situations. The CCA or designee will provide prior authorization prior to any commitment of funds.

#### G. Resident Bed Utilization, Monthly Progress, and Transition Reports

1. Progress reports will be prepared by the Program Director/designee and sent to the PPO responsible for the resident’s supervision by the 10<sup>th</sup> business day of each month.
2. The progress report will be due by the 10th business day of the month following the calendar month covered by the report. Progress reports should include results of any alcohol and other drug testing conducted since the previous report.
3. A Transition/Discharge Plan addressing proposed residence, employment and other services shall be developed in coordination with the supervising NMCD office and receiving PPD Office no later than forty-five (45) days prior to the scheduled release date. The report should be developed immediately upon intake if the proposed release plan is out-of-state.

#### H. Resident Financial Records

1. All residents shall turn over to the program any funds in their possession upon entry and received thereafter. The Program Director/designee will maintain a financial record for each resident using generally accepted accounting principles which document all funds received and disbursed. Electronic deposits of incoming funds may be used.
2. Program staff shall provide to each offender a monthly statement indicating deposits, withdrawals, and balance.
3. A certified public accounting firm or a government auditing agency shall perform an annual independent financial audit of the Community Residential Program.

#### I. Resident Special Money Request

1. It is recognized that a resident may require additional funds from their account for special purposes. If court ordered restitution, support, fines, and court costs are required to be paid, the resident will submit a written request to the Program

Director to be reviewed and forwarded to the supervising NMCD PPS or designee for approval of the expenditure.

2. The approved payment will be forwarded to the appropriate agency/individual by check and a record entered on the resident's monthly statement.
3. The special money request can also be used for purchase of tools for employment purposes, special clothing needs of the resident, and other types of special requests. These requests will be reviewed by the program staff for validity and approved by the supervising PPS and CCA

#### J. Resident Substance Testing

1. All residents who are assigned to a Community Residential Program shall be required to submit to random substance testing in accordance with the NMCD policies.
2. The NMCD specifically requires that each resident shall undergo substance testing upon arrival to the program.
3. Each time a resident is tested; it should be documented in writing in log form by the program and also entered into the resident's program file. A copy of the test results will be submitted to the supervising PPO as requested.
4. Either NMCD or NMCD-approved local law enforcement narcotic detection canines may be used to conduct random, unannounced inspections. Other substance detection devices approved by NMCD may be employed.

#### K. Resident Passes and Transitional Visits

1. Transitional visits and passes are a privilege and not a right. These are to be earned through positive behavior, good work habits, and demonstrated ability to warrant such a privilege.
2. A resident pass is defined as an authorized absence from the facility (up to four (4) hours) that must have documented approval from the Program Director or designee and the PPS. Based on suitability, offenders may be granted none or any portion of the stated maximum. There is no provision for the extension of hours allowed for passes.
3. A transitional visit is defined as an authorized overnight absence from the program with documented approval from the Program Director or designee and PPS. Transitional visits may not exceed seventy-two (72) hours. There is no provision for the extension of hours allowed for transitional visits, including emergency transitional visits.

- a. The purpose of the transitional visit is to provide the resident an opportunity to integrate into the proposed community placement, re-establish direct ties with family and significant others to support the resident in leading a law abiding and productive life, ensure the resident has a suitable residence prior to release from the program, seek employment and if applicable, treatment services through community or NMCD resources.
  - b. Transitional visits shall be directly linked to clearly defined goals and objectives developed by program staff for the express purpose of enhancing the resident's chances of successful reintegration into the community from the program.
  - c. Transitional visits allow program staff to gauge, prior to their release into the community, whether or not the resident has changed those behaviors that resulted in the resident's placement in the program. This is accomplished through random telephone checks to the transitional visit site to ensure resident's compliance with curfews, as well as subjecting the resident to search for contraband and random drug testing upon their return to the program.
  - d. If program and NMCD staff determine the resident has violated any program rules or conditions of the resident's pass, the resident may be subject to immediate arrest and unsuccessful termination from the program.
4. Furloughs for which a resident is eligible will govern all residents assigned to a Community Residential Program. Based on suitability, residents may be granted none, or with prior approval, an off-campus furlough.
  5. All residents must submit a completed furlough request to their assigned PPO when requesting an overnight stay or furlough away from the program.
  6. Upon approval by the PPS, the Program Director shall allow the resident to make the transitional visit. The required travel permit will be provided if the offender is leaving the county of jurisdiction.
  7. Subsequent furloughs to the same address do not require any further inquiry by the PPD Office, however, a program staff member shall make and document contact with the proposed furlough site to ensure suitability prior to the visit. Monitoring of furloughs and passes is required by contract.
  8. Program staff shall document that a random telephone/contact has been initiated and completed at least once during each overnight curfew time. The resident shall not leave the residence until 7:00 a.m. the following day.

#### L. Funeral and Death Bed Visits

If approved by the Program Director or designee, and PPS or designee, a funeral or death bed visit for a close relative of the resident may be granted. The circumstances must be verified and documented, and approvals must be documented in writing by the program staff. A funeral or death bed visit can be given regardless of the time the resident has been in the residential program. Overnight visits are discouraged but up to a seventy-two (72) hour pass can be granted in special circumstances.

#### M. Resident Use of Motor Vehicles

1. No resident shall have access to a motor vehicle while residing at the residential treatment facility unless otherwise provided an exemption in writing through the Program Director and the Probation/Parole Office.
2. No resident may drive a vehicle to or from the residential program or job site or drive any motor vehicle for personal reasons while in residence unless otherwise provided an exemption in writing through the Program Director and the Probation/Parole Office.
3. This does not preclude the operation of an employer-provided motor vehicle by a duly licensed resident while at the job site, but only in connection with employment responsibilities. Program staff shall verify a resident's operator's license and that the employer has appropriate insurance on the work vehicle prior to permitting the resident to drive.

#### N. Resident Unsuccessful Terminations

1. Residents who commit violations while in the Community Residential Program may be terminated from the program as unsuccessful terminations.
2. Unsuccessful termination may result from unauthorized absences, serious incidents, disruptive/non-cooperative behavior, positive drug and alcohol screens, illegal offenses committed while in the Community Residential Program, or for other acts against the rules of the program or the conditions of supervision.
3. A discharge report will be submitted by the Program Director to the supervising Probation/Parole Office or host Institution for approval prior to release.
4. The Program Director and the supervising Probation/Parole Office or host Institution staff together determine if an unsuccessful termination is appropriate and notify the PPS and CCA or designee of the decision.
5. If the Program Director and the assigned Probation/Parole Office or host Institution do not concur on the outcome, then the CCA or designee are included in the termination decision.



6. The release of residents terminated unsuccessfully shall be coordinated with the supervising PPS or designee who should arrange for arrest/detention by law enforcement agents per local protocol if needed and in accordance with NMCD policy CD-052800.

O. Resident Successful Terminations

1. When the Program Director or designee and PPS agree on a successful termination date, the Program Director or designee will confirm the release date with the supervising PPD Office and the receiving PPS prior to the proposed release date.
2. If the Program Director or designee and PPS or designee do not concur, then the CCA or designee will be included in the release decision.



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## AUTHORITY:

Policy *CD-054000*

## PROCEDURES:

### A. Screening Process for NMRA

1. Referral: A referral to the program will be sent electronically to the District Supervisor for screening purposes. Once the referral is received, an offender management system note will be initiated indicating that the referral has been received. The referral will be sent to a treatment provider for clinical review.
  2. Interview: A collateral packet will be sent to the treatment provider who shall develop a screening tool for the referral. Either the treatment provider or Probation/Parole authorities may conduct the initial screening of the candidate. This interview may be conducted by telephone. Following the interview, the screening tool will be sent to the Clinical Director for further clinical review.
  3. Clinical Review: The Clinical Director will review all collateral and completed interview tools and will meet with Probation/Parole authorities in order to panel candidates for the program. Selections will be determined based on candidate eligibility, and on the program's ability to properly care for the needs of the specific candidate.
  4. Acceptance/Denial Documentation: The NMRA District Supervisor will review and approve the screening and/or rescreening, if any, for accuracy, appropriateness and compliance with NMCD policy and procedure. Probation/Parole authorities will complete an offender management system note indicating if the candidate has been accepted or denied entry into the program. An approval or denial letter will be completed and sent to the referring PPO and or Institution Caseworker.
- B. Meetings/interviews between residents and PPOs and/or program staff will focus on case plan compliance, public safety, accountability of time and behavior, the employment and vocational/educational needs of the offender and successful completion of the NMRA program.
- C. PPOs will enter offender contacts into the offender management system, according to

NMCD policy and procedures, which shall be reviewed and audited by the PPS in accordance to policy. Offender case records will be maintained according to policy (*CD-050900*) PPD Offender Case Records.

- D. Refusal by an offender to comply with program standards before the minimum length of stay is met, may be grounds for unsuccessful program discharge. Less than successful completion, even following the minimum length of stay for participation, could be grounds for unsuccessful discharge.
- E. If the offender must be discharged due to a medical or an unforeseen circumstance, which is not a violation of supervision, a staffing between program staff, PPO, and PPS will be held in order to determine appropriate discharge plan.

## **REPORTING REQUIREMENTS**

All NMRA residents will report bi-weekly while completing their six (6) month inpatient program. Within the first thirty (30) days, the PPO will see the identified offender a minimum of three (3) times. The PPO will identify treatment needs based on collateral and all legal requirements imposed by the NMCD Parole Board and/or sentencing authority. The focus of the office reports shall be in collaboration with all treatment providers in the attempt to build a solid supervision plan.

- A. Off-Site Field Calls: PPOs will conduct off-site field calls at the discretion of the District Supervisor.
- B. Facility/Room Inspections: PPOs will conduct a minimum of one (1) facility/room inspection monthly. The facility/room inspection will be documented in the offender management system in order to reflect completion. Additional facility/room inspections can be conducted as needed or if safety or contraband issues arise. Note: This will count towards field call requirements.
- C. Supervision Discharge Planning: The PPO will be required to meet with an NMRA resident forty-five (45) days prior to his/her scheduled discharge from the program. The PPO will prepare a discharge plan that shall include proposed residence, after care programming, high risk behaviors, strengths, program violation history and any recommendations that program staff or Probation and Parole deems necessary to implement.
- D. Travel Permits: Probation and Parole will follow all NMCD guidelines when issuing a travel permit per NMCD policy CD-051200. Due to the NMRA resident being mandated to complete a six (6) month inpatient program, additional days may be added to the program at the discretion of the Parole Board or Sentencing Judge.
  - 1. Campus Travel Permit: This refers to an NMRA resident who is in need of an off-site visit, furlough and/or medical appointment. The NMRA resident will obtain permission from treatment staff in conjunction with Probation/Parole approval. Treatment staff will keep all off-site visits in a client log, in order to ensure proper documentation is compiled and any curfew matters are adhered to.

2. Out of State Travel Permit: The NMRA resident will obtain written permission at the discretion of the PPO in order to travel out-of-state. The PPO shall obtain additional approval from Parole Board or Sentencing Judge as the offender has been ordered to complete a six (6) month inpatient program.
3. Out of County Travel Permit: The NMRA resident will obtain written permission at the discretion of the PPO in order to travel out of county.

**NEW MEXICO CORRECTIONS DEPARTMENT  
PROBATION AND PAROLE DIVISION  
Pre-Admission Interview NMMRA**

**NEW MEXICO RECOVERY ACADEMIES PRE-INTAKE SCREENING & QUESTIONNAIRE**

**DEMOGRAPHIC INFORMATION**

Participant Name:  
OFFENDER MANAGEMENT SYSTEM#:  
DOB:  
Age:  
Gender: **MALE**  
Current Location:  
Referral Source:  
Court Ordered:

**REASON(S) FOR APPLICATION**

Why are you seeking treatment at this time (in own words with direct quotations)?

**LEGAL HISTORY**

Detention/Prison since date:  
Legal Status: **PROBATION/PAROLE**  
Current and past offenses:  
Time pending on Probation/Parole: **PROBATION UNTIL**

**GANG AFFILIATION**

Are you now or have you been involved with a gang?  
Were you ranked into the gang?  
Name of Gang:  
What city:  
Last affiliation:

**VIOLENT BEHAVIOR**

Do you have a history of violent behavior?  
Are you easily angered where you want to act out?  
How serious is your anger currently? **0 ON A SCALE OF 1-10 (10 WORSE)**

**DOMESTIC VIOLENCE**

Have you ever been a victim of Domestic Violence?  
Have you ever committed Domestic Violence?  
Have you ever be required to attend a Domestic Violence Program?



### EDUCATION HISTORY

Do you have a High School Diploma or GED?

What is the highest grade you completed?

Primary Language:

Do you have any problems reading or writing?

### SUBSTANCE ABUSE HISTORY

During the last six-months (if currently in jail or prison, use the previous six-months before incarceration):

1. Have you used alcohol (wine, beer, or hard liquor) or drugs (pot, coke, heroin or other opioids, uppers, downers, hallucinogens, or inhalants)? **(IF NO, SKIP TO QUESTION 14)**
2. Have you felt that you use too much alcohol or too many drugs?
3. Have you tried to cut down on or quit drinking or using drugs?
4. Have you gone to anyone, such as AA; NA; Cocaine Anonymous, Counselors, or a Treatment Program for help with your drinking or drug use?
5. Have you had any of the following?
  - a.  Blackouts or other periods of memory loss
  - b.  Injury to your head after drinking or using drugs
  - c.  Convulsions or delirium tremens (DTs)
  - d.  Hepatitis or other liver problems
  - e.  Feeling sick, shaky, or depressed when you stopped drinking or using drugs
  - f.  Feelings of “coke bugs,” or a crawling feeling under the skin, after you stopped using drugs
  - g.  Injury after drinking or using drugs
  - h.  The desire to use needles to shoot drugs
6. Has drinking or drug use caused problems with you and your family or friends?
7. Has your drinking or drug use caused problems at school or work?
8. Have you been arrested or had other legal problems (such as being charged with bouncing checks, driving while intoxicated, theft, or drug possession)?
9. Have you lost your temper or gotten into arguments or fights while drinking or using drugs?
10. Do you need to drink or use drugs more and more to get the effect you want?
11. Do you spend a lot of time thinking about or trying to get alcohol or drugs?
12. When drinking or using drugs, are you more likely to do something you wouldn't normally do, such as break rules, break the law, sell things that are important to you, or have unprotected sex?
13. Do you feel bad or guilty about your drinking or drug use?
14. Have you ever had a drinking or drug problem?
15. Have any of your family members ever had a drinking or drug problem?
16. Do you feel that you have a drinking or drug problem now?



Substance History	Drug Type	Age @ 1 <sup>st</sup> Use	Last Used	Method
Primary Drug				
Secondary Drug				
Tertiary Drug				
Other				

Do you have convulsions or seizures when you quit using these drugs?

What has been your longest period off substances?

How did you stay sober during this time?

Have you participated in 12 Step meetings?

Number of prior Treatment program(s):

Outcome of Treatment:

Are you currently taking Suboxone/Subutex (NOT PERMITTED HERE) or Methadone (IF YES: DOSAGE)?

**MEDICAL HISTORY**

Do you have a history of physical health issues?

Do you have a history of any dental health issues?

Do you have a history of chronic medical condition?

Are you currently taking any OTC medications?

Allergies:

Special Diet needs:

Diabetic:

Type:

How are you currently managing it (Insulin; Glucose Gel or Tablets; Glucose Meter):

Medications (Non-psych):

Medical Illnesses:

Surgeries:

History of head trauma:

Primary Care Physician and phone #:

**PSYCHIATRIC HISTORY**

Family History of psychiatric illness:

Do you have a mental health diagnosis?

Diagnosis:

Who made diagnosis, when, and where?

Are you currently on any psychiatric medications?

Medication(s):

History of suicide ideation/attempts:



## **FAMILY HISTORY**

Marital Status:

Do you have children?

Do you have custody of your child/children?

Primary Support System:

## **PROGRAM LIMITATIONS**

This is a six month three-phase residential treatment program and completion is mandatory. It is not a halfway house; you may request part -time employment in Phase III, but it is a privilege and because the emphasis in the program is recovery this is a very limited program that must be approved by the program and parole/probation. If you are accepted to the program with the exception of very limited cases you will complete the program before you can find employment; Furloughs are a privilege and may be granted for emergencies or extraordinary circumstances are allowed on a limited during phase III of the program; you do not receive good time credit while in the program. Do you agree to these stipulations?

## **HEALTHCARE LIMITATIONS**

The NMRA Program is not responsible for medical or dental charges incurred by residents or for the payment of their prescription medications. Whenever possible, The NMRA Program may assist you, but it's your responsibility for managing your personal healthcare and for seeking and securing medical transport and healthcare treatment for yourself. The NMRA Program must approve your use of prescribed or over-the-counter medications. If you are on medication you will need to arrive at the NMMRA facility with at least a fourteen (14) day supply of all active medications. If you have Medical Cannabis Card, your use of cannabis in any form and your possession of the Medical Cannabis Card will not be allowed while you are participating in the NMRA Program. Your use or possession of Suboxone/Subutex is also prohibited while you are participating in the NMRA Program. Do you agree to these stipulations?

## **PERSONAL PROPERTY**

In addition, you are only allowed to bring \$200 worth of personal property at the time of your entrance into the NMMRA. This includes 10 changes of clothing, a belt, (shirts needs to be tucked in) 4 pairs of shoes along with a pair of shower shoes, hygiene, no cell phones are allowed. You are allowed \$15 in cash (singles/quarters only) on your person per week. Any amounts above will be deposited into your account that you will set up. You will receive a monthly statement of your account. We only accept money orders (no personal checks). You'll need vital documents (Birth Certificate; Medical Card; SS Card; ID) while here. Do you agree to these stipulations?





**TRANSITION PLAN**

If accepted into the New Mexico Recovery Academies, at the end of six-months you will graduate. What is your transition plan after graduation?

**ACHIEVING PERSONAL GOALS**

PERSONAL STRENGTHS:

BARRIERS:

**CONCLUSION**

Thank you for answering these questions. Do you have any questions for me? Is there something I can do to help you?

Type of interview: **TELEPHONIC**

Date of Interview:

Interviewer: **CRYSTAL SHOEMAKER**

Notes:

Recommendation:

Accepted

Accepted Dual Bed

Not Accepted

Reason for recommendation: Meets eligibility requirements/Does not meet requirements

Comments/Concerns:

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Facility Director, or Designee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

APPO Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

**NEW MEXICO CORRECTIONS DEPARTMENT  
PROBATION AND PAROLE DIVISION  
Pre-Admission Interview NMWRA**

**NEW MEXICO RECOVERY ACADEMIES PRE-INTAKE SCREENING & QUESTIONNAIRE**

**DEMOGRAPHIC INFORMATION**

Participant Name:  
OFFENDER MANAGEMENT SYSTEM#:  
DOB:  
Age:  
Gender: **FEMALE**  
Current Location:  
Referral Source: **PPD**  
Court Ordered:

**REASON(S) FOR APPLICATION**

Why are you seeking treatment at this time (in own words with direct quotations)?

**LEGAL HISTORY**

Detention/Prison since date:  
Legal Status: **PROBATION/PAROLE**  
Current and past offenses:  
Time pending on Probation/Parole: **PROBATION UNTIL**

**GANG AFFILIATION**

Are you now or have you been involved with a gang?  
Were you ranked into the gang?  
Name of Gang:  
Last affiliation:

**VIOLENT BEHAVIOR**

Do you have a history of violent behavior?  
Are you easily angered where you want to act out?  
How serious is your anger currently? **0 ON A SCALE OF 1-10 (10 WORSE)**

**DOMESTIC VIOLENCE**

Have you ever been a victim of Domestic Violence?  
Have you ever committed Domestic Violence?  
Have you ever be required to attend a Domestic Violence Program?



## EDUCATION HISTORY

Do you have a High School Diploma or GED?

What is the highest grade you completed?

Primary Language:

Do you have any problems reading or writing?

## SUBSTANCE ABUSE HISTORY

During the last 6 months (if currently in jail or prison, use the previous 6 months before incarceration):

1. Have you used alcohol (wine, beer, or hard liquor) or drugs (pot, coke, heroin or other opioids, uppers, downers, hallucinogens, or inhalants)? **(IF NO, SKIP TO QUESTION 14)**
2. Have you felt that you use too much alcohol or too many drugs?
3. Have you tried to cut down on or quit drinking or using drugs?
4. Have you gone to anyone, such as AA; NA; Cocaine Anonymous, Counselors, or a Treatment Program for help because of your drinking or drug use?
5. Have you had any of the following?
  - a.  Blackouts or other periods of memory loss
  - b.  Injury to your head after drinking or using drugs
  - c.  Convulsions or delirium tremens (DTs)
  - d.  Hepatitis or other liver problems
  - e.  Feeling sick, shaky, or depressed when you stopped drinking or using drugs
  - f.  Feelings of “coke bugs,” or a crawling feeling under the skin, after you stopped using drugs
  - g.  Injury after drinking or using drugs
  - h.  The desire to use needles to shoot drugs
6. Has drinking or drug use caused problems with you and your family or friends?
7. Has your drinking or drug use caused problems at school or work?
8. Have you been arrested or had other legal problems (such as being charged with bouncing checks, driving while intoxicated, theft, or drug possession)?
9. Have you lost your temper or gotten into arguments or fights while drinking or using drugs?
10. Do you need to drink or use drugs more and more to get the effect you want?
11. Do you spend a lot of time thinking about or trying to get alcohol or drugs?
12. When drinking or using drugs, are you more likely to do something you wouldn’t normally do, such as break rules, break the law, sell things that are important to you, or have unprotected sex?
13. Do you feel bad or guilty about your drinking or drug use?

**Now I have some questions that are not limited to the last 6 months:**

14. Have you ever had a drinking or drug problem?
15. Have any of your family members ever had a drinking or drug problem?
16. Do you feel that you have a drinking or drug problem now?



Substance History	Drug Type	Age @ 1 <sup>st</sup> Use	Last Used	Method
Primary Drug				
Secondary Drug				
Tertiary Drug				
Other				

Do you have convulsions or seizures when you quit using these drugs?  
 What has been your longest period off substances?  
 How did you stay sober during this time?  
 Have you participated in 12 Step meetings?  
 Number of prior Treatment program(s):  
 Outcome of Treatment:  
 Are you currently taking Suboxone/Subutex (NOT PERMITTED HERE) or Methadone (IF YES: DOSAGE)?

**MEDICAL HISTORY**

Do you have a history of physical health issues?  
 Do you have a history of any dental health issues?  
 Do you have a history of chronic medical condition?  
 Are you currently taking any OTC medications?  
 Allergies:  
 Special Diets:  
 Diabetic:  
     Type:  
     How are you currently managing it (Insulin; Glucose Gel or Tablets; Glucose Meter):  
 Medications (Non-psych):  
 Medical Illnesses:  
 Surgeries:  
 History of head trauma:  
 Primary Care Physician and phone #:

**PSYCHIATRIC HISTORY**

Family History of psychiatric illness:  
 Do you have a mental health diagnosis?  
 Diagnosis:  
 Who made diagnosis, when, and where?  
 Are you currently on any psychiatric medications?  
 Medication(s):  
 History of suicide ideation/attempts:



## **FAMILY HISTORY**

Marital Status:

Do you have children?

Do you have custody of your child/children?

Primary Support System:

## **FOR WOMEN ONLY**

Are you requesting to bring your child/children to the program?

If so, you will need the following: behavioral assessment, well-baby check, birth certificates, shot records, school records and insurance information. This application will then be submitted for approval.

Are you currently pregnant?

If yes, how far along is the pregnancy?

Has your child/children been subjected to any type of drug?

Have you ever been convicted of child abuse?

Have you been visited by CYFD for any complaints or concerns

## **PROGRAM LIMITATIONS**

This is a six month three-phase residential treatment program and completion is mandatory. It is not a halfway house; you may request part -time employment in Phase III, but it is a privilege and because the emphasis in the program is recovery this is a very limited program that must be approved by the program and parole/probation. If you are accepted to the program with the exception of very limited cases you will complete the program before you can find employment; Furloughs are a privilege and may be granted for emergencies or extraordinary circumstances are allowed on a limited during phase III of the program; you do not receive good time credit while in the program. Do you agree to these stipulations?

## **HEALTHCARE LIMITATIONS**

The NMRA Program is not responsible for medical or dental charges incurred by residents or for the payment of their prescription medications. Whenever possible, The NMRA Program may assist you, but it's your responsibility for managing your personal healthcare and for seeking and securing medical transport and healthcare treatment for yourself. The NMRA Program must approve your use of prescribed or over-the-counter medications. If you are on medication you will need to arrive at the NMRA facility with at least a fourteen (14) day supply of all active medications. If you have Medical Cannabis Card, your use of cannabis in any form and your possession of the Medical Cannabis Card will not be allowed while you are participating in the NMRA Program. Your use or possession of Suboxone/Subutex is also prohibited while you are participating in the NMRA Program. Do you agree to these stipulations?

## **PERSONAL PROPERTY**

In addition, you are only allowed to bring \$200 worth of personal property at the time of your entrance into the NMMRA. This includes 10 changes of clothing, a belt, (shirts needs to be tucked in) 4 pairs of shoes along with a pair of shower shoes, hygiene, no cell phones are allowed. You are allowed \$15 in cash (singles/quarters only) on your person per week. Any amounts above will be deposited into your account that you will set up. You will receive a monthly statement of your account. We only accept money orders (no personal checks). You'll need vital documents (Birth Certificate; Medical Card; SS Card; ID) while here. Do you agree to these stipulations?

**TRANSITION PLAN**

If accepted into the New Mexico Recovery Academies, at the end of 6 months you will graduate. What is your transition plan after graduation?

**ACHIEVING PERSONAL GOALS**

PERSONAL STRENGTHS:

BARRIERS:

**CONCLUSION**

Thank you for answering these questions. Do you have any questions for me? Is there something I can do to help you?

Type of interview: **TELEPHONIC**

Date of Interview:

Interviewer: **CRYSTAL SHOEMAKER**

Notes:

Recommendation:

Accepted

Accepted Dual Bed

Not Accepted

Reason for recommendation: Meets eligibility requirements/Does not meet requirements

Comments/Concerns: \_\_\_\_\_

\_\_\_\_\_

Facility Director, or Designee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

APPO Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

NMMRA/NMWRA Discharge Summary Form

Name:  
DOB:  
Admission Date:  
Discharge Date:  
Probation Officer:  
Referral Source: DOC

TREATMENT PROGRESS

Criminality  
Summary of Treatment Problem:  
Course of Treatment (Resolution):

Psycho-Social  
Summary of Treatment Problem:  
Course of Treatment (Resolution):

Addiction  
Summary of Treatment Problem:  
Course of Treatment (Resolution):

Education/Employment  
Summary of Treatment Problem:  
Course of Treatment (Resolution):

Medical  
Summary of Treatment Problem:  
Course of Treatment (Resolution):

Financial  
Summary of Treatment Problem:  
Course of Treatment (Resolution):

Programming completed:

Outside Services/Passes:

Visitation:

Community Service Hours:

Resident Discharge Planning (In resident's own words):

Strengths (In resident's own words):

Barriers (In resident's own words):

UA results:

Program Merits:

Program Demerits:

Community Support (Name/Relationship):

Transition plan (Address):

**Recommendations for Continuum of Care:**

Mental Health/Substance Abuse Counseling (Appointment Date/Time/Agency Address):

Primary Care Physician (Appointment Date/Time/Agency Address):

Other Appointments (Appointment Date/Time/Agency Address, such as employment resources):



MEN'S/WOMEN'S RECOVERY ACADEMY CHECKLIST

Offender Name: \_\_\_\_\_

OFFENDER MANAGEMENT SYSTEM#: \_\_\_\_\_

\_\_\_\_\_ Special Programs Referral (word merge)

\_\_\_\_\_ Medical and Mental Health History Form (dated within 6 months of referral)

\_\_\_\_\_ Judgment and Sentence (for all current cases including any Amended)

\_\_\_\_\_ Copies of Fingerprints/Flash

\_\_\_\_\_ J&S Review (for each J&S)

\_\_\_\_\_ Plea and Grand Jury Indictments (for all current cases)

\_\_\_\_\_ Police Reports/Criminal Complaints (for all current cases)

\_\_\_\_\_ Signed and Filed Orders of Probation (including any Amended Orders)

\_\_\_\_\_ PSR (if available)

\_\_\_\_\_ Offender Orientation Handbook/Intake Papers/Home Visit Rules

\_\_\_\_\_ FBI Rap Sheet downloaded to Offender file folder in the M Drive

\_\_\_\_\_ COMPAS completed

PPO: \_\_\_\_\_ District Office: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Date: \_\_\_\_\_