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|  <p><b>CD-083000</b></p> | <p><b>NEW MEXICO<br/>CORRECTIONS DEPARTMENT</b></p> <p><i>"We commit to the safety and well-being of the people of New Mexico by doing the right thing, always."</i></p> <p><b>Courage Responsibility Ethics Dedication - CREDibly</b> serving the public safety of New Mexico</p> |  |
|   | <p><b>ISSUE DATE:</b> 04/26/04</p> <p><b>EFFECTIVE DATE:</b> 04/26/04</p>  | <p><b>REVIEWED:</b> 07/31/17</p> <p><b>REVISED:</b> 06/09/16</p> |
|   | <p><b>TITLE: Reentry Planning and Transition Process for Inmates<br/>Releasing to the Community from Incarceration</b></p>   |  |

**AUTHORITY:**

- A. NMSA, 1978, Section 31-21-13.1, as amended
- B. NMSA, 1978 Comp. Sections 33-9-5(B) as amended

**REFERENCE:**

- A. ACA Standard 2-CO-4G-01, *Standards for the Administration of Correctional Agencies*, 2<sup>nd</sup> Edition.
- B. ACA Standards 4-4304, 4-4442 and 4-4446, *Standards for Adult Correctional Institutions*, 4<sup>th</sup> Edition.
- C. ACA Standard 4-APPFS-2C-03 and 4-APPFS-2C-04, *Performance Based Standards for Adult Probation and Parole Field Services*, 4<sup>TH</sup> Edition.
- D. Corrections Department Policy *CD-040101*, Policy *CD-090100* and Policy *CD-131500*.
- E. State Statutes 33-2-34, 33-2-36, 33-2-37 and Federal Statute 28CFR

**PURPOSE:**

To establish procedures for the Reentry planning process for all adult inmates releasing back to the community from incarceration. Further, to identify post release treatment and life maintenance needs for offenders transitioning back to the community. [4-APPFS-2C-04]

**APPLICABILITY:**

All New Mexico Corrections Department (NMCD) employees concerned with or involved in offender supervision, classification or programming either while incarcerated or while under probation or parole supervision in the community.

**FORMS:**

- A. **Parole Plan Packet Checklist** form (*CD-083001.1*) (2 pages)
- B. **Progress Report/Reentry Plan** form (*CD-083001.2*) (5 pages)
- C. **Reentry Employability Record** form (*CD-083001.3*)
- D. **NMCD Community Risk** form (*CD-083001.4*)
- E. **Reentry Committee Meeting** form (*CD-083001.5*)
- F. **Family Release of Information** form (*CD-083001.6*)
- G. **Video Release – Family** form (*CD-083001.7*)

- H. **Video Release – Inmate** form (CD-083001.8)
- I. **Reentry Committee Agenda** form (CD-083001.9)
- J. **Adult Parole Board Docket** form (CD-083001.10)
- K. **ICOTS Required Information Entry (RIE)** form (CD-083001.11)

**ATTACHMENTS:**

**Instructions for Community Risk** Attachment (CD-083001.A) (4 pages)

**DEFINITIONS:**

- A. Accelerated Reentry Planning: The process in which the reentry planning process is expedited as a result of the following: 1) when an inmate arrives at a receiving facility and is less than 180 days from release; or 2) due to a Lump Sum Award resulting in a new release date projection less than 180 days and in either case, the inmate had not yet participated in a reentry committee or reentry planning.
- B. Institutional Probation Parole Officer (IPPO): Probation and Parole staff assigned to the institution to facilitate reentry planning within the institution. If the facility has no IPPO or if the IPPO is absent, the Classification Supervisor or Unit Manager will assume the responsibilities of the IPPO.
- C. Issue Number Only (INO): An Inmate who has been sentenced to a prison term in New Mexico that is running concurrent with a prison sentence in another jurisdiction, even if the New Mexico concurrent sentence exceeds the term of the sentence in the other jurisdiction but the inmate has not been placed in the custody of the New Mexico Corrections Department to serve the New Mexico sentence.
- D. New Mexico Corrections Department Community Risk Form: Form (CD-083001.4) is separated into two (2) components. The first component consists of static factors associated with an offender's attributes at the time of admission to prison. The second component consists of dynamic factors that reflect behavior the prisoner has demonstrated since being incarcerated. The information used to score an offender is based on both official records in the offender's file and an interview with the offender.
- E. New Mexico Corrections Department (NMCD): The Department within the executive branch of state government, created by Section 9-3-3 NMSA 1978, which has the statutory duty to incarcerate and supervise offenders sentenced to commitment or supervision by the courts.
- F. NMCD Victim Service Coordinator: The liaison between the New Mexico Corrections Department and other agencies, such as the Administrative Office of the District Attorney (AODA), and the Crime Victim's Reparation Commission to notify, inform, and assist victims at any time the offender is under the Department's jurisdiction.
- G. Offender: An adult placed under, or made subject to, supervision, probation and/or parole, as the result of the commission of a criminal offense and released to the community under the jurisdiction of courts, paroling authorities, corrections, or other criminal justice agencies,

and who is required to request transfer of supervision under the provisions of the Interstate Compact for Adult Offender Supervision.

H. Parole Plan Packet: A compilation of file documents providing information on those inmates releasing from incarceration to parole supervision in the community. The assigned Classification Officer compiles a parole plan packet consisting of information pertaining to the inmate's criminal and institutional history and provides that packet to the Probation and Parole district office located in the community of proposed release. The packet will be investigated by an assigned Probation and Parole officer who will approve or deny the plan based on the suitability of the proposed residence, connection to that community, employment status, treatment needs and provision of services in the community and level of supervision that is recommended to ensure the probability of success of the offender.

The Parole Plan Packets will include the following documents:

- **Progress Report/Reentry Plan** form (CD-0803001.2) including:
- **Reentry Employability Record** form (CD-083001.3);
- **Consent to Release Medical Information** Attachment (CD-171401.A);
- **Consent to Release Psychiatric Information** Attachment (CD-171401.B);
- **Consent to Release Substance Abuse Information** Attachment (CD-171401.C);
- and,
- **Consent to Release Mental Health Information** Attachment (CD-171401.D)
- **STIU Progress Report** Form (CD-131502.7);
- Current Judgment and Sentence(s);
- Updated Good Time Figuring Sheet(s);
- Pre or Post Sentence Report;
- Probation Violation Report (if applicable);
- Admission Summary;
- **NMCD Community Risk** Form (CD-083001.4);
- Letter of Program Acceptance (or chrono) (if applicable);
- FBI Rap Sheet;
- Fingerprint Card;
- DNA Verification form;
- Sex Offender Registration form (if applicable); and,
- Detainer (if applicable).

For inmates paroling out of state under the Interstate Compact Agreement, in addition to the documents stated above, the packet shall contain the following:

- Transfer Request;
- Application for Interstate Compact Transfer;
- Authorization for Release of Medical and Psychological Information;
- Consent to Random Drug or Alcohol Testing and to Searches based on Reasonable Suspicion;
- Wanted for Escape/ Master Record Entry form (Escape Flyer);
- Classification Officer's name, address, telephone number and fax machine.
- **ICOTS Required Information Entry (RIE)** form (CD-083001.11)

- I. Parole Plan Tracking System (PPTS): A module in the Criminal Management Information System (CMIS) that is used to track Parole Board actions as well as approvals and denials of proposed residences of inmates paroling to the community.
- J. Parole Supervision: Upon the Parole Board's decision or by operation of law subject to the Board's supervision and to those conditions that the Board imposes, the release of an inmate from an institution into the community.
- K. Probation Supervision: The status under which a defendant, found guilty of a crime upon verdict or plea(s), is placed by the court under the supervision of the Division through a suspended or deferred sentence and subject to conditions.
- L. Progress Report/Reentry Plan: A written plan that addresses the individual needs of the inmate, including treatment and life maintenance needs, which is shared with the assigned investigating Probation and Parole Officer to ensure those needs, can be met in the community upon the inmate's release to supervision. The plan will be developed through the collaborative efforts of the classification officer, the IPPO, the Reentry Committee, and the inmate. The Progress Report/Reentry Plan is attached to the Parole Plan packet when an inmate is releasing to parole supervision. In situations where inmates are releasing to probation supervision only, the Progress Report/ Reentry Plan is not attached to any other document.
- M. Proposed residence: The primary and secondary residence or program where the inmate proposes to reside upon release from prison. The proposed residences/programs are submitted by the inmate to the classification officer as required for Parole Plan development and/or to assist in the Reentry planning process. An actual street address or a description of the physical location of a dwelling (if no address exists) must be provided for the proposed residence, either primary or secondary; a P.O. Box number will not be accepted. .
- N. Reentry Committee (RC): A committee established within each institution, which meets to develop a reentry plan for each inmate prior to release to the community. The Committee Chairperson is the IPPO who represents the Probation/Parole Division. In the absence of IPPO, the Chairperson shall be the Classification Supervisor (or the Unit Manager at facilities without a Classification Supervisor.) The committee is comprised of the Classification Supervisor (or the Unit Manager at facilities without a Classification Supervisor), the assigned Classification Officer, and representatives from the Education Bureau, Mental Health Bureau, Addiction Services Bureau, Medical Services, Security (sergeant or above), and the Security Threat Intelligence Unit (when reviewing a case involving a validated or suspected member of a security threat group, disruptive group or street gang).
- O. Regional Community Transition Coordinator (TC): Probation and Parole Officer assigned to facilitate the implementation of the Progress Report/Reentry Plan in the community and to serve as a resource manager of services available in their respective PPD Region.
- P. Re-parole: Reparole occurs when an inmate is re-released to parole supervision in the community after his/her parole was revoked. "Re-parole" does not refer to inmates in the Technical Violator Program.

- Q. Statewide Entity: A contractor that manages the behavioral health funds and services for participating state agencies that provides a single delivery system of comprehensive behavioral health care.

**POLICY:**

To ensure effective coordination of services and provision for appropriate supervision for inmates as they are released to the community. The Department's objectives include the development of a system for a continuum of care and supervision to meet offenders' individual needs, promote public safety and enhance the offender's timely and successful reentry into the community.


- A. The Institution Reentry Committee shall meet to jointly develop a discharge plan for each adult inmate releasing from incarceration and returning back to the community in accordance with established procedures.
- B. Inmates shall be provided a structured release program. [2-CO-4G-01]
- C. Supervising Officers may approve releasees' reasonable delays en route to approved programs. [4-APPFS-2C-03]
- D. All inmates shall be afforded access to a program of release preparation prior to their release to the community. [4-4442]
- E. Procedures for releasing inmates at the end of their term include, but are not limited to, the following; [4-4446]
- Verification of identity;
  - Verification of release papers;
  - Completion of release arrangements, including notification of the parole authorities in the jurisdiction of release, if required;
  - Return of personal effects or contraband, except for those items that would be illegal to possess.
  - Check to see that no facility property leaves the facility;
  - Arrangements for completion of any pending action, such as grievances or claims for damages or lost possessions;
  - Medical screening and arrangements for community follow-up where needed; and
  - Instructions on forwarding of mail.
- F. Prior to a parole hearing a progress report shall be made available to the Adult Parole Board. The report shall include a current and complete history of the inmate's activities in the institution and a proposed parole plan. [4-4304]



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David Jablonski, Secretary of Corrections  
New Mexico Corrections Department

07/31/17  
Date

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|  <p><b>CD-083001</b></p> | <p align="center"><b>NEW MEXICO<br/>CORRECTIONS DEPARTMENT</b></p> <p align="center"><i>"We commit to the safety and well-being of the people of New Mexico by doing the right thing, always."</i></p> <p align="center">Courage Responsibility Ethics Dedication - <b>CRED</b>ibly serving the public safety of New Mexico</p> |  |
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|   | <p align="center"><b>TITLE: Reentry Planning and Transition Process for Inmates<br/>Releasing to the Community from Incarceration</b></p>   |  |

**AUTHORITY:**

Policy *CD-083000*

**PROCEDURES: [4-APPFS-2C-04] [4-4442]**

Successful reentry is multi-faceted and requires that offenders have timely access to a comprehensive continuum of supervision, programs and services as they return to the community from incarceration. All releasing inmates will receive reentry planning in preparation of their release from incarceration.

The Shift Commander will visually verify the identity of the inmate to be released by comparing the escape flyer to the inmate. The Shift Commander will document the release of the inmate in the Master Control Log, which will include the receiving agency, date, time, printed name, and signature of the Shift Commander.

Procedures for releasing inmates at the end of their term include, but are not limited to, the following; **[4-4446]**

- Verification of identity;
- Verification of release papers;
- Completion of release arrangements, including notification of the parole authorities in the jurisdiction of release, if required;
- Return of personal effects or contraband, except for those items illegal to possess (i.e., drugs or drug paraphernalia).
- Check to see that no facility property leaves the facility;
- Arrangements for completion of any pending action, such as grievances or claims for damages or lost possessions;
- Medical screening and arrangements for community follow-up where needed;
- Instructions on forwarding of mail;

**A. Issue Number Only (INO) Inmates:**

An (INO) inmate who completes his/her New Mexico prison sentence in another jurisdiction and does not serve any of their sentence in a NMCD facility or NMCD contract facility is not required to serve a parole term. However, an INO inmate who is returned to the NMCD to complete serving the remainder of their New Mexico sentence is required to

serve the mandatory parole term.

**B. 180 Day File Audit by Classification Officer:**

Classification Officers are responsible for conducting a file audit on the file of each inmate who is released from incarceration to parole supervision, probation supervision, dual supervision or no supervision.

1. The file audit shall be conducted 180 days prior to the inmate's projected release date. If the inmate has less than 180 days to serve, the file audit shall be conducted within ten (10) working days following placement on the classification officer's caseload.
2. The file audit shall be conducted in accordance with the steps outlined in Inmate Records policy *CD-040100* to include the completion of the file audit form. If a classification officer has any questions or requires training on file audit procedures, the classification officer shall consult with the facility records manager within prescribed time limits.

The Classification Supervisor (or Unit Manager at facilities without a Classification Supervisor) is responsible for ensuring that the Classification Officer has completed the 180 day file audit on each inmate.

**C. Inmates releasing from incarceration with no probation/parole supervision to follow:**

1. If the inmate is releasing with no supervision to follow, their case will be reviewed by the Reentry Committee sixty (60) days prior to projected release. They will receive a copy of the **Reentry Committee Meeting** form (*CD-083001.5*). This form shall be reviewed with them to assist them in developing an understanding of their individual needs and how they can potentially meet those needs in the community upon release.
  - a. The Reentry Committee shall provide information to the inmate about services available in the community that would assist the inmate upon release to the community.
  - b. To the extent possible, the Mental Health Bureau, Addiction Services Bureau and Medical Services shall attempt to ensure follow-up/aftercare services are scheduled in the community of release with local providers. Information pertaining to any set appointments shall be provided to Classification Officer and IPPO so that this information can be reinforced prior to the inmate's release.
  - c. This reentry process will be completed at least sixty (60) days prior to the inmates' release.
  - d. Medical Services will be notified thirty (30) days prior to release by the classification officer so that the Medical Discharge Summary can be completed and the disbursement of required medicine and/or written prescriptions can be ensured prior to release.

2. At the privately operated facilities, the NMCD Contract Monitor shall monitor the reentry process to ensure that assigned staff members are completing and tracking the reentry process in a timely manner.

**3. MHTC and APA Inmates:**

- a. In addition to the above, for any inmate who is housed in either the Mental Health Treatment Center (MHTC) or the Alternative Placement Area (APA), the following process shall occur prior to the inmate's discharge from the facility regardless of whether the inmate is a parole or probation violator or has already participated in the reentry process prior to completion of the basic sentence but later became an in-house parolee due to the lack of a suitable parole plan.
- b. The reentry process including the inmate's participation in a reentry committee shall begin at least six (6) months prior to the inmate's projected release, to include projected discharge from IHP status. The inmate will again participate in the Reentry Committee as a means of receiving additional assistance in understanding their individual needs and to develop a plan to meet those needs in the community. The inmate will receive a copy of the **Reentry Committee Meeting** form (*CD-083001.4*)
  - 1) The Classification Officer and IPPO shall utilize existing Department contracted services, services provided by other state agencies and available community services, to meet the inmate's release plan.
  - 2) The Mental Health Bureau, Addiction Services Bureau and Medical Services shall work closely with the Classification Officer and IPPO when it is known that the inmate has specialized needs, both behavioral health and medical, which will be difficult to meet in the community and will require additional effort to ensure safe community placement.
  - 3) To the extent possible, Medical Services will schedule follow-up appointments in the community, as necessary.

**D. Inmates releasing from incarceration with probation supervision to follow:**

1. If the inmate is being released with probation supervision to follow, a Progress Report/Reentry Plan will be initiated by the Classification Officer and completed through the combined efforts of the Classification Officer and IPPO.. Ninety (90) days prior to the projected release, the Reentry Committee will review an inmate's case. The inmate will receive a copy of the **Reentry Committee Meeting** form (*CD-083001.5*.) The Reentry Committee and the inmate will review the form together to determine how the inmate's individual needs and can be met in the community upon release. The assigned Probation and Parole Officer (PPO) shall review the reentry plan with the inmate upon their reporting in the community.
  - a. The Classification Officer and the IPPO will inform the inmate of his/her



probation term and location of probation.

- 1) Probation Notification will be handled by the Classification Officer and Records Manager in accordance with policy *CD-040100 Inmate Records*.
  - 2) IPPO will gather location information and will follow-through with case transfer if the inmate does not intend to return to the county of probation initiation.
  - 3) IPPO will complete and retain a **Family Release of Information** form (*CD-083001.6*).
- b. This reentry process shall be completed at least 90 days prior to the inmate's release.
- c. The Classification Officer and IPPO in conjunction with the assigned PPO shall utilize existing Department contracted services, services provided by other state agencies and available community services, to the greatest extent possible to meet the inmate's release plan.
- d. The Mental Health Bureau, Addiction Services Bureau and Medical Services shall work closely with the Classification Officer and IPPO in conjunction with the assigned PPO, when it is known that the inmate has specialized needs, both behavioral health and medical that are difficult to meet in the community and will require additional efforts to ensure safe community placement.
- 1) To the extent possible, Medical Services shall schedule follow-up appointments in the community, as necessary.
  - 2) In accordance with Policy (*CD-171400*) "**Release of Medical, Psychiatric and Substance Abuse Information**", the Classification Supervisor/Unit Manager will submit the Reentry Agenda form (*CD-083001.9*) which provides a list of inmates scheduled for Reentry Committee to the facility Health Service Administrator via email.
  - 3) Medical Services will also be notified thirty (30) days prior to release by the classification officer so that the Medical Discharge Summary can be completed and the disbursement of required medication, medical instructions, pre-scheduled appointment information and/or written prescriptions can be ensured prior to release.
- e. Information pertaining to pre-scheduled medical appointments shall be shared with the Classification Officer, IPPO and the assigned PPO so that this information can be reinforced during supervision orientation in the community.
- f. Inmates who provide an out-of-state residence for their release shall be referred by Classification staff to the IPPO to coordinate an interstate compact case

transfer.

- g The IPPO will complete and forward a copy of the Progress Report/Reentry Plan to the appropriate PPD Regional Transition Coordinator (TC) and the Probation/Parole Officer (PPO) who will supervise the inmate upon release.
2. At the privately operated facilities, the NMCD Contract Monitor shall monitor the reentry process to ensure that assigned staff members are completing and tracking the reentry process in a timely manner.

**E. Inmates releasing from incarceration with parole or dual supervision to follow:**

1. If the inmate is being released with parole or dual supervision to follow, a **Progress Report/Reentry Plan** form (*CD-083001.21*) (5 pages) will be initiated by the Classification Officer and completed through the combined efforts of the Classification Officer and IPPO. The Reentry Committee will review the case and the inmate will receive a copy of the **Reentry Committee Meeting** form (*CD-083001.5*). The Reentry Committee and the inmate will review the form together to determine how the inmate's individual needs and can be met in the community upon release. The assigned Probation/Parole Officer (PPO) shall review the reentry plan with the inmate upon their reporting in the community.
- a The Classification Officer and IPPO, in conjunction with the investigating PPO, shall utilize existing Department contracted services, services provided by other state agencies, and available community services to the greatest extent possible to meet the inmate's Reentry Plan.
  - b The Mental Health Bureau, Addiction Services Bureau and Medical Services shall work closely with the Classification Officer and IPPO in conjunction with the investigating PPO, when it is known that the inmate has specialized needs, both behavioral health and medical, which are difficult to meet in the community and will require additional effort to ensure safe community placement.
    - 1) To the extent possible, Medical Services shall schedule follow-up appointments in the community, as necessary.
    - 2) In accordance with Policy (*CD-171400*) "**Release of Medical, Psychiatric and Substance Abuse Information**", the Classification Supervisor/Unit Manager will submit the Reentry Agenda form (*CD-083001.7*) which provided a list of inmates scheduled for Reentry Committee to the facility Health Service Administrator via email.
    - 3) Medical Services will also be notified thirty (30) days prior to release by the classification officer so that the Medical Discharge Summary can be completed and the disbursement of required medicine and/or written prescriptions can be ensured prior to release.
  - c Information pertaining to pre-scheduled medical appointments and/or

- d. Medication, medical instructions, shall be provided by medical staff to the Classification Officer, IPPO, and the assigned PPO and the inmate so that this information can be reinforced by the assigned PPO during supervision orientation in the community. This applies to all releases with periods of supervision to follow: Parole and Reparole, Dual, Probation, and, as applicable, Sanctioned Violators (see CD-083000, F.)
  - e. Inmates who provide an out-of-state residence for their release shall be referred by Classification staff to PPD's Interstate Compact office for a case transfer. The IPPO will assist the Classification Officer in coordinating and following-up on the transfer request.
  - f. The Classification Officer will ensure the investigating PPO receives a copy of the **Progress Report/Reentry Plan** form (*CD-083001.2*) (5 pages) as attached to the **Parole Plan Packet Checklist** form (*CD-083001.1*) and the IPPO will forward a copy of the Progress Report/Reentry Plan to the appropriate PPD Regional Transitional Coordinator.
  - g. The Classification Officer and Classification Supervisor or Unit Manager will ensure that all required documents listed on the **Parole Plan Packet Checklist** form (*CD-083001.1*) have been included in the Parole Plan Packet.
  - h. The inmate must have a stable residence upon release or approved access to financial assistance for housing (i.e. physically verifiable locations). Post Office Box (P.O. Box) addresses are not acceptable.
2. To the greatest extent possible, the **NMCD Community Risk** form (*CD-083001.4*) will be initially completed twelve (12) months prior to release on inmates releasing with supervision to follow. The IPPO shall complete the risk form utilizing the Instructions for **New Mexico Community Risk** Attachment (*CD-083001.A*). The completed NMCD Community Risk Attachment will be attached to the **Progress Report/Reentry Plan** form (*CD-083001.2*). A review of individual inmate treatment needs will be conducted at this time. Six (6) months prior to the inmate's projected release date, the IPPO reviews and adjusts the **NMCD Community Risk** form (*CD-083001.4*) based on any changes associated with institutional behavior.
  3. The IPPO, to the greatest extent possible, shall encourage the inmate to participate in available programming within the institution to meet their individual needs prior to release/ discharge.
  4. To the greatest extent possible, all inmates to be released from incarceration will be scheduled to participate in a Reentry Committee meeting.
  5. At the privately operated facilities, the NMCD Contract Monitor shall monitor the reentry process to ensure that assigned staff members are completing and tracking the reentry process in a timely manner.

**F. Reentry Committee (RC):**

1. A committee established within each institution that meets to develop an individual reentry plan for each inmate prior to release to the community. The Committee Chairperson is the IPPO who represents the Probation and Parole Division (PPD).
2. In addition to the Chairperson, the committee is comprised of the Classification Supervisor (or the Unit Manager at facilities without a Classification Supervisor) the assigned Classification Officer, and representatives from the Education Bureau, Mental Health Bureau, Medical Services, Addiction Services Bureau, Security (sergeant or above) and the Security Threat Intelligence Unit. The Chaplain may also be present at Reentry Committee at the inmate's request.
3. The Reentry Committee shall interview each inmate as part of the process in developing a comprehensive reentry plan. Committee members representing Medical, Mental Health, Additions Services, Education, Security Threat Intelligence Unit, Classification and Probation-Parole will share their perspectives as to the needs of the inmate upon release, issues to be addressed and recommendations for meeting those needs in the community. The inmate will be present and will have the opportunity to actively participate in the committee.
4. The **Reentry Committee Meeting** form (*CD-083001.5*) shall be completed at this time and shall be signed by all attendees. The IPPO will provide a copy of this completed form to the inmate, which summarizes committee member recommendations.
5. To the extent possible each member of the Reentry Committee should provide an individualized perspective on the inmate's institutional history/participation and provide any recommendations for continued programming/ treatment services once released to the community and as relevant to their area of expertise.
6. If it is determined during the RC meeting that the inmate's medical/behavioral health issues are significant and it will be difficult for PPD to meet those needs in the community, then the IPPO will contact the Statewide Entity's Care Coordination to schedule a separate meeting in order to coordinate the inmate's care with medical/behavioral health staff at the releasing facility.
7. The Classification Officer and/or the IPPO shall take notes during the RC meeting and update the Progress Report/Reentry Plan, if necessary, for inmates releasing or discharging.
8. The IPPO shall review the J&S of any sex offender to ascertain whether the J&S reflects an appropriate parole and/or probationary term consistent with the state statute 31-20-5.2 or 31-21-10.1 which requires an Indeterminate Period of Probation and Parole.
  - a. If the J&S does not reflect an indeterminate period of supervised probation/parole the IPPO must forward the case to the PPD Records Manager

or his/ her designee.

- b. The PPD Records Manager shall review the J&S to determine whether the sex offender's conviction requires an indeterminate sentence. If it is determined that an amended J&S is necessary, the PPD Records Manager will work with the NMCD Records Bureau to pursue an amended J&S. The PPD Records Manager will communicate the status of the J&S to the IPPO.
  - c. The PPCO is not complete and shall not be forwarded to PPD for investigation until the IPPO is advised by the PPD Records Manager that the J&S has been appropriately reviewed, and amended if applicable.
9. The Reentry Committee shall meet regularly as needed.

#### **G. Accelerated Reentry Planning for Inmates:**

1. If an inmate being released to parole or dual supervision has less than six (6) months (180 days) or if an inmate being released to either probation supervision or no supervision has less than ninety (90) days prior to release, the Classification Officer and IPPO shall, within one (1) week of the inmate's arrival at the facility, accelerate their reentry planning process to ensure that the following process occurs to the maximum extent possible as follows:
  - The inmate's case is reviewed by the RC;
  - The **Reentry Committee Meeting** form is completed and distributed to the releasing inmate.
  - The **Progress Report/ Reentry Plan** is completed and distributed appropriately.

If an inmate arrives at the Reception and Diagnostic Center (RDC) with less than six (6) months (180 days) prior to parole, RDC classification staff shall be responsible for initiating the reentry process by completing the Progress Report Reentry Plan and placing it in the inmate's file prior to the inmate's transport from RDC to the assigned facility.

#### **H. Change in Release Date:**

In the event that the inmate's release date changes while in the Reentry process as the result of good time issues or Judgment and Sentences requirements, the Classification Supervisor shall adhere to Victim Services policy *CD-045000* and shall also notify the IPPO as well as medical services of the new release date.

#### **I. Weekend and Holiday Releases:**

1. To the greatest extent possible Classification Officers shall identify and advise the IPPO and supervising PPO of release dates that fall on a holiday or weekend . The Classification Officer or IPPO shall communicate to the inmate any special reporting requirements due to the discharge date as relayed by the assigned PPO.
2. The assigned supervising PPO or a representative may have to be available during a holiday or weekend release when special conditions exist (e.g. high-profile cases, transportation issues, housing issues, and program placement issues).

3. Supervising Officers may approve releasees' reasonable delays en route to approved programs. [4-APPFS-2C-03]

**J. Inmate Institutional Transfers during the Reentry Planning Process:**

1. If an inmate is transferred to another facility during the reentry planning process, the Classification Supervisor or Unit Manager at the sending facility shall contact the Classification Supervisor or Unit Manager at the receiving facility so that the process may continue
2. The Classification Supervisor or Unit Manager at the receiving facility shall, in turn, notify the inmate's Classification Officer.
3. The receiving Classification Officer and IPPO may have to employ the accelerated reentry planning process if Reentry was not completed at the sending institution.

**K. Inmates who are granted re-parole at Parole Revocation Hearing or thereafter:**

1. For any inmate who is returned to the Reception and Diagnostic Center as a Parole Violator and is subsequently re-paroled at his or her Parole Revocation Hearing or any time thereafter, the Classification Officer must submit a Parole Plan Packet to the Probation and Parole Office for investigation.

**L. Progress Report/Reentry Plan: [4-4304]**

1. The **Progress Report/Reentry Plan** form (*CD-083001.1*) **shall be completed on all inmates releasing with supervision to follow** and will identify needs of the inmate that must be addressed in the community upon release to facilitate a successful reentry.
2. The Classification Officer will initiate the **Progress Report/Reentry Plan** form (*CD-083001.1*) for those inmates releasing to supervision and submit it to the Classification Supervisor or Unit Manager for review.
3. The Classification Supervisor or Unit Manager will forward the initiated Progress Report / Reentry Plan to the IPPO prior to the Reentry Committee meeting.
4. The Classification Officer and IPPO together will complete the Progress Report / Reentry Plan after the Reentry Committee.
5. The Progress Report/Reentry plan will address the following issues:
  - a Treatment - substance abuse issues, the need for drug testing, mental health issues, the need for psychotropic medicine and other medicine, medical issues, and sex offender and/or victim services.

- b. Education/Job Development – education and job skills level, outside work experience, institutional work experience to include participation in Corrections Industries programming, employment potential, need for skills development and vocational training and other support.
- c. Financial Needs - housing, transportation, day care, vocational training.
- d. Basic life maintenance issues including, but not limited to, ability to live independently.
- e. Family Support- or other social support systems.
- f. Child care issues, as applicable including, but not limited to: - child support, and involvement, visitation, CYFD involvement with children, and parenting skills, among others.
- g. Faith-Based assistance - mentor/support networks available within the community.
- h. Victim notification and advocacy issues.
- i. Institutional program participation- institutional compliance and behavioral adjustment.
- j. Social service - disability or vocational rehabilitation needs, identification documents, applications for possible services for Veteran's, Native Americans, Medicaid/Medicare eligibility for assistance/resources

**M. Transition of Reentry Plans to the Community for Inmates releasing to Parole or Dual Supervision.**

1. The Classification Supervisor or Unit Manager will forward the Parole Plan Packet, including all required attachments, to the appropriate Probation and Parole District Office for investigation and approval or denial. The investigation will be conducted using the same procedures and criteria as established per Policy (CD-051200) “**PPD Interstate/Intrastate Transfer of Offenders and Travel Permits**” regarding Parole Plan Investigations.
  - a. The assigned PPO will review the Progress Report/Reentry Plan for implementation, availability of programming, community resources, and job opportunities and will report any obstacles to meeting the plan to the PPD Regional TC and IPPO.
  - b. If the primary parole residence is denied and the secondary residence is located in a different region or district office, the PPO will forward the Parole Plan Packet for investigation to the PPD District Office where the secondary plan is located and the TC will forward the Progress Report/Reentry Plan to the receiving regions TC.

- c. If the investigation of the secondary residence results in a denial, the PPO will discuss the plan with the Region Manager and/or his or her designee and the TC for possible adjustments for an approval. The plan may be adjusted based on ability to supervise and availability of community resources.
  - d. It is the responsibility of the TC(s) to communicate with the IPPO and/or Classification Officer as to the status of any tentative denial and proposed adjustments.
  - e. If the Region Manager/Transitional Coordinator concurs with the denial of the primary and secondary residences, the TC will contact the IPPO and/or Classification Officer for other alternative residences.
  - f. The IPPO will contact the Classification Officer to meet with the inmate and gather additional alternative residence information. The Classification Officer will obtain this information and submit it to the IPPO within 10 working days following the date of denial by the Probation and Parole office as indicated on the Parole Plan Tracking System (PPTS). The IPPO or Classification Officer will complete a new **Family Release of Information** form (*CD-083001.6*) for the new residence.
  - g. IPPO will provide the new residence(s) to the TC and the PPO for investigation.
  - h. If the additional alternative residence is located in a different Region the PPO will forward the Parole Plan Packet for investigation to the PPD District Office where the alternative residence is located and the TC will forward the Progress Report/Reentry Plan to the region TC.
  - i. If both primary, secondary and other alternative residences are denied;
    - 1) The Classification Supervisor or Unit Manager shall ensure that the Classification Officer (s) submits an additional plan within 10 working days following date of the denial by the Probation and Parole office as indicated on the PPTS.
    - 2) The Classification Officer, together with the IPPO and TC shall staff the inmate's case for further collaboration in locating an appropriate residence and/or program for the inmate.
  - j. In the event that the inmate is identified as being hard to place during the Reentry process, the Classification Officer and IPPO and TC shall locate an appropriate residence and/or program for the inmate.
2. All approvals and/or denials of primary or alternate residences will be entered into the PPTS by PPO's.



3. Inmates may be required to submit to electronic monitoring or other technology if deemed necessary by the investigating PPO.
4. The assigned PPO may override the level of supervision as indicated by the NMCD Community Risk form (*CD-083001.4*), as completed by the IPPO with the approval of the PPD District Supervisor.
5. The Progress Report/Reentry Plan as attached to the Parole Plan Packet will be submitted to the Parole Board for final approval., As established by the Parole Board, compliance with the plan will be a mandatory condition of release. **[4-4304]**
6. The Medical Discharge Summary which is completed on every inmate thirty (30) days prior to release shall be distributed to the assigned PPO in the community by the Classification Officer and/or IPPO.

**N. Implementation of the Progress Report/Reentry Plan in the Community:**

1. Implementation of the Reentry Plan and monitoring of programming compliance will transition to the assigned PPO in the community upon the offender's release to supervision.
2. Offenders will be subject to internal graduated sanctions for non-compliance with their Reentry Plan up to and including revocation.
3. Inmates released from prison and placed under supervision in the community are responsible for their own medical/dental care including all costs thereof. If an offender who is participating in a residential program as a condition of release develops a serious medical condition that cannot be met by the residential program or by the offender, the Department will request permission from the Parole Board and/or the Court, as applicable, to allow the offender to either temporarily leave the residential program for the purpose of obtaining medical care, or be allowed to participate in a non-residential program (if the offender can obtain medical care while participating), in lieu of the residential program.

**O. Classification Procedures and Timelines for Inmates releasing to Parole Supervision:**

1. 210 Days Remaining to Projected Release:
  - a. The Classification Officer will identify those inmates who are 210 days from release by reviewing the report in the CMIS.
  - b. The Classification Officer will review inmates file and cross-reference release dates with the report in the CMIS.
  - c. The Classification Officer will review the list of individuals at 210 days to release for accuracy and will submit the revised report to the Classification Supervisor or Unit Manager.

- d. The Classification Officer will review the OMP to determine program participation and continuity of service upon release.
  - e. The Classification Supervisor or Unit Manager will review and verify the lists submitted, and ensure that an accurate list of 210 day releases is forwarded to the facility IPPO.
  - f. The Classification Officer will meet with those inmates to discuss proposed residences in order to begin the progress report.
    - 1) Upon receipt of a primary and secondary residence from the inmate, the Classification Officer will ensure that the **Family Release of Information** form (*CD-083001.6*) (2 pages) is signed and completed and will ensure that this form is provided to the IPPO at the time of the Reentry Committee as part of the Progress Report/Reentry Plan. The family release of information form will allow Corrections staff to directly contact the residents regarding the inmate's placement.
    - 2) The Classification Officer will telephonically contact the resident(s) of the primary and secondary residences to ensure that they are willing to accept the parolee. The Classification Officer may refer the residents to the IPPO for clarification of PPD regulations.
  - g. The Classification Officer will initiate the **Progress Report/Reentry Plan** form (*CD-083001.2*) for those inmates releasing to supervision and submit it to the Classification Supervisor for review.
  - h. The Classification Supervisor or Unit Manager will forward the initiated Progress Report/Reentry Plan to the IPPO prior to the Reentry Committee meeting.
2. 180 Days Remaining to Projected Release:
- a. The Reentry Committee (RC) meeting is held at the institution for inmates being released to parole or dual supervision.
  - b. The Classification Officer is responsible for ensuring that the inmate attends the Reentry Committee meeting.
  - c. The Classification Officer will present the inmate to the committee members at the RC and will address past and present offenses, J&S requirements, and good time awards, forfeitures and/or restorations affecting release date, detainers, proposed residence, institutional behaviors and any other relevant matters.
  - d. The Classification Officer will inform the committee members of any requirements that may have been set forth by the sentencing judge regarding release conditions as well as whether any of those release requirements may have already been satisfied based on the inmate's involvement in institutional programs.
  - e. The RC members will discuss any current program involvement by the inmate that

may result in a Lump Sum Award (LSA) and affect the inmate's projected release date.

- f. The IPPO will collect the proper documentation from STIU, Mental Health, Addiction Services, and Education that comprise the Progress Report/Reentry Plan for inmates releasing to supervision.
  - g. The IPPO and Classification Officer will work together to summarize the inmate's case, incorporate information gathered during the RC meeting and make recommendations to finalize the Progress Report/Reentry Plan
  - h. Upon receipt of the finalized Progress Report/Reentry Plan from the IPPO for those inmates releasing to parole supervision, the Classification Officer shall attach the plan to the Parole Plan Packet.
  - i. The Classification Officer will prepare the Parole Plan Packet and submit the packet to the Classification Supervisor for review.
  - j. The Classification Supervisor or Unit Manager will review each Parole Plan Packet for accuracy and will ensure that all required documents are in each packet.
  - k. The Classification Officer will conduct an audit of the inmate's file in accordance with Policy (*CD-040100*) Inmate Records and will document the audit findings on the file audit form and the file audit comment form.
3. 150 Days Remaining to Projected Release:
- a. The Classification Officer will enter the parole plan information into the Parole Plan Tracking System (PPTS).
  - b. The Classification Supervisor or Unit Manager will monitor the PPTS to ensure that for each parole plan that has been submitted, the Classification Officers have entered all required information into the PPTS. In addition, the Classification Supervisor will monitor the PPTS Deficiency List on a weekly basis. Any deficiencies that are identified shall be immediately corrected.
  - c. The Classification Supervisor or Unit Manger will ensure that Parole Plan Packets have been submitted by the Classification Officers and will mail out the packets to the appropriate Probation/Parole Region.
  - d. The Classification Supervisor or Unit Manager and Classification Officer will monitor the PPTS on a regular basis to determine the status of the parole plan.
4. 120 Days Remaining to Projected Release: [4-4304]
- a. The Classification Supervisor will ensure that the Parole Board Docket Form (CD-083001.7) is accurate and submitted to the Adult Parole Board via e-mail no later than 30 days prior to the hearing date. At facilities without a Classification Supervisor, the Unit Manager(s) will submit the Parole Board dockets to the

Records Manager or Coordinator in a timely manner according to established timelines and so as not to delay processing of inmates for Parole Board hearings. The Records Manager will combine the dockets received from the Unit Manager(s) and will submit one (1) docket per facility (e.g. PNM II) to the Adult Parole Board.

- b. Inmates paroling to a consecutive or concurrent sentence will be listed separately.
  - c. The projected release date indicated on the Parole Board Docket form (*CD-083001.7*) will include any possible restorations, forfeitures and lump sum awards.
  - d. The Classification Supervisor will ensure that the Parole Board Docket form (*CD-083001.7*) with attached parole packets for each inmate listed on the docket is mailed to the Adult Parole Board. The Classification Officer and Classification Supervisor will ensure that all required documents listed on the Parole Plan Packet Checklist form (*CD-083001.1*) have been included in the Parole Plan Packet.
    - 1) At facilities without a Classification Supervisor, the Unit Manager(s) will ensure that the Parole Board Docket form (*CD-083001.7*) with attached parole packets for each inmate listed on the docket is submitted to the Records Manager or Coordinator. The Records Manager will ensure that one (1) docket (with attached parole packets) per facility (e.g. PNM II) is mailed to the Adult Parole Board.
  - e. The Classification Supervisor or Unit Manager will monitor the PPTS regarding the status of the parole plan investigations. For any plans that have not been investigated, the Classification Supervisor or Unit Manager will follow up by telephone with the Probation and Parole Supervisor to inquire about the status of the plans.
5. 90 Days Remaining to Projected Release:
- a. Inmate appears before the Adult Parole Board along with the Classification Officer.
  - b. The Classification Officer, and if necessary the IPPO, shall present the board members with a brief summary of the inmate's institutional adjustment, program involvement, and disciplinary history.
  - c. Parole Board actions shall be entered into the PPTS by the Classification Officer.
6. **Mandatory Release Procedures:**
- a. Audit and release procedures will be followed in accordance with Inmate Records *CD-040100*.
  - b. Victim Notification procedures will be followed in accordance with Victim Services *CD-045000*.

- c. Release Checklist procedures will be followed in accordance with Inmate Records *CD-040100*. Classification Officers shall be responsible for Probation and Parole Notifications to Region Managers and Transition Coordinators as required in section C of the Release Checklist. The notifications shall be made at least sixty (60) days prior to an inmate's projected release.
- d. Medical Services will be notified thirty (30) days prior to release by the Classification Officer so that the Medical Discharge Summary can be completed and the disbursement of required medicine and/or written prescriptions can be ensured prior to release.
- e. The Classification Officer is responsible for notifying the Records Manager of any inmate's pending release on parole or discharge at least 60 days prior to the inmate's projected release date.
- f. The Classification Officer shall prepare final release documentation to include gratuity, Inmate Parole/Discharge Check-Out Slip and clothing provisions for release at least five (5) working days prior to the inmate's release.
- g. Sex Offender Notification: The Classification Officer will serve the sex offender with the **Notice to Register** (*CD-040901.A*) and the sex offender will complete and sign the form in the Classification Officer's presence. If a sex offender refuses to sign the Notice, then the Classification Officer will notate his refusal on the Form. The Classification Officer shall then forward the completed and signed Notice to Register to the Records Manager.
- h. For inmates paroling to a detainer, the Classification Officers are required to provide reporting instructions to inmates in the event that the detainer is dropped after an inmate has been paroled to that detainer.
- i. The Classification Officer is responsible for notifying the inmate of any supervised probation that the inmate may be required to serve and forwarding a completed **Probation Notification** Attachment (*CD-040101.A*) to the Records Manager in accordance with Records Policy (*CD-040101*).
- j. Parole Officers may approve reasonable delays en route by releasees' to approved programs. All approved delays shall be documented prior to release. **[4-APPFS-2C-03]**

**P. IPPO Responsibilities:**

An IPPO will be assigned to each of the public adult prison facilities to coordinate and develop, with a team, an informed, workable individual reentry plan for each inmate releasing to the community. The IPPO's function will be to facilitate the development of comprehensive reentry plans that will be shared with the assigned PPO in the community and the Regional Transitional Coordinators. This will ensure advanced planning/referral occurs to facilitate a successful reentry/transition into the community.

1. The IPPO is a probation and parole officer and must complete the PPO Basic Certification Course and must maintain certification thereafter. IPPOs will be supervised by a local Probation and Parole Division District Office. with a duty post assignment at the institution.
2. The IPPO and/ or Classification Officer shall assist inmates to the greatest extent possible in applying for reinstatement of disability benefits, i.e. veteran, social security disability, Medicaid, with the assistance of the Mental Health Bureau and/or the Medical Bureau
3. The IPPO and/ or Classification Officer shall assist inmates in applying for initial disability benefits only at the referral of the Medical Bureau and/or Mental Health Bureau. The Medical or Mental Health Bureaus must ensure that the request is supported by clinical necessity.
4. Inmates will be encouraged to participate in available Pre-Release programming as provided by the various institutional bureaus. Pre-Release programming shall include an introduction to community supervision expectations/requirements by the IPPO or a designee of the Community Corrections Administrative Office. The IPPO shall review all sections of the Progress Report/Reentry Plan pertaining to field supervision and will formalize recommendations with the input of the Classification Officer.
5. Upon finalizing the Progress Report/Reentry Plan, the IPPO shall attach a copy to the Parole Plan packet, when the inmate is releasing to parole, and provide a copy to the Classification Officer.
6. The IPPO shall complete the Reentry Committee Meeting form (*CD-083001.5*), obtain signatures from all RC members and give a copy to the inmate.
7. The IPPO shall review the finalized Progress Report/Reentry Plan with each inmate (and their family, if possible), prior to release and shall answer any questions and/or address any remaining issues.
8. The IPPO shall assist the offender in applying for assistance including but not limited to SSI, Medicaid, veteran's benefits, food stamps and in securing birth certificates, social security cards and in completing an employment packet while still incarcerated and as appropriate.
9. The IPPO shall ensure the **Family Release of Information** form (*CD-083001.6*) has been completed and signed by the inmate and is attached to the **Progress Report/Reentry Plan** form (*CD-083001.2*).
  - a The Family Release of Information Form releases the Department to disclose specific information pertaining to conditions of release, discharge plans, any requirements for participation in treatment programs/services, and progress or lack thereof as it relates to meeting supervision/treatment requirements to family members or other individuals with whom the inmate plans to reside as part of

reentry planning, parole plan investigation and on-going communication during supervision.

10. As deemed appropriate, the IPPO shall contact significant family members to encourage their participation in family counseling and/or provide referral for counseling offered in their community.
11. The IPPO shall assist the Classification Officer in presenting Parole Plans to the Parole Board for those inmates with difficult discharge plan placement in the community and in the absence of the assigned Classification Officer.
12. The IPPO shall enter required information into CMIS (Case Update) and PPTS (as appropriate) as directed by the Probation and Parole Division.
13. The IPPO shall maintain a calendar of activities as directed by the Probation-Parole Division.
14. The IPPO shall contact the TC or assigned PPO to follow-up on the Progress Report/Reentry Plan for concurrence on the supervision level and to verify availability of services in the community.
15. The IPPO shall forward a copy of the Progress Report/Reentry Plan to the appropriate PPD Regional Transition Coordinator.
16. The IPPO shall make referrals to existing NMCD contracted services, services provided by other state agencies and available community services to assist the Classification Officer in meeting the inmate's parole plan
17. The IPPO may also appear before the Adult Parole Board if necessary.
18. IPPO shall assist Classification staff with high needs inmates through coordination with Regional Transitional Coordinators.
19. The Classification Officer shall ensure that the inmate and the supervising PPO is informed of the parole term and the length of the probation term for dual supervision cases. This data must also be noted in the Progress Report/Reentry Plan Summary.
20. Prior to the release of an inmate serving a sentence with parole supervision to follow, the IPPO shall meet with the inmate to determine potential eligibility for receipt of EMD while on parole (informally called "good time on parole") in accordance with *CD-055000*.
21. The IPPO shall follow up with the TC on all inmate releases including discharges without supervision to follow.
22. The IPPO, in conjunction with the TC and/ or assigned Probation-Parole Officer, shall coordinate, implement, and help facilitate videoconferencing sessions on designated

inmates releasing to supervision.

23. The IPPO shall be available to assist Transition Coordinators with community resource development and site visits as directed by the Probation-Parole Division.

**Q. Transition Coordinator:**


Regional Transition Coordinators will have a duty post assignment at each PPD Region Office, be supervised by the PPD Region Manager and must complete the PPO Basic Certification Course and must maintain certification thereafter.

The Regional Transition Coordinator shall:

1. Review all Progress Report/Reentry Plans released to their respective region and shall provide assistance to the assigned PPO in investigating the parole plan, if requested.
2. Staff parole plan denials in their respective Region with the assigned PPO for alternative placement and resource management. (If both primary and secondary residences are denied the TC will contact the facility IPPO to provide an updated family release of information for any new proposed residences.)
3. Review the plan to ensure continuity/coordination in provision of services and supervision.
4. Maintain direct contact with the assigned PPO's within their region.
5. Assist in cross-training activities, monitor/track services provided to participants, coordinate data collection efforts prepare and submit reports as required.
6. Assist in identifying and maximizing existing community resources and providing this resource information to each IPPO and assigned PPO in their region.
7. Coordinate between assigned PPO and local community resources and volunteer organizations, i.e. Faith-Based, Secular, AA/NA, Victim Advocacy Groups.
8. Ensure that the supervising PPO is informed on dual supervision cases with regard to length of probation term and parole term.
9. Facilitate communication and linkages between assigned PPO and other local public agencies, i.e. NMCYFD, NM Housing Authority, NMDOH Services, and NMDOL One-Stop Centers.
10. Coordinate the provision of any financial assistance available to offenders, i.e., housing, clothes, food, transportation, child care, vocational training.
11. Coordinate family involvement in treatment and family reunification efforts prior to the offender's release, and monitor continuance after release.



12. Report difficulties/gaps in resources/services within their region to their Region Manager and the Community Corrections Administrator, or designee.
13. Assist the Region Manager in monitoring the quality of community resources used to meet offender needs.
14. Maintain the resource directory for their respective .Region; and,
15. In addition, the Regional TC shall monitor the PPTS Deficiency List on a weekly basis as it pertains to the Probation-Parole Division. Any deficiencies that are identified shall be forwarded to the appropriate Region Manager for immediate attention.
16. The TC, in conjunction with the IPPO and/ or assigned Probation-Parole Officer, will coordinate, implement, and facilitate videoconferencing sessions on designated inmates releasing to supervision.
17. Transition Coordinators will coordinate, implement, and facilitate seminars and trainings for offenders in the community.
18. The Transition Coordinator shall maintain a calendar of activities as directed by the Probation-Parole Division.



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David Jablonski, Secretary of Corrections  
New Mexico Corrections Department

07/31/17  
Date

## NEW MEXICO CORRECTIONS DEPARTMENT PAROLE PLAN PACKET CHECKLIST

Parole    Paroling to Consecutive/ Concurrent    Out of State

FACILITY: \_\_\_\_\_ PAROLE BOARD HEARING MONTH: \_\_\_\_\_

NAME: \_\_\_\_\_ NMCD: \_\_\_\_\_

By my signature below, I acknowledge that all documents that are required have been enclosed in this Parole Packet.

CLASSIFICATION OFFICER: \_\_\_\_\_  
PRINT/ SIGN DATE

Please ensure the following documentation are included in this packet and placed in this order. Check off is necessary.

- Parole Plan Approval/Denial
- ICOTS (if applicable)
- Updated Good Time Figuring Sheets
- Progress Reports (**not older than 6 months**) including all standard attachments;
  - Reentry Education/Employment
  - Family Release Information
  - Medical Information
  - Mental Health
  - Substance Abuse
  - Security Threat
- Disciplinary Log
- NMCD Community Risk Form
- DNA Submissions
- Psychological Evaluations (for all Violent and Sexual Offenses) (if applicable)
- Judgment & Sentences
- NCIC Reports/Fingerprints
- Detainers (if applicable and must be clearly marked)
- Sex Offender Registration (if applicable)
- Admission Summary
- Plea & Disposition Agreement\*
- Grand Jury Indictment/Criminal Information
- Pre Sentence Report\* (If available)
- Police Report

\*This document is highly preferred but we understand not all files have it and it is hard to come by.

All items should be submitted in one packet by facility and not mailed separately. Your signature below is affirming all information that is required has been enclosed in this parole packet.

\_\_\_\_\_  
Classification Supervisor/ Unit Manager Signature Date

It is the discretion of the NM Adult Parole Board to add to the scratch list or to send back incomplete packets to the facility for proper submission which may cause a delay for inmate hearings. If the Parole Board file is missing a necessary document not on this checklist a request will be made.

# STATE OF NEW MEXICO

## Corrections Department

Susana Martinez, Governor

David Jablonski,  
 Secretary of Corrections



Post Office Box 27116  
 Santa Fe, New Mexico 87502-0116  
 Phone: (505) 827-8709  
 Fax Number: (505) 827-8220

### PAROLE PLAN

### PROGRESS REPORT/REENTRY PLAN

|   |   |
|---|---|
| <p><b>NAME:</b></p> <p><b>OFFENDER AKA:</b></p> <p><b>MONIKER:</b></p> <p><b>DATE OF BIRTH:</b>                      <b>AGE:</b>              <b>years</b></p> <p><b>PAROLE BOARD HEARING DATE:</b></p> <p><b>PROJECTED RELEASE DATE:</b></p> <p><b>PURPOSE OF REPORT:</b></p> <p><b>DNA FLYER MANDATORY (ATTACHED)</b>                      <b>YES NO</b></p> <p><b>PROBATION TERM OR DUAL SUPERVISION:</b>              <b>YES NO</b></p> <p><b>IF YES, LENGTH OF PROBATION TERM:</b> _____</p> <p><b>REPAROLE</b>    <b>YES NO</b></p> <p><b>REFERRED TO COMPACT:</b>    <b>YES NO</b></p> <p><b>REQUIRES AN INTERPRETER SPECIFY</b> _____</p> | <p><b>NMCD#:</b></p> <p><b>SOCIAL SECURITY#:</b></p> <p><b>CMIS OFFENDER#:</b></p> <p><b>INSTITUTION:</b></p> <p><b>CUSTODY LEVEL:</b></p> <p><b>SENTENCE LENGTH:</b></p> <p><b>PAROLE TERM,:</b>    <b>YES NO</b></p> <p><b>IF YES, LENGTH OF PAROLE TERM:</b> _____</p> <p><b>DATE OF RECEIPT:</b></p> <p><b>COUNTY OF PROBATION/PAROLE:</b></p> <p><b>PROPOSED PPD SUPERVISION REGION:</b></p> <p style="text-align: center;"><b>I              II              III              IV</b></p> <p><b>PPD DISTRICT OFFICE:</b> _____</p> |
|---|---|

**DEMOGRAPHICS:**

|                |  |                   |   |  |
|----------------|--|-------------------|---|--|
| <b>GENDER:</b> | MALE<br><br>FEMALE<br><br>M → F<br><br>F → M | <b>ETHNICITY:</b> | ASIAN<br><br>BLACK/AFRICAN AMERICAN<br><br>HISPANIC BLACK<br><br>HISPANIC WHITE<br><br>HISPANIC NATIVE AMERICAN<br><br>NATIVE AMERICAN/ <sub>A</sub> LASKAN | NATIVE AMERICAN<br><br>PACIFIC ISLANDER<br><br>UNKNOWN<br><br>WHITE<br><br>OTHER _____<br><br><i>(specify)</i> |
|----------------|--|-------------------|---|--|

**I. SUMMARY OF CURRENT OFFENSE (s):**

**A. DETAIL CURRENT OFFENSE (S):**

|   |                            |
|---|----------------------------|
| <b>CURRENT OFFENSE (S):</b>                   | <b>Date of offense(s):</b> |
| ANY VICTIMS?              YES              NO |                            |

|                                |  |
|--------------------------------|--|
| RESTITUTION OWED?    YES    NO |  |
|--------------------------------|--|

**B. INMATE'S VERSION OF CURRENT OFFENSE (S)**

INMATE'S SUMMARY OF CURRENT OFFENSE:

**C. OFFICIAL VERSION OF SUMMARY OF CURRENT OFFENSE (S)**

OFFICIAL SUMMARY OF CURRENT OFFENSE:

**II. CRIMINAL HISTORY:**

**A. Previous felony conviction (s):**

| YEAR OF OFFENSE | DESCRIPTION OF PREVIOUS FELONY CONVICTION (S) (TO INCLUDE ARRESTS OR CONVICTIONS OF DWI OR DV) | DATE OF INCARCERATION (S) | SENTENCE LENGTH |
|-----------------|--|---------------------------|-----------------|
|                 |  |                           |                 |

**B. Current detainers (attach copy of warrant (s)/detainer (s), if applicable):**

| COUNTY OF DETAINER | MISDEMEANOR OR FELONY | FILED BY | SPECIFY REASONS |
|--------------------|-----------------------|----------|-----------------|
|                    |                       |          |                 |

**C. Pending investigations**

| DATE OF ALLEGED INCIDENT | INCIDENT DETAILS | INDIVIDUAL/AGENCY CONDUCTING INVESTIGATION |
|--------------------------|------------------|--|
|                          |                  |  |

**III. INSTITUTIONAL HISTORY (past five years):**

**A. Disciplinary record:**

TOTAL NUMBER OF MISCONDUCT REPORTS:        days        MOST RECENT HOUSING LEVEL:        days

TOTAL NUMBER OF GOOD TIME DAYS LOST:        days        DURATION OF LAST PLACEMENT:        days

TOTAL NUMBER OF GOOD TIME DAYS RESTORED:        days        REASON:

| DATE | summary of misconduct report (s) |
|------|----------------------------------|
|      |                                  |

**B. Comments on violent/assaultive misconduct report (s) - (attach copies of incident report (s) if applicable):**

Comments:

**C. Work/leisure participation:**

| Date (s) of Participation: | SPECIFY WORK ACTIVITIES: |
|----------------------------|--------------------------|
|                            |                          |

| Date (s) of Participation: | SPECIFY LEISURE ACTIVITIES: |
|----------------------------|-----------------------------|
|                            |                             |

| <b>D. Institutional movement (dates, locations, and reason for transfer):</b>          |            |                             |  |
|--|------------|-----------------------------|--|
| Date:  | Locations: | Reason for transfer:        | Security level ( <i>higher/lower/same</i> ):       |
| SECURITY THREAT INTELLIGENCE UNIT: REFER TO CD POLICY 131500 AND ATTACHMENTS           |            |                             |  |
| MENTAL HEALTH: REFER TO CD POLICY CD-171401.D  |            |                             |  |
| ADDICTIONS SERVICES: REFER TO CD POLICY 171400 ATTACHMENTS CD-171401.B and CD-171401.C |            |                             |  |
| MEDICAL: REFER TO CD POLICY 171400 AND ATTACHMENT CD-171401.A                          |            |                             |  |
| EDUCATION AND EMPLOYABILITY: REFER TO (REENTRY EMPLOYABILITY RECORD FORM CD-083001.2   |            |                             |  |
| <b>E. Faith-based participation:</b>   |            |                             |  |
| Detail faith-based participation:  |            | Date of last participation: | Interested in religious mentorship:<br>yes      no |

**IV. TREATMENT RECOMMENDATIONS**

| <b>Treatment recommendations per judgment and sentence:</b> |
|---|
|   |

**V. FAMILY COMMUNICATIONS/RELATIONS:**

| <b>A. Marital status:</b>  |                         |                                    |                     |
|--|-------------------------|------------------------------------|---------------------|
| MARITAL STATUS:  | COMMON LAW              | SEPARATED                          |                     |
|  | DIVORCED                | WIDOWED                            |                     |
|  | MARRIED                 | UNKNOWN                            |                     |
|  | NEVER MARRIED           |                                    |                     |
| <b>B. Visitation tracking:</b>   |                         |                                    |                     |
| SPECIFY VISITORS:  | RELATIONSHIP TO INMATE: | NUMBER OF VISITS IN THE LAST YEAR: | DATE OF LAST VISIT: |
| <b>C. Does the offender have minor children:    yes (<i>complete section below</i>)    no (<i>skip to next question</i>)</b>         |                         |                                    |                     |
| AGE IN YEARS   | GENDER                  | RELATION TO THE OFFENDER           |                     |
|  |                         |                                    |                     |
| <b>D. Do children reside in the proposed residences:    yes (<i>complete section below</i>)    no (<i>skip to next question</i>)</b> |                         |                                    |                     |
| AGE IN YEARS   | GENDER                  | RELATION TO THE OFFENDER           |                     |
|  |                         |                                    |                     |
| <b>E. Family release of information form</b>   |                         |                                    |                     |
| INMATE HAS COMPLETED FAMILY RELEASE OF INFORMATION FORM:    YES (SPECIFY DETAILS BELOW)    NO  |                         |                                    |                     |
| APPROVAL FOR CONTACT (Y / N)   | SPECIFY INDIVIDUAL      | RELATIONSHIP TO OFFENDER           | CONTACTS MADE       |

**VI. BENEFITS ELIGIBILITY/PERSONAL IDENTIFICATION: (By IPPO)**

|  |  |
|--|--|
| <b>A. VA benefits:</b>   |  |
| ELIGIBLE FOR VETERAN'S BENEFITS  | YES    VETERAN'S SERVICE OFFICE WAS CONTACTED: DATE _____<br><br>NO<br><br>UNKNOWN   |
| <b>B. Medicaid benefits:</b>   |  |
| MEDICAID STATUS  | MEDICAID ELIGIBLE<br><br>APPLICATION SUBMITTED ON _____<br><br>APPLICATION NOT SUBMITTED<br><br>OFFENDER INELIGIBLE BECAUSE _____<br><br>UNKNOWN             |
| <b>C. SSI benefits:</b>  |  |
| SSI ELIGIBILITY  | SSI ELIGIBLE<br><br>SSI APPLICATION SUBMITTED ON ____/____/____<br><br>SSI APPLICATION NOT SUBMITTED<br><br>OFFENDER INELIGIBLE BECAUSE _____<br><br>UNKNOWN |
| <b>D. Tribal benefits:</b>   |  |
| TRIBAL BENEFITS  | YES, SPECIFY _____                      CIB# _____ (CERTIFICATE OF INDIAN BLOOD)<br><br>NO<br><br>UNKNOWN  |
| <b>E. Immigration status:</b>  |  |
| IMMIGRATION STATUS   | CITIZEN                                      ICE DETAINER:    YES    NO    UNKNOWN<br><br>RESIDENT ALIEN<br><br>NON-CITIZEN<br><br>UNKNOWN                   |
| <b>F. Does inmate have a Social Security card?    yes    no    Application Submitted: Date _____</b> |  |
| <b>G. Does inmate have current state issued identification card/driver's license?    yes    no</b>   |  |
| <b>H. Is inmate eligible for earned meritorious deductions while on parole?    yes    no</b>         |  |

**VII. RELEASE PLANS:**

|                           |                           |
|---------------------------|---------------------------|
| <b>Primary Plan:</b>      | <b>Alternate plan:</b>    |
| PROPOSED HOME ADDRESS:    | PROPOSED HOME ADDRESS:    |
| DATE AND TIME OF CONTACT: | DATE AND TIME OF CONTACT: |
| NAME OF CONTACT/ PHONE:   | NAME OF CONTACT/ PHONE:   |

|                                   |                                   |
|-----------------------------------|-----------------------------------|
| PROPOSED ADDRESS VERIFIED: YES NO | PROPOSED ADDRESS VERIFIED: YES NO |
|-----------------------------------|-----------------------------------|

**VIII. SUMMARY AND RECOMMENDATIONS:** (BY Classification Officer and IPPO/IPPO):

|   |
|---|
| Summary:  |
| Recommended supervision level:                          |
| Recommended programming:                                |
| COMMUNITY RISK FORM: COMPLETED BY IPPO – SEE ATTACHMENT |

**IX. SIGNATURES:**

**DATES:**

|                            |  |
|----------------------------|--|
| PREPARED BY:               |  |
| UNIT MANAGER:              |  |
| IPPO:                      |  |
| CLASSIFICATION SUPERVISOR: |  |

**X. PAROLE BOARD RECOMMENDATIONS:**

|  |
|--|
| <b>Parole Board conditions/requirements (subsequent parole plans):</b> |
|  |

NEW MEXICO CORRECTIONS DEPARTMENT  
PAROLE PLAN PACKET CHECKLIST

Reentry Employability Record

NAME: \_\_\_\_\_ NMCD# \_\_\_\_\_ FACILITY: \_\_\_\_\_

Educator: \_\_\_\_\_ Date: \_\_\_\_\_ PRD: \_\_\_\_\_

Employability Assessment Data:

Type of Test Administered: TABE CHOICES WORKKEYS CASAS OTHER \_\_\_\_\_

Results: Math \_\_\_\_\_ Reading \_\_\_\_\_ Language \_\_\_\_\_ Other (identify) \_\_\_\_\_

Aptitudes, Abilities, and Skills: \_\_\_\_\_

\_\_\_\_\_

Work History: \_\_\_\_\_

\_\_\_\_\_

Marketable Skills: \_\_\_\_\_

\_\_\_\_\_

Barriers to Employment: \_\_\_\_\_

\_\_\_\_\_

Type of occupation desired: \_\_\_\_\_ (Immediate)

\_\_\_\_\_ (Interim)

\_\_\_\_\_ (Ultimate)

Education Program Information

Highest grade completed in school: 1 2 3 4 5 6 7 8 9 10 11 12(diploma) GED 13 14 15 16 17+ Verified? Yes No

Colleges or Vocational Schools                      Years                      \_\_\_ Course of Study                      Certificate or Degree

\_\_\_\_\_

Education Program Placement in Facility:

|                              |        |                       |                   |
|------------------------------|--------|-----------------------|-------------------|
| Adult Basic Education        | Yes No | Completed?            | Yes No            |
| English as a Second Language | Yes No | Completed?            | Yes No            |
| Vocational Training          | Yes No | Native Language _____ | Completed? Yes No |
| Cognitive Education          | Yes No | Course of Study _____ | Completed? Yes No |
| Post Secondary Courses       | Yes No | Completed?            | Yes No            |
| SOAR                         | Yes No | Course of Study _____ |                   |
| Literacy Tutor               | Yes No |                       |                   |



### NMCD COMMUNITY RISK FORM

Instructions: To be completed at time of consideration for release from prison. Circle the correct score for each item and compute the correct risk level designation.

| Static Risk Factors   | Pts  | Dynamic Risk Factors                                  | Pts |
|---|------|---|-----|
| <b>1. Age at First Arrest (juvenile or adult)</b>   |      | <b>8. Current Age</b>                                 |     |
| 26 years or older   | 0    | 45 and above  | -1  |
| 17 to 25 years  | 1    | 35 – 44   | 0   |
| 16 years or younger   | 2    | 25-34   | 1   |
| <b>2. Prior Probation/Parole Revocations – Past 5 Years</b>   |      | Under 25  | 2   |
| No parole or probation revocations  | 0    | <b>9. Active Gang Membership</b>                      |     |
| One prior revocation  | 1    | No  | 0   |
| Two or more prior revocations   | 3    | Yes   | 2   |
| <b>3. History of Mental Health Problems – Past 5 Years</b>  |      | <b>10. Completed Education/OJT/Vocational Program</b> |     |
| No  | 0    | Yes or Have a GED/High School/College Degree          | 0   |
| Yes   | 2    | No  | 2   |
| <b>4. Employment History</b>  |      | <b>11. Disciplinary Conduct</b>                       |     |
| Employed 12 consecutive months prior to prison  | 0    | No Major Disciplinary Problems                        | 0   |
| Unemployed or employed less than 12 months  | 2    | Lost Good Time Past 12 months                         | 1   |
| <b>5. Offense for Current or Prior Convictions</b>  |      | Lost Good Time Past 6 months                          | 2   |
| All Others  | 0    | Zero Balance of Goodtime                              | 3   |
| Auto Theft, Burglary, Forgery, Robbery  | 2    | <b>12. Custody Level at Release</b>                   |     |
| <b>6. History of Drug/Alcohol Abuse – Past 5 Years</b>  |      | Level - 1 & 2   | 0   |
| None  | 0    | Level - 3 & 4   | 1   |
| Single Drug Abuse   | 1    | Special Management                                    | 2   |
| Multiple Drug Abuse   | 2    |   |     |
| <b>7. Gender</b>  |      | <b>Total Dynamic Risk Score</b>                       |     |
| Male  | 0    | <b>Total Score</b>                                    |     |
| Female  | (-2) |   |     |
| <b>Total Static Risk Score</b>  |      |   |     |
| <b>Risk Level</b>   |      |   |     |
| _____ Low (0-5 points) _____ Moderate (6-10 points) _____ High (11 -15)<br>_____ Highest (16 points or higher on all items <b>OR</b> 6 points or more on dynamic factors) |      |   |     |
| Form Completed By: _____ Date: ____/____/____   |      |   |     |

**NEW MEXICO CORRECTIONS DEPARTMENT  
REENTRY COMMITTEE**

Inmate Name: \_\_\_\_\_ NMCD# \_\_\_\_\_ Mtg. Date: \_\_\_\_\_

Sentence length: \_\_\_\_\_ Projected Release Date: \_\_\_\_\_

**MEDICAL:** Currently in TX? **YES** \_\_\_\_, specifically \_\_\_\_\_ **NO** \_\_\_\_

**NEEDS/RECOMMENDATIONS:** \_\_\_\_\_

\_\_\_\_\_  
Signature Date

**MENTAL HEALTH:** Currently in TX? **YES** \_\_\_\_, specifically \_\_\_\_\_ **NO** \_\_\_\_

**NEEDS/RECOMMENDATIONS:** \_\_\_\_\_

\_\_\_\_\_  
Signature Date

**ADDICTION SERVICES:** Currently in TX? **YES** \_\_\_\_, specifically \_\_\_\_\_ **NO** \_\_\_\_

**NEEDS/RECOMMENDATIONS:** \_\_\_\_\_

\_\_\_\_\_  
Signature Date

**EDUCATION/EMPLOYMENT:** Currently Participating: **YES** \_\_\_\_, specifically, \_\_\_\_\_ **NO** \_\_\_\_

**NEEDS/RECOMMENDATIONS:** \_\_\_\_\_

\_\_\_\_\_  
Signature Date

**STIU:** Gang Member? **YES** \_\_\_\_, Affiliation \_\_\_\_\_ **NO** \_\_\_\_

**INFORMATION/CONCERNS:** \_\_\_\_\_

\_\_\_\_\_  
Signature Date

**CLASSIFICATION/WORK:** Institutional Assignment \_\_\_\_\_

**NEEDS/RECOMMENDATIONS:** \_\_\_\_\_

\_\_\_\_\_  
Signature Date

**IPPO:**

**Life Maintenance Issues:**

**Faith Based Involvement:**

\_\_\_\_\_  
IPPO Signature Date

\_\_\_\_\_  
Contract Monitor Signature Date

\_\_\_\_\_  
Inmate Signature Date

**NEW MEXICO CORRECTIONS DEPARTMENT**  
**Consent for the Release of Confidential Information**  
**Family Release of Information Form**

I, \_\_\_\_\_, hereby authorize the New Mexico Corrections  
(Print name)

Department to release information to relatives or other individuals with whom I either plan to reside or I consider part of my support network, as specified below.

Information to be disclosed to:

\_\_\_\_\_  
(Name) (Relationship)

\_\_\_\_\_  
(Name) (Relationship)

\_\_\_\_\_  
(Name) (Relationship)

\_\_\_\_\_  
(Name) (Relationship)

\_\_\_\_\_  
(Name) (Relationship)

The purpose of and need for the disclosure is to share with the above stated individuals the specifics pertaining to my conditions of release, my discharge plan, any requirements for my participation in treatment programs/services, my progress or lack of progress as it relates to meeting supervision/treatment requirements.

I understand that this consent will remain in effect and cannot be revoked by me until there has been a formal and effective termination or revocation of my release from confinement, probation, or parole, or I no longer reside with the named individual(s) or no longer have a standing relationship with the individual(s).

I understand my record is protected under federal regulations governing Confidentiality of Alcohol/Drug Abuse records, 42 CRF Part 2, and cannot be disclosed without my written permission.

\_\_\_\_\_  
Signature (NMCD #, if applicable) Date

**NEW MEXICO CORRECTIONS DEPARTMENT**  
**Video Release – Family**

Date \_\_\_\_\_

I \_\_\_\_\_, \_\_\_\_\_  
Print relationship

Of offender # \_\_\_\_\_ agree to be video  
Name number

Taped by the New Mexico Corrections Department's as part of my participation in the Reentry meeting with Probation and Parole staff. I understand that excerpts of this video tape may be used for internal training and for presentations to outside entities. The New Mexico Corrections Department will make every attempt to avoid discussion pertaining to specific criminal history and will, to the extent possible, utilize those portions more specific to conditions of release, goals and expectations.

\_\_\_\_\_  
(Signature)

**NEW MEXICO CORRECTIONS DEPARTMENT**  
**Video Release – Inmate**

Date \_\_\_\_\_

I \_\_\_\_\_, offender # \_\_\_\_\_ agree to be video taped by the New Mexico Corrections Department's as part of my participation in the Reentry meeting with Probation and Parole staff. I understand that excerpts of this video tape may be used for internal training and for presentations to outside entities. The New Mexico Corrections Department will make every attempt to avoid discussion pertaining to specific criminal history and will, to the extent possible, utilize those portions more specific to conditions of release, goals and expectations.

\_\_\_\_\_  
(Signature)

**NEW MEXICO CORRECTIONS DEPARTMENT**  
**REENTRY COMMITTEE AGENDA**

---

*Scheduled Meeting Date*

---

*Scheduled Time*

---

*Meeting Location*

Inmates releasing from incarceration with **parole or dual supervision** to follow

---

| <b>NMCD#</b> | <b>Inmate name</b> | <b>Projected Release Date</b> |
|--------------|--------------------|-------------------------------|
|--------------|--------------------|-------------------------------|

Inmates releasing from incarceration with **probation supervision** to follow

---

| <b>NMCD#</b> | <b>Inmate name</b> | <b>Projected Release Date</b> |
|--------------|--------------------|-------------------------------|
|--------------|--------------------|-------------------------------|

Inmates releasing from incarceration with **no probation/parole supervision** to follow

---

| <b>NMCD#</b> | <b>Inmate name</b> | <b>Projected Release Date</b> |
|--------------|--------------------|-------------------------------|
|--------------|--------------------|-------------------------------|

cc: all committee participants

**NEW MEXICO CORRECTIONS DEPARTMENT  
INSTRUCTIONS FOR NEW MEXICO COMMUNITY RISK FORM**

The risk instrument is separated into two components. The first component consists of what we are referring to as static factors associated with the offender's at the time of admission to prison. The second component consists of dynamic factors that reflect behavior the offender has demonstrated since being incarcerated.

For both sets of data, the information used to score an offender should be based on both official records in the offender's file and an interview with the offender. The interview should include a review of each scored item, the total score and designated risk level. Offenders should also receive a copy the risk assessment and final assessment.

**I. Static Items**

*Item #1: Age at First Arrest (adult or juvenile)*

26 years or older = 0

18-25 years old = 1

17 years old or younger = 2

Clarification: Arrests are for all types of crime including status offenses as a juvenile. Traffic and parking violations are not to be considered. If the offender reports an arrest that differs from the official record, the Classification Officer shall rely upon the official record.

*Item #2: History of Probation and Parole Release Revocations-- Past Five Years.*

Never had parole (including Controlled Release and Juvenile Parole), or probation revoked (adult or juvenile) = 0

Had parole (including Controlled Release and Juvenile Parole), or probation revoked once = 1

Had parole (including Controlled Release and Juvenile Parole), or probation revoked more than once = 0

Clarification: Only score revocations that occurred within the five years prior to the current prison admission date. Credit will not be allowed if parole or probation was completed while confined in jail awaiting trial that resulted in felony conviction.

Reinstatement of parole or withdrawal of a warrant does not qualify as a revocation and, when applicable, credit should be awarded.

*Item #3: History of Mental Illness?—Past Five Years*

No = 0

Yes = 2

Clarification: Count any official record of mental health illness at the time of the most recent admission to prison for the past five years. In general, the score should be based on person's pre-sentence investigation and information contained in the Department's own psychological assessments.

**NEW MEXICO CORRECTIONS DEPARTMENT**  
**INSTRUCTIONS FOR NEW MEXICO COMMUNITY RISK FORM**  
(Continued)

*Item #4: Employment – Past 24 Months at time of admission*

Employment (30 hours or more per week) or full-time school attendance for a continuous period of at least 12 months during the last two years in the community = 0

None or less than 12 months during the past two years in the community = 1

Clarification: Military service, self-employment of a stable nature, and SSI/Pensions may receive credit.

*Item 5: Commitment or Prior Conviction Offenses*

Auto Theft, Burglary, Theft, Forgery, or Robbery = 1

(Includes any land-operated motorized vehicle, insufficient funds checks, credit card abuse, forged prescriptions, possession of stolen credit card and related similar offenses).

Else = 0

Clarification: Include all convictions in determining the offender's score.

*Item 6: History of Drug/Alcohol Abuse – Past 5 Years*

None = 0

Abuse of a Single Drug Only = 1

Abuse of Two or more drugs = 2

**Clarification: Score this item based on official or self-reported history of frequent use of alcohol or illegal substances which interfere with school/work, family, financial status or health.**

*Item 7: Gender*

Male = 0

Female = -2

Clarification: Note that this is the only scoring item that requires the person completing the form to apply a negative number. Make sure that the calculation is correct when summing the static, dynamic and total risk scores.

**II. Dynamic Factors**

*Item # 8: Prisoner's Current Age*

Under 25 years = 3

25-34 years = 2

35 - 44 years = 1

45 years and above = 0



**NEW MEXICO CORRECTIONS DEPARTMENT**  
**INSTRUCTIONS FOR NEW MEXICO COMMUNITY RISK FORM**  
(Continued)

*Item # 9: Active Prison Gang Membership*

Yes = 2

No = 0

Clarification: Must be based on NMCD confirmation. Do not code yes if prisoner was previously designated as gang member but NMCD has since confirmed that he/she renounced membership. This applies only to the current incarceration.

*Item #10: Completed Education/Vocational Program/Certified OJT Program since Being Incarcerated On Current Incarceration*

No = 2

Yes or already completed GED or High School Degree = 0

Clarification: Do not code yes if inmate is currently in program. Inmate must have completed in order to receive credit. Credit to be included for completion of program at any time of current incarceration.

*Item #11: Disciplinary Conduct*

No Major Disciplinary Problems = 0

Lost Good Time Past 12 months = 1

Lost Good Time Past 6 months = 2

Zero Balance of Goodtime = 3

Clarification: Based on offender's current period of incarceration. If the offender has been returned as a parole violator, ignore prior record of good time awarded or lost.

*Item 12: Current Custody Level*

Level - 1 & 2 = 0

Level - 3 & 4 = 1

Special Management = 2

**NEW MEXICO CORRECTIONS DEPARTMENT**  
**INSTRUCTIONS FOR NEW MEXICO COMMUNITY RISK FORM**  
(Continued)

*Scored Assigned Risk Level*

Based on the total score, the initial supervision level is set as follows:

**Low Risk = 0-5 points**

Persons assigned to this risk level are expected to have a 10 percent chance of being returned to prison for either a technical violation or a new felony conviction within a 2-3 year period. Commission of violent crimes is extremely rare. A minimal level of supervision and services are required once it is ensured that the person has secured employment and stable residency.

**Moderate Risk = 6 - 10 points**

Persons assigned to this risk level are expected to have a 25 percent chance of being returned to prison for either a technical violation or a new felony conviction within a 2-3 year period. If returned to prison, it far more likely it will be for non-criminal behavior rather than a new felony crime. Violent behavior is relatively rare. A moderate level of supervision and services are initially required. But once the person has secured employment and stable residency, the supervision level should be reduced.

**High Risk = 11 – 15**

Persons assigned to this level of risk level are expected to have a 50 percent chance of being returned to prison for either a technical violation or a new felony conviction within a 2-3 year period. If returned to prison, a significant proportion of the persons will have been arrested and convicted of property and drug crimes. Although violent behavior is relatively rare, a higher proportion of this group becomes involved in such behavior absent meaningful supervision and services. A high level of supervision is required for at least a 12-month period. Participation in treatment services is often required.

**Highest Risk = 16 pts or higher or six or more points on dynamic items 8-12.**

Persons assigned to this level of risk level are expected to have a 65 percent chance of being returned to prison for either a technical violation or a new felony conviction within a 2-3 year period. If returned to prison, a significant proportion of the persons will have been arrested and convicted of property and drug crimes. Although violent behavior is relatively rare, a higher proportion of this group becomes involved in such behavior absent meaningful supervision and services. The highest level of supervision is required for at least a 12-month period. Participation in treatment services is required.

**NEW MEXICO CORRECTIONS DEPARTMENT  
 ADULT PAROLE BOARD  
 DOCKET**

**To: Adult Parole Board**

**From: (Facility Name)**

DATE OF HEARING: \_\_\_\_\_

| <b>INMATE NAME<br/>PAROLE FROM FACILITY</b> | <b>NMCD#</b> | <b>DOB</b> | <b>COUNTY (S) OF<br/>CONVICTION</b> | <b>CAUSE # (S)</b> | <b>CRIME (S)</b> | <b>Projected<br/>Release Date</b> |
|---|--------------|------------|-------------------------------------|--------------------|------------------|-----------------------------------|
|   |              |            |                                     |                    |                  |                                   |
|   |              |            |                                     |                    |                  |                                   |

| <b>INMATE NAME<br/>PAROLE TO A<br/>CONSECUTIVE<br/>SENTENCE</b> | <b>NMCD#</b> | <b>DOB</b> | <b>COUNTY (S) OF<br/>CONVICTION</b> | <b>CAUSE # (S)</b> | <b>CRIME (S)</b> | <b>Projected Date<br/>of Parole to<br/>Consecutive<br/>Sentence</b> |
|---|--------------|------------|-------------------------------------|--------------------|------------------|---|
|   |              |            |                                     |                    |                  |   |
|   |              |            |                                     |                    |                  |   |

| <b>INMATE NAME<br/>PAROLE TO A<br/>CONCURRENT SENTENCE</b> | <b>NMCD#</b> | <b>DOB</b> | <b>COUNTY (S) OF<br/>CONVICTION</b> | <b>CAUSE # (S)</b> | <b>CRIME (S)</b> | <b>Projected Date<br/>of Parole to<br/>Concurrent<br/>Sentence</b> |
|--|--------------|------------|-------------------------------------|--------------------|------------------|--|
|  |              |            |                                     |                    |                  |  |
|  |              |            |                                     |                    |                  |  |

**NEW MEXICO CORRECTIONS DEPARTMENT  
 ICOTS REQUIRED INFORMATION ENTRY (RIE)**

(Interstate Compact Agreement Transfers Only)

|  |                   |   |                         |                                       |                      |
|--|-------------------|---|-------------------------|---------------------------------------|----------------------|
| Date:                                    | Supervision Type: | CMIS #:   | NMCD #:                 | FBI#:                                 |                      |
| Last Name:                               |                   | First Name:   |                         | Middle Name:                          |                      |
| AKA's:                                   |                   |   | Proposed Release Date:  |                                       |                      |
| DOB:                                     | SS #:             | Sex:  | Ethnicity:              | Nation Origin:                        |                      |
| State of Conviction:                     |                   | County of Conviction:   |                         | Jurisdiction (State Transferring to): |                      |
| Proposed Residence:                      |                   |   |                         |                                       |                      |
| City:                                    |                   | State:  | Zip Code:               | Phone #:                              |                      |
| Court Case # (as shown on J&S);          |                   | Sentence Date:  | Supervision start date: | Parole Term date:                     | Probation Term date: |
| Offense Date:                            |                   | Arrest Date:  |                         | Conviction Date:                      |                      |
| Offense:                                 |                   |   |                         |                                       |                      |
| Court Case # (as shown on J&S);          |                   | Sentence Date:  | Supervision start date: | Parole Term date:                     | Probation Term date: |
| Offense Date:                            |                   | Arrest Date:  |                         | Conviction Date:                      |                      |
| Offense:                                 |                   |   |                         |                                       |                      |
| Court Case # (as shown on J&S);          |                   | Sentence Date:  | Supervision start date: | Parole Term date:                     | Probation Term date: |
| Offense Date:                            |                   | Arrest Date:  |                         | Conviction Date:                      |                      |
| Offense:                                 |                   |   |                         |                                       |                      |
| Court Case # (as shown on J&S);          |                   | Sentence Date:  | Supervision start date: | Parole Term date:                     | Probation Term date: |
| Offense Date:                            |                   | Arrest Date:  |                         | Conviction Date:                      |                      |
| Offense:                                 |                   |   |                         |                                       |                      |
| Proposed Employer Name:                  |                   |   |                         |                                       |                      |
| Job Title:                               |                   |   | Supervisor Name         |                                       |                      |
| Address:                                 |                   |   |                         |                                       |                      |
| City:                                    |                   | State:  | Zip Code:               | Employer phone # :                    |                      |
| Does Offender have Contact Restrictions: |                   |   | Name of Person(s) :     |                                       |                      |
| Victim Sensitive :                       |                   | Does Offender have any Protection Orders : if yes is Contact restricted : |                         |                                       |                      |
| Sex Offender:                            |                   | Financial Obligations: IF yes please indicate below how much and to whom  |                         |                                       |                      |
| Obligation info:                         |                   |   |                         |                                       |                      |
| Name of Institution offender is at:      |                   |   |                         |                                       |                      |
| Date it was entered into PPTS:           |                   | Name of Classification Officer:   |                         |                                       |                      |
|  |                   | Classification Officer phone #:   |                         |                                       |                      |
| Reason for transfer                      |                   |   |                         |                                       |                      |
| Justification reason for transfer:       |                   |   |                         |                                       |                      |
| Notes or Comments:                       |                   |   |                         |                                       |                      |