

 <p>CD-104000</p>	<p align="center">NEW MEXICO CORRECTIONS DEPARTMENT</p> <p align="center">"We commit to the safety and well-being of the people of New Mexico by doing the right thing, always." Courage Responsibility Ethics Dedication - CREDibly serving the public safety of New Mexico</p>		
	ISSUE DATE: 11/25/09	REVIEWED: 09/27/16	
	EFFECTIVE DATE: 11/25/09	REVISED: 06/09/16	
TITLE: Community Corrections Reintegration Program (CCRP)			

AUTHORITY:

- A. NMSA, 1978, Section, 33-2-34, 33-2-36, 33-2-37, 33-9-3, 33-9-5, 33-9-6, 33-9-7, 33-9-8, 33-9-9.1, and 31-26-12 as amended
- B. NMSA, 1978 Comp., Sections 33-9-5(B) as amended

REFERENCE:

- A. NMCD Policy CD-090100,
- B. ACA Standards 4-4443, *Manual of Standards for Adult Correctional Facilities*, 4th Edition.
- C. ACA Standards 4-APPFS-2C-04 and 4-APPFS-2C-05, *Performance Based Standards for Adult Probation and Parole Field Services*, 4th Edition.

PURPOSE:

Establish procedures for referring eligible adult inmates for participation in the Community Corrections Reintegration Program.

APPLICABILITY:

All employees and inmates of the New Mexico Corrections Department (NMCD).

FORMS:

- A. **Review for Community Corrections Reintegration Release form (CD-104001.1)** (2 pages)
- B. **Community Corrections Reintegration Conditions form (CD-104001.2)** (2 pages)
- C. **CCRP Participation Eligibility Criteria Checklist form (CD-104001.3)**
- D. **CCRP Packet Checklist – Classification form (CD-104001.4)**
- E. **CCRP Referral Packet Checklist Form (CD-104001.5)** (2 pages)
- F. **Community Corrections Reintegration Program Plan form (CD-104001.6)** (5 pages)
- G. **Consent Form to Release Medical and Psychiatric Information and Medical/Psychiatric Clearance for Community Corrections Reintegration Program form (CD-104001.7)** (2 pages)
- H. **Consent Form to Release Mental Health Information and Mental Health Clearance for Community Corrections Reintegration Program form (CD-104001.8)**
- I. **Consent Form to Release Substance Abuse Information for Community Corrections Reintegration Program form (CD-104001.9)**
- J. **Gang Affiliation / Association Check form (CD-104001.10)**
- K. **Family Release of Information form (CD-104001.11)**
- L. **CCRP Community Risk form (CD-104001.12)**

M. **CCRP Employability Record** form (CD-104001.13)

N. **CCRP Questionnaire** Form (CD-104001.14)

O. **CCRP Investigation Report and Recommendation** form (CD-104001.15)

ATTACHMENTS:

NONE

DEFINITIONS:

- A. Community Corrections Administrative Office: Administrative office under the authority of the Probation and Parole Division responsible for the facilitation and data collection of the community corrections reintegration program referrals, approvals, denials and the return of inmates to institutions.
- B. Community Corrections Referral Packet: A compilation of file documents providing information on an inmate candidate participation in a community corrections reintegration program. The Packet will include the following documents:
- CCRP Packet Checklist - Classification (CD-104001.4);
 - Community Corrections Reintegration Release Approval/Denial Routing form (CD-104001.1);
 - CCRP Participation Eligibility Criteria Checklist form (CD-104001.3);
 - Community Corrections Reintegration Conditions form (CD-104001.2);
 - Community Corrections Reintegration Program Plan form (CD-104001.6);
 - CCRP Community Risk form (CD-104001.12);
 - CCRP Employability Record form (CD-104001.13);
 - Consent to Release Medical/ Psychiatric Information and Medical/ Psychiatric Clearance for CCRP form (CD-104001.7); and
 - Consent to Release Mental Health Information and Mental Health Clearance for CCRP form (CD-104001.8).
 - Consent to Release Substance Abuse Information for CCRP form (CD-104001.9)
 - Family Release of Information form (CD-104001.11);
 - Gang Affiliation / Association Check form (CD-104001.10);
 - Current Judgment and Sentence(s);
 - Updated Good Time Figuring Sheet(s);
 - Pre or Post Sentence Report;
 - Admission Summary;
 - FBI Rap Sheet;
 - Fingerprint Card;
 - DNA Verification form;
 - CCRP Questionnaire (CD-104001.14);and
 - Home plan sponsor acceptance letter.

- C. Community Corrections Reintegration Program (CCRP): A community-based program that is established by and/or is under the supervision of the Probation/Parole Division and authorized and funded under the guidelines of Section 33-9-4 and 33-9-5, NMSA, 1978 Comp., as amended, which is operated by a county, municipality, the Corrections Department or a private organization, individually or jointly, with the purpose of providing services to criminal offenders.
- D. Community Corrections Reintegration Program Inmates: Those inmates who are within twelve months of their projected release date and remain in the legal custody of the Corrections Department but whose supervision and lawful custody and confinement has been reassigned from incarceration in a state correctional facility to community supervision through the Probation and Parole Division.
- E. Corrections Department: 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. Escapee from Community Corrections Reintegration Program: Any inmate participating in Community Corrections Reintegration who, while under the supervision of the Probation and Parole Division, removes the GPS Active electronic monitoring unit, changes residence or leaves the jurisdiction without permission, ceases reporting or is otherwise not available for supervision and lacks a valid legal excuse for not being available, and fails to surrender him/herself to the sending facility immediately after failure to report.
- G. Good Time Awards: Good Time awards are time credits applied toward an inmate's sentence. The process is mandated by statute, and the amount of time is conditional upon several factors:
1. Inmate participation in programs required as part of the Community Corrections Reintegration Conditions and Community Corrections Reintegration program, e.g. work, school, pre-parole; and
 2. Good Conduct.
- H. Level I Custody: Level I is the least restrictive custody level that inmates in the New Mexico Corrections Department can be classified. Inmates classified to Level I are eligible to participate in unsupervised work release programs and school programs. To be eligible for Level I custody an inmate must be within two and one-half years of projected release date and score (5) or less points on the Reclassification Scoring Instrument (females 6 or less points) and meet other eligibility criteria in accordance with *CD-080103*.
- I. Level II Custody: To be eligible for Level II custody an inmate must be within four years of projected release date and score between (6) and (9) points (females between 7 and 10 points) on the Reclassification Scoring Instrument and meet other eligibility criteria in accordance with *CD-080103*.

- J. Local Selection Panel: A group established by statute to review adult criminal offenders for referral to a Community Corrections Program.

- K. Violation: A violation of Community Corrections Reintegration Conditions, and/ or new charges that shall result in the community corrections reintegration inmate to be returned to incarceration.

- L. Preliminary Review Panel (PRP): For purposes of this policy:
 - 1. At facilities/units with Unit Management the Preliminary Review Panel shall be composed of the Unit Manager, Classification Supervisor, or Program Coordinator as well as the IPPO and a security representative, Sergeant or above.

If a Unit Manager, Classification Supervisor or Program Coordinator is not available; a classification officer with over one year of experience in classification may serve on the Preliminary Review Panel as acting Classification Supervisor. If a Sergeant or above is not available, a Correctional Officer may serve as acting Sergeant.

 - 2. At facilities without Unit Management the Preliminary Review Panel shall be composed of the Classification Supervisor or Program Coordinator as well as the IPPO and a security representative, Sergeant or above.

If a Unit Manager, Classification Supervisor or Program Coordinator is not available; a classification officer with over one year of experience in classification may serve on the Preliminary Review Panel as acting Classification Supervisor. If a Sergeant or above is not available, a Correctional Officer may serve as acting Sergeant.

- M. IPPO: Probation and parole staff member assigned to the institution to facilitate reentry planning and monitor the referral process within the institution. In the absence of an institutional probation and parole officer, the classification officer shall perform the duties of the IPPO.

- N. NMCD Victim Services Coordinator: The liaison between the district attorney's offices, the Crime Victim's Reparation Commission and the Corrections Department to notify, inform, and assist victims at any time the offender is under the Department's custody or supervision.

POLICY:

- A. The Preliminary Review Panel shall refer eligible adult inmates who request consideration for the appropriate Community Corrections Reintegration Program in accordance with established procedures.

- B. The New Mexico Corrections Department reserves its discretion and authority to terminate its community corrections reintegration program at any time, and for any reason.

C. Temporary release programs should include but not be limited to the following: [4-4443]

- Written operational procedures;
- Careful screening and selection procedures;
- Written rules of conduct and sanctions;
- A system of supervision to minimize inmate abuse of program privileges;
- A complete record keeping system;
- A system for evaluating program effectiveness; and
- Efforts to obtain community cooperation and support.



Gregg Marcantel, Secretary of Corrections
New Mexico Corrections Department

06/09/16

Date

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<p>TITLE: Community Corrections Reintegration Program (CCRP)</p>			

AUTHORITY:

Policy *CD-104000*

PROCEDURES:

A. Eligibility Criteria for Participation in a Community Corrections Reintegration Program:

To be eligible for participation in a Community Corrections Reintegration Program, the applicant must:

1. Pay all required fees authorized by state statute;
2. Be within twelve (12) months of the projected release date on a determinate sentence;
3. Be classified either Level I or Level II custody;
4. Have never been convicted of a felony offense involving the use of a firearm;
5. Have not been convicted of a crime involving any sexual conduct, violence to a child, or linked with organized criminal activity;
6. Be physically and mentally cleared to participate in the program by facility medical and mental health staff;
7. Be serving a New Mexico sentence;
8. Be placed on active GPS monitoring and provide telephone service for that equipment. In addition, shall have an adequate amount of funds available in his/her inmate account to cover the first month costs of electronic monitoring, prior to release, and agree to pay all costs and fees associated with GPS Active monitoring services and equipment throughout the entire period of CCRP status.
9. Have no pending criminal charges as verified by the classification officer via a current NCIC records check and local records check to include ensuring no active felony or misdemeanor warrants;
10. Not be under investigation for any charges known to the Department;

11. Not currently be serving a parole violation, nor have ever been a parole violator for the cause of his/her current sentence;
12. Not have any current detainers and/or warrants;
13. Have no major disciplinary reports within the past 12 months, or throughout entire period of incarceration, whichever is less; and
14. Not, in the opinion of the Warden, be likely to evoke an adverse community reaction by release into the program.

B. Referral and Participation in a Community Corrections Reintegration Program (CCRP):

1. Institutional Referral Process

- a. Classification officers shall begin the identification of eligible inmates by reviewing the CMIS projected release report showing inmates who are between eight (8) and eighteen (18) months until projected release. Once identified, inmates who meet the eligibility criteria shall be processed by facility staff for submission as a CCRP candidate to the Probation and Parole Division within 60 days according to the steps outlined in this procedure. Community Corrections Referral Packets may only be submitted to the Probation and Parole Division on inmates who are between six (6) and fifteen (15) months until projected release. Only Inmates who are between three (3) and twelve (12) months until projected release may be released from the facility to participate in a Community Corrections Reintegration Program.
- b. For each CCRP candidate, classification officers shall complete the Eligibility Criteria Checklist, (CD-104001.3). Once eligibility is confirmed the inmate candidate will sign the Community Corrections Reintegration Release Approval/Denial (CCRP Approval/Denial) form (CD- 104001.1), indicating his/her desire to be considered for community corrections reintegration participation. The Classification Officer shall review the Community Corrections Reintegration Conditions (CD-104001.2) with the inmate and the inmate must indicate his/her agreement of the conditions by signing the CCRP conditions form. The signed copy of the conditions shall become part of the referral packet.
- c. The Classification Officer shall request an education staff member to meet with the inmate candidate and complete a CCRP Employability Record (CD-104001.13). The employability record must be returned to the Classification Officer.
- d. The Classification Officer shall prepare the *Community Corrections Referral Packet* to include all documentation required in accordance with the CCRP Packet Checklist - Classification (CD-104001.4). The checklist shall be the cover sheet for each referral packet. Once the packet is complete, the Classification Officer shall submit the packet to the Institutional Probation and Parole Officer (IPPO) who will conduct a thorough

review of the packet to ensure the inmate meets all eligibility requirements and is suitable for consideration. The IPPO shall also complete a CCRP Questionnaire (*CD-104001.14*) and a CCRP Community Risk form (*CD-104001.12*) for each referred inmate and include these documents in the referral packet. The IPPO shall indicate their approval or denial on the CCRP Approval/Denial form and return the packet to the Classification Officer.

- e. Once the packet has been returned, the Classification Officer shall present the referral packet to the Preliminary Review Panel for review and consideration of the inmate's application. Each case will be considered based upon whether the eligibility criteria was met as well as the inmate's offense history, institutional adjustment, inmate needs, and prospect for success. The Preliminary Review Panel shall interview the applicant prior to making a decision.
 - f. After review of the CCRP referral, the Preliminary Review Panel shall indicate their denial or approval of the applicant's request and justification for its decision on the CCRP Approval/Denial form. A copy of this form shall be provided to the applicant.
 - g. If the Preliminary Review Panel approves the application, the Classification Officer shall forward the entire CCRP referral packet to the Community Corrections Administrative Office, located within the Office of the Director of Probation and Parole. When a referral packet is approved by the panel, the Classification Officer shall notify the facility Records Manager to initiate the Release Checklist procedures, including a full file audit, as outlined in policy *CD-040100*.
 - h. If the referral is denied, a copy of the CCRP Approval/Denial form shall be forwarded to the Community Corrections Administrative Office for its records and tracking purposes. A denial from the Preliminary Review Panel is final and binding and there are no avenues for the applicant to appeal that decision.
2. Community Corrections Administrative Office (CCAO)
- a. The Community Corrections Administrative Office shall review each referral packet utilizing the CCRP Packet Checklist – CCAO (*CD-104001.5*) and share the referral information with the Director of Probation and Parole for administrative review and approval purposes.
 - b. If the referral packet is denied, the CCAO will note the deficiencies or reasons for denial and return the packet to the Classification Bureau. In order to request reconsideration, a corrected packet must be submitted to CCAO no later than seven (7) days following the date of denial, unless an extension of time is otherwise agreed upon.
 - c. Upon approval, the CCAO will forward the CCRP referral packet to the respective Region Manager.

- d. The CCAO shall track each CCRP candidate throughout the entire referral process to include the approval or denial of the referral, the reintegration status, discharge from CCRP, violations committed while on CCRP status and, whenever necessary, the return of a CCRP inmate to the sending facility.
 - e. The Community Corrections Administrative Office will also:
 1. Monitor information in the Criminal Management Information System (CMIS) as entered by the assigned Probation and Parole Officer as it pertains to CCRP participation;
 2. Ensure a current statewide active CCRP participation list is maintained which includes inmate name and program location;
 3. Ensure on-going data is maintained, both current and cumulative, as to number of participants statewide, discharge rates and reason for discharge.
 4. Ensure data for CCRP inmates is available and distributed at a minimum weekly, and any other time upon request, to the Director of Probation and Parole, Director of Adult Prisons, Secretary and Deputy Secretaries and of Corrections.
3. Community Review and CCRP Inmate Release Process
- a. The Region Manager shall review the CCRP referral packet, indicate their approval on the CCRP Release Approval/Denial form and forward the packet to the respective District Supervisor. The Region Manager shall ensure that the referral investigation is completed timely.
 - b. The District Supervisor will immediately assign the referral packet to a Probation and Parole Officer (PPO) for investigation. The PPO must conduct the investigation and complete all other necessary preparatory work within two (2) weeks from date of assignment. The investigation must include verification that the proposed residence is appropriate for the inmate and testing of the GPS equipment to confirm the cell/telephone coverage is adequate for the GPS Active monitoring equipment's function.
 - c. Upon completion, the PPO shall state their findings in detail on the CCRP Investigation Report and Recommendation form (*CD-104001.15*) and indicate their approval or denial on the CCRP Release Approval/Denial form.
 - d. If the PPO denies the referral packet, the packet shall be returned to the CCAO immediately, via the Region Manager. The CCAO will immediately notify the Classification Bureau of the reasons for the reasons and return the packet.

- e. If the PPO approves the referral packet, the PPO shall immediately notify the Region Manager, via email, of the approval and submit the packet to the Local Selection Panel (LSP) closest to the area or location of the proposed address for consideration and review. The Region Manager shall immediately notify the CCAO of the approval via email.
- f. The LSP shall review the application and render a decision no later than two (2) weeks after receipt. If the LSP does not render a decision within that two week period, the department will deem the application denied.
- g. If the LSP approves an application after the established deadline, the Probation and Parole officer shall immediately proceed with the process and forward the CCRP referral packet to the sentencing judge.
- h. If the LSP denies the application, the decision is final and binding and there are no avenues for appeal to the Department.
- i. If the LSP approves the application, the PPO shall immediately forward the *CCRP Referral Packet* to the appropriate sentencing judge.
- j. The sentencing judge shall review the application and determine whether the inmate should reenter the community prior to the original anticipated release date no later than thirty (30) days after receipt. The sentencing judge may accept or deny the LSP's recommendation.
- k. If the sentencing judge approves the application, the Region Manager shall return the original Approval/Denial form, bearing all necessary signatures, to the CCAO immediately. A copy of the CCRP Release Approval/Denial form and the CCRP referral packet shall then become part of the CCRP inmate's supervision file. The CCAO shall forward the original CCRP Release Approval/Denial form to the facility Warden and a copy to the Classification Bureau Chief, as notification of the inmate's approval for release.
- l. If the sentencing judge denies the LSP's recommendation, or fails to render a decision to accept or deny the LSP recommendation within thirty (30) days of receiving the referral packet, the Corrections Department shall deem the inmate's application to have been denied. When the CCRP referral has been denied, the entire referral packet shall be returned to the CCAO. After proper documentation, the CCAO will return the packet to the Classification Bureau Chief.
- m. If the sentencing judge approves the inmate for CCRP release after the established deadline, the inmate shall be deemed approved and the procedures for an approved referral, as set out above, shall be followed.
- n. The Department shall consider any and all denials to be final and binding, with no

avenues for appeal to the Department. The Department shall not grant a CCRP release unless that release has been previously approved by the preliminary review panel, the applicable LSP and the sentencing judge.

- o. If an inmate is approved to be released to a program with limited vacancy, the CCAO will forward the CCRP Release Approval/Denial form to the appropriate region Transitional Coordinator who shall place the inmate on a waiting list. The CCAO will notify the facility Warden that the inmate has been placed on a waiting list. Once that Community Corrections Program has space available, the Transitional Coordinator shall immediately notify the CCAO. The CCAO shall then forward that CCRP Release Approval/Denial form to the sending facility Warden.
- p. Upon receipt of the CCRP Release Approval/Denial form, the facility Warden shall authorize the inmate's release (at privately operated facilities, the contract monitor shall also authorize the release) and forward the document to the facility Records Manager who shall complete the victim notification. No offender shall be released from the facility until fifteen (15) working days following the victim notification.
- q. Prior to an inmate's CCRP release, a final review of the inmate's file shall be conducted by the Classification Supervisor to assure no institutional behavioral misconduct has occurred since the initial referral that would disqualify the applicant from participation.
- r. Prior to release, an amount of funds, adequate to cover the first month costs of electronic monitoring, shall be released from the inmate's account to the Probation and Parole Division. An inmate shall not be released until these funds are released.
- s. One (1) day prior to release, an amount a wants and warrants check shall be conducted by the Records Manager to confirm there are no outstanding charges, warrants, detainers, on the CCRP inmate candidate.

4. Progress Reports and Good Time

- a. The supervising PPO shall provide a monthly progress report to the CCAO. The CCAO shall provide a copy of the progress reports to the sending facility's Classification Supervisor.
- b. The sending facility's Classification Supervisor shall update the CCRP inmate's good time based on information contained in the monthly progress reports and shall keep the CCAO and supervising PPO advised, via email, of the inmate's good time status.
- c. The sending facility's Records Manager shall maintain the inmate file from the CCRP release and throughout the inmate's participation in the community corrections reintegration program. A copy of all monthly progress reports shall be included in the

inmate's file.

- d. Length of CCRP participation will be based on the remainder of the inmate's sentence, level of supervision required, the supervising Probation and Parole Officer's evaluation of the inmate's risk to the community and/or other factors that directly impact the inmate's stability in the community. Community Corrections Reintegration inmates must participate for the duration of the reintegration status or, a minimum of ninety (90) days, whichever is greater.

5. GPS Active Monitoring

- a. All CCRP inmates shall be required to wear a GPS Active monitoring device during the entire period of CCRP supervision status. All CCRP inmates shall be financially responsible for all costs and fees associated with his/her GPS electronic monitoring equipment and services.
- b. Removal, damage or tampering of a GPS Active monitoring unit shall constitute a violation of CCRP conditions and the CCRP inmate's immediate return to the sending facility.
- c. Prior to release, funds shall be withdrawn from the CCRP inmate's account, in an amount necessary to cover the cost of the first month's GPS electronic monitoring service, in full. Those funds shall be made payable to the GPS electronic monitoring service provider.
- d. All costs associated with repair, replacement, lost or damaged GPS Active monitoring equipment shall be the financial responsibility of the CCRP inmate.
- e. Failure to make payment in full for any of the costs or fees associated with GPS Active monitoring services and/or GPS Active monitoring equipment shall constitute a violation of CCRP conditions and shall result in the CCRP inmate's immediate return to the sending facility.

6. CCRP Inmates Releasing to Parole

- a. No later than three (3) months prior to the date of projected release from CCRP, the Classification Supervisor must determine where the CCRP inmate proposes for parole supervision.
- b. If the CCRP inmate intends to parole to the same address where they reside throughout CCRP supervision, the sending facility's Classification Supervisor shall submit a parole board docket and the CCRP packet to the Parole Board at least two (2) months prior to completion of CCRP status, for parole consideration and approval. The parole board hearing date on the docket should be at least thirty (30) days prior to completion of CCRP status. The documentation submitted to the parole

board shall contain a copy of the Community Corrections Referral Packet and a copy of every monthly progress reports received from the PPO. The Classification Supervisor shall inform the CCAO and supervising PPO of the parole hearing date. If the hearing is held via video conferencing, the PPO shall arrange for the CCRP inmate to appear at the PPD District Office to attend the hearing.

- c. If the CCRP inmate proposes an address different than where they reside throughout CCRP supervision, the Classification Supervisor shall submit a parole plan investigation packet, containing the new address(s) and all other pertinent information, to the PPD District Office appropriate for the proposed address at least three (3) months prior to inmate's release from CCRP participation. The Classification Supervisor shall also submit a parole board docket and the parole packet to the Parole Board at least two (2) months prior to completion of CCRP participation, for the Board's consideration and approval. The parole board hearing date on the docket should be at least 30 days prior to completion of CCRP status. The Classification Supervisor shall inform the CCAO and supervising PPO of the hearing date. If the hearing is held via video conferencing, the PPO shall arrange for the CCRP inmate to appear at the PPD District Office to attend the hearing.
- d. The sending facility shall arrange for and provide transportation to and from the parole hearing for the CCRP inmate, if necessary. Parole Board hearings may be conducted via video conferencing if all parties agree.
- e. The Parole Board shall provide four (4) original parole certificates to the supervising PPO who will obtain the CCRP inmate's signature. Once the parole certificates are signed, the PPO will distribute the certificates as follows: one certificate to the CCRP inmate; one certificate to be placed in the PPD supervision file; one certificate to the Parole Board; and one certificate to the Classification Supervisor of the sending facility.

C. Violations/Return of Community Corrections Reintegration Offenders to Prison:

1. All violations shall be considered serious and warrant the CCRP inmate's immediate return to the sending institution. Violations of CCRP conditions include, but are not limited to, the following:
 - a. Failure to pay the monthly GPS Active monitoring costs on or before the date payment is due.
 - b. Removal/tampering or intentional damage to any GPS Active monitoring equipment.
 - c. Failure to provide payment, in full, for fees associated with the replacement and/or repair of lost or damaged GPS Active monitoring equipment within five (5) days of request for reimbursement.

- d. Failure to report to a probation and parole officer when instructed to do so.
 - e. Failure to comply with any Community Corrections Reintegration Conditions specific to the CCRP inmate.
 - f. Failure to immediately surrender to the sending facility upon failure to report to the PPO.
2. All violations of CCRP conditions shall be reported to the Region Manager immediately. The Region Manager shall verbally notify the CCAO and the sending facility Warden of the violations and request that the Warden issue a warrant based on the verbal notification. A written report of the violations shall also be prepared as set out below.
 3. A written report shall be prepared for every CCRP violation as follows:
 - b. When a CCRP inmate commits a violation of CCRP conditions the supervising PPO shall prepare a written violation report and provide it to the Warden, via the Region Manager, within five (5) working days.
 - c. The CCRP violation report shall contain all relevant information and details of the violation(s) and recommended sanctions, including termination of CCRP participation.
 4. If the violation consists of a new criminal offense and probation is to follow upon the CCRP inmate's release, a probation violation report shall also be prepared by the PPO and submitted to the sentencing judge, regardless of whether the new charge is a misdemeanor or a felony, in accordance to statute.

D. Return of Community Corrections Reintegration Inmates to Prison and Disciplinary Procedures:

1. The sending institution shall be responsible for arranging and providing all transportation necessary for the return of the CCRP inmate.
2. Upon verbal notification of a violation, the Warden of the sending facility shall immediately issue a warrant for the return of the inmate to the custody of the sending facility.
3. The warden shall issue a warrant authorizing the warden, or any officer with power of arrest, to return the inmate to the actual custody of the institution from where the inmate was released or to any other suitable detention facility. Following the return of the inmate to the sending facility, the warden will determine whether the inmate requires reclassification.
4. If it is found that the warrant can not be served, and/or whenever a CCRP inmate can not be located after reasonable attempt, the Department shall consider the inmate an escapee from the penitentiary and a fugitive from justice. If the CCRP inmate is out of state, the

issued warrant shall authorize the warden, or any officer with power of arrest, to return the inmate to return him to the state.

5. Pursuant to Section 33-9-9.1, the department has the authority to return the CCRP inmate to prison for a violation of any of the conditions of his or her release without seeking the input or approval of the sentencing judge, LSP or preliminary review panel.
6. Inmates do not have a constitutional right or any other right for CCRP participation, and said participation is merely a privilege. Therefore, all decisions to return a CCRP inmate back to prison shall be final and binding and not subject to appeal.
7. The sending facility's Classification Supervisor/Unit Manager shall ensure that the inmate's good time is updated and current up to the date of termination of CCRP status.

E. Escape from a community corrections reintegration program

1. Upon a CCRP inmate's failure to report as required by the PPO, and/or after reasonable attempt the department is unable to locate a CCRP inmate, the CCRP inmate shall be deemed an escapee from the penitentiary and a fugitive from justice.
2. Removal of a GPS Active monitoring device shall constitute failure to report, and the department shall deem the CCRP inmate an escapee from the penitentiary and a fugitive from justice.
3. A CCRP inmate shall immediately surrender themselves to the sending facility upon failure to report as directed by the supervising Probation and Parole Officer.
4. The PPO shall immediately notify the Region Manager once a CCRP inmate has failed to report. The Region Manager shall provide immediate verbal notification to the CCAO of the CCRP inmate's failure to report and shall provide written notification to the CCAO and the sending facility Warden within one (1) working day that the CCRP inmate has been deemed an escapee.
5. The Warden shall ensure that necessary escape procedures are initiated including the entry of information into the NCIC.
6. An inmate who escapes from CCRP shall be issued a misconduct report for escape in accordance with Disciplinary Policy CD-090100.
7. An inmate who escapes from CCRP shall be referred to the District Attorney's office for prosecution.

F. Health Services Requirements for CCRP Participants

1. Inmates who are released from prison and placed in a community corrections reintegration

program are responsible for their own medical/dental care including all costs.



Gregg Marcantel, Secretary of Corrections
New Mexico Corrections Department

06/09/16
Date

NEW MEXICO CORRECTIONS DEPARTMENT
Community Corrections Reintegration Release Approval/Denial Routing

Inmate name: _____ NMCD #: _____ Date: _____

Referring Institution: _____ Receiving Region: _____

Inmate Signature: _____ Date: _____

*Signature indicates inmate's interest in Community Corrections Reintegration Release participation

Reviewed by IPPO

_____/_____
IPPO (Print/Sign) _____ Date reviewed _____

Comments: _____

Date returned to Classification Supervisor: _____

Preliminary Review Panel

Preliminary Review Panel members have thoroughly reviewed the Community Corrections Reintegration Release criteria and recommend that this inmate be: APPROVED DENIED

Comments: _____

_____/_____
Reentry Coordinator/Preliminary Panel Chair (Print/Sign) _____ **Date** _____

CCAO APPROVED DENIED

_____/_____
Reviewing Program Manager (Print/Sign) _____ Date reviewed _____

Comments: _____

Date forwarded to Region Manager: _____

NEW MEXICO CORRECTIONS DEPARTMENT
Community Corrections Reintegration Release Approval/Denial Routing

Inmate name: _____ NMCD #: _____

Region Manager

APPROVED

DENIED

Reviewing Manager (Print/Sign)

Date reviewed

Comments: _____

Date forwarded to PPD District Supervisor: _____

Investigated by Probation and Parole Officer:

APPROVED

DENIED

Reviewing Officer (Print/Sign)

Date reviewed

Date forwarded to Local Selection Panel

Local Selection Panel Review

Local Selection Panel members recommend that this inmate be: APPROVED DENIED

Comments: _____

Local Selection Panel Chair (Print/Sign)

Date

Received by PPO (from LSP)

Reviewing Officer (Print/Sign)

Date received

Date forwarded to Sentencing Judge

NEW MEXICO CORRECTIONS DEPARTMENT
Community Corrections Reintegration Release Approval/Denial Routing

Inmate name: _____ NMCD #: _____

Sentencing Judge Review

Sentencing Judge _____ has reviewed this case for Community Corrections Reintegration Release and has: APPROVED DENIED the release.

Comments: _____

The Honorable Judge: _____ (Print/Sign) **Date** _____

Received by PPO (from sentencing judge)

Reviewing Officer (Print/Sign) _____ **Date received** _____

Date forwarded to CCAO _____ Region Manager _____

NEW MEXICO CORRECTIONS DEPARTMENT
Community Corrections Reintegration Release Approval/Denial Routing

Inmate name: _____ NMCD #: _____

NOTIFICATION TO INSTITUTION OF FINAL DECISION:

Inmate, _____, NMCD# _____, has been approved for release to a Community Corrections Reintegration Program, as evidenced by the signatures above.

Inmate, _____, NMCD# _____, has been denied for release to a Community Corrections Reintegration Program, as evidenced by the signatures above.

Inmate, _____, NMCD# _____, has been denied for release to a Community Corrections Reintegration Program, due to failure to return packet by LSP Sentencing Judge within the provided timeframes. If the department receives an approved packet at any time after the provided timeframe, the approval will be accepted and the referral process will immediately continue.

Inmate _____, NMCD# _____, has been approved for release to a Community Corrections Reintegration Program, as evidenced by the signatures above; however, the approved program is at full capacity. This inmate has been deemed approved for CCRP participation and has been placed on a waiting list until notification of vacancy.

Community Corrections Administrator

Date

NEW MEXICO CORRECTIONS DEPARTMENT
Community Corrections Reintegration Release Approval/Denial Routing

Inmate name: _____ NMCD #: _____

Final Release Authorization

Authorization for release from institution to Community Corrections Reintegration

_____/_____
Warden (Print/Sign) _____ Date _____

_____/_____
Contract Monitor (Print/Sign) _____ Date _____

First month GPS Active electronic monitoring fees paid

Yes No amount paid \$ _____

Made payable to: _____ Date _____

Verified by: _____
(Print/Sign)

Victim notification made on _____

By: _____
(Print/Sign)

Date Released: _____

Date Returned: _____
(If applicable)

NEW MEXICO CORRECTIONS DEPARTMENT
Community Corrections Reintegration Conditions

NAME: _____ NMCD #: _____

You have been accepted to participate in the Probation/Parole Division's community corrections reintegration program. You are required to satisfactorily complete all levels of supervision in accordance to the community corrections reintegration program. You are further required to comply with all general and special conditions of the community corrections reintegration program in addition to the below listed standard conditions of community corrections reintegration:

1. I will report to my Probation Parole Officer as directed in person and submit full and truthful reports on the form provided for that purpose. If I fail to report to my Probation Parole Officer as directed, I must immediately surrender myself to the sending facility.
2. I will be at my residence from 8:00 pm to 6:00 am unless I have authorization from my Probation Parole Officer to be away from my residence during these hours. I understand that this condition may be enforced through the use of GPS Active monitoring equipment.
3. I will abide by all conditions set out in the contract made between myself and the Electronic GPS Monitoring services provider; I must have a phone line in working condition prior to my release. I agree to use diligence in the care of this equipment and understand that any tampering with any part of the equipment can result in my immediate arrest. I also agree to immediately contact my supervising Officer if any questions or problems arise about the equipment. I will maintain a clean, safe and suitable residence. I will not have anonymous call rejections, voice messaging, or any other phone service that interferes with my supervision. I will pay all related costs and fees associated with the use of Electronic GPS Monitoring. Failure to abide by this condition shall result in my removal from CCRP.
4. I must secure a written travel permit from my Probation Parole Officer before leaving the County to which I am participating in the community corrections reintegration program. I will not travel outside of the New Mexico border.
5. I understand that if I change my residence or leave the jurisdiction without permission, cease reporting, or I do not otherwise make myself available for supervision and lack a valid, legal excuse for not being available, or if I tamper with or intentionally damage my assigned GPS electronic monitoring equipment, or if the GPS electronic monitoring equipment assigned to me is tampered with or damaged in any way while participating in Community Corrections Reintegration Program, I shall be considered an escapee.
6. I must consult with my Probation Parole Officer, and secure his/her consent before:
 - a. Changing my residence;
 - b. Changing my employment; and
 - c. Entering into a civil contract.
7. I will demean myself as a law-abiding citizen and not violate any laws or ordinances or the State of New Mexico or any other jurisdiction.
8. I will report any contact with law enforcement to my Probation Parole Officer within 24 hours.
9. I will submit to urinalysis, saliva, blood or breathalyzer testing at my Probation Parole Officer's discretion.
10. I will obey all rules and regulations of any education program.
11. I will not knowingly associate with any person whom my Probation Parole Officer has identified as a detriment to my community corrections reintegration participation. I will not associate with any known gang member; felon; probationer, parolee or other community corrections reintegration participant unless approved in writing by my Probation Parole Officer.

NEW MEXICO CORRECTIONS DEPARTMENT
Community Corrections Reintegration Conditions

NAME: _____ NMCD #: _____

12. I will not own, carry, purchase or possess deadly weapons of any kind.
13. I will not enter into any agreement to act, or act as an “informer” or special agent for any law enforcement agency.
14. I will obtain and maintain full time employment/school within 30 days of my release. I will notify my Probation Parole Officer within 24 hours in the event of termination thereof; I understand that if I am not employed full-time I will report to my Probation Parole Officer each day (Monday through Friday) and provide verification that I am actively seeking employment. Upon obtaining full-time employment, I will provide verification of all my income and its source each and every month. Failure to abide by this condition may result in my removal from CCRP.
15. I will permit a Probation Parole Officer to visit me at all times and places.
16. I will submit to warrant-less searches per Probation/Parole Division policy.
17. I will not consume or buy intoxicating beverages at any time and I will not enter what is commonly known as a bar or lounge where intoxicants are sold. I will not have alcoholic beverages in my residence.
18. I will not buy, sell, consume, possess or distribute any controlled substance. I will only buy, consume or possess controlled substances legally prescribe to me by a certified physician.
19. I will enter, participate and successfully complete any treatment/counseling as directed by my Probation Parole Officer.
20. I will pay all fees in accordance to policy, to include DNA.
21. I will perform community service hours as directed by my Probation Parole Officer.
22. I will obey all the lawful and reasonable demands of my Probation Parole Officer.
23. I will immediately (within 48 hours) report to my Probation Parole Officer any and all disagreements or problems with other individuals.
24. I will not offer a gift or bribe to any Probation Parole staff member or designee.
25. In the absence of my assigned Probation Parole Officer, I will abide by the instructions of their representative.
26. Additional Conditions:
 - A. _____
 - B. _____
 - C. _____

At any time during the period of your community corrections reintegration status, any Probation/Parole Officer can request a Warrant from the Warden of the sending facility for a violation of any conditions of supervision.

I have read and understand the standards of community corrections reintegration status and agree to abide by its terms.

Community Corrections Reintegration Participant

Classification Officer

Date

Date

New Mexico Corrections Department
CCRP Participation Eligibility Criteria Checklist
(In accordance with New Mexico Statute and NMCD policy)

Inmate: _____ **NMCD#:** _____

Yes No

- _____ _____ Pay all required fees authorized by state statute
_____ _____ within 12 months of the projected release date determinate sentence
_____ _____ Classified either Level I or Level II custody
_____ _____ History of a felony offense involving the use of a firearm
_____ _____ Conviction(s) of crime involving sexual conduct, violence to a child, gang activity, or
linked with organized criminal activity
_____ _____ Association and/or affiliation with gang(s) or gang member(s)
_____ _____ Received medical, psychiatric, mental health and substance abuse clearance
_____ _____ serving **only** a New Mexico sentence
_____ _____ Consent to be placed on active GPS monitoring and providing telephone service
_____ _____ Provide guarantee to pay all related costs and fees associated with electronic monitoring;
first month costs in inmate account
_____ _____ No pending criminal charges
_____ _____ Current NCIC records and local records check for no active felony or misdemeanor
warrants Date conducted: _____
_____ _____ currently under investigation for any criminal charges
_____ _____ not likely to evoke an adverse community reaction by release into the program in
Warden's opinion. Date cleared by Warden: _____

Classification Officer: _____ / _____ Date: _____
Print / Sign

Reviewed and Approved by:
IPPO: _____ / _____ Date: _____
Print / Sign

New Mexico Corrections Department
CCRP PACKET CHECKLIST- CLASSIFICATION

This checklist should be attached on top of each CCRP referral packet sent to the Community Corrections Administrative Office.

NAME: _____ NMCD: _____

The following documents must be included in this packet. Check off is necessary.

- _____ Community Corrections Reintegration Release Approval/Denial Routing form
- _____ Eligibility Criteria Checklist
- _____ Community Corrections Reintegration Conditions
- _____ Community Corrections Reintegration Plan
- _____ CCRP Community Risk form
- _____ Reentry Employability Record Form
- _____ Consent to Release Medical/Psychiatric Information and Medical/Psychiatric Clearance to Participate in CCRP form
- _____ Consent to Release Mental Health Information and Mental Health Clearance to Participate in CCRP form
- _____ Consent to Release Substance Abuse Information
- _____ Family Release of Information
- _____ Gang Affiliation Clearance form
- _____ Current Judgment and Sentence(s)
- _____ Updated Good Time Figuring Sheet(s)
- _____ Offender Disciplinary History Report
- _____ Pre or Post Sentence Report
- _____ Admission Summary
- _____ FBI Rap Sheet
- _____ Fingerprint Card
- _____ DNA Verification form
- _____ CCRP Questionnaire
- _____ Home plan sponsor acceptance letter
- _____ GPS costs – first month available through inmate account

I verify all documents required for CCRP consideration are enclosed in this CCRP Referral Packet and confirm that the above-named inmate meets all eligibility criteria.

Classification Officer: _____ / _____ Date: _____
Print / Sign

Classification Supervisor
Or Unit Manager: _____ / _____ Date: _____
Print / Sign

New Mexico Corrections Department CCRP Referral Packet Checklist

Inmate: _____ NMCD# _____

Prepared by: _____

Date submitted to CCAO: _____

-
- | N/I | I | N/A | |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Community Corrections Reintegration Release Approval/Denial Routing |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Community Corrections Reintegration Preliminary Review Signatures |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Eligibility Criteria Checklist |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Community Corrections Reintegration Conditions |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Community Corrections Reintegration Plan |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | NMCD Community Risk form |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | No Pending Criminal Charges Verified |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | CRRP Employability Record |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Consent to Release Medical/Psychiatric Information and Medical/ Psychiatric Clearance to Participate in CCRP |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Consent to Release Substance Abuse Information Attachment |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Family Release of Information |

Comments:

NI - Not included in packet **I** - Included in packet **NA** - **Not** Applicable/comments

**New Mexico Corrections Department
CCRP Referral Packet Checklist (cont.)**

Inmate: _____ NMCD# _____

- | N/I | I | N/A | |
|--------------------------|--------------------------|--------------------------|-------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Gang Affiliation Clearance |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Court Case History |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Current Judgment and Sentence(s) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Updated Good Time Figuring Sheet(s) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Pre or Post Sentence Report |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Admission Summary |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | FBI Rap Sheet |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Fingerprint Card |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | DNA Verification |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | CCRP Questionnaire |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Home plan sponsor acceptance letter |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | GPS fee/costs available |

Comments:

Reviewed by:

(Printed Name)

(Date)

NI - Not included in packet **I** - Included in packet **NA** - Not Applicable/comments

STATE OF NEW MEXICO

Corrections Department

Susanna Martinez, Governor
Gregg Marcantel, Secretary of Corrections



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

COMMUNITY CORRECTIONS REINTEGRATION PROGRAM PLAN

<p>NAME: _____</p> <p>OFFENDER AKA: _____</p> <p>MONIKER: _____</p> <p>DATE OF BIRTH: _____ AGE: _____ years</p> <p>PROJECTED PAROLE DATE: _____</p> <p>PURPOSE OF REPORT: _____</p> <p>DNA FLYER MANDATORY (ATTACHED) <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>REQUIRES AN INTERPRETER SPECIFY _____</p> <p>COUNTY OF CONVICTION: _____</p>	<p>NMCD#: _____</p> <p>SOCIAL SECURITY#: _____</p> <p>CMIS OFFENDER#: _____</p> <p>INSTITUTION: _____</p> <p>CUSTODY LEVEL: _____</p> <p>SENTENCE LENGTH: _____</p> <p>PROPOSED COUNTY OF CCRP RESIDENCE</p> <p>PROPOSED CCRP SUPERVISION REGION:</p> <p style="text-align: center;">I II III IV</p> <p>PPD DISTRICT OFFICE: _____</p>
--	---

DEMOGRAPHICS:			
GENDER:	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> M → F <input type="checkbox"/> F → M	ETHNICITY:	<input type="checkbox"/> ASIAN <input type="checkbox"/> BLACK/AFRICAN AMERICAN <input type="checkbox"/> HISPANIC BLACK <input type="checkbox"/> HISPANIC WHITE <input type="checkbox"/> HISPANIC NATIVE AMERICAN <input type="checkbox"/> NATIVE AMERICAN/ALASKAN <input type="checkbox"/> NATIVE AMERICAN <input type="checkbox"/> PACIFIC ISLANDER <input type="checkbox"/> UNKNOWN <input type="checkbox"/> WHITE <input type="checkbox"/> OTHER _____ <div style="text-align: right;"><i>(specify)</i></div>

I. SUMMARY OF CURRENT OFFENSE (S):

A. DETAIL CURRENT OFFENSE (S):	
<p>CURRENT OFFENSE (S): _____</p> <p>ANY VICTIMS? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>RESTITUTION OWED? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>Date of offense(s): _____</p>

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:		

D. Institutional movement (dates, locations, and reason for transfer):			
Date:	Locations:	Reason for transfer:	Security level (<i>higher/lower/same</i>):
SECURITY THREAT INTELLIGENCE UNIT: <i>REFER TO FORM CD-104001</i> .____			
MEDICAL/PSYCHIATRIC ISSUES: <i>REFER TO FORM CD-104001</i> .____			
SUBSTANCE ABUSE CONCERNS: <i>REFER TO FORM CD-104001</i> .____			
EDUCATION/EMPLOYABILITY: <i>REFER TO FORM CD-104001</i> .____			
E. Faith-based participation:			
Detail faith-based participation:		Date of last participation:	Interested in religious mentorship: <input type="checkbox"/> yes <input type="checkbox"/> no

IV. TREATMENT RECOMMENDATIONS

Treatment recommendations per judgment and sentence:

V. FAMILY COMMUNICATIONS/RELATIONS:

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

VI. BENEFITS ELIGIBILITY/PERSONAL IDENTIFICATION:

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

VII. CCRP RELEASE PLANS:

Primary Plan:	Alternate plan:
PROPOSED HOME ADDRESS:	PROPOSED HOME ADDRESS:
NAME OF CONTACT/PHONE:	NAME OF CONTACT/PHONE:
RELATIONSHIP TO INMATE:	RELATIONSHIP TO INMATE:
DATE AND TIME OF CONTACT:	DATE AND TIME OF CONTACT:
PROPOSED ADDRESS VERIFIED: <input type="checkbox"/> YES <input type="checkbox"/> NO	PROPOSED ADDRESS VERIFIED: <input type="checkbox"/> YES <input type="checkbox"/> 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:

Parole Board conditions/requirements (subsequent parole plans):

New Mexico Corrections Department
Consent Form to Release Medical and Psychiatric Information and
Medical/Psychiatric Clearance for Community Corrections Reintegration Program

Patient Name: _____ NMCD # _____

Social Security # _____ Date of Birth _____ Facility _____

The New Mexico Corrections Department Probation and Parole Division (PPD) wishes to obtain confidential medical and psychiatric information about you to consider you for release to CCRP. If you choose not to authorize the release of information to the PPD, this may affect your eligibility for release to CCRP.

I have reviewed the above-named inmate's medical and psychiatric record and hereby Clear Not Clear release to CCRP with the following conditions:

1.) Medical diagnosis and brief summary of medical illness.

2.) Current medications.

3.) Recommended medical treatment.

4.) Name, address, phone number and follow-up appointment date/time of community provider.

5.) Brief summary of psychiatric illness and DSM-IV-TR psychiatric diagnosis Axis I – V.

Axis I: _____ Axis II: _____ Axis III: _____
Axis IV: _____ Axis V: _____

6.) Current psychiatric medications. _____

Last dose/name of long-acting injectable medications: _____ Date given: _____

Last psychotropic medication blood level. Name of drug: _____ Level: ___ Date: _____

7.) Recommended psychiatric treatment _____

Need for Civil Commitment Yes No Need for Mental Health Treatment Guardian Yes No

8.) Name, address, phone number of any Mental Health Treatment Guardian: _____

(Medical Provider)

Date

New Mexico Corrections Department
Consent Form to Release Medical and Psychiatric Information and
Medical/Psychiatric Clearance for Community Corrections Reintegration Program

I am aware that I have the right at any time to refuse to release any of my medical health and psychiatric information.

I understand that I am responsible for any and all medical/mental health treatment costs that are incurred while I am serving my sentence in the Community Corrections Reintegration Program.

I have read this completed form and voluntarily choose **to allow** **not allowing** Medical Services and the New Mexico Corrections Department to release the above referenced information to the New Mexico Corrections Department Probation and Parole Division. This decision may affect my release to CCRP.

Patient Signature

Date

**New Mexico Corrections Department
Consent Form to Release Mental Health Information and
Mental Health Clearance for Community Corrections Reintegration Program**

Patient Name: _____ NMCD # _____

Social Security # _____ Date of Birth _____ Facility _____

The New Mexico Corrections Department Probation and Parole Division (PPD) wishes to obtain confidential mental health information about you to consider you for release to CCRP. If you choose not to authorize the release of information to the PPD, this may affect your eligibility for release to CCRP.

____ N/A (No need for any community mental health provider referral).

I have reviewed the above-named inmate's medical record and hereby: Clear Not Clear his/her release to CCRP with the following conditions:

1.) Mental health diagnosis (DSM-IV-TR Axis I-V and brief summary of mental disorder.

Axis I:	Axis II:	Axis III:
Axis IV:	Axis V:	

2.) Current mental health treatment and programming.

3.) Recommended mental health treatment and programming.

4.) Name, address, phone number and follow-up appointment date/time of community mental health provider.

(Mental Health Provider)

Date

I am aware that I have the right at any time to refuse to release any of my mental health information.

I understand that I am responsible for any and all medical/mental health treatment costs that are incurred while I am serving my sentence in the Community Corrections Reintegration Program".

I have read this completed form and voluntarily choose **to allow** **not to allow** Mental Health Services and the New Mexico Corrections Department to release the above mental health information to the New Mexico Corrections Department Probation and Parole Division. This decision may affect my release to CCRP.

Patient Signature

Date

Staff Name and Signature

Date

**New Mexico Corrections Department
Consent Form to Release Substance Abuse Information
For Community Corrections Reintegration Program**

Patient Name: _____ NMCD # _____

Social Security # _____ Date of Birth _____ Facility _____

The New Mexico Corrections Department Probation and Parole Division wishes to obtain confidential substance abuse information about you for purposes of parole planning to allow for better supervision and care while you are on parole or CCRP status. The Addiction Services staff will not participate in altering your chances of parole in any way should you choose not to release any information. However, if you choose not to authorize the release of information to the Parole Board and the Probation and Parole Division, this may affect the Parole Board's decision regarding approval of your proposed parole plan.

____ N/A (No need for any community health provider referral).

Community Corrections Reintegration Program (CCRP): Cleared Not Cleared

1.) Substance Abuse diagnosis and brief summary of substance abuse history.

2.) Participation in Substance Abuse programming while incarcerated. (Explain in detail)

3.) Recommended substance abuse treatment. (Based on history, participation or analysis)

4.) Name, address, phone number and follow-up appointment date/time of community substance abuse treatment provider.

I am aware that I have the right at any time to refuse to release any of my substance abuse information.

I understand that I am responsible for any and all medical/mental health treatment costs that are incurred while I am serving my sentence in the Community Corrections Reintegration Program".

I have read this completed form and voluntarily choose to allow Addiction Services and the New Mexico Corrections Department to release the above substance abuse information to the New Mexico Corrections Department Probation and Parole Division.

I have read this completed form and voluntarily choose **not to allow** Medical Services and the New Mexico Corrections Department to release the above health information to the New Mexico Corrections Department Probation and Parole Division. This decision may affect reentry and aftercare planning.

Patient Signature

Date

Staff Name and Signature

Date

New Mexico Corrections Department Gang Affiliation/Association Check

I have reviewed the file of Inmate _____, NMCD# _____, this
_____ day of _____, 20____ and confirm the following:

- There is no record of validated gang affiliation or association
- There is no record of suspected gang affiliation or association
- Validation of gang affiliation and/or association was confirmed on

- Suspicion of gang affiliation and/or association was noted on

STIU COORDINATOR

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 family members 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)

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 CCRP 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
1. Age at First Arrest (juvenile or adult)		8. Current Age	
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
2. Prior Probation/Parole Revocations – Past 5 Years		Under 25	2
No parole or probation revocations	0	9. Active Gang Membership	
One prior revocation	1	No	0
Two or more prior revocations	3	Yes	2
3. History of Mental Health Problems – Past 5 Years		10. Completed Education/OJT/Vocational Program	
No	0	Yes or Have a GED/High School/College Degree	0
Yes	2	No	2
4. Employment History		11. Disciplinary Conduct	
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
5. Offense for Current or Prior Convictions		Lost Good Time Past 6 months	2
All Others	0	Zero Balance of Goodtime	3
Auto Theft, Burglary, Forgery, Robbery	2	12. Custody Level at Release	
6. History of Drug/Alcohol Abuse – Past 5 Years		Level - 1 & 2	0
None	0	Level - 3 & 4	1
Single Drug Abuse	1	Special Management	2
Multiple Drug Abuse	2		
7. Gender		Total Dynamic Risk Score	
Male	0	Total Score	
Female	(-2)		
Total Static Risk Score			

Risk Level

_____ Low (0-5 points) _____ Moderate (6-10 points) _____ High (11 -15)
_____ Highest (16 points or higher on all items **OR** 6 points or more on dynamic factors)

Form Completed By: _____ Date: ____/____/____

New Mexico Corrections Department
CCRP 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
		Native Language	_____
Vocational Training	Yes No	Completed?	Yes No
		Course of Study	_____
Cognitive Education	Yes No	Completed?	Yes No
Post Secondary Courses	Yes No	Completed?	Yes No
		Course of Study	_____
SOAR	Yes No		
Literacy Tutor	Yes No		

**NEW MEXICO CORRECTIONS DEPARTMENT
CCRP QUESTIONNAIRE**

Name: _____ NMCD: _____ DOB/AGE: _____

PRD: _____ LEVEL: _____ Probation: _____ Parole: _____

Sentence: _____ Current Crime: _____

Detainer: _____ Pending Charges: _____

Parole Violation: Yes No Probation Violation: Yes No

Restitution Ordered: Yes No Victim: Yes No

Discipline while incarcerated: Yes No _____

How many times in prison? _____ What charges? _____

Programming while incarcerated: _____

Employment History: _____

Last job before incarceration: _____

Last year completed school: _____

Vocational school: _____

Minor Children: _____ Who has guardianship? _____

Gender/Age: _____ Custody Issues: Yes No

Will child (ren) live with you? Yes No Orders of Protection? Yes No

History of Drug Use: Alcohol _____ THC _____ Cocaine _____ Crack _____

Heroin _____ Meth _____ Other _____

Previous/current drug abuse treatment _____

Funding for GPS: Yes No If so, please state dollar amount: _____

**NEW MEXICO CORRECTIONS DEPARTMENT
PROBATION AND PAROLE DIVISION**

**Community Corrections Reintegration Program (CCRP)
Investigation Report and Recommendation**

To:
(Warden)
From:
(PPO)
Subject:
(CCRP Inmate Name)

Date:

NMCD #:

I have reviewed the proposed CCRP referral plan submitted by _____,
Classification Officer, and recommend it be **(Approved/Disapproved)** for the following reasons:

Residence:

Employment:

Supervision Plan:

Investigation Officer's Comments:

CCRP participant should contact _____ at **address of PPO** immediately upon release.

Note: Pursuant to NMSA 1978, Section 31-21-6 (Repl. Pamp. 1994) Pre-Parole Reports obtained by the Parole Board are privileged and may not be released to any non-Correctional Department personnel, including the inmate and/or his attorney, without permission of the Parole Board.

cc: CCAO
File

PPO

Approved:

Supervisor
Location of Supervisor, Phone number
District Supervisor