

 CD-185000	NEW MEXICO CORRECTIONS DEPARTMENT	ISSUE DATE: 03/08/02 EFFECTIVE DATE: 03/08/02 REVIEW/REVISED: 12/28/11
	TITLE: Addiction Services	

AUTHORITY:

Policy *CD-010100*

REFERENCES:

- A. ACA Standard 4-4424, 4-4431, 4-4437, 4-4438, 4-4439, 4-4377, 4-4440, 4-4441 *Manual of Standards for Adult Correctional Institutions*, 4th Edition.
- B. ACA Standards 2-CO-4B-04, 2-CO-4F-01, *Manual of Standards for the Administration of Correctional Agencies*, 1993.
- C. *Diagnostic and Statistical Manual IV-TR* (DSM IV-TR), “Substance-Related Disorders.”

PURPOSE:

To establish appropriate assessment, screening and treatment for chemically dependent and substance abuse disorders. To establish procedures for the collection of pertinent information regarding the delivery of addiction services.

APPLICABILITY:

Staff at RDC, all New Mexico Corrections Department (NMCD) facilities and other institutions that provide addiction services.

FORMS:

- A. **Consent for Treatment Form** (*CD-185001.1*)
- B. **Addiction Services Chrono Form** (*CD-185001.2*)
- C. **RDC Addiction Services Intake Form** (*CD-185001.3*)
- D. **Treatment Plan Form** (*CD-185001.4*)
- E. **Program Recommendations Form** (*CD-185001.5*)
- F. **Student Intern Memorandum of Agreement Attachment** (*CD-185001.6*) (2 pages)
- G. **Addiction Services CQI Form** (*CD-185000.7*)
- H. **Addiction Services Therapeutic Peer Review Form** (*CD-185000.8*)

ATTACHMENTS:

- A. **Addiction Services Outpatient Monthly Attendance Log Attachment** (*CD-185002.A*)
- B. **Addiction Services Monthly LFC Report Attachment** (*CD-185002.B*)
- C. **Quality Assurance Therapeutic Community Monthly Report Attachment** (*CD-185002.C*)
- D. **Addiction Services Monthly Global Report Attachment** (*CD-185002.D*)
- E. **Addiction Services Quarterly Statistical Report** (*CD-185002.E*)
- F. **Addiction Services Association of State Correctional Administrators (ASCA) Monthly Report** (*CD-1852002.F*).

DEFINITIONS:

None

POLICY:

- A. The NMCD shall provide substance abuse programs for inmates with drug and alcohol addiction problems. This includes screening methods to identify those inmates with chemical dependency issues and assessment designed to facilitate DSM IV-TR diagnosis. Drug testing and monitoring will be utilized exclusively in the Therapeutic Community, residential programs, **[4-4437]** **[2-CO-4B-04]** **[2-CO-4F-01]**
- B. The NMCD shall make appropriate referrals to available treatment programs within the Department and provide information regarding available substance abuse treatment services for those inmates having been so identified.
- C. The NMCD shall collect, interpret and maintain statistical information on the delivery, efficacy and demographical population data regarding the delivery of addiction services to all inmates under the authority of the Department.
- D. Each Policy, Procedure, and program in the health care delivery system shall be reviewed at least annually by the designated health care authority and revised, if necessary. Each document shall bear the most recent review or revision and the signature of the reviewer. **[4-4424]**
- E. At facilities where a drug treatment program exists, the alcohol and drug abuse treatment program shall have a written treatment philosophy within the context of the total corrections system, as well as goals and measurable objectives. **[4-4438]**

- F. At facilities where a drug treatment program exists, there shall be an appropriate range of primary treatment services for alcohol and other drug abusing inmates that includes, at a minimum, the following: **[4-4439]**
- identified inmate diagnosis
 - problem areas
 - individual treatment objectives
 - treatment goals
 - counseling needs
 - drug education plan
 - relapse prevention and management
 - culturally and gender sensitive treatment objectives, as appropriate
 - the provision of self-help groups as an adjunct to treatment
 - pre-release and transitional service needs
 - coordination efforts with community supervision and treatment staff during the pre-release phase to ensure a continuum of supervision and treatment
- G. At facilities where a drug and alcohol treatment program exists, the facility shall use a coordinated staff approach to deliver treatment services. This approach to service delivery shall be documented in treatment planning conferences and individual treatment files. **[4-4440]**
- H. At facilities where a drug and alcohol treatment program exists, there shall be documented incentives for targeted treatment programs to increase and maintain the inmate's motivation for treatment. **[4-4441]**
- I. Offenders have access to a chemical dependency treatment program. When a chemical dependency program exists, the clinical management of chemically dependent offenders includes, at a minimum, the following: **[4-4377]**
- a standardized diagnostic needs assessment administered to determine the extent of use, abuse, dependency, and/or codependency
 - an individualized treatment plan developed and implemented by a multidisciplinary clinical team that includes medical, mental health, and substance abuse professionals
 - prerelease relapse-prevention education, including risk management as well as referrals to specified community resources upon release when appropriate
 - the offender will be involved in aftercare discharge plans

- J. Community social services resources shall be used to augment social services provided in the institutions. **[4-4431]**



Gregg Marcantel, Secretary of Corrections
New Mexico Corrections Department

12/28/11
Date

 <p>CD-185001</p>	<p>NEW MEXICO CORRECTIONS DEPARTMENT</p>	<p>ISSUE DATE: 03/08/02 EFFECTIVE DATE: 03/08/02 REVIEW/REVISED: 12/28/11</p>
	<p>TITLE: Substance Abuse Screening, Assessment and Referral</p>	

AUTHORITY:

CD-185000

PROCEDURE:

A. General:[4-4437]

1. The Reception and Diagnostic Center (RDC) Addiction Services staff will screen and assess all inmates for chemical dependency and complete an **Addiction Services Chrono** Form (*CD-185001.2*).
2. Inmates who meet the criteria for addiction services programming will be referred for substance abuse treatment at their receiving facility, based on the **Addiction Services Chrono** Form (*CD-185001.2*).
3. All inmates who enter Therapeutic Community or Intensive Outpatient treatment will receive assessment to address substance abuse history and current chemical dependency treatment needs.
4. A specific portion of the mental health record (Section II) is reserved for Addiction Services. This section will include all Chronos, screening, assessment and addiction treatment information.
5. All treatment and assessment participation will be conducted with the informed consent of the inmate.

B. Reception and Diagnostic Center

1. Inmates entering the NMCD Reception and Diagnostic Unit (RDC) receive a substance abuse screening and assessment utilizing the following:
 - a. A **TCU Drug Screen II**, (*CD-185201.4*)
 - b. An **RDC Addictions Services Intake** Form (*CD-185001.3*)

- c. An interview
 - d. A risk/needs assessment
2. Substance abuse programming needs will be codified on an **Addiction Services Chrono** Form (*CD-185001.2*). The Chrono ranges from Code 0 through Code 6, citing substance abuse severity and the type of substance abuse programming recommended.
 3. The Addictions Chrono Code will be entered into the Offender Management Program (OMP). Housing decisions will be informed by the Addiction Services Chrono.
 4. In conjunction with substance abuse screening and assessment, information regarding mental health needs related to dual diagnosis will be obtained at intake by the Mental Health Department and will be documented on the **RDC Intake Interview and Recommendations** Form (*CD-180201.5*) (reference CD-180201 **Mental Health Intake Process**).

C. Other Institutions

1. Upon arrival at the receiving facility from the Reception and Diagnostic Center, (RDC), Addiction Services staff will review the inmate's **Addiction Services Chrono** Form (*CD-185001.2*).
2. Substance abuse program recommendations at the receiving facility will be based on the Addiction Services RDC assessment as codified on the RDC Addictions Chrono Code. Programming recommendations range from voluntary participation in programming to a mandated substance abuse program recommendation. Receiving Addiction Services staff will review the Chrono and make necessary changes consistent with a clinical interview, if necessary.
3. Inmates from RDC will be provided with information regarding NMCD substance abuse programs and available volunteer programs including Alcoholics Anonymous and Narcotics Anonymous.
4. Addiction Services staff will inform inmates of their Chrono Code and offer recommended programming. Inmates will agree or refuse treatment recommendations via **Program Recommendations** Form (*CD-185001.5*).
5. All inmates entering a Therapeutic Community are required to complete required documentation, (refer to *CD-185201 Therapeutic Community*).

6. Inmates that refuse to consent to mandated addictions programming may be referred to Classification and may receive sanctions as noted on **Program Recommendations** Form (*CD-185001.5*).
7. Inmates that participate in outpatient programming are required to complete required documentation, (refer to *CD-185101*, **Substance Abuse Outpatient Treatment**).
8. In keeping with professional ethics and appropriate clinical practice, Addiction Services will provide clinically appropriate services, consistent with available programming and staffing, for offenders that meet program criteria. Decisions not to treat an inmate due to client refusal or based on security/safety issues will be communicated to the Addiction Services Manager.

D. Student Interns

1. The New Mexico Department of Corrections (NMCD) encourages the placement of student interns from accredited schools, colleges and universities (Learning Institutions) into correctional settings appropriate for their field of study. Internships are intended to provide students an opportunity to apply their field of learning while gaining experience in the correctional field.
2. NMCD and respective Learning Institutions will enter into a Memorandum of Agreement prior to student intern placement.
3. Student Intern Recruitment and Selection:
 - a. Efforts will be made to recruit interns from all cultural and socioeconomic segments of the community through schools, colleges and universities where such internship programs are being developed.
 - b. Student interns must be at least 18 years of age.
 - c. Student interns may perform professional services only when they are certified or licensed to do so and copies of certification or license will be retained by the Personnel Department.
 - d. Request for placement directly from the student intern will not be accepted. Students requesting information should be directed to contact their school representative who will, in turn, contact NMCD.

4. Background Information:

- a. Student internship applicants are required to complete have the following background checks completed by NMCD:
 - 1) NCIC criminal history check
 - 2) Warrant Check.
 - 3) Visitor list check.
 - 4) A more extensive background investigation, e.g. background interview, verification of past employers, etc., may be completed, at the discretion of NMCD.

5. Student Intern Placement:

- a. The NMCD Addiction Services Bureau Chief or designee will consult with the Addiction Services Manager of the facility requested by the school representative for participation in the intern program. All agreements regarding placement must be reviewed and approved by the NMCD Addictions Bureau Administration.
- b. The NMCD Addiction Services Bureau Chief or designee will send written verification to the facility Addiction Services Manager that the student has completed the background investigation and is cleared to begin the internship.
- c. The NMCD Addiction Services Bureau Chief or designee will provide the facility Warden, Personnel Office and Addiction Services Manager with the following:
 - 1) Name of the student intern.
 - 2) Name of the school representative.
 - 3) Telephone number and address of the school representative.
 - 4) Copy of the student letter of application

6. Training of Student Interns:

Student interns are required to complete facility based training comprised of a 40 hour protocol. Training may include both facility security and operational training and orientation activities developed by the Addictions Facility Manager. Additional specialized addiction services training shall be left to the discretion of the facility Addiction Services Manager.

7. After the student intern completes the required training he/she shall:

- a. Agree in writing to abide by all NMCD policies and procedures, particularly those relating to confidentiality of information and security practices.
- b. Notify their school representative who will be required to arrange a reporting date and coordinate the student interns' schedule with the appointing authority, or designee.

8. Coordination and Chain of Command:

- a. The lines of authority, responsibility and accountability for the NMCD Addiction Services student internship program are as follows:
 - 1) The facility Addiction Services Manager shall be the liaison between the facility, school, college or university while processing the student intern's background investigation.
 - 2) The facility Training Department will provide security and operational student intern training.
 - 3) The facility Addiction Services Manager is responsible for the supervision of student interns and will designate a staff member or other lines of authority within the facility for the supervision of student interns.
 - 4) Student interns may be permitted to sponsor/supervise programs, activities or services without staff direct supervision only with the approval of the facility appointing authority or designee.

9. Student Internship Termination:

- a. A student intern may be terminated with or without cause.
- b. Upon termination the student intern will return all NMCD equipment, ID badges and any other items expressly provided by the NMCD to the NMCD Personnel Office.
- c. Upon termination, the Addiction Services Bureau Chief or designee shall contact the appropriate school coordinator to notify him/her of the termination.

E. Continuous Quality Improvement (CQI)

1. The Addiction Services Bureau Administration (ASB) will oversee implementation, operation, and evaluation of the NMCD Addiction Services Quality Assurance Program (CQI).
2. Quality Assurance reviews will be conducted no less than semi-annually at all public and private prisons operated or funded by NMCD.
3. Files for CQI reviews will be chosen randomly in order to ensure evaluation equity.
4. CQI results will be documented on Form (*CD-185000.7*). The audits may also include observation of clinical services.
5. CQI findings will be maintained by the ASB Facility Manager at each respective facility and will be forwarded to NMCD ASB administration.
6. Corrective action plans will be established, as indicated by CQI results.

F. Peer Reviews

1. Peer reviews for licensed addiction services staff will be conducted annually. The peer review will be conducted by a professional with equal or greater education and licensure status, consistent with guidelines set forth by the New Mexico Counseling and Therapy Practice Board and/or the Social Work Board.

2. The reviews will be conducted by a licensed professional external to the facility in which the reviews occur.
3. Reviews are designed to ensure consistency in professional and clinical standards via file reviews, licensure verification, observation of clinical practice, and documentation comparison with NMCD policies and procedures.
4. Imminent issues regarding clinical competency will be addressed through corrective action plans, training specific to areas that require improvements, and by enhanced clinical oversight.
5. Peer reviews will be documented on the **Addiction Services Therapeutic Peer Review Form (CD-185000.8)**
6. Peer review reports are confidential. Copies are maintained by the facility ASB manager and ASB administration. Redacted copies will be made available to facility compliance monitors for purposes of ACA accreditation.



Gregg Marcantel, Secretary of Corrections
New Mexico Corrections Department

12/28/11
Date

**NEW MEXICO CORRECTIONS DEPARTMENT
ADDICTION SERVICES
Addiction Services Chrono**

Inmate Name: _____ NMCD #: _____

Addiction Services Programming

	CMU	SCC	CMRU TC	SNM-POU	WMRU	SNMCF Medium	CNMCF WNMCF Medium	LCCF GCCF ENMCF	NMWCf	RCC	PNM	
	Level I	Level I-II	Level II	Level II	Level II	Level III	Level III-VI	Level III	Level III-VI	Level II	Level II, V,VI	
<input type="checkbox"/> Code 0	✓	✓	✓	✓	✓	✓	*	✓	✓	✓	*	
<input type="checkbox"/> Code 1	✓	✓	✓	✓	✓	✓	*	✓	✓	✓	*	
<input type="checkbox"/> Code 2	✓	✓	✓	✓	✓	✓	*	✓	✓	✓	*	
<input type="checkbox"/> Code 3	✓	✓	✓	✓	✓	✓	*	✓	✓	✓	*	
<input type="checkbox"/> Code 4	✓	✓**	✓	✓	✓	✓	*	✓	✓	✓**	*	
<input type="checkbox"/> Code 5	✓	✓**	✓	✓	✓	✓	*	✓	✓	✓**	*	
<input type="checkbox"/> Code 6	✓	✓**	✓	✓	✓	✓	*	✓	✓	✓**	*	
Check appropriate Code				✓ = TC and Out Patient Programming Available * Out Patient Programming Only ** Designated DWI TC								

- 0 No significant substance abuse history or usage.
- 1 Inmate has a moderate substance abuse problem but is more than two years to release. The offender may voluntarily participate in outpatient substance abuse programming.
- 2 Inmate has a significant addictions problem but is less than six months to release. Participation in Outpatient Substance Abuse Programming is recommended.
- 3 Inmate has a significant substance abuse problem or DWI history but has more than two years to release. Recommend TC programming when the offender has two years of less to serve. Participation in Outpatient Substance Abuse Programming is recommended until the offender has less than two years to serve.
- 4 Inmate has a significant substance abuse problem and is less than two years to release. TC programming is recommended. TC exemption for Classification Levels IV, V and VI. Classification Levels IV, V and VI will be recommended to participate in outpatient services, as available.
- 5 Inmate has a severe substance abuse problem but has two or more years to release. Mandate participation in TC programming when the offender has two years or less to serve. Classification Level I, II, or III. TC Exemption for Classification Levels IV, V, and VI. Classification Levels IV, V, and VI will be required to participate in outpatient services, as available.
- 6 Inmate has a severe substance abuse problem (TCU score 6 or more) or two or more DWI convictions and has less than two years to release. Mandate participation and transfer to an appropriate TC programming facility. Classification Levels IV-VI will be required to participate in outpatient services, as available.

Clinician: _____ Date: _____

Comments: _____

**NEW MEXICO CORRECTIONS DEPARTMENT
ADDICTION SERVICES
RDC Addiction Services Intake Form**

First Name: _____	Current tobacco use: (yes) (no)
Last Name: _____	Ever arrested for domestic violence: (yes) (no)
NMCD#: _____	Ever a victim of domestic violence: (yes) (no)
Ethnicity: _____	Crime drug-related: (yes) (no)
County of Crime: _____	Crime committed under influence: (yes) (no)
Date of RDC Entry: _____	Crime committed for money for drugs: (yes) (no)
Intake Status: _____	Drug of Choice: _____
Marital Status: _____	History of IV drug use: (yes) (no)
Number of Children: _____	History of drug addiction: (yes) (no)
Number of Children under 18: _____	History of AA, NA, CA: (yes) (no)
Age of first arrest: _____	Type of Community S/A Treatment: _____
Juvenile incarceration: (yes) (no)	Type of prior prison treatment: _____
Number of DWI Arrests: _____	Prior medication assisted treatment: (yes) (no)
Age of first alcohol use: _____	History of Tattoos in Prison: (yes) (no)
Age 1st Drug Use: _____	History of liver disease: (yes) (no)
1st drug used: _____	Currently prescribed psychiatric meds (yes) (no)
	Previously on psychiatric meds: (yes) (no)

To be completed by Addiction Services provider:

DSM IV-TR Provisional Diagnosis: _____ **Addiction Chrono Code:** _____

TCU Score: ____ **PRD:** _____ **TC Recommended:** (yes) (no) **Comments:** _____

Out Patient Treatment Recommended: (yes) (no) **Comments:** _____

Addiction Services signature: _____ **Date:** _____

**NEW MEXICO CORRECTIONS DEPARTMENT
ADDICTION SERVICES
Treatment Plan**

Mode of Treatment: Therapeutic Community Treatment: Program _____ *OR*
 Outpatient Addiction Services Group: (Name): _____

Description of Clinical Problem:

Diagnosis / Assessment – (DSM IV-TR):

Axis I: _____

Axis II: _____

Axis III: _____

Axis IV: _____

GAF: _____

TREATMENT GOALS

Short Term Goals:

Target Date

Date Resolved

1. _____

2. _____

3. _____

Long Term Goals:

1. _____

2. _____

3. _____

Plan & Contract with frequency of sessions (weekly, monthly, residential, etc.):

Addiction Services Provider: _____ **Date:** _____

Inmate's Signature: _____ **Date:** _____

Supervisor's Signature: _____ **Date:** _____

In consultation with:

Mental Health Provider: _____ **Date:** _____

Medical Services Provider: _____ **Date:** _____

Date of Next Quarterly Review: _____ / _____ / _____ / _____ / _____

Inmate Name: _____

Print/Sign

NMCD #

Facility

NEW MEXICO CORRECTIONS DEPARTMENT
Student Intern Memorandum of Agreement

Addiction Services Department and (Learning Institution) jointly agree to provide practicum instruction for students according to the terms of this Memorandum of Agreement (the Agreement). The Agreement shall become effective when executed by the parties and shall remain in effect for a period of (five) years. Within one (1) month of the termination date of the Agreement, the parties shall review it for the purpose of considering renewal. Prior to the termination date of the Agreement, either party may terminate the Agreement for good cause or for no cause, by providing one (1) month prior written notice to the other party.

PROVISIONS:

1. The Learning Institution and NMCD shall comply with the provisions of a) Title VI, *Civil Rights Act of 1964* (respecting affirmative action), including any amendments thereto, b) Section 504, *Rehabilitation Act of 1973*, including any amendments thereto, and c) the *Americans with Disabilities Act*, including any amendments thereto.
2. Assignment of students shall be made jointly by the Learning Institution and NMCD. The parties agree that a student may be asked to withdraw from the Practicum a) for academic deficiency or behavioral misconduct as defined by policies.
3. Neither party shall be responsible for liability incurred as a result of the other part's acts or omissions in connection with this Agreement. Any liability incurred in connection with this Agreement is subject to the immunities and limitation of the *New Mexico Tort Claims Act*, Sections 41-1 *et seq.*, NMSA 1978, as amended.
4. NMCD and the Learning Institution shall require any student proposing to engage in human participant research at the field practicum site to submit any such proposal for prior approval by the University, to the extent required by the NMCD Code of Ethics and any appertaining laws and administrative rules.
5. The Learning Institution shall provide NMCD with copies of a) the Field Manual, and b) any supplementary materials reflecting policies and objectives relating to practicum instruction.
6. NMCD – Addiction Services Department shall provide the student with a workload consistent with the terms of the Learning Contract developed by the parties and student and shall not modify any such terms without prior approval.
7. NMCD shall inform the Learning Institution of any change in policy, procedure and/or staffing that might impact on practicum instruction or on the ability to carry out the terms and conditions of this Agreement.

NEW MEXICO CORRECTIONS DEPARTMENT
Memorandum of Agreement
(Continued)

8. NMCD shall ensure that any field instructor assigned to instruct students shall be allowed for site visits for the purpose of evaluating and grading.
9. NMCD shall provide the student with work space, materials, supplies and phone access needed to complete practicum responsibilities.
10. As between the parties, the University will defend and pay any claim filed against any intern or any other claim pertaining to the actions of any intern.
11. Student will exercise professional standards for maintaining confidentiality of the records.
12. Student understands that any entry into a Corrections Facility involves some risk and the undersigned participants in this study agree not to hold NMCD responsible for any injuries which may result from their research/activities at the institution.

University Name/Department

Field Instructor

Student Name

Date

Addiction Services Administrator

Date

NEW MEXICO CORRECTIONS DEPARTMENT
Addiction Services Therapeutic Peer Review Form

Source: Documents, File Review, Interview

Guideline: Review each provider annually.

- | | | | |
|----|--|-------|-------|
| 1. | Date of the review: _____ | Yes | No |
| 2. | Did the reviewer observe clinical services? | _____ | _____ |
| 3. | Is the reviewer external to the facility? | _____ | _____ |
| 4. | Is a copy of the provider's license displayed in the office? | _____ | _____ |
| 5. | Is all required clinical documentation present in the file? | _____ | _____ |
| 6. | Is the designated treatment appropriate for the diagnosis? | _____ | _____ |
| 7. | Are the identified treatment goals clinically appropriate? | _____ | _____ |
| 8. | Is corrective action necessary?
Is immediate training needed? Please describe | _____ | _____ |

Peer Review Summary:

Please provide the ASB Manager with the original and forward a copy to NMCD ASB administration.

Facility Reviewed: _____ **Date:** _____

Staff Reviewed: _____
(Name) **Degree** **License**

Reviewer: _____
(Name) **Degree** **License**

 CD-185002	NEW MEXICO CORRECTIONS DEPARTMENT	ISSUE DATE: 03/08/02 EFFECTIVE DATE: 03/08/02 REVIEW/REVISED: 12/28/11
	TITLE: Monthly/Quarterly Statistical Reporting and Evaluation	

AUTHORITY:

Policy *CD-185002*

PROCEDURE: [4-4438]

Monthly Reporting:

A. Therapeutic Community Treatment

1. Addiction Services Facility Managers (ASFM), or designated staff of the Therapeutic Community (TC) programs, will maintain appropriate clinical files, records of admission and discharges, and documentation of all drug testing procedures.
2. The **Addiction Services Monthly Global Report**, Attachment (*CD-185002.D*) will list all individuals participating in the program over the previous month and indicate their program start date, projected parole date, program end date, programming status, drug of choice, reason for leaving, last day of TC, date of graduation, Lump Sum Awards (LSAs) awarded, and whether the client is participating in Success for Offenders After Release (SOAR) and/or an active Mental Health Client. By the fifth day of each month, all ASFM or designated staff will complete this report and submit it to the Addiction Services Bureau Chief or a designee.
3. The ASFM or designee will submit a **Quality Assurance Therapeutic Community Monthly Report**, Attachment (*CD-185002.C*) indicating the number and names of inmates who have had a classification transfer, recommended for LSAs, Major, Minor Institutional discipline reports, program violations, paroled/discharged the previous month, and graduates. By the fifth day of each month, all ASFM or designated staff will complete this report and submit it to the Addiction Services Quality Assurance Manager or a designee.

4. The Addiction Services Bureau Chief or designee will submit an **Addiction Services Quarterly Statistical Report**, (CD-1852002.E), no later than 15 calendar days from the end of each annual quarter. Due dates are April 15, July 15, October 15, and January 15.

B. Outpatient Substance Abuse Treatment

1. Addiction Services Providers who provide outpatient treatment will maintain appropriate clinical documentation of all services.
2. Additionally, they must maintain records of their individual caseloads, group treatment logs, and records of referrals and requests for services.
3. An individual attendance sheet will be maintained for all outpatient group treatment programs.
4. On a monthly basis, by the fifth day of each month, all outpatient addiction services providers will complete the **Addiction Services Outpatient Monthly Attendance Log** Attachment (CD-185002.A) and submit it to the Addiction Services Bureau Chief or a designee.

C. Addiction Services

1. Addiction Services Facility Managers and all designated Addiction Services personnel will maintain appropriate clinical documentation of all services.
2. The Addiction Services Facility Manager (ASFM) or designee will submit an **Addiction Services Monthly LFC Report** Attachment (CD-185002.B) indicating: the number of individuals in the program at months end, number of individuals who entered the program during the previous month, the number of individuals who left the program during the previous month, the number of assessments completed and the number of available treatment and contract beds. By the fifth day of each month, all ASFM or designated staff will complete this report and submit it to the Addiction Services Bureau Chief or a designee.
3. Addiction Services Facility Managers will complete an **Association of State Correctional Administrators (ASCA) Monthly Report** (CD-185002.F) no later than the 10th of every month.



Gregg Marcantel, Secretary of Corrections
New Mexico Corrections Department

12/28/11
Date

**NEW MEXICO CORRECTIONS DEPARTMENT
ADDICTION SERVICES
Addiction Services Monthly Attendance Log**

1. Dates planned for duration of group.
2. List all individuals who attend at least one session.
3. State inmate's Substance Abuse Diagnosis and drug of choice.
4. Indicate date of sessions and whether inmate attended.
5. If an inmate does not complete the group, state "No" under the "Completed column. To the best of your knowledge, indicate the reason (e.g. Inmate transferred, paroled, dropped-out, placed in segregation, etc.)
6. At the completion of the group check "Yes" for all inmates who have completed the group and are eligible of a certificate of completion.

Title of Group: _____ Addictions Provider: _____

Dates of Group: _____ Length of Sessions: _____ Total # of Sessions: _____

	Name	NMCD#	Substance Abuse Diagnosis	Drug of Choice	Dates Of Session #										Completed			Reason
					1	2	3	4	5	6	7	8	9	10	Yes	No	On-Going	
1																		
2																		
3																		
4																		
5																		
6																		
7																		
8																		
9																		
10																		
11																		
12																		
13																		
14																		
15																		
16																		
17																		

P=Participated
R=Refused

**NEW MEXICO CORRECTIONS DEPARTMENT
ADDICTION SERVICES
Quality Assurance Therapeutic Community Monthly Report**

All Addiction Services Managers or designees should use this template report form to enter the information requested and e-mail it back to the Deputy Bureau Chief by the 5th day of each month. You can enter the information directly in this form and submit it as an attachment to the e-mail you send me. This is for recording the information of the previous month. If the answer was none, put N/A in the respective box. If there is more than one TC at your facility, each TC needs to be reported separately. Also, all Institutional Discipline Reports **only get reported on this form if the inmate was found guilty** of the institutional offense.

Number of Classification transfers..... _____

Names and NMCD numbers of these inmates..... _____

Number of Inmates recommended for LSAs..... _____

Names and NMCD numbers of these inmates..... _____

Number of program drop outs..... _____

Names and NMCD numbers of these inmates..... _____

Number of Inmates Receiving Minor reports..... _____

Names and NMCD numbers of these inmates..... _____

Number of Inmates Receiving Major Reports..... _____

Names and NMCD numbers of these inmates..... _____

Number of terminations for program violations..... _____

Names and NMCD numbers of these inmates..... _____
_____ _____
_____ _____

Number of individuals paroling/discharging last month..... _____

Names and NMCD numbers of these inmates..... _____
_____ _____
_____ _____
_____ _____

Number of parole/discharged inmates going to targeted aftercare..... _____

Names and NMCD numbers of these individuals..... _____
_____ _____

Number of inmates completing program III/Graduates..... _____

Names and NMCD numbers of Graduates..... _____
_____ _____
_____ _____

Reporting Institution: _____

Which Level TC: _____

Person Completing Report: _____

Date: _____

STATE OF NEW MEXICO
CORRECTIONS DEPARTMENT

Central Office Administration: 4337 State Road 14, Santa Fe, New Mexico 87508
Post Office Box 27116, Santa Fe, NM 87502-0116
(505) 827-8600 - Main Number (505) 827-8220 – Fax
www.corrections.state.nm.us

New Mexico Corrections Department
Addiction Services Bureau

Therapeutic Community
Quarterly Statistical Report



Addictions Services Bureau

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Introduction

This report summarizes statistical data for the following NMCD-operated and NMCD-contracted facilities providing Therapeutic Community Programming for the 1st Quarter, 2007. Female inmates, housed at NMWCF, receive contracted TC services from Corrections Corporation of America (CCA) and male inmates, housed at GCCF, NENMDF and LCCF, receive contracted TC services provided by the Geo Group. The NMCD Addiction Services Bureau provides staff and TC programming for all NMCD-operated facilities.

Acronym	Classification Level	Facility	Location
NENMDF	Level III	Northeastern New Mexico Detention Facility	Clayton, New Mexico
CNMCF-CMRU	Level II	Central New Mexico Minimum Restrict Facility	Los Lunas, New Mexico
CNMCF-CMU	Level I	Central Minimum Facility	Los Lunas, New Mexico
GCCF	Level III	Guadalupe County Correctional Facility	Santa Rosa, New Mexico
LCCF	Level III	Lea County Correctional Facility	Hobbs, New Mexico
NMWCF	Level I-III	New Mexico Women’s Correctional Facility	Grants, New Mexico
RCC	Level II	Roswell Correctional Center	Roswell, New Mexico
SCC – 1	Level II	Springer Correctional Center	Springer, New Mexico
SCC – 2	Level II	Springer Correctional Center	Springer, New Mexico
SNMCF- JSU	Level III	Southern New Mexico Correctional Facility	Las Cruces, New Mexico
SNMCF - POU	Level II	Southern NM Correctional Facility – Paul Oliver Unit	Las Cruces, New Mexico
WNMCF	Level II	Western New Mexico Correctional Facility	Grants, New Mexico

Methods

The Addiction Services Statistical Report is comprised of data received from each Therapeutic Community program on a monthly basis. The information is reviewed by the Addiction Services Quality Assurance Manager for accuracy and timeliness. Quarterly averages are used to compile several items as denoted.

Therapeutic Community Global Summary

I. TC Admissions/Discharges/Transfers/Graduates	Therapeutic Communities
Number of TC Beds	
Number of New Admissions	
Number of TC Participants	
Number Completing Program III: Graduates	
Number of TC Transfers:	
Number TC Paroled/Discharged:	
Number of Contract Beds	
Number of Active Beds Contract Bed Participants	
Number of Active Mentors/Cadre	
* Denotes averages for the Quarter	
II. TC Programming	
Number in Program I:	
Number Completing Program I:	
Number in Program II:	
Number Completing Program II:	
Number in Program III:	
Number Completing Program III:	
Number in Program IV:	
Number Completing Program IV:	
Number LSA's Recommended/Submitted	
* Denotes averages for the Quarter	
III. TC Adjustment	
Number of TC Drop-Outs:	
Number of TC Terminations for Program Violations:	
Number Receiving a Minor Report:	
Number Receiving a Major Report:	
Number of Drug Screens Conducted:	
Number of Positive Drug Screens:	
IV. TC Follow-up	
Number That Completed TC Treatment in 12 Months:	
Average Cost per TC Participant: (State Facilities only)	
Program Graduates Recidivism Rates Last 12 Months	
Program Graduates Recidivism Rates Last 24 Months	
Program Graduates Recidivism Rates Last 36 Months	

TC Summary by Provider Organization by Gender

	NMCD Operated	Contracted Facilities	Contracted Male	Contracted Female
I. TC				
Admissions/Discharges/Transfers/Graduates				
Number of TC Beds				
Number of New Admissions				
Number of TC Participants				
Number Completing Program III: Graduates				
Number of TC Transfers:				
Number TC Paroled/Discharged:				
Number of Contract Beds				
Number of Active Contract Bed Participants				
Number of Active Mentors/Cadre				
* Denotes averages for the Quarter				
II. TC Programming				
Number in Program I:				
Number Completing Program I:				
Number in Program II:				
Number Completing Program II:				
Number in Program III:				
Number Completing Program III:				
Number in Program IV:				
Number Completing Program IV:				
Number LSA's Recommended/Submitted				
* Denotes averages for the Quarter				
III. TC Adjustment				
Number of TC Drop-Outs:				
Number of TC Terminations for Program Violations:				
Number Receiving a Minor Report:				
Number Receiving a Major Report:				
IV. TC Follow-up				
Number That Completed TC Treatment in 12 Months:				
Average Cost per TC Participant				

