

 <p>CD-185100</p>	<p>NEW MEXICO CORRECTIONS DEPARTMENT</p> <p><i>"We commit to the safety and well-being of the people of New Mexico by doing the right thing, always."</i> Courage Responsibility Ethics Dedication - CREDibly serving the public safety of New Mexico</p>	
	<p>ISSUE DATE: 03/08/02</p> <p>EFFECTIVE DATE: 03/08/02</p>	<p>REVIEWED: 09/28/16</p> <p>REVISED: 02/16/15</p>
	<p>TITLE: Alcohol/Substance Use Outpatient Programs</p>	

AUTHORITY:

Policy *CD-010100*

REFERENCES:

- A. American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders: DSM-5 – 5th Edition.*
- B. The Change Companies, *Responsible Decisions: Impaired Driving Program.*
- C. ACA Standard 4-4363-1, 4-4437, 4-4439, *Standards for Adult Correctional Institutions*, 4th Edition.
- D. ACA Standards 2-CO-4B-04, 2-CO-4F-01, *Standards for the Administration of Correctional Agencies*, 1993.

PURPOSE:

To establish procedures for the provision of outpatient alcohol/substance treatment programs within the New Mexico Corrections Department (NMCD); for the identification of individual treatment needs, admission to specific programs and treatment standards; and for the implementation and operation of pre-release 12-Step sponsorship programs. The overall mission of the alcohol/substance outpatient treatment program is to provide alcohol/substance use disorder treatment that produces long term change, improves quality of life, facilitates successful reintegration into the community and reduces the risk of re-offense and recidivism.

APPLICABILITY:

NMCD facilities that offer an Alcohol/Substance Use Outpatient Treatment program.

FORMS:

- A. **Alcohol/Substance Outpatient Assessment** form (*CD-185101.1*)
- B. **Alcohol/Substance Outpatient Progress Notes** form (*CD-185101.2*)
- C. **12-Step Sponsorship Application** form (*CD-185102.1*)

ATTACHMENTS:

None

DEFINITIONS:

None

POLICY:

- A. The Behavioral Health Services Bureau will provide substance use rehabilitation programs for inmates exhibiting disorders associated with abuse of alcohol and controlled substances, including, but not limited to:
- Access to personnel trained in substance abuse treatment who design and supervise the programs;
 - Access to recovered alcoholics and addicts with experience in self-management and recovery training to serve as employees or volunteers in the programs;
 - Means to coordinate with community substance abuse programs;
 - Encouragement to inmates with problems associated with abuse of alcohol and controlled substances to seek help and to set realistic goals for rehabilitation; and
 - Flexible methods to meet the varying special needs unique to a specific substance abuse disorder.

Inmates may voluntarily request participation in the substance abuse outpatient treatment program to explore substance abuse and dependency behaviors. [4-4437] [2-CO-4B-04] [2-CO-4F-01]

- B. At facilities where a drug treatment program exists, there shall be an appropriate range of primary treatment services for inmates abusing alcohol and controlled substances that includes, at a minimum, the following: [4-4439]
- Inmate diagnosis;
 - Identified problem areas;
 - Individual treatment objectives;
 - Treatment goals;
 - Counseling needs;
 - Drug education plan;
 - Relapse prevention and management;
 - Culturally and gender sensitive treatment objectives, as appropriate;
 - Self-help groups provided as an adjunct to treatment;
 - Pre-release and transitional service needs; and
 - Coordination efforts with community supervision and treatment staff during the pre-release phase to ensure a continuum of supervision and treatment.
- C. Early identification and treatment of inmates with alcohol and drug abuse problems shall be through a standardized battery assessment. This battery shall be documented and include, at a minimum, the following: [4-4363-1]
- Screening and placement instrument;
 - Clinical assessment and re-assessment;

- Medical assessment for appropriate drug and alcohol program assignment to the needs of the individual inmates; and
- Coordination of appropriate referrals.



Gregg Marcantel, Secretary of Corrections
New Mexico Corrections Department

02/16/15
Date

 <p>CD-185101</p>	<p>NEW MEXICO CORRECTIONS DEPARTMENT</p> <p><i>"We commit to the safety and well-being of the people of New Mexico by doing the right thing, always."</i> Courage Responsibility Ethics Dedication - CREDibly serving the public safety of New Mexico</p>	
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	<p>TITLE: Alcohol/Substance Use Outpatient Programs</p>	

AUTHORITY:

Policy *CD-185100*

PROCEDURES: [2-CO-4B-04] [2-CO-4F-01]

A. General Admission Guidelines:

1. Participation in Alcohol/Substance outpatient programs can be voluntary or mandated by classification committee depending upon the nature of the offense, risk factors, and time until release from prison.
2. All Outpatient participants must sign a **Consent/Refusal for Treatment** form (CD-180101.1) as part of the application process for Outpatient Treatment.
3. Outpatient participants may receive an initial clinical assessment regarding their alcohol/substance-related treatment needs utilizing the **Alcohol/Substance Outpatient Assessment** form (*CD-185101.1*). The assessment will be followed by a targeted **Treatment Plan** form (*CD-180108.1*) which is related to the inmate's specific alcohol/substance treatment needs and the goals of the treatment program. The DWI Program does not require a clinical assessment or treatment plan.
4. The DWI Program requires that a program curriculum is placed in the inmate file and that attendance be documented in the Offender Management Program (OMP).
5. Inmate Outpatient progress, including the DWI program, will be noted bi-weekly on the **Alcohol/Substance Outpatient Progress Notes** form (*CD-185101.2*).
6. Outpatient participants may also participate in 12-Step recovery programs such as Alcoholics Anonymous (AA) and Narcotics Anonymous (NA) Cocaine Anonymous (CA) and/or any voluntary alcohol/substance-related use recovery program offered within the corrections system, such as a support group, rational recovery or other. It is recommended that outpatient inmates voluntarily attend a minimum of one 12-Step meeting per week.
7. Staff may also utilize individual sessions for assessments and interventions. Treatment providers may also utilize individual sessions when a participant is having difficulties in

group treatment to encourage and problem solve regarding 12-Step program participation and when security procedures preclude group participation.

8. Outpatient participants must have a criminal history of alcohol/substance-related offenses or an alcohol or substance-related disorder as determined through the **Alcohol/Substance Outpatient Assessment** form (*CD-185101.1*), the **RDAP Assessment** form (*CD-185201.3*), the **TCU Drug Screen**, the **RDC COMPAS assessment**), and/or noted in the inmate's NMCD Clinical File.
9. Participants must agree to attend all required group sessions, as outlined in the approved designated curriculum.
10. Participants must honor the confidentiality and privacy of other group members.
11. Participants are expected to take an active role in their treatment through group discussions.
12. Participants must be willing to explore new ways of learning and practicing treatment tools.

B. Exclusionary Criteria and Behavior:

1. Participants will be asked to leave a group session if under the influence of any substance. (Medically prescribed medications are specifically excluded.) If there is more than one incident of the above, the individual will be dismissed from the group.
2. Participants whose behavior interferes with the group process, security, management and/or control of the group will be removed from the group.
3. Participants who miss two sessions with unexcused absences may be dropped from the group.
4. Participants arriving to group late without a valid excuse will not be admitted to the group on that day. This will be recorded as an unexcused absence on the group progress notes.

Note: All participants who are dismissed from the group may re-apply for the next session.

C. Alcohol/Substance Outpatient Programs include the following:

1. Outpatient Recovery Program
 - a. The Program includes psycho-educational group and individual treatment activities conducted by Outpatient Behavioral Health Providers throughout the NMCD. Providers must document all required activities and maintain records in the addictions treatment section of the Behavioral Health File.

- b. Activities may include group and individual treatment sessions, required homework, journals, or workbook assignments, and participation in authorized AA, NA, or CA 12-Step meetings. Group progress recording is required on a bi-weekly basis on the **Alcohol/Substance Outpatient Progress Notes** form (*CD-185101.2*). Documentation is also required for every two hours of individual programming activities. Upon successful completion of a group, or designated hours of individual activity, a Certificate of Completion will be provided to the client, and included in the Addictions section of the clinical file.
2. Intensive Outpatient Addictions Treatment Programs
 - a. Intensive Outpatient Addictions Treatment Programs offer a concentrated period of addictions treatment. Programs must operate a minimum of three times per week and a minimum of two hours per session. Intensive Outpatient Programs also require the **Alcohol/Substance Outpatient Assessment** form (*CD-185101.1*), the formulation of a treatment plan on the **Treatment Plan** form (*CD-180108.1*), relapse prevention plan and participation in addiction counseling groups.
 3. Springer Substance Abuse Recovery Program
 - a. A designated housing unit, and multi-disciplinary Psycho-educational program, at the Springer Correctional Facility providing services and programming for substance abusing inmates. Psycho-educational components include addictions education, 12-step programs, and mental health related information. Priority for placement is individuals within 6 months to release and those awaiting placement in the RDAP.
 4. CNMCF-LTCU
 - a. A Behavioral Health Services provider will offer alcohol/substance treatment services to male and female inmates housed at Long Term Care Unit (LTCU).

D. DWI Program:

- a. The DWI Program provides services to inmates with one or more DWI convictions in order to facilitate positive changes to their high-risk driving behaviors. It is based on a curriculum developed by The Change Companies which combines psycho-educational programming with interactive journaling (homework). The program is 40 hours of classroom work that can be conducted within a three-month period.
- b. The DWI class is a program assignment for inmates with one or more DWI convictions. Eligible inmates are assigned to the DWI program by the Classification Department, based on DWI offense and time to serve.

E. Assignment Criteria for DWI Program:

1. An inmate must be serving a sentence for DWI offense(s): This includes serving any sentence that is concurrent to a DWI offense, consecutive to a DWI offense or a sentence to which a DWI offense is consecutive.
2. An inmate must have a projected prison release date of at least 3 months in order to complete the program. Ideally programming will be completed by inmates just prior to release into the community. Inmates with the earliest projected prison release date shall be given priority for placement in the DWI program, as long as the inmate meets the other selection criteria.
3. The inmate must be psychologically stable and have sufficient intellectual capability to participate in and benefit from the program.
 - a. For inmates who have questionable psychological stability, the facility behavioral health staff will assess to determine if the inmate is psychologically stable enough to participate in the DWI Program. If the behavioral health staff determines that an inmate is psychologically unstable, the Facility Behavioral Health Manager shall consult with the Behavioral Health Services Bureau Chief (or appointed designee) prior to a final determination as to the inmate's ability to program.
 - b. For those inmates who have questionable intellectual capacity to participate in the DWI Program, the Behavioral Health Services Bureau Chief (or appointed designee) shall determine which assessment instruments are to be used and which staff person will conduct the assessment. Upon completion of the assessment, a decision will be made.
4. An inmate shall not be required to participate in the DWI program if all of the DWI offenses for which he has been convicted and sentenced to prison for are on appeal.
5. An inmate with an ICE detainer will not be required to participate in the DWI program but may request to participate in the DWI.
6. An inmate who has successfully completed or is currently participating in the Residential Substance Abuse Program, RDAP, will not be required to participate in the DWI program unless another DWI offense was committed after completion of the program.

F. Classification Process for Assignment to DWI Program:

1. The inmate shall meet with the DWI Program staff to discuss the recommendation for participation in the DWI program prior to the Initial Transition Accountability Plan Committee (ITAP).
2. During the ITAP Committee, the inmate will be informed that he or she is being assigned to the DWI treatment program. The inmate will be informed about the purpose

of the program and will be provided with a **Consent/Refusal for Treatment** form (*CD-180101.1*).

3. If the inmate refuses to accept the assignment, the inmate will be informed of the consequences of not actively participating in the assigned program. If the inmate still refuses to accept the assignment, he or she will be asked to sign the **Consent/Refusal for Treatment** form (*CD-180101.1*), thereby declining program participation. If the inmate refuses to sign this form, it will be witnessed by staff that the inmate “refused to sign.” The administrative procedure for processing these inmates is described in Section C. (Consequences for Refusal) below.

G. Consequences for Refusal to Participate

If an inmate is assigned to the DWI Program and refuses to participate the following will occur:

1. An eligible inmate who refuses to participate in the DWI Program may be issued a misconduct report. The inmate may be issued subsequent misconduct reports each time he or she refuses to participate after having the report reviewed by the disciplinary officer/committee and a disposition made.
2. Inmates already in the program who refuse to actively participate (i.e., demonstrate poor attendance, disruptive conduct in class, or participation in class that is considered inadequate or inappropriate), may also be subject to disciplinary action, as well as removal from the DWI program by the classification committee.
3. Inmates who are removed from the DWI Program by the classification committee for refusal to actively participate shall be reviewed by the classification committee for termination of good time eligibility in accordance with the good time policies.
4. Inmates who have been terminated from good time eligibility as a result of their refusal to actively participate shall not be eligible for reinstatement until the inmate has been approved by the classification committee for return to the DWI Program.



Gregg Marcantel, Secretary of Corrections
New Mexico Corrections Department

02/16/15
Date

NEW MEXICO CORRECTIONS DEPARTMENT
Alcohol/Substance Outpatient Assessment

{tc \14 "Admission Information}1. (Check one): Outpatient Recovery Program Intensive Outpatient Program
 DWI Program

2. Inmate Last Name: _____, First Name: _____ NMCD# _____

3. DOB: ___ / ___ / ___ 4. Present Age: _____

5. Race / ethnicity (one): Hispanic White non-Hispanic Black Asian Native American Other (specify): _____

6. Marital Status (One): Never married Married Common Law Divorced Separated Widowed Other: _____

7. Highest grade level completed in school: _____ 8. High School Diploma? Yes No

9. GED? (Check one): Yes, outside prison Yes, inside prison No

Description of Clinical Concern

{tc \14 "Description of Clinical Concern}10. In the last 6 months before prison did drug use often cause inmate (check all that apply):

- a. Emotional or psychological problems
- b. Problems with family, friends, work, or police
- c. Physical health or medical problems

11. Which drugs caused inmate the MOST serious problems in the last 6 months before prison? [SEE LIST BELOW]:

Worst:.....|_____| Next:.....|_____| Next:.....|_____|
DRUG # DRUG # DRUG #

CHOOSE "DRUG #s" FROM THIS LIST:

0. None	3. Marijuana	6. Tranquilizers or sedatives
1. Alcohol	4. Cocaine or crack	7. Hallucinogens
2. Inhalants	5. Other stimulants	8. Opiates (Heroin, Codeine, etc.)

12. Use Tobacco? Yes No 13. Age 1st used tobacco: _____ 14. Age 1st used alcohol: _____

15. Age 1st used drugs: _____ 16. 1st drug used (use list above for #): _____ 17. Ever Inject drugs? Yes No

18. How did you use your drugs (i.e.: inject, smoke, drink, etc.) _____

If Inject: a. Age inmate first tried injecting drugs: _____ b. Estimated number of injections in month prior to arrest _____

c. Ever inject in prison? Yes No d. Ever share injection needles? Yes No e. Share in prison? Yes No

19. Two Drugs most preferred (use list for #'s above): _____ / _____

20. Current mental health Dx / problems _____

21. Hx of psychotropic medications: _____

22. Current psychotropic medications: _____

23. Current medical problems: _____

24. All current medications: _____

25. Ever arrested for specific alcohol or drug crime (DWI, possession, trafficking, etc.): Yes No

26. How were drugs or alcohol associated with your current crime (check all that apply):

- a. Used within 12 hours prior to committing the crime b. Under the influence during crime
- c. Crime committed to obtain drugs or alcohol d. DWI
- e. Possession, trafficking or distribution f. Other (Specify): _____

27. Suicide attempts: none # _____ Date of most recent attempt _____

Present Suicide Yes No If yes, how manifesting? _____

Present Homicide Ideation Yes No If yes, how manifesting? _____

Inmate Name: _____

NMCD#: _____

Facility: _____

Alcohol/Substance Outpatient Assessment

Form CD-180501.1 (Rev. 02/16/15)

NEW MEXICO CORRECTIONS DEPARTMENT
Alcohol/Substance Outpatient Assessment

Relevant History

28. Are inmate's parents still together? Yes No, (Specify condition): _____
29. Who raised inmate?
 Grandparent Parent Step-parent Sibling Aunt / uncle Cousin Other Does not know
30. Who in inmate's family has ever been in jail or prison? (Check all that apply):
 None Grandparent Parent Child Sibling Aunt / uncle Cousin Other Does not know
31. Who in family has had problems with drug / or alcohol abuse / Addiction? (Circle all that apply):
 None Grandparent Parent Child Sibling Aunt / uncle Cousin Other Does not know
32. Number of prior criminal convictions: a. In NM? _____ b. Outside NM? _____
33. Total years / months in prison (inmate estimate in lifetime): _____ yrs. / _____ mo.
34. Did inmate observe domestic or other violence during childhood / adolescence? Yes No
If yes, was substance abuse related to the violence? Yes No
35. Has inmate experienced any abuse? (Check all that apply): Emotional Physical Sexual
36. Types of jobs held: _____
37. Most recent job, before prison: _____
a. Length of time at most recent job: _____ b. Longest time at any job: _____
38. Is inmate's criminal history correlated to his substance / alcohol usage? No Yes
If yes, how correlated? _____
39. Ever had drug / alcohol treatment outside prison? Yes No
If yes:
a. Type of treatment (Check all that apply): Outpatient Residential AA/NA Other
b. Length of treatment on the outside: Number of weeks _____
c. Complete treatment on the outside? Yes No
d. Longest period of abstinence after treatment on the outside? Yrs. _____ Mo's _____ Wks. _____
40. Ever had drug / alcohol treatment inside prison? Yes No
If yes:
a. Type of treatment (Circle all that apply): Outpatient TC AA/NA Other
b. Length of treatment on the inside: Number of weeks _____
c. Complete treatment on the inside? Yes No
d. Longest period of abstinence after treatment on the inside? Yrs. _____ Mo's _____ Wks. _____

Diagnosis: _____

Clinician (Printed/Typed Name) Clinician Signature Date

Reviewer (Printed/Typed Name) Reviewer Signature Date

Inmate Name: _____ NMCD#: _____ Facility: _____

**NEW MEXICO CORRECTIONS DEPARTMENT
Alcohol/Substance Outpatient Progress Notes**

(Bi-Weekly or Every 2 Sessions)

Group Name: _____

Treatment Provider: _____

Date(s) of Group(s): _____, _____, _____, _____

Session #: _____
Intervention/Topic: _____

ATTENDED: Yes No
Length of Session: _____

Session #: _____
Intervention/Topic: _____

ATTENDED: Yes No
Length of Session: _____

Rating Codes:

1=Very Unsatisfactory, 2=Slightly Unsatisfactory, 3=Appropriate/Adequate/Satisfactory,
4=Showing Progress/Improvement, 5=Very Positive/Marked Improvement

Evaluation Criteria

A - Demeanor/Bearing/Attitude	_____
B - Responses: Thoughtful/ Relevant/ Sincere	_____
C - Participation: Attentiveness/ Engagement	_____
D - Verbalization: States-Processes Feelings	_____
E - Change Readiness	_____

Progress Notes:

Clinician Signature: _____ **Date:** _____

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	<p>TITLE: Criteria for 12-Step Institution Sponsorship Programs</p>	

AUTHORITY:

Policy *CD-185100*

PROCEDURES:

- A. A Sponsor must be qualified and approved in advance as an institutional volunteer. No additional visiting qualification is required of the sponsor.
- B. Any inmate wishing to begin working with an AA, NA, or CA Sponsor must initiate the process by inviting an approved volunteer of the inmate's choice at the facility where the inmate is initiating the request to accept sponsorship of the inmate.
- C. Once the AA, NA, or CA volunteer accepts the inmate's invitation to become a 12-Step Sponsor for the inmate, the inmate will obtain a Sponsorship application from any Behavioral Health or Alcohol/Substance Program Staff. Residential Drug Abuse Program (RDAP) participants will obtain the Sponsorship application from the RDAP staff only.
- D. The inmate will return the completed application to any Alcohol/Substance provider or classification officer where the inmate is housed.
- E. The Alcohol/Substance staff member receiving the completed application will review the form/application for completeness and acknowledge his/her review by signing the form. Residential Drug Abuse Program (RDAP) participants will have the Sponsorship application reviewed by RDAP staff only. The staff member will then submit the completed application to the Warden of the facility or a designee for final approval.
- F. The Warden of the facility or the designee will approve or disapprove the application.
- G. An application, which has been disapproved, must be returned to the inmate applicant within three days of the denial, stating why the request has been denied and stating the steps to be taken to gain approval if possible.
- H. The name of the sponsor will be added to the inmate's approved visiting list once the application is approved. Addition of the sponsor to the list will not count against the total number of visitors an inmate is allowed to put on the visitor's list. For example, if an inmate is allowed to have 15 visitors on his list before the addition of the sponsor, the inmate will

still be allowed 15 other visitors after the sponsor is added. The time spent with a sponsor will not be counted against the inmate's total visiting time.

- I. Sponsors will be allowed to visit during the institution's regular visiting hours.
- J. Sponsors will be allowed to bring in approved 12-Step materials such as books and pamphlets. All such materials entering the facility are subject to search.
- K. Copies of all approved/disapproved sponsor applications will be provided to all reviewing staff and the inmate submitting the application.



Gregg Marcantel, Secretary of Corrections
New Mexico Corrections Department

02/16/15
Date

NEW MEXICO CORRECTIONS DEPARTMENT
12-Step Sponsorship Application

Inmate Name: _____

NMCD # _____

I am respectfully requesting that the volunteer listed below be added to my visitation list as my 12-Step sponsor.

Proposed Sponsor Name: _____

Volunteer with (Circle one): AA NA CA

Thank you.

Reviewed By:

Signature of Staff Submitting Application

APPROVED:

DISAPPROVED:

Warden's or Designee's Signature

Reason for Disapproval: _____

Inmate Name: _____

NMCD#: _____

Facility: _____