AUTHORITY:

A. NMSA 1978, Section 33-1-6 as amended.

REFERENCE:

None

PURPOSE:

To provide inmates the opportunity to assist each other in developing skills necessary for transition to prison life, successful return to the community, and productive and good citizenship.

APPLICABILITY:

All inmates and staff of the New Mexico Corrections Department.

FORMS:

A. Inmate Peer Mentor Application form (CD-100801.1)

ATTACHMENTS:

None

DEFINITIONS:

A. Inmate Peer Mentor: An inmate who has or has received a specialized skill set that can be shared with other inmates and leads other inmates towards a life of productive and good citizenship both while incarcerated and when released.

1. Substance Abuse Peer Mentor: Inmate Peer Mentors who assist substance abuse counselors in Residential Drug Abuse Program (RDAP), Intensive Outpatient Program (IOP) and DWI programs to help their fellow inmates overcome substance addictions.

2. Education Peer Mentors: Inmate Peer Mentors who assist staff educators with teaching or tutoring of other inmates to take ownership of their own academic, cognitive, and vocational goals.
3. *Seminary Peer Mentors:* Mentors who have completed an approved NMCD Seminary Program and are utilized to provide spiritual and moral instruction to other inmates.

**POLICY:**

A. The New Mexico Corrections Department is committed to using every available resource to develop inmates into becoming productive and good citizens.

B. NMCD will compensate mentors for their time as mentors.

C. Mentors may utilize free time to engage in other peer counseling activities. For example, seminary inmates may engage in spiritual or religious teaching beyond their regularly assigned duties under oversight of the facility chaplain.

David Jablonski, Secretary of Corrections
New Mexico Corrections Department

10/31/18
AUTHORITY:

CD-100800

PROCEDURES:

A. Eligibility Criteria

1. Inmates must complete an Inmate Peer Mentor Application form (CD-100801.1) in order to be considered for acceptance. The completed form must be submitted to the staff supervisor of the program in which the inmate is applying to be a peer mentor (Supervisor of Education, Behavioral Health Manager, or Facility Chaplain).

   a. The program supervisor will receive and approve or deny the application, then forward it to the Unit Manager.
   
   b. The Unit Manager will verify the inmate’s eligibility criteria, then forward the application to the Warden.
   
   c. Final approval is granted by the Warden.

2. Inmates must have a demonstrated skill set to be an Inmate Peer Mentor, which may include the following:

   - successful completion of RDAP (for Substance Abuse Peer Mentors)
   - bachelor’s degree or technical/vocational certificate (for Peer Teachers)
   - high school equivalency credential or diploma (for Peer Tutors)
   - completion of an NMCD approved Seminary Program (for Seminary Peer Mentors)

3. Inmates must have clear conduct for at least (1) year. Exceptions on a case-by-case basis may be made by the Warden.
B. Mentorship

1. Wardens will schedule Seminary Peer Mentors as pod walkers. These inmates will be permitted to go on schedule into pods and provide moral and spiritual advice to other inmates.

2. Inmates utilized as Education Peer Mentors will provide lesson plans and be supervised by a staff teacher. This does not have to be direct supervision at all times.

3. Inmates utilized as Substance Abuse Peer Mentors will be dedicated to a drug-free life. Substance abuse mentors will assist with substance abuse programming and meet regularly with the substance abuse group facilitator.

4. Peer Mentors will have as their purpose to change prison culture by impacting individual inmates and transforming them from a life of criminality to a life of productive citizenship. Peer Mentors will set the example of good citizenship.

Signed:

David Jablonski, Secretary of Corrections
New Mexico Corrections Department

Date: 10/31/18
NEW MEXICO CORRECTIONS DEPARTMENT
Inmate Peer Mentor Application

Inmate Name: __________________________ NMCD#: _______ Date: ____________

Facility: __________ Housing Unit: __________

Check the box below for the type of Mentorship you would like to provide:

☐ Substance Abuse Peer Mentor

☐ Education Peer Mentor

☐ Seminary Peer Mentor

Please write a statement as to why you feel you are qualified to be a Peer Mentor:

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

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__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Received, Reviewed and Approved by Supervisor of Program Area:

__________________________________ / ________________ / ________________ / ____________

Printed Name / Title / Signature / Date

Eligibility Verification by Unit Manager: ____________________________________________________________________________ / ______________________

Signature Date

Approved as a Peer Mentor by Warden: ____________________________________________________________________________ / ______________________

Signature Date

Comments:

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________