 <p>CD-141000</p>	<h1>NEW MEXICO CORRECTIONS DEPARTMENT</h1> <p>"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: 07/23/15 EFFECTIVE DATE: 07/23/15	REVIEWED: 12/28/16 REVISED: 07/23/15
	TITLE: Predatory Behavior Management Program (PBMP)	

AUTHORITY:

- A. NMSA 1978, Section 33-1-6, as amended.
- B. Policy *CD-010100*.

REFERENCES:

- A. ACA Standards 2-CO-4B-01 and 2-CO-4B-04, *Standards for the Administration of Correctional Agencies*, 1993.
- B. ACA Standards 4-4133, 4-4140, 4-4141, 4-4249, 4-4250, 4-4251, 4-4253, 4-4254, 4-4271, 4-4273, 4-4312-1 and 4-4400, *Standards for Adult Correctional Institutions*, 4th Edition.

PURPOSE:

To establish placement criteria, guidelines and living conditions of inmates placed in Predatory Behavior Management

APPLICABILITY:

All employees and inmates of NMCD and its affiliates.

FORMS:

- A. **Predatory Behavior Management Referral** form (CD-141001.1) (2 pages)
- B. **Predatory Behavior Management Placement** form (CD-141001.2) (2 pages)
- C. **Predatory Behavior Management Progression/Regression** form (CD-141002.1)
- D. **Temporary Suspension of Privileges for Predatory Behavior Management Inmates** form (CD-141002.2)
- E. **Individual Inmate Behavior Log** (CD-141002.3) (2 pages)
- F. **Predatory Behavior Management RELEASE Review** (CD-141003.1) (2 pages)
- G. **Predatory Behavior Management Hearing Notice** (CD-141003.2)

ATTACHMENTS:

- A. **Appeal of Predatory Behavior Management Placement or Retention Decision** attachment (CD-141001.A)

DEFINITIONS:

- A. Administrator: NMCD Employee holding the rank of Warden, Deputy Warden, Unit Manager, Classification Supervisor, Programs Manager, Major, Chief of Security or Above.
- B. Predatory Behavior Management Program (PBMP): Behavioral based program for inmates requiring enhanced supervision
- C. Restrictive Housing: High Security unit temporarily housing inmates requiring enhanced supervision
- D. Special Management Administrator: An OMS/Classification staff member appointed to review Predatory Behavior Management Program Documentation.
- E. Predatory Behavior Management Board: Three (3) member panel appointed by the Director of Adult Prisons with sole authority to approve entry and release from Predatory Behavior Management.
- F. Predatory Behavior Management Placement Committee: Committee, chaired by the Unit Manager, consisting of at least three (3) members, each of which must have a direct impact in the supervision, management and programming of the affected inmate.
- G. Predatory Behavior Management Referral Committee: Committee, chaired by an Administrator, consisting of representatives from classification, security, behavioral health and the inmate.
- H. Predatory Behavior Management Team (PBMT): A team responsible for inmate management within a distinct housing unit consisting of at least three (3) members which has a direct impact in the supervision, management and programming of the affected inmate. The chairperson of this team must be a supervisor.
- I. Transition Accountability Plan (TAP): A plan that sets out the goals and activities for each inmate in order to prepare for a successful reintegration. In each TAP, goals will be prioritized by a TAP committee, and the inmate, to ensure the inmate's risk and needs are addressed during incarceration and throughout community supervision.

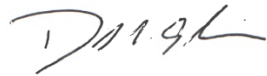
POLICY:

- A. The Predatory Behavior Management Program (PBMP) is intended to reduce predatory behavior in the NMCD population.
- B. The PBMP will provide treatment to offenders who have demonstrated the inability to habilitate themselves through programs offered in general population and have engaged in predatory behavior.

- C. Predatory Behavior Management Committees will be held in lieu of TAP committees due to the more intensive and enhanced supervision and programming received while in PBMP.
- D. Lump Sum Award will not be granted for PBMP programs except where mandated by statute.
- E. Time Frames specified in this policy may be extended under extenuating circumstances with documented approval by the Director of Adult Prisons.
- F. Identification of Mental Health Needs and Provisions of Services:
1. NMCD will use established screening criteria to identify inmates who should be excluded from placement in Regular Predatory Behavior Management Housing on the basis of their mental health status. Such inmates may be located in the PBMP APA.
 2. For those inmates placed in Predatory Behavior Management Housing, NMCD will provide mental health and psychiatric treatment to inmates with special needs and identified as needing such services, pursuant to NMCD Behavioral Health Policies. **[2-CO-4B-04]**
 3. A qualified mental health professional shall personally interview and prepare a written report on any inmate remaining in restrictive housing or PBMP for more than *thirty (30) days*. If confinement continues beyond *thirty (30) days*, a mental health assessment by a qualified mental health professional shall be made at least every three months or more frequently if prescribed by the chief medical authority. **[4-4256]**
 4. Mental Health services for PBMP inmates assigned to the PBMP APA are specified in Policy (CD-180400), (*Mental Health Screening and Services for Predatory Behavior Management Inmates*) and Policy (CD-180500), (*Predatory Behavior Management APA Mental Health and Related Services for Predatory Behavior Management Inmates*).
- G. Predatory Behavior Management housing units provide living conditions that approximate those of the general inmate population; all exceptions are clearly documented. Cells/rooms permit the inmates assigned to them to converse with and be observed by staff members. **[4-4140]**
- H. All cells/rooms in Predatory Behavior Management provide a minimum of eighty (80) square feet, and shall provide (35) square feet of unencumbered space for the first occupant and 25 square feet of unencumbered space for each additional occupant. **[4-4141][4-4133]**

- I. All Predatory Behavior Management inmates shall be personally observed by a correctional officer at least **every 30 minutes** on an irregular schedule. Inmates who are violent or mentally disordered or who demonstrate unusual or bizarre behavior shall receive more frequent observation; suicidal inmates shall be under continuous observation. **[4-4257]**
- J. All inmates in Predatory Behavior Management shall be provided prescribed medication, clothing that is not degrading and access to basic personal items for use in their cells unless there is imminent danger that an inmate or any other inmate(s) will destroy an item or induce self-injury. **[4-4261]**
- K. Inmates in Predatory Behavior Management shall have the opportunity to shave and shower at least three (3) times per week. **[4-4262]**
- L. Inmates in Predatory Behavior Management shall receive laundry, barbering, and hair care services and are issued and exchange clothing, bedding, and linen on the same basis as inmates in the general population. Exceptions are permitted only when found necessary by the senior officer on duty; any exception is recorded in the unit log and justified in writing. **[4-4263]**
- M. Alternative meal service may be provided to an inmate in Predatory Behavior Management who uses food or food service equipment in a manner that is hazardous to self, staff or other inmates. Alternative meal service is on an individual basis, is based on health or safety considerations only, meets basic nutritional requirements, and occurs with written approval of the warden and responsible health authority. The substitution period shall not exceed seven (7) days. **[4-4264]**
- N. Whenever an inmate in Predatory Behavior Management is deprived of any usually authorized item or activity, a report of the action is filed in the inmate's case record and forwarded to the chief security officer. **[4-4265]**
- O. Inmates in Predatory Behavior Management can write and receive letters on the same basis as inmates in the general population. **[4-4266]**
- P. Inmates in Predatory Behavior Management shall have opportunities for visitation unless there are substantial reasons for withholding such privileges. **[4-4267]**
- Q. Inmates in Predatory Behavior Management shall have access to reading materials and legal materials. **[4-4268][4-4269]**
- R. Inmates in Predatory Behavior Management shall receive a minimum of **one hour** of exercise per day outside their cells, five (5) days per week, unless security or safety considerations dictate otherwise. **[4-4270]**
- S. Inmates in Predatory Behavior Management shall be allowed telephone privileges. **[4-4271]**


- T. When an offender is transferred to Predatory Behavior Management, health care staff will be informed immediately and will provide a screening and review as indicated by the protocols established by the health authority. Unless medical attention is needed more frequently, each offender receives a daily visit from a qualified health care professional. The visit ensures that offenders have access to the health care system. The presence of a health care provider in restrictive housing is announced and recorded. The frequency of physician visits to restrictive housing units is determined by the health authority. **[4-4400]**
- U. The department provides a system that identifies and monitors the movements and activities of inmates who pose a significant concern to the safety, security, and orderly management of correctional institutions. This system should ensure that appropriate staff is made aware of these inmates, and that procedures exist to ensure information is current and communicated in a timely fashion. **[4-4312-1]**



David Jablonski, Acting Secretary of Corrections
New Mexico Corrections Department

12/28/16

Date

 <p>CD-141001</p>	<h1>NEW MEXICO CORRECTIONS DEPARTMENT</h1> <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>	
	ISSUE DATE: 07/23/15 EFFECTIVE DATE: 07/23/15	REVIEWED: 12/28/16 REVISED: 07/23/15
	TITLE: Predatory Behavior Management Program Placement	

AUTHORITY:

Policy *CD-141000*

PROCEDURE: [2-CO-4B-01]

Placement Criteria:

A. Mandatory Predatory Behavior Management Program Referral: Inmates who engage in or conspire to engage in the following behaviors must be referred for placement to the Predatory Behavior Management Program (PBMP):

1. Assault on Staff, Visitors, Volunteers or Contract Employees;
2. Assault with a weapon that resulted in great bodily harm;
3. Assault with multiple suspects;
4. Engaging in or Inciting a Riot;
5. Escape or Attempted Escape (to include Possession of Escape Paraphernalia);
6. Murder or Manslaughter;
7. Sexual Assault;
8. Taking of Hostages or Kidnapping; and or
9. Threats against the Public.

B. Discretionary Predatory Behavior Management Program Referral:

1. Inmates who participate in an incident or behavior that the Warden deems serious enough or repetitive enough to require placement in PBMP will be referred for placement to the PBMP; the Predatory Behavior Management Board will determine if placement in the PBMP is appropriate.
2. Discretionary Referral requires the approval of the Warden.
3. Discretionary Referral based on Security Threat Group activities must involve conspiracies to commit acts that would require mandatory placement.

C. Inmates who engaged in any above acts while in County Detention may be placed in PBMP

Predatory Behavior Management Referral Procedure:

- A. An Administrator will determine if the inmate meets any of the referral criteria outlined above. If a referral is determined necessary, the inmate shall be notified immediately.
- B. If an investigation is necessary to determine PBMP eligibility, the investigation will be completed within five (5) working days.
- C. The referral will be documented on the **Predatory Behavior Management Referral** form (*CD-141001.1*). The Referral form shall state the specific and detailed reasons that an inmate meets the eligibility criteria for placement
- D. Referral Based On Confidential Information:
1. No inmate shall be referred to PBMP based solely on the testimony of a single confidential informant.
 2. A summary of the confidential information will be prepared by staff member who develops the confidential information utilizing the procedure documented in *CD-018500*.
 3. The summary will be sufficient to allow the inmate to challenge the truthfulness of the facts and/or the need for referral, in a manner that would not inherently identify the confidential informant(s) or pose a threat to the security of the institution.
 4. Inmate shall sign for the summary acknowledging receipt.
 5. At least four of eight of the following criteria will be documented in order to determine the credibility of the confidential information:
 - The identity of the staff member receiving the confidential information;
 - Specific details of any conduct attributed to the inmate;
 - The informant's basis for knowledge of the confidential information;
 - Whether the informant previously had provided information which proved accurate and useful;
 - The content of any statements attributed to the inmate being classified;
 - The prison location where the information was received from the confidential informant;
 - The date the information was received;
 - What efforts were made to corroborate the information?
- E. Behavioral Health will conduct a Mental Health assessment prior to the Predatory Behavior Management Referral Committee and complete a Behavioral Health clearance form that designates either Regular Housing or APA Housing. This form will be included with the PBMP documentation.
- F. An Administrator will gather all documentation that supports referral to PBMP (i.e. Serious Incident Reports, Individual Threat Assessments, interview notes, witness statements,

confidential information, etc.) prior to the Predatory Behavior Management Referral Committee.

- G. **Predatory Behavior Management Referral** form (*CD-141001.1*) will be served to the inmate at least forty-eight (48) hours prior to the Predatory Behavior Management Referral Committee.
- H. Predatory Behavior Management Referral Committee must take place within five (5) working days of Referral notification.
- I. Predatory Behavior Management Referral Committee will confirm that the inmate meets the PBMP referral criteria and verify the gathered documentation.
- J. Inmate will sign for the updated **Predatory Behavior Management Referral** form (*CD-141001.1*) upon completion of the Predatory Behavior Management Referral Committee.

Predatory Behavior Management Placement Procedure:

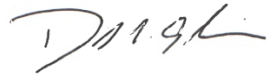
- A. An Administrator will complete the Referral Checklist portion of the **Predatory Behavior Management Placement** form (*CD-141001.2*) and forward to the Facility Warden for review of the Predatory Behavior Management Referral documentation.
- B. The Administrator will forward all Referral documentation to the Special Management Administrator of OMS/Classification immediately.
- C. The Special Management Administrator will have two (2) working days to review the Referral documentation. Upon completion of this review, the documentation will either be returned to the facility for proper completion or be presented to the Predatory Behavior Management Board.
- D. The Predatory Behavior Management Board will review the documentation within five (5) working days and render a decision either approving placement or denying placement and specifying the action to be taken by the facility.
- E. OMS Classification will transfer approved inmates to the facility managing the PBMP.
- F. Predatory Behavior Management Placement Committee must take place within seven (7) days of receipt of approved placement packet or arrival of the inmate at the PBMP managing facility.
- G. **Predatory Behavior Management Placement** form (*CD-141001.2*) will be served to the inmate at least forty-eight (48) hours prior to the Predatory Behavior Management Placement Committee.
- H. Inmate will sign for the updated **Predatory Behavior Management Placement** form (*CD-141001.2*) upon completion of the Predatory Behavior Management Placement Committee.

I. Predatory Behavior Management Appeals:

1. At the Predatory Behavior Management Placement Committee the inmate must be advised of the right to appeal placement. The following appeal language will be read to the inmate verbatim:
 - An inmate may appeal the decision of the Predatory Behavior Management Board. The appeal will be filed using the **Appeal of Predatory Behavior Management Placement or Retention Decision** attachment (*CD-141001.A*)
 - Appeal forms submitted to any individual other than the Deputy Warden will not require a response;
 - The inmate must state the specific reason(s) for his or her disagreement with the decision and should include any documentation supporting their claim;
 - The inmate shall submit only one appeal regarding his placement and must include all reasons he or she disagrees with the decision;
 - The inmate shall not include other issues that are not relevant to the placement decision. Such issues will not require a response;
 - The inmate must submit the appeal to the facility Deputy Warden no later than fifteen (15) working days after receiving the written decision.
2. The Deputy Warden will collect appeals and maintain a tracking system that indicates the dates that the appeals are received and forwarded to Central Office for processing.
3. The Director of Adult Prisons (DAP) (or Deputy Secretary of Operations if the DAP is a member of the Predatory Behavior Management Board) will review the appeal and is responsible for final action. The decision will be documented and forwarded to the facility Deputy Warden, who will provide a copy to the inmate. The decision will be final and not subject to further appeal.
4. The Deputy Warden is responsible for providing a copy of the decision to the Unit Manager who will ensure that the copy is placed in the inmate's file and will initiate any action required based on the appeal.

J. Inmates Sentenced to Death:

1. Inmates in this status shall be subject to placement and review as outlined in this procedure.
2. Inmates in this status, upon initial placement, shall receive privileges equivalent to inmates on Step 4. A death-sentenced inmate who engages in misconduct may be regressed to a lower step.
3. Inmates placed in this status that engage in misconduct, assaultive or disruptive behavior may warrant the use of Adjustment Controls, and instituting conditions of confinement procedures in *CD-141002*.



David Jablonski, Acting Secretary of Corrections
New Mexico Corrections Department

12/28/16
Date

NEW MEXICO DEPARTMENT OF CORRECTIONS
Predatory Behavior Management Referral

INMATE NAME: _____ **NMCD#:** _____ **DATE:** _____

Reason for Predatory Behavior Management Referral

- | | |
|--|---|
| <input type="checkbox"/> Assault on Staff, Visitor or Volunteer | <input type="checkbox"/> Murder or Manslaughter |
| <input type="checkbox"/> Assault with a weapon resulting in Great Bodily Harm | <input type="checkbox"/> Sexual Assault |
| <input type="checkbox"/> Assault with multiple suspects / assailants | <input type="checkbox"/> Taking of Hostages or Kidnapping |
| <input type="checkbox"/> Engaging in or inciting a Riot | <input type="checkbox"/> Threats against the Public |
| <input type="checkbox"/> Escape or Attempted escape (including possession of Escape Paraphernalia) | <input type="checkbox"/> Discretionary Placement (Approved by Warden) |

NARRATIVE of Facts justifying placement in Special Management:

[Empty box for narrative text]

Administrator

Date

Signature of the Warden (Discretionary Placement Only)

Date

HEARING NOTICE:

You are hereby served this copy on _____ day of _____, 20____, at _____ (am)(pm).

You are hereby notified you are scheduled for hearing on: _____ day of _____, 20____, at _____ (am)(pm).

***Inmate Acknowledgement: At my hearing I will be notified of my right to appeal; I acknowledge receipt of a copy of the referral for predatory behavior management. I hereby waive my right to 48 hour notice { _____ } initials**

Inmate / _____
Print Name

Date

Serving Employee / _____
Print Name

Date

NEW MEXICO DEPARTMENT OF CORRECTIONS
Predatory Behavior Management Referral

INMATE NAME: _____ **NMCD#:** _____ **DATE:** _____

Decision: Refer to Predatory Behavior Management Program YES NO

Justification:

_____/_____
Committee Chairperson (sign) / print Date

Date of Hearing:	Time of Hearing:	Location of Hearing
Member Present	Member Present	Member Present

ADMINISTRATIVE REVIEW:

AFFIRM MODIFY REVERSE

Comments:

Warden / Designee Signature

Date

Inmate Signature

Date

NEW MEXICO DEPARTMENT OF CORRECTIONS
Predatory Behavior Management Placement

INMATE NAME: _____ **NMCD#:** _____ **DATE:** _____

Referral Checklist

A completed Predatory Behavior Management Referral form Documentation supporting the facts used for referral If confidential information was used as a basis of referral: A Summary of Confidential Information that identifies at least four of the eight factors The actual CI information document that contains all the information. A current Mental Health Clearance Chrono that designates either regular housing or APA Copies of all documents are filed in the inmate's central file. (Only the Summary of CI is to be placed in the central file. Actual confidential information is to be stored in a secure location at the sending facility)	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
---	--

_____ Date
Administrator Signature

_____ Date
Warden Signature

Special Management Board Review and Action:

Denied: Specific action to be taken by facility:

Approved For Placement in Predatory Behavior Management Regular Housing APA

_____ Date
Special Management Board

_____ Date
Special Management Board

_____ Date
Special Management Board

HEARING NOTICE:		
You are hereby served this copy on _____ day of _____, 20____, at _____ (am)(pm).		
You are hereby notified you are scheduled for hearing on: _____ day of _____, 20____, at _____(am)(pm).		
*Inmate Acknowledgement: At my hearing I will be notified of my right to appeal; I acknowledge receipt of a copy of the referral for predatory behavior management. I hereby waive my right to 48 hour notice { _____ } initials		
_____/	_____	_____
Inmate	Print Name	Date
_____/	_____	_____
Serving Employee	Print Name	Date

Predatory Behavior Management Committee:

Date of Committee:	Time of Committee:	Location of Committee:
--------------------	--------------------	------------------------

_____ Date _____ Date
Committee Chairperson Committee Member

Committee Member

Date

Form CD-141001.2
Revised 07/23/15 (Page 2)

NEW MEXICO DEPARTMENT OF CORRECTIONS
Predatory Behavior Management Placement

INMATE NAME: _____ **NMCD#:** _____ **DATE:** _____

Special Management Placement Committee:

I was advised that I am being placed in Predatory Behavior Management Program	{_____} Inmate Initials
I was given a summary of facts that justify placement in Predatory Behavior Management Program	{_____} Inmate Initials
I was advised of my right to appeal placement in Predatory Behavior Management Program	{_____} Inmate Initials
I was advised of the programming I will be involved in during the initial phase of placement in Predatory Behavior Management Program	{_____} Inmate Initials
I was advised of the conditions of confinement while in Predatory Behavior Management Program	{_____} Inmate Initials
I was advised of what is expected of me to progress and to ultimately be released from Predatory Behavior Management Program	{_____} Inmate Initials

I was advised that I am being placed in Predatory Behavior Management Program	{_____} Inmate Initials
I was given a summary of facts that justify placement in Predatory Behavior Management Program	{_____} Inmate Initials
I was advised of my right to appeal placement in Predatory Behavior Management Program	{_____} Inmate Initials
I was advised of the programming I will be involved in during the initial phase of placement in Predatory Behavior Management Program	{_____} Inmate Initials
I was advised of the conditions of confinement while in Predatory Behavior Management Program	{_____} Inmate Initials
I was advised of what is expected of me to progress and to ultimately be released from Predatory Behavior Management Program	{_____} Inmate Initials

Inmate Signature

Date

NEW MEXICO CORRECTIONS DEPARTMENT
Appeal of Predatory Behavior Management Placement or Retention Decision

Inmate Name

NMCD #

I am appealing the following (check the appropriate box):

- Predatory Behavior Management Placement
- Predatory Behavior Management Retention

For Placement you must file your appeal within 15 calendar days after you have been advised of your right to appeal by the Predatory Behavior Management Committee. For Retention you must file your appeal within 15 calendar days after you have received the Predatory Behavior Management Committee decision to retain you in Predatory Behavior Management.

Include only information relating to the placement/retention decision. If you include information or complaints that do not have to do with your placement/retention, those issues will not receive a response. Attach any documents you believe are relevant to your appeal.

I am appealing the decision based upon the following:

Inmate Signature

NMCD #

Date

SUBMIT DIRECTLY TO FACILITY DEPUTY WARDEN. COPIES MAILED TO ANY OTHER INDIVIDUAL WILL NOT REQUIRE RESPONSE.

Received by: _____

Deputy Warden


Date

Mailed to Director of Adult Prisons on the following date: _____

Received at Central Office on: _____

ACTION OF DIRECTOR OF ADULT PRISONS: See Attached letter response for specifics

- Grant appeal (release inmate as specified)
- Deny appeal (inmate to be retained in current status)
- Remand to UMT for further consideration, as specified in attached letter

 <p>CD-141002</p>	<h1>NEW MEXICO CORRECTIONS DEPARTMENT</h1> <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>	
	ISSUE DATE: 07/23/15 EFFECTIVE DATE: 07/23/15	REVIEWED: 12/28/16 REVISED: 07/23/15
	TITLE: Predatory Behavior Management Conditions of Confinement	

AUTHORITY

Policy *CD-141000*

PROCEDURE: [4-4273]

- A. **Evaluation (Step 1)** “Determine inmate’s needs for successful return to general population.”
1. Minimum Period of Assignment: Thirty (30) Days
 2. Movement: Inmate will be escorted by at least two officers for all movement. Inmates will be restrained prior to exiting their cell, and will be escorted from their cell to the search cell where they will undergo an unclothed body search. This procedure will be repeated when the inmate is returned to their cell.
 3. Privileges:
 - Showers: three (3) days per week;
 - Recreation: one (1) hour, five (5) days per week;
 - Phone Calls: two (2) per month;
 - Visits: one (1) per month (non-contact);
 - Property: No Electronics; *all else refer to CD-150200.*
 4. Programming: All programming will be limited to in-cell programming only. Examples are as follows:
 - Journaling (continued throughout the PBMP);
 - GED;
 - Cognitive Workbook;
 - Art Therapy; and
 - Religious Programming.
- B. **Self-Accountability (Step 2)** “Developing self-accountability and moral thinking”
1. Minimum Period of Assignment: Ninety (90) Days
 2. Movement: Inmate will be escorted by at least two officers for all movement. Inmates will be restrained prior to exiting their cell, and will be escorted from their

cell to the search cell where they will undergo an unclothed body search. This procedure will be repeated when the inmate is returned to their cell.

3. Privileges:
 - Showers: three (3) days per week;
 - Recreation: one (1) hour, five (5) days per week;
 - Phone Calls: four (4) per month;
 - Visits: two (2) per month (non-contact);
 - Property: No Electronics besides tablets (if available); *all else refer to CD-150200.*

4. Programming: Cognitive Group Programming to be conducted in an environment which maintains inmate separation such as Cubicles or Restraint Chairs as well as Continuation of in-cell programming. Examples are as follows:
 - Interpersonal relationships;
 - Anger Management;
 - Conflict Resolution;
 - Victim Empathy – Trauma Informed Care;
 - Thinking for a Change; and
 - MRT.

C. Cultural Competency (Step 3) “Learn to adapt to diverse social groups”

1. Minimum Period of Assignment: One-Hundred and Twenty (120) Days

2. Movement: Inmates will be escorted for all movement. Inmates will be restrained prior to exiting their cell, and will be escorted from their cell to the search cell where they will undergo an unclothed body search. This procedure will be repeated when the inmate is returned to their cell.

3. Privileges:
 - Showers: three (3) days per week;
 - Recreation: one (1) hour, five (5) days per week;
 - Phone Calls: six (6) per month;
 - Visits: four (4) per month (non-contact);
 - Property: *refer to CD-150200.*

4. Programming: Advanced Cognitive Group Programming to be conducted in an environment which maintains inmate separation such as Cubicles or Restraint Chairs as well as continuation of previous uncompleted programming assignments to include in-cell programming. Examples are as follows:
 - Roots for Success;
 - Etiquette;
 - Cultural Diversity;
 - Respect for Authority;

- College courses;
- Trauma informed care.

D. Re-Integration (Step 4) “Socialization in small groups prior to release to General Population”

1. Minimum Period of Assignment: One-Hundred and Twenty (120) Days
2. Movement: Inmates will be escorted for all movement. Inmates will be searched immediately when exiting their cell and again when the inmate is returned to their cell.
3. Privileges:
 - Showers: five (5) days per week;
 - Recreation: one (1) hour, five (5) days per week (individual cages);
 - Tier Time: one (1) hour, five (5) days per week;
 - Meals: (20) minutes per meal (congregate);
 - Phone Calls: ten (10) per month;
 - Visits: six (6) per month (non-contact);
 - Property: *refer to CD-150200.*
4. Programming: Continuation of Advanced Cognitive Group Programming to be conducted in small congregate groups as well as continuation of previous uncompleted programming assignments to include in-cell programming. Inmates should utilize the PBMP Journal began in Step 1 to begin an exit essay explaining why NMCD should release the inmate from PBMP.

E. Gender Responsive Steps- Women’s Facilities:

1. The above will be adhered to, subject to the following exceptions:
2. Minimum Period of Assignment:
 - Step 1: 30 days;
 - Step 2: 90 days;
 - Step 3: 60 days.
3. Electronics may be used in each step to facilitate programming needs.
4. Programming: Programs will be developed to meet the needs of the individual female inmates to promote successful return to general population.

F. Step Progression:

1. Predatory Behavior Management Team Chairperson must evaluate the inmate using and completing the **Predatory Behavior Management Progression** form (*CD-141002.1*)
2. Inmate will be advised of all new programming assignments and conditions of confinement of the new step.
3. Inmate will remain on the current step until the inmate meets the minimum step progression requirements.
4. Learning disabilities must be taken into consideration when reviewing programming participation.
5. Time spent on Pre-Hearing Detention, Restrictive Housing or outside of the Predatory Behavior Management Managing Facility will not be applied towards step progression.
6. Inmates within One Hundred and Eighty (180) days of release will automatically be placed in Step 4. If an inmate is progressed to Step 4 because he is within One Hundred and Eighty (180) days of release from prison and it is determined the inmate is no longer within One Hundred and Eighty (180) days of release from prison, the inmate will be returned to the appropriate Step.

G. Step Regression:

1. Inmates who engage in or conspire to engage in any behavior that would require mandatory placement in PBMP **must** be regressed to Step 1 and will begin the program again.
2. Predatory Behavior Management Team Chairperson must evaluate the inmate using and completing the **Predatory Behavior Management Regression** form (*CD-141002.1*)
3. Institutional Deputy Warden must be informed that a regression may occur.
4. Inmate will be advised of all new programming assignments and conditions of confinement of the new step.
5. Step Regressions cannot be appealed.

H. Temporary Suspension of Privileges for all Steps:

1. Inmates may temporarily lose a privilege when their behavior does not meet the standards for that Step. A **Temporary Suspension of Privileges for Predatory Behavior Management Inmates** form (*CD-141002.2*) must be completed and submitted to the SMT Chairperson.

2. This form will include the date, time, specific behavior of the inmate that warrants suspension of privileges and any action that may have already been taken. If action has already been taken the SMT may still impose additional temporary suspensions of privileges as long as the maximum allowed temporary suspensions of privileges are not exceeded. Temporary suspension of privileges, and the duration of such suspension, will be documented on the **Temporary Suspension of Privileges for Predatory Behavior Management Inmates** form (*CD-141002.2*).

I. **Individual Inmate Behavior Log:**

1. The Unit Supervisor will review all **Individual Inmate Behavior Logs** (*CD-141002.3*) at least daily and will ensure that staff members are properly completing the logs. The Shift Supervisor will review the log at least once per shift. The Unit Supervisor and Shift Supervisors shall indicate their review of the logs by noting their initials on each inmate's log. Classification Officers will collect and review Behavior logs weekly.
2. If discrepancies are found in the behavior logs, the Unit Supervisor or Shift Supervisor is responsible for ensuring that appropriate staff takes the necessary corrective action. If Inmate behavior warrants, immediate corrective action will be taken, if possible. This action will be documented on a **Temporary Suspension of Privileges for Predatory Behavior Management Inmates** form (*CD-141002.2*) and forwarded to the Unit Manager.

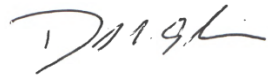
- J. Inmates assigned to Predatory Behavior Management APA will adhere to conditions of confinement set above with the exceptions set in *CD-180500*.

K. **Staff Requirements:**

1. A correctional officer must personally observe all inmates in Predatory Behavior Management every 30 minutes on an irregular schedule. [4-4257]
2. Correctional officers assigned to PBMP living areas shall be selected to meet the needs of inmates so classified and shall receive specialized training [4-4259]
3. Correctional Officers will maintain the **Individual Inmate Behavior Log** form (*CD-141002.3*), which is a permanent log and documents the following: (a) activities for the inmate; (b) inmate behavior; and (c) refusal of any service(s). [4-4260]
4. A staff sign-in log will be maintained that documents all personnel entering the unit for inspection, programming or treatment for each inmate. The Facility Quality Assurance office is responsible for retrieving the sign-in log on a weekly basis for review and shall report any discrepancies to the Warden. The sign-in logs are to be maintained as permanent logs. [4-4260]

6. The Area Classification Officer shall visit all areas daily in which PBMP inmates are housed and shall be available no less frequently than once per week, to help each inmate who desires assistance or information. **[4-4258]**
7. A qualified medical professional shall conduct sick call daily in each PBMP living area and shall examine every inmate who so requests to determine what medical care, if any, is required. A log of all sick call visits shall be maintained. **[4-4258]**
8. The following personnel shall visit Predatory Behavior Management living areas: **[4-4258]**

Warden or Acting Warden: Weekly; Facility Deputy Warden: Weekly; Unit Manager: Weekly; Operations Director/Chief of Security: Weekly; Behavioral Health Clinician: Weekly Rounds; Medical Personnel: Daily Rounds **[4-4258]** **[4-4400]**; Classification Officer: Daily Rounds; Chaplain: Weekly; Shift Supervisor: Once per Shift **[4-4258]**; Fire, Safety, Sanitation Officer: Weekly; Physician/Mid-Level Provider: Weekly **[4-4400]**



David Jablonski, Acting Secretary of Corrections
New Mexico Corrections Department

12/28/16

Date

NEW MEXICO CORRECTIONS DEPARTMENT

Predatory Behavior Management Progression/Regression

INMATE NAME: _____ NMCD#: _____ CURRENT STEP: _____

Progression Review

Inmate has completed the minimum amount of time that must be spent in the currently assigned step.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Inmates was evaluated for acceptable behavior (e.g., proper interaction with staff and other inmates, an absence of severe or repeated behavior log entries, suitable cell conditions, etc.)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Inmate has not received a disciplinary report for 30 days if on Step1, 90 days if on Step 2 or 120 days if on Step 3	Yes <input type="checkbox"/> No <input type="checkbox"/>
Inmate has been participating in the program assignments	Yes <input type="checkbox"/> No <input type="checkbox"/>
Inmate is within 180 days of Projected Release Date (progress to Step 4)	Yes <input type="checkbox"/> No <input type="checkbox"/>

Decision: Progress to Step _____ Effective Date: _____

S/ _____
Unit Management Team Chairperson Date _____

S/ _____
Unit Management Team Member Date _____

S/ _____
Unit Management Team Member Date _____

Regression Review

Inmate has participated in an incident that would result in Mandatory Placement in Predatory Behavior Management	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Inmate shows repeated behavior of unwillingness to comply with rules	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Inmate shows unpredictable or disruptive behavior	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Inmate is unwilling to participate in programs or the special management team process	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Inmate has received a Major level disciplinary report or Severe Minor Level disciplinary report	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Inmate shows a pattern of minor level disciplinary reports	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Institutional Deputy Warden has been informed that a regression may occur	Yes <input type="checkbox"/> No <input type="checkbox"/>

Decision: Regress to Step 1 Step 2 Step 3 Do Not Regress Effective Date: _____

(Inmate must be regressed to Step 1 if the inmate has participated in behavior that would result in Mandatory Placement in Special Management)

Justification:

S/ _____
Unit Management Team Chairperson Date _____

S/ _____
Unit Management Team Member Date _____

S/ _____
Unit Management Team Member Date _____

S/ _____
Mental Health Staff Date _____

xc: Unit Manager
Housing Sgt/Lt

Classification Officer
Inmate File

NEW MEXICO CORRECTIONS DEPARTMENT
Temporary Suspension of Privileges for Predatory Behavior Management Inmates

Name:	NMCD#	Housing Unit	Date:
-------	-------	--------------	-------

GIVE BRIEF DESCRIPTION OF INCIDENT: _____

Submitting Employee _____ Date _____

CHECK ONLY THOSE AREAS WHICH APPLY.

Every item checked must have a beginning and ending date in order for this form to be valid.

1. _____ **TELEVISION.** Maximum of three days per incident
Begin Date: _____ Begin Time: _____
End Date: _____ End Time: _____
2. _____ **TELEPHONE.** Maximum of five days per incident
Begin Date: _____ Begin Time: _____
End Date: _____ End Time: _____
3. _____ **AUDIO DEVICES.** Maximum of three days per incident
Begin Date: _____ Begin Time: _____
End Date: _____ End Time: _____
4. _____ **RECREATION.** Maximum of two days per incident
Begin Date: _____ Begin Time: _____
End Date: _____ End Time: _____
5. _____ **VISITS.** One visit as defined per step
Begin Date: _____ Begin Time: _____
End Date: _____ End Time: _____
6. _____ **HOT POT.** Maximum of three days per incident
Begin Date: _____ Begin Time: _____
End Date: _____ End Time: _____
7. _____ **TIER TIME.** Maximum of two days per incident
Begin Date: _____ Begin Time: _____
End Date: _____ End Time: _____

Predatory Behavior Management Team Review:

AFFIRM DENY MODIFY

Comments _____

S/ _____ Date: _____
Predatory Behavior Management Team Chairperson

xc: Unit Manager Classification Officer Housing Sgt/Lt Inmate File

NEW MEXICO CORRECTIONS DEPARTMENT

Individual Inmate Behavior Log

INSTRUCTIONS TO STAFF: This form is used in determining whether or not an inmate will advance to a less restrictive step of Predatory Behavior Management. This log is to be completed daily and turned in weekly to the Unit Security Supervisor. ANY STAFF MEMBER MAY MAKE AN ENTRY. The types of behaviors to be evaluated include disruptive behavior **AND** exceptionally good behavior. An entry should include the specifics of his/her behavior, if a misconduct report was generated, the date, time, and the name/signature of staff member making the entry. Examples of behavior may include but are not limited to: kicking/banging on door, refusal to conform to escort procedures, being verbally disruptive in the pod, interfering with staff duties, failing to maintain cleanliness, passing contraband, performing an extra work duty, or assisting in de-escalating a potential disruption. **This form is not meant to be shared with the inmate.**

NAME:	NMCD#:	HOUSING UNIT/CELL:	BEGIN DATE:	END DATE:
--------------	---------------	---------------------------	--------------------	------------------

Rating instructions: Rate the inmate according to his performance in the following categories. A rating of 1 or 3 requires a notation in the COMMENTS section

3=above expectations
2=compliant with housing unit regulations
1=non-compliant

Date ___/___/___	Is His/Her Cell Clean?	Yes	No		Breakfast	Lunch	Dinner		
Took Shower <input type="checkbox"/>	Went to Recreation	<input type="checkbox"/>	Reason if cancelled:	Phone <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Day Watch Rating	Evening Watch Rating
Refused Shower <input type="checkbox"/>	Refused Recreation	<input type="checkbox"/>		Visit <input type="checkbox"/>	1. Housekeeping				
Not Scheduled <input type="checkbox"/>	Not Scheduled	<input type="checkbox"/>		Haircut <input type="checkbox"/>	2. Personal Hygiene				
	Cancelled	<input type="checkbox"/>			3. Cooperation with Staff				
					4. Social Adjustment				
D/W Officer: _____ / _____					E/W Officer: _____ / _____				
		(print)	(sign)					(print)	(sign)

Date ___/___/___	Is His/Her Cell Clean?	Yes	No		Breakfast	Lunch	Dinner		
Took Shower <input type="checkbox"/>	Went to Recreation	<input type="checkbox"/>	Reason if cancelled:	Phone <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Day Watch Rating	Evening Watch Rating
Refused Shower <input type="checkbox"/>	Refused Recreation	<input type="checkbox"/>		Visit <input type="checkbox"/>	1. Housekeeping				
Not Scheduled <input type="checkbox"/>	Not Scheduled	<input type="checkbox"/>		Haircut <input type="checkbox"/>	2. Personal Hygiene				
	Cancelled	<input type="checkbox"/>			3. Cooperation with Staff				
					4. Social Adjustment				
D/W Officer: _____ / _____					E/W Officer: _____ / _____				
		(print)	(sign)					(print)	(sign)

Date ___/___/___	Is His/Her Cell Clean?	Yes	No		Breakfast	Lunch	Dinner		
Took Shower <input type="checkbox"/>	Went to Recreation	<input type="checkbox"/>	Reason if cancelled:	Phone <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Day Watch Rating	Evening Watch Rating
Refused Shower <input type="checkbox"/>	Refused Recreation	<input type="checkbox"/>		Visit <input type="checkbox"/>	1. Housekeeping				
Not Scheduled <input type="checkbox"/>	Not Scheduled	<input type="checkbox"/>		Haircut <input type="checkbox"/>	2. Personal Hygiene				
	Cancelled	<input type="checkbox"/>			3. Cooperation with Staff				
					4. Social Adjustment				
D/W Officer: _____ / _____					E/W Officer: _____ / _____				
		(print)	(sign)					(print)	(sign)

Date ___/___/___	Is His/Her Cell Clean?	Yes	No		Breakfast	Lunch	Dinner		
Took Shower <input type="checkbox"/>	Went to Recreation	<input type="checkbox"/>	Reason if cancelled:	Phone <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Day Watch Rating	Evening Watch Rating
Refused Shower <input type="checkbox"/>	Refused Recreation	<input type="checkbox"/>		Visit <input type="checkbox"/>	1. Housekeeping				
Not Scheduled <input type="checkbox"/>	Not Scheduled	<input type="checkbox"/>		Haircut <input type="checkbox"/>	2. Personal Hygiene				
	Cancelled	<input type="checkbox"/>			3. Cooperation with Staff				
					4. Social Adjustment				
D/W Officer: _____ / _____					E/W Officer: _____ / _____				
		(print)	(sign)					(print)	(sign)

Date ___/___/___	Is His/Her Cell Clean?	Yes	No		Breakfast	Lunch	Dinner		
Took Shower <input type="checkbox"/>	Went to Recreation	<input type="checkbox"/>	Reason if cancelled:	Phone <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Day Watch Rating	Evening Watch Rating
Refused Shower <input type="checkbox"/>	Refused Recreation	<input type="checkbox"/>		Visit <input type="checkbox"/>	5. Housekeeping				
Not Scheduled <input type="checkbox"/>	Not Scheduled	<input type="checkbox"/>		Haircut <input type="checkbox"/>	6. Personal Hygiene				
	Cancelled	<input type="checkbox"/>			7. Cooperation with Staff				
					8. Social Adjustment				
D/W Officer: _____ / _____					E/W Officer: _____ / _____				
		(print)	(sign)					(print)	(sign)

NEW MEXICO CORRECTIONS DEPARTMENT
Individual Inmate Behavior Log (Continued)


Date ____/____/____	Is His/Her Cell Clean?	Yes	No		Breakfast <input type="checkbox"/>	Lunch <input type="checkbox"/>	Dinner <input type="checkbox"/>
Took Shower <input type="checkbox"/>	Went to Recreation <input type="checkbox"/>			Reason if cancelled: <input type="checkbox"/>	Day Watch Rating Evening Watch Rating		
Refused Shower <input type="checkbox"/>	Refused Recreation <input type="checkbox"/>			Phone <input type="checkbox"/>	1. Housekeeping		
	Not Scheduled <input type="checkbox"/>			Visit <input type="checkbox"/>	2. Personal Hygiene		
Not Scheduled <input type="checkbox"/>	Cancelled <input type="checkbox"/>			Haircut <input type="checkbox"/>	3. Cooperation with Staff		
					4. Social Adjustment		
D/W Officer: _____	/				E/W Officer: _____	/	
	(print)		(sign)			(print)	(sign)

Date ____/____/____	Is His/Her Cell Clean?	Yes	No		Breakfast <input type="checkbox"/>	Lunch <input type="checkbox"/>	Dinner <input type="checkbox"/>
Took Shower <input type="checkbox"/>	Went to Recreation <input type="checkbox"/>			Reason if cancelled: <input type="checkbox"/>	Day Watch Rating Evening Watch Rating		
Refused Shower <input type="checkbox"/>	Refused Recreation <input type="checkbox"/>			Phone <input type="checkbox"/>	1. Housekeeping		
	Not Scheduled <input type="checkbox"/>			Visit <input type="checkbox"/>	2. Personal Hygiene		
Not Scheduled <input type="checkbox"/>	Cancelled <input type="checkbox"/>			Haircut <input type="checkbox"/>	3. Cooperation with Staff		
					4. Social Adjustment		
D/W Officer: _____	/				E/W Officer: _____	/	
	(print)		(sign)			(print)	(sign)

Inmates will not be sanctioned through the inmate discipline process, the behavior log, or the UMT for merely engaging in normal conversation with other inmates. Normal conversation is considered to be conversation that occurs in a normal tone and level of voice between two or more inmates, and does not contain abusive, derogatory, or inflammatory language directed at staff or other inmates and which does not disrupt the orderly operation of the facility.

Date/Time	COMMENTS – (Note if disciplinary report issued)	Staff Name (Print)
_____	AM/PM _____	_____
_____	AM/PM _____	_____
_____	AM/PM _____	_____
_____	AM/PM _____	_____
_____	AM/PM _____	_____
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_____	AM/PM _____	_____
_____	AM/PM _____	_____

Classification Officer _____ Date _____

 <p>CD-141003</p>	<h1>NEW MEXICO CORRECTIONS DEPARTMENT</h1> <p>"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: 07/23/15 EFFECTIVE DATE: 07/23/15	REVIEWED: 12/28/16 REVISED: 07/23/15
	TITLE: Predatory Behavior Management Release	

AUTHORITY

Policy *CD-141000*

PROCEDURE: [4-4254]

A. Unit Manager PBMP Release Review:

1. 30 days prior to completion of step 4 release review process the following will occur:
 - a. Security Threat Intelligence Unit will complete an Individual Threat Assessment; and
 - b. Inmate will complete an exit essay;
 - c. Unit Manager will collect all relevant documentation for Release to include, but not limited to:
 - **Predatory Behavior Management Release Review** form (*CD-141003.1*);
 - Copy of **Predatory Behavior Management Referral** form (*CD-141001.1*) used for Referral into PBMP;
 - STIU evaluation, if the inmate is an active member of a Security Threat Group or disruptive group;
 - Copy of the exit essay written by the inmate while on Step 4.
 - d. Serve inmate hearing notice 48 hours prior to PBM Release Review.
 - e. During Release Review committee inmate will conduct an Exit Essay Presentation and identify goals on how he will succeed in population.
2. Unit Manager may evaluate the inmate using the **Predatory Behavior Management Progression** form (*CD-141002.1*).
3. If it is determined that the inmate meets the minimum requirements for completion of Step 4, the Unit Manager must evaluate the inmate using and completing the **Predatory Behavior Management Release Review** form (*CD-141003.1*).
4. Facility Deputy Warden will review the **Predatory Behavior Management Release Review** form (*CD-141003.1*).
5. Unit Manager will forward this documentation to the Warden who will review for accuracy and completeness. The Warden will then either forward the completed Release Packet to the Special Management Administrator or return to the Unit Manager specifying the action to be taken.

6. The Special Management Administrator will present the Release Packet to the Predatory Behavior Management Board
7. The Predatory Behavior Management Board will review the release documentation within fifteen (15) working days and render a decision either approving release or denying release and specifying the action to be taken by the facility.
8. Upon release from PBMP the inmate will be referred to a medium security institution (Level III or IV) Inmates will not be released directly to a minimum security facility (Level I or II)
9. If the Predatory Behavior Management Board denies release from PBMP, the reasons for this decision will be documented and forwarded to the Unit Manager, who will provide a copy to the inmate. If the denial is based in whole or in part on new information, the new information must be included in this documentation. The inmate will be given the right to appeal this decision. The appeals procedure will be handled in accordance with CD-141001
10. Inmates who remain in PBMP for 18 months without a release review will be reviewed by UMT for justification of continued placement. Thereafter, this release review will take place after 12 months. The Release review will be forwarded to the Special management Administrator.
11. The Security Threat Intelligence Unit Coordinator or designee will complete evaluation of every inmate who is an active member of a Security Threat Group prior to his release from PBMP. The Unit Manager will be responsible for providing a list of inmates to the STIU Coordinator at least 30 days prior to each inmate's completion of PBMP.
12. If new information has been received that makes the Unit Manager believe that placement in PBMP is no longer appropriate a Predatory Behavior Management Release Review will be done immediately.
13. Special Reviews may be ordered by the Director of Adult Prisons.



David Jablonski, Acting Secretary of Corrections
New Mexico Corrections Department

12/28/16
Date

NEW MEXICO DEPARTMENT OF CORRECTIONS
Predatory Behavior Management RELEASE Review

INMATE NAME: _____ NMCD#: _____ DATE: _____

Date of Placement: _____ Date of Incident that led to placement: _____ Date of Last Disciplinary Report: _____

Type of Review: RELEASE ____ 18 MONTH REVIEW ____ ANNUAL ____

Unit Manager Release Review Checklist

Inmate has completed the minimum amount of time that must be spent in each step the inmate was assigned.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Inmates was evaluated for acceptable behavior	Yes <input type="checkbox"/> No <input type="checkbox"/>
Inmate has participated in the program assignments	Yes <input type="checkbox"/> No <input type="checkbox"/>
Inmate has completed 120 consecutive days on Step 4 with clear conduct	Yes <input type="checkbox"/> No <input type="checkbox"/>
Inmate has participated in an incident that would result in Mandatory Placement in Predatory Behavior Management within the last 360 days	Yes <input type="checkbox"/> No <input type="checkbox"/>
Inmate is a member of a Security Threat Group (STG) or Disruptive Group, ITA attached	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
New Information has been received that requires the immediate reevaluation of Inmates Predatory Behavior Management Placement	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>

SUMMARY of NARRATIVE placing inmate is Predatory Behavior Management:

For 18 month and Annual Reviews a summary of behavior(s) justifying continued placement in Predatory Behavior Management Program (attach supporting documents):

Recommend release from Predatory Behavior Management? Yes No

Comments: _____

s/ _____ / _____	_____	Unit
Manager	print	Date
COMMITTEE MEMBERS PRESENT:		
s/ _____ / _____	_____	_____
Classification Officer	print	Date
s/ _____ / _____	_____	_____
Mental Health Representative	print	Date
s/ _____ / _____	_____	_____
Lieutenant/Sergeant	print	Date

NEW MEXICO DEPARTMENT OF CORRECTIONS
Predatory Behavior Management RELEASE Review

INMATE NAME: _____ NMCD#: _____ DATE: _____

Institutional Deputy Warden Review

I have reviewed the Unit Manager Release Review and; Concur Disagree Comments: _____

s/ _____ / _____
Institutional Deputy Warden print Date

Facility Warden Review:

Approve Release Deny Release: Specify action to be taken by Unit Manager:

s/ _____ / _____
Warden print Date

Special Management Board:

Approve Release Deny Release: Specify action to be taken by facility:

s/ _____ / _____
Special Management Board Member print Date

s/ _____ / _____
Special Management Board Member print Date

s/ _____ / _____
Special Management Board Member print Date

NEW MEXICO DEPARTMENT OF CORRECTIONS
Predatory Behavior Management Hearing Notice

INMATE NAME: _____ NMCD#: _____ DATE: _____

RELEASE _____ 18 MONTH REVIEW _____ ANNUAL _____

HEARING NOTICE:

You are hereby served this copy on _____ day of _____, 20____, at _____ (am)(pm).

You are hereby notified you are scheduled for hearing on: _____ day of _____, 20____.

***Inmate Acknowledgement: At my hearing I will be notified of my right to appeal.**

I acknowledge receipt of a copy of the referral for special management.

I hereby waive my right to 48 hour notice { _____ }
initials

S/ _____ / _____
Inmate Print Name Date _____

S/ _____ / _____
Serving Employee Print Name Date _____

Inmate, please be prepared for the following:

1. Appearance at your review is **MANDATORY**; no exceptions.
2. Please dress in full prison issued uniform.
3. Bring with you your completed EXIT essay.
4. Bring with you a list of GOALS you want to complete when you are returned to a general population setting.

FAILURE to prepare for your committee could result in continued placement.

REFUSAL to participate in your committee could result in continued placement.