 <p><b>CD- 141600</b></p>	<p><b>NEW MEXICO CORRECTIONS DEPARTMENT</b></p> <p><i>"We commit to the safety and well-being of the people of New Mexico by doing the right thing, always."</i>  <b>C</b>ourage <b>R</b>esponsibility <b>E</b>thics <b>D</b>edication - <b>CRED</b>ibly serving the public safety of New Mexico</p>	
	<p><b>ISSUE DATE:</b> 01/11/16</p> <p><b>EFFECTIVE DATE:</b> 01/11/16</p>	<p><b>REVIEWED:</b> 12/29/17</p> <p><b>REVISED:</b> 12/08/16</p>
	<p><b>TITLE: Special Management Population</b></p>	

**AUTHORITY:**

- A. Section 33-1-6 NMSA
- B. Policy *CD-141500 Restrictive Housing*

**REFERENCES:**

- A. Policy *CD-141000 Predatory Behavior Management Program*
- B. Policy *CD-142000 Drug Suppression Unit*
- C. *ACA Standards for Adult Correctional Institutions*, 4th Edition.

**PURPOSE:**

To provide a mission specific general population for inmates who NMCD is actively pursuing placement in appropriate alternative populations. This is a short term alternative to Restrictive Housing.

**APPLICABILITY:**

All inmates and staff of the New Mexico Corrections Department.

**FORMS:**

- A. **Inmate SMP Placement Appeal** form (*CD-141601.1*)
- B. **DSP/SMP Referral Checklist** form (*CD-141601.2*)

**ATTACHMENTS:**

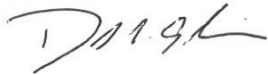
None

**DEFINITIONS:**

- A. *Special Management Program Board*: Three (3) member panel appointed by the Director of Adult Prisons with sole authority to approve entry into the Special Management Program. The Director of Adult Prisons may not be a member of the Board.

**POLICY:**

- A. The New Mexico Corrections Department is committed to safe prisons to ensure inmates have access to programming that promotes successful re-entry.
- B. New Mexico Corrections Department is committed to reduce the number of inmates in the Special Management Population (SMP) and/or Restrictive Housing because of the potential negative effects on recidivism.
- C. New Mexico Corrections Department recognizes there are inmates with high risk security issues that cannot be placed in any general population other than SMP.
- D. Penitentiary of New Mexico-South facility has been designated as the unit for SMP.
- E. Inmates placed in SMP may be considered for out of state placement. (CD-141900)
- F. Inmate privileges in SMP will be determined by the PNM – South Deputy Warden.




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David Jablonski, Acting Secretary of Corrections  
New Mexico Corrections Department

12/29/17

Date

 <p><b>CD- 141600</b></p>	<h1 style="text-align: center;">NEW MEXICO CORRECTIONS DEPARTMENT</h1> <p style="text-align: center;"><i>"We commit to the safety and well-being of the people of New Mexico by doing the right thing, always."</i>  <b>C</b>ourage <b>R</b>esponsibility <b>E</b>thics <b>D</b>edication - <b>CRED</b>ibly serving the public safety of New Mexico</p>	
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<b>TITLE: Special Management Population</b>		

**AUTHORITY:**

Policy: *CD-141600*

**PROCEDURES:**

**Placement:**

- A. Inmates will be referred to SMP by the sending facility’s Warden within 15 calendar days of placement in RHU. CD-141101.1 Enemy Justification form must be attached
- B. The sending facility’s Warden will complete a memorandum detailing the reasons for referral to SMP to include verification the referred inmate has exhausted all other NMCD general population housing options within their custody level assignment.
- C. Inmates will not be referred to SMP if they meet the criteria for the Predatory Behavior Management Program (*CD-141000*), or the Drug Suppression Program (*CD-142000*).
- D. The Warden will submit the referral memorandum to the Restrictive Housing Administrator.
  - 1. The SMP Board is the sole authority to approve entry into the Special Management Program. The Director of Adult Prisons may not be a member of the Board.
  - 2. Upon placement at the designated SMP facility, the inmate may appeal the decision to the Director of Adult Prisons on the Inmate SMP Placement Appeal form (*CD-141601.1*).
- E. A thorough review of the inmate’s placement in SMP will occur within 6 months. Reviews may also be held earlier if deemed necessary by management.



\_\_\_\_\_  
 David Jablonski, Acting Secretary of Corrections  
 New Mexico Corrections Department

12/29/17  
 Date

**NEW MEXICO CORRECTIONS DEPARTMENT**  
**Inmate SMP Placement Appeal**

Inmate Name: \_\_\_\_\_ NMCD#: \_\_\_\_\_

Institution: \_\_\_\_\_ Housing Unit: \_\_\_\_\_

Date of Placement in SMP: \_\_\_\_\_

Note: This Form Must Be Submitted To The Director of Adult Prisons Within 15 calendar days of SMP Placement.

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State the basis of your Appeal: \_\_\_\_\_ Include Documentation And Specific Reasons For Your Appeal. Use Additional Pages, If Necessary:

Inmate's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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To Be Completed By The Director of Adult Prisons:

A. Date Received: \_\_\_\_\_

B. \_\_\_\_\_ Your Appeal Is Accepted For Consideration

C. Your Appeal Is Being Returned To You For The Following Reason(s):

\_\_\_\_\_ 1. The appeal is currently under review.

\_\_\_\_\_ 2. The appeal does not involve a DSU placement decision.

\_\_\_\_\_ 3. The appeal is a group appeal or petition.

\_\_\_\_\_ 4. The appeal is not timely.

\_\_\_\_\_ 5. Other: Specify \_\_\_\_\_

**NEW MEXICO CORRECTIONS DEPARTMENT**  
**Inmate SMP Placement Appeal**

Director of Adult Prisons Investigation And Recommendation:

Appeal Granted\_\_\_\_\_

Appeal Denied\_\_\_\_\_

\_\_\_\_\_  
Director of Adult Prisons

\_\_\_\_\_  
Date

**NEW MEXICO CORRECTIONS DEPARTMENT**  
**DSP/SMP Referral Checklist**

INMATE NAME: \_\_\_\_\_ NMCD#: \_\_\_\_\_ DATE: \_\_\_\_\_

DATE OF TRH PLACEMENT: \_\_\_\_\_ FACILITY: \_\_\_\_\_

Drug Suppression Program

Special Management Program

**REFERRAL CHECKLIST**

Memo on Inmate institutional history and conduct	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Documentation supporting the facts used for referral	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Misconduct report showing sanctions imposed by policy	Yes <input type="checkbox"/>	No <input type="checkbox"/>

\_\_\_\_\_  
Unit Manager/Designee (Print/Sign)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Facility Warden (Print/Sign)

\_\_\_\_\_  
Date

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**DSP/SMP Management Board Review and Action**

<input type="checkbox"/> Approved for Placement
<input type="checkbox"/> Denied
Specific action to be taken by the facility: _____ _____ _____

\_\_\_\_\_  
DSP/SMP Management Board (Print/Sign)

\_\_\_\_\_  
Date

\_\_\_\_\_  
DSP/SMP Management Board (Print/Sign)

\_\_\_\_\_  
Date

\_\_\_\_\_  
DSP/SMP Management Board (Print/Sign)

\_\_\_\_\_  
Date