 <p>CD-180200</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: 12/01/00	REVIEWED: 07/31/18
	EFFECTIVE DATE: 12/01/00	REVISED: 02/16/15
TITLE: Behavioral Health Reception and Diagnosis Center (RDC)		

AUTHORITY:

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

REFERENCES:

- A. ACA Standard 4-4281 through 4-4281-5, 4-4285, 4-4286, 4-4344, 4-4363, 4-4364, 4-4365, 4-4370, 4-4371, 4-4373, 4,4374,4-4377, and 4-4396 *Standards for Adult Correctional Institutions* 4th Edition.
- B. American Psychiatric Association, *Diagnostic and Statistical Manual IV Text Revision (DSM IV-TR)*.

PURPOSE:

To provide Behavioral Health intake services to inmates entering or returning to the New Mexico Corrections Department (NMCD), including county jail inmates (CJ holds) and court-ordered 60-day diagnostic evaluation (D&E) inmates, and to ensure inmates with behavioral health needs receive required services.

APPLICABILITY:

All NMCD Reception and Diagnostic Centers (RDC) and state and contract facilities.

FORMS:

- A. **Rights to Confidentiality and Availability of Services** form (*CD-180201.1*)
- B. **Derechos de Confidencialidad Y Servicios Disponibles** form (*CD-180201.2*)
- C. **Notice to Incoming Inmates** form (*CD-180201.3*)
- D. **Noticia para Prisioneros de Entrada** forma (*CD-180201.4*)
- E. **RDC Intake Interview and Recommendations** form (*CD-180201.5*)
- F. **RDC Mental Status Examination** form (*CD-180201.6*)
- G. **RDC Behavioral Health Face Sheet for NMCD Education Department** form (*CD-180201.7*)
- H. **Referral to RDC Behavioral Health** form (*CD-180201.8*)
- I. **Inmate Transfer Tracking** form (*CD-180201.9*)
- J. **Inmate Request for RDC Behavioral Health Services** form (*CD-180201.10*)
- K. **Suicide and Self Injury History/Alert Log** form (*CD-180201.11*)
- L. **TCU Drug Screen V** form (*CD-180201.12*)

M. **RDC Addictions COMPAS Worksheet** *form (CD-180201.13)*

ATTACHMENTS:

NONE

DEFINITIONS:

- A. *Intra-Facility Transfer*: Transfers from one NMCD facility (public or private) to another NMCD facility OR a transfer from one unit to another within a single facility.
- B. *Inter-Facility Transfer*: Transfers from non-NMCD facilities (i.e. county jail, interstate compact, federal prisons) to NMCD facilities, or a move in the reverse direction.

POLICY:

- A. It is the practice of the Corrections Department to protect inmates from personal abuse, corporal punishment, personal injury, disease, property damage, and harassment. **[4-4281]**
- B. Information is provided to inmates about sexual abuse/assault including: **[4-4281-1]**
 - 1. Prevention/intervention;
 - 2. Self-protection;
 - 3. Reporting sexual abuse/assault; and
 - 4. Treatment and counseling.The information is communicated orally and in writing, in a language clearly understood by the inmate, upon arrival at the facility.
- C. Inmates are screened within 24 hours of arrival at the facility for potential vulnerabilities or tendencies of acting out with sexually aggressive behavior. Housing assignments are made accordingly. **[4-4281-2]**
- D. Inmates identified as high risk with a history of sexually assaultive behavior are assessed by mental health or other qualified professional. Inmates with a history of sexually assaultive behavior are identified, monitored, and counseled. **[4-4281-4]**
- E. Inmates identified as at risk for sexual victimization are assessed by a mental health professional or other qualified professional. Inmates at risk for sexual victimization are identified, monitored, and counseled. **[4-4281-5]**
- F. All inmates that are new to the system shall undergo a mental health screening during the admission process. **[4-4285]**
- G. A summary admission report shall be prepared for all new admissions. The report includes, at a minimum, the following information: **[4-4286]**
 - 1. Legal aspects of the case;

2. Summary of criminal history, if any;
3. social history;
4. Medical, dental, and mental health history;
5. Occupational experience and interests ;
6. Educational status and interests;
7. Vocational programming;
8. Recreational preference and needs assessment;
9. Psychological evaluation;
10. Staff recommendations; and
11. Pre-institutional assessment information.

H. Special needs inmates shall be identified. **[4-4305]**

I. All intra-system transfer inmates receive a health screening by health-trained or qualified health care personnel upon on their arrival at the facility. All findings are recorded on a screening form approved by the health authority. **[4-4363]**

J. All in-transit inmates receive a health screening by health-trained or qualified health care personnel on entry into the agency system. Findings are recorded on a screening form that will accompany the inmate to all subsequent facilities until the inmate reaches his or her final destination. Health screens will be reviewed at each facility by health-trained or qualified health care personnel. Procedures will be in place for continuity of care. **[4-4364]**

K. A comprehensive health appraisal for each inmate, excluding intra-system transfers, is completed as defined below, after arrival at the facility. If there is documented evidence of a health appraisal within the previous ninety days, a new health appraisal is not required, except as determined by the designated health authority. Health appraisals include the following: **[4-4365]**

Within 14 days after arrival at the facility:

1. Review of the earlier receiving screen;
2. Collection of additional data to complete the medical, dental, mental health, and immunization histories;
3. Laboratory or diagnostic tests to detect communicable disease, including venereal disease and tuberculosis;
4. Record of height, weight, pulse, blood pressure, and temperature;
5. Other tests and examinations as appropriate.

Within 14 days after arrival for inmates with identified significant health care problems:

1. Medical examination, including review of mental and dental status (for those inmates with significant health problems discovered on earlier screening such as cardiac problems, diabetes, communicable diseases, and so forth);
2. Review of the results of the medical examination, tests, and identification of problems by a health care practitioner or other qualified health care professional, if such is authorized in the Medical Practice Act;

3. Initiation of therapy when appropriate;
4. Development and implementation of treatment plan, including recommendations concerning housing, job assignment, and program participation.

Within 30 days after arrival for inmates without significant health care problems:

1. Medical examination, including review of mental and dental status (for those inmates without significant health care concerns identified during earlier screening--no identified acute or chronic disease, no identified communicable diseases, and so forth);
2. Review of the results of the medical examination, tests, and identification of problems by a health care practitioner or other qualified health care professional, if such is authorized in the medical practice act;
3. Initiation of therapy, when appropriate;
4. Development and implementation of treatment plan, including recommendations concerning housing, job assignment, and program participation.

L. Upon arrival at the facility, all inmates are informed about how to access health services and the grievance system. This information is communicated orally and in writing, and is conveyed in a language that is easily understood by each inmate. The New Mexico Corrections Department currently does not impose medical co-payments on inmates.

[4-4344]

M. All intersystem and intra-system transfer inmates will receive an initial mental health screening at the time of admission to the facility by mental health trained or qualified mental health care professional. The mental health screening includes, but is not limited to **[4-4370]**

1. Inquiry into whether the inmate has present suicide ideation;
2. Inquiry into whether the inmate has a history of suicidal behavior;
3. Inquiry into whether the inmate is presently prescribed psychotropic medication;
4. Inquiry into whether the inmate has a current mental health complaint;
5. Inquiry into whether the inmate is being treated for a mental health problem;
6. Inquiry into whether the inmate has a history of inpatient and outpatient psychiatric treatment;
7. Inquiry into whether the inmate has a history of treatment for substance abuse;
8. Observation of general appearance and behavior;
9. Observation of evidence of abuse and/or trauma;
10. Observation of current symptoms of psychosis, depression, anxiety, and/or aggression.
11. Disposition of the inmate:
 - a. To the general population.
 - b. To the general population with appropriate referral to mental health care service.
 - c. Referral to appropriate mental health care service for emergency treatment.

N. All intersystem inmate transfers will undergo a mental health appraisal by a qualified mental health person within 14 days of admission to a facility. If there is documented

evidence of a mental health appraisal within the previous 90 days, a new mental health appraisal is not required, except as determined by the designated mental health authority. Mental health appraisals include, but are not limited to; **[4-4371]**


1. Review of available historical records of inpatient and outpatient psychiatric treatment;
 2. Review history of treatment with psychotropic medication;
 3. Review history of psychotherapy, psycho-educational groups, and classes or support groups;
 4. Review history of drug and alcohol treatment;
 5. Review educational history;
 6. Review history of sexual abuse-victimization and predatory behavior;
 7. Assessment of current mental status and condition;
 8. Assessment of current suicidal potential and person-specific circumstances that increase suicide potential;
 9. Assessment of violence potential and person-specific circumstances that increase violence potential;
 10. Assessment of drug and alcohol abuse and/or addiction;
 11. Use of additional assessment tools, as indicated;
 12. Referral to treatment, as indicated; and
 13. Development and implementation of a treatment plan, including recommendations concerning housing, job assignment, and program participation.
- O. There is a written suicide prevention plan that is approved by the health authority and reviewed by the facility or program administrator. The plan includes staff and inmate critical incident debriefing that covers the management of suicidal incidents, suicide watch, and suicide. It ensures a review of suicidal incidents, suicide watch and suicides, by administration, security, and health services. All staff with responsibility for inmate supervision is trained on an annual basis in the implementation of the program. Training should include but not be limited to: **[4-4373]**
1. Identifying the warning signs and symptoms of impending suicidal behavior;
 2. Understanding the demographic and cultural parameters of suicidal behavior, including incidence and variations in precipitating factors;
 3. Responding to suicidal and depressed inmates;
 4. Communication between correctional and health care personnel;
 5. Referral procedures;
 6. Housing observation and suicide watch level procedures; and
 7. Follow-up monitoring of inmates who have attempted suicide.
- P. Inmates with severe mental illness or who are severely developmentally disabled receive a mental health evaluation and, where appropriate, are referred for placement in non-correctional facilities or in units specifically designated for handling this type of individual. **[4-4374]**
- Q. Inmates have access to a chemical dependency treatment program. When a chemical dependency program exists, the clinical management of chemically dependent inmates includes, at a minimum, the following: **[4-4377]**

1. Standardized diagnostic needs assessment administered to determine the extent of use abuse, dependency, and /or codependency.
 2. Individualized treatment plan developed and implemented by a multidisciplinary clinical team that includes medical, mental health, and substance abuse professionals.
 3. Pre-release relapse-prevention education, including risk management as well as referrals to specified community resources upon release when appropriate.
 4. The inmate will be involved in aftercare discharge plans.
- R. The principle of confidentiality applies to an inmate's health records and information about an inmate's health status. **[4-4396]**
1. The active health record is maintained separately from the confinement case record;
 2. Access to the health record is in accordance with state and federal law;
 3. To protect and preserve the integrity of the facility, the health authority shares with the Secretary or the warden information regarding an inmate's medical management;
 4. The circumstances are specified when correctional staff should be advised of an inmate's health status. Only that information necessary to preserve the health and safety of an inmate, other inmates, volunteers, visitors, or correctional staff is provided.
 5. Policy determines how information is provided to correctional and classification staff, volunteers, and visitors to address the medical needs of the inmates as it relates to housing, program placement, security, and transport.
 6. The release of health information complies with the Health Insurance Portability and Accountability Act (HIPAA), where applicable, in a correctional setting.



David Jablonski, Secretary of Corrections
New Mexico Corrections Department

07/31/18
Date

 <p>CD-180201</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: 12/01/00</p> <p>EFFECTIVE DATE: 12/01/00</p>	<p>REVIEWED: 07/31/18</p> <p>REVISED: 02/16/15</p>
	<p>TITLE: Behavioral Health Reception and Diagnosis Center (RDC)</p>	

AUTHORITY:

Policy *CD-180200*

PROCEDURES:

A. Reception and Diagnostic Center Intake Process: [4-4365] [4-4371] [4281-4] [4-4281-5]

1. Initial Intake Screening Protocol:

The following protocols are completed for each inmate on the date of arrival at the respective male or female Reception and Diagnostic Unit.

- a. **Rights to Confidentiality and Availability of Services** form (*CD-180201.1*) or **Derechos de Confidencialidad Y Servicios Disponibles** form (*CD-180202.2*).
- b. **Notice to Incoming Inmates** form (*CD-180201.3*) or **Noticia para Prisioneros de Entrada** form (*CD-180201.4*), which lists the inmate's RDC behavioral health clinician and informs inmates how to access RDC behavioral health services.
- c. **RDC Intake Interview and Recommendations** form (*CD-180201.5*) including the **RDC Mental Status Examination** Form (*CD-180201.6*).
- Substance Use Disorders Chrono* (*CD-185201.7*)
- d. Provide a blank copy of the **Inmate Request for RDC Behavioral Health Services** form (*CD-180201.10*) to each incoming inmate.
- e. **Suicide and Self Injury History/Alert Log** form (*CD-108201.11*).
- f. **TCU Drug Screen V** form (*CD-180201.12*)

2. Intake Screening Outcomes:

Based on the initial intake screening process and/or referrals to RDC behavioral health, the following recommendations can be made::

- a. No indicators.

If an inmate has no mental health or substance abuse needs indicated during the initial intake screening process, no further RDC evaluation is necessary.

- b. Inmates who report current suicidal ideation will receive a clinical interview and crisis intervention services, if indicated. A referral to psychiatry **Referral from Behavioral Health to Psychiatry** form (CD-180105.1) will be completed with all inmates that express current suicidal ideation.
- c. RDC inmates that receive a Behavioral Health Code 4 or 5 must be referred to the RDC Behavioral Health Manager, Clinical Supervisor, or designee for review within one (1) working days of the Code 5 rating. Inmates receiving a Code 4 or 5 will be placed on a weekly well-being check.
- d. If clinically indicated, inmates receiving a Code 4 or 5 should be staffed for possible referral to the MHTC.
- e. If the **RDC Intake Interview and Recommendations** form (CD-180201.5) includes a referral to RDC Behavioral Health for further evaluation, the following will occur:
- 1) A clinical interview will be conducted within five working days of the intake assessment and will be documented on a **Documentation Notes** form (CD-180102.1).
 - 2) A DSM V diagnosis and treatment recommendation, if any, will be completed.
 - 3) If the clinical interview indicates the need for additional testing, refer to CD Procedure 180107, *Diagnosis, Clinical Assessments and Diagnostic Testing*.
- f. If the **RDC Intake Interview and Recommendations** form (CD-180201.5) includes a referral to RDC psychiatry or the inmate arrived at RDC on psychotropic medications, the following will occur:
- 1) The inmate will be referred to the RDC psychiatrist for evaluation and assessment if not already on psychotropic medications.
 - 2) For inmates arriving on psychotropic medications, RDC staff will verify that the contract medical provider has added the inmate to the psychiatric clinic. The psychiatrist will conduct a psychiatric assessment per psychiatry policy.

- g. If the **RDC Intake Interview and Recommendations** form (*CD-180201.5*) includes information that the inmate has been sexually abused or is a sexual aggressor the clinical interviews and recommendations and will be documented.
3. Completion of Mental Health Clearance Chrono:
- a. Upon completion of the above processes, the RDC clinician will complete a Mental Health Clearance Chrono within five working days of admission in accordance with CD Procedure 180104, *Facility Intakes and Transfers*.
 - b. The original of the **Mental Health Clearance Chrono** (*CD-180104.3*) is filed in the inmate's behavioral health file and copies are sent to the facility Classification Bureau and Medical Bureau.
 - c. The **Mental Health Clearance Chrono** (*CD-180104.3*) will be updated when there is a change in an inmate's behavioral health needs or services.
4. Completion of Addictions Chrono:
- a. Upon completion of the above processes, the RDC clinician will complete a **Substance Use Disorders Chrono** within five working days of admission (*CD-185201.7*).
 - b. The original of the **Substance Use Disorders Chrono** form (*CD-185201.7*) is filed in the inmate's behavioral health file and copies are sent to the facility Classification Bureau and Medical Bureau.
 - c. The **Substance Use Disorders Chrono** (*CD-185201.7*) will be updated when there is a change in the inmate's substance use treatment and/or programming needs and as the inmate gets closer to release from prison.
5. Inter-Department Referrals and Inmate Requests for RDC Behavioral Health Services:
- a. Referrals to Behavioral Health:

RDC inmates can be referred to RDC Behavioral Health by associated RDC Departments or staff including but not limited to medical, education, security, classification and disciplinary.

 - 1. This protocol gives access to behavioral health services for inmates who exhibit behaviors that may be inconsistent with normal levels of functioning and adjustment.
 - 2. Referring staff members will complete the **Referral to RDC Behavioral Health** form (*CD-180201.8*).

3. Behavioral Health staff will schedule an appointment with the inmate and complete the Behavioral Health portion of the **Referral to RDC Behavioral Health** form (*CD-180201.7*).

b. Inmate Requests for Behavioral Health Services:

RDC inmates can request behavioral health services from RDC behavioral health staff. The inmate can complete the **Inmate Request for RDC Behavioral Health Services** form (*CD-180201.10*). +All inmates will receive a blank copy of the request form during the behavioral health intake process. RDC security staff will also be given copies of the request form to distribute to inmates as needed.

c. Inmates that are chronically ill, physically disabled, geriatric, seriously mentally ill, or developmentally disabled will be evaluated by the respective disciplines regarding housing, program assignments, disciplinary measures and facility transfers.

6. Disposition of RDC Forms:

a. RDC intake and evaluation forms will be given to the RDC clerk who will place them in the behavioral health file.

b. Behavioral health referral and request forms will be filed in the designated location in the behavioral health file by the RDC clerk.

B. Other Facilities: [4-4363]

Behavioral health intakes and screenings for facilities other than RDC are covered in (*CD-180104*), *Facility Intakes and Transfers*.



David Jablonski, Secretary of Corrections
New Mexico Corrections Department

07/31/18
Date

NEW MEXICO CORRECTIONS DEPARTMENT
Rights to Confidentiality and Availability of Services

I have been advised of my rights to confidentiality and the limits regarding confidentiality for any services I receive from the Behavioral Health Staff as follows:

Generally, statements made by inmates to Behavioral Health Staff are confidential, and will not be disclosed without the inmate's consent, except as follows:

- A. Information requested by the Governor; Attorney General; Parole Board; and the Corrections Department Counsel, Classification Bureau (to recommend custody levels or transfers between correctional institutions), Community Corrections, Medical Staff (to provide medical or mental health assessments or treatment), Education Staff (to recommend educational programs), and Probation and Parole Officers (to help me with behavioral health services when I am on parole) to the extent that these officials and staff need the information to carry out their programs and duties;
- B. Information regarding threats to the lives or well-being of others (to include yourself), or to the direct safety and security of the institution, which must be conveyed immediately to the institution security staff;
- C. Information required to be disclosed according to a court order;
- D. Information concerning the abuse or neglect of any child, which will be reported to social services agencies as required by law.
- E. Allegations that you have been abused by a staff member or by another inmate; and,
- F. Information required by multidisciplinary treatment teams in special programs.

I understand that my substance abuse records are protected under the federal regulations governing the Confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR Part 2, and may not be disclosed without my written consent except where a court order authorizes a particular disclosure, or in a medical emergency, or to report child abuse or neglect, or where I have committed a crime on the premises or against program staff (or have threatened to commit such a crime), or as otherwise permitted by the regulations.

In addition, I have been informed of the behavioral health services which are available to me and how to request services from the Behavioral Health Unit.

Inmate Signature: _____ Date: _____

Witnessed by: _____ Date: _____

NOTE: If inmate is unable to sign, instruct him or her to use an "X". If inmate refuses to sign, witness is to sign and indicate, "Inmate refused to sign" on inmate signature line.

Inmate Name: _____ NMCD#: _____ Facility: _____

DEPARTAMENTO DE CORRECCIONES DE NUEVO MEXICO
Derechos de Confidencialidad Y Servicios Disponibles

He sido aconsejado sobre mis derechos de confidencialidad y los límites de la confidencialidad en los servicios que recibo del personal del Departamento de Salud Mental como sigue:

Generalmente, las declaraciones hechas por prisioneros al personal del Departamento de la Salud Mental son confidenciales y no serán reveladas sin el permiso del prisionero, excepto con respecto a:

- A. La información pedida por el Gobernado, el Abogado General, Consejo de Libertad Provisional, General del Departamento de Correcciones, la Agencia de Clasificación (para recomendar niveles de custodia de prisión o transferencias entre prisiones), Departamento de Correcciones en la Comunidad, el Departamento Médico (para proveer evaluaciones médicas o de salud mental o tratamiento), el Departamento de Educación (para recomendar programas educativos), y Probación y oficiales de la libertad provisional (para ayudarme a recibir los servicios de salud mental que requiero cuando estoy puesto en libertad provisional) a medida que estos oficiales y empleados requieran la información para llevar a cabo sus programas y deberes;
- B. Información tocante a las amenazas a las vidas o al bienestar de otros (incluyendo de usted mismo), o a la seguridad directa de la institución, lo que será comunicada al personal de seguridad de la institución;
- C. Información requerida por la corte;
- D. Información acerca del abuso o abandono de cualquier niño, lo que será reportada al las agencias estatales de servicios sociales como requerida por la ley; e
- E. Información requerida para un grupo de personas de diferentes profesiones en programas especiales.

Entiendo que mis expedientes de abuso de sustancia son protegidos por las regulaciones federales que gobiernan la Confidencialidad de los Expedientes del Abuso de Alcohol y Drogas, 42 CFR Parte 2, ye que estos expedientes no se pueden revelar sin consentimiento escrito, menos cuando un órden de las corte autoriza un descubrimiento particular, o en una emergencia médica, o para reportar el abuso o negligencia de un niño, o donde he cometido un crimen en las premisas o contra empleados del programa (o he amenazado de cometer tal crimen), o como por otra parte permitido por las regulaciones.

Además, he sido informado de los servicios de la salud mental que son disponibles, como puedo pedir servicios del Departamento de Salud Mental y que los servicios de la salud mental serán proveídas cuando completo la Petición por Servicios de la Unidad de Salud Mental (Request for Behavioral Health Services).

Firma del Prisionero: _____ Fecha: _____

Witnessed by: _____ Date: _____

NOTE: If inmate is unable to sign, instruct him or her to use an "X". If inmate refuses to sign, the mental health provider will sign and indicate, "Inmate refused to sign" on inmate signature line.

Inmate Name: _____ NMCD#: _____ Facility: _____

NEW MEXICO CORRECTIONS DEPARTMENT
Notice to Incoming Inmates

The RDC clinician assigned to your case is indicated below.

ASSIGNED CLINICIAN:

Print name: _____ Date: _____

Mental Health staff at the Reception and Diagnostic Center will help orient you to behavioral health services at the New Mexico Corrections Department. RDC inmates may receive behavioral health services, as appropriate, which include, but are not limited to:

1. Brief crisis intervention on request.
2. Psychiatric services.
3. Appropriate psychological testing.
4. On-call crisis interventions on a 24-hour basis.

If you believe you need to see a behavioral health clinician, ask the correctional staff or the medical staff to make a referral to behavioral health. You may also forward a request slip to the Behavioral Health Unit. A behavioral health clinician will contact you.

Once you have been classified and transported to the institution where you are to be housed, you may inquire about the Behavioral Health treatment programs available at that institution.

The above information was discussed with the inmate:

Inmate Signature: _____ Date: _____

Clinician Signature: _____ Date: _____

Inmate Name: _____ NMCD#: _____ Facility: _____

DEPARTAMENTO DE CORRECCIONES DE NUEVO MEXICO
Noticia para Prisioneros de Entrada

El clínico asignado a su caso en el Centro de Recepción Y Diagnósis será indicado en seguida:

Clínico Asignado: _____ Date: _____
(Print Assigned Counselor)

El Departamento de Salud Mental en el Centro de Recepción y Diagnosis (RDC) le ayudarán a orientarse al Departamento de Salud Mental del Departamento de Correcciones. Prisioneros de RDC pueden recibir servicios de salud mental, según apropiado, que incluyen pero no se limitan a:

1. Terapia en breve para crisis por petición.
2. Servicios psiquiátricos.
3. Intervención en crisis psicológico, por asistente a mano disponible 24 horas al día.

Si Ud. cree que necesita hablar con un clínico de salud mental, pida al personal de corrección o médico que lo refiera a la Salud Mental. También puede mandar la forma de petición a la Unidad de Salud Mental. Un clínico de salud mental se pondrá en contacto con usted.

Cuado Ud. haya sido clasificado y transportado a la institución que será su residencia, podrá pedir información sobre los programas de tratamiento de Salud Mental disponibles en aquella institución.

La información de arriba fue discutida con el prisionero:

Firma del Prisionero: _____ Fecha: _____
(Inmate's Signature)

Clinician Signature: _____ Date: _____

Inmate Name: _____ NMCD#: _____ Facility: _____

**NEW MEXICO CORRECTIONS DEPARTMENT
RDC Intake Interview and Recommendations**

Clear Not Clear DOB: _____ AGE: ____ SEX: ____ ETHNICITY: _____

CHARGE: _____ SENTENCE _____
 N/ADM/READM, D&E, PV, Proby: _____ County: _____

BEHAVIORAL HEALTH HISTORY:

Suicide Attempts/Gestures:	Y	N	Outpatient Mental Health:	Y	N
How many total: _____			Inpatient psychiatric hospitalization:	Y	N
Age first attempt: ____					
Age last attempt: ____					

Current Suicide Risk: Low Moderate High		Requires One-on-One Watch:	Y	N	
History of Special Education	Y	N	Family history of mental illness	Y	N
History of severe cerebral trauma	Y	N	History of expressly violent behavior	Y	N
History of victimization in/out of prison	Y	N	Current/history of seizure disorder	Y	N
History of sex offenses	Y	N	Severe emotional response to incarceration	Y	N
History of psychotropic medications	Y	N	Currently on psychotropic medications	Y	N
History of sexual aggression	Y	N	History of sexual victimization	Y	N

Substance Abuse: See TCU Drug Screen, Addictions Chrono and RDC Addictions COMPAS Worksheet.

REFERRALS TO RDC SERVICES:

- RDC Psychiatry (Assessment)
- RDC Psychiatry (Medication)
- RDC PREA evaluation
- RDC MH: further evaluation (other)

Comments: _____

Clinician (Print Name and Title): _____

Signature: _____ Date: _____ Time: _____

Inmate Name: _____ NMCD#: _____ Facility: _____

NEW MEXICO CORRECTIONS DEPARTMENT
RDC Mental Status Examination

- SUICIDE:** Ideation/Attempts Denied Attempted: # times _____ Method
 Current ideation Risk: High Medium Low
- HOMICIDE:** Ideation/Attempts Denied Past ideation Attempted # times
 Current ideation Risk: High Medium Low
- APPEARANCE:** Unremarkable Disheveled Poor hygiene
- ATTITUDE:** Unremarkable Passive Submissive Seductive
 Guarded Suspicious Sullen
- MOOD & AFFECT:** Unremarkable for setting Indifferent Hopeless Depressed
 Bitter Shallow Angry/Hostile Guilt Fear Grandiosity
- Congruence of Affect** Appropriate occasionally inappropriate Inappropriate
- Range of Affect** Normal Narrow Blunted Wide
- Stability of Affect** Stable Labile
- SPEECH: Amount** Normal Uncommunicative Terse Answers Very talkative
- Pressure** Normal Intense Occasionally Explosive
- ORIENTATION:** Oriented Disoriented for time Disoriented for place
 Disoriented for person Disoriented for situation
- ATTENTION:** Unimpaired Impaired **MEMORY:** Unimpaired Impaired
- CONCENTRATION:** Unimpaired Impaired
- THOUGHT PROCESSES:** **Abstractions** Unimpaired Impaired
- Clarity** Coherent slightly confused Incoherent
- Content** Normal Hallucinations Delusions Tangential Paranoia

GAF: _____

CLINICAL OBSERVATIONS: _____

Clinician (Print Name and Title): _____

Signature: _____ Date: _____

Inmate Name: _____ NMCD#: _____ Facility: _____

NEW MEXICO CORRECTIONS DEPARTMENT
Referral to RDC Behavioral Health

Reason for Referral: _____

Specific Observations (include dates): _____

Any Other Relevant Information: _____

Submitted By:

Name and Title (printed): _____

Signature: _____ Date: _____

Department: _____

BEHAVIORAL HEALTH FOLLOW-UP:

Request received on: _____ Inmate seen: _____

Summary: _____

Disposition:

_____ Schedule appointment for further contact

_____ Refer to psychiatry

_____ No further action needed

_____ Other: _____

Clinician (Print Name and Title): _____

Signature: _____ Date: _____

Inmate Name: _____ NMCD#: _____ Facility: _____

NEW MEXICO CORRECTIONS DEPARTMENT
Inmate Transfer Tracking

Facility Transfer

From	To	Date

Inmate Name: _____ NMCD#: _____ Facility: _____

NEW MEXICO CORRECTIONS DEPARTMENT
Inmate Request for RDC Behavioral Health Services

Inmate Name (Print): _____ NMCD#: _____

Reason for Request:

Inmate Name (Print): _____ Date: _____

.....
Inmate Request for RDC Behavioral Health Services

NEW MEXICO CORRECTIONS DEPARTMENT
Suicide and Self-Injury History/Alert Log

This client has a history of suicidality and/or self-injurious behavior, as follows:

Enter date and check if suicide and/or self-injury apply. Add comments

Date	Suicide	Self-Injury	Comments (add title and signature at end of comment)
			RDC:

Inmate Name: _____ NMCD#: _____ Facility: _____

NEW MEXICO CORRECTIONS DEPARTMENT
TCU Drug Screen V

Inmate Name: _____ NMCD#: _____ Date: _____

Facility: _____

Instruction Page

The following questions ask about your drug use (including alcohol) in the past 12 months. Please answer them by marking only one circle for each question. If you do not feel comfortable giving an answer to a particular question, you may skip it and move on to the next question.

If you are an inmate, please refer to the 12-month period immediately before you were locked up; that is, the last time you were in the “free world.”

Also, alcohol is a drug. Your answers to questions about drug use need to include alcohol use, such as drinking beer.

The example below shows how to circle your answer-

<p>1. I like ice cream..... <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
--

Inmate Name: _____ NMCD#: _____ Facility: _____
TCU Drug Screen V Form CD-180201.12 (Rev. 02/16/15)

NEW MEXICO CORRECTIONS DEPARTMENT
TCU Drug Screen V

During the last 12 months (before being locked up, if applicable) –

	Yes	No
1. Did you use larger amounts of drugs or use them for a longer time than you planned or intended?	<input type="radio"/>	<input type="radio"/>
2. Did you try to control or cut down on your drug use but were unable to do it?	<input type="radio"/>	<input type="radio"/>
3. Did you spend a lot of time getting drugs, using them, or recovering from their use?	<input type="radio"/>	<input type="radio"/>
4. Did you have a strong desire or urge to use drugs?	<input type="radio"/>	<input type="radio"/>
5. Did you get so high or sick from using drugs that it kept you from working, going to school, or caring for children?	<input type="radio"/>	<input type="radio"/>
6. Did you continue using drugs even when it led to social or interpersonal problems? ...	<input type="radio"/>	<input type="radio"/>
7. Did you spend less time at work, school, or with friends because of your drug use?	<input type="radio"/>	<input type="radio"/>
8. Did you use drugs that put you or others in physical danger?	<input type="radio"/>	<input type="radio"/>
9. Did you continue using drugs even when it was causing you physical or psychological problems?	<input type="radio"/>	<input type="radio"/>
10a. Did you need to increase the amount of a drug you were taking so that you could get the same effects as before?	<input type="radio"/>	<input type="radio"/>
10b. Did using the same amount of a drug lead to it having less of an effect as it did before?	<input type="radio"/>	<input type="radio"/>
11a. Did you get sick or have withdrawal symptoms when you quit or missed taking a drug?	<input type="radio"/>	<input type="radio"/>
11b. Did you ever keep taking a drug to relieve or avoid getting sick or having withdrawal symptoms?	<input type="radio"/>	<input type="radio"/>
12. Which drug caused the most serious problem during the last 12 months? [CHOOSE ONE]		
<input type="radio"/> None <input type="radio"/> Alcohol <input type="radio"/> Cannaboids – Marijuana (<i>weed</i>) <input type="radio"/> Cannaboids – Hashish (<i>hash</i>) <input type="radio"/> Synthetic Marijuana (<i>K2/Spice</i>) <input type="radio"/> Opioids – Heroin (<i>smack</i>) <input type="radio"/> Opioids – Opium (<i>tar</i>) <input type="radio"/> Stimulants – Powder Cocaine (<i>coke</i>) <input type="radio"/> Stimulants – Crack Cocaine (<i>rock</i>) <input type="radio"/> Stimulants – Amphetamines (<i>speed</i>)	<input type="radio"/> Stimulants – Methamphetamine (<i>meth</i>) <input type="radio"/> Synthetic Cathinones (<i>Bath Salts</i>) <input type="radio"/> Club Drugs – MDMA/GHB/Rohypnol (<i>Ecstasy</i>) <input type="radio"/> Dissociative Drugs – Ketamine/PCP (<i>Special K</i>) <input type="radio"/> Hallucinogens – LSD/Mushrooms (<i>acid</i>) <input type="radio"/> Inhalants – Solvents (<i>paint thinner</i>) <input type="radio"/> Prescription Medications – Depressants <input type="radio"/> Prescription Medications – Stimulants <input type="radio"/> Prescription Medications – Opioid Pain Relievers <input type="radio"/> Other (specify) _____	

13. How often did you use each type of drug during the last 12 months?

Only a few	1-3 times per	1-5 times per
---------------	------------------	------------------

	Never	times	month	week	Daily
a. Alcohol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Cannaboids – Marijuana (<i>weed</i>)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Cannaboids – Hashish (<i>hash</i>)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Synthetic Marijuana (<i>K2/Spice</i>)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Opioids – Heroin (<i>smack</i>)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Opioids – Opium (<i>tar</i>)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Stimulants – Powder cocaine (<i>coke</i>)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Stimulants – Crack Cocaine (<i>rock</i>)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Stimulants – Amphetamines (<i>speed</i>)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Stimulants – Methamphetamine (<i>meth</i>)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. Synthetic Cathinones (<i>Bath Salts</i>)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. Club Drugs – MDMA/GHB/Rohypnol (<i>Ecstasy</i>)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m. Dissociative Drugs – Ketamine/PCP (<i>Special K</i>)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
n. Hallucinogens – LSD/Mushrooms (<i>acid</i>)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
o. Inhalants – Solvents (<i>paint thinner</i>)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
p. Prescription Medications – Depressants	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
q. Prescription Medications – Stimulants	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
r. Prescription Medications – Opioid Pain Relievers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
s. Other (specify) _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

14. How many times before now have you ever been in a drug treatment program?

[DO NOT INCLUDE AA/NA/CA MEETINGS]

- Never* *1 time* *2 times* *3 times* *4 or more times*

15. How serious do you think your drug problems are?

- Not at all* *Slightly* *Moderately* *Considerably* *Extremely*

16. During the last 12 months, how often did you inject drugs with a needle?

- Never* *Only a few times* *1-3 times/month* *1-5 times per week* *Daily*

17. How important is it for you to get drug treatment now?

- Not at all* *Slightly* *Moderately* *Considerably* *Extremely*

TCU DRUG SCREEN 5 – Opioid Supplement

***If the response to TCU Drug Screen 5, page 2, Q13e, Q13f, or Q13r regarding opioid use is more than “Never,” then complete the following questions.**

In the LAST 12 MONTHS –

1. What types of opioids have you used?

- a. Heroin No Yes
- b. Oxycodone (Oxycontin, Percodan, Percocet) No Yes
- c. Hydrocodone (Vicodin, Lortab, Lorcet, Norco, Zohydro) No Yes
- d. Morphine (Kadian, Avinza, MS Contin) No Yes
- e. Fentanyl (Duragesic, Fentora) No Yes
- f. Hydromorphone (Dilaudid, Exalgo) No Yes
- g. Methadone (Dolophine) No Yes
- h. Oxymorphone (Opana) No Yes
- i. Codeine (Tylenol/cough syrup with codeine) No Yes

2. How many times did you inject an opioid?

- Never A few times 1-3 times/month 1-5 times per week Daily

3. How many times did you take an opioid in another way (e.g., ground pills and sniffed it, put a film in your mouth)?

- Never A few times 1-3 times/month 1-5 times per week Daily

4. How many times did you take an opioid prescribed for you?

- Never A few times 1-3 times/month 1-5 times per week Daily

5. How many times did you take an opioid prescribed for someone else?

- Never A few times 1-3 times/month 1-5 times per week Daily

6. From whom did you get the opioids you took?

- a. Medical doctor/pharmacy? No Yes
- b. Family member? No Yes
- c. Friend? No Yes
- d. Someone else (e.g., “on the street”)? No Yes

7. Have you taken opioids for medical reasons? No Yes*

***IF YES**, briefly describe the reasons:

8. Have you taken opioids for non-medical reasons? No Yes*

***IF YES**, briefly describe the reasons:

9. Has a **doctor prescribed** opioid medications for you? No Yes*

***IF YES:**

a. did you have the most recent **prescription filled**? No Yes*

b. did you **take all of the medications** as prescribed? No Yes*

c. did you **give or sell any of your medications** to someone else? No Yes*

10. Have you taken **other medications or illegal drugs** for medical reasons (e.g., to treat pain)? No Yes*

***IF YES**, please list:

Drug/medication: _____ Reasons for taking: _____

Drug/medication: _____ Reasons for taking: _____

Drug/medication: _____ Reasons for taking: _____

11. Do you or someone close to you (e.g., family, friend) have **access to naloxone (Narcan)** to reverse an overdose? No Yes

12. How many times have you **EVER overdosed** after taking opioids?

- Never Once Twice 3 times 4 or more times

13. **In the last 12 months**, how many times **have you overdosed** after taking opioids?

- Never Once* Twice* 3 times* 4 or more times*

***IF MORE THAN “NEVER,” in the last 12 months:**

a. **What types** of opioids did you use?

- 1. Heroin No Yes
- 2. Oxycodone (Oxycontin, Percodan, Percocet) No Yes
- 3. Hydrocodone (Vicodin, Lortab, Lorcet, Norco, Zohydro) No Yes
- 4. Morphine (Kadian, Avinza, MS Contin) No Yes
- 5. Fentanyl (Duragesic, Fentora) No Yes
- 6. Hydromorphone (Dilaudid, Exalgo) No Yes
- 7. Methadone (Dolophine) No Yes
- 8. Oxymorphone (Opana) No Yes
- 9. Codeine (Tylenol/cough syrup with codeine) No Yes

b. How many times did you go to the hospital or emergency room because of an overdose on opioids?

- Never Once Twice 3 times 4 or more times

c. How many times were you given naloxone (Narcan) because of an overdose?

- Never Once Twice 3 times 4 or more times

d. Have you received any follow-up treatment after the most recent overdose?

- No Yes

14. Have you received Medication Assisted Treatment (MAT) in the last 12 months?

- No Yes

15. Are you currently receiving Medication Assisted Treatment (MAT)?

- No Yes

*IF YES, what type?

- a. Methadone (Dolophine or Methadone) No Yes
b. Buprenorphine (Subutex, Suboxone) No Yes
c. Oral naltrexone (Depade, Revia) No Yes
d. Depot naltrexone (Vivitrol) No Yes
e. Other, specify: _____ No Yes

16. Have you obtained any of these medications without a prescription?

- No Yes

17. Have you taken more of these medications than were prescribed?

- No Yes

Inmate Name: _____ NMCD#: _____ Facility: _____
TCU Drug Screen II Form CD-180201.12 (Rev. 02/16/15)

NEW MEXICO CORRECTIONS DEPARTMENT
TCU Drug Screen V

Scoring for the TCU Drug Screen V

Scoring Instructions. The TCU Drug Screen V (TCUDS V) is scored to produce a single total score which can range from 0 to 11. To compute the total TCUDS V score:

1. Assign 1 point to each “yes” response to items 1 through 9.
2. For items 10 and 11,
 - a. assign 1 point if respondent answers “yes” to either 10a or 10b;
 - b. assign 1 point if respondent answers “yes” to either 11a or 11b.
3. Sum 1-point “yes” responses for items 1 through 11, yielding a total score ranging between 0 and 11.
4. Note that items 12 through 17 are not included as part of the total TCUDS V score; they provide additional information that may be useful in guiding treatment decisions.

Interpreting Scores. Interpretation of the TCUDS V score corresponds with the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5) criteria, and is based on a single disorder measured on the following continuum from mild to severe:

Mild disorder: Score of 2-3 points (presence of 2-3 symptoms)

Moderate disorder: Score of 4-5 points (presence of 4-5 symptoms)

Severe disorder: Score of 6 or more points (presence of 6 or more symptoms)

The TCU Drug Screen V may be used for personal, educational, research, and/or information purposes. Permission is hereby granted to reproduce and distribute copies of the form for nonprofit educational and nonprofit library purposes, provided that copies are distributed at or below costs and that credit for author, source, and copyright are included on each copy. No material may be copied, downloaded, stored in a retrieval system, or redistributed for any commercial purpose without the express written permission of Texas Christian University. For more information on the TCU Drug Screen V, please contact:

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Fort Worth, TX 76129

(817) 257-7226

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Email: ibr@tcu.edu

Website: www.ibr.tcu.edu

Inmate Name: _____ NMCD#: _____ Facility: _____

NEW MEXICO CORRECTIONS DEPARTMENT
TCU Drug Screen V

Score/Recommendations:

TCU SCORE _____ **(See Scoring Instructions)**

(The answers to the following questions are confidential and restricted to the clinical file; they will not be shared with security)

Have you used drugs or alcohol during your present incarceration period? No Yes

If yes, what substances? _____

What frequency (times per month)? _____

Date last used (mo/yr)? _____

Relevant Substance Abuse Treatment:

History: _____

Comments: _____

Recommendations:

___ RDAP

___ Out-Patient Substance Abuse Treatment

___ No Treatment Recommended

___ Other

Behavioral Health Services Signature: _____

Date: _____

Inmate Name: _____ NMCD#: _____ Facility: _____

NEW MEXICO CORRECTIONS DEPARTMENT
RDC Addictions COMPAS Worksheet

1. COUNTY OF CRIME: _____
2. DATE OF RDC ENTRY: _____
3. INTAKE STATUS: NADM READM PROBAT. PV D&E
4. MARITAL STATUS: NEVER MARRIED DIVORCED CIVIL UNION COMMON LAW MARRIED
5. # OF CHILDREN: _____
6. # OF CHILDREN UNDER 18: _____
7. AGE OF FIRST ARREST: _____
8. JUVENILE INCARCERATION: YES NO
9. # DWI ARRESTS: _____
10. AGE OF FIRST ALCOHOL USE: _____
11. AGE OF FIRST DRUG USE: _____
12. FIRST DRUG USED: _____
13. TOBACCO USE: YES NO
14. DOMESTIC VIOLENCE ARREST(S): YES NO
15. VICTIM OF DOMESTIC VIOLENCE: YES NO
16. CRIME DRUG/ALCOHOL RELATED: YES NO
17. CRIME COMMITTED WHILE USING DRUGS/ALCOHOL: YES NO
18. CRIME COMMITTED FOR MONEY TO BUY DRUGS: YES NO
19. DRUG OF CHOICE: _____
20. INJECT DRUGS WITH A NEEDLE: YES NO
21. HX OF DRUG/ALCOHOL ADDICTION: YES NO
22. ATTEND AA OR NA OR CA MEETINGS (circle meeting type): YES NO
23. COMMUNITY SUBSTANCE ABUSE TX: NONE OUTPATIENT INPATIENT
24. SUBSTANCE ABUSE TX WHILE INCARCERATED: NONE OUTPATIENT TC
25. MEDICATION ASSISTED SUB. ABUSE TX: NONE METHADONE SUBOXONE
 ANTIBUSE NALTREXONE OTHER: _____
26. TATTOOS IN JAIL/PRISON: YES NO
27. MEDICAL DX OF THE FOLLOWING: NONE HEP. A HEP. B HEP. C HIV

TCU SCORE: _____ PRD: _____
DSM IV SUB. ABUSE DX AND CODE: _____
HX OF PSYCH. MEDS: YES NO CURRENT PSYCH. MEDS: YES NO SUB. ABUSE
CHRONO CODE: _____ NATIVE AMERICAN TC? YES NO
TX RECOMMENDED: NONE OUTPATIENT TC
COMMENTS: _____

OUTPATIENT RECOMMENDED: YES NO
COMMENTS: _____

D.O.B. _____ **ETHNICITY:** _____

CLINICIAN SIGNATURE: _____ DATE: _____

INMATE NAME: _____ **NMCD#** _____

Inmate Name: _____ NMCD#: _____ Facility: _____