 <p>CD-180400</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: 12/09/02	REVIEWED: 01/31/18
	EFFECTIVE DATE: 12/16/02	REVISED: 07/12/17
	TITLE: Behavioral Health Screening and Services for Special Management Inmates	

AUTHORITY:

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

REFERENCES:

- A. ACA Standard 4-4256, 4-4273, 4-4368, and 4-4374 *Standards for Adult Correctional Institutions 4th Edition*.
- B. NCHC Standard P-E-09, P-E-12, P-G-01, and P-G-04 *Standards for Health Services in Prisons, 2008*.
- C. NMCD Policies, Chapter 14 *Special Management Inmates*.
- D. Policy CD-172300 Mental Health Treatment Center: Psychiatry, Medical and Nursing Care.
- E. Policy CD-180600 Mental Health Treatment Center.
- F. American Psychiatric Association, *Diagnostic and Statistical Mental Disorders: DSM-5, 5th Edition*.

PURPOSE:

To establish guidelines for the screening and behavioral health evaluation of inmates classified to Special Management, to ensure the behavioral health needs of such inmates are addressed.

APPLICABILITY:

All employees and inmates at secure facilities that house New Mexico Corrections Department (NMCD) inmates within the State of New Mexico, particularly classification and security staff assigned to Special Management Units.

FORMS:

Behavioral Health Evaluation and Screening for Special Management Housing form (CD-180401.1)

ATTACHMENTS:

None


DEFINITIONS:

- A. Alternative Placement Area (APA): Designated living area(s) for inmates who (1) have a Special Management designation; and, (2) who meet specified behavioral health criteria. Placement in the APA occurs to best facilitate behavioral health service delivery for such inmates.
- B. MHTC: The Mental Health Treatment Center, located at Central New Mexico Correctional Facility (CNMCF), is a unit that provides housing, behavioral health services, psychiatric care, and nursing care for inmates that require inpatient behavioral health treatment and intensive outpatient behavioral health treatment.
- C. Mental Health Special Management (MHSM): MHSM is a unit that provides housing, behavioral health services, psychiatric care, and nursing care for Special Management inmates that require inpatient behavioral health treatment and intensive outpatient behavioral health treatment.
- D. Regular Special Management Housing: Housing locations designated for inmates who are classified as Special Management and who have been evaluated as having no behavioral health condition that would preclude such placement.
- E. Rounds: the routine of a behavioral health provider entering a housing unit, walking cell to cell, and making himself or herself available to inmates for brief conversation, discussion, or so that an inmate may request behavioral health services.
- E. Well-Being Checks: A system of behavioral health monitoring for any overt signs of mental deterioration.

POLICY:


- A. NMCD will use established screening criteria to identify inmates who should be excluded from placement in Regular Special Management Housing on the basis of their behavioral health status. Such inmates may be located in the Mental Health Special Management.
- B. A qualified mental health professional personally interviews and prepares a written report on any inmate remaining in segregation for more than 30 days. If confinement continues beyond 30 days, a mental health assessment by a qualified mental health professional is made at least every three months – more frequently if prescribed by the chief medical authority. [4-4256]
- C. Inmates in administrative segregation and protective custody have access to programs and services that include, but are not limited to, the following: social services and counseling services. [4-4273]
- B. The mental health program is approved by the appropriate mental health authority and includes at a minimum: [4-4368]
- Screening on intake;

- Outpatient services for the detection, diagnosis, and treatment of mental illness;
 - Crisis intervention and the management of acute psychiatric episodes;
 - Stabilization of the mentally ill and the prevention of psychiatric deterioration in the correctional setting;
 - Elective therapy services and preventive treatment where resources permit;
 - Provision for referral and admission to licensed mental health facilities for inmates whose psychiatric needs exceed the treatment capability of the facility; and
 - Procedures for obtaining and documenting informed consent.
- C. Inmates with severe mental illness or who are severely developmentally disabled will receive a mental health evaluation and, where appropriate, will be referred for placement in non-correctional facilities or in units specifically designated for handling this type of individual. **[4-4374]**
- D. When an inmate is segregated, mental health staff monitors his or her mental health. **[P-E-09]**
- E. Inmates receive treatment and diagnostic tests ordered by clinicians. **[P-E-12]**
- F. Patients with chronic mental disorders are identified and enrolled in a chronic mental disorder program to decrease the frequency and severity of the symptoms, prevent mental disorder progression and complication, and foster improved function. **[P-G-01]**
- G. Mental health services are available for all inmates who require them. **[P-G-04]**



David Jablonski, Secretary of Corrections
New Mexico Corrections Department

01/31/18
Date

 <p>CD-180401</p>	<p>NEW MEXICO CORRECTIONS DEPARTMENT</p> <p><i>"We commit to the safety and well-being of the people of New Mexico by doing the right thing, always."</i> Courage Responsibility Ethics Dedication - CREDibly serving the public safety of New Mexico</p>	
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	<p>TITLE: Behavioral Health Screening and Services for Special Management Inmates</p>	

AUTHORITY:

Policy *CD-180400*

PROCEDURES:

A. Behavioral Health Screening of Inmates Referred to Special Management:

1. Behavioral Health staff will complete an evaluation and screening: (1) within two working days of a classification committee/Unit Management Team referral of an inmate to Special Management; (2) for inmates who have been in Temporary Restrictive Housing for greater than 90 days. The facility Classification Department is responsible for informing the Behavioral Health Department when either of the above occurs.
2. Behavioral Health services for Special Management inmates assigned to the (MHSM) will be provided pursuant to Policy *CD-180500*.
3. For those inmates placed in Regular Special Management Housing, NMCD will provide behavioral health and psychiatric treatment to inmates identified as needing such services, pursuant to this Policy and NMCD Behavioral Health Policies.
4. The evaluation and screening will be documented using the **Behavioral Health Evaluation and Screening for Special Management Housing** form (*CD-180401.1*), to include a review of the inmate's behavioral health file, an evaluation of the inmate's behavioral health history and, if there is diagnostic uncertainty, a clinical interview.
5. The evaluation and screening will identify whether the inmate has a current Diagnostic and Statistical Manual of Mental Disorders (DSM-5) diagnosis with a current specifier of moderate to severe impairment, as follows:
 - a. Clinically significant suicidal ideation within the last six months.
 - b. Suicide attempts (Serious injury or likelihood of serious injury or death) within the last twelve (12) months.
 - c. Significant and/or chronic self-injury within the past 12 months, excluding Antisocial Personality Disordered inmates who self-injure to secure secondary gain. (Include all suicide attempts).

- d. Schizophrenia Spectrum and other psychotic disorders (e.g. schizophreniform disorder, schizoaffective disorder, delusional disorder, brief psychotic disorder, psychotic disorder due to another medical condition, substance/medication-induced psychotic disorder, other psychotic disorder, psychotic features due to any Mood Disorder. Schizotypal Personality Disorder, Catatonia) with functioning current specifier of moderate to severe impairment.
 - g. Neurocognitive Disorder (e.g. Dementia, delirium, or amnestic disorder) substantiated by neuropsychological testing.
 - h. Intellectual Disability (by DSM-5 criteria) or an IQ of 70 or below and both intellectual and adaptive functioning deficits in conceptual, social, and practical domains.
 - i. Personality disorder with psychotic features and/or serious affective symptoms with a current specifier of moderate to severe impairment.
 - j. Bipolar Disorder (e.g. Bipolar I disorder, Bipolar II disorder, Other Bipolar Disorder, Cyclothymia) with a current specifier of moderate to severe impairment.
 - k. Depressive Disorder (e.g. Depression, Disruptive Mood Dysregulation Disorder, Persistent Depressive Disorder) with a current specifier of moderate to severe impairment.
 - l. Neurocognitive disorder or a mental disorder related to a medical condition or unspecified cognitive disorder with a current specifier of moderate to severe impairment (substantiated by neuropsychological testing).
 - m. Anxiety and trauma-related disorders with a current specifier of moderate to severe impairment.
 - n. Inmates that discontinue psychiatric or behavioral health treatment against medical advice and continue to exhibit low functioning or a pattern of low functioning.
 - o. Other exceptional cases approved by the Clinical Director of Psychiatry or Behavioral Health Services Bureau Chief.
6. The evaluation and screening form will clearly document the source of the DSM-5 diagnosis and current level of functioning for each positive screening criterion.
7. If the screening criteria for APA placement are negative the form will be signed by the behavioral health provider completing the form and the Facility Behavioral Health Manager or Clinical Supervisor. If the screening criteria for APA placement are positive

the form will be signed by the facility psychiatrist and forwarded to the Behavioral Health Bureau Chief, or designee, for final review. Any disagreements among facility staff regarding whether or not the inmate meets a criterion will be reviewed by the Behavioral Health Services Bureau Chief, or designee who is the final authority.

8. The completed **Behavioral Health Evaluation and Screening for Special Management Housing** form (including the signature of the Behavioral Health Services Bureau Chief or designee) will be placed in the inmate's Behavioral Health file.
9. Upon completion of the **Behavioral Health Evaluation and Screening for Special Management Housing** form the facility Behavioral Health staff will complete a Behavioral Health Chrono to include the results of the screening and immediately forward a copy of the Chrono to the facility Classification Department.

B. Alternative Placement Area (APA) Transfer Protocol

1. Any case with a positive screening criterion will be submitted to the Behavioral Health Services Bureau Chief or designee and to the APA Behavioral Health Manager. The Behavioral Health Services Bureau Chief or designee will inform the Classification Bureau Chief or designee of any inmate with a positive APA screening criterion.
 - a. The facility Warden and the NMCD Deputy Director of Adult Prisons may provide input into the housing assignment (regular Special Management or APA) of such an inmate to the Behavioral Health Services Bureau Chief or designee.
 - b. Such input must be documented and submitted to the Behavioral Health Services Bureau Chief or designee within five working days of notification of an inmate with a positive screening criterion.
 - c. The Behavioral Health Services Bureau Chief or designee will review the screening form and will consider the input from the Warden and the Deputy Director of Adult Prisons, if any.
 - d. The Behavioral Health Services Bureau Chief or designee will make the final determination as to whether the inmate meets APA criteria and requires APA housing.
 - e. The Behavioral Health Services Bureau Chief or designee may request more extensive diagnostic assessments or conduct his or her own assessment if needed for screening purposes.
2. An inmate who is identified as meeting the criteria for APA placement will not be held in Temporary Restrictive Housing for more than 30 days before transfer to the APA.

3. Inmates who are screened due to 90 days in Temporary Restrictive Housing status who meet an APA housing criterion will be transferred to the APA pending final classification.
4. No inmate transfers into Special Management will occur within two working days before a State holiday, if possible.
5. Inmates in Special Management who meet an APA criterion will be transferred to and retained in the APA, so long as they continue to meet the criteria for APA housing and placement in regular Special Management is contraindicated for mental health reasons.

C. Behavioral Health Services For Inmates Assigned To Regular Special Management Housing (non APA): [4-4256]

1. The behavioral health services will be provided according to *CD-180100, Behavioral Health Clinical Services*.
2. A **Segregated Inmate Mental Status Examination** form (*CD-180110.1*) will be completed on or before 30 days after placement in Special Management and then at least every 90 days.
3. Crisis/emergency requests, including suicide events, for behavioral health services will be responded to pursuant to the Behavioral Health Policy on Crisis Intervention.
4. A behavioral health clinician will make rounds of the living areas at least once per week. Such rounds will be documented in the unit "*Staff Sign-In Log*".

D. Transfer from Regular Special Management Housing for Behavioral Health Reasons

1. If the behavioral health clinician or psychiatrist determines that the inmate's mental health treatment needs exceed the mental health counseling and/or psychiatric capabilities of the Special Management facility or the inmate is not progressing through the Special Management program for mental health reasons, a referral to the Mental Health Treatment Center MHTC or APA should be considered.
 - a. Particular attention will be given to the inmate's current level of functioning and pattern of low functioning as indicated by the GAF scores, when considering removal from Regular Special Management Housing. Sound clinical judgment will be used to ensure that inmates suffering from a mental condition are not experiencing deterioration in their condition or level of functioning below a point whereby continued housing in Regular Special Management housing is clinically contraindicated.
 - b. Criteria and procedures for MHTC referral are in *CD-180600, Mental Health Treatment Center*, *CD-180100, Behavioral Health Clinical Services*, and *CD-172300, Mental Health Treatment Center: Psychiatry, Medical and Nursing Care*.

- c. Criteria for APA referral are in Section A of this procedure.
2. Process to transfer to APA Housing from Regular Special Management Housing:
 - a. The behavioral health clinician will submit a recommendation for transfer to APA housing (**Behavioral Health Evaluation and Screening for Special Management Housing** form (check the “Re-screen” box).
 - b. The Unit Team may provide input regarding the housing assignment (regular Special Management or APA) to the facility Behavioral Health Manager. Such input must be documented and submitted within five working days of notification from the behavioral health clinician.
 - c. The Behavioral Health Services Bureau Chief or designee will review the case and will consider the input from the Unit Team, if any. The Behavioral Health Services Bureau Chief or designee will make the final decision for removal from Regular Special Management housing. This review will occur within three working days of submission to the Behavioral Health Services Bureau Chief or designee.
 - d. If the Behavioral Health Services Bureau Chief or designee approves removal from Regular Special Management Housing, the inmate will be placed in the APA or in another housing location consistent with the inmate’s custody level and behavioral health needs.
 - 1) The APA Behavioral Health Manager or designee will inform the Classification Bureau Chief that the inmate must be transferred from regular Special Management housing to APA housing or other location where the inmate’s behavioral health needs can be met.
 - 2) The Classification Bureau Chief is responsible for affecting the transfer, which will generally be made within one working day of notification.
 - 3) The facility Warden will be apprised of relocations to the APA.

E. Behavioral Health Staff:

1. A psychiatrist will be assigned to support Special Management.
2. Behavioral health clinicians and any psychiatrist assigned to regular Special Management Housing will receive special training on the regular Special Management housing unit requirements, including the inmate screening criteria and inmate removal process set forth in this policy.

F. Security Escort Staff:

Sufficient escort staff will be assigned by the facility Warden as necessary for Behavioral Health appointments.



David Jablonski, Secretary of Corrections
New Mexico Corrections Department

01/31/18
Date

NEW MEXICO CORRECTIONS DEPARTMENT
Behavioral Health Evaluation And Screening For Special Management Housing (Regular Or APA)

EVALUATION IS BEING COMPLETED FOR: **Initial Screening Spec. Mgmt.**
Initial Screening disciplinary
Rescreen: _____
Removal from APA

Inmate HAS **HAS NOT** **been released from the APA within the prior 12 months.**
If YES, date of release from APA _____.

SECTION I: Description of Current Mental Illness; Description of Current Psychiatric and/Or Behavioral Health Issues; Diagnosis and code:

SECTION II: Current Psychiatric Medications:

SECTION III: Past History Of Mental Illness, Past Diagnosis And Treatment, Psychiatric Hospitalizations, Suicide Attempts, Substance Abuse, Special Education, Developmental Disability, Etc.:

SECTION IV: Family History of Mental Illness:

APA SCREENING CRITERIA

	YES	NO
1. Clinically significant suicidal ideation within the last six months.	<input type="checkbox"/>	<input type="checkbox"/>
2. Suicide attempts (Serious injury or likelihood of serious injury or death) within the last twelve (12) months.	<input type="checkbox"/>	<input type="checkbox"/>
3. Significant and/or chronic self-injury within the past 12 months excluding Antisocial Personality Disordered inmates that self-injure in order to secure secondary gain. (Include all suicide attempts).	<input type="checkbox"/>	<input type="checkbox"/>
4. Schizophrenia Spectrum and other psychotic disorders (e.g. schizophreniform disorder, schizoaffective disorder, delusional disorder, brief psychotic disorder, psychotic disorder due to another medical condition, substance/medication-induced psychotic disorder, other psychotic disorder, psychotic features due to any Mood Disorder, schizotypal personality disorder, catatonia) with a current specifier of moderate to severe impairment.	<input type="checkbox"/>	<input type="checkbox"/>
5. Neurocognitive Disorder (e.g. Dementia, Delirium, or Amnesic Disorder) substantiated by neuropsychological testing.	<input type="checkbox"/>	<input type="checkbox"/>
6. Intellectual Disability (by DSM-5 criteria) or an IQ of 70 or below and both intellectual and adaptive functioning deficits in conceptual, social and practical domains.	<input type="checkbox"/>	<input type="checkbox"/>
7. Personality Disorder with psychotic features and/or serious affective symptoms with a current specifier of moderate to severe impairment.	<input type="checkbox"/>	<input type="checkbox"/>
8. Bipolar Disorder (e.g. Bipolar I disorder, Bipolar II disorder, other Bipolar disorder, Cyclothymia) with a current specifier of moderate to severe impairment.	<input type="checkbox"/>	<input type="checkbox"/>
9. Depressive Disorder (e.g. Depression, Disruptive Mood Dysregulation Disorder, Persistent Depressive Disorder) with a current specifier of moderate to severe impairment.	<input type="checkbox"/>	<input type="checkbox"/>

INMATE NAME: _____ **NMCD #:** _____ **FACILITY:** _____

NEW MEXICO CORRECTIONS DEPARTMENT

Behavioral Health Evaluation And Screening For Special Management Housing (Regular Or APA)

10. Neurocognitive Disorder or a Mental Disorder related to a medical condition or unspecified cognitive disorder with a current specifier of moderate to severe impairment. (Substantiated by neuropsychological testing).	<input type="checkbox"/>	<input type="checkbox"/>
11. Anxiety and Trauma-Related Disorders with a current low functioning or a pattern of low functioning.	<input type="checkbox"/>	<input type="checkbox"/>
12. Inmates that discontinue psychiatric or mental health treatment against medical advice and continue exhibit low functioning or a pattern of low functioning	<input type="checkbox"/>	<input type="checkbox"/>
13. Other exceptional cases approved by the Clinical Director of Psychiatry or Behavioral Health Bureau Chief.	<input type="checkbox"/>	<input type="checkbox"/>

SECTION V: Positive Screening Criteria Met: YES NO

If yes, state basis for determination, including dates of diagnosis or events. Rationale for recommending Regular Special Management Housing vs. APA Housing:

If for removal, factors contributing to clinical symptoms and clinical justification for removal from APA:

Completed by: _____
 (BEHAVIORAL HEALTH CLINICIAN: Print Name and Title)

 (Signature) _____ (Date)

Reviewed by: _____
 (Behavioral Health MANAGER: Print Name and Title)

 (Signature) _____ (Date)

If positive criteria met treating Psychiatrist signature required.

Reviewed by: _____
 (FACILITY PSYCHIATRIST: Print Name and Title)

 (Signature) _____ (Date)

NMCD Behavioral Health Services Bureau Chief Review or designee. Required for:

(1) Screening with a positive screening criteria: Inmate should be placed in APA Special Management housing due to mental illness and should not be placed in Regular Spec. Mgmt. housing (or disciplinary seg): YES (APA) NO
 Basis for determination:

(2) Recommendation for removal: Inmate is approved for removal from the APA and placement in Regular housing: YES (Remove from APA) NO
 Basis for determination:

Completed by: _____
 (Print Name, NMCD Behavioral Health Services Bureau Chief or designee)

 (Signature) _____ (Date)

INMATE NAME: _____ NMCD #: _____ FACILITY: _____