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  

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.

David Jablonski, Acting Secretary of Corrections
New Mexico Corrections Department

11/30/18  Date
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

11/30/18
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.

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

Inmate’s Signature: ______________________ Date: ________________

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

<table>
<thead>
<tr>
<th>Item</th>
<th>Yes</th>
<th>No</th>
</tr>
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<tbody>
<tr>
<td>Memo on Inmate institutional history and conduct</td>
<td></td>
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<tr>
<td>Documentation supporting the facts used for referral</td>
<td></td>
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<tr>
<td>Misconduct report showing sanctions imposed by policy</td>
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</tbody>
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Unit Manager/Designee (Print/Sign) Date

Facility Warden (Print/Sign) Date

DSP/SMP Management Board Review and Action

☐ Approved for Placement

☐ 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