



NEW MEXICO

CORRECTIONS DEPARTMENT

Secretary
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CD-180100 Behavioral Health Clinical Services

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Alisha Tafoya Lucero, Cabinet Secretary

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AUTHORITY:

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

REFERENCES:

- A. ACA Expected Practices 5-ACI-3D-12, 5-ACI-3D-13, 5-ACI-3D-16, 5-ACI-4A-10, 5-ACI-4A-11, 5-ACI-4A-01(M), 5-ACI-4B-10, 5-ACI-4B-11, 5-ACI-4B-12, 5-ACI-4B-27, 5-ACI-4B-29, 5-ACI-4B-31, 5-ACI-5E-01, 5-ACI-5E-02, 5-ACI-5E-05, 5-ACI-5E-07, 5-ACI-5E-09 through 5-ACI-5E-12, 5-ACI-5F-01, 5-ACI-6A-03 through 5-ACI-6A-08 (M), 5-ACI-6A-20, 5-ACI-6A-28 (M), 5-ACI-6A-31 (M), 5-ACI-6A-33 through 5-ACI-6A-35 (M), 5-ACI-6A-38, 5-ACI-6A-39, 5-ACI-6A-37, 5-ACI-6B-02 (M), 5-ACI-6B-08 (M), 5-ACI-6C-03 (M), 5-ACI-6C-04 (M), 5-ACI-6C-06, 5-ACI-6C-10, 5-ACI-6C-12, 5-ACI-6C-14 (M), 5-ACI-6D-05 through 5-ACI-6D-07, 5-ACI-6E-01 *Performance Based Standards and Expected Practices for Adult Correctional Institutions*, 5th Edition.
- B. NMSA 43-1-19, Disclosure of (Confidential mental health) information.
- C. Policy CD-043500
- D. American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders: DSM-5*, 5th Ed.
- E. 45 CFR 164

PURPOSE:

To identify and refer inmates who meet the criteria for clinically based behavioral health treatment protocols in an integrated treatment and program setting. To provide guidelines for assessment, treatment, counseling, and programming needs. To establish, protocols for various types of behavioral health treatment/counseling/programs, and guidelines for ensuring continuity and integration of care.

APPLICABILITY:

All New Mexico Corrections Department State and Contract Facilities.

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- 1. **Behavioral Health Treatment Services and Programs (CD-180101)**
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 - A. Treatment and Program Plans
 - B. Psychotherapy (Individual and Group)
 - C. Psychiatric Treatment Only
 - D. Treatment Reviews and Terminations
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10. **Restricted Housing Unit Inmates** (CD-180110)
11. **Behavioral Health Services during a Lock-Down** (CD-180111)
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 - A. Reentry Reports and Recommendations
 - B. Pre-Release Referral for Community Treatment
 - C. Discharge Planning for the Seriously Mentally Ill

FORMS:

- A. **Consent/Refusal for Treatment** form (CD-180101.1)
- B. **Documentation Notes** form (CD-180102.1)
- C. **Behavioral Health Record Receipt** form (CD-180102.2)
- D. **Behavioral Health Archive Record** form (CD-180102.3)
- E. **Consent to Release Behavioral Health Records** form (CD-180102.4)
- F. **Request to See a Behavioral Health Clinician** form (CD-180103.1)
- G. **Daily Clinic Schedule** form (CD-180103.2)
- H. **Facility Transfer File Review and Mental Status Examination** form (CD-180104.1)
- I. **Inmate Acknowledgement of Behavioral Health Orientation** form (CD-180104.2)
- J. **Behavioral Health Clearance Chrono** form (CD-180104.3)
- K. **Referral from Behavioral Health to Psychiatry** form (CD-180105.1)
- L. **Referral from Behavioral Health to Medical** form (CD-180105.2)
- M. **MHTC Referral** form (CD-180106.1)

- N. **Transfer Hearing Notice** form (CD-180106.2)
- O. **Transfer Hearing Decision** form (CD-180106.3)
- P. **Clinical Assessment** form (CD-180107.1)
- Q. **Diagnostic Testing Screen** form (CD-180107.2)
- R. **Testing and Evaluation Report** form (CD-180107.3)
- S. **Treatment Plan** form (CD-180108.1)
- T. **Program Plan** form (CD-180108.2)
- U. **Progress Note – Treatment Session** form (CD-180108.3)
- V. **Treatment Plan Review** form (CD-180108.4)
- W. **180-Day Behavioral Health Check** form (CD-180108.5)
- X. **Group Treatment Sign-In** form (CD-180108.6)
- Y. **Incident Report/Crisis Intervention** form (CD-180109.1)
- Z. **Therapeutic Watch** form (CD-180109.2)
- AA. **Therapeutic Watch – Release From Watch** form (CD-180109.3)
- BB. **Therapeutic Watch Log** form (CD-180109.4)
- CC. **Crisis Response Log** form (CD-180109.5)
- DD. **Restricted Housing Unit Inmate Mental Health Appraisal** form (CD-180110.1)
- EE. **Community Behavioral Health Referral** form (CD-180112.1)
- FF. **Letter to Community Provider** form (CD-180112.2)
- GG. **Clinical Pre-Release Review and Recommendations** form (CD-180112.3)

ATTACHMENTS:

- A. **Behavioral Health File Index** Attachment (CD-180102.A)

DEFINITIONS:

- A. Active Behavioral Health Caseload: Participation in individual therapy, group therapy, psychoeducation, behavioral health programming or psychiatry.
- B. Acute Care Unit (ACU): The ACU is an inpatient psychiatric unit within the Behavioral Health Treatment Center (MHTC) that provides 24-hour behavioral health services including, but not limited to, nursing, security and psychiatric services.
- C. At Risk: A clinical situation that may require timely assessment and therapeutic intervention to prevent psychological decompensation or harm to self or others.
- D. Behavioral Health Triage: The sorting out and classification of mentally ill inmates to determine the treatment priority and proper place for treatment.
- E. Critical Incident: Any incident that causes personal, unusually strong emotional reactions, e.g. Staff or inmate death or injury, suicide, inmate riot or any other extremely stressful occurrence.
- F. Critical Incident Stress Debriefing: A process of therapeutic discussion, counseling, and follow-up designed to reduce stress-related reactions to unusual distressing sights, sounds, and/or events.
- G. Emergent Care Referral: An MHTC ACU referral is designated for inmates that pose an

imminent danger to self or others due to a psychiatric condition. Only a licensed NMCD psychiatrist or NMCD contract psychiatrist is authorized to make an emergent care ACU referral.

- H. *Institutional Emergency Count*: An administrative action that requires an inmate count separate and apart from the routinely scheduled institutional count procedure.
- I. *Institutional Lock-Down*: An administrative action that severely restricts inmate population movement, program participation, and institutional services.
- J. *Integrated Care*: The systemic coordination of general and behavioral healthcare. Integrating mental health, psychiatric, substance abuse, and primary care services for people with multiple healthcare needs.
- K. *Mental Health Crisis*: Active suicidal ideation, suicide plan or suicide attempt; an increase in mental health symptoms (hallucinations, delusions, delirium, etc.) or behaviors that puts an inmate at an imminent increased risk of harm to self or others.
- L. *MHTC (Mental Health Treatment Center)*: The Mental Health Treatment Center (MHTC) is a unit that provides behavioral health services, psychiatric care and nursing care for inmates that require in-patient behavioral health treatment and/or intensive outpatient behavioral health treatment due to severe mental illness and/or adaptive functioning deficits.
- M. *MHTC Chronic Care*: Chronic care referrals are defined as inmates who are experiencing adaptive functioning deficits that preclude their ability to function within normal limits in the general population.
- N. *MHTC Emergent Care*: The MHTC ACU provides emergent care for inmates who require inpatient psychiatric treatment due to serious mental illness and/or significant adaptive functioning deficits.
- O. *Purposeful self-injurious behavior*: Actions or activities designed to secure secondary gain through purposeful self-injury, which is not directly related to a mental disorder.
- P. *Referral Appeal*: A process in which a denied MHTC referral is appealed to the NMCD Behavioral Health Services Bureau Chief and the Clinical Director of Psychiatry.
- Q. *Valid Mental Health Crisis*: A situation in which an inmate is experiencing an emergent behavioral health difficulty that requires timely behavioral health intervention. Crises include but are not limited to, active psychosis, suicidal thoughts, self-injury, attempted suicide, victim of assault or rape, and behaviors that place an inmate at risk of harm from others due to mental illness.
- R. *Well Being Checks*: A system of mental health monitoring for any overt signs of mental deterioration.

POLICY:

- A. Written policy, procedure, and practice require that inmates identified as high risk with a

history of sexually assaultive behavior are assessed by a mental health or other qualified professional. Inmates with a history of sexually assaultive behavior are identified, monitored, and counseled. [**5-ACI-3D-12**]

- B. Written policy, procedure, and practice provide that inmates identified as at risk for sexual victimization are assessed by a mental health or other qualified professional. Inmates at risk for sexual victimization are identified, monitored, and counseled. [**5-ACI-3D-13**]
- C. Written policy, procedure, and practice provide that all case records associated with claims of sexual abuse, including incident reports, investigative reports, offender information, case disposition, medical and counseling evaluation findings, and recommendations for post-release treatment and/or counseling are retained in accordance with an established schedule of document retention. [**5-ACI-3D-16**]
- D. When an offender is transferred to special management housing, 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 in special management housing 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 special management housing is announced and recorded. The frequency of physician visits to special management housing is determined by the health authority. [**5-ACI-4A-01(M)**]
- E. Written policy, procedure, and practice provide that a qualified mental health professional personally interviews and prepares a written report on any inmate remaining in special management housing 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 30 days for inmates who have an identified mental health need and every three months for all other inmates-more frequently if prescribed by the chief medical authority. [**5-ACI-4A-10**]
- F. Written policy, procedure, and practice require that all special management inmates are personally observed by a correctional officer twice per hour, but no more than 40 minutes apart, on an irregular schedule. Inmates who are violent or mentally disordered or who demonstrate unusual or bizarre behavior receive more frequent observation; suicidal inmates shall be under continuing or continuous observation. [**5-ACI-4A-11**]
- G. Written policy, procedure, and practice provide that a mental health practitioner/provider completes a mental health appraisal within seven days of placement. This may include a mental health screening that has been completed by health care personnel at the time the offender is placed in restrictive housing. If confinement continues beyond 30 days, a behavioral health assessment by a mental health practitioner/provider is completed at least every 30 days for offenders with a diagnosed behavioral health disorder and more frequently if clinically indicated. For offenders without a behavioral health disorder, an assessment is completed every 90 days and more frequently if clinically indicated. The behavioral health assessment will be conducted in a manner that ensures confidentiality [**5-ACI-4B-10**]
- H. Written policy, procedure, and practice require that all Restrictive Housing inmates are personally observed by a correctional officer twice per hour, but no more than 40 minutes apart, on an irregular schedule. Inmates who are violent or mentally disordered or who

demonstrate unusual or bizarre behavior or self-harm receive more frequent observation; suicidal inmates are under continuous observation. Observation shall be documented on a log. A qualified mental health professional will determine the type of observation (minimal to constant). [5-ACI-4B-11]

- I. Written policy, procedure, and practice provide that inmates in Restrictive Housing receive daily visits from the senior correctional supervisor in charge, daily health care rounds from a qualified health care professional (unless medical attention is needed more frequently), and visits from members of the program staff at least weekly.[5-ACI-4B-12]
- J. Written policy, procedure, and practice provide that inmates in Extended Restrictive Housing have access to programs and services that include, but are not limited to the following: educational services, commissary services, library services, social services, behavioral health and treatment services, religious guidance, and recreational programs. [5-ACI-4B-26]
- K. When an offender is transferred to Restrictive Housing, health care personnel will be informed immediately and will provide a screening and review as indicated by the protocols established by the health authority. [5-ACI-4B-28 (M)]

The mental health portion of the screening should include at a minimum, but is not limited to: Inquiry into: *(this matches ACI standard 5-ACI-6A-31 (M))*

- whether the offender has present suicide ideation
- whether the offender has a history of suicidal behavior
- whether the offender is presently prescribed psychotropic medication
- whether the offender has a current mental health complaint
- whether the offender is being treated for mental health problems
- whether the offender has a history of inpatient and outpatient psychiatric treatment
- whether the offender has a history of treatment for substance abuse

Observation of:

- general appearance and behavior
- evidence of abuse and/or trauma
- current symptoms of psychosis, depression, anxiety, and/or aggression

Disposition of offender:

- no mental health referral
- referral to mental health care service
- referral to appropriate mental health care service for emergency treatment.

If the results of the inmate screening indicate the inmate is at imminent risk for serious self-harm, suicide, exhibits debilitating symptoms of a SMI, or requires emergency medical care, a health care professional shall be contacted for appropriate assessment and treatment.

Unless medical attention is needed more frequently, each offender in Restrictive Housing receives a daily visit from health care personnel to ensure that offenders have access to the health care system. The presence of health care personnel in Restrictive Housing is

announced and recorded. The health authority determines the frequency of physician visits to Restrictive Housing units.

Unless mental health attention is needed more frequently, each offender in Restrictive Housing shall receive a weekly visit from mental health staff to ensure that offenders have access to the behavioral health system. The presence of a mental health staff in Restrictive Housing is announced and recorded. The mental health authority determines the frequency of mental health professionals to Restrictive Housing units.

- L. An individual diagnosed with a serious mental illness will not be placed in Extended Restrictive Housing, unless the multidisciplinary service team determines there is an immediate and present danger to others or the safety of the institution. There must be an active individualized treatment plan that includes weekly monitoring by mental health staff, treatment as necessary, and steps to facilitate the transition of the offender back into general population. [**5-ACI-4B-30**]
- M. There is a social service program that provides a range of resources appropriate to the needs of inmates, including individual and family counseling, family planning, and parental education, and community services. [**5-ACI-5E-01**]
- N. Written policy, procedure, and practice prohibit discrimination on the basis of disability in the provision of services, programs, and activities administered for program beneficiaries and participants. [**5-ACI-5E-02**]
- O. Written policy, procedure, and practice provide that staff are available to counsel inmates upon request; provision is made for counseling and crisis intervention services. [**5-ACI-5E-09**]
- P. Written policy, procedure, and practice require that comprehensive counseling and assistance are provided to pregnant inmates in keeping with their expressed desires in planning for their unborn children. [**5-ACI-5E-10**]
- Q. Written policy, procedure, and practice provide for substance abuse programs to include monitoring, drug testing and use education programs for inmates with drug and alcohol addiction problems. [**5-ACI-5E-11**]
- R. Where a substance use disorder treatment program exists, written policy, procedure, and practice provide that the alcohol and drug abuse treatment program have a written treatment philosophy within the context of the total corrections system, as well as goals and measurable objectives. These documents are reviewed at least annually and updated as needed. [**5-ACI-5E-12**]
- S. Written policy, procedure, and practice that all inmates have access to a program of release preparation prior to their release to the community. [**5-ACI-5F-01**]
- T. There is a process for all offenders to initiate requests for health services on a daily basis. These requests are triaged daily by qualified health care professionals or health trained personnel. A priority system is used to schedule clinical services. Clinical services are available to offenders in a clinical setting at least five days a week and are performed by a

health care practitioner or other qualified health care professional. [**5-ACI-6A-03**]

U. Continuity of care is required from admission to transfer or discharge from the facility, including referral to community-based providers, when indicated. Offender health care records should be reviewed by the facility's qualified health care professional upon arrival from the outside health care entities including those from inside the correctional system. [**5-ACI-6A-04**]

V. Offenders who need health care beyond the resources available in the facility, as determined by the responsible health care practitioner, are transferred under appropriate security provisions to a facility where such care is available. There is a written list of referral sources to include emergency and routine care. The list is reviewed and updated annually. [**5-ACI-6A-05**]

W. A transportation system that assures timely access to services that are only available outside the correctional facility is required. Such a system needs to address the following issues: [**5-ACI-6A-06**]

- prioritization of medical need
- urgency (for example, an ambulance versus a standard transport)
- use of a medical escort to accompany security staff; if indicated
- transfer of medical information

The safe and timely transportation of inmates for medical, mental health, and dental clinic appointments, both inside and outside the correctional facility (for example, hospital, health care provider, or another correctional facility) is the joint responsibility of the facility or program administrator and the health services administrator.

X. A written individual treatment plan is required for offenders requiring health care supervision, including chronic and convalescent care. This plan includes directions to health care and other personnel regarding their roles in the care and supervision of the patient, and is developed by the appropriate health care practitioner for each offender requiring a treatment plan. [**5-ACI-6A-07**]

Y. There is a written plan for access to 24- hour emergency medical, dental, and mental health services availability. The plan includes: [**5-ACI-6A-08 (M)**]

- on-site emergency first aid and crisis intervention
- emergency evacuation of the offender from the facility
- use of an emergency medical vehicle
- use of one or more designated hospital emergency rooms or other appropriate health facilities
- emergency on-call or available 24 hours per day, physician, dentist, and mental health professional services when the emergency health facility is not located in a nearby community
- security procedures providing for the immediate transfer of offenders, when appropriate
- emergency medications, supplies and medical equipment.

Z. An ongoing program of health education and wellness information is provided to all

offenders. [**5-ACI-6A-20**]

AA. The mental health program is approved by the appropriate mental health authority and includes at a minimum: [**5-ACI-6A-28 (M)**]

- screening on intake
- outpatient services for the detection, diagnosis, and treatment of mental illness, to include medication management and/or counseling, as appropriate
- 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 mental health facilities for offenders whose psychiatric needs exceed the treatment capability of the facility
- procedures for obtaining and documenting informed consent
- follow up with offenders who return from an inpatient psychiatric facility.

BB. All intersystem and intra-system transfer offenders will receive an initial mental health screening at the time of admission to the facility by a mental health trained or qualified mental health care provider. The mental health screening includes, but is not limited to: [**5-ACI-6A-31 (M)**]

Inquiry into:

- whether the offender has present suicide ideation
- whether the offender has a history of suicidal behavior
- whether the offender is presently prescribed psychotropic medication
- whether the offender has a current mental health complaint
- whether the offender is being treated for mental health problems
- whether the offender has a history of inpatient and outpatient mental health treatment
- whether the offender has any recent use of alcohol or addictive substance use, to include frequency of use, amount used and last time used
- whether the offender has a history of substance use disorder treatment

Observation of:

- general appearance and behavior
- level of consciousness (alertness, orientation)
- evidence of abuse and/or trauma
- current symptoms of psychosis, depression, anxiety, and/or aggression

Disposition of the offender:

- to the general population
- to the general population with appropriate referral to mental health care service
- referral to appropriate mental health care service for emergency treatment

CC. Offenders referred for mental health treatment will receive a comprehensive evaluation by a qualified mental health practitioner. The evaluation is to be completed within 14 days of the referral request date and include at least the following: [**5-ACI-6A-33**]

- review of mental health screening and appraisal data
- direct observation of behavior
- collection and review of additional data from individual diagnostic interviews and tests, as appropriate (assessing personality, intellect, and coping abilities)
- compilation of the individual's mental health history
- development of an overall treatment/management plan with appropriate referral to include transfer to mental health facility for offenders whose psychiatric needs exceed the treatment capability of the facility

DD. The following shall be provided to inmates receiving treatment for a diagnosed mental disorder at the time of release from the facility: arrange for continuity of care if receiving psychotropic medication make arrangements in accordance with available resources for continuity of care for inmates determined by the mental health or health care staff who need involuntary inpatient commitment provide inmate with a list of available community resources for inmates with a serious mental illness make every effort to coordinate a linkage with community provider and exchange clinically relevant information with appropriate community provider as needed. [**5-ACI-6A-34 (M)**]

EE. 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 offender critical-incident debriefing that covers the management of suicidal incidents, suicide watch, and suicides. It ensures a review of suicidal incidents, suicide watch, and suicides by administration, security, and health services. All staff with responsibility for offender supervision are trained on an annual basis in the implementation of the program. Mental health staff should be involved in the development of the plan and the training which should include but not be limited to: [**5-ACI-6A-35 (M)**]

- identifying the warning signs and symptoms of impending suicidal behavior
- understanding the demographic and cultural parameters of suicidal behavior, including incidence and variations in precipitating factors
- responding to suicidal and depressed offenders
- communication between correctional and health care personnel
- referral procedures
- housing observation and suicide watch level procedures
- follow-up monitoring of offenders who make a suicide attempt
- population specific factors, pertaining to suicide risk in the facility

FF. Offenders with serious mental illness or a severe developmental disability 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. [**5-ACI-6A-37**]

GG. A Mental Health Residential Treatment Unit is available for those inmates with impairment in behavioral functioning associated with a serious mental illness and/or impairment in cognitive functioning. The severity of the impairment does not require inpatient level of care, but the inmate demonstrates a historical and current inability to function adequately in the general population. There should be a specific mission/goal of the program, sufficient

qualified staff to meet needs of program, screening process for the program, Individual Treatment Plans for inmates in the program, safe housing to meet the therapeutic needs of the inmate and transition plan upon discharge from the residential treatment unit. [**5-ACI-6A-38**]

HH. Inpatient Care Unit is for those who need inpatient mental health treatment. These units should have 24-hour services such as nursing and availability of a QMHP, behavioral health trained correctional officers and clinical programming. Individual Treatment Plans which will define the types and frequency of contacts with mental health staff for inmates in the program, housing to meet the therapeutic needs of the inmate and transition plan upon discharge from the inpatient care unit.[**5-ACI-6A-39**]

II. Clinical decisions are the sole province of the responsible health care practitioner and are not countermanded by non-clinicians. [**5-ACI-6B-02 (M)**]

JJ. Designated correctional and all health care staff are trained to respond to health- related situations within a four-minute response time. The training program is conducted on an annual basis and is established by the responsible health authority in cooperation with the facility or program administrator and includes instruction on the following: [**5-ACI-6B-08 (M)**]

- recognition of signs and symptoms, and knowledge of action that is required in potential emergency situations
- administration of basic first aid
- certification in cardiopulmonary resuscitation (CPR) in accordance with the recommendations of the certifying health organization
- methods of obtaining assistance
- signs and symptoms of mental illness, violent behavior, and acute chemical intoxication and withdrawal
- procedures for patient transfers to appropriate medical facilities or health care providers
- suicide intervention

KK. The principle of confidentiality applies to an offender's health records and information about an inmate's health status. [**5-ACI-6C-03 (M)**]

- the active health record is maintained separately from the confinement case record
- access to the health record is in accordance with state and federal law
- to protect and preserve the integrity of the facility, the health authority shares with the superintendent/warden information regarding an offender's medical management
- the circumstances are specified when correctional staff should be advised of an offender's health status. Only that information necessary to preserve the health and safety of an offender, other offenders, volunteers/visitors, or the correctional staff is provided
- policy determines how information is provided to correctional/classification staff/volunteers/visitors to address the health needs of the offender as it relates to housing, program placement, security, and transport
- the release of health information complies with the Health Insurance Portability and Accountability Act (HIPAA), where applicable, in a correctional setting

LL. Informed consent standards in the jurisdiction are observed and documented for offender care in a language understood by the offender. In the case of minors, the informed consent of a parent, guardian, or a legal custodian applies when required by law. When health care is rendered against the patient's will, it is in accordance with state and federal laws and regulations. Otherwise, any inmate may refuse (in writing) medical, dental, and mental health care. [**5-ACI-6C-04 (M)**]

MM. There is consultation between the facility and program administrator (or a designee) and the responsible health care practitioner (or designee) prior to acting regarding chronically ill, physically disabled, geriatric, seriously mentally ill, or developmentally disabled offenders in the following areas: [**5-ACI-6C-06**]

- housing assignments
- program assignments
- disciplinary measures
- transfers to other facilities

When immediate action is required, consultation to review the appropriateness of the action occurs as soon as possible, but no later than 72 hours.

NN. Health care encounters, including medical and mental health interviews, examinations, and procedures, should be conducted in a setting that respects the offender's privacy. [**5-ACI-6C-10**]

OO. A transfer that results in an offender's placement in a non-correctional facility or in a special unit within the facility or agency, specifically designated for the care and treatment of the severely mentally ill or developmentally disabled follows due process procedures as specified by federal, state, and local law prior to the move being effected. In emergency situations, a hearing is held as soon as possible after the transfer. [**5-ACI-6C-12**]

PP. Victims of sexual assault are referred under appropriate security provisions to a community facility for treatment and gathering of evidence, or if these procedures are performed in-house, the following guidelines are used: [**5-ACI-6C-14 (M)**]

- a history is taken by health care professionals who conduct an examination to document the extent of physical injury and to determine if referral to another medical facility is indicated. With the victim's consent, the examination includes the collection of evidence from the victim, using a kit approved by the appropriate authority
- provision is made for testing of sexually transmitted diseases (for example, HIV, gonorrhea, hepatitis, other diseases) and counseling, as appropriate
- prophylactic treatment and follow-up for sexually transmitted diseases are offered to all victims, as appropriate
- following the physical examination, there is availability of an evaluation by a mental health professional to assess the need for crisis intervention counseling and long-term follow-up. A report is made to the facility or program administrator or designee to assure separation of the victim from his or her assailant.

QQ. The health record file (paper and/or electronic) is complete and contains the following items filed in a uniform manner: [**5-ACI-6D-05**]

- patient identification on each sheet
- a completed receiving screening form
- health appraisal data forms
- a problem summary list
- a record of immunizations
- all findings, diagnosis, treatments, and dispositions
- a record of prescribed medications and their administration records, if applicable
- laboratory, x-ray, and diagnostic studies
- the place, date, and time of health encounters
- health service reports (for example, emergency department, dental, mental health, telemedicine, or other consultations)
- an individualized treatment plan, when applicable
- progress reports
- a discharge summary of hospitalization and other termination summaries
- a legible signature (includes electronic) and the title of the provider (may use ink, type, or stamp under the signature)
- consent and refusal forms
- release of information forms

The method of recording entries in the records, the form and format of the records, and the procedures for their maintenance and safekeeping are approved by the health authority. The health record is made available to, and is used for documentation by all practitioners.

RR. Non-emergency inmate transfers require the following: [**5-ACI-6D-06**]

- health record confidentiality is to be maintained
- summaries, originals, or copies of the health record accompany the offender to the receiving facility. Health conditions, treatments, and allergies should be included in the record
- determination of suitability for travel based on medical evaluation, with particular attention given to communicable disease clearance
- written instructions regarding medication or health interventions required en route should be provided to transporting officers separate from the medical record
- specific precautions (including standards) to be taken by transportation officers (for example, masks or gloves).

A medical summary sheet is required for all inter- and intra-system transfers to maintain the provision of continuity of care. Information included does not require a release-of-information form.

Inmates confined within a correctional complex with consolidated medical services do not require health screening for intra-system transfers.

SS. Inactive health record files are retained as permanent records in compliance with the legal requirements of the jurisdiction. Health record information is transmitted to specific and

designated physicians or medical facilities in the community upon the written request or authorization of the offender. [**5-ACI-6D-07**]

- TT. When standard issued clothing presents a security or medical risk (for example, suicide observation), provisions are made to supply the offender with a security garment that will promote offender safety in a way that is designed to prevent humiliation and degradation. [**5-ACI-6E-01**]



NEW MEXICO CORRECTIONS DEPARTMENT

Secretary
Alisha Tafoya Lucero

CD-180101 Behavioral Health Treatment Services
and Programs

Issued: 1/29/01
Effective: 2/01/01

Reviewed: 07/23/24
Revised: 07/12/17

Alisha Tafoya Lucero, Cabinet Secretary

Original Signed and Kept on File

AUTHORITY:

Policy *CD-180100*

INDEX:

- A. Behavioral Health Treatment Services and Programs
- B. Annual Review
- C. Clinical Decisions
- D. Privacy of Encounters
- E. Informed Consent

PROCEDURES:

A. Behavioral Health Treatment Services and Programs: [5-ACI-5E-07] [5-ACI-6A-28 (M)] [5-ACI-5E-10]

1. Behavioral health (mental health and substance related disorders) services are provided through a variety of means including individual/group counseling/psychotherapy, psycho- educational classes, psychiatric services, and instructional pamphlets. Services may be provided solely by behavioral health or in collaboration with other prison disciplines such as psychiatry, medical, education, training, programs, classification, probation/parole, security, etc., and community services (e.g. family and marital planning and counseling, pregnancy management, etc.). All treatment is gender-specific and trauma-informed.
2. Behavioral health services are provided for both emergent and chronic mental disorders, substance related disorders, developmental disabilities, and other conditions that may be a focus of clinical attention as defined in DSM-5. In addition to the recognized mental disorders, services may be provided for marital issues, family issues, pregnancy, and medical illnesses, victims of rape or assault, sexual aggression, and bereavement. Priority in treatment is given to those individuals with moderate to severe cognitive, affective, behavioral dysfunctions, and who exhibit social or interpersonal functioning deficits or individuals who are at risk of developing impairment or victimization. Some mental disorders and conditions are not amenable to or may worsen with behavioral health treatment interventions.

B. Annual Review: [5-ACI-5E-04]

At least annually, the behavioral health staff review/update available behavioral health services and programs based on the behavioral health needs of the inmates.

C. Clinical Decisions: [5-ACI-6B-02 (M)]

Clinical decisions are the sole province of the responsible treating clinician. Non-clinicians cannot render clinical decisions.

D. Privacy of Encounters: [5-ACI-6C-10]

1. Inmates will have the opportunity to be seen in a private location for the following behavioral health services:
 - a. Clinical Assessments.
 - b. Individual Treatment.
 - c. Group Treatment.
 - d. Clinical Testing and Evaluation that require individual administration.
 - e. Special Management and Restricted Housing Unit Evaluations: Inmates will be scheduled for an office appointment. If they refuse to be escorted to the office, they may then be seen at the cell.
 - f. Crisis Intervention: When responding to a crisis, the clinician will decide to have the inmate escorted to a private location or to deal with the crisis on-site. Security considerations should be considered, particularly where the inmate may pose a threat to himself or herself or others.

E. Informed Consent: [5-ACI-6A-28 (M)] [5-ACI-6C-04 (M)]

1. The inmate's written consent is required for the following:
 - a. Participation in outpatient services.
 - 1) Consent for clinical services (individual therapy, group therapy, substance abuse related disorder treatment, clinical assessment, and treatment planning) will be documented on a **Consent/Refusal for Treatment** form (*CD-180101.1*).
 - 2) Participation in the treatment planning process is noted by inmate signature on the **Treatment Plan** form (*CD-180108.1*). No separate consent form is required.
 - b. Consent to participate or not participate in psychological testing will be documented on a **Consent/Refusal for Treatment** form.
2. The inmate's consent is not required for the following when a clinician determines that such action is necessary to protect the inmate's welfare or the safety of others:
 - a. Placement on therapeutic watch in accordance with *CD-180109*, **Crisis Intervention and Suicide Prevention**.

- b. Placement in therapeutic restraints.
 - c. Referral to or placement at any program at the MHTC.
3. Inmate consent is not required for non-treatment behavioral health processes including:
- a. Orientation to behavioral health services.
 - b. Mental status examinations for facility intake interviews, restricted housing unit assessments, and well-being checks.
 - c. Suicide risk assessments.
 - d. Appearance at appointments may be required; however, once an inmate appears for an appointment the inmate may refuse to participate in the treatment process.
4. Inmate voluntary refusal of recommended treatment:
- a. Inmates who are judged to be mentally competent to make informed choices may refuse behavioral health testing, examination, treatment or procedure.
 - b. The behavioral health clinician will explain to the inmate the nature and purpose of recommended testing, examination, treatment, or procedure as well as any risks associated with accepting or declining the services offered.
 - c. In the event that an inmate refuses recommended services, the inmate's refusal to participate in the recommended testing, examination, treatment, or procedure is documented on the **Consent/Refusal for Treatment** form (*CD-180101.1*).
 - d. If an inmate has provided consent for a procedure or for treatment and later chooses to withdraw that consent, the inmate will be requested to sign a **Consent/Refusal for Treatment**.
 - e. Inmates who refuse recommended procedures or treatment will not be required to attend or participate in such.
5. Inmates who, in the professional judgment of the clinician, are not capable of informed consent:
- a. In such cases the behavioral health clinician will document that the inmate is unable to provide informed consent. The clinician will state the factors that demonstrate the inmate's inability to provide consent and will document such on the **Documentation Notes** form (*CD-180102.1*).
 - b. The clinician will staff the case with the facility Behavioral Health Therapist Supervisor.
 - 1) The Behavioral Health Therapist Supervisor will ensure that the inmate is scheduled for a psychiatric interview.

- 2) If an emergent situation is present, the on-duty or on-call psychiatrist will be contacted immediately.
- c. The attending psychiatrist will recommend a course of clinical action consistent with NMCD psychiatric standards of care.

NEW MEXICO CORRECTIONS DEPARTMENT
Consent/Refusal for Treatment
Consentimiento para Tratamiento

The following behavioral health services have been recommended to me:
Los siguientes servicios de salud de comportamiento han sido recomendados para mi:

- ☐ Individual Therapy (Assessment and Treatment Planning)
Terapia individual (evaluación y planificación del tratamiento)
- ☐ Group Therapy (Assessment and Treatment Plan)
Terapia de grupo (evaluación y planificación del tratamiento)
- ☐ Substance use assessment
Evaluación de uso de sustancias
- ☐ Administration of psychological testing, specify purpose: _____
Administración de evaluaciones. Especifique el propósito.
- ☐ Other, specify: _____
Otro uso. Especifique.

I consent to participate in the above-recommended treatment: _____ (initials) Yo doy mi
consentimiento para participar en el tratamiento recomendado anteriormente.

I refuse to participate in the above-recommended treatment: _____ (initials) Yo no doy mi
permiso para el tratamiento recomendado anteriormente.

Inmate (Printed Name) Inmate Signature Date

Inmate Agent/Treatment Guardian (If applicable) Inmate Agent/Treatment Guardian
(Printed/Typed Name) Date

Clinician (Printed/Typed Name) Clinician Signature Date

Inmate Name:

NMCD#:

Facility:



NEW MEXICO CORRECTIONS DEPARTMENT

Secretary
Alisha Tafoya Lucero

CD-180102 Behavioral Health Documentation and
Records

Issued: 1/29/01
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Alisha Tafoya Lucero, Cabinet Secretary

Original Signed and Kept on File

AUTHORITY:

Policy *CD-180100*

INDEX:

- A. Behavioral Health Files
- B. Electronic Transmission of Documents
- C. Confidentiality and Release of Records PROCEDURES:

A. Behavioral Health Files: [5-ACI-6D-05] [5-ACI-6D-06] [5-ACI-6D-07]

1. File Organization:

- a. Behavioral health records are established during the Reception and Diagnostic Center (RDC) process.
- b. All active behavioral health records are maintained according to the approved chart order, as specified in the **Behavioral Health File Index** Attachment (*CD-180102.A*) by Section.
- c. Documentation is filed in each section from top to bottom of the established chart order.
- d. The **Suicide and Self-Injury History/Alert Log, Suicide**, Attachment (*CD-108201.D*) shall be filed on top of Section I: RDC and Other Intake Information when the inmate has a history of being a suicide risk.
- e. Documentation is filed in chronological order, as specified on the divider sheets.
- f. Each behavioral health document, including clinical encounters, must be dated and signed by the clinician. Include printed name, clinical license and title. Documents produced by students, interns, and others in a similar status must be countersigned by the clinician responsible for supervising the student or intern.

2. Behavioral Health Documentation and Maintenance of Behavioral Health File:

- a. Behavioral Health Clinicians:
 - 1) All information regarding inmates will be documented on official behavioral health forms

as specified in NMCD Behavioral Health policies and procedures (either hard copies or computerized versions) and will be maintained in the official behavioral health file.

- 2) The **Documentation Note** form (*CD-180102.1*) is a general purpose form and should be used when a more specialized documentation form is not specified.
- 3) Documents will be completed contemporaneously with the activity. For example, a progress note of a treatment session will be completed at the time the session is conducted or immediately thereafter.
- 4) All documents requiring review by the facility Clinical Supervisor or Behavioral Health Therapist Supervisor will be submitted for review by the end of the working day on which it was generated. All other documents will be filed at the time the documentation is completed.
- 5) Soft files and informal notes are prohibited. All information regarding an inmate must be maintained as the official behavioral health file.

b. Behavioral Health Clerk:

- 1) Is responsible for the proper filing of all documents.
- 2) Will contemporaneously file documents as they are submitted by behavioral health clinicians.

3. Availability and Security of Behavioral Health Files:

- a. The facility Behavioral Health Therapist Supervisor is responsible for ensuring that all behavioral health clinicians, including psychiatrists, have the patient's behavioral health records available for use in all treatment encounters, excluding rounds of units or other encounters that occur in inmate housing areas.
- b. The facility Behavioral Health Therapist Supervisor is responsible for ensuring all behavioral health files are filed properly and kept in a secure location when not in use.
- c. The facility Behavioral Health Therapist Supervisor is responsible for establishing a system for tracking the location of each behavioral health record through the use of out cards or sign-out lists if the file is removed from the immediate records area.
- d. All behavioral health records signed out must be returned to the central filing area by the end of each day.

4. Prohibited Activities:

- a. No inmate behavioral health file, to include all forms and documents normally filed in the behavioral health file, notes, or other information concerning an inmate will be removed from the facility unless approved by the facility Behavioral Health Therapist Supervisor. This prohibition does not apply to the ordinary process of transferring inmate behavioral health

files to the institution where the inmate has been transferred.

- b. No behavioral health file, to include all forms and documents normally filed in the behavioral health file, notes, or other information concerning an inmate will be duplicated for the personal use of any behavioral health staff member or for any unofficial or unauthorized use. Duplication of behavioral health records may be conducted in the following circumstances:
 - 1) By order of the Behavioral Health Services Bureau Chief
 - 2) By order of the NMCD General Counsel
 - 3) For a requesting party, when the inmate has completed the consent for release of records process, paragraph C of this policy, **Confidentiality and Release of Records**.
 - 4) Duplicates kept in official logs and official cumulative records

5. Facility Transfer:

a. Sending Institution:

- 1) Upon notification of a transport order, the facility behavioral health clerk or other authorized behavioral health employee pulls the file of each inmate to be transported. Should this transport order occur on a holiday, weekend or after hours, the on-call behavioral health clinician prepares the file(s) for transport.
- 2) Any documentation that has not yet been filed will be filed in the behavioral health file. Facility Behavioral Health staff will ensure that, for inmates in group psychotherapy, a Progress Note is generated and placed in the behavioral health file prior to transfer.
- 3) A behavioral health clinician checks the behavioral health record to verify that the individual has been cleared for transfer to that particular facility.
- 4) The files to be transported are placed into a Behavioral Health or Mental Health Confidential Courier Pouch.
- 5) Pouches will be separated by facility and unit within the facility.
- 6) The **Behavioral Health Record Receipt** form (*CD-180102.2*) is completed signed and three copies are made. Place the golden rod copy in the Confidential Courier Pouch and place the white original and the yellow carbon copy in the window of the Confidential Courier Pouch. Retain the pink copy for the sending facility's files.
- 7) Seal the pouch.
- 8) Review the **Behavioral Health Record Receipt** with the transport officer and obtain his or her signature for receipt of each courier pouch. In the event of after-hours transports, the confidential courier pouch (es) should be left in a designated location for the

transport officers.

- 9) In the event that the behavioral health file(s) are not transported with the inmate(s), it is the responsibility of the sending facility to notify the receiving Behavioral Health Therapist Supervisor and to determine if the failure to transport files was due to Behavioral Health Unit error or due to facility security staff or transport staff error.
 - a) If due to behavioral health staff error, it is the responsibility of the facility Behavioral Health Unit to affect the immediate transfer of the behavioral health file(s) to the receiving facility (ies) through either (1) next available transport, or (2) overnight courier service or (3) personal delivery by Behavioral Health staff.
 - b) If due to facility security staff or transport staff error, security is responsible for affecting the immediate transfer of the behavioral health file(s) to the receiving facility (ies).
 - c) The sending facility Behavioral Health Therapist Supervisor notifies the receiving facility Therapist Supervisor that the file wasn't sent with the inmate, how the file is being forwarded, when to expect receipt of the file, and relevant behavioral health information to ensure continuity of care.
- b. Receiving Institution:
 - 1) During working hours:
 - a) A behavioral health staff member receives sealed behavioral health records.
 - b) The original record receipt is signed and returned by mail to the sending institution within twenty-four hours.
 - 2) After-Hours Coverage:
 - a) When behavioral health staff is not on-site, a corrections staff member must receive and sign for the behavioral health records.
 - b) The records must be delivered to behavioral health staff in the locked pouch by the start of the next working day.
 - 3) Inmates transferred to the LTCU will have their behavioral health files sent to the CNMCF/LTCU behavioral health unit.
 - 4) If the confidential courier pouch appears to have been opened (the plastic lock is cut, the zipper is broken, or the pouch opened), the receiving facility behavioral health unit will do the following:
 - a) Check to see if all behavioral health files are accounted for.
 - b) Inform the facility Behavioral Health Therapist Supervisor.

- c) The facility Behavioral Health Therapist Supervisor will check the “transfer sheet” to determine who received the behavioral health files.
- 5) In the event that behavioral health file(s) are not received with the inmate, it is the responsibility of the receiving facility to contact the sending facility (ies) immediately to obtain relevant behavioral health information and to ensure that the files are sent.
- 6) Excess Confidential Courier Pouches are returned to the facility designated on the pouch or to RDC.

6. Out of State Transfers:

- a. The following process will be followed in the event an inmate is transferred to an out-of-state facility, either pursuant to Interstate Compact or through other arrangements authorized by NMCD. This process is only for cases in which the inmate remains under the jurisdiction of NMCD. That is, if an inmate paroled or discharges to a detainer held by another jurisdiction, this policy does not apply.
- b. When requested by the Classification Bureau Chief, the facility Behavioral Health Therapist Supervisor will prepare a summary or report of the inmate’s current psychological needs. The original of this Mental Status Report will be filed in Section V of the inmate’s behavioral health file. A copy will be sent to the Classification Bureau Chief.
- c. If an inmate is transferred out-of-state, the facility Behavioral Health Therapist Supervisor at the sending facility will ensure that the following portions of the inmate’s behavioral health file are copied and sent to the behavioral health authority at the receiving facility. Such copies may be released without the consent of the inmate. Under no circumstances will the original behavioral health file leave the custody of the New Mexico Corrections Department.
 - 1) Most recent RDC intake information: RDC testing, evaluation and summary forms, and mental status examinations. Forms explaining services or limits to confidentiality do not need to be copied.
 - 2) Psychological testing; treatment documentation; crisis interventions; restricted housing unit mental status examinations for the past one year; psychiatric encounters including information on psychiatric medication; and referrals from behavioral health to psychiatry.
 - 3) Inmate requests for service in the past one year.
 - 4) All substance use disorders treatment and program documentation.
 - 5) MHTC documentation.
- d. The behavioral health records of any inmate who has been transferred pursuant to Interstate Compact will be returned to the behavioral health unit at RDC for safekeeping until the inmate is transferred back to an NMCD facility or discharged from the system.

7. Archiving:

- a. When an inmate is released from the jurisdiction of the New Mexico Corrections Department the release date is entered on the **Inmate Tracking** form. The type of release is also entered on the **Inmate Tracking** form, such as parole, discharge, death, appeal bond, etc.
- b. The behavioral health record is reviewed for statistical and quality assurance information required by *CD-180000*.
- c. The behavioral health record is removed from the active files and stored for thirty (30) calendar days at the releasing facility, to ensure that all information regarding the released inmate is placed in the behavioral health file prior to archiving.
- d. Designated behavioral health staff at each facility will request that the Medical Department accept the inactive behavioral health records in order for the record to be integrated and transported for archival. All files delivered to medical will be accompanied by a **Behavioral Health Archive Record** Attachment (*CD-180102.3*).
- e. Files of deceased inmates will be handled as follows:
 - 1) Upon completion of the death review process (*CD-180007 Behavioral Health Review of Deaths*), the file will be forwarded to the RDC Unit and archived in accordance with NMCD policy.
 - 2) The facility Behavioral Health Therapist Supervisor will ensure that the behavioral health file is taken to the facility medical department, which will then archive in accordance with established protocols.

8. Retention and Reactivation of Behavioral Health Records:

- a. Inactive files will be maintained at RDC for a minimum of two years, at which time they will be sent to the State Records and Archives Center. Inactive behavioral health records are maintained by State Records and Archives in accordance with the applicable provision as found in Rule 1.21.2, NMAC.
- b. In the event an inmate returns to the system after the files have been sent to the State Records and Archives Center, the RDC Medical Unit will request the file and arrange for the behavioral health file to be forwarded to the RDC Behavioral Health Unit.
- c. RDC behavioral health staff will consolidate all behavioral health information from the new commitment and the archived file into one behavioral health file. If the inmate has already been transferred from RDC to a receiving facility, the archived record will be forwarded to the receiving facility where the behavioral health documentation will be consolidated behavioral health file.

B. Electronic Transmission and Maintenance of Documents: [5-ACI-6C-03 (M)]

1. All e-mail and fax messages that contain confidential information will have the following comment at the bottom of the e-mail for HIPPA regulation compliance. (When in doubt about the confidentiality of a message or attachment, treat the message and attachment as confidential.)

Confidentiality Statement: *“This email and any files or attachments transmitted with it are confidential and may be protected by legal privilege. This email is intended solely for the use of the individual or entity to which this email is addressed. If you are not the intended recipient of this email, you are hereby notified that any use, dissemination, distribution or copying of this email is strictly prohibited. If you have received this email in error, please notify the sender immediately by email and delete this email and any files or attachments from your system.”*

2. Electronic transmission of Electronic Patient Health Information (EPHI) including internet, extranet, dial-up phones, networks and computer-generated faxes will be safeguarded in accordance with HIPPA guidelines.
3. Clinical information on computer hard drives, networks, electronic templates, electronic files and data bases will be maintained in a confidential manner through the use of firewalls, passwords, specific privileging protocols and department behavioral oversight.
4. Removable media including computer disks, DVD, and external storage devices will be safeguarded to ensure security.

C. Confidentiality and Release of Records: [5-ACI-6C-03 (M)]

1. Confidentiality of Behavioral Health Records and Behavioral Health Information:
 - a. Generally, statements made by inmates to behavioral health staff are confidential, and will not be disclosed without the inmate’s consent in accordance with federal law, state law and NMCD policies/procedures. Exceptions are as follows:
 - 1) Information requested by the following individuals, to the extent that these officials and staff need the information to carry out their programs and duties:
 - a) The Governor of New Mexico;
 - b) The Attorney General of New Mexico;
 - c) The New Mexico Parole Board;
 - d) NMCD Counsel or other attorneys representing the Corrections Department in litigation;
 - e) NMCD Classification Bureau, to the extent of ensuring inmates are not transferred to locations where their behavioral health needs cannot be met;
 - f) Community Corrections Programs;
 - g) Medical Staff, to provide medical or behavioral health assessments or treatment;
 - h) Education Staff, to recommend educational programs; and
 - i) Probation and Parole Officers, to ensure continuity of care.
 - 2) Information regarding threats to the lives or well-being of others or the inmate, or to the direct safety and security of the institution. Such information must be conveyed to

institution security staff.

- 3) Information required to be disclosed according to a court order.
 - 4) Information concerning the abuse or neglect of any child, which will be reported to social services agencies as required by law.
 - 5) Allegations that the inmate has been abused by another inmate or by a staff member during the inmate's current course of incarceration.
 - 6) Information required by facility multidisciplinary teams for inmates in special programs, such as the APA. Procedure *CD-180501*, **APA Behavioral Health Services**, will comply with the acknowledgment of non-disclosure of behavioral health information by multidisciplinary team members.
- b. Questions concerning disclosure of information:
- 1) If a clinician has any questions concerning the disclosure of information received from an inmate, regardless of whether the inmate is being seen as a behavioral health client or not, the clinician should confer with the facility Behavioral Health Therapist Supervisor.
 - 2) The facility Behavioral Health Therapist Supervisor may contact the Behavioral Health Services Bureau Chief for further guidance, if necessary. The Behavioral Health Services Bureau Chief will confer with the NMCD General Counsel as necessary.
 - 3) The following information, provided by an inmate to a clinician, do not permit confidentiality:
 - a) A statement of threat to self or others;
 - b) A statement that could constitute a threat to the security of the institution;
 - c) A statement claiming the commission of a felony or the plan to commit a felony by himself or herself or others;
 - d) An admission of the commission of a crime or other misconduct by a staff member, including those where the inmate is involved in the crime or misconduct;
 - e) A claim of undue familiarity between the inmate/client or other inmate and any staff member. Undue familiarity includes, but is not limited to, behaviors or activities by professional staff that exceeds the parameters of a professional relationship. Examples include, sexual activity or contact between an employee and an inmate, a business relationship between an inmate and an employee, or unauthorized communication between an employee and an inmate such as letters

or phone calls;

- f) Statements that contain warnings, explicit or implicit, to the clinician or others; or,
- g) Any other similar type statement that gives rise to concern.

2. Inmate Access and Review of Behavioral Health Records:

- a. Inmate access to Behavioral Health records is governed by Policy *CD-043500*, **Inmate Access and Review of Records**. If an inmate requests to review their behavioral health record, a behavioral health clinician will explain the requested and releasable sections (see 3.b below) of the record for them. At no time will the inmate be allowed to have physical control of their behavioral health chart.
- b. Inmate requests for copies of his/her own behavioral health record may be denied in whole or in part, if obtaining a copy would jeopardize the health, security, custody of the inmate or of other inmates, or the safety of any officer, employee or other person at the correctional institution (45 CFR 164.524(a)(2)(ii)).

3. Inmate Requests for Release of Behavioral Health Information:

- a. Inmates may request the release of information/copies of behavioral health documentation.
 - 1) The request for release may be on the **Consent to Release Behavioral Health Information** form (*CD-180102.4*) or on any other release form that contains substantially the same information.
 - 2) Requests to release information/copies of behavioral health documentation to another inmate will not be honored.
- b. The following type of behavioral health information and documentation is not subject to release to non-Behavioral Health professionals:
 - 1) Raw test data may be released only to a qualified behavioral health professional.
 - 2) Information, which, in the clinical judgment of the facility Behavioral Health Therapist Supervisor, requires interpretation by a behavioral health professional.
 - 3) Anything in the record that contains the behavioral health clinician's comments or notations or their own thoughts that would be problematic to release.
- c. Court-ordered diagnostic evaluations are not to be provided except upon a specific written court order signed by the sentencing judge.
- d. If there are any questions concerning an inmate's request for release of information, the facility Behavioral Health Therapist Supervisor will contact the Behavioral Health Services Bureau Chief who will confer with the NMCD General Counsel.

4. Release of Behavioral Health Information to the Former Inmate or to Other Requesting Parties:

- a. Behavioral Health information and documents may be released to the former inmate (i.e. the inmate has been released from prison) or to other agencies or parties upon the receipt of an executed consent form signed by the former inmate or treatment guardian. Requests for psychiatric and/or medical information and documentation, copies of which may be in the behavioral health chart, are governed by CD-170800.
- b. Court-Ordered Diagnostic Evaluations are not to be released except upon a specific written court order signed by the sentencing judge.
- c. Information in the behavioral health file that was not generated by NMCD is not releasable; requests must be directed to the originator of the records (for example, the New Mexico Behavioral Health Institute).

5. Release of Behavioral Health Information Pursuant to a Court Order or Subpoena:

- a. If a facility Behavioral Health Therapist Supervisor of any behavioral health staff member receives a court order, Subpoena, or Subpoena Duces Tecum that directs the production of behavioral health documentation or directs the release of information via testimony or deposition the following will occur:
 - 1) The facility Behavioral Health Therapist Supervisor will be informed.
 - 2) The facility Behavioral Health Therapist Supervisor will advise the Behavioral Health Services Bureau Chief, who will confer with the NMCD General Counsel regarding the Court Order.
 - 3) The Court Order will be handled in accordance with the directive(s) provided by the NMCD General Counsel.

Documentation Notes

[illegible]

Inmate Name: _____

NMCD#: _____

Facility: _____

Documentation Notes

Form CD-180102.1 (Rev. 07/12/17)

Behavioral Health Record Receipt

Date: _____

Transport # _____

THE FOLLOWING BEHAVIORAL HEALTH RECORDS ARE BEING TRANSFERRED:

FROM: _____ (facility/unit)

TO: _____ (facility/unit)

INMATE NAME	NMCD#	No .of volumes	INMATE NAME	NMCD#	No. of volumes

CHAIN OF CUSTODY NAMES, TITLES AND SIGNATURES:

Sending Behavioral Health Unit:

Printed Name, Title & Signature

***Transport Officer #1:**

Printed Name, Title & Signature

***Transport Officer #2:**

Printed Name, Title & Signature

***Receiving Correctional Staff**

Printed Name, Title & Signature

Receiving Behavioral Health Unit:

Printed Name, Title & Signature

* Correctional Staff sign only for the receipt of the confidential courier pouch, not for the individual files.

Form CD-180102.2 (Rev. 07/12/17)

Behavioral Health Archive Record

THE FOLLOWING INMATES' BEHAVIORAL HEALTH RECORDS HAVE BEEN DELIVERED TO MEDICAL FOR ARCHIVING:

BH STAFF MEMBER COMPLETING:

(Print Name and Title)

(Date)

(Sign Name)

Facility: _____

DISCHARGE/ PAROLE DATE	NMCD#	NAME	MH number of volumes	Notes

MEDICAL STAFF RECEIVING:

(Print Name and Title)

(Date)

(Sign Name)

XC: Behavioral Health Medical

NEW MEXICO CORRECTIONS DEPARTMENT
Consent to Release Behavioral Health Records

Date of Birth: _____
SS#: _____

I understand the New Mexico Corrections Department Behavioral Health Services Policy regarding consent for release of information from behavioral health records. I further understand that, with some exceptions, New Mexico and federal laws require consent for the release of confidential behavioral health information. With this understanding, I hereby authorize release of behavioral health information to the extent below. I have the right to examine any copy of information to be disclosed with the exception of information in my behavioral health file that I am not ordinarily allowed to review, such as raw test data, information that requires the interpretation of a behavioral health professional, etc.

1. I hereby authorize release of the following information/records (specific information/records to be released): _____
2. The above-described information/records are to be released only to (specify recipient of records): _____
3. The purpose of the disclosure authorized herein is to: _____
4. This Consent to Release of Records shall remain in effect until (Specific date, event or condition of expiration at which time release will expire and no further release of records shall be made under its terms.): _____

I understand that my substance use disorders (alcohol and substance abuse) records are protected by the federal regulations in 42 CFR Part 2, and cannot be disclosed without my written consent except as otherwise provided for in the regulations.

I understand that I can revoke this authorization any time, except with respect to actions already taken.

I CERTIFY: I have read the contents of this form, or the contents have been read to me; I understand its contents; all blanks or statements requiring insertion or completion were filled in and all items not applicable were stricken before I signed.

Inmate Signature: _____ Date: _____

Witness Name: _____ Witness Title: _____

Witness Signature: _____ Date: _____

Inmate Name: _____ NMCD#: _____ Fac: _____

NEW MEXICO CORRECTIONS DEPARTMENT
Behavioral Health File Index

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•	Current Judgment and Sentence
•	Inmate Photo

**Unless otherwise specified, forms will be filed by nomenclature (form title) in reverse chronological order
(most recent on top).**

SECTION I: RDC and Other Intake Information

SECTION II: SUBSTANCE USE DISORDERS TREATMENT

A. RELEASE PREPARATION	
• Pre-Release Planning Forms	

B. RESIDENTIAL DRUG ABUSE PROGRAM (RDAP) and THERAPEUTIC COMMUNITY (TC)	
• Discharge Summary	
• Documentation Notes/Progress Notes	
• Treatment Plans/Program Plans/Curricula	
• Assessment	
• Contract	
• Consents	
• Application	
• Note: This section will be filled in order with the most recent RDAP or TC with all its documents on top, followed by older RDAPs or TCs.	

C. OUTPATIENT (OP) and DWI	
• Documentation Notes/Progress Note	
• Treatment Plans/Program Plans/Curricula	
• Assessment	
• Consents for interview and treatment	
• Note: This section will be filled in order with the most recent programs with all its documents on top, followed by older programs.	

D. OTHER DOCUMENTATION	
• Program Certificates	
• Substance Use Disorders Documentation	

Unless otherwise specified, forms will be filed by nomenclature (form title) in reverse chronological order (most recent on top)

SECTION II: Substance Use Disorders Treatment

SECTION III: TREATMENT PROTOCOLS

A. TREATMENT PROTOCOL DOCUMENTS	
• Treatment Progress Review/Treatment Termination	
• Treatment Plan	
• Clinical Assessment, Psychosexual Assessment	
• 180 Day Behavioral Health Check	
• Consent for Assessment, CRU/SOTP Agreement/Confidentiality	
NOTE: This section will be filed in reverse chronological order, with the most recent document on top. Forms will not be separated by nomenclature.	

B. RESTRICTED HOUSING UNIT ASSESSMENTS	
• Restricted Housing Unit Inmate Mental Health Appraisal	

C. CRISIS INTERVENTION SERVICES	
• Incident Report/Crisis Intervention	
• Therapeutic Watch Documentation	
NOTE: This section will be filed in reverse chronological order, with the most recent document on top. All forms related to one crisis intervention will be filed as a group (therapeutic watch filed with the precipitating crisis intervention documentation).	

D. PSYCHIATRIC SERVICES	
• Psychiatric Encounter Forms	
• Referral from Behavioral Health to Psychiatry	
• Other documentation generated by psychiatry and copied to behavioral health	

E. PSYCHOLOGICAL TESTING AND OTHER EVALUATIONS	
• Consent for testing	
• Test reports	
• Tests and raw data	
• STATIC 99	

Unless otherwise specified, forms will be filed by nomenclature (form title) in reverse chronological order (most recent on top)

SECTION III: Treatment Protocols

SECTION IV: TREATMENT DOCUMENTATION

A. TREATMENT DOCUMENTATION	
• Progress Note – Individual Treatment Session	
• Group Psychotherapy Progress Treatment Notes	
• CRU/SOTP Monthly Progress Report	

B. OTHER RELATED DOCUMENTATION	
• Documentation Notes	
• Inmate Request to See a Behavioral Health Clinician (includes those not on specified form)	
• Referrals From Other Facility Staff/Departments to Behavioral Health, PREA Referrals/Paperwork	

C. ALTERNATIVE PLACEMENT AREA (APA)	
• Individual Program Plan	
•	
• Other documentation specific to the APA	

D. CLINICALLY SIGNIFICANT DOCUMENTATION	
• Correspondence from Client	

Unless otherwise specified, forms will be filled by nomenclature (form title) in reverse chronological order (most recent on top)

SECTION IV: Treatment Documentation

SECTION V: MOVEMENT AND PERSONAL ACTIVITY

A. CHRONOS AND CLEARANCES

• Behavioral Health Clearance Chronos	
• Special Management Evaluation and Screening Forms	
• Transition Accountability Plan (TAP)/Multi-Disciplinary Team (MDT) (Copy)	
• Behavioral Health Review of Inmate Disciplinary Reports	

B. FACILITY INTAKES

• Inter-Facility Transfer File Review and Mental Status Examination	
• Medical Transfer Forms (Copy)	
• Inmate Acknowledgement of Behavioral Health Orientation	

C. PAROLE/DISCHARGE

• Joint Report on Inmate Death (Copy)	
• Consents to Release Information to Probation Parole	
• Community Behavioral Health Referral Form	
• Other documentation related to release	

D. OTHER DOCUMENTATION

• Consent to Release Behavioral Health Records	
• Other consents for release of Behavioral Health records	
• Certificates of Completion (Copy)	
• Miscellaneous	

Unless otherwise specified, forms will be filed by nomenclature (form title) in reverse chronological order (most recent on top).

Section V: Movement and Personal Activity

SECTION VI: MENTAL HEALTH TREATMENT CENTER

A. DISCHARGE/AFTERCARE	
• MHTC Discharge Summaries and Aftercare Recommendations	
B. REFERRAL DATA	
• MHTC Referral Information	
C. ITP INFORMATION	
• Consent to Treatment	
• Individual Treatment Plan 90 Day Update	
• MHTC Individual Treatment Plan	
D. THERAPIST DOCUMENTATION	
• Therapist Progress Notes	
• MHTC Treatment Team Progress Notes	
• Therapist Documentation Notes	
E. PSYCHIATRIC DATA	
• ACU Psychiatrist Admission Notes (Copy)	
• Psychiatric Encounter Forms (Copy)	
• Treatment Guardian Correspondence (Copy)	
F. LEGAL DATA	
• Vitek/Notice of Proposed Transfer	
• Guardianship Order (Copy)	
• Consent to Release Behavioral Health Information	
• Determination of Mental Health Panel	
G. CLINICALLY SIGNIFICANT DOCUMENTATION	
• Correspondence from Client	

Unless otherwise specified, forms will be filed by nomenclature (form title) in reverse chronological order (most recent on top).

This section will be filled in order with the most recent admission with all its documents on top, followed by older admissions.

SECTION VI: MENTAL Health Treatment Center



NEW MEXICO

CORRECTIONS DEPARTMENT

Secretary
Alisha Tafoya Lucero

CD-180103 Request for Behavioral Health
Services, Triage and Tracking

Issued: 1/29/01
Effective: 2/01/01

Reviewed: 07/23/24
Revised: 07/12/17

Alisha Tafoya Lucero, Cabinet Secretary

Original Signed and Kept on File

AUTHORITY:

Policy *CD-180100*

INDEX:

- A. Requests for Behavioral Health Services
- B. Tracking System
- C. Clinic Schedules PROCEDURES: [5-ACI-6A-03]

A. Requests for Behavioral Health Services:

1. Inmates are told how to access behavioral health services during facility intake and orientation to behavioral health services. An inmate can request behavioral health services by completing the **Inmate Request for Behavioral Health Services** Attachment (*CD-180103.1*). An inmate can also directly ask the behavioral health clinician for services or ask another staff member to contact behavioral health for them. In the case of a mental health crisis, an inmate may request security staff to contact behavioral health. Security staff will not determine if the request warrants a crisis intervention, it will be at the professional judgment of behavioral health to validate as a mental health crisis or not.
2. Each facility is responsible for setting up the procedures for receiving and processing inmate requests. Requests for emergency behavioral health services are triaged when received or notified, other requests are triaged at least daily.
3. Generally, an inmate will be scheduled for the next available appointment unless the triaging indicates otherwise or the inmate requests a specific day and/or time.
4. The facility Behavioral Health Therapist Supervisor sets up a system for notifying inmates of scheduled appointments, and, if necessary, notifying security and programming staff of daily appointments.

B. Tracking System:

1. The facility Behavioral Health Therapist Supervisor will ensure that a system is maintained that tracks requests for services and waiting lists, all mandatory services, active cases, along with scheduled appointment dates and assigned behavioral health clinician.
2. The tracking system will be updated daily and each clinician will receive an updated caseload listing at least weekly.

C. Clinic Schedules:

Each behavioral health clinician will complete a **Daily Clinic Schedule** form (*CD-180103.2*), which will record the following:

1. If facility security staff or programming staff require it for managing inmates, the clinician will provide them a copy of the Daily Clinic Schedule showing inmate name, number, housing unit and scheduled appointment time.
2. A scheduled and unscheduled appointment for the day, to include whether the inmate attended, was a no show, or refused. The “reason seen” column should indicate the service category, such as “assessment,” “treatment session,” “testing,” “other interview,” or the like. To maintain confidentiality, inmates are not allowed to see the schedule.
3. The **Daily Clinic Schedule** form (*CD-180103.2*) is designed to record clinical contacts with inmates. Other services that do not require personal, individual contact with an inmate such as intake file reviews, group orientation to behavioral health services, group treatment, or staffing an inmate case, can be recorded on the Daily Clinic Schedule to facilitate data collection for reports. As not all columns of the Daily Clinic Schedule will apply to every contact or purpose (such as file reviews, orientations, intake screenings, intra-facility transfers or reporting) the columns need not be completed for every entry.
4. The facility Behavioral Health Therapist Supervisor is responsible for ensuring that clinicians maintain the **Daily Clinic Schedule** form (*CD-180103.2*) and that they are turned in at the end of each working day. The facility Behavioral Health Therapist Supervisor will maintain all completed **Daily Clinic Schedule** forms (*CD-180103.2*).

NEW MEXICO CORRECTIONS DEPARTMENT
Request to See a Behavioral Health Clinician
Peticion para Servicios de Salud de Comportamiento

Form CD-180103.1
Revised 07/12/17

The New Mexico Corrections Department Behavioral Health Services provides a variety of services to those individuals who are interested in addressing problem areas in their lives. If you would like additional information or if you need to speak to a behavioral health clinician, please fill out this form and deliver it to the Behavioral Health Unit or place it in the inter-institutional mail.

Los Servicios de Salud de Comportamiento del Departamento de Correcciones de Nuevo México proveen una variedad de servicios a esos individuos quien se interesan en tratar de areas de problema en sus vidas. Si a usted le gustaría informacion adicional o si necesita hablar con un(a) proveedor(a) de servicios de Salud de Comportamiento en el futuro, favor de llenar esta forma y regrésesela a la Unidad de Salud de Comportamiento.

I am interested in talking to a Behavioral Health clinician:

Me intereso en hablar con un(a) proveedor(a) de Salud de Comportamiento:

Print Name and NMCD # (Nombre y Numero)

Date (Fecha)

Inmate Signature (Firma del Preso)

Housing Unit (Dormitorio)

Inmate Name: _____ NMCD#: _____ Facility: _____

NEW MEXICO CORRECTIONS DEPARTMENT
Daily Clinic Schedule

For date of: _____

Form CD-180103.2
Revised 07/12/17

Time	Name	Number	HU	Scheduled Yes/No	Seen (minutes)	No-show/ refused	Reason seen (ind TX, assessment, etc.) or staffed	Diagnosis

BH STAFF MEMBER COMPLETING:

(Print Name)

(Sign Name)

TURN IN TO THE FACILITY BEHAVIORAL HEALTH THERAPIST SUPERVISOR AT THE END OF EACH DAY

Note; If no appointments or walk-ins for the day, enter “none” and turn form in. Not all fields will apply to every service and may be left blank.

Form CD-180103.2 (Rev. 07/12/17)



NEW MEXICO CORRECTIONS DEPARTMENT

Secretary
Alisha Tafoya Lucero

CD-180104 Facility Intakes and Clearances	Issued: 1/29/01 Effective: 2/01/01	Reviewed: 07/23/24 Revised: 07/23/24
Alisha Tafoya Lucero, Cabinet Secretary		Original Signed and Kept on File

AUTHORITY:

Policy *CD-180100*

INDEX:

- A. Receiving Institutions Intake Process
- B. Inmate Orientation to Behavioral Health Services
- C. Behavioral Health Clearances and Severity Coding

PROCEDURES:

- A. Receiving Institutions Intake Process: [5-ACI-3D-12] [5-ACI-3D-16] [5-ACI-6A-31 (M)]

1. Facility Transfers:

- a. The RDC intake process initiates program and service recommendations to be followed up on and/or provided at the institutional level. All inmates that are transferred from RDC are to be processed as facility transfers.
- b. The medical department conducts the initial behavioral health screening at the time of admission. The screening shall be documented on Medical form #218, Facility Transfer File Review and Mental Health Status Screening. Arriving inmates receive a behavioral health intake screening which includes inquiry into whether the inmate is experiencing any suicidal thoughts or any other serious behavioral health decompensation.
- c. A copy of the initial behavioral health screening conducted by the medical department will be provided to the facility Behavioral Health Therapist Supervisor within one working day of admission.
- d. A behavioral health clinician at the receiving facility reviews the behavioral health files of newly arriving inmates and completes the **Facility Transfer File Review and Mental Status Examination** form (*CD-180104.1*)..
 - 1) Behavioral health staff will review the initial screening conducted by the medical department and review the behavioral health file for continuity of care within one working day of the inmate's arrival. The **Facility Transfer File**

Review and Mental Status Examination will be completed within three working days of the inmate's arrival.

- 2) In the event the behavioral health file does not arrive with the inmate, the receiving

facility will immediately contact the sending facility. The sending facility will ensure that the file is forwarded upon notification that the file is missing.

- e. Based upon the face-to-face interview, the clinician will decide whether to recommend or not recommend any behavioral health services.
 - 1) If the inmate is not currently receiving services and no services are recommended, this will be noted on the Intake Mental Status Examination portion of the **Facility Transfer File Review and Mental Status Examination**.
 - 2) If the inmate is not currently receiving services, and the recommendation is for the inmate to participate in services, the clinician will schedule or refer the inmate for the recommended services per CD Policy 180100, **Behavioral Health Clinical Services**, and note this on the Intake Mental Status Examination portion of the **Facility Transfer File Review and Mental Status Examination** form.
 - 3) If the inmate is currently receiving services, and the recommendation is for the inmate to continue receiving those services, this will be noted on the Intake Mental Status Examination portion of the **Facility Transfer File Review and Mental Status Examination** form. Behavioral Health services will be continued in accordance with the current treatment plan and per CD Policy 180100, **Behavioral Health Clinical Services**.

2. Tracking form:

The Tracking form will be used to record:

- a. Date of transfer from RDC;
- b. Dates of facility transfers; and,
- c. Date of parole or discharge.

3. Receipt of County Jail (CJ) Inmates:

- a. Per CD-143500, Safekeeping of County Jail Inmates, county jail inmates are housed in a restrictive housing status.
- b. County jail intakes are seen by nursing staff upon arrival at the receiving facility and receive an intake behavioral health screening which includes inquiry into whether the inmate is experiencing any suicidal thoughts or any other serious mental health decompensation.
- c. CJ holds will receive behavioral health services as clinically indicated.

B. Inmate Orientation to Behavioral Health Services: [5-ACI-3D-12] [5-ACI-3D-13]

1. Group or individual orientation to behavioral health services will be provided for new inmate arrivals within 14 calendar days from the date of arrival at the institution.

- a. Orientation to behavioral health services is mandatory and does not require consent.
 - b. Inmates will receive an orientation to behavioral health services at the time of the face-to-face interview or during a group orientation session.
 - c. Orientation to behavioral health services will be documented using the **Inmate Acknowledgment of Orientation**, form (CD-180105.2). Each inmate will sign an acknowledgment, which will then be placed in his or her behavioral health file.
2. The orientation will inform newly arrived inmates of the following:
- a. What behavioral health, (mental health and substance use disorders) services are available at the facility.
 - b. What the inmate needs to do to access these services to include:
 - 1) Submit a **Request to See a Behavioral Health Clinician**, Attachment (CD-180103.1).
 - a) Where the request forms can be obtained.
 - b) How the forms are to be filled out.
 - c) Where the forms are to be returned.
 - 2) Verbal requests: tell a staff member
 - a) The fact that participation in behavioral health treatment is voluntary.
 - b) Information regarding sexual abuse/assault in prison, self-protection, reporting sexual abuse/assault and behavioral treatment/counseling regarding sexual abuse/rape.
 - c) What the inmates can expect in the way of confidentiality.

C. Behavioral Health Clearances and Severity Coding: [5-ACI-6A-04] [5-ACI-6C-06]

- 1. **Behavioral Health Clearance Chrono** form (CD-180104.3), will be completed under the following circumstances:
 - a. At RDC, after completion of the behavioral health intake process.
 - b. When there is a change in the inmate's behavioral health status that affects his or her behavioral health severity code.
 - c. At the time of discharge from MHTC.
 - d. When requested by classification.
- 2. **Behavioral Health Clearance Chrono** will include the appropriate behavioral health severity code for the inmate, based upon the professional judgment of the clinician, including clinical

assessments and psychiatric evaluations, and in accordance with the following behavioral health severity codes:

- a. Code 0: No current mental health issues indicated.
 - b. Code 1: Active in mental health group treatment and/or psycho-education. No other treatment programs or needs. Not on psychotropic medication.
 - c. Code 2: Active in mental health treatment and NOT on psychotropic medication and not receiving psychiatric services.
 - d. Code 3: Stable with medication, with or without participation in any other form of treatment. Or has an active referral to psychiatry or is being monitored by psychiatry whether or not on medications.
 - e. Code 4: (1) Not stable due to mental illness; (2) Self-injurious behavior within the last 90 days; (3) Active suicidal ideation(s) within the last 60 days.
 - f. Code 5: (1) Actively psychotic; (2) Suicide attempt(s) within the last 90 days; (3) A danger to self or others due to mental illness.
3. The Severity Code indicates the level of mental health and psychiatric services needed by the inmate.
- a. Codes 0, 1, and 2 are cleared for any facility.
 - b. Codes 3, 4, and 5 are cleared for any facility that has appropriate psychiatric services.
 - c. Any inmates with a severity code of 1 through 5 may receive a discretionary override to a Level III custody to complete a course of group or individual treatment.
 - d. Change in code:
 - 1) When there is a change in an inmate's mental health code the reason for the change should be documented on the **Documentation Notes** form (CD- 180102.1) on the same date as the changed Chronos Code.
 - 2) Inmates who have been assigned to a facility and whose mental condition and/or treatment changes, will have a new Behavioral Health Clearance Chrono completed.
 - 3) If the new Code makes the inmate ineligible for continued placement at the current facility, the facility Behavioral Health Therapist Supervisor will contact the facility Classification Director to arrange for the inmate to be transferred to a facility consistent with the above guidelines.
 - 4) If it is believed the current Behavioral Health Chronos Code is inaccurate and should be changed prior to the timelines indicated, this may be reviewed with the Behavioral Health Bureau Chief or designee. If a change is indicated this will be noted in a **Documentation Notes** form (CD-180102.1) and in a new **Behavioral Health Clearance Chrono** form (CD-180104.3).

- 5) If the inmate's mental health condition requires placement, based on a discretionary override, a unit management team meeting and plan will be completed to afford the inmate the best possible care at the receiving facility. This meeting will be documented in a **Documentation Notes** form (CD-180102.1) and placed in the inmate's behavioral health and medical file.

NEW MEXICO CORRECTIONS DEPARTMENT
Facility Transfer File Review and Mental Status Examination

Date inmate arrived: _____ Date file arrived: _____

Date file reviewed: _____ Inmate arrived from (previous facility) _____

Facility Intake File Review

Yes No

- ☐ ☐ Behavioral Health code of 1, 2, 3, 4, 5 (circle)
- ☐ ☐ Discontinued from a TX plan or psychotropic medication within past 90 days
- ☐ ☐ Valid crisis intervention within the past month
- ☐ ☐ Current PREA Monitoring
- ☐ ☐ History of special education
- ☐ ☐ History of group therapy
- ☐ ☐ History of sexual aggression

Yes No

- ☐ ☐ History of support groups & SA TX
- ☐ ☐ RDC recommendation for MH Assessment
- ☐ ☐ RDC recommendation for MDT referral
- ☐ ☐ RDC recommendation for S/A TX
- ☐ ☐ RDC recommendation for other MH service
- ☐ ☐ History of sexual abuse/victimization
- ☐ ☐ History of inpatient MH treatment
- ☐ ☐ History of outpatient MH treatment
- ☐ ☐ History of sexual victimization in prison

Facility Intake Mental Status Examination (Face-to-Face Interview)

- APPEARANCE ☐ Unremarkable ☐ Disheveled ☐ Poor hygiene ☐ Traumatized
- ATTITUDE ☐ Unremarkable ☐ Passive ☐ Submissive ☐ Seductive
- ☐ Guarded ☐ Suspicious ☐ Sullen
- MOOD & AFFECT ☐ Unremarkable for Setting ☐ Indifferent ☐ Hopeless ☐ Depressed ☐ Bitter
- ☐ Shallow ☐ Angry/Hostile ☐ Guilt ☐ Fear ☐ Anxious ☐ 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 to person
- Attention: ☐ Unimpaired ☐ Impaired
- Concentration: ☐ Unimpaired ☐ Impaired
- Memory ☐ Unimpaired ☐ Impaired
- THOUGHT PROCESSES
- Abstractions: ☐ Unimpaired ☐ Impaired
- Clarity: ☐ Coherent ☐ Slightly Confused ☐ Incoherent
- Content: ☐ Normal ☐ Hallucinations ☐ Delusions ☐ Tangential ☐ Paranoia
- SUICIDE/HOMICIDE ☐ Current suicidal ideation risk: ☐ High ☐ Moderate ☐ Low ☐ Denied
- ☐ Current homicidal ideation risk: ☐ High ☐ Moderate ☐ Low ☐ Denied
- Hx of Suicidal Behavior Yes ☐ No ☐
- PSYCHOTROPIC MEDICATION: ☐ Current ☐ N/A ☐ Previous, list date _____
- TREATMENT PLAN (MH, S/A, PREA): ☐ Current ☐ N/A ☐ Previous, list date: _____
- MENTAL HEALTH AND Substance-Related, ISSUES FROM MEDICAL/MH ADMISSION SCREENING AND CURRENT MH COMPLAINT:

BEHAVIORAL HEALTH AND TAP RECOMMENDATIONS:

Clinician Printed Name, Title and Signature

Date

Inmate Name: _____ NMCD#: _____ Facility: _____

NEW MEXICO CORRECTIONS DEPARTMENT
Inmate Acknowledgement of Behavioral Health Orientation

I acknowledge that I have received orientation regarding behavioral health services, including the following:

D. What Mental Health and Substance Use Disorders services are available at the facility?

Includes information about sexual abuse/assault in prison, self-protection, reporting sexual abuse/assault and behavioral treatment/counseling regarding sexual abuse/rape.

E. What I need to do to access behavioral health services?

1. Submit a Request to See a Behavioral Health Clinician

- a. Where the request forms can be obtained.
- b. How the forms are to be filled out.
- c. Where the forms are to be returned.
- d. Application forms for Substance Use Disorders RDAP or Groups.
- e. AA/N/A availability.

2. Verbal requests: tell a staff member.

F. The fact that participation in behavioral health programs is voluntary.

G. What I can expect in the way of confidentiality.

Print Name

Date

Sign Name

ORIENTATION PROVIDED BY: _____
_____(Name/Signature) ON (DATE): _____

Inmate Name: _____ NMCD#: _____ Facility: _____

Inmate Acknowledgement of Behavioral Health Orientation

NEW MEXICO CORRECTIONS DEPARTMENT
Behavioral Health Clearance Chrono

Inmate Name: _____ NMCD #: _____ Facility: _____

<input type="checkbox"/> Code 0
<input type="checkbox"/> Code 1
<input type="checkbox"/> Code 2
<input type="checkbox"/> Code 3
<input type="checkbox"/> Code 4
<input type="checkbox"/> Code 5
Special Programs HOUSING: Regular Housing <input type="checkbox"/> APA Housing <input type="checkbox"/> Not Evaluated <input type="checkbox"/>
Refer for Substance Use Disorders Services <input type="checkbox"/>

If a specific recommendation is warranted, provides comments:

Clinician: _____ Date _____

Mental Health Clearance Chrono

Form CD-180104.3 (Rev. 07/23/24)



NEW MEXICO CORRECTIONS DEPARTMENT

Secretary
Alisha Tafoya Lucero

CD-180105 Consultations with Psychiatry and Medical	Issued: 1/29/01 Effective: 2/01/01	Reviewed: 07/23/24 Revised: 07/12/17
Alisha Tafoya Lucero, Cabinet Secretary		<i>Original Signed and Kept on File</i>

AUTHORITY:

Policy *CD-180100*

INDEX:

- A. Behavioral Health to Psychiatry Referrals
- B. Psychiatric Referrals to Behavioral Health
- C. Referrals to Medical PROCEDURES:

A. Behavioral Health to Psychiatry Referrals: [5-ACI-6A-28 (M)] [5-ACI-6A-33]

1. Emergency/crisis intervention referrals to psychiatry are outlined in CD-180109, **Crisis Intervention and Suicide Prevention**.
2. Non-crisis referrals to psychiatry from behavioral health are documented on the **Referral from Behavioral Health to Psychiatry** form (*CD-180105.1*).
3. Non-crisis referrals to psychiatry from behavioral health are based on the results of a clinical interview in which the following information is secured:
 - a. Current symptoms;
 - b. Relevant history;
 - c. Self-injurious ideation or recent self-injury;
 - d. An assessment of cognitive and affective functioning;
 - e. Psychiatric and behavioral health treatment history; and
 - f. Compliance with integrated behavioral health treatment.
4. Referrals from behavioral health to psychiatry must be clinically indicated and will be reviewed by and signed by the Clinical Supervisor prior to submission.
 - a. If the clinician refers an inmate to psychiatry for any clinical condition, the clinician will document the inmate's participation in recommended behavioral health and substance abuse treatment.
 - b. The clinical supervisor may recommend group or individual treatment prior to referral to psychiatry.
5. Newly arrived inmates who are on psychotropic medication do not require a referral from behavioral health to psychiatry. Such inmates will be identified by the Contract Medical

Clinician. The Clinical Supervisor and/or Clinician verify that newly arrived inmates have been identified by the Contract Medical Provider as needing a continuation of psychiatric services.

6. All consultations and staffing with psychiatry will be documented in the behavioral health file on a **Documentation Notes** form (*CD-180102.1*).

B. Psychiatric Referrals to Behavioral Health: [5-ACI-6A-28 (M)]

1. The facility Behavioral Health Therapist Supervisor will review and initial the Psychiatric Encounter forms on a weekly basis.
2. Psychiatric recommendations for behavioral health services, if any, will be forwarded to the inmate's assigned therapist.
3. Psychiatry and behavioral health will staff designated cases at least monthly in order to ensure clinical clarity and congruence regarding diagnosis and treatment.

C. Referrals to Medical:

1. Emergent Behavioral Health Referrals to Medical:
 - a. Emergency referrals to medical from behavioral health will be forwarded by telephone or direct contact with the medical staff at the time the problem is identified. For emergency referrals to medical, the referral form to Medical will be filled out after medical staff is contacted.
 - b. Emergency referrals to medical do not require the approval of the Behavioral Health Therapist Supervisor or Clinical Supervisor.
2. Non-Emergent Behavioral Health Referrals to Medical:
 - a. The referring behavioral health clinician will complete the **Referral from Behavioral Health to Medical** form (*CD-180105.2*). The behavioral health clinicians will list the reasons for the referral including physical symptoms, complaints, observations or other reasons for the referral.
 - b. The referring behavioral health clinician will specify the time frame in which the inmate needs to be evaluated by the Medical Department.
 - c. Referrals from behavioral health to medical must be clinically indicated and will be reviewed by and signed by the facility Behavioral Health Therapist Supervisor prior to submission. The Behavioral Health Therapist Supervisor will approve or disapprove all non-emergency referrals to medical
3. Medical Staff Documentation and Responsibilities:
 - a. Medical staff will respond to non-emergent referrals within the time frame specified on the **Referral from Behavioral Health to Medical**.

- b. Medical staff will document on the behavioral health referral form the actions taken by medical staff.
- c. The completed referral form will be filed in both the behavioral health and medical files.

NEW MEXICO CORRECTIONS DEPARTMENT
Referral from Behavioral Health to Psychiatry

Inmate Name: _____ NMCD#: _____ Date: _____

Reason for referral (describe client symptoms): _____

Relevant past history: _____

- | | | | | | |
|----|---|--------------------------|------------------------------|----|--------------------------|
| A. | Is the client contemplating self-injury? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| B. | Has the inmate exhibited recent self-injury? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| C. | Are there psychotic/delusional symptoms? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| D. | Does the client exhibit depressive symptoms? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| E. | Currently engaged in Behavioral Health Treatment? TX Refused | <input type="checkbox"/> | Yes <input type="checkbox"/> | No | <input type="checkbox"/> |
| F. | Has inmate been prescribed psychotropic medication in the past? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| G. | Is the inmate currently prescribed psychotropic medication? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

Diagnosis: _____

Clinician Printed Name, Title and Signature _____ **Date** _____

Referral Approved ☐ Disapproved ☐ Reason for disapproval: _____

Reviewer Printed Name, Title and Signature _____ **Date** _____

It is recommended that the inmate be seen:

During the next psychiatric clinic ☐ Within 2 weeks ☐ Within 30 days ☐

Action taken by psychiatrist:

____ Client scheduled for a psychiatric appointment _____

____ Case will be staffed with behavioral health.

Other _____

Comments: _____

Psychiatrist Printed Name, Title and Signature _____ **Date** _____

COPIES TO BOTH BEHAVIORAL HEALTH & MEDICAL FILES

Inmate Name: _____

NMCD#: _____

Facility: _____

Referral from Behavioral Health to Medical Form CD-180105.2 (Rev. 07/12/17)



NEW MEXICO CORRECTIONS DEPARTMENT

Secretary
Alisha Tafoya Lucero

CD-180106 Referrals to MHTC	Issued: 1/29/01 Effective: 2/01/01	Reviewed: 07/23/24 Revised: 07/12/17
Alisha Tafoya Lucero, Cabinet Secretary	<i>Original Signed and Kept on File</i>	

AUTHORITY:

Policy *CD-180100*

PROCEDURES:

A. Referrals to MHTC: [5-ACI-6A-05] [5-ACI-6A-28 (M)] [5-ACI-6A-37] [5-ACI-6A-38] [5-ACI-6C-04 (M)] [5-ACI-6C-06] [5-ACI-6C-12]

NMCD inmates who require emergent or emergency inpatient psychiatric treatment or chronic care are referred to the male or female MHTC through a psychiatrist-to-psychiatrist referral while staffing the case with behavioral health.

1. MHTC Admission Criteria:

At least one of the following must be present:

- The inmate is at risk of self-injury due to a mental disorder based on a clinical interview.
- The inmate meets the criteria for a diagnosis of Intellectual Disability in accordance with DSM-5 criteria and exhibits severe functional deficits.
- The inmate exhibits significant impairment in level of functioning that is attributed to symptoms consistent with a mental disorder.
- Acute Psychosis: The inmate is delusional, responding to hallucinations and is unresponsive to psychotherapeutic interventions and psychiatric services.
- Severe Depression: The inmate is seriously withdrawn and unresponsive to psychotherapeutic interventions and psychiatric treatment.
- The inmate is experiencing prolonged cognitive or emotional deterioration, but the diagnosis is uncertain.
- The inmate is unable to function within normal limits in the regular population due to mental illness or mental disability.

2. Emergent or Emergency MHTC Referrals:

- The MHTC referral process:

- 1) Regular Working Hours: During regular working hours, the referring facility Behavioral Health Therapist Supervisor or designee will staff the case with the facility psychiatrist or the on-call psychiatrist.
 - 2) Outside of Regular Working Hours: During evening hours, weekends and holidays, the facility on-call behavioral health clinician will conduct an on-site interview with inmates who are experiencing severe mental health problems in accordance with *CD-180109, Crisis Intervention and Suicide Prevention*. If MHTC admission is clinically indicated, the on-call behavioral health clinician will contact the on-call psychiatrist.
 - 3) The inmate will be placed on or continued on a therapeutic watch pending admission to MHTC.
- b. Once the facility psychiatrist or on-call psychiatrist determines that an emergent care referral is required, he or she will contact the MHTC psychiatrist for admission review and approval.
 - c. The referring facility Behavioral Health Therapist Supervisor or designee will complete the **MHTC Referral** form (*CD-180106.1*) and fax a copy to MHTC. The sending facility medical/psychiatric department will fax the **MHTC-ACU Psychiatry Referral** form #421 to MHTC nursing station.
 - d. The facility Behavioral Health Therapist Supervisor, designee, or on-call clinician will contact the MHTC Behavioral Health Manager/Supervisor or designee who will verify with the MHTC psychiatrist whether or not the referral has been approved and when MHTC will be able to admit the inmate.
 - e. The MHTC Behavioral Health Therapist Supervisor or designee will send a “notification of acceptance” email to the NMCD Central Office Classification Bureau’s point of contact, the referring facility’s Behavioral Health Therapist Supervisor, and both the CNMCF and sending facility’s Wardens or designees once the admission is accepted. The Behavioral Health Bureau Chief should be carbon copied on the email. This e-mail will also state if the transfer is emergent or can wait until the next day.
 - f. The sending and receiving facilities’ Wardens will communicate to arrange transport to the MHTC ACU and adhere to associated security procedures.
3. If the psychiatrist and Behavioral Health Therapist Supervisor do not agree that an inmate requires an MHTC referral, an appeal will be forwarded to the Health Services Bureau Chief, Behavioral Health Service Bureau Chief and the Contract Director of Psychiatry.
 - a. If the Bureau Chiefs and Contract Director of Psychiatry concur that the inmate requires MHTC care, the facility psychiatrist or on call psychiatrist will proceed with the steps above.
 - b. If the Bureau Chiefs and Contract Director of Psychiatry agree that the inmate does not require MHTC care, the case will be staffed between the Behavioral Health Services Bureau Chief and the referring Behavioral Health Therapist Supervisor.

4. MHTC Chronic Care Referrals:

- a. Chronic care referrals are for inmates who are not a danger to self or others but are experiencing adaptive functioning deficits which limit their ability to function within normal limits in general population due to a mental disorder or developmental disability.
- b. The referring facility will recommend Chronic Care referrals based on an inmate's diagnosis, behavior and social functioning level.
- c. The referring clinician will review the current **Clinical Assessment** or complete a **Clinical Assessment** and an **MHTC Referral** form, which will be reviewed and approved by either the Clinical Supervisor or the Behavioral Health Manager.
- d. The inmate will be placed on a Therapeutic Watch pending MHTC approval/admission.
- e. The **Clinical Assessment** and **MHTC Referral** form will be sent to the MHTC Behavioral Health Therapist Supervisor or designee.
- f. The referring facility Behavioral Health Therapist Supervisor will staff the case via telephone with the MHTC Behavioral Health Therapist Supervisor or designee. A psychiatrist-to-psychiatrist referral will also be conducted in accordance with *CD-172300*.
- g. If the referral is accepted and MHTC housing is available:
 - 1) The MHTC Behavioral Health Therapist Supervisor or designee will inform the referring Behavioral Health Therapist Supervisor.
 - 2) The referring Behavioral Health Therapist Supervisor will afford the inmate due process by scheduling and conducting an MHTC transfer hearing before the inmate is transferred to MHTC.
 - a) At least 24 hours before the hearing, the inmate will be provided with a written statement of the reasons for the transfer, **Transfer Hearing Notice** form (*CD-180106.2*).
 - b) If there is reason to believe the inmate will have difficulty participating in or understanding the nature of the hearing, the inmate shall be informed that he or she has the right to request the assistance of a staff member.

If the inmate requests assistance from a particular staff member, a reasonable effort will be made to provide for assistance by the particular staff member; but if doing so would cause undue interference with the operation of the facility or Department, the Department may designate a suitable substitute to provide assistance to the inmate.

transfer an inmate to the MHTC or to continue MHTC placement in the event that the inmate was transferred to the MHTC under emergency circumstances.

- e) At the hearing, the inmate will be provided with the opportunity to present his own testimony as well as other relevant testimony and evidence regarding whether the transfer is appropriate. The Behavioral Health Therapist Supervisor may receive other evidence and testimony from other witnesses.
 - f) At the conclusion of the hearing, the facility psychiatrist will, within one business day, prepare a written decision including findings and a determination as to whether the inmate's transfer to the MHTC is justified, **Transfer Hearing Decision** form (CD-180106.3). The inmate will be provided with a copy of the written decision.
- 3) The referring Behavioral Health Therapist Supervisor will contact the MHTC Behavioral Health Therapist Supervisor or designee regarding transfer.
 - 4) The MHTC Behavioral Health Therapist Supervisor or designee to arrange for transport to the MHTC.
 - 5) If MHTC housing is not available, the inmate will be placed on a waiting list. The waiting list will be maintained by the MHTC Behavioral Health Therapist Supervisor or designee.

NEW MEXICO CORRECTIONS DEPARTMENT
MHTC Referral

Date: Facility:

Name: NMCD#: Age: Sex:

Race/Ethnicity: Housing Level: Projected release date: Presenting

Problem/Signs and Symptoms:

Summary of recent behavioral health treatment: Diagnosis and Code:

Referring Psychiatrist:_____. Supporting Documents attached:

Last Clinical Assessment:_____ Last Treatment Plan: _____

Most Recent Progress Note:_____Last Psychiatric Encounter: _____

Tracking Information

_____Date BH initiated MHTC referral by notifying facility psychiatrist of IM need OR;
Date/Time

_____Date psychiatrist informed BH of MHTC was approved by MHTC psychiatrist. Date/Time

_____Date Behavioral Health was informed admission was approved by MHTC psychiatrist.
Date/Time

_____Date that MHTC Behavioral Health was informed so they could order transport. Date/Time

Clinician (Printed Name, Title and Signature)

Date

Reviewer (Printed Name, Title and Signature)

Date

Inmate Name: _____ NMCD#: _____ Facility: _____

MHTC Referral

Form CD-180106.1 (07/12/17)

NEW MEXICO CORRECTIONS DEPARTMENT
Transfer Hearing Notice

This document is a Transfer Hearing Notice, advising you of a MHTC Transfer Hearing. The purpose of the hearing is to determine whether there is a good reason to transfer you to or continue to house you at the MHTC. You may request assistance from a staff member. If for good reason your request cannot be granted, a staff member will be assigned to assist you in the Hearing. You will be provided with the opportunity to present your own statements during the Hearing and to ask questions to the Hearing Committee. You may also be allowed to present other relevant issues.

A. Inmate Name: _____ **NMCD#:** _____

Reason for the transfer to or to remain at the Mental Health Treatment Center:

B. Hearing Date and Time: _____

C. I wish to request the following staff member to assist me:

Inmate Signature **Date** **Time**

Behavioral Health Supervisor (Printed/Typed Name)

Behavioral Health Supervisor Signature **Date** **Time**

Inmate Name: _____ NMCD#: _____ Facility: _____

Form CD-180106.3 (Rev. 07/12/17)



NEW MEXICO CORRECTIONS DEPARTMENT

Secretary
Alisha Tafoya Lucero

CD-180107 Diagnosis, Clinical Assessments and
Diagnostic Testing

Issued: 1/29/01
Effective: 2/01/01

Reviewed: 07/23/24
Revised: 07/12/17

Alisha Tafoya Lucero, Cabinet Secretary

Original Signed and Kept on File

AUTHORITY:

Policy *CD-180100*

INDEX:

- A. **DSM Diagnosis:**
- B. **Clinical Assessments:**
- C. **Diagnostic Testing:**

PROCEDURES:

A. **DSM Diagnosis: [5-ACI-6A-28 (M)]**

The American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders: DSM-5 with the ICD-10-CM codes will be used for behavioral health and psychiatric diagnoses.

1. During the course of a clinical assessment or other process requiring the rendering of a diagnosis the clinician will document that the inmate meets the diagnostic criteria (based on signs and symptoms, self-report, documented history, informal observations, collateral information, etc.) for the particular diagnosis, as specified in the DSM-5.
2. The Behavioral Health Therapist Supervisor or Clinical Supervisor will review the documentation supporting the DSM-5 diagnosis for the following:
 - a. The diagnosis and code are accurate according to DSM-5 criteria
 - b. Substantive differences in diagnosis between the behavioral health clinician and the psychiatrist must be staffed and resolved within 60 days. This discussion is documented in the behavioral health file.
 - d. When resolution is not accomplished, the facility Behavioral Health Therapist Supervisor shall refer the case to the Behavioral Health Services Bureau Chief.
 - e. Behavioral Health Services Bureau Chief and the NMCD Contract Director of Psychiatry will make the final determination as to the controlling diagnosis to be used or will specify that a difference in diagnosis is acceptable.

B. Clinical Assessments: [5-ACI-3D-12] [5-ACI-3D-13] [5-ACI-6A-28 (M)] [5-ACI-6A-33] [5-ACI-6A-37] [5-ACI-6C-14 (M)]

1. Criteria for Clinical Assessments:

- a. Inmates who have been released from a therapeutic watch.
- b. Inmates who have been sexually assaulted (victims of assault).
- c. Inmates who have committed a sexual assault or have been identified as having a high risk of committing sexual assaults. This is not a forensic assessment.
- d. Inmates who have been admitted to MHTC.
- e. Inmates who are being considered for MHTC but do not meet the criteria for acute care.
- f. Inmates who have been discharged from MHTC.
- g. Inmates referred for behavioral health treatment or programs, except DWI (by behavioral health staff or by psychiatry, if it is deemed an appropriate referral). The clinical assessment is the prequel to placing the inmate on a treatment plan for individual or group therapy or programs.

2. Clinical Assessment Process and Timelines:

- a. Complete the **Consent/Refusal for Treatment** form (*CD-180102.4*), specifying the reason for the assessment.
- b. Complete the assessment, using the **Clinical Assessment** form (*CD-180107.1*) or, when a full **Clinical Assessment** is not clinically indicated, using S-O-A-P formatted **Documentation Notes** (*CD-180102.1*). The **Treatment Review** form (*CD-180108.3*) is used to update assessments while the inmate is in treatment. A new **Clinical Assessment** can be used to consolidate and clarify a history of assessments and reviews.
 - 1) For inmates who request behavioral health services or who were referred to behavioral health, and who, in the clinical judgment of the clinician, may need treatment services, the **Clinical Assessment** will be completed within 14 calendar days of the referral or request.
 - 2) Inmates who have been placed on a therapeutic watch and who are not in treatment will receive a **Clinical Assessment** at the time of the three-day reevaluation. (See **Crisis Intervention** Procedures.

C. Diagnostic Testing: [5-ACI-6A-28 (M)] [5-ACI-6A-33] [5-ACI-6A-37] [5-ACI-6C-14 (M)]

1. If the assessment process reveals deficits that require diagnostic testing in order to accurately render a diagnosis and a course of treatment, the following will occur:

- a. The clinician will staff the case with the facility Behavioral Health Therapist Supervisor and/or Clinical Supervisor. This staffing will be documented on a **Documentation Notes**.
- b. The Behavioral Health Therapist Supervisor/Clinical Supervisor will decide on the type and extent of testing, if any, required to establish a diagnosis and a treatment plan.
- c. Testing will be administered by the staff member who maintains clinical privileging for the test(s) required.
- d. If the required testing exceeds the clinical privileging of facility behavioral health staff, the facility Behavioral Health Therapist Supervisor or Clinical Supervisor will contact the Behavioral Health Services Bureau Chief. The **Diagnostic Testing Screen** form (*CD-180107.2*) may be used for this referral. In such cases, the Behavioral Health Services Bureau Chief will arrange for the administration of testing by other NMCD Behavioral Health staff or through contractual services.
- e. Testing conducted by NMCD or contract facility behavioral health staff will be documented and recommendations will be prepared using the **Testing and Evaluation Report** form (*CD-180107.3*). Reports prepared by contract evaluators should contain the essential elements of the NMCD format.
- f. The Behavioral Health Therapist Supervisor/Clinical Supervisor will review and staff the case with the treating clinician, with an emphasis on treatment planning as indicated through test results and recommendations. The review will be documented on the **Testing and Evaluation Report**. The case staffing will be documented on a **Documentation Notes**.
- g. The treating clinician is responsible for implementing treatment protocols set forth through testing recommendations and case staffing.

NEW MEXICO CORRECTIONS DEPARTMENT
Clinical Assessment

Initial: ☐ **Reassessment:** ☐ **Reason:** _____

Name: _____ **Age:** _____ **DOB:** _____ **Sex:** _____ **Race/Ethnicity:** _____

Source of Information:

☐ Patient ☐ Correspondence/referral ☐ Old record
Reliability of the information: ☐ Reliable ☐ Questionable ☐ Unreliable/Poor
Basis: _____

Presenting Problem and Description of Clinical Signs and Symptoms (*Reason for referral, current symptoms chronologically organized, compliance with treatment, etc.*): _____

Mental Health/Psychiatric History (*Past diagnosis and treatment including medication, inpatient psychiatric hospitalizations & outpatient treatments, treatment compliance, suicidal acts, self destructive and violent behaviors, etc.*): _____

Relevant Medical Diagnosis and Treatment (*medical conditions that may contribute to mental illness*): _____

Psycho-Social History (*Birth, development, family constitution, education, marriages, children, significant cultural/religious factors, employment, military service, etc.*): _____

Legal/Criminal History (*include DUI/DWI*): _____

Substance Use History Including Treatment, Substance Abuse Screenings & Assessments (*First/last use, mode of administration, withdrawal /tolerance, consequences, etc.*): _____

History of Abuse:

The patient: ☐ Is ☐ Is not in an appropriate mental state to discuss issues of abuse _____
☐ Is ☐ Is not recently a victim/perpetrator of abuse (specify type and perpetrators) _____
☐ Does ☐ Does not have a history of being a victim or perpetrator abuse (*specify type, perpetrator and ages when abused*)

Family History:

(*Available history of psychiatric illness in close relatives including but not limited to mood & psychotic disorders, suicide, and substance use disorders, treatments & response to treatment, familial diseases, events or other factors bearing on client*)

Affective Disorders _____ Psychotic Disorders _____
Substance Use Disorders _____ Suicide _____
Others _____

Mental Status Examination:

Appearance & Attitude:	<input type="checkbox"/> Normal/Appropriate <input type="checkbox"/> Disheveled <input type="checkbox"/> Poor eye contact <input type="checkbox"/> Hostile <input type="checkbox"/> Mute
Psychomotor Activity:	<input type="checkbox"/> Unremarkable <input type="checkbox"/> Increased/agitated <input type="checkbox"/> Decreased/slow
Speech:	<input type="checkbox"/> Understandable <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Pressured <input type="checkbox"/> Slowed <input type="checkbox"/> Slurred <input type="checkbox"/> Loud
Mood:	<input type="checkbox"/> Patient's Description _____ Observation: <input type="checkbox"/> Euthymic <input type="checkbox"/> Euphoric <input type="checkbox"/> Depressed <input type="checkbox"/> Anxious <input type="checkbox"/> Irritable <input type="checkbox"/> Labile <input type="checkbox"/> Angry <input type="checkbox"/> Apathetic <input type="checkbox"/> Other _____
Affect:	<input type="checkbox"/> Appropriate <input type="checkbox"/> Inappropriate <input type="checkbox"/> Restricted <input type="checkbox"/> Blunt <input type="checkbox"/> Flat <input type="checkbox"/> Labile <input type="checkbox"/> Over-expansive <input type="checkbox"/> Other _____
Thought Process:	<input type="checkbox"/> Linear <input type="checkbox"/> Goal-Directed <input type="checkbox"/> Coherent <input type="checkbox"/> Incoherent <input type="checkbox"/> Blocking <input type="checkbox"/> Circumstantial <input type="checkbox"/> Tangential <input type="checkbox"/> Loose Associations <input type="checkbox"/> Derailment <input type="checkbox"/> Flight of Ideas <input type="checkbox"/> Other _____
Content of Thought:	<input type="checkbox"/> Unremarkable <input type="checkbox"/> Endorses Suicidal/Homicidal Ideation/Intent/Plan (Describe) _____ <input type="checkbox"/> Endorses Auditory/Visual Hallucinations (<i>Describe</i>) _____ <input type="checkbox"/> Delusions (<i>Describe</i>) _____
Somatic Complaints:	<input type="checkbox"/> None <input type="checkbox"/> Sleep Disturbance <input type="checkbox"/> Appetite Disturbance <input type="checkbox"/> Energy Disturbance <input type="checkbox"/> Pain <input type="checkbox"/> Other _____
Sensorium & Cognition:	<input type="checkbox"/> Alert, <input type="checkbox"/> Oriented, <i>Person Place Time</i> <input type="checkbox"/> Memory, Intact Impaired (Immediate/STM/LTM) _____
Insight/Judgment:	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Limited <input type="checkbox"/> Poor, <input type="checkbox"/> Impaired

Inmate Name: _____

NMCD#: _____

NEW MEXICO CORRECTIONS DEPARTMENT
Clinical Assessment

Special Considerations (*Summary/Risk Assessment*): _____

- ☐ **History of Suicidal Attempts/Gestures/Self-Harm:** _____
- ☐ **History of Homicide or Violence towards Inmates, Staff or Others:** _____
- ☐ **History of Sexual Offenses:** _____
- ☐ **History of Being Sexually Victimized:** _____
- ☐ **History of Intellectual Disability or Neurodevelopmental Disorder:** _____
- ☐ **History of Brain Injury and/or Neurocognitive Disorder:** _____

Prior Psychological/Neurological Testing Results and/or Recommendations: _____

Additional Diagnostic/Treatment Consultations: _____

Summary/Clinical Impressions: _____

DSM Diagnosis (*Including Codes*): _____

Treatment Recommendation (*Initial Treatment Plan*): _____

Clinician (Printed Name, Title and Signature)

Date

Reviewer (Printed Name, Title and Signature)

Date

Inmate Name: _____

NMCD#: _____

Facility: _____

NEW MEXICO CORRECTIONS DEPARTMENT
Diagnostic Testing Screen

SECTION I: Describe Symptoms/Reason For Referral And Diagnostic Question(s): _____

SECTION II: Current Diagnoses and Codes:

Inmate IQ _____ Type of Test _____ Date of Test _____

Inmate's Current Age: _____ Number of years of formal education: _____

Orientation Deficits: Yes ☐ No ☐ Memory Impairment: Yes ☐ No ☐

Executive Functioning Deficits: Yes ☐ No ☐ Language Impairment: Yes ☐ No ☐

History of Hospitalization for Head Trauma: Yes ☐ No ☐ Date(s): _____

History of CVA//Brain Tumor/ Epilepsy: Yes ☐ No ☐ (Circle Appropriate Dx.)

HIV+: Yes ☐ No ☐ Hepatitis A/B/C: Yes ☐ No ☐

History of Special Education: Yes ☐ No ☐ History of Learning Disabilities: Yes ☐ No ☐

Physical Disabilities: Yes ☐ No ☐ Dx of Intellectual Disability: Yes ☐ No ☐

History of Self Injury: Yes ☐ No ☐ History of Suicide Attempts: Yes ☐ No ☐

SECTION III: List **ALL** Current Medications:

SECTION IV: Past History of Psychiatric or Neurologic Illness, Treatment, and/or Hospitalizations:

Clinician (Printed/Typed Name)

Referred To Bureau Chief: Yes ☐ No ☐

Clinician Signature

Date

Reviewer (Printed/Typed Name)

Further Diagnostic Testing Recommended: Yes ☐ No ☐

Reviewer Signature

Date

Behavioral Health Bureau Chief or Neuro-psychologist

Signature

Date

Inmate Name:

NMCD#:

Facility:

Diagnostic Testing Screen
Testing and Evaluation Report

Form CD-180107.2 (Rev. 07/12/17)

Diagnostic/Treatment Question(s) to be addressed:

Test(s) Administered and Date Each Administered: Summary:

Diagnosis and Code:

Treatment or Other Recommendations:

Test Administrator (Printed Name and Title)	Date testing completed
---	------------------------

Test Administrator (signature)	Date report written
--------------------------------	---------------------

REVIEW BY BEHAVIORAL HEALTH THERAPIST SUPERVISOR AND CLINICIAN

Clinician (Printed Name, Title and Signature)	Date Reviewed
---	---------------

Reviewer (Printed Name, Title and Signature)	Date Reviewed
--	---------------

Inmate Name: _____

NMCD#: _____

Facility: _____

Testing and Evaluation Report

Form CD-180107.3 (Rev. 07/12/17)



NEW MEXICO CORRECTIONS DEPARTMENT

Secretary
Alisha Tafoya Lucero

CD-180108 Treatment and Program Services	Issued: 1/29/01 Effective: 2/01/01	Reviewed: 07/23/24 Revised: 07/12/17
Alisha Tafoya Lucero, Cabinet Secretary		<i>Original Signed and Kept on File</i>

AUTHORITY:

Policy *CD-180100*

INDEX:

- A. Treatment and Program Plans
- B. Psychotherapy (Individual and Group)
- C. Psychiatric Treatment Only
- D. Treatment Reviews and Terminations PROCEDURES:

A. Treatment and Program Plans: [5-ACI-6A-07] [5-ACI-6A-28 (M)]

1. All behavioral health treatment, counseling, and programming is guided by a treatment plan or a program plan. If the clinically indicated services, i.e. for a minor crisis, are expected to resolve in a few sessions, then the assessment and treatment plan can be combined in an S-O-A-P formatted **Documentation Notes**. Otherwise, a formal assessment and treatment plan need to be developed. Treatment plans can range from customized for a particular individual to standardized for a specific clinical presentation/syndrome and/or curriculum-guided group treatment or program protocol, e.g. Sex Offender Treatment Program, Residential Drug Abuse Program (RDAP), DWI Program, or Substance Related Outpatient Program. The DWI Program does not use a treatment or program plan, instead it uses a curriculum. An individual may have more than one active treatment or program plan.
2. Plan and Contract:
 - a The clinician consults with the Reviewer (Behavioral Health Therapist Supervisor and/or Clinical Supervisor) in the development of the treatment plan. The Behavioral Health Reviewer reviews the proposed treatment plan for the following components:
 - 1) Relationship of treatment goals to clinical disorder and presenting problems;
 - 2) Recommended treatment is consistent with policy guidelines;
 - 3) Behavioral health treatment is coordinated with psychiatric treatment, if the inmate is in psychiatric treatment or is being considered for psychiatric treatment.; and
 - 4) Referrals, treatment, programming, and services are coordinated with appropriate facility and community services.

b. The clinician, in consultation with the inmate:

- 1) Completes the Treatment Plan within 14 calendar days from the date of the Clinical Assessment.
- 2) Addresses issues of confidentiality, consent, psychological impact, and potential outcomes at the time the treatment plan is developed. Identifies ways of maintaining the inmate's safety, security, and health. The therapeutic method must be based upon generally accepted psychological theory and practice (Aversive therapy and hypnosis are prohibited). Clarifies the treatment goals and the method/protocol to be used to achieve the treatment goals. Shows how the behavioral health treatment approach and goals and psychiatric treatment approach and goals are integrated.
- 3) The frequency of sessions is determined by the severity of the problems and the pace at which the inmate can work on the problems. Generally, the time between scheduled behavioral health treatment sessions should be no longer than 90 days.
- 4) The clinician and inmate will sign and date the **Treatment Plan** form (*CD-180108.1*). The inmate's signature indicates that he or she concurs with the treatment plan, understands the limitations of treatment, and understands potential adverse outcomes.
- 5) The Treatment Plan will be reviewed at least every six months and updated no less than annually.
- 6) Revisions to the treatment plan, treatment modality, frequency of sessions, and/or treatment goals will be made on the **Treatment Plan** and may require a new **Treatment Plan**.

3. Change in primary treatment clinician:

- a In the event that an inmate in individual or group therapy has a change in the primary treatment clinician, the inmate's treatment may continue under the existing treatment plan.

4. S-O-A-P Plans:

- a S-O-A-P treatment plans can be used as an interim plan until the full **Treatment Plan** is developed and as the plan for brief counseling interventions that are expected to resolve within a few additional sessions.

B. Psychotherapy (Individual and Group): [5-ACI-6A-28 (M)]

a. Guidelines for Individual and Group therapy:

- a. Inmates who have been discharged from MHTC, APA, Women's Therapeutic Behavioral Health Unit, seriously mentally ill inmates who are unable to function in general population, victims of sexual assault, and inmates in Extended Restrictive Housing with a serious mental illness must be offered treatment. Inmates in these categories will be provided a clinical assessment and treatment plan. A clinical session will be conducted each week for no less than

four consecutive weeks. At that time, a clinical determination will be made regarding session frequency. If the inmate does not consent to the recommended treatment, a **Consent/Refusal for Treatment** form will be completed.

- b. For other conditions, the Behavioral Health Therapist Supervisor determines what types of individual and group psychotherapy will be offered. The therapist conducting individual treatment is responsible for all aspects of the individual treatment. The therapist(s), conducting group therapy determine the focus of the group, the composition of the group, the size of the group, the frequency and duration of the sessions, and whether it is an open or closed group.
- c. If group treatment is part of the **Treatment Plan** and a group is not currently available, the inmate should participate in individual treatment until an appropriate group becomes available.
- d. The inmate will be seen with the frequency specified in the **Treatment Plan**.

If an inmate misses a scheduled group or individual treatment session or the clinician is unable to conduct a scheduled session, the clinician will complete a **Progress Note - Treatment Session** for that session, with the notation that the inmate did not attend the session, plus any other relevant information known to the clinician; for example, that the inmate refused to attend, the inmate was a no show with reason for no show, the inmate was a no show with reason unknown, etc. or the reason why the clinician was unable to conduct the session.

b. Individual Therapy:

- a. The clinician and inmate will **address the treatment goal(s) during** each treatment session. The clinician will use the **Progress Note-Treatment Session** form (*CD-180108.3*) to document the treatment provided toward the goals of the treatment plan during the session and the plans for the next session, including any homework or exercises assigned to the inmate.
- b. The clinician will document the length of the treatment session, which will generally be between 30 and 45 minutes in length.
- c. Inmates who miss a treatment session through no fault of their own (other mandatory institutional appointment, out to court, therapist not available, etc.) will be rescheduled within 10 working days. Inmates with a weekly frequency may be seen at the next scheduled appointment. Inmates, who miss an appointment at their own discretion, including the choice to participate in any non-mandatory program or activity, will be seen at the next regularly scheduled appointment.

c. Group Therapy:

- a. Only inmates assessed as needing group therapy and consent to group therapy as part of their **Treatment Plan** will be allowed to participate in group therapy.
- b. For each group participant, the clinician will document progress on a **Progress Note** at least monthly.
- c. For each group session, participants will sign the **Group Treatment Sign-In** form (*CD-*

180108.4). Sign-in sheets will be maintained by the facility Behavioral Health Therapist Supervisor.

C. Psychiatric Treatment Only: [5-ACI-6A-28 (M)]

have a separate behavioral health treatment plan if:

1. The inmate demonstrates an ability to function within normal limits with psychiatric medication as the primary source of intervention, or
2. The inmate fails to demonstrate motivation for active psychotherapy and/or refuses to consent to psychotherapy.

CI. Treatment Reviews and Terminations: [5-ACI-6A-28 (M)]

Inmates with a treatment plan and/or those receiving psychiatric services will be reviewed at least every six months. Inmates who have completed treatment, have been terminated from treatment, have declined treatment, or are no longer receiving psychotropic medications or psychiatric services will be terminated from treatment. When appropriate, inmates who are not on psychotropic medications may continue to be monitored by behavioral health on a regular basis following case consultation with the Clinical Supervisor or facility Behavioral Health Therapist Supervisor.

1. Treatment Progress Reviews (Group and Individual Treatment):

- a Progress toward treatment plan goals will be reviewed at least every six months using the **Treatment Plan Review** form (CD-180108.4).
- b The clinician will evaluate the inmate's progress or lack of progress towards the treatment goals and make a determination to either continue treatment or to terminate treatment.
- c The determination to continue treatment will be submitted to the Behavioral Health Reviewer for review and approval. The Reviewer will review:
 - 1) Current treatment goals;
 - 2) Progress toward treatment goals as demonstrated in progress notes;
 - 3) Client compliance with treatment regimen; and
 - 4) Client attendance at scheduled treatment sessions.

2. Psychotropic Medication as Sole Mode of Therapy:

- a Inmates whose sole mode of therapy is psychotropic medication will be reviewed by a behavioral health clinician every six months using the **180 Day Behavioral Health Check** form (CD-180108.5). The purpose of the review is to determine if the inmate could benefit from individual or group treatment in addition to pharmacotherapy.
- b The review may include recommendations to begin individual and/or group treatment. .

- c If the inmate consents to the recommended treatment, a **Clinical Assessment and Treatment Plan** will be completed.
 - d If the inmate does not consent to the recommended treatment, a **Consent/Refusal for Treatment** form will be completed.
3. Completion or termination of treatment (group or individual or psychotropic medications only):
- a Termination from treatment may be initiated at any time:
 - 1) At the time of a regularly scheduled Treatment Progress Review.
 - 2) At the inmate's stated request to withdraw from treatment (have inmate execute a **Consent/Refusal for Treatment** form.
 - 3) At the time of three missed sessions or a pattern of non-attendance (missed through the personal choice of the inmate and not due to mental illness or to events beyond the control of the inmate, such as mandatory facility appointments, severe mental illness, out to court, etc.).
 - 4) At the clinician's determination that the inmate has a pattern of not participating in the therapeutic process during treatment sessions that it is not part of the mental illness (failure to address stated treatment goals, failure to complete assigned treatment homework, or being disruptive) as documented in the **Progress Note –Treatment Session** form.
 - 5) At the clinician's determination that the inmate has met the treatment goals.
 - 6) If the inmate has been discontinued from psychotropic medication and is no longer being monitored by psychiatry.
 - b Termination/completion of treatment will be documented using the **Treatment Review** form.
 - c The **Treatment Review** form will be submitted to the Behavioral Health Reviewer for review.

NEW MEXICO CORRECTIONS DEPARTMENT
Treatment Plan

☐ **Individual** ☐ **Group** ☐ **Substance-Related Disorder**

TREATMENT PLAN AND CONTRACT: _____

TREATMENT GOAL	Date goal set	TREATMENT Intervention and Frequency	Date Goal Met

CONTRACT:

1. I will attend scheduled treatment sessions unless I have a mandatory institutional appointment.
2. I will participate in the therapeutic process. There may be times when dealing with my issues may be uncomfortable or difficult.
3. I understand that there are limitations to treatment.
4. I understand that there are potential adverse outcomes to treatment.
5. I understand that I can refuse to participate in any part of this treatment plan if it adversely impacts my safety, security, or health.
6. I understand that my treatment sessions will address my treatment goals.
7. I will complete assigned treatment homework (if any is assigned by my clinician).
8. Other _____
- 9.

By signing below, I am consenting to the treatment plan and contract:

Inmate (Printed Name) Inmate Signature Date

Clinician (Printed/ Name and Title) Clinician Signature Date

Behavioral Health Reviewer (Printed/ Name and Title) Behavioral Health Signature Date

Substance Related Disorder Reviewer (Printed Name
And Title)
(Required for Substance-Related Treatment) Substance Related Disorder Reviewer Signature Date

Medical (Printed/ Name and Title)
(Required for Substance-Related Treatment) Medical Signature Date

Inmate Name: _____ NMCD#: _____ Facility: _____
Treatment Plan Form CD-180108.1 (Rev. 07/12/17)

NEW MEXICO CORRECTIONS DEPARTMENT
Program Plan

PROGRAM NAME: _____

Module (Journal) #1 – _____

1. Learning Objectives

Clinician/ Inmate Initials	Objective	Planned Hours	Completed Hours
____/____	_____	_____	_____
____/____	_____	_____	_____
____/____	_____	_____	_____
____/____	_____	_____	_____

2. Objective Standards (Major Projects)

____/____	_____	_____	_____
____/____	_____	_____	_____
Start Date _____	Completion Date _____	Total Hours _____	_____

Module (Journal) #2 – _____

3. Learning Objectives

Clinician/ Inmate Initials	Objective	Planned Hours	Completed Hours
____/____	_____	_____	_____
____/____	_____	_____	_____
____/____	_____	_____	_____
____/____	_____	_____	_____

4. Objective Standards (Major Projects)

____/____	_____	_____	_____
____/____	_____	_____	_____
Start Date _____	Completion Date _____	Total Hours _____	_____

Program Start Date _____ Program Completion Date _____ Total Hours _____

Inmate Name: _____

NMCD#: _____

Facility: _____

Program Plan

Form CD-180108.2 (Rev. 07/12/17)

NEW MEXICO CORRECTIONS DEPARTMENT
Program Plan (Continued)

PROGRAM NAME: _____

CONTRACT:

1. I will attend scheduled program sessions unless I have a mandatory institutional appointment.
2. I will participate in the programming process. There may be times when dealing with my issues may be uncomfortable or difficult.
3. I understand that there are potential adverse outcomes to this programming.
4. I understand that program sessions will address the program goals.
5. I will complete assigned program homework (if any is assigned by my clinician).
6. Other _____

By signing below, I am consenting to the program plan and contract:

Inmate (Printed Name)	Inmate Signature	Date
-----------------------	------------------	------

Clinician (Printed Name and Title)	Clinician Signature	Date
------------------------------------	---------------------	------

Behavioral Health Reviewer (Printed Name and Title)	Behavioral Health Reviewer Signature	Date
---	--------------------------------------	------

Substance Use Disorder Reviewer (Printed Typed Name And Title) (Required for Substance-Related Programs/Treatment)	Substance Used Disorder Reviewer Signature	Date
---	--	------

Medical Reviewer (Printed Name and Title) (Required for Substance-Related Programs/Treatment)	Medical Reviewer Signature	Date
--	----------------------------	------

Inmate Name: _____ NMCD#: _____ Facility: _____

NEW MEXICO CORRECTIONS DEPARTMENT
Progress Note – Treatment Session

Individual Session: ☐ **Group Session:** ☐

Length of Session: _____ minutes **Date/time of session:** _____

Mental Status Examination:

Appearance & Attitude: ☐ Normal/Appropriate ☐ Disheveled ☐ Poor eye contact ☐ Hostile ☐ Mute
Psychomotor Activity: ☐ Unremarkable ☐ Increased/agitated ☐ Decreased/slow
Speech: ☐ Understandable ☐ Normal ☐ Abnormal ☐ Pressured ☐ Slowed ☐ Slurred ☐ Loud
Mood: ☐ Patient's Description _____ Observation: ☐ Euthymic ☐ Euphoric ☐ Depressed ☐
Anxious
☐ Irritable ☐ Labile ☐ Angry ☐ Apathetic ☐ Other _____
Affect: ☐ Appropriate ☐ Inappropriate ☐ Restricted ☐ Blunt ☐ Flat ☐ Labile ☐ Over-expansive ☐ Other _____
Thought Process: ☐ Linear ☐ Goal-Directed ☐ Coherent ☐ Incoherent ☐ Blocking ☐ Circumstantial ☐ Tangential
☐ Loose Associations ☐ Derailment ☐ Flight of Ideas ☐ Other _____
Content of Thought: ☐ Unremarkable ☐ Endorses Suicidal/Homicidal Ideation/Intent/Plan (Describe) _____
☐ Endorses Auditory/Visual Hallucinations (Describe) _____
☐ Delusions (Describe) _____
Somatic Complaints: ☐ None ☐ Sleep Disturbance ☐ Appetite Disturbance ☐ Energy Disturbance ☐ Pain ☐ Other _____
Sensorium & Cognition: ☐ Alert, ☐ Oriented, *Person Place Time* ☐ Memory, Intact ☐ Impaired (Immediate/STM/LTM) _____
Insight/Judgment: ☐ Good ☐ Fair ☐ Limited ☐ Poor, ☐ Impaired

Treatment goals and clinical concerns addressed in session:

Currently on psychotropic medication: ☐ YES ☐ NO **Clinical interventions:**

Assessment of progress towards goals:

Plan for next session:

Clinician (Printed/ Name and Title)

Clinician Signature

Date

Inmate Name:

NMCD#:

Facility:

NEW MEXICO CORRECTIONS DEPARTMENT
Treatment Plan Review

Diagnosis and Code:

Description of current functioning:

Mental Status Examination:

Appearance & Attitude: ☐ Normal/Appropriate ☐ Disheveled ☐ Poor eye contact ☐ Hostile ☐ Mute
Psychomotor Activity: ☐ Unremarkable ☐ Increased/agitated ☐ Decreased/slow
Speech: ☐ Understandable ☐ Normal ☐ Abnormal ☐ Pressured ☐ Slowed ☐ Slurred ☐ Loud
Mood: ☐ Patient's Description _____ Observation: ☐ Euthymic ☐ Euphoric ☐ Depressed ☐ Anxious
☐ Irritable ☐ Labile ☐ Angry ☐ Apathetic ☐ Other _____
Affect: ☐ Appropriate ☐ Inappropriate ☐ Restricted ☐ Blunt ☐ Flat ☐ Labile ☐ Over-expansive ☐ Other _____
Thought Process: ☐ Linear ☐ Goal-Directed ☐ Coherent ☐ Incoherent ☐ Blocking ☐ Circumstantial ☐ Tangential
☐ Loose Associations ☐ Derailment ☐ Flight of Ideas ☐ Other _____
Content of Thought: ☐ Unremarkable ☐ Endorses Suicidal/Homicidal Ideation/Intent/Plan (Describe) _____
☐ Endorses Auditory/Visual Hallucinations (Describe) _____
☐ Delusions (Describe) _____
Somatic Complaints: ☐ None ☐ Sleep Disturbance ☐ Appetite Disturbance ☐ Energy Disturbance ☐ Pain ☐ Other _____
Sensorium & Cognition: ☐ Alert, ☐ Oriented, *Person Place Time* ☐ Memory, Intact ☐ Impaired (Immediate/STM/LTM) _____
Insight/Judgment: ☐ Good ☐ Fair ☐ Limited ☐ Poor, ☐ Impaired

Treatment Goals Addressed:

Progress towards goals:

Future Treatment Recommendation(s):

Treatment Plan Revision Needed:

☐ YES ☐ NO

Clinician (Printed/ Name and Title)

Clinician Signature

Date

Reviewer (Printed/ Name and Title)

Reviewer Signature

Date

Inmate Name:

NMCD#:

Facility:

Treatment Review

180 Day Behavioral Health Check

File Review (review current psychiatric notes & diagnosis): _____

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 to person Attention:
 () Unimpaired () Impaired
Concentration: () Unimpaired () Impaired
Memory () Unimpaired () Impaired THOUGHT PROCESSES
Abstractions: () Unimpaired () Impaired
Clarity: () Coherent () Slightly Confused () Incoherent
Content: () Normal () Hallucinations () Delusions () Tangential () Paranoia
SUICIDE/HOMICIDE () Current suicidal ideation risk: () High () Moderate () Low ()
 () Current homicidal ideation () High Denied
 risk: () Moderate () Low ()
 Denied
PSYCHOTROPIC MEDICATION: () Current ()
 Previous () No Reported History
TREATMENT PLAN: () Current () N/A () Previous, list date: _____

Description of Functioning: _____

Inmates requests a referral for Behavioral Health Treatment: YES ☐ NO ☐

Comments/Recommendations/Referrals: _____

Clinician (Printed Name, Title and Signature) _____ Date _____

Reviewer (Printed Name, Title and Signature) _____ Date _____

Inmate Name: _____

NMCD#: _____

Facility: _____

Group Treatment Sign-In

Group Name: _____ Session Topic: _____ Date: _____

Inmate Name (Print)	NMCD#	Inmate Signature

Time Group Commenced _____ am pm

Time Group Ended _____ am pm

Clinician (Printed/ Name and Title)

Clinician Signature

Date

Group Treatment Sign-In

Form CD-180108.6 (Rev. 07/12/17)



NEW MEXICO CORRECTIONS DEPARTMENT

Secretary
Alisha Tafoya Lucero

CD-180109 Behavioral Health Crisis Intervention
and Suicide Prevention

Issued: 1/29/01
Effective: 2/01/01

Reviewed: 07/23/24
Revised: 07/12/17

Alisha Tafoya Lucero, Cabinet Secretary

Original Signed and Kept on File

AUTHORITY:

Policy *CD-180100*

INDEX:

A. Behavioral Health Crisis Intervention and Suicide Prevention

1. Behavioral Health Crisis Intervention and Evaluation;
2. Response to Potential Crisis/Suicide Situations;
3. Suicide intervention protocols, as determined by behavioral health staff;
4. Notification and follow-up requirements;
5. Maintenance of documentation;
6. Critical Incident Debriefing.

PROCEDURES

A. Behavioral Health Crisis Intervention and Suicide Prevention:[5-ACI-4A-11] [5-ACI-6A-08 (M)] [5-ACI-6A-28 (M)] [5-ACI-6A-35 (M)] [5-ACI-6E-01]

1. Behavioral Health Crisis Intervention and Evaluation:

- a. Any inmate who requires behavioral health crisis intervention services will be evaluated by a behavioral health clinician credentialed to provide those services.
- b. During administrative hours, (regular working hours Monday through Friday not including holidays), the facility Behavioral Health Therapist Supervisor will designate behavioral health staff to respond to mental health crisis intervention calls.
- c. For non-administrative hours, the facility Behavioral Health Therapist Supervisor is responsible for generating a list of on-call behavioral health clinicians and providing that list to the facility Master Control.
- d. In addition to mental health crisis interventions, the on-call behavioral health staff may be requested to, either telephonically or on-site, provide consultation or services for situations that have a behavioral health component but do not meet the criteria for a mental health crisis. Examples of these are critical incident debriefings, bereavement counseling, and providing mental health input for 72-hour adjustment controls at the APA.

2. Response to Potential Crisis/Suicide Situations:

- a. If an inmate appears to be having a mental health crisis or if the inmate states that he or she is having a mental health crisis, security staff must contact behavioral health staff for an evaluation. Behavioral health staff may provide an evaluation and an action plan telephonically or in person. If security staff believes the inmate is at imminent risk for suicide or self-harm, security staff will take appropriate, immediate measures such as placing the inmate in a location for closer observation while waiting for behavioral health to respond and arrive on the scene. Security staff has no discretion as to determining what is or is not a mental health crisis. The on-call clinician may verbally order a /therapeutic watch.
- b. Upon receiving a possible mental health crisis referral from any source the on-call clinician will secure relevant information regarding the nature of the crisis and whether on-site or telephonic crisis intervention is required:
 - 1) Inmate self-report (subjective data).
 - 2) Inmate behavior (objective data).
 - 3) Information received from the referral source (mental health, medical, security information, housing information, etc.)
 - 4) For MHTC inmates after hours or on weekends, an ACU nurse will conduct an initial interview in order to determine the relevancy and extent of the crisis. If the ACU nurse requires clinical guidance, they will notify the security shift supervisor who will notify master control to contact the on-call Behavioral Health Clinician for consultation. If the on-call Behavioral Health Clinician determines, either telephonically or by an on-site assessment, that the inmate is suicidal or in danger of self-harming, the ACU nurse will contact the on-call or MHTC psychiatrist. Once the psychiatrist has been notified and has ordered a therapeutic watch, the psychiatrist and the ACU nurse assume responsibility for directing the crisis and/or suicide prevention protocols. The on-call Behavioral Health Clinician completes the **Incident Report/Crisis Intervention** form (*CD-180109.1*).
 - 5) For all other inmates, in cases where a clear determination regarding the problem cannot be determined, the on-call clinician must report to the facility and conduct a comprehensive clinical interview.
 - 6) If the determination of the clinician is that the situation is not a mental health crisis, the clinician will complete the first section of the **Incident Report/Crisis Intervention** form (*CD-180109.1*).
- c. The facility Behavioral Health Therapist Supervisor will forward a copy of the **Incident Report/Crisis Intervention** form to the facility Warden, along with a memorandum stating that the request for crisis intervention services was not warranted and that no mental health crisis issues were present.
- d. If the crisis is related to mental health and the crisis cannot be resolved telephonically, the on-call clinician must report to the facility as soon as possible.

- 1) The clinician must report to the facility within 60 minutes of the determination that the situation is a behavioral health crisis requiring an emergency response.
 - 2) If circumstances dictate (self-injury or suicidal ideation) the on-call clinician may telephonically order the inmate placed on therapeutic watch or request that the inmate be placed in a highly structured, safe environment, (e.g., the medical infirmary) and be continuously observed until the clinician arrives.
- e. Upon arrival, the on-call clinician will assess the inmate, conduct a mental status examination, review the behavioral health file (if necessary), and complete the **Incident Report/Crisis Intervention** form.
- 1) The on-call psychiatrist will be contacted when severe mental illness symptoms that cannot be managed or resolved solely by a behavioral health professional occur, Examples include, florid psychosis or medication management, or an emergency referral to the MHTC Acute Care Unit (ACU). If the inmate is at MHTC, the on-call psychiatrist or MHTC psychiatrist should be contacted to place the inmate on therapeutic watch or admit to ACU.
 - 2) If the on-call psychiatrist orders an ACU or LTCU admission and the admission is approved, the procedures in *CD-180106, Referrals to MHTC*, will be followed.
- f. If the event is a valid crisis or suicide event, documentation, in accordance with this policy, must be completed by the on-call clinician at the time of the intervention. Documentation will include a crisis treatment plan designed to ensure the inmate's safety and to defuse the current crisis.
3. Therapeutic intervention protocols, as determined by behavioral health staff:
- a. **Therapeutic Watch** is indicated for inmates who are deemed to be at imminent risk for suicide, have recently attempted suicide, or who are engaging in self-destructive or self-injurious acts.
- 1) The clinician will complete a **Therapeutic Watch** form (*CD-180109.2*) and distribute copies to Security and Medical.
 - 2) The clinician will specify property restrictions including specific security garments and/or self-injury resistant blankets that will be provided. This will be communicated to security staff to ensure understanding of safety protocol.
 - 3) The inmate must be re-assessed by a behavioral health clinician with (24) hours and daily thereafter, (including weekends and holidays), using the **Therapeutic Watch** form (*CD-180109.2*). On weekends, holidays, and mandated staff absences such as furloughs, at the discretion of the behavioral health clinician, if the inmate is stabilized, the reassessment may be conducted telephonically and verbal orders given for continuation of the watch to

the Shift Supervisor, or representative. Removal from a watch or significant changes in

the inmate's behavior requires a face-to-face assessment.

- 4) If the inmate has not experienced clinically significant improvement after seventy-two (72) hours, facility behavioral health and psychiatry staff will review the case to determine if an MHTC acute care referral is indicated.
- 5) Exception for MHTC: At the MHTC, the psychiatrist and psychiatric nurse initiate and follow through on the suicide watch protocols per (CD-172300).

b. Notification and follow-up requirements:

- 1) The on-call behavioral health clinician will remain on site or be available telephonically until appropriate precautions are in place, a crisis intervention plan has been developed and clinically appropriate actions have been implemented.
- 2) The clinician will assure that the Senior Shift Security Supervisor or representative, and the assigned therapeutic watch Officer are given a copy of the **Therapeutic Watch** form (CD-180109.2), as well as sufficient **Therapeutic Watch Logs** form (CD-180109.4) to document observations. The clinician will review the forms and protocol with the Security Supervisor or representative and the assigned watch officer.
- 3) In the case of suicide or suspected suicide or serious self-injury, the on-call clinician will notify the Behavioral Health Bureau Chief and both the Behavioral Health Deputy Bureau Chiefs by telephone or by e-mail.
- 4) The on-call clinician will advise the facility Behavioral Health Therapist Supervisor or the Clinical Supervisor no later than the next calendar day following a valid crisis event for clinical and supervisory review.
- 5) The on-call behavioral health clinician will leave a copy of all relevant documentation in the facility Behavioral Health Therapist Supervisor's or Clinical Supervisor's "in box", in order to ensure that clinical and supervisory review can take place in a timely and clinically appropriate manner.

c. Follow-Up Requirements.

- 1) The facility Behavioral Health Therapist Supervisor and/or Clinical Supervisor will review the crisis intervention forms no later than the next working day, forward treatment recommendations as needed and sign the Crisis Intervention form.
- 2) The facility Behavioral Health Therapist Supervisor will make sure that the Behavioral Health Services Bureau Chief, and both the Behavioral Health Deputy Bureau Chiefs have been notified of all suicides, suspected suicides, suicide attempts, and self-injuries with relevant details.
- 3) Inmates who require a Therapeutic Watch will be re-evaluated by the assigned clinician.

or the Clinical Supervisor no later than three working days after release from Therapeutic Watch. Such inmates who are not actively engaged in behavioral health treatment will receive a clinical assessment using the **Clinical Assessment** form (*CD-108107.1*) at the time of the three-day re-evaluation in order to determine the need for further behavioral health treatment or changes in treatment. When an inmate declines to participate in a **Clinical Assessment** they will need to sign the **Consent /Refusal Form** to memorialize this preference. The assigned Behavioral Health Therapist will also complete the **Clinical Assessment** with recommendations noted from file review and share these recommendations with the inmate. This will be noted in a **Documentation Note**.

4. Maintenance of documentation:

- a. The original completed **Incident Report/Crisis Intervention** form (*CD-180109.1*) will be filed in the inmate's behavioral health file. If there is a therapeutic watch, the following documents will be placed in the inmate's behavioral health file: **Therapeutic Watch** form (*CD-180109.2*), **Therapeutic Watch – Release from Watch** form (*CD-180109.3*), and the original **Therapeutic Watch Logs** form (*CD-180109.4*). A copy of Therapeutic Watch forms for each incident will be maintained at each facility in a separate notebook.
- b. A copy of the **Incident Report/Crisis Intervention** form will be placed in a cumulative record along with any therapeutic watch documentation that may have been generated concerning that particular case.
 - 1) The facility Behavioral Health Therapist Supervisor will maintain a cumulative record, by month.
 - 2) The documentation will be kept in reverse chronological order (most recent event on top).
- c. All incidents to which behavioral health clinicians respond will be entered in chronological order on the **Crisis Response Log** form (*CD-180109.3*). This includes responses for events that were determined not to be a valid crisis.

5. Critical Incident Debriefing:

- a. The Behavioral Health unit provides critical incident debriefing in accordance with provisions set forth in NMCD Policy *CD-031300*.
- b. The facility Behavioral Health Therapist Supervisor is designated to provide trained behavioral health staff to assist in the NMCD critical incident debriefing protocol.

Incident Report/Crisis Intervention

Date/Time of Request: _____ am pm Date/Time of Arrival at Site: _____ am pm

Information from Referral Source: _____

Presenting Problem: _____

Suicide Attempt (yes) (no) **Self-Injury** (yes) (no) **Psychotic** (yes) (no) **Valid MH crisis** (yes) (no)

BEHAVIORAL STATUS AND TREATMENT PLAN (Complete if Valid MH Crisis)

Appearance: _____ Orientation: _____

Memory: _____ Speech: _____ Mood/Affect: _____

Clinical Assessment: _____

Crisis Treatment Plan: _____

Suicidal ideation (yes) (no) **Thought disorder** (yes) (no) **Physically aggressive:** (yes) (no)

Requires therapeutic watch (yes) (no) **Refer to ACU** (yes) (no) **Psychiatrist**
contacted (yes) (no) (NA)

Health Services Bureau Chief notified (yes) (no) **Behavioral Health Services Bureau Chief notified** (yes) (no)

Clinician (Printed Name, Title and Signature) _____ Date _____

CRISIS INTERVENTION FOLLOW-UP

Case Status: _____

Follow-up to crisis treatment plan: _____

Further recommendations: _____

Clinician (Printed Name, Title and Signature) _____ Date _____

Reviewer (Printed Name, Title and Signature) _____ Date _____

Inmate Name: _____ NMCD#: _____ Facility: _____

NEW MEXICO CORRECTIONS DEPARTMENT
Therapeutic Watch

INITIAL PLACEMENT: Date _____ Time _____

Reason for watch: _____

Clinician Ordering Watch: _____

Waiting for MHTC bed/transport? Y ☐ N ☐

ORDERS FOR PLACEMENT: **Continuous One-on-one Observation** ☐

SPECIFY the following items that may be retained by inmate Note: (Must have Suicide Blanket or Suicide Garment)

Suicide Blanket Y ☐ N ☐

Security Garment Y ☐ N ☐

Mattress Y ☐ N ☐

Special instructions in addition to the above: _____

Clinician (Printed Name, Title and Signature) Date _____

Receiving Security Staff (Printed Name, Title and Signature) Date _____

24-HOUR REVIEW: Date _____ Time _____

Reason for continuing watch: _____

Face to Face Renewal ☐ Telephonic Renewal ☐

Clinician Continuing Watch: _____

Continuous One-on-one Observation ☐ Changes in property: Y ☐ N ☐ If YES:

Inmate may now have the following: _____

Inmate may NOT have the following: _____

Changes in special instructions: _____

Clinician (Printed Name, Title and Signature) Date _____

Receiving Security Staff (Printed Name, Title and Signature) Date _____

24-HOUR REVIEW: Date _____ Time _____

Reason for continuing watch: _____

Face to Face Renewal ☐ Telephonic Renewal ☐

Clinician Continuing Watch: _____

Continuous One-on-one Observation ☐

Changes in property: Y ☐ N ☐ If YES:

Inmate may now have the following: _____

Inmate may NOT have the following: _____

Changes in special instructions: _____

Clinician (Printed Name, Title and Signature) Date _____

Receiving Security Staff (Printed Name, Title and Signature) Date _____

Original to Behavioral Health

Inmate Name: _____

NMCD#: _____

Facility: _____

Therapeutic Watch

NEW MEXICO CORRECTIONS DEPARTMENT
Therapeutic Watch
Release from Watch

RELEASE: Date _____ Time _____

Reason for releasing from watch: _____

The inmate may be released from therapeutic watch. Authorized by the following clinician:

Clinician/ Releasing from Watch: _____

(Clinician Signature)

Original to Behavioral Health

Inmate Name: _____

NMCD#: _____

Facility: _____

Therapeutic Watch – Release From Watch

Form CD-180109.3 (Rev. 07/12/17)

NEW MEXICO CORRECTIONS DEPARTMENT

Crisis Response Log

DATE/TIME	CLIENT NAME/#	CLINICIAN		ACTION TAKEN
Date _____ Time Notified: am pm			Not a Crisis Reported to Warden Valid Crisis Suicide Event Therapeutic watch Other watch Psychiatrist contacted	Date released from therapeutic watch: _____ If therapeutic watch, 3-day re-evaluation completed: Comments:
Date _____ Time Notified: am pm			Not a Crisis Reported to Warden Valid Crisis Suicide Event Therapeutic watch Other watch Psychiatrist contacted	Date released from therapeutic watch: _____ If therapeutic watch, 3-day re-evaluation completed: _____ Comments:
Date _____ Time Notified: am pm			Not a Crisis Reported to Warden Valid Crisis Suicide Event Therapeutic watch Other watch Psychiatrist contacted	Date released from therapeutic watch: _____ If therapeutic watch, 3-day re-evaluation completed: _____ Comments:
Date _____ Time Notified: am pm			Not a Crisis Reported to Warden Valid Crisis Suicide Event Therapeutic watch Other watch Psychiatrist contacted	Date released from therapeutic watch: _____ If therapeutic watch, 3-day re-evaluation completed: _____ Comments:
Date _____ Time Notified: am pm			Not a Crisis Reported to Warden Valid Crisis Suicide Event Therapeutic watch Other watch Psychiatrist contacted	Date released from therapeutic watch: _____ If therapeutic watch, 3-day re-evaluation completed: _____ Comments:



NEW MEXICO CORRECTIONS DEPARTMENT

Secretary
Alisha Tafoya Lucero

CD-180110 Restrictive Housing Inmates	Issued: 1/29/01 Effective: 2/01/01	Reviewed: 07/23/24 Revised: 7/12/17
Alisha Tafoya Lucero, Cabinet Secretary	<i>Original Signed and Kept on File</i>	

AUTHORITY:

Policy *CD-180100*

INDEX:

A. Restrictive Housing Unit Inmates

PROCEDURES:

A. Restrictive Housing Unit Inmates: [5-ACI-4A-10] [5-ACI-4B-10] [5-ACI-4B-31]

- For the purposes of this policy the term Serious Mental Illness shall apply to inmates who have a diagnosed mental disorder (excluding substance use disorders), with a current impairment in functioning (as evidenced by a MH code 4 or above, recent deterioration in functioning, collateral information from medical/psychiatry) who requires a treatment plan.
- Initial Assessment:
 - Upon notification that an inmate is placed in a restrictive housing unit or a special management program, i.e. Predatory Behavior Management Program (PBMP), or similar units/programs, a behavioral health clinician reviews the behavioral health file and medical pre-restrictive housing screening to determine if there are any emergent mental health issues, and whether existing mental health needs contraindicate the placement or require accommodations. A mental status appraisal will be conducted within one (1) working day and documented on **Restrictive Housing Inmate Mental Health Appraisal** form (*CD-180110.1*). If there are contraindications to placement or a need for special accommodations, security will be notified and consulted.
 - If the inmate is placed in a restrictive housing unit upon transfer into the facility, the review and recommendations are documented on the **Facility Transfer File Review and Mental Status Examination** form.
 - All mental status evaluations include a personal interview with the inmate in a private location. If the inmate refuses to be escorted to a private location, the mental status evaluation may occur at the inmate's cell. In such cases the clinician will document that the inmate declined a private office visit.
- Thirty-Day and Ninety-Day Mental Status Examination:
 - An inmate remaining in a restrictive housing unit will receive an interview with a behavioral

health clinician on or before the 30th calendar day of admission to restrictive housing unit status. Mental Status examinations will occur at least every thirty (30) days for inmates who have an identified mental health need and every ninety (90) days for all other inmates, using the **Restrictive Housing Inmate Mental Health Appraisal**.

- b. The clinician will complete the **Restrictive Housing Inmate Mental Health Appraisal**.
 - c. The form will be reviewed by the Clinical Supervisor or the facility Behavioral Health Therapist Supervisor, who will sign the form.
 - d. The facility Behavioral Health Therapist Supervisor is responsible for ensuring that the initial reviews and the 30-day and 90-day mental health appraisals are conducted on a timely basis.
4. If an inmate has serious symptoms (e.g., suicidal ideation, serious depression, psychotic symptoms, severe obsessive rituals, etc.) or any serious impairment in functioning (e.g., poor hygiene, staying in bed all the time, irrational aggressive behavior, inability to eat a normal diet, failure to attend recreation, etc.) he or she will be considered for transfer to the MHTC or APA or evaluated for intensive behavioral health treatment:
5. Behavioral Health Rounds and Other Services:
- a. A behavioral health clinician will conduct rounds of restrictive housing units/pods weekly. Rounds will be documented in the security sign-in log. At that time the inmate is informed of available behavioral health services and how to access those services while in restrictive housing unit status. The facility Behavioral Health Therapist Supervisor may specify more frequent rounds or monitoring for certain inmates for behavioral health reasons.
 - b. Inmates in restrictive housing status will receive behavioral health services. Group treatment is not available for inmates in restrictive housing status.
 - c. Inmates with serious mental illness who require placement in Restrictive Housing and are pending transfer into a Special Management Program (i.e., PBMP, SMP) will require a Treatment Plan (CD-180108.1).
 - d. Inmates with a serious mental illness placed in Extended Restrictive Housing will require a Treatment Plan (CD-180108.1) with weekly monitoring by mental health and treatment as necessary.
6. Requests for Behavioral Health services (non-crisis):
- a. Each facility Behavioral Health Therapist Supervisor, in conjunction with facility administration, will promulgate a local facility directive for Restrictive Housing Inmate Requests for behavioral health services that establish the process for restrictive housing inmates to request behavioral health care and to receive a response to that request in a timely manner.
 - 1) The process will include how security staff will handle verbal requests for Behavioral Health services, including how they are to be documented by the receiving staff member and how they are to be communicated to the behavioral health department.

- 2) The process will include how inmates are to submit written requests for behavioral health services, including the preferred form **Request to See a Behavioral Health Clinician (CD-180105.3)** and where the request should be placed (*i.e.*, restrictive housing mailbox, etc.).
 - 3) The above information on verbal and written requests will be presented to the inmate at the time of the initial restrictive housing status mental status examination.
- b. Each facility Behavioral Health Therapist Supervisor is responsible for maintaining the following regarding restrictive housing inmates:
- 1) All documentation on written requests for behavioral health services, including when and how behavioral health staff responded to the request.
 - 2) Such documentation shall be maintained separate from the behavioral health files in an organized and consistent manner. Duplicates shall be made in instances where the original should be placed in the behavioral health file.

NEW MEXICO CORRECTIONS DEPARTMENT

Restrictive Housing Inmate Mental Health Appraisal

Housing Unit: _____ Date: _____ Time: _____ Contact: Office ☐ Cell ☐ Other _____ I do not
☐ want to be seen in a private location. I prefer to be seen at my cell.

Inmate Printed Name _____ Inmate Signature _____ Date _____

Initial Assessment: ☐ date placed in restrictive housing status: _____
30-day Assessment: ☐ advised how to access MH services Yes ☐ No ☐
90-day Assessment: ☐ **Date of previous restrictive housing assessment:** _____

File Review (mental health history of inpatient/outpatient treatment and SA treatment, past suicidal/homicidal ideation.), : _____

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 to person Attention:
 () Unimpaired () Impaired
 Concentration: () Unimpaired () Impaired
 Memory () Unimpaired () Impaired THOUGHT PROCESSES
 Abstractions: () Unimpaired () Impaired
 Clarity: () Coherent () Slightly Confused () Incoherent
 Content: () Normal () Hallucinations () Delusions () Tangential () Paranoia () Denied
 SUICIDE/HOMICIDE () Current suicidal ideation risk: () High () Moderate () Low
 () Current homicidal ideation risk: () High () Moderate () Low () Denied
 PSYCHOTROPIC MEDICATION: () Current () Previous () No Reported History
 TREATMENT PLAN: () Current () N/A () Previous, list date: _____

Description of Functioning: _____

Refer to MHTC/APA YES ☐ NO ☐
 Refer to BH Supervisor for intensive treatment YES ☐ NO ☐
 Does the IM have a Serious Mental Illness YES ☐ NO ☐
 Reevaluate in (SMI): 30 DAYS ☐ 90 DAYS ☐

Comments/Recommendations/Referrals: _____

Clinician (Printed Name, Title and Signature) _____ Date _____

Reviewer (Printed Name, Title and Signature) _____ Date _____

Inmate Name: _____

NMCD#: _____ Facility: _____



NEW MEXICO CORRECTIONS DEPARTMENT

Secretary
Alisha Tafoya Lucero

CD-180111 Behavioral Health Services During a
Lock-Down

Issued: 1/29/01
Effective: 2/01/01

Reviewed: 07/23/24
Revised: 07/12/17

Alisha Tafoya Lucero, Cabinet Secretary

Original Signed and Kept on File

AUTHORITY:

Policy *CD-180100*

PROCEDURES:

A. Behavioral Health Services during a Lock-Down:[5-ACI-6A-04][5-ACI-6A-28(M)][5-ACI-6C-06]

1. The facility Behavioral Health Therapist Supervisor will form a triage team in the event of an institutional lock-down that interrupts the routine administration of behavioral health services. The triage team will convene no later than the seventh calendar day of an on-going lock-down. The purpose of the triage is to identify at-risk inmates, the necessary behavioral health services for inmates on current treatment plans and those identified as needing services as the result of well-being checks and the methods for delivery of behavioral health services to the inmates who are identified as needing those services. Well-being checks shall commence no later than the seventh calendar day of an on- going lock-down.
2. The triage team shall assess the cases of inmates on current treatment plans and those identified as needing services as the result of well-being checks that may need special attention according to the following needs assessment priorities.
 - a. Critical needs attention.
 - b. Stabilization needs attention.
 - c. Chronic needs attention.
 - d. Maintenance needs attention.
3. When the lock-down exceeds thirty (30) continuous days, the facility Behavioral Health Therapist Supervisor shall re-convene the triage team to develop an action plan for behavioral health services delivery appropriate to the conditions of the lock-down at the institution. The action plan shall be reviewed and modified when needed every thirty (30) days thereafter until the lock-down is lifted. The action plan shall include but not be limited to the following:
 - a. Living unit rounds and well-being checks frequencies will be determined by issues related to the lock-down conditions, available personnel and clinical needs assessment.
 - b. Ensure the presence of behavioral health personnel in the living units, or pods on a consistent and daily basis throughout the lock-down.

- c. Provide confidential behavioral health services in a private office.
 - d. The method whereby behavioral health services are re-established that is not in conflict with the conditions of the institutional lock-down for those inmates on active treatment plans.
 - e. The method to be used and comments to be made for case documentation on **Documentation Notes** form (CD-180102.1), **Progress Note – Treatment Session** form (CD-180108.2), and **Treatment Review** form (CD-180108.3).
 - f. Determine how to return to providing behavioral health services according to existing policy in conjunction with the facility warden or his or her designee.
 - g. Determine how to do new assessments when necessary, according to existing policy.
 - h. Determine how to develop and deliver treatment plans according to existing policy.
 - i. Determine how to continue treatment reviews and deliver the required treatment according to the frequency specified on active treatment plans.
 - j. Determine how to continue reviews for medication as the sole method of treatment.
 - k. Provide rationale for any request for variance from or suspension of existing behavioral health services policy when deemed necessary.
- 4. The Behavioral Health Services Bureau Chief and the facility warden shall immediately be informed of any at-risk inmates requiring special attention.
 - 5. The Behavioral Health Services Bureau Chief shall be provided a copy of the action plan for return to normal delivery of behavioral health services for consultation and approval of any such action plan developed by the triage team in conjunction with the facility warden or his or her designee.
 - 6. The Behavioral Health Services Bureau Chief shall be immediately notified whenever the facility Behavioral Health Therapist Supervisor is unable to develop, in conjunction with the facility warden or his or her designee, a plan to return to normal delivery of behavioral health services to inmates on current treatment plans and those identified as needing services as the result of well-being checks.



NEW MEXICO CORRECTIONS DEPARTMENT

Secretary
Alisha Tafoya Lucero

CD-180112 Reentry and Discharge Planning	Issued: 1/29/01 Effective: 2/01/01	Reviewed: 07/23/24 Revised: 07/12/17
Alisha Tafoya Lucero, Cabinet Secretary		<i>Original Signed and Kept on File</i>

AUTHORITY:

Policy *CD-180100*

INDEX:

- A. Reentry Reports and Recommendations
- B. Pre-Release Referral for Community Treatment
- C. Discharge Planning for the Seriously Mentally Ill

PROCEDURES:

A. Reentry Reports and Recommendations: [5-ACI-6A-34 (M)]

1. Upon request by the Classification Department, the facility Behavioral Health Therapist Supervisor or designee assigns a behavioral health clinician to make behavioral health recommendations for individuals being considered for parole, including inmates who have applied for geriatric, incapacitated, or terminally ill parole pursuant to NMCD policy and for those inmates releasing from incarceration.
2. The Consent to Release Mental Health and Addictions Information forms will be completed and updated as needed according to (*CD-171400*). **Health Services Reentry Provision of Information to PPD and/or Community Health Care Providers.**

B. Pre-Release Referral for Community Treatment: [5-ACI-6A-34 (M)]

1. Initial Meeting With Inmate:
 - a. Approximately 180 days before an inmate's projected release date or upon notification by Classification or the Reentry Committee, the behavioral health clinician will meet with an inmate receiving treatment for a diagnosed mental disorder to discuss aftercare recommendations.
In the event an inmate is transferred to a facility and is less than 180 days to projected release date at the time of the transfer, the pre-release referral process will be commenced within 10 working days of the inmate's arrival date.

- b. The inmate may consent to or refuse participation in the pre-release planning process. The inmate's decision will be documented on the **Community Behavioral Health Referral** form (CD-180112.1).
 - 1) If an inmate refuses to participate and does not have the capacity nor is competent to give informed consent then pre-release planning will be completed and an application for a treatment guardian will be considered. If any other inmate refuses to participate, no further action is required.
 - 2) If an inmate consents to participate, pre-release planning will be conducted in accordance with this policy.

2. Identification of and Contact With Community Behavioral Health Programs:

- a. The behavioral health clinician will provide the inmate with a list of community behavioral health programs for residential and outpatient treatment in the geographic area of the inmate's release. Contingent upon availability in the inmate's geographic location, the behavioral health clinician will assist the inmate in choosing at least two communities behavioral health programs as options for aftercare services. These community options must be acceptable to PPD for inmates releasing to Parole or Probation.
 - 1) The behavioral health clinician will complete the **Community Behavioral Health Referral** form.
 - 2) The behavioral health clinician will provide two form letters, the **Letter to Community Provider** form (CD-180112.2), to the inmate to be signed and sent to the identified community behavioral health programs. These letters will be customized to provide information particular to the inmate, such as the type of behavioral health programs the inmate has participated in while in prison.
 - 3) The behavioral health clinician will make efforts to assist the inmate in establishing an appointment with a community clinician prior to the inmate's release. Such efforts will be documented.
 - 4) If, in the clinical judgment of the behavioral health clinician, the inmate is unable to make initial contact with a community behavioral health program on his or her own, the behavioral health clinician will make the contacts for the inmate.
- b. The **Community Behavioral Health Referral** form will be signed by the inmate and the behavioral health clinician.
 - 1) The original will be filed in the behavioral health file.
 - 2) A copy will be given to the inmate.

- 3) A copy will be given to the facility Classification Supervisor to assist with parole planning.
- 4) If the inmate fails to show for the scheduled pre-release planning meeting with the behavioral health clinician, the clinician will check the section “inmate no show” on the **Community Behavioral Health Referral** form and place it in the inmate’s behavioral health file. The clinician will also send the inmate a note making an additional offer to reschedule the meeting and place a copy of the note in the inmate file.

C. Pre-Release Planning for the Seriously Mentally Ill: Pre-Release Planning includes both inmates releasing to parole/probation OR to inmates releasing to discharge (completion of complete sentence, with no parole period). [5-ACI-6A-04]

1. Inmates that meet the following criteria are required to have a **Clinical Pre-Release Review and Recommendations** form (*CD-180112.3*) completed no later than 180 days prior to release from NMCD:
 - a. APA and MHTC patients;
 - b. Inmates with a Behavioral Health Code 4 or 5;
 - c. Inmates currently diagnosed with psychosis; and
 - d. Inmates that have engaged in suicidal behaviors within the last year.
2. **Civil Commitment for Inmates Releasing to Discharge (no parole):**
 - a. If the inmate is scheduled for release to discharge (completion of sentence) from the Corrections Department AND the inmate is clinically unstable, and is deemed to be at imminent risk of danger to self or others due to mental illness, then:
 - b. Civil commitment to the Behavioral Health Institute (BHI), the NM state psychiatric hospital will be initiated via a 7-Day Emergency Evaluation or 30-Day Court Commitment.
3. **Inmates Releasing to Parole Status that Meet Criteria for Civil Commitment:**
 In cases where the inmate is releasing to parole status, AND is currently clinically unstable, and is deemed to be at imminent risk of danger to self or others due to mental illness, the following protocol must be followed. It should be noted that individuals on Parole cannot be admitted to BHI:
 - a. The Parole Board and NMCD case manager must be informed immediately concerning the inmate’s mental status.
 - b. In such a case, it is likely that the Parole Board will choose to revoke/suspend parole due to potential danger to the community.
 - c. Inmates on parole status cannot be admitted to Behavioral Health Institute. Therefore the inmate will do in-house parole.
 - d. If at any point during in-house parole the inmate becomes clinically stable, The Consent forms to Release Mental Health and Addictions information will be completed and updated

as needed, according to (CD-171400). Health Services Reentry Provision of Information to PPD and or Community Health Care Providers and is forwarded to the Classification Supervisor and Parole Board for reconsideration.

4. Coordination with Psychiatry regarding Civil Commitment:

- a. The facility Behavioral Health Therapist Supervisor will consult with the facility psychiatrist regarding civil commitment.
- b. The facility psychiatrist will render a decision regarding application for civil commitment.
- c. The facility Behavioral Health Therapist Supervisor will notify the Behavioral Health Services Bureau Chief of any decisions to seek civil commitment.

5. Treatment Guardian:

A Treatment Guardian will be sought under the following circumstances:

- a. The inmate is experiencing a serious mental illness and refuses psychiatric medication while housed in any NMCD or private prison facility.
- b. The inmate is scheduled for release to **Probation/Parole** or release to **discharge** from the Corrections Department and is refusing needed psychotropic medication.
- c. If the inmate is scheduled for release to parole and meets the criteria for a Treatment Guardian, the Parole Board will be contacted immediately.

6. Coordination with Psychiatry regarding a Treatment Guardian:

- a. The facility Behavioral Health Therapist Supervisor will consult with the facility psychiatrist regarding a proposed Treatment Guardian.
- b. The facility psychiatrist will render a decision regarding application for appointment of a Treatment Guardian.
- c. The facility Behavioral Health Therapist Supervisor will notify the Behavioral Health Services Bureau Chief of the decision to seek a Treatment Guardian.

7. Behavioral Health Notification to Community Agencies:

The facility Behavioral Health Therapist Supervisor or designee will contact the receiving agency behavioral health department (e.g. County Detention Center, Substance Abuse Treatment Facility, etc.) and provide the following information:

- a. The inmate name and NMCD number; and
- b. Psychiatric diagnosis, psycho-social history, psychiatric medication and special treatment

needs including potential danger to self or others.

8. The facility Behavioral Health Therapist Supervisor or designee will document the following on a **Documentation Notes** form (*CD-180102.1*).
 - a. The agency personnel contacted, including the agency telephone number.
 - b. The time and date of the contact.
 - c. Name of staff member contacted.
 - d. A summary of the information provided.
 - e. Comments from the receiving agency.
9. Behavioral Health Coordination with Facility Staff:
 - a. The facility Behavioral Health Therapist Supervisor or designee will communicate with the facility staff (Unit Manager, Classification Supervisor), responsible for managing the release of the inmate. The Behavioral Health Therapist Supervisor will inform the facility Unit Manager in cases where community agency notification is required.
 - b. The facility Behavioral Health Therapist Supervisor or designee will document the coordination on a **Documentation Note**.

Community Behavioral Health Referral

Facility: _____ Date: _____

_____ I choose to participate in the Community Behavioral Health Referral Plan.

_____ I choose not to participate in the Community Behavioral Health Referral Plan.

_____ Inmate no-show.

COMMUNITY PROGRAM RECOMMENDATIONS:

1. Agency: _____
Address: _____ City: _____
Telephone: _____ Contact Person: _____

Comments: _____

2. Agency: _____
Address: _____ City: _____
Telephone: _____ Contact Person: _____

Comments: _____

Inmate requires assistance with reading. Advise community program to send response directly to behavioral health clinician.

Clinician (Printed/Typed Name) Clinician Signature Date

_____ I have received the two referral form letters to community behavioral health programs that I may choose to mail.

Inmate Signature Date

XC: Behavioral Health File Inmate
Classification Director

Inmate Name: _____

NMCD#: _____

Facility: _____

NEW MEXICO CORRECTIONS DEPARTMENT
Letter to Community Provider

DATE:
AGENCY:
ATTN:
ADDRESS:
CITY:
STATE:
ZIP CODE:

Dear Sir or Madam:

I am presently an inmate at the _____ Facility in _____, New Mexico and I am currently receiving behavioral health services individual and/or group treatment. I am scheduled to be released on or about _____, 20____, and will be paroling or discharging to your area at that time.

I am interested in continuing with my behavioral health treatment after I am released from prison and have been referred to you/your program as a possible provider of behavioral health services. Please send me information about your program and services to my address, as follows:

Also, please advise me if I need to:

- (1) Provide further information to you;
- (2) Complete any application or information forms to you prior to release;
- (3) Contact you or your program upon release; or
- (4) Complete any other action; in order to receive treatment with you/your program upon release. If nothing more is needed, please advise me as to whether you can help me upon my release from prison.

Thank you and I look forward to hearing from you soon.

Sincerely,

Signature

Print Name

Inmate Name: _____

NMCD#: _____

Facility: _____

NEW MEXICO CORRECTIONS DEPARTMENT
Clinical Pre-Release Review and Recommendations

Name: _____ NMCD#: _____ Behavioral Health Code: _____

I. Date: _____

II. Projected Release Date: _____ Number of Days to Release: _____

III. Inmate is scheduled to release to:

- | | | |
|----|--------------------|--------------------------|
| A. | Discharge Sentence | <input type="checkbox"/> |
| B. | Detainer | <input type="checkbox"/> |
| C. | Parole | <input type="checkbox"/> |
| D. | Probation | <input type="checkbox"/> |
| E. | Federal Custody | <input type="checkbox"/> |
| F. | Treatment Housing | <input type="checkbox"/> |

IV. Current Diagnosis and Code:

V. Current Psychiatric Medication(s):

VI. Current Mental Status: **VII:** Special Considerations:

A. Suicide Attempts: None _____

Ideation _____

Plan _____

Prior attempt date and means: _____

B. Homicidal: None _____

Ideation _____

Plan _____

C. History of violence against inmates or staff during incarceration:

NEW MEXICO CORRECTIONS DEPARTMENT
Clinical Pre-Release Review and Recommendations

None _____ Prior incidents _____

D. History of self-injury:

None _____ Prior incidents _____

E. Documented history of Intellectual Disability or Neurodevelopment Developmental Disorder?

None _____

Diagnosis and supporting tests: _____

F. Documented history of brain injury / neurocognitive disorder? None _

Diagnosis and medical history: _____

(Continued)

IX: Psychological or Neuropsychological Test Results:

X: Pre-Release Action Plan:

- A. Seek Civil Commitment: ☐
- B. Seek Treatment Guardian: ☐
- C. Communicate with Receiving Agency: ☐
- D. Coordinate with IPPO: ☐

XI. Summary of Pre-Release Recommendations:

Clinician (Printed/Typed Name)	Clinician Signature	Date
Facility Psychiatrist (Printed/Typed Name)	Facility Psychiatrist Signature	Date
Behavioral Health Therapist/Supervisor (Printed/Typed Name)	Behavioral Health Therapist Supervisor Signature	Date