



# NEW MEXICO CORRECTIONS DEPARTMENT

Secretary  
Alisha Tafoya Lucero

CD-180500 APA Behavioral Health and Related Services for Special Management Inmates	Issued: 12/9/02 Effective: 12/9/02	Reviewed: 2/28/20 Revised: 8/22/18
Alisha Tafoya Lucero, Cabinet Secretary		<i>Original Signed and Kept on File</i>

## AUTHORITY:

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

## REFERENCES:

- A. ACA Expected Practices 5-4A-4256, 5-4A-4273, and 5-4A-4374, 5-6C-4399 *Performance Based Expected Practices for Adult Correctional Institutions 5<sup>th</sup> Edition*.

## PURPOSE:

To establish guidelines for the provision of behavioral health services to Special Management inmates assigned to APA housing.

## APPLICABILITY:

All employees and inmates at secure facilities that house NMCD inmates within the State of New Mexico, particularly classification and security staff assigned to the Alternative Placement Area.

## FORMS:

- A. **APA Individual Program Plan** form (*CD-180501.1*)
- B. **APA Behavior Program Contract** form (*CD-180501.2*)
- C. **APA Approval for Cognitive Education Program** form (*CD-180501.3*)
- D. **APA Monthly Inmate Program Review** form (*CD-180501.4*)
- E. **APA UMT Confidentiality Statement and Acknowledgement** form (*CD-180501.5*)
- F. **APA Exit Plan** form (*CD-180501.6*)

## DEFINITIONS:

- A. *Alternative Placement Area (APA)*: A designated living area(s) for inmates who (1) have a Special Management designation; and, (2) who meet specified mental health criteria. Placement in the APA occurs in order to best facilitate behavioral health/program delivery for such inmates.
- B. *Mental Health Treatment Center (MHTC)*: A unit located at CNMCF for males and WNMCF for females that provides housing, behavioral health services, psychiatric care, and nursing care for inmates that require inpatient behavioral health treatment and intensive outpatient behavioral health treatment.

- C. Misbehavior/Misconduct: Any behavior on the part of an inmate that would support a disciplinary offense or would cause a negative entry on the inmate's Individual Behavior Log.
- D. Regular Special Management Housing: Housing locations designated for inmates who are classified as Special Management and who do not meet the mental health screening criteria for APA housing.
- E. Rounds: Rounds consist of a behavioral health clinician entering a housing unit, walking cell to cell, and making himself/herself available to inmates for brief conversation, discussion, or so that an inmate may request behavioral health services.
- F. Well-Being Checks: Well-being checks are face to face behavioral health contacts designed to monitor for any overt signs of mental deterioration.

**POLICY:**

- A. NMCD will use established screening criteria to identify inmates who, based on their mental health status, should be housed in the Alternative Placement Area rather than in Regular Special Management Housing. Inmates who have been approved for Special Management housing and who meet APA criteria will be housed in the Alternative Placement Area (APA).
- B. Behavioral Health services for Special Management inmates assigned to APA housing will be provided pursuant to this Policy.
- C. A qualified mental health professional personally interviews and prepares a written report on any inmate remaining in restrictive 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. **[5-4A-4256]**
- D. Inmates in administrative and protective custody have access to programs and services that include, but are not limited to, the following: educational services, commissary services, library services, social services, counseling services, religious guidance, and recreational programs. **[5-4A-4273]**
- E. Offenders with severe mental illness or who are severely developmentally disabled receive a mental health evaluation and, where appropriate, are referred for placement in non-correctional facilities or in units specifically designated for handling this type of individual. **[5-4A-4374]**
- F. There is consultation between the facility and program administrator (or a designee) and the responsible health care practitioner (or designee) prior to taking action regarding chronically ill, physically disabled, geriatric, seriously mentally ill, or developmentally disabled offenders in the following areas:
  - 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. [**5-6C-4399**]



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## AUTHORITY:

Policy *CD-180500*

## PROCEDURES:

### Behavioral Health Services:

Inmates in the APA will receive behavioral health and psychiatric services consistent with NMCD Behavioral Health and Psychiatry policies. The APA Behavioral Health Manager will assure that the specified behavioral health services are delivered. Other programs will assist in service delivery, as appropriate. Service delivery documentation will consist of the schedule for each inmate, along with various logs and file documents.

#### 1. Intake Process:

The intake process will be conducted according to CD-180100, *Behavioral Health Clinical Services*. The admission file review will also include a review of the **Behavioral Health Evaluation and Screening for Special Management Housing** form (*CD-180401.1*). If possible, inmates will not be placed into the APA within two working days before a State holiday or a weekend.

#### 2. Weekly Well-Being Checks:

All APA inmates will receive a documented face-to-face mental health contact at least one time per week, which will be documented in at least one of the following ways to include an assessment of current functioning:

- a. **Restrictive Housing Inmate Mental Status Examination** form (*CD-180110.1*)
- b. **Clinical Assessment** form (*CD-180107.1*)
- c. **Progress Note - Treatment Session** form (*CD-180108.2*)
- d. **Treatment Review** form (*CD-180108.3*)
- e. **Documentation Notes** form (*CD-180102.1*)

#### 3. Rounds:

The behavioral health clinician will conduct cell-to-cell rounds once per week for APA inmates. Such rounds will be documented in the unit “*Staff Sign-In Log*,” per *NMCD Policy*

4. Regularly scheduled behavioral health services will be provided and will include:
  - a. Thirty-day and 90-day mental status assessments will be conducted in accordance with the **Restrictive Housing Inmate Mental Status Examination**, form (CD-180110.1.)
  - b. Behavioral health treatment will be provided as agreed to in the treatment plans. Treatment plans will be updated as needed.
  - c. Psychiatric treatment will be provided by the APA psychiatrist, but will include at least one face-to-face meeting per month for inmates on psychotropic medication or more frequently as the clinical situation dictates. Psychiatric treatment will be documented in accordance with Psychiatry Standards of Care.
  - d. Crisis intervention services will be provided consistent with mental health crisis intervention protocols and documented on the **Incident Report/Crisis Intervention** form (CD-180109.1).

**B. Behavior Program Contract:**

1. Each inmate will receive an **APA Behavior Program Contract** form (CD-180501.2) within five (5) working days of placement in the APA.
2. The Contract will specify the behavior expected of the inmate, and will be reviewed and approved by a behavioral health clinician.
3. If the behavioral health clinician believes modifications to the standard Behavioral Program Contract are justified, the APA Behavioral Health Manager must approve such modifications.
4. Modifications to the Contract will be made based on the inmate’s individual clinical condition and mental illness or mental disability.
5. The Contract, as approved by the clinician and/or the APA Behavioral Health Manager, will be signed by the inmate or the contract will indicate that the inmate refused to sign.
6. Non-compliance with the **APA Behavior Program Contract** will be discussed with the inmate during scheduled treatment sessions or sooner, as appropriate. The clinician may also address non-compliance with the **APA Behavior Program Contract** during the Unit Management Team meetings.

**C. Individual Program Plan and Program Services:**1. Individual Program Plan (IPP):

- a. Each inmate will be assigned to participate in five hours of programming per week as specified in the **APA Individual Program Plan** form (*CD-180501.1*). The APA Individual Program Plan will be completed within ten working days of APA admission. Programming may include the following:
  - 1) Substance Use Disorders services;
  - 2) Psycho-education;
  - 3) Psychiatric treatment;
  - 4) Mental health treatment;
  - 5) Group treatment (for inmates in Step 3 and above; inmates in Step 2 may participate in group treatment with the approval of the Warden);
  - 6) Recreation;
  - 7) Educational program; and
  - 8) Other activities deemed appropriate by the behavioral health clinician.
- b. Inmates who refuse to participate in one or more assignments included on their IPP may have less than five hours of programming per week.
- c. The IPP will be placed in the inmate's Behavioral Health file.
- d. At any time, the Behavioral Health Clinician or the APA Psychiatrist may recommend modification of the IPP to the Unit Management Team if it is determined that such modifications are necessary to accommodate the inmate's mental illness or mental disability.
- e. The IPP will be reviewed and reissued at least annually, or more frequently as the clinical situation dictates, using the **APA Individual Program Plan** form (*CD-180501.1*).
- f. Clinical services (psychotherapy, psychiatric treatment, etc.) will be delivered individually or in groups in a location that affords privacy.
- g. Programming other than clinical behavioral health services may be delivered via Educational Television.

2. Failure to Participate in Program Plan:

- a. For inmates who fail to participate in their IPP programming, including substance use disorders services and mental health programming, the behavioral health clinician will contact the inmate monthly to encourage participation.

- b. This contact may be made at the time of the regularly scheduled 90-day mental status assessment, during a well being check, or any other scheduled contact.
- c. This contact will be cited on a **Documentation Notes**, form (*CD-180102.1*) and will be placed in the behavioral health file.
- d. The behavioral health clinician may refer the inmate to the Unit Management Team for non-participation issues. Consequences for failure to participate in the IPP may include discharge from the APA.

**D. Non-Clinical Requirements:**

1. Classification:

- a. Face-to-face contact with each APA inmate by a classification officer will occur one time per week.
- b. This contact is informal and may be conducted at the cell door. The purpose of the contact is to check on the well being of the inmate and to see if he has any requests that are appropriate for the classification officer to fulfill.
- c. Any concerns the classification officer has as to an inmate's mental condition will be reported to the behavioral health clinician or to the APA Behavioral Health Manager.
- d. The classification officer will document each weekly contact on a sign-in log.

2. Cognitive Education Program:

a. Review and Approval for Participation:

Participation in the Cognitive Education Program will be reviewed by the APA Psychiatrist, the APA Behavioral Health Clinician, and a representative from the Education Department, who will complete the **APA Approval for Cognitive Education Program** form (*CD-180501.3*) and reach one of three (3) determinations:

- 1) Approve participation in the Cognitive Education Program with no modifications.
  - 2) Approve participation in the Cognitive Education Program with modifications.
  - 3) Exempt from participation in the Cognitive Education Program (alternative program will be required, as per ¶3.d.3) below)
- b. Approval With No Modifications

Inmates in the APA who have been approved for participation in the Cognitive Education Program with no modifications will be required to participate with no modifications

c. Approval With Modifications

As determined by the APA behavioral health clinician and APA psychiatrist, a modified cognitive education program may be implemented in cases of active mental illness or mental disability.

d. Exempt from Participation

1) Inmates may be exempted from participation due to:

- a) Active symptoms of mental illness if the inmate's clinical condition would interfere with his ability to participate in the Cognitive Education Program.
- b) Intellectual Disability, such that the inmate's intellectual functioning would interfere with his ability to participate in the Cognitive Education Program.

2) Review of Exemption

- a) An inmate who has been exempted from participation in the Cognitive Education Program due to mental illness or mental disability will be reviewed annually, or sooner if deemed appropriated by either behavioral health or psychiatry, by the Unit Management Team, including the APA Psychiatrist, to determine if the inmate is able to re-enroll in the Cognitive Education Program.
- b) An inmate who has been exempted due to intellectual disability will not be subject to review by the Unit Management Team.

3) If an inmate is exempted from cognitive education, the APA Psychiatrist, the APA Clinician, and the representative from the Education Department will formulate the required education program that meets the needs of the inmate.

e. The completed **APA Approval for Cognitive Education Program** will be placed in the inmate's Behavioral Health file.

f. As per NMCD Special Management Policy, completion of Cognitive Education will not be a prerequisite for Step progression or Level completion. Failure to complete cognitive education lessons will not be used, in whole or in part, for Step retention or Step regression, or for Level retention or regression.



3. Volunteer Programs:

The APA Behavioral Health Manager and the Warden or his/her designee, will confer regarding the establishment of an appropriate volunteer services plan for the APA. Volunteer services may include, but are not limited to, Alcoholics Anonymous, Narcotics Anonymous, and religious services, to the extent there are approved volunteers available.

4. Inmate Porters:

- a. Only APA inmates may serve as APA inmate porters. If there are no suitable inmates to select from the APA population, there will be no inmate porters in the APA.
- b. Inmates assigned to Step 4 may be considered as porters. Inmates assigned to Steps 2 or 3 will not be assigned as porters.
- c. If the behavioral health clinician believes that an APA inmate assigned to Step 4 is appropriate for an inmate porter position in the APA housing unit, the APA Behavioral Health Manager will inform the facility staff member in charge of inmate employment who will process the inmate job application according to institutional policies and procedures.
- d. The facility Deputy Warden or his or her designee will have the final approval for APA inmates proposed to be assigned as APA pod porters.

5. Temporary and Emergency Use of APA Cells for Non-APA Inmates:

- a. In the event that there are vacant beds in the APA, and there are no Special Management beds available that are appropriate for classified Special Management inmates, the APA Behavioral Health Manager, at his or her discretion, will recommend the temporary assignment of such inmate(s) to the designated APA unit.
- b. The APA Behavioral Health Manager will submit the recommendation for the temporary assignment of such inmate(s) to the Chief of Security and the designated classification staff member for review, and to the responsible Warden or Deputy Warden for final approval.
- c. When an appropriate regular Special Management bed becomes available and such bed corresponds with the custody designation of the affected inmate, any non-APA inmates will be transferred to such vacant bed(s) within one working day.
- d. If a Special Management inmate is newly identified as needing placement in the APA, that inmate will replace any non-APA inmate as soon as a bed suitable to the inmate's classification is available.
- e. All non-APA inmates will be recreated separately from APA inmates and will not engage in any congregate activities with APA inmates.

**E. Progression through the Steps and Level of Privileges:**1. Assignment to a Step:

An inmate placed in the APA will be assigned to a Step pursuant to NMCD Policies and Procedures for Predatory Behavior Management, and will receive the level of privileges associated with that Step as specified in policy and facility policies/ procedures. Inmates who have been placed in the APA as a Special Status (death sentence, former law enforcement, inmate protection) will be initially placed in Step 4.

Exceptions to the policy regarding assignment to a specific Step are as follows:

- a. Inmates who would be placed in Step 1 in Predatory Behavior Management if it were not for their mental health status will be placed in Step 2 at the APA (Step 4 for Special Status inmates) and will have scheduled access to recreational television. Continued access to recreational television will be governed by the policies and procedures as specified for Predatory Behavior Management.
- b. Inmates may be placed in Step 4, pursuant to the time lines and behavioral requirements established in policy for Predatory Behavior Management, with the Warden's approval. The Unit Team Manager, after consultation with the Unit Management Team, may recommend to the Warden or his or her designee that an inmate be placed in Step 4 or receive selected Step 4 privileges. The Warden may approve or disapprove such requests for progression to Steps 4 or selected Step 4 privileges.

2. Progression Through Steps:

- a. Inmates in the APA will progress through the Steps consistent with the NMCD timelines for inmates in Predatory Behavior Management and in compliance with the **Behavior Program Contract** and **Individual Program Plan**, consistent with the mental condition of the inmate.
- b. Progression through the Steps requires that the inmate comply with recommended programs in his **Individual Program Plan** and comply with his **Behavior Program Contract**.
- c. The fact that an inmate participates in or fails to participate in behavioral health treatment recommended as part of the **Individual Program Plan** will not affect the inmate's ability to progress through the Steps, with the following exception:
  - 1) The inmate has failed to comply with his **Behavior Program Contract**; and,
  - 2) The behavioral health clinician, as approved by the Behavioral Health Manager, has determined that both of the following conditions exist:

- a) The inmate would benefit from the recommended behavioral health treatment, in that the treatment is designed to address the inmate's mental illness that is leading to the inability of the inmate to comply with his **Behavior Program Contract**; and,
  - b) The inmate's failure to participate in the recommended treatment is not due to his mental illness.
- d. The fact that an inmate takes, or fails to take, prescribed psychotropic medication will not affect his progression through the Steps.
- 1) Inmates transferred to the MHTC from the APA will continue to progress through the Steps consistent with the NMCD timelines for inmates in Predatory Behavior Management. Compliance with the **APA Individual Program Plan** and the **APA Behavior Program Contract** will be documented on the MHTC Treatment Team Notes)
3. Behavioral Health staff review of disciplinary reports, suspension of privileges, Step Retention, and/or Step Reduction due to Disciplinary Reports/Unacceptable Behavior:

Inmates who are being considered for a disciplinary report, suspension of privileges, Step reduction or Step retention, will be evaluated by the Unit Management Team with input from the APA psychiatrist, the APA behavioral health clinician and APA Behavioral Health Manager to determine if the misbehavior/misconduct was due primarily to mental illness or mental disability.

In each case where an inmate is being considered for a disciplinary report, suspension of privileges, Step reduction or Step retention, as described in the above paragraph, the inmate's behavioral health clinician will complete a **Inmate Misconduct Mental Health Review** form (*CD-090101.9*), which will document the misbehavior/misconduct under consideration and the behavioral health clinician's opinion regarding whether the misconduct/misbehavior was due primarily to the inmate's mental illness or mental disability after a review of the behavioral health file, interview of the inmate and consultation with psychiatry.

The Form will be reviewed and either approved or disapproved by the APA Behavioral Health Manager. In the case of disputes between the treating clinician and APA Behavioral Health Manager as to whether or not the misbehavior/misconduct was due primarily to mental illness or mental disability, the APA Behavioral Health Manager's opinion will prevail

- a. The original Form will be placed in the inmate's behavioral health file, and a copy will be given to the Disciplinary Officer.

- b. If according to the above stated process, the inmate's misbehavior/misconduct is determined to be due primarily to mental illness or mental disability the disciplinary report may be dismissed or sanctions can be modified at the recommendation of the APA Behavioral Health Manager.
- c. Inmates who are unable to manage their behavior, on an ongoing basis, due to mental illness or mental disability will be evaluated by behavioral health staff, and one of two actions will be taken:
  - 1) The inmate will be referred for transfer to the Mental Health Treatment Center (MHTC) at CNMCF if the inmate meets admission criteria as established by NMCD Behavioral Health Policy; or,
  - 2) The inmate's **Individual Program Plan** and/or the **Behavior Program Contract** will be modified so that the inmate has the opportunity to progress in Steps based upon requirements that are consistent with his mental illness or mental disability.
- d. If the unacceptable behavior was not due primarily to mental illness or mental disability, in the opinion of the APA Behavioral Health Manager, the disciplinary process and Step reduction will proceed according to NMCD policies and procedures. However, inmates in the APA will not be placed in Step 1. Disciplinary time lines may be extended up to seven working days in order to provide reasonable time for the mental health evaluations necessary to support this process.

#### 4. Adjustment Controls:

APA inmates may be placed in Adjustment Controls resultant to misconduct, assaultive behavior, disruptive behavior or manipulative self injury in accordance with *CD Special Management Inmates* policies.

- a. After working hours an on-call behavioral health clinician will be contacted when Adjustment Controls are being considered or have been implemented.
- b. The on-call clinician will secure relevant information from Security personnel, nursing staff and the inmate, if indicated. The on-call clinician will determine, based on that information, whether an on site clinical interview is required.
- c. If it is determined, based on the Security Report and other relevant information that the inmate's behavior is not related the mental health concerns, the on-call clinician will inform the APA Security Supervisor.
- d. If an on site interview is required, the on-call clinician will report to the facility within one hour.

e. The next working day, a memo will be provided by the on-call therapist to the APA Unit Manager regarding the clinical decision regarding the crisis call.

5. Return to APA after transfer to the Mental Health Treatment Center (MHTC):

Any APA inmate who is transferred to the MHTC and then returned to the APA will receive credit for the period of time spent at the MHTC, assuming he meets the conduct requirements (with consideration given for the affect his mental health condition may have upon his behavior).

**F. Unit Management Team:**

1. The Unit Management Team will include the Unit Manager, security, mental health, psychiatry, and substance abuse, classification, and education staff. A medical staff member will attend during portions of the Unit Management Team meeting that are relevant to medical issues or the Unit Management Team may consult with medical regarding relevant cases by telephone during the Team meeting.
2. The Unit Management Team will review each APA inmate at least monthly. At least once every 90 days, the Unit Management Team will meet with the inmate personally.
3. Inmates assigned to the APA will have the opportunity to appear personally before the UMT for Step Progression, Step Retention, and Step Regression.
4. Members of the Unit Management Team will receive training regarding the confidentiality of issues discussed during team meetings in regard to individual inmates. Each member will be required to sign an **APA Unit Management Team Confidentiality Statement and Acknowledgment** form (*CD-180501.4*). The original of the completed Confidentiality Statement will be placed in each staff member's personnel file and a copy will be placed in a cumulative notebook and maintained by the APA Behavioral Health Manager or Clinical Supervisor.
5. The Unit Management Team will be advised, by appropriate team members, of the inmate's reason for mental health exclusion from regular Special Management housing and the reason for placement in Special Management.

**G. Behavioral Health Staffing of the APA:**

1. A psychiatrist will be assigned to support the APA and will be responsible for the following for inmates assigned to the APA:
  - a. Approve each inmate's participation in the cognitive education program.
  - b. Review, approve, and sign all Individual Program Plans (IPP's).

- c. Review and verify the DSM-5 diagnosis for each APA inmate.
    - 1) In the event the psychiatrist and the behavioral health clinician have arrived at different diagnoses for the same inmate, the case will be staffed to resolve such inconsistency.
  - d. Attend the Unit Management Team meetings at least twice a month and lead a discussion concerning mental health issues relative to individual APA inmate IPP's that may warrant modification of the IPP.
  - e. Prescribe psychiatric medication.
- 2. The Behavioral Health Services Bureau Chief is the final behavioral health administrative authority for the APA.
  - 3. Behavioral health clinicians and psychiatrists regularly assigned to the APA will receive special training on the APA.

**H. Security Escort Staff:**

The facility Warden will assign escort staff as necessary for behavioral health.

**I. Release from the APA:**

1. Release to a lower custody Level due to reclassification out of Special Management:

An inmate who is reclassified to Custody Level IV, III, II or I require no approval by behavioral health or psychiatric staff.

2. Release Process to Regular Housing from Special Management:

- a. If an inmate is placed in the APA, and subsequently no longer meets APA criteria, he will be removed from APA Housing and placed in Regular Special Management Housing. However, said inmate may continue to be housed in the APA if, in the clinical judgment of the APA Behavioral Health Manager and the APA Psychiatrist, the inmate would suffer significant mental deterioration if returned to Regular Special Management housing; the Director of Adult Prisons shall have the authority to disapprove such retention.
- b. A new **Behavioral Health Evaluation and Screening for Special Management Housing (Regular or APA)** form (*CD-180401.1*) will be completed. The "Removal" box will be checked on the form.
- c. If the APA Manager approves the removal, he/she will contact the Classification Bureau and arrange for the inmate's transfer to Regular Housing.

3. Continuity of care for inmates released from the APA:

a. Behavioral Health Treatment:

Prior to the inmate's transfer from the APA, the APA Behavioral Health Manager will telephonically staff each APA release with the Facility Behavioral Health Manager or Clinical Supervisor at the receiving facility. The purpose of the staffing is to develop or review the treatment plan for the inmate that will either be continued or put in place upon arrival at the receiving facility and to coordinate behavioral health treatment with the receiving facility. This staffing will be documented in the behavioral health file in a Documentation Note.

b. Unit Management Team Exit Plan:

The Unit Management Team at the APA will convene an exit planning meeting for each inmate leaving the APA, regardless of whether the inmate is transferred to Special Management or transferred to Level IV or III. The meeting will be documented using the **APA Exit Plan** form (*CD-180501.6*).

The Unit Management Team will address housing, programming, behavioral health, and educational issues. In the event of emergency transfers to the Long Term Care Unit or to the Mental Health Treatment Center, the Unit Management Team will not need to convene an exit planning meeting.

**J. Other Assignment to APA:**

Inmates serving extended time in disciplinary restrictive housing may be evaluated on a case-by-case basis by behavioral health staff for assignment to the APA. Such inmates must meet APA criteria in order to be considered for such housing. The length of time an inmate has remaining to serve in disciplinary restrictive housing will be taken into consideration.

**NEW MEXICO CORRECTIONS DEPARTMENT**  
**APA Individual Program Plan**

Date: \_\_\_\_\_ Current Level: \_\_\_\_\_ Step: \_\_\_\_\_

Program Recommendations and Time Frames:

PROGRAM	FREQUENCY	HRS Per Week	HRS homework (Must be completed)
Behavior Program Contract (Refer to Contract)	ongoing	ongoing	NA
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
<b>TOTAL PROGRAM HOURS</b>		_____	_____

Behavioral Health \_\_\_\_\_ Education \_\_\_\_\_

Recreation \_\_\_\_\_ Substance Abuse \_\_\_\_\_

Classification \_\_\_\_\_ Unit Manager \_\_\_\_\_

Reviewed and approved: without modification \_\_\_\_\_ with modification (as noted) \_\_\_\_\_

\_\_\_\_\_  
APA Psychiatrist Signature \_\_\_\_\_ Date \_\_\_\_\_

I have received a copy of my Individual Program Plan. I understand that failure to comply with my assigned program plan may affect my eligibility to move to a less restrictive Step.

\_\_\_\_\_  
Inmate Signature and NMCD# \_\_\_\_\_ Date \_\_\_\_\_

Inmate refused to sign: \_\_\_\_\_ Staff witness: \_\_\_\_\_

\_\_\_\_\_  
Inmate Name: \_\_\_\_\_ NMCD#: \_\_\_\_\_ Facility: \_\_\_\_\_  
**APA Individual Program Plan** Form CD-180501.1 (Rev. 08/22/18)



**NEW MEXICO CORRECTIONS DEPARTMENT**  
**APA Behavior Program Contract**

I understand that the following standards of behavior are required of me while I am assigned to the Alternative Placement Area:

STANDARD OF BEHAVIOR	Modification Check if YES
1. Maintain personal hygiene, including turning bedding/towels in for laundry, taking showers, wearing clean clothes, etc.	
2. Maintain a clean and neatly organized cell.	
3. No flooding or burning in my cell.	
4. No willful destruction of State property.	
5. Follow lawful orders given by correctional staff, including orders to be restrained upon order of correctional staff.	
6. No assaults on staff or inmates, which includes not throwing feces, urine, food, or any liquid or object.	
7. No screaming or shouting.	
8. No kicking or banging cell or pod doors.	
9. No cussing (swear words).	
10. No obscene gestures.	
11. No coercing others to engage in group activity.	
12. No abuse of illegal drugs or substances; no abuse or hoarding of prescribed medications.	
13. No construction of or use of tattoo machines.	
14. Compliance with all other institutional rules and regulations.	
15. Other:  _____	

**MODIFICATION BY BEHAVIORAL HEALTH CLINICIAN:**

The above items are modified, as follows, due to mental illness:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Form completed by:                      Clinician (print) \_\_\_\_\_

Signature of clinician: \_\_\_\_\_ Date: \_\_\_\_\_

I acknowledge that the above has been discussed with me and that I understand the Behavioral Program Contract:

Signature of inmate: \_\_\_\_\_ Date: \_\_\_\_\_

**IF INMATE REFUSES TO SIGN, BEHAVIORAL HEALTH CLINICIAN WILL NOTE ON THE INMATE SIGNATURE LINE.**

**NEW MEXICO CORRECTIONS DEPARTMENT**  
**APA Approval for Cognitive Education Program**

I. DSM-5 Diagnosis and Codes

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II. Clinical factors influencing the inmate's ability to participate in cognitive education program:

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III. Determination

Based upon the inmate's DSM-5 diagnosis and mental status, he is mentally capable to participate in the cognitive education program, as follows:

- \_\_\_\_\_ Approve participation with no modifications
- \_\_\_\_\_ Approve participation with modifications (specify modifications below)
- \_\_\_\_\_ Exempt from participation at this time (specify reason below)

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IV. IF exempt from participation, describe the approved alternative Education Program

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\_\_\_\_\_  
Signature of APA Psychiatrist

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of APA Clinician

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Education Representative

\_\_\_\_\_  
Date

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

**NEW MEXICO CORRECTIONS DEPARTMENT**  
**APA Monthly Inmate Program Review**

Month of \_\_\_\_\_ Date Review Conducted \_\_\_\_\_

Please indicate whether the inmate had (P) passed or (F) failed with the daily recommendations for programming. Enter the calendar day for each working day in the Dt box for each column.

	Dt	Dt	Dt	Dt	Dt	Dt	Dt	Dt	Dt	Dt	Dt
	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Behavioral Health											
Education											
Recreation											
Behavior Contract											
SUDs											
Other											

	Dt	Dt	Dt	Dt	Dt	Dt	Dt	Dt	Dt	Dt	Dt
	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Behavioral Health											
Education											
Recreation											
Behavior Contract											
SUDs											
Other											

	Dt	Dt	Dt	Dt	Dt	Dt	Dt	Dt	Dt
	_____	_____	_____	_____	_____	_____	_____	_____	_____
Behavioral Health									
Education									
Recreation									
Behavior Contract									
SUDs									
Other									

Comments:

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Behavioral Health \_\_\_\_\_

Education \_\_\_\_\_

Recreation \_\_\_\_\_

Substance Abuse \_\_\_\_\_

Classification \_\_\_\_\_

Security \_\_\_\_\_

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

**NEW MEXICO CORRECTIONS DEPARTMENT**  
**APA Unit Management Team Confidentiality Statement and Acknowledgment**

According to New Mexico law, including NMSA 1978 Sections 14-2-1 (A), 14-6-1, 24-2B-6, and SCRA 11-504, medical, mental health and HIV records and information are confidential and privileged. Such records and information are not to be disclosed except upon consent of the patient or as otherwise allowed by law.

In the context of operating a correctional facility, such information may be made available to particular security staff members only to the extent that the particular security staff member has a compelling need to know the specific information. Such information may not thereafter be disclosed to other security staff members unless those staff members also have a compelling need to know the information. Such information is not to be disclosed as a matter of casual conversation, gossip, curiosity or the like.

I understand that in the performance of my duties in the APA, I may be exposed to medical, mental health, or HIV information or records. I understand and agree that I must keep this information confidential and privileged and that I will not disclose such information unless authorized by the inmate, by law, or by Corrections Department policy. I understand that if I disclose such information in violation of statement and acknowledgment, I may be subject to disciplinary action.

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Employee Name (typed or printed)

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Employee Signature

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Date

Original: Employee personnel file  
Copy: APA Behavioral Health Manager

**NEW MEXICO CORRECTIONS DEPARTMENT**  
**APA Exit Plan**

To be completed by the Unit Management Team for inmates transferring from the APA to either (1) Special Management housing; or (2) to a lower custody facility: IV, III, II, or I. The Unit Management Team makes the following recommendations to the receiving facility regarding:

INMATE: \_\_\_\_\_ NMCD: \_\_\_\_\_ DATE: \_\_\_\_\_

HOUSING: \_\_\_\_\_

PROGRAMMING: \_\_\_\_\_

BEHAVIORAL HEALTH: \_\_\_\_\_

EDUCATION: \_\_\_\_\_

OTHER: \_\_\_\_\_

\_\_\_\_\_  
Unit Manager

\_\_\_\_\_  
Behavioral Health

\_\_\_\_\_  
Education

\_\_\_\_\_  
Classification

**REVIEWED AT RECEIVING FACILITY \_\_\_\_\_ ON DATE \_\_\_\_\_**

HOUSING: \_\_\_\_\_

PROGRAMMING: \_\_\_\_\_

BEHAVIORAL HEALTH: \_\_\_\_\_

EDUCATION: \_\_\_\_\_

OTHER: \_\_\_\_\_

\_\_\_\_\_  
Unit Manager

\_\_\_\_\_  
Behavioral Health

\_\_\_\_\_  
Education

\_\_\_\_\_  
Classification

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