



NEW MEXICO CORRECTIONS DEPARTMENT

Secretary
Alisha Tafoya Lucero

CD-141600 Special Management Population	Issued: 01/11/16 Effective: 01/11/16	Reviewed: 6/12/26 Revised: 12/08/16
Alisha Tafoya Lucero, Cabinet Secretary		<i>Original Signed and Kept on File</i>

AUTHORITY:

- A. Section 33-1-6 NMSA
- B. Policy *CD-141500 Restrictive Housing*

REFERENCES:

- A. Policy *CD-141000 Predatory Behavior Management Program*

PURPOSE:

To provide a mission specific general population for inmates who NMCD is actively pursuing placement in appropriate alternative populations. This is a short term alternative to Restrictive Housing.

APPLICABILITY:

New Mexico Corrections Department (NMCD) employees and inmates.

FORMS:

- A. **Inmate SMP Placement Appeal** form (*CD-141601.1*)
- B. **SMP Referral Checklist** form (*CD-141601.2*)

ATTACHMENTS:

None

DEFINITIONS:

- A. *Special Management Program Board*: Three (3) member panel appointed by the Director of Adult Prisons with sole authority to approve entry into the Special Management Program. The Director of Adult Prisons may not be a member of the Board.

POLICY:

- A. The New Mexico Corrections Department is committed to safe prisons to ensure inmates have access to programming that promotes successful re-entry.

- B. New Mexico Corrections Department is committed to reduce the number of inmates in the Special Management Population (SMP) and/or Restrictive Housing because of the potential negative effects on recidivism.
- C. New Mexico Corrections Department recognizes there are inmates with high risk security issues that cannot be placed in any general population other than SMP.
- D. Penitentiary of New Mexico-South facility has been designated as the unit for SMP.
- E. Inmates placed in SMP may be considered for out of state placement. (CD-141900)
- F. Inmate privileges in SMP will be determined by the PNM – South Deputy Warden.



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CD-141601 Special Management Populations	Issued: 01/11/16 Effective: 01/11/16	Reviewed: 6/12/26 Revised: 12/08/16
Alisha Tafoya Lucero, Cabinet Secretary		<i>Original Signed and Kept on File</i>

AUTHORITY:

Policy: *CD-141600*

PROCEDURES:

Placement:

- A. Inmates will be referred to SMP by the sending facility's Warden within 15 calendar days of placement in RHU. CD-141101.1 Enemy Justification form must be attached
- B. The sending facility's Warden will complete a memorandum detailing the reasons for referral to SMP to include verification the referred inmate has exhausted all other NMCD general population housing options within their custody level assignment.
- C. Inmates will not be referred to SMP if they meet the criteria for the Predatory Behavior Management Program (*CD-141000*).
- D. The Warden will submit the referral memorandum to the Restrictive Housing Administrator.
 1. The SMP Board is the sole authority to approve entry into the Special Management Program. The Director of Adult Prisons may not be a member of the Board.
 2. Upon placement at the designated SMP facility, the inmate may appeal the decision to the Director of Adult Prisons on the Inmate SMP Placement Appeal form (*CD-141601.1*).
- E. A thorough review of the inmate's placement in SMP will occur within 6 months. Reviews may also be held earlier if deemed necessary by management.

NEW MEXICO CORRECTIONS DEPARTMENT
Inmate SMP Placement Appeal

Inmate Name: _____ Offender#: _____

Institution: _____ Housing Unit: _____

Date of Placement in SMP: _____

Note: This Form Must Be Submitted To The Director of Adult Prisons Within 15 calendar days of SMP Placement.

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

Inmate's Signature: _____ Date: _____

To Be Completed By The Director of Adult Prisons:

A. Date Received: _____

B. _____ Your Appeal Is Accepted For Consideration

C. Your Appeal Is Being Returned To You For The Following Reason(s):

_____ 1. The appeal is currently under review.

_____ 2. The appeal does not involve a DSU placement decision.

_____ 3. The appeal is a group appeal or petition.

_____ 4. The appeal is not timely.

_____ 5. Other: Specify _____

NEW MEXICO CORRECTIONS DEPARTMENT
Inmate SMP Placement Appeal

Director of Adult Prisons Investigation And Recommendation:

Appeal Granted _____

Appeal Denied _____

Director of Adult Prisons

Date

NEW MEXICO CORRECTIONS DEPARTMENT
SMP Referral Checklist

INMATE NAME: _____ Offender#: _____ DATE: _____

DATE OF TRH PLACEMENT: _____ FACILITY: _____

Drug Suppression Program

Special Management Program

REFERRAL CHECKLIST

Memo on Inmate institutional history and conduct	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Documentation supporting the facts used for referral	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Misconduct report showing sanctions imposed by policy	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Unit Manager/Designee (Print/Sign)

Date

Facility Warden (Print/Sign)

Date

SMP Management Board Review and Action

<input type="checkbox"/> Approved for Placement
<input type="checkbox"/> Denied
Specific action to be taken by the facility:

SMP Management Board (Print/Sign)

Date

SMP Management Board (Print/Sign)

Date

SMP Management Board (Print/Sign)

Date