



NEW MEXICO CORRECTIONS DEPARTMENT

Secretary
Alisha Tafoya Lucero

CD-180000 Behavioral Health Administration

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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 Standards 2-CO-4F-01, 2-CO-4B-04 *Standards for the Administration of Correctional Agencies*, 1993.
- B. ACA Standards 5-ACI-6A-28 (M), 5-ACI-6A-30, 5-ACI-6A-35 (M), 5-ACI-6A-36, 5-ACI-6B-01 (M), 5-ACI-6B-03 (M), 5-ACI-6B-08 (M), 5-ACI-6B-11, 5-ACI-6B-13, 5-ACI-6C-10, 5-ACI-6D-01, 5-ACI-6D-02 (M) through 5-ACI-6D-04, 5-ACI-6D-08 through 5-ACI-6D-10, 5-ACI-5E-01, 5-ACI-5E-03, 5-ACI-5E-06 through 5-ACI-5E-09 *Performance Based Standards and Expected Practices for Adult Correctional Institutions 5th Edition*.
- B. NMSA 1978, Section 43-1-19, Disclosure of (mental health) information.
- C. Policy *CD-032200*.
- D. American Psychological Association, *Ethical Principles of Psychologists and Code of Conduct*.
- E. New Mexico Board of Psychologist Examiners, *Rules and Regulations*.
- F. New Mexico Board of Social Work Examiners, *Rules, Regulations and Practice Act*.
- G. New Mexico Counseling and Therapy Practice Board, *Rules, Regulations and Practice Act*.

PURPOSE:

To establish responsibility for the administration of behavioral health (mental health and substance use disorders) care and treatment provided to male and female inmates under the jurisdiction of the New Mexico Corrections Department.

APPLICABILITY:

All New Mexico Corrections Department State and contract facilities.

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- B. **Behavioral Health Services Orientation Checklist** form (*CD-180003.2*) (2 pages)
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- D. **Suicide Prevention/Crisis Intervention Training** Attachment (*CD-180005.A*) (3 pages)
- E. **Memorandum of Agreement** Attachment (*CD-180006.A*) (2 pages)

DEFINITIONS:

- A. ***Behavioral Health***: A term which encompasses mental health, substance use disorders and psychiatry. When used in the behavioral health policies, the term “behavioral health” refers to “mental health and/or substance use disorders.” Psychiatry is addressed in medical policies. When this policy refers to “health” or “health care,” “behavioral health” refers to the behavioral health component of health and healthcare.
- B. ***Behavioral Health Authority***: The Behavioral Health Bureau Chief is the behavioral health authority at the departmental level and the facility behavioral managers are the behavioral health authority at the facility level. When this policy refers to “health authority” the behavioral health authority is responsible for the behavioral health (as defined above) component of health care.

- C. Student Intern: A person who has been studying at an accredited school, college, or university and is approved through NMCD to further their professional experience as a supervised student within the corrections department.
- D. Learning Institution: An accredited school, college or university that provides a degree program in health services including but not limited to Counseling, Psychology and Social Work.
- E. Substance Use Disorder: New terminology from DSM-V that replaces “addiction,” “abuse,” “dependence,” etc.

POLICY:

- A. Written policy, procedure, and practice provide that all administrative and managerial staff receive 40 hours of training in addition to orientation training during their first year of employment and 40 hours of training each year thereafter, in areas relevant to their position. [5-ACI-1D-11]
- B. Written policy, procedure and practice provide that all new correctional officers receive an added 120 hours of training during their first year of employment and an added 40 hours of training each subsequent year of employment. At a minimum, this training shall include: [5-ACI-1D-12]
 - Security and safety procedures;
 - Emergency and fire procedures;
 - Supervision of offenders;
 - Suicide intervention/prevention;
 - Use of force;
 - Offender rights;
 - Key control;
 - Interpersonal relations;
 - Communication skills;
 - Standards of conduct;
 - Cultural awareness;
 - Sexual abuse/assault: and
 - Code of ethics.

Additional topics may be added at the discretion of the agency or facility.

- C. All professional specialist employees and health care staff who have inmate contact shall receive 40 hours of training in addition to orientation training during their first year of employment and 40 hours of training each year after. [5-ACI-1D-14]
- D. A system of documented internal review will be developed and implemented by the (Mental) Health Authority to monitor and improve mental health care/delivery of services. This monitoring can be incorporated into the internal review developed for health care and should include: [5-ACI-6A-29]

- Participating in a multidisciplinary quality improvement committee which includes a QMHP as a member;
 - Collecting, trending, and analyzing of data combined with planning, intervening and reassessing services;
 - Evaluating defined data, which will result in more effective access to care, improved quality of care, and better utilization of resources;
 - Reviewing all suicides or suicide attempts and other serious incidents, (e.g.: use of force, assaults, restraints/involuntary medications) involving inmates identified with a serious mental illness;
 - Review clinical care issues, implementing measurable corrective action plans to address and resolve important problems and concerns identified specific to mental health issues, and incorporating findings of internal review activities into the organization's educational and training activities;
 - Maintaining appropriate records of internal review activities; and
 - Requiring a provision that records of internal review activities comply with legal requirements on confidentiality of records
- E. Each staff, inclusive of correctional staff, assigned to a multi-disciplinary services team is trained to respond to mental health related crises. This training is conducted at least annually and is established by the Mental Health Authority in cooperation with the facility or program administrator and includes instruction on: [5-ACI-6A-30]
- Recognition of signs and symptoms of mental illness, violent behavior, and acute chemical intoxication and withdrawal
 - Methods for accessing health/mental health staff during a mental health crisis
 - Implementation of suicide/self-injurious prevention interventions
 - Procedures for placement of patient in a level of care in accordance with his/her mental health needs
- F. 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 inmate critical incident debriefing that covers the management of suicidal incidents, suicide watch, and suicide. It ensures a review of suicidal incidents, suicide watch, and suicides by administration, security, and health services. All staff with responsibility for inmate supervision is trained on an annual basis in the implementation of the program. Training 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 inmates;
 - Communication between correctional and health care personnel;
 - Referral procedures;
 - Housing observation and suicide watch level procedures; and
 - Follow-up monitoring of inmates who make a suicide attempt.
- G. **In the event of an inmate death by suspected suicide then a psychological autopsy will be completed by a Qualified Mental Health Practitioner who is capable as determined by the Mental Health Authority in conducting a psychological autopsy.**

This is a retrospective reconstruction of the individual's life with an emphasis on the risk factors that may have contributed to the individual's death. [5-ACI-6A-36]

H. The Department has a designated health authority with responsibility for ongoing health care services pursuant to a written agreement, contract, or job description. Such responsibilities include the following: [5-ACI-6B-01 (M)]

- Establish a mission statement that defines the scope of health care services;
- Develop mechanisms, including written agreements, when necessary, to assure that the scope of services are provided and properly monitored;
- Develop department operational health policies and procedures;
- Identify the type of health care staff needed to provide the determined scope of services;
- Establish systems for the coordination of care among multidisciplinary health care providers; and
- Develop a quality management program.

The health authority may be a physician, health services administrator, or health agency. When the health authority is other than a physician, final clinical judgments rest with a single, designated, responsible physician. The health authority is authorized and responsible for making decisions about the deployment of health resources and the day-to-day operations of the health services program.

I. If the facility provides health care services, they are provided by qualified health care personnel whose duties and responsibilities are governed by written job descriptions whose duties and responsibilities are governed by written job descriptions, contracts, or written agreements approved by the health authority. Verification of current credentials and job descriptions are on file in the facility. [5-ACI-6B-03 (M)]

J. Designated correctional and all health care staff shall be 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 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; and
- Suicide intervention.

K. Any students, interns or residents delivering health care in the facility, as part of a formal training program, work under staff supervision, commensurate with their level of training.

There is a written agreement between the facility and training, or educational facility that covers the scope of work, length of agreement, and any legal or liability issues. Students or interns agree in writing to abide by all facility policies, including those relating to the security of confidentiality of information. [5-ACI-6B-11]

L. All mental health staff receives 12 hours of continuing professional education or staff development in clinical skills annually in such areas as, for example: [5-ACI-6B-13]

- Mental health needs of the inmate population (special needs);
- Behavior management techniques;
- Mental health issues with the female population;
- Aging/palliative care;
- Trauma-informed care;
- Confidentiality of mental health record;
- Suicide/self-injury prevention;
- Signs and symptoms of mental illness, substance abuse/relapse and neurocognitive disorder/neurodevelopmental disabilities;
- Assessment and diagnosis of mental disorders; and/or
- Crisis intervention.

M. The health authority meets with the facility or program administrator at least quarterly and submits quarterly reports on the health services system and health environment, and submits plans to address issues raised. [5-ACI-6D-01]

N. A system of documented internal review will be developed and implemented by the health authority. The necessary elements of the system will include: [5-ACI-6D-02 (M)]

- Participating in a multidisciplinary quality improvement committee;
- Collecting, trending, and analyzing of data combined with planning, intervening, and reassessing;
- Evaluating defined data, which will result in more effective access, improved quality of care, and better utilization of resources;
- Onsite monitoring of health service outcomes on a regular basis through:
 - a. Chart reviews by the responsible physician or his or her designee, including investigation of complaints and quality of health records,
 - b. Review of prescribing practices and administration of medication practices,
 - c. Systematic investigation of complaints and grievances,
 - d. Monitoring of corrective action plans.
- Reviewing all deaths in custody, suicides or suicide attempts, and illness outbreaks;
- Implementing measures to address and resolve important problems and concerns identified (corrective action plans);
- Reevaluating problems or concerns to determine objectively whether the corrective measures have achieved and sustained the desired results;
- Incorporating findings of internal review activities into the organization's educational and training activities;
- Maintaining appropriate records (in other words, meeting minutes) of internal review activities;
- Issuing a quarterly report to be provided to the health services administrator and facility or program administrator of the findings of internal review activities;
- Requiring a provision that records of internal review activities comply with legal requirements on confidentiality of records.

- O. A documented peer review program for all health care practitioners/providers and a documented external peer review program will be utilized for all physicians, psychologists, and dentists every two years. [**5-ACI-6D-03 (M)**]
- P. The facility uses a health care staffing analysis to determine the essential positions needed to perform the health services mission and provide the defined scope of services. A staffing plan is developed and implemented from this analysis. There is an annual review of the staffing plan by the health authority to determine if the number and type of staff is adequate. [**5-ACI-6D-04**]
- Q. There is an internal system for assessing the achievement of goals and objectives and that documents findings. Program changes are implemented, as necessary, in response to findings. [**5-ACI-6D-09**]
- R. Each policy, procedure, and program in the health care delivery system shall be reviewed at least annually by the appropriate health care authority and revised, if necessary. [**5-ACI-6D-10**]
- S. 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. [**2-CO-4F-01**] [**5-ACI-5E-01**]
- T. Written policy, procedure, and practice provide for staff and inmate access to an appropriately trained and qualified individual who is educated in the problems and challenges faced by offenders with physical and/or mental impairments, programs designed to educate and assist disabled offenders, and all legal requirements for the protection of offenders with disabilities. [**5-ACI-5E-03**]
- U. The social services program is administered and supervised by a qualified, trained person with a minimum of a bachelor's degree in the social or behavioral sciences or a related field. [**5-ACI-5E-06**]
- V. The institution has a formal mechanism to determine appropriate levels of social services staffing. The mechanism used to determine such staffing levels shall include at a minimum: [**5-ACI-5E-08**]
- Type of inmate population served;
 - Type of institution;
 - Legal requirements; and
 - Goals to be accomplished.
- The institution's use of a "team" approach and use of paraprofessionals, volunteers, and students also may influence the numbers of professional staff required.
- W. Staff are available to counsel inmates upon request; provision is made for counseling and crisis intervention services. A planned, organized counseling program is provided by persons qualified by either formal education or training. [**5-ACI-5E-09**] [**5-ACI-5E-07**]
- X. The Behavioral Health Services Bureau Chief has the final administrative and clinical authority regarding the delivery of behavioral health care. (See **Behavioral Health**

Services Bureau Chief Responsibilities Attachment *CD-180002.A.)*

- Y. Each NMCD facility and each contract facility has a designated Behavioral Health Manager/Therapist Supervisor who is responsible for overseeing behavioral health services. (See **Behavioral Health Manager/Therapist Supervisor Responsibilities** Attachment *CD-180002.B.)*
1. Facility Behavioral Health Therapist Supervisor at NMCD facilities will report to the NMCD Behavioral Health Services Bureau Chief, and Deputy Behavioral Health Bureau Chief's as assigned in their EDA.
 2. Facility Behavioral Health Managers and Therapeutic Community Managers at contract facilities will coordinate with the NMCD Behavioral Health Services Bureau Chief or designee. Coordination will include:
 - Implementation of and compliance with NMCD Behavioral Health policies;
 - Compliance with monthly reporting requirements;
 - Participation in the Quality Assurance Program;
 - Ongoing communication regarding interpretation of NMCD Behavioral Health policies and procedures;
 - Referrals to the Mental Health Treatment Center (MHTC);
 - Inter-facility transfer of inmates based upon mental health needs; and
 - Any other area of mutual interest.



NEW MEXICO CORRECTIONS DEPARTMENT

Secretary
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CD-180001 Behavioral Health Policies and Procedures	Issued: 1/29/01 Effective: 2/01/01	Reviewed: 5/27/26 Revised: 6/21/17
Alisha Tafoya Lucero, Cabinet Secretary		<i>Original Signed and Kept on File</i>

AUTHORITY:

Policy *CD-180000*

PROCEDURES:

A. Behavioral Health Policies and Procedures: [5-ACI-6D-10]

All Behavioral Health Managers, Clinical Supervisors, and Therapeutic Community Managers enforce compliance with Corrections Department policies and procedures.

1. All behavioral health staff review behavioral health policies and procedures at least annually and make recommendations for revision through their respective Behavioral Health Managers/Therapist Supervisor to the Behavioral Health Services Bureau Chief.
2. All behavioral health policies and procedures shall be thoroughly staffed and reviewed by the Behavioral Health Services Bureau Chief prior to approval of the Cabinet Secretary.
3. All policy reviews, revisions, and distributions shall be handled in accordance with Policy *CD-000100* (Development of CD Policy and Procedure).



NEW MEXICO CORRECTIONS DEPARTMENT

Secretary
Alisha Tafoya Lucero

CD-180002 Behavioral Health Services and Scope of Practice	Issued: 1/29/01 Effective: 2/01/01	Reviewed: 5/27/26 Revised: 6/21/17
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- D. **Psychiatry**
- E. **Behavioral Health Support Staff**
- F. **Credentials and Clinical Privileges (General)**
- G. **Professional Ethics**
- H. **Obtaining Forensic Information**

PROCEDURES:

- A. **Behavioral Health Bureau Clinical and Administrative Authority: [5-ACI-6B-01 (M)] [5-ACI-6D-04]**
 - 1. The Behavioral Health Bureau Chief has the final administrative and clinical authority regarding the delivery of mental health and substance use disorder care and treatment. At the bureau level, the Bureau Chief is assisted in fulfilling these responsibilities by the Deputy Behavioral Health Bureau Chief's (See Attachment *CD-180002.A*).

- B. **Facility Behavioral Health Clinical and Administrative Authority: [5-ACI-6D-04]**
 - 1. The Facility Behavioral Health Therapist Supervisor or the highest-ranking facility-based behavioral health administrator has the final administrative and clinical authority regarding the delivery of behavioral health care at the facility level. In facilities with a separate Therapeutic Community staff, the supervisors coordinate the delivery and administration of services .

In some facilities there is a Clinical Supervisor who provides direct clinical supervision of behavioral health staff and assists the Behavioral Health Therapist Supervisor in fulfilling the administrative and clinical responsibilities. The Behavioral Health Therapist Supervisor and the Clinical Supervisor provide direct clinical services. (See Attachments *CD-180002.B* and Attachment *CD-180002.C*)

C. Facility Behavioral Health Clinicians/Counselors/Providers/Student Interns 5-ACI-6B-03 (M) [5-ACI-6B-11]

1. Direct clinical services are provided by licensed mental health counselors (LMHC, LPC, LMFT, or LPCC), licensed social workers (LBSW, LMSW, LCSW or LISW), and licensed psychologists (PhD, PsyD), or Psychologist Associate. Substance use disorders treatment services may be provided by licensed substance abuse counselors (LSAA or LADAC). Mental Health Counselors will provide services appropriate to their licensure and level of expertise under appropriate supervision of the Behavioral Health Therapist Supervisor. Student interns provide clinical services under appropriate supervision and an agreement with their school and the facility.

D. Psychiatry 5-ACI-6B-03 (M)

1. Psychiatric services are provided by licensed psychiatrists or psychiatric extenders employed by the medical vendor and are monitored by the Health Services Bureau Administrator.
2. Psychiatric policies and procedures are in NMCD Medical Policies.

E. Behavioral Health Support Staff

1. Behavioral Health Clerks provide clerical support to the clinical and administrative staff in such matters like maintaining, transporting, receiving and archiving the behavioral health files; assisting in scheduling inmates; updating databases and logs; preparing purchase orders and securing supplies; and other clerical support duties deemed necessary at their respective facilities.
2. Recreational officers provide recreational and work programming for inmates at the MHTC, TBHU and for programmers at the CRU, MRU and APA. They also assist the behavioral health staff in the delivery of behavioral health programs.

F. Professional Ethics:

1. Standards of licensing boards:

Clinicians will abide by the standards established by their respective licensing board(s).

2. Professional Conduct on the Job:

- a. Clinicians employed by the NMCD will comply with the NMCD Code of Ethics (Policy *CD-032200*).

- b. Clinicians employed by a Contractor will comply with their respective Code of Ethics.

3. Clinicians will treat with respect, and represent accurately and fairly the

qualifications, views, and findings of colleagues, and will use appropriate channels to express judgments on these matters.

G. Obtaining Forensic Information:

1. Behavioral Health clinicians shall not be involved in:
 - a. Testifying in, participating in, or performing psychological evaluations for use in adversarial proceedings or disciplinary hearings, with the following exceptions:
 - 1) When a behavioral health staff member is the victim of the incident leading to the disciplinary hearing, he/she may testify in that capacity.
 - 2) When a behavioral health staff member is a witness to an incident leading to the disciplinary hearing, he/she may testify in that capacity.
 - 3) When the inmate is a behavioral health client or has an intellectual disability, behavioral health staff may provide information that is deemed important for the disciplinary hearing officer to consider.
 - b. Ordering or participating in inmate urinalysis testing for the presence of illicit drugs or alcohol when this information is to be used primarily for disciplinary proceedings.
 - c. Certifying competency for execution.

Behavioral Health Services Bureau Chief Responsibilities

I. Behavioral Health Authority:

The Behavioral Health Services Bureau Chief has the final administrative and clinical authority regarding the delivery of behavioral health care. Executive duties include, but are not limited to:

- Establishing a mission statement that defines the scope of behavioral health care services;
- Developing mechanisms, including written agreements, when necessary, to assure that the scope of services is provided and properly monitored;
- Developing departmental behavioral health policies and procedures;
- Identifying the type of behavioral health care providers needed to provide the determined scope of services;
- Coordinating care among multidisciplinary health care providers.

II. Establishing a Quality Assurance program

III. Administrative Responsibilities include:

- A. Submit an annual operating plan based on annual and periodic reviews, to include the following:
 - A staffing plan for each facility based on a staffing analysis of the number of behavioral health providers necessary to provide mandatory and other services as described in Behavioral Health Services policies.
 - Goals for the Behavioral Health Services Bureau for the year.
- B. Submit an annual report on behavioral health services, to include the following:
 - The number of inmates served by treatment and service;
 - Staffing and programs;
 - Meeting of goals;
- C. Conduct an annual review of NMCD Behavioral Health policies.
- D. Assign a Behavioral Health Authority at each State Correctional Facility.
- E. Review program quality and implement changes as necessary.
- F. Manage the Behavioral Health Services budget;
 - Manage resource allocation;
 - Determine the resources (e.g., psychological tests, contractual services, facilities, equipment, and human resources) necessary to provide behavioral health services in accordance with behavioral health policies.
 - Submit annual budget requests;
 - Oversee and review behavioral health operations in private facilities;
 - Ensure contract compliance for professional services obtained using the behavioral health budget;
 - Ensure clinical quality;
 - Ensure compliance with NMCD behavioral health policies.
- G. Ensure the timely, effective implementation of newly developed treatment protocols and programs.
- H. Represent the Department as the behavioral health authority in litigation.
- I. Provide clinical and administrative supervision to NMCD Facility Behavioral Health Therapist Supervisors.
- J. Ensure HIPAA compliance with data maintenance and electronic transmission.
- K. Oversee NMCD behavioral health research projects.

NEW MEXICO CORRECTIONS DEPARTMENT
Facility Behavioral Health Therapist Supervisor Responsibilities

I. Behavioral Health Authority:

The Facility Behavioral Health Therapist Supervisor or the highest-ranking facility-based behavioral health administrator has the final facility administrative and clinical authority regarding the delivery of behavioral health care at the facility level.

II. Other Responsibilities:

- A. Provide administrative management and clinical oversight of facility-based behavioral health services. To include, providing direct clinical supervision to behavioral health staff in areas such as:
- Quality of care;
 - Clinical Assessments;
 - Individual Treatment;
 - Group Treatment; and
 - Crisis Intervention.
- B. Comply with the Behavioral Health Services annual operating plan and facility-level requirements at the facility level including providing behavioral health documentation for the Warden's quarterly report.
- C. Implement and comply with program changes as they are published by the Behavioral Health Services Bureau Chief.
- D. Ensure that behavioral health services are provided in a professional, timely manner in accordance with NMCD Behavioral Health Services policies.
- E. Review DSM-5 diagnoses to ensure they are in compliance with DSM-5 diagnostic criteria and are consistent with the reported mental health history of the inmate and/or are consistent with current observations and psychiatric diagnoses.
- F. Provide clinical oversight through supervision and direction of the Clinical Supervisor, for facilities which have a Clinical Supervisor. Provide clinical supervision of behavioral health staff when there is no Clinical Supervisor or the supervisor is absent. Provide direct clinical services.
- G. Personnel management, to include:
- Authority for hiring behavioral health staff;
 - Ensuring salaries are within budget limitations;
 - Disciplinary actions;
 - Ensuring requirements for productivity, efficiency, and monthly reporting are met; and
 - Complete work performance evaluations for behavioral health staff
- H. Program implementation:
- Behavioral Health policies;
 - Directives from the Behavioral Health Services Bureau Chief;
 - Individual and group psychotherapy;
 - Coordination with psychiatric services; and
 - Continuity of care including post-release.
- I. Budget management.
- J. Investigates behavioral health grievances regarding subordinate staff and implements corrective action as necessary.
- K. Quality Assurance.
- L. Ensure the maintenance of the behavioral health data base per NMCD policy.
- M. Ensure the delivery of quality care.
- N. Ensure ACA compliance.
- O. Ensure multi-disciplinary communication and cooperation.
- P. Ensure departmental HIPAA compliance with data maintenance and electronic transmission.

NEW MEXICO CORRECTIONS DEPARTMENT
Clinical Supervisor Responsibilities

I. Responsibilities:

- A. If the facility has a Clinical Supervisor, the Clinical Supervisor is responsible to provide direct clinical supervision to behavioral health staff; otherwise the Facility Behavioral Health Manager is responsible for clinical supervision.
- Quality of care;
 - Clinical Assessments;
 - Individual Treatment;
 - Group Treatment; and
 - Crisis Intervention.
- B. Review clinical documentation to ensure it is in accordance with NMCD policy and reflects sound clinical judgment.
- C. Review DSM-5 diagnoses to ensure they are in compliance with DSM-5 diagnostic criteria and are consistent with the reported mental health history of the inmate and/or are consistent with current observations and psychiatric diagnoses
- D. Provide clinical training and supervision.
- E. Provide direct clinical services.
- F. Ensure timeliness of behavioral health services.
- G. Complete work performance evaluations for staff therapists.
- H. Ensure HIPAA compliance with data maintenance and electronic transmission.
- I. Other duties as assigned by the Facility Behavioral Health Manager/Therapist Supervisor.



NEW MEXICO CORRECTIONS DEPARTMENT

Secretary
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CD-180003 Behavioral Health Staff Selection, Hiring & Development	Issued: 1/29/01 Effective: 2/01/01	Reviewed: 5/27/26 Revised: 6/21/17
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- B. **New Staff Orientation**
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- D. **Clinical Supervision**
- E. **Peer Review**

PROCEDURES:

A. **Credentials and Clinical Privileges: [5-ACI-5E-03]**

1. All behavioral health (mental health and substance use disorder) clinicians must maintain current licensure or be approved by their respective licensing board to practice while completing the requirements for licensure. Each clinician is responsible for meeting their respective licensing board's requirements for maintaining and renewing licensure.
 - a. Valid State licensure automatically qualifies the clinician for clinical duties authorized by the specific license.
 - b. Loss of licensure or loss of board approval to practice will result in loss of or reduction in clinical privileges.
 - c. Generally, formal training and/or supervised experience in a specific clinical task is required before the clinician performs that task.
2. Reviewing credentials after hiring for NMCD and private-facility behavioral health staff:
 - a. No later than 10 working days from the date of hire, the Facility Behavioral Health Therapist Supervisor will complete the **Clinical Credentials for Behavioral Health Clinicians** form (*CD-180003.1*). The Facility Behavioral Health Therapist Supervisor will attach the applicant's employment application, licensure, education (including transcripts, if available), and clinical experience. The original will be maintained by the Facility Mental Health or Substance Use

Disorders Supervisor, a copy given to the clinician, a copy put in the clinician's personnel file and facility training file.

- b. A copy of **Clinical Credentials for Behavioral Health** with attachments will be submitted to the Behavioral Health Services Bureau within twenty (20) working days of the new clinician's start date.
 - c. In addition, private facilities may follow their own credentialing and privileging procedures.
3. Currency of Credentials

All behavioral health clinicians must maintain current licensure or be approved by their respective licensing board to practice while completing the requirements for licensure. Each clinician is responsible for meeting their respective licensing board's requirements for renewing licensure. Each clinician is responsible for providing a copy of his/her current license to the facility Behavioral Health Therapist Supervisor. The facility Behavioral Health Therapist Supervisor will provide a copy of the current licensure to the Behavioral Health Services Bureau. Loss of licensure or loss of board approval to practice will result in loss of or reduction in clinical privileges. Licensure is required to remain in clinical positions within the Behavioral Health Services Bureau.

B. New Staff Orientation:

1. Facility Orientation:
 - a. All newly hired behavioral health staff will participate in the standard 40-hour facility orientation within the first 90 days of employment.
2. Behavioral Health Services Policy Training:
 - a. Orientation to Behavioral Health Services is provided to each new behavioral health clinician, and will be completed within 30 calendar days of start date. The purpose of the Behavioral Health Services Policy training is to ensure the following:
 - 1) The clinician understands the NMCD Code of Ethics
 - 2) The clinician is familiar with Behavioral Health Services policies, particularly those relating to provision of services and treatment to inmates.
 - 3) The clinician is able to identify proper forms relating to each type of service.
 - 4) The clinician is able to document contacts and services provided to inmates in accordance with NMCD policies and procedures.
 - 5) The clinician understands the Behavioral Health Services chain of command and how to report any concerns.

- 6) The clinician understands how to report non-spurious allegations of abuse conveyed by inmates.
3. The **Behavioral Health Services Orientation Checklist** form (*CD-180003.2*) is used to document the provision of new staff orientation.
4. The trainer initials each area after orientation to that topic is completed (or enters “N/A” if the topic is not applicable to the individual’s job).
5. The completed checklist is filed in the employee’s personnel folder.

C. Training/Continuing Education for Behavioral Health Professionals: [5-ACI-1D-11] 5-ACI-1D-14 [5-ACI-6B-13]

1. The training year for NMCD facilities begins July 1 and ends June 30 of the following year.
2. Contract facilities may establish a training year consistent with NMCD or based upon a calendar year.
3. All behavioral health professionals receive at least forty (40) hours of in-service and/or continuing education for the training year, with at least twelve (12) of the 40 hours to consist of continuing education or staff development in clinical skills appropriate to their positions. Training may consist of participation in behavioral health in-service offerings, attendance at off-site workshops, and/or in-service programs offered at the facility. [5-ACI-1D-14] [5-ACI-6B-13]
4. All training is documented and the Behavioral Health Therapist Supervisor/Clinical Supervisor keeps verification. The Behavioral Health Therapist Supervisor/Clinical Supervisor is responsible for tracking all training received using the **Cumulative Training Record** form (*CD-180003.3*). Copies of all training will be sent to the facility Training Officer.

D. Clinical Supervision: [5-ACI-6D-02 (M)]

1. Clinical supervision may be provided by the Behavioral Health Therapist Supervisor/Clinical Supervisor, Substance Use Disorders Treatment Manager (substance use disorders staff only) or psychiatrist. Behavioral health clinicians receive at least

one formal, clinical supervision session per month. Informal supervision occurs on an as-needed basis.
2. Individual or group clinical supervision will be documented on the **Individual Clinical Supervision** form (*CD-180003.4*). Individual supervision will generally be between 30 and 60 minutes in length and may address both clinical issues and policy issues related to clinical services.
3. Additional clinical supervision will be conducted at least weekly for newly hired

clinicians or for clinicians who demonstrate the need for additional clinical guidance. The Behavioral Health Therapist Supervisor, the Clinical Supervisor, Substance Use Disorders Treatment Manager or the Behavioral Health Services Bureau Chief may require certain clinicians to have additional supervision. More frequent supervision will be provided to those clinicians who need it to meet licensing requirements.

4. The Behavioral Health Therapist Supervisor or Clinical Supervisor maintains all documentation regarding clinical supervision for each clinician. Documentation of supervision for licensing requirements is maintained according to the rules and regulations of the applicable licensing board.

E. Peer Review: [5-ACI-6D-03 (M)]

1. Peer reviews for behavioral health staff licensed as substance use disorders counselors, counselors, therapists, social workers, psychologists or psychology associates are conducted at least every two years by licensed behavioral health professionals (counselors, psychiatrists, psychologists, or social workers) who are experienced in correctional behavioral health. At least every two years licensed psychologists receive a documented external peer review. Immediate reviews may be requested by the Behavioral Health Therapist Supervisor or the Behavioral Health Services Bureau Chief.
2. The review is designed to ensure that behavioral health clinicians maintain competency in evaluating and treating inmates. The reviewer may check currency of credentials and privileges, observe work samples, review files, etc. for compliance with NMCD behavioral health policies and procedures and to assure that the behavioral health professionals are practicing within the scope of their competency. Recommendations may be made to change clinical privileges, change the type and frequency of supervision, require additional training, etc. The peer reviewer(s) documents the review with a letter to the supervisor of the reviewee giving the date the review was conducted, the results of the review, confirmation the review results and recommendations were shared with the reviewee and the supervisor, and a statement that the results and recommendations are confidential.
3. Peer review reports are confidential. Copies are maintained by the Behavioral Health Therapist Supervisor/Clinical Supervisor. Peer review reports of the Behavioral Health Therapist Supervisor/Clinical Supervisor are maintained by the Behavioral Health Bureau Quality Assurance. The Behavioral Health Therapist Supervisor will maintain a **Peer Review Log** form (*CD- 180003.5*).

NEW MEXICO CORRECTIONS DEPARTMENT
Clinical Credentials for Behavioral Health Clinicians

Name: _____ Position: _____

LICENSES HELD AND CURRENT STANDING

For each license held, contact the licensing board and determine if the applicant's license is in good standing. Include the date and means in which the license was verified.

<u>License</u>	<u>License # State</u>	<u>Date Issued</u>	<u>Expiration Date</u>	<u>Date Verified</u>	<u>Means of Verification</u>	<u>Comments</u>

EDUCATION/EXPERIENCE

<u>Degree</u>	<u>Major</u>	<u>Year Awarded</u>

List credit hours workshop hours, and/or years experience for each area.

Credit Hrs	CE Hrs	Experience Yrs		Credit Hrs	CE Hrs	Experience Yrs	
_____	_____	_____	Psychopathology	_____	_____	_____	Clinical Supervision
_____	_____	_____	Clinical Assessment/ Evaluation	_____	_____	_____	Research methods & Statistics for psychology
_____	_____	_____	Psychotherapy, Group or individual	_____	_____	_____	Psycho diagnostic Testing
_____	_____	_____	other courses	_____	_____	_____	Substance Use Disorders Treatment

Credentialing requirements for position: Met Not Met. Practice under supervision only.

Comments: _____

Completed by: _____ Date: _____ (Facility Behavioral Health Therapist Supervisor)

- Attachments: Transcripts Certificates
 Training License(s)
 Resume/C.V. _____
 Other _____

- Copy to: Behavioral Health Services Bureau
- Copy to: Personnel File
- Copy to: Behavioral Health Therapist Supervisor/Clinical Supervisor
- Copy to: Clinician

NEW MEXICO CORRECTIONS DEPARTMENT
Behavioral Health Services Orientation Checklist

SUBJECT AND REFERENCE	DATE	TRAINER (initials)	EMPLOYEE (initials)
<u>GUIDELINES AND ORGANIZATION</u>			
• Personnel Guidelines with emphasis on attendance, working hours, leave, Code of Ethics. For State employees: Performance and Appraisal Plan and employee grievance procedure.			
• Organizational structure of NMCD (and contractor) and Behavioral Health Services			
• Facility organization and interface			
Chain of Command			
Psychiatry			
Medical			
Classification			
Security			
MDT			
<u>JOB DESCRIPTION AND EXPECTATIONS</u>			
• Job description			
• Clinical privileges and services authorized to perform			
• On-Call duties and expectations			
• NMCD Code of ethics/professional ethics			
• Dress code			
• Behavioral Health services in a correctional setting			
• Attendance at meetings			
• Work level and stress factors			
• Duty to report non-spurious allegations of abuse			
• Duty to report substantial non-compliance with BH Policy Manual			
• Sexual conduct with inmates (NMSA 30-9-11 and 9-12)			
• Inappropriate relationships and discussions with inmates			
<u>BH ADMINISTRATIVE POLICIES</u>			
• New staff orientation, clinical privileging; clinical supervision and training requirements			
• Behavioral health files: organization, use, filing, standard documentation, transfer with inmate			
• Behavioral health clinic schedules and documentation			
• Obtaining forensic information			
• QA Program			
• Professional ethics and confidentiality guidelines			
<u>BH PROTOCOL POLICIES</u>			
• Informed consent			
• Inmate BH orientation			
• Intake Process: facility to facility transfer			
• Management of Special Management and Restricted Housing inmates			
• Reentry behavioral health recommendations			
• Behavioral Health Clearances and severity coding			
• DSM-5 diagnoses			

NEW MEXICO CORRECTIONS DEPARTMENT
Behavioral Health Services Orientation Checklist
 (Continued)

SUBJECT AND REFERENCE	DATE	TRAINER (initials)	EMPLOYEE (initials)
<u>BH TREATMENT POLICIES</u>			
• Clinical assessments and forms			
• Individual treatment plans, progress notes, continuation, and termination and forms			
• Group treatment and forms			
• Referrals to psychiatry			
• Crisis intervention and suicide prevention			
• Discharge planning			
• Treatment Guardians			
• Civil Commitments			
• Mental status examinations			
<u>OTHER MH POLICIES</u>			
• RDC			
• APA			
• MHTC			
• Sex Offender Programs			
• Residential Substance Use Disorders Programs			
• Self-injurious behavior			
• Behavioral Health Services during a Lockdown			
• MH treatment guardian procedures			
• Death reviews			
• Transfer of inmates with acute mental disorders			
• PREA			
•			
•			

I CERTIFY THAT ORIENTATION WAS COMPLETED AS DESCRIBED ABOVE:

Print Name: _____

Signature: _____ Date: _____
 (Behavioral Health Clinician)

Signature: _____ Date: _____
 (Facility Behavioral Health Manager or Clinical Supervisor)

Date Started: _____ Date Orientation Completed: _____

Copy to: Behavioral Health Therapist
 Supervisor Copy to: Clinician

NEW MEXICO CORRECTIONS DEPARTMENT
Clinical Supervision

Individual Clinical Supervision:

Group Clinical Supervision:

Facility and Unit:

Length of Supervision:

Clinical Supervision Provided by:

Clinical Supervision Provided to:

Topic and/or inmate case(s) discussed:

Clinician comments:

Signature of Person Providing Clinical Supervision

Date

Signature of Clinician

Date

Copy to: Behavioral Health Therapist
Supervisor Copy to: Clinician



NEW MEXICO CORRECTIONS DEPARTMENT

Secretary
Alisha Tafoya Lucero

CD-180004 Behavioral Health Administrative Meetings and Reporting Requirements	Issued: 1/29/01 Effective: 2/01/01	Reviewed: 5/27/26 Revised: 6/21/17
Alisha Tafoya Lucero, Cabinet Secretary		<i>Original Signed and Kept on File</i>

AUTHORITY:

Policy *CD-180000*

INDEX:

- A. **Administrative Meetings and Reports**
- B. **Quality Assurance**

PROCEDURES:

A. **Administrative Meetings and Reports: [5-ACI-6D-01] [5-ACI-6D-02 (M)]**

1. The Behavioral Health Therapist Supervisor maintains open communications with facility management and with Central Office Behavioral Health administration and gather data regarding behavioral health services, staffing patterns, CQI, and so on.
2. The Behavioral Health Services Bureau Chief is responsible for maintaining communication with the Facility Behavioral Health Therapist Supervisors, particularly in regard to changes in policy, procedure, standards of care, or any directive that might impact facility behavioral health staff. The Bureau Chief also gathers data to document behavioral health services rendered, to analyze staffing requirements, to support the CQI process, and to document progress towards meeting goals and objectives.
3. Quarterly Meetings with Facility Warden:
 - a. The Behavioral Health Therapist Supervisor at each facility will meet at least quarterly with the facility Warden and other relevant facility staff to discuss behavioral health issues. This may occur at a meeting convened by the Warden, with behavioral health in attendance.
 - b. The Behavioral Health Therapist Supervisor will raise relevant behavioral health issues.
 - c. The Facility Behavioral Health Therapist Supervisor will have access to the quarterly Warden's meeting minutes, or a summary of the meeting, or notes written at the meeting to include behavioral health issues.

4. Weekly Meetings with Behavioral Health Staff:

- a The Behavioral Health Therapist Supervisor will conduct a weekly meeting with staff to discuss administrative and behavioral health matters. The weekly meeting will include any new directives, instructions, and policies, standards of care, and on-going quality assurance issues that affect the behavioral health organization. This would include information distributed by either Central Office or the facility.
- b The Behavioral Health Therapist Supervisor will maintain a sign-in sheet for all behavioral health staff attending the meeting.

5. Reporting Allegations of Abuse:

- a Behavioral Health clinicians are required to report allegations of abuse that are reported by inmates (Ref. *CD-150100*). (Only allegations regarding abuse by staff members or other inmates during the inmate's current period of incarceration must be reported). Any such allegation must be reported even in the event that the inmate has requested that the clinician take no action regarding the allegation.
 - 1) The clinician receiving such an allegation from an inmate must submit the information, in writing, to the Facility Behavioral Health Therapist Supervisor within one working day of receiving such an allegation. The written report will include:
 - a) The name of the inmate making the allegation;
 - b) The exact abuse the inmate is alleging, including the dates and locations of the alleged abuse;
 - c) The alleged perpetrator of the abuse; and
 - d) Any first-hand knowledge the clinician has regarding the allegation.
 - 2) The allegation should also be documented in the Behavioral Health file on a **Documentation Notes**.
 - 3) Inmates who make statements alleging lack of access to or concerns with decisions made by other institutional programs or services should be advised to contact the relevant institutional staff.
 - 4) The Behavioral Health Therapist Supervisor will submit the allegation of abuse to the Warden for investigation. The Facility Behavioral Health Therapist Supervisor will maintain a cumulative record of all allegations of abuse.

6. Monthly and Quarterly Statistical and Activity Reports:

- a The Behavioral Health Services Bureau collects data and prepares reports

required by NMCD, by the New Mexico Legislature, by the American Correctional Association (ACA), by the Association of State Correctional Administrators (ASCA), grant-awarding agencies, and other agencies.

b. Monthly Reports:

- 1) Each behavioral health staff member is responsible for tracking his or her workload and activities. **The Daily Clinic Schedule** form (*CD-180103.2*) is an excellent form to use for tracking.
- 2) Each behavioral health staff member (clinician, clinical supervisor, and facility behavioral health manager) will complete a **Behavioral Health Services Monthly Report** on a form provided by the Behavioral Health Services Bureau that summarizes caseload data, clinical service, non-clinical service, and other case activity data.
- 3) This report will be submitted to the Behavioral Health Therapist Supervisor within two working days following the close of the month.
- 4) Each Behavioral Health Therapist Supervisor will prepare a **Behavioral Health Services Monthly Report** that includes the number of inmates participating in each type of behavioral health service, clinician case load, and other information as directed by the Behavioral Health Services Bureau Chief. The reports for selected facilities will include data by units within those facilities.
- 5) The facility monthly report will be submitted to the Behavioral Health Services Bureau as an attachment to an e-mail message within four working days of the close of the month.
- 6) The facility and individual staff member's reports will be maintained by the Behavioral Health Therapist Supervisor.
- 7) The Substance Use Disorders and Sex Offender Programs maintain databases of participants so that long-term longitudinal and effectiveness studies can be completed. The Behavioral Health Services Bureau will publish a list of required data elements and reporting frequencies.

c. Behavioral Health Services Bureau Quality Assurance Reports:

- 1) The Behavioral Health Services Bureau will prepare monthly and quarterly reports that compile information submitted by the Behavioral Health Therapist Supervisors.
- 2) A copy will be sent to the Behavioral Health Services Bureau Chief.

7. Other Reports:

- a The Behavioral Health Therapist Supervisor will submit other reports or information as requested by the Behavioral Health Services Bureau Chief.
- 8. Behavioral Health Bureau Administrative Meetings:
 - a The Behavioral Health Services Bureau Chief will conduct administrative meetings with Behavioral Health Therapist Supervisors where funding allows. Other staff may be invited at the discretion of the Behavioral Health Services Bureau Chief. Meetings may be centralized at a given location or be held using video-conferencing equipment.
 - b The Behavioral Health Services Bureau Chief will prepare minutes of the meeting. If any new directives, instructions, policies or standards of care were on the agenda, the minutes will address each item.
 - c Copies of the minutes from administrative meetings are distributed to all participants.
 - d Minutes will be kept on file.

B. Quality Assurance: [5-ACI-6D-02 (M)] [5-ACI-6D-09]

- 1. The NMCD Behavioral Health Services Bureau Chief will ensure that a Quality Assurance program is in place and is reviewed annually.
- 2. The Behavioral Health Services Bureau will develop and distribute to the field QA audit tools so the behavioral health and substance use disorders supervisors can perform audits of their services and identify areas that need corrective action. The audit results are due to the Behavioral Health Services Bureau no later than the fifth working day after the end of each quarter.
- 3. The Behavioral Health Services Division will conduct on-site audits of behavioral health services at each facility. The audits will consist of, at a minimum, reviews of a sample of behavioral health files of inmates identified for or receiving behavioral health or psychiatric treatment or having a recent crisis intervention or a recent discharge from a special behavioral health unit. The audits may also include observations of the delivery of behavioral health services and interviews with behavioral health and facility staff and inmates.
- 4. findings will be reported and a corrective action plan will be formulated based upon the findings. The findings and corrective action plan will be distributed to the Behavioral Health Services Bureau Chief, Deputy Bureau Chief (s), responsible Behavioral Health Therapist Supervisor, and Facility Warden/Management as needed. .



NEW MEXICO CORRECTIONS DEPARTMENT

Secretary
Alisha Tafoya Lucero

CD-180005 Behavioral Health Training for Correctional Staff	Issued: 1/29/01 Effective: 2/01/01	Reviewed: 5/27/26 Revised: 6/21/17
Alisha Tafoya Lucero, Cabinet Secretary		<i>Original Signed and Kept on File</i>

AUTHORITY:

Policy *CD-180000*

PROCEDURES:

- A. **Behavioral Health Training for Correctional Staff: [5-ACI-6A-30] 5-ACI-1D-11 5-ACI-1D-14[5-ACI-6A-35 (M)] [5-ACI-6B-08 (M)]**
1. Suicide Training and mental illness training are provided for correctional officers and support staff as a component of annual facility training.
 2. Training will focus on suicide, self-injury, indicators of severe mental illness, chemical intoxication and withdrawal, contacting Behavioral Health Staff during a crisis, and placement of patient in an appropriate level of care as delineated in **Suicide Prevention/Crisis Intervention Training, Attachment (CD- 180005.A)**

NEW MEXICO CORRECTIONS DEPARTMENT
Suicide Prevention/Crisis Intervention Training

I. Behavioral Health Department structure, organization and duties:

- A. BHSB Organization
- B. BHSB Duties
- C. BHSB Programs and Services

II. What is Mental Illness

- A. Definition
- B. Causes of Mental Illness
- C. Facts of Mental Illness

III. Major Types of Mental Illness

- A. Psychotic Disorders
- B. Mood Disorders
- C. Anxiety Disorders
- D. Common Personality Disorders

IV. Prevalence of Mental Illness in Prison (WHY?)

V. Mental Health Crisis Intervention

- A. Effective Communication and De-escalation
- B. Violent Behavior
- C. How to Access Behavioral Health

VI. Suicide

- A. Suicide is the 10th leading cause of death in the U.S.
- B. More men than women die in suicide
- C. Suicide is the second leading cause of death among young people 15 - 24 years old in U.S.
- D. Most prison suicides are by hanging
- E. Self-injury is a potential sign of future suicide
- F. If a person has had a suicide attempt, it is more likely that they will eventually succeed in suicide

VII. Possible Suicide Warning Signs:

- A. Change in normal routine (increased isolation, less communication)
- B. Avoidance of others (refusing to participate in activities)
- C. Emotional distress (crying, sadness)
- D. Making statements that reflect hopelessness and despair
- E. Not experiencing a sense of activity that is pleasurable
- F. Bursts of anger and periods of agitation
- G. Statements about ending one's life

NEW MEXICO CORRECTIONS DEPARTMENT
Suicide Prevention/Crisis Intervention Training

H. Giving away personal possessions and/or sending them home

VIII. Special considerations with maximum security inmates:

A. Sleeping more than usual

B. Not knowing the day, week or month

C. Threats of violence

D. Paranoid statements

E. Irrational statements

F. Weight loss

G. Pacing and talking to self

H. Self-injury (cutting)

I. Death of a family member

J. Divorce

NEW MEXICO CORRECTIONS DEPARTMENT
Suicide Prevention/Crisis Intervention Training
(Continued)

IX. Suicidal Process

- A. Suicide is an internal thought process that leads to behavior
- B. The person can be suicidal because of unmet psychological needs
- C. Suicide is often planned including the means to complete the suicide
- D. The person often wants to be okay but becomes overwhelmed by negative thoughts and feelings
- E. Alcohol and drug use are often used when suicide occurs

NEW MEXICO CORRECTIONS DEPARTMENT
Suicide Prevention/Crisis Intervention Training
(Continued)

X. How to respond to suicide signs and symptoms

- A. Take any statements regarding suicide seriously
- B. Immediately contact the Behavioral Health department and report what you saw and heard
- C. Never laugh, joke, or ridicule an inmate, particularly if they make suicidal statements
- D. Reassure inmates that you are listening to them
- E. Don't minimize an inmate's feelings of frustration and anger
- F. For non-behavioral health staff: Don't "play" therapist
- G. Don't argue the comparative merits of living vs. dying

XI. Suicide watch guidelines

- A. A continuous suicide watch requires visual contact with the inmate at all times.
- B. The staff member conducting the suicide watch must be relieved before leaving the post.
- C. The staff member conducting the suicide watch must contact the security supervisor, Behavioral Health and Medical when the following suicide indicators occur:
 - 1. Cutting
 - 2. Head banging
 - 3. Attempts to suffocate
 - 4. Attempts to hang
- D. The staff member conducting the suicide watch must be aware of the following indicators of potential suicidal behavior:
 - 1. Constant pacing
 - 2. Statements of extreme fear
 - 3. Hearing voices that tell the inmate to end his or her life
 - 4. Refusing to speak to staff
 - 5. Refusing to eat for over 24 hours
 - 6. Talking about suicide
- E. Staff member conducting watch must sign/initial daily suicide prevention/therapeutic watch to ensure the he or she has read the daily changes made by Behavioral Health staff
- F. Security staff will check incoming food trays to ensure no materials are passed to inmates that have been prohibited by Behavioral Health staff
- G. Security staff will not give inmates anything without permission from Behavioral Health staff



NEW MEXICO CORRECTIONS DEPARTMENT

Secretary
Alisha Tafoya Lucero

CD-180006 Behavioral Health – Student Interns	Issued: 1/29/01 Effective: 2/01/01	Reviewed: 5/27/26 Revised: 6/21/17
Alisha Tafoya Lucero, Cabinet Secretary		<i>Original Signed and Kept on File</i>

AUTHORITY:

Policy *CD-180000*

PROCEDURES:

A. Student Interns: [5-ACI-6B-11]

1. The New Mexico Corrections Department (NMCD) encourages the placement of student interns from accredited schools, colleges and universities (Learning Institutions) into correctional settings appropriate for their field of study. Internships are intended to provide students an opportunity to apply their field of learning while gaining experience in the correctional field.
2. NMCD and respective Learning Institutions will enter into a **Memorandum of Agreement** (Attachment CD-180006.A) prior to student intern placement.
3. Student Intern Recruitment and Selection:
 - a. Efforts will be made to recruit interns from all cultural and socioeconomic segments of the community through schools, colleges and universities where such internship programs are being developed.
 - b. Student interns must be at least 18 years of age.
 - c. Student interns may perform professional services only when they are certified or licensed to do so and copies of certification or license will be retained by the Human Resource Bureau or HR office at the facility where the intern is assigned.
 - d. Request for placement directly from the student intern will not be accepted. Students requesting information should be directed to contact their school representative who will, in turn, contact NMCD.
4. Background Information:
 - a. Student internship applicants are required to have the following background checks completed by NMCD:
 - 1) NCIC criminal history check
 - 2) Warrant check.
 - 3) Visitor list check.

NEW MEXICO CORRECTIONS DEPARTMENT

Memorandum of Agreement

- 4) A more extensive background investigation, e.g. background interview, verification of past employers, etc., may be completed, at the discretion of NMCD.
5. Student Intern Placement:
 - a. The NMCD Behavioral Health Services Bureau Chief or designee will consult with the Behavioral Health Manager/Supervisor of the facility requested by the school representative for participation in the intern program.
 - b. The NMCD Behavioral Health Services Bureau Chief or designee will send written verification to the facility Behavioral Health Manager/Supervisor that the student has completed the background investigation and is cleared to begin the internship.
 - c. The NMCD Behavioral Health Services Bureau Chief or designee will provide the facility Warden, Human Resource office or HR Bureau and Behavioral Health Manager/Supervisor with the following:
 - 1) Name of the student intern;
 - 2) Name of the school representative;
 - 3) Telephone number and address of the school representative; and
 - 4) Copy of the student letter of application.
6. Training of Student Interns:

Student interns are required to complete facility- based training comprised of a 40-hour protocol. Specialized Behavioral Health training shall be left to the discretion of the facility Behavioral Health Manager/Supervisor.
7. After the student intern completes the required training he/she shall:
 - a. Agree in writing to abide by all NMCD policies and procedures, including those relating to confidentiality of information and security practices.
 - b. Notify their school representative who will be required to arrange a reporting date and coordinate the student interns' schedule with the appointing authority, or designee.
8. Coordination and Chain of Command:
 - a. The lines of authority, responsibility and accountability for the NMCD Behavioral Health student internship program are as follows:
 - 1) The facility Behavioral Health Manager/Supervisor shall be the liaison between the facility, school, college or university while processing the student intern's background investigation.
 - 2) The facility Training Department will provide security and operational student intern training.
 - 3) The facility Behavioral Health Manager/Supervisor is responsible for the supervision

NEW MEXICO CORRECTIONS DEPARTMENT

Memorandum of Agreement

of student interns and will designate a staff member or other lines of authority within the facility for the supervision of student interns.

- 4) Student interns may be permitted to sponsor/supervise programs, activities or services without staff direct supervision only with the approval of the facility appointing authority or designee.

9. Student Internship Termination:

- a. A student intern may be terminated with or without cause.
- b. Upon termination the student intern will return all NMCD equipment, ID badges and any other items expressly provided by the NMCD to the NMCD Human Resource Bureau or HR facility office.
- c. Upon termination, the Behavioral Health Services Bureau Chief or designee shall contact the appropriate school coordinator to notify him/her of the termination.

NEW MEXICO CORRECTIONS DEPARTMENT
Memorandum of Agreement

The Behavioral Health Bureau and ___(Learning Institution) jointly agree to provide practicum instruction for students according to the terms of this Memorandum of Agreement. The Agreement shall become effective when executed by the parties and shall remain in effect for a period of five (5) years. Within one (1) month of the termination date of the Agreement, the parties shall review it for the purpose of considering renewal. Prior to the termination date of the Agreement, either party may terminate the Agreement with or without cause, by providing one (1) month prior written notice to the other party.

PROVISIONS:

1. The Learning Institution and NMCD shall comply with the provisions of a) Title VI, *Civil Rights Act of 1964* (respecting affirmative action), including any amendments thereto, b) Section 504, *Rehabilitation Act of 1973*, including any amendments thereto, and c) the *Americans with Disabilities Act*, including any amendments thereto.
2. Assignment of students shall be made jointly by the Learning Institution and NMCD. The parties agree that a student may be asked to withdraw from the Practicum a) for academic deficiency or behavioral misconduct as defined by policies.
3. Neither party shall be responsible for liability incurred as a result of the other parties acts or omissions in connection with this Agreement. Any liability incurred in connection with this Agreement is subject to the immunities and limitation of the *New Mexico Tort Claims Act*, Sections 41-1 *et seq.*, NMSA 1978, as amended.
4. NMCD and the Learning Institution shall require any student proposing to engage in human participant research at the field practicum site to submit any such proposal for prior approval by the University, to the extent required by the NMCD Code of Ethics and any appertaining laws and administrative rules.
5. The Learning Institution shall provide NMCD with copies of a) the Field Manual, and b) any supplementary materials reflecting policies and objectives relating to practicum instruction.
6. NMCD – Behavioral Health Department shall provide the student with a workload consistent with the terms of the Learning Contract developed by the parties and student and shall not modify any such terms without prior approval.
7. NMCD shall inform the Learning Institution of any change in policy, procedure and/or staffing that might impact on practicum instruction or on the ability to carry out the terms and conditions of this Agreement.

NEW MEXICO CORRECTIONS DEPARTMENT
Memorandum of Agreement

(Continued)

- 8. NMCD shall ensure that any field instructor assigned to instruct students shall be allowed for site visits for the purpose of evaluating and grading.
- 9. NMCD shall provide the student with work space, materials, supplies and phone access needed to complete practicum responsibilities.
- 10. As between the parties, the University will defend and pay any claim filed against any intern or any other claim pertaining to the actions of any intern.
- 11. Student will exercise professional standards for maintaining confidentiality of the records.
- 12. Student understands that any entry into a Corrections Facility involves some risk and the undersigned participants in this study agree not to hold NMCD responsible for any injuries which may result from their research/activities at the institution.

Learning Institution/Department

Field Instructor

Student Name

Date

Behavioral Health Bureau Chief

Date



NEW MEXICO CORRECTIONS DEPARTMENT

Secretary
Alisha Tafoya Lucero

CD-180007 Behavioral Health Review of Deaths	Issued: 1/29/01 Effective: 2/01/01	Reviewed: 5/27/26 Revised: 6/21/17
Alisha Tafoya Lucero, Cabinet Secretary		<i>Original Signed and Kept on File</i>

AUTHORITY:

Policy *CD-180000*

PROCEDURES:

A. Behavioral Health Review of Deaths: [5-ACI-6D-02 (M)]

- 1 Facility Behavioral Health Therapist Supervisor's Responsibilities:
 - a. Notify the Behavioral Health Services Bureau Chief at the time of an inmate death, regardless of cause or suspected cause.
 - b. Review the behavioral health file to determine whether the inmate has been on an active behavioral health case load during the past six months.
 - c. Review the circumstances of the death to determine if the death was a suicide or a suspected suicide.
 - d. Prepare a brief written statement to the Behavioral Health Services Bureau Chief that states:
 - 1) Whether the inmate has or has not been on an active behavioral health case load within the prior six months. If the inmate has been on an active case load, include information regarding the type, duration, and issues addressed during treatment; also include the current DSM-5 diagnosis.
 - 2) Whether there is any indication that the death was or was not a suicide.
 - 3) Whether there are any other relevant behavioral health factors, regardless of whether the inmate was or was not on a behavioral health case load within the prior six months.
 - e. Provide a written statement to the Behavioral Health Services Bureau Chief within one week and file the original in the behavioral health file at the request of the Bureau Chief.
- 2 Review and Reporting:
 - a. If the inmate's death was a suicide or a suspected suicide, the Behavioral Health Services Bureau Chief and the NMCD Clinical Director of Psychiatry will conduct separate reports to include the following:

- b. A summary of the events surrounding the death.
- c. Any psychiatric care provided to the inmate during the past year.
- d. Any relevant medical information.
- e. Any relevant security information.
- f. The appropriateness of any psychiatric care provided to the inmate.
- g. A determination as to whether psychiatric care provided, if any, was consistent with community standards.
- h. Whether the provision of behavioral health care or psychiatric care, or lack thereof, contributed in any manner to the death.
- i. The report will be completed and issued within 30 calendar days from the date of death. The report will be filed in the inmate's behavioral health file in the Section designated for "Other Documentation." A copy of the report will be provided to the following:
 - 1) Deputy Secretary – Operations;
 - 2) Deputy Secretary – Administration;
 - 3) Medical Director; and
 - 4) Quality Assurance Director.
- j. Upon receipt of the report of the Office of the Medical Examiner (OME), the Behavioral Health Services Bureau Chief and the Clinical Director of Psychiatry will review the report. If any information in the OME report would alter the findings of the report, an addendum to the joint report will be issued. If an addendum is issued, copies will be disseminated to the Deputy Secretary - Operations, Deputy Secretary - Administration, Medical Director, and the Quality Assurance Director.
- k. The Behavioral Health Services Bureau Chief is responsible for maintaining the following:
 - 1) An organized filing system to maintain death review reports and other related documents for each inmate death.

3 Use of Reports for Quality Assurance:

If the Behavioral Health Services Bureau Chief or the Clinical Director of Psychiatry determines that it would be useful, the findings of the death review may be presented at the next Quality Assurance/Peer Review meeting for their respective disciplines. Any further investigation or changes to the provision of psychiatric or behavioral health services may be recommended at these meetings.