

CORRECTIONAL MANAGED HEALTH CARE POLICY MANUAL	Effective Date: 9/28/2016	NUMBER: A-08.9
	Replaces: 2/17/2016	
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THE CHRONIC MENTALLY ILL TREATMENT PROGRAM – (CMI-TP)		

PURPOSE:

To provide a structured, multidisciplinary treatment program specific for the offender in Restricted Housing (RH), and G5 custody who require close monitoring due to their chronic mental illness.

PROGRAM DESCRIPTION:

The Chronic Mentally Ill Treatment Program (CMI-TP) is a multidisciplinary program designed to treat and manage the identified chronic mentally ill offender who requires structured monitoring and supervision, in order to further stabilize their mental illness and assist in achieving their highest level of functioning.

PROCEDURES:

- I. Custody classification of residents assigned to CMI-TP will be Mental Health (MH).
- II. CMI-TP is a voluntary program. The offender’s voluntary consent for placement in this program is required.
- III. Privileges will be granted based on Mental Health Level. All patients will be assigned a Mental Health Level based upon the stability of their mental illness and their presenting level of functioning.
- IV. Admission Criteria:
 - A. Offender must be male.
 - B. Custody classification of Restricted Housing (i.e., Administrative Segregation, or G5).
 - C. Offender’s psychotropic medication regimen has remained unchanged for a minimum of 2 (two) weeks.
 - D. Offender is psychiatrically stable and appropriate for transfer.
 - E. Offender requires structured monitoring and/or supervision due to:
 - Medication noncompliance
 - Treatment Nonadherence
 - Residual symptoms
 - Multiple inpatient admissions or visits to Crisis Management
 - Frequent decompensation
 - Behavioral problems related to their mental illness
 - Disciplinary cases related to their mental illness
 - Risk of predation
 - F. Offender must be capable of routinely performing all activities of daily living (e.g. ADLs- eating, grooming, hygiene, toileting, and walking) without staff assistance.
 - G. Offender is medically stable, and all of offender’s medical needs can be met through available

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services at the CMI-TP.

- H. Offender must not require wheelchair for mobility.
- I. Offender has 6 (six) months or more left to serve in his sentence(s).
- J. Exceptions to above criteria may be considered by the CMI-TP Clinical Director or designee on a case-by-case basis.

V. Referral Process:

- A. Complete Referral Form, A-08.9 Attachment A and scan into EMR “CMI TREATMENT PROGRAM ADMISSION” folder.
- B. Notify the CMI-TP Clinical Director of the referral by sending an email to the “CMI TREATMENT PROGRAM_REFERRALS” email group.
- C. The CMI-TP Clinical Director or designee will consider exceptions to admission criteria on a case-by-case basis taking into account additional information provided by the referring Qualified Mental Health Professional (QMHP).
- D. The referring facility will be responsible for ensuring that the offender is medically and psychiatrically stable at the time of transfer.
NOTE: Offenders who are transferred to CMI-TP who decompensate during transport will be stabilized at the nearest crisis management facility.
- E. The CMI-TP Clinical Director or designee will notify TDCJ Mental Health Services Liaison (MHSL) by email of the offender’s acceptance to the program.
- F. Offenders accepted into the program will be transferred to the CMI-TP within 4 (four) weeks.

VI. TDCJ MHSL and Classification and Records Office (CRO) responsibilities:

- A. For referrals from Montford, Jester IV, and Skyview, MHSL will verify that the offender’s medical needs can be met at the CMI-TP and arrange for transportation by van.
- B. CRO will verify which offenders can be transported in the same van.
- C. MHSL will notify the referring team if an offender cannot be transported in the next scheduled van due to decision made by CRO. The offender will remain on the list of accepted referrals and an alternate arrangement will be developed.

VII. Compelled Psychoactive Medication:

In the event that there is a need to compel psychoactive medication, CMHC Policy I-67.1 will be followed.

VIII. Offenders placed in the CMI-TP who decompensate and require an inpatient stay may return to the CMI-TP upon discharge from the inpatient facility if the following conditions are met:

- A. Crisis management: - CMI-TP bed will be held for an offender while in crisis management.
- B. Inpatient psychiatric and/or medical condition hospitalization - Bed will be held until it is determined by the treatment team whether the offender will be returning to CMI-TP. Once the offender is ready for discharge from inpatient, the provider or designee will contact CMI-TP and arrange a return as soon as a bed becomes available.

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IX. Program Transfers

A. Offenders accepted by the CMI-TP Clinical Director or designee who refuse treatment on arrival and do not meet criteria for inpatient psychiatric commitment will be assigned to CMI Sheltered Housing (CMI-SH). CMI-TP staff should immediately notify MHS� of the transfer.

X. Upon successful completion of the CMI-TP and if the offender no longer requires structured monitoring and supervision, the CMI-TP Clinical Director or designee will request a State Classification Committee (SCC) review to consider placement of the offender in a less restrictive housing assignment.

Reference: CMHC Policy G-51.1 Offenders with Special Needs