

CORRECTIONAL MANAGED HEALTH CARE POLICY MANUAL	Effective Date: 2/24/2022	NUMBER: A-08.9  Page 1 of 3
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	Formulated: 10/02 Reviewed: 01/2023	
<b>THE CHRONIC MENTALLY ILL TREATMENT PROGRAM – (CMI-TP)</b>		

**PURPOSE:**

To provide a structured, multidisciplinary treatment program specific for the inmate 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 inmate who requires structured monitoring and supervision, in order to further stabilize their mental illness and assist in achieving their highest level of functioning in the least restrictive environment.

**PROCEDURES:**

- I. Custody classification of inmates assigned to CMI-TP will be Mental Health(MH).
- II. CMI-TP is a voluntary program. The inmate’s voluntary consent for placement in this program is required.
- III. Privileges will be granted based on Mental Health Level. All inmates 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. Inmate must be male.
  - B. Custody classification of Restricted Housing (i.e., Administrative Segregation or G5).
  - C. Inmate’s psychotropic medication regimen has remained unchanged for a minimum of 2 (two) weeks.
  - D. Inmate is psychiatrically stable and appropriate for transfer.
  - E. Inmate requires structured monitoring and/or supervision due to:
    - ✓ Medication noncompliance
    - ✓ Treatment non-adherence
    - ✓ 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. Inmate must be capable of routinely performing all activities of daily living (e.g. ADLs- eating, grooming, hygiene, toileting, and walking) without staff assistance.
  - G. Inmate is medically stable, and all of inmate’s medical needs can be met through available services at the CMI-TP.

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- H. Inmate must not require wheelchair for mobility.
- I. Inmate 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. In EHR, select document type “MH Referral Spec Programs” and complete the referral steps.
- B. Include the Voluntary Approval of Admission to a Mental Health Facility, HSP- 16 and the Informed Consent and Limits of Confidentiality form, HSP-3.
- 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 the inmate is medically and psychiatrically stable at the time of transfer.  
NOTE: Inmates 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 inmate acceptance to the program.
- F. Inmates accepted into the program will be transferred to the CMI-TP within 4 (four) weeks.

VI. TDCJ Mental Health Services Liaison (MHSL) and Classification and Records Office (CRO) responsibilities:

- A. For referrals from Montford, /Wayne Scott, and Skyview, MHSL will verify the inmate’s medical needs can be met at the CMI-TP.
- B. Verify all the inmate’s current specialty care referrals can be met at the designated CMI-TP units.
- C. MHSL will notify the referring clinician and CMI-TP Program Director or designee if the referred inmate has a medical condition or a continuity of care issue that cannot be met at the time of referral to CMI-TP.
- D. Forward all referrals reviewed by MHSL to CRO.
- E. CRO will provide and verify the inmate's custody status, IQ score, disciplinary history and expected time left to serve sentence.
- F. CRO will determine if the inmate can participate in both group and unsegregated activities (i.e., group recreation).
- G. CRO will arrange transportation of accepted inmates.

VII. Compelled Psychoactive Medication:

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

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

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- A. Crisis management: CMI-TP bed will be held for an inmate while in crisis management.
- B. Inpatient psychiatric and/or medical condition hospitalization. Once the inmate 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 if clinically appropriate. Inmates who are discharged from inpatient will remain in inpatient services until a bed becomes available in CMI-TP.

IX. Program Transfers

Inmates accepted by the CMI-TP Clinical Director or designee who are unwilling or unable to participate in a MH Special Program, will be assigned to CMI Sheltered Housing (CMI-SH) by CRO.

- X. Upon achieving maximum benefit of the CMI-TP, the Clinical Director or designee will request a State Classification Committee (SCC) review to consider placement of the inmates in a less restrictive housing assignment.

Reference: CMHC Policy G-51.1 Inmates with Special Needs  
CMHC Policy I-67.1  
ACA Performance Standard & Expected Practices -5-6C-4399