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| CORRECTIONAL MANAGED HEALTH CARE POLICY MANUAL | Effective Date: 2/25/2019 | NUMBER A-08.10 Page 1 of 3 |
| | Replaces: 12/12/2016 | |
| | Formulated: 10/02 Reviewed: 1/2023 | |
| THE PROGRAM FOR THE AGGRESSIVE MENTALLY ILL INMATE (PAMIO) | | |

PURPOSE: To provide a structured cognitive-behavioral program for aggressive mentally ill inmates in Restrictive Housing (Administrative Segregation) and G5 custody in order to achieve a less restrictive housing assignment.

I. PROGRAM DESCRIPTION:

The program provides mental health evaluation and treatment for the aggressive mentally ill inmate. The treatment program utilizes a multi-disciplinary approach through specific therapeutic modalities. The inmate is expected to work his way through the program and demonstrate progress. Upon successful completion of the program, treatment staff will make a recommendation to the State Classification Committee (SCC) to review the inmate for a less restrictive housing assignment.

II. ADMISSION CRITERIA:

- A. PAMIO is a voluntary program.
- B. TDCJ-ID male inmate.
- C. Custody classification of Restricted Housing or G5.
- D. Inmate has both:
 - 1. Identifiable mental health needs and
 - 2. History of aggressive and/or disruptive behavior.
- E. Inmate is medically stable, meaning his medical needs can be met in an outpatient clinic setting.
- F. Inmate must be capable of routinely performing all activities of daily living.
- G. Inmate must not require a wheelchair for ambulation.
- H. Inmate is intellectually capable of participating and benefiting from a cognitively oriented program.
- I. Inmate is compatible with participation in group psychotherapy. An inmate with certified security threat group (STG) affiliations or who has listed enemies at PAMIO will have limited opportunities to progress within the program.
- J. Inmate must have at least 18 months left to serve of his sentence in order to complete the program.

III. CONSENT:

Inmates will be required to sign a voluntary admission for treatment prior to referral to the program.

IV. PROCEDURES:

- A. **Referral Process:**
 - 1. Referring Facility Responsibilities:
 - i. In EHR, select document type “MH Referral Spec Programs” and complete the referral steps.
 - ii. For inmates with an IQ score equal to or lower than 70, the referring QMHP will

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- indicate the inmate’s intellectual capability to participate and benefit from a cognitively oriented program.
- iii. The referring facility is responsible for ensuring the inmate is medically and psychiatrically stable at the time of transfer.
 - iv. Include the Voluntary Approval of Admission to a Mental Health Facility, HSP-16 (Attachment B), and the Informed Consent and Limits of Confidentiality form, HSP-3 (Attachment C).
2. PAMIO responsibilities:
 - i. The PAMIO Clinical Director or designee will review the referral and discuss with the referring clinician if any additional information is needed.
 - ii. The PAMIO 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 clinician and the inmate’s needs.
 - iii. The PAMIO Clinical Director or designee will email the inmate’s referring clinician by EMR e-mail and copy TDCJ MHSL with the reasons for acceptance or denial. PAMIO will provide specific clinical rationale for each referral that is denied.
 3. TDCJ Mental-Health Services Liaison (MHSL) responsibilities:
 - i. Verify the inmate is medically stable for outpatient setting.
 - ii. Verify all of the inmate’s current specialty care referrals can be met at Clements.
 - iii. Notify the referring clinician if the referred inmate cannot be accept to PAMIO due to medical status or continuity of care issues.
 - iv. Forward all referrals cleared by MHSL to CRO.
 4. TDCJ Classification and Records (CRO) responsibilities:
 - i. Provide and verify the inmate’s custody status, IQ score, disciplinary history, and expected time left to serve sentence.
 - ii. Determine if the inmate can participate in unsegregated activities (i.e. group psychotherapy, group recreation, walking in hall unescorted).
 - iii. MHSL-CRO will arrange transportation of accepted inmates.

V. ACUTE CARE ADMISSIONS:

Inmates admitted to PAMIO who decompensate and require admission to crisis management, acute inpatient psychiatric hospitalization, or are hospitalized for a medical condition shall return to PAMIO upon discharge/stabilization in the following manner:

- i. Crisis Management: PAMIO bed will be held for the inmate while in Crisis Management.
- ii. Inpatient psychiatric and/or medical condition hospitalization. Once the inmate is ready for discharge from inpatient, the provider or designee will contact PAMIO and arrange a return as soon as a bed becomes available and if clinically appropriate.

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VI. PROGRAM TRANSFERS:

Inmates accepted by the PAMIO 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.

VII. PROGRAM COMPLETION:

Upon successful completion of PAMIO, treatment staff will make a recommendation to SCC for review for a less restrictive housing assignment.

Reference: ACA Standard 4-4399 (Ref. 3-4369)
CMHC Policy G-51.1 Inmates with Special Needs