

CORRECTIONAL MANAGED HEALTH CARE POLICY MANUAL	Effective Date: 9/8/2022	NUMBER: G-52.3
	Replaces: 5/28/2019	
	Formulated: 10/14 Reviewed: 7/2022	Page 1 of 3
ADMISSION TO THE TDCJ MENTAL HEALTH THERAPEUTIC DIVERSION PROGRAM (MHTDP)		

PURPOSE: To provide for the mental health needs of TDCJ mentally ill outpatient inmates assigned to restrictive housing, with the goal of assisting them to achieve the optimal level of functioning in a therapeutic diversion setting.

PROGRAM DESCRIPTION:

The Mental Health Therapeutic Diversion Program (MHTDP) is a voluntary cognitive-behavioral model that provides assessment, evaluation and treatment. Program participants are required to participate in group counseling, individual counseling and self-study programs. The program is structured to develop and promote coping strategies for successful integration into the least restrictive prison environment and, upon release, into the community.

PROCEDURES:

- A. Custody classification of inmates assigned to the MHTDP will be Mental Health (MH).
- B. Eligibility requirements:
 1. CID inmate who is assigned to restrictive housing and carried on a mental health caseload.
 2. Has at least one year remaining on sentence in order to complete the program.
 3. Is approved for housing at MHTDP by the TDCJ Classification and Records Office (CRO); and,
 4. Is able to independently perform all activities of daily living (e.g., ADLs, eating, grooming, hygiene, toileting and walking) without staff assistance and does not require any skilled nursing care.
 5. Inmate is intellectually capable of participating and benefiting from a cognitively oriented program.
 6. Inmate is compatible with participation in group psychotherapy.

REFERRAL PROCESS:

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

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- inmate's intellectual capability to participate and benefit from a cognitively oriented program.
3. The referring facility is responsible for ensuring the inmate is medically and psychiatrically stable at the time of transfer.
 4. Ensure the Consent and Limits of Confidentiality for Mental Health Therapeutic Diversion Program is voluntarily signed and scanned into the EHR.

B. MHTDP responsibilities:

1. The MHTDP Program Director or designee will review the referral and discuss with the referring clinician if any additional information is needed.
2. The MHTDP Program Director or designee will consider exceptions to admission criteria on a case-by-case basis, considering additional information provided by the referring clinician and the inmate's need.

C. TDCJ Mental Health Services Liaison (MHSL) responsibilities:

1. Verify the inmate is medically stable for outpatient setting.
2. Verify all the inmate's current specialty care referrals can be met at the designated MHTDP units.
3. Notify the referring clinician and MHTDP 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 MHTDP.
4. Forward all referrals reviewed by MHSL to CRO.

D. TDCJ Classification and Records (CRO) responsibilities:

1. Provide and verify the inmate's custody status, disciplinary history, and expected time left to serve sentence.
2. Determine if the inmate can participate in both group and unsegregated activities (i.e., group recreation).
3. CRO will arrange transportation of accepted inmates.

INMATES TRANSFERRED TO A BEHAVIORAL HEALTH FACILITY:

Inmates assigned to MHTDP who require treatment at a Behavioral Health Facility (BHF) may return to the MHTDP upon discharge from the BHF. The following procedures will apply:

- A. Crisis Management: MHTDP bed will be held for an inmate while in crisis management.
- B. Behavioral Health Facility: The bed will be held until the MHTDP Treatment Team conducts a review to determine whether the inmate is able to return. If the Treatment Team determines that the inmate is

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not able to return, that inmate will be referred to the MHTDP Program Director or designee for final disposition.

- C. Medical inpatient (Infirmery/Hospitalization): The MHTDP bed will be held for the inmate until the MHTDP Treatment Team conducts a review of the inmate’s admission to a TDCJ infirmary and /or community hospital. If the Treatment Team determines that the inmate is not expected to return to that bed, that inmate will be referred to the Senior Psychologist for final disposition.

DISCHARGE PROCESS:

- A. Program discharge can only be approved by the MHTDP Program Director or Designee.
- B. Upon successful completion of the MHTDP, the Program Director or designee will notify MHSL in writing, of the inmate’s status.
- C. The facility classification department will schedule a State Classification Committee (SCC) review for consideration of placement in general population.
- D. An inmate who does not complete the program and/or is discharged from the program for serious rule violation(s) shall be reassigned to CMI-Sheltered Housing or referred to another appropriate mental health program.

REFERENCE:

ACA Standard 5-6C-4399 Special Needs
CMHC Policy G-51.1 Inmates with Special Needs
5-4B-0031
5-4B-0032
ACA 5-6A-4368 (Mental Health Program)