

CORRECTIONAL MANAGED HEALTH CARE POLICY MANUAL	Effective Date: 12/12/2016	NUMBER A-08.10 Page 1 of 3
	Replaces: 02/17/2016	
	Formulated: 10/02 Reviewed: 12/16	
THE PROGRAM FOR THE AGGRESSIVE MENTALLY ILL OFFENDER (PAMIO)		

PURPOSE: To provide a structured cognitive-behavioral program for aggressive mentally ill offenders in Restricted Housing (Administrative Segregation), G5 and G4 custody and those at risk for escalating in custody classification 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 offender. The treatment program utilizes a multi-disciplinary approach through specific therapeutic modalities. The offender 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 offender for a less restrictive housing assignment.

II. ADMISSION CRITERIA:

- A. PAMIO is a voluntary program.
- B. TDCJ-ID male offender.
- C. Offender is Administrative Segregation, G5 or G4 custody status, or considered by mental health staff to be at risk of increasing custody classification due to mental illness and aggressive behavior.
- D. Offender has both:
 - 1. Identifiable mental health needs and
 - 2. History of aggressive and/or disruptive behavior.
- E. Offender is medically stable, meaning his medical needs can be met in an outpatient clinic setting.
- F. Offender must be capable of routinely performing all activities of daily living.
- G. Offender must not require a wheelchair for ambulation.
- H. Offender is intellectually capable of participating and benefiting from a cognitively-oriented program.
- I. Offender is compatible with participation in group psychotherapy. An offender with certified security threat group (STG) affiliations or who has listed enemies at PAMIO will have limited opportunities to progress within the program.
- J. Offender must have at least 18 months left to serve of his sentence in order to complete the program.

III. CONSENT:

- 1. Inpatients-Voluntary admissions previously signed by offenders transferring from inpatient facilities will still be in effect upon transfer to PAMIO unless the offender withdraws consent.
- 2. Outpatients-Offenders will be required to sign a voluntary admission for treatment prior to referral to the program.

CORRECTIONAL MANAGED HEALTH CARE POLICY MANUAL	Effective Date: 12/12/2016	NUMBER A-08.10 Page 2 of 3
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IV. PROCEDURES:

A. Referral Process:

1. Referring Facility Responsibilities:
 - i. The Qualified Mental Health Professional (QMHP) will complete the Admission/Referral form through the Electronic Medical Record (Attachment A) and send an EMR email to the 'PAMIO Referral' group stating that the referral has been made. The referral includes information about the offender's mental health status and his behavioral history.
 - ii. For offenders with an IQ score equal to or lower than 70, the referring QMHP will indicate the offender's intellectual capability to participate and benefit from a cognitively oriented program.
 - iii. The referring facility is responsible for ensuring the offender 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 it with the referring clinician by phone or email if any additional information is needed to determine the offender has mental illness, a history of aggressive or disruptive behavior, and ongoing mental health needs that can be best met by PAMIO.
 - 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 offender's needs.
 - iii. The PAMIO Clinical Director or designee will email the offender'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 offender is medically stable for outpatient setting.
 - ii. Verify all of the offender's current specialty care referrals can be met at Clements.
 - iii. Notify the referring clinician if the referred offender 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 offender's custody status, IQ score, disciplinary history, and expected time left to serve sentence.
 - ii. Determine if the offender can participate in unsegregated activities (i.e. group psychotherapy, group recreation, walking in hall unescorted).
 - iii. MHSL-CRO will arrange transportation of accepted offenders.

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V. ACUTE CARE ADMISSIONS:

Offenders 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 offender while in Crisis Management.
- ii. 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 PAMIO. Once the offender is ready for discharge from inpatient, the provider or designee will contact PAMIO and arrange a return as soon as a bed becomes available.

VI. 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 Offenders with Special Needs