CD-180600 Mental Health Treatment Center (MHTC)	Issued: 4/01/02 Effective: 4/01/02	Reviewed: 7/01/22 Revised: 6/9/16
Alisha Tafoya Lucero, Cabinet Secretary		***Original Signed and Kept on File***

AUTHORITY:

Policy *CD-000100*

REFERENCES:

A. ACA Expected Practices 5-ACI-2C-02, 5-ACI-4A-24, 5-ACI-6A-04, 5-ACI-6A-05, 5-ACI-6A-28(M), 5-ACI-6A-35(M), 5-ACI-6A-37, 5-ACI-6A-38, 5-ACI-6A-39, 5-ACI-6C-06 and 5-ACI-6C-12 *Performance Based Standards and Expected Practices for Adult Correctional Institutions*, 5th Edition.

PURPOSE:

To provide services for severely mentally ill, behaviorally disordered, and developmentally disabled male and female inmates through an integrated system of behavioral health treatment within a structured environment.

APPLICATION:

Staff assigned to the MHTC and to NMCD inmates who require specialized behavioral health treatment and housing.

FORMS:

A. **MHTC Treatment Team Progress Note** form (*CD-180601.1)*
B. **MHTC Clinical Assessment** form (*CD-180601.2)*
C. **MHTC Treatment Review** form (*CD-180601.3)*
D. **MHTC Individual Treatment Plan** form *(CD-180601.4)*
E. **MHTC Discharge Planning Summary** form *(CD-180601.5)*
F. **MHTC Confidentiality Statement and Acknowledgement** form *(CD-180601.6)*
G. **MHTC Case Presentation Format** form *(CD-180601.7)*

ATTACHMENTS:

None

DEFINITIONS:

A. *Acute Care Unit (ACU)*: The ACU is an inpatient psychiatric unit that provides 24-hour health services including, but not limited to psychiatric services, medical services, behavioral health services, nursing care and security.
B. *Chronic Care Unit (CCU)*: The CCU housing areas are designed to meet the needs of the MHTC

inmates who have achieved psychological stability such that they can function socially and interpersonally within the MHTC.

C. *Discharge Planning*: Discharge planning begins at the time of MHTC admission and continues through the course of treatment. Discharge planning, including transitional planning, is completed prior to formal discharge from the facility.

D. *Emergent Care*: Psychiatric care for inmates who require inpatient psychiatric treatment based on severe adaptive functioning deficits including but not limited to suicide attempts, severe self-injury and/or florid psychosis that render the inmate a danger to self or others.

E. *Individual Treatment Plan (ITP)*: A clinical plan developed by an inmate's assigned MHTC behavioral health clinician that incorporates recommendations from members of the MHTC Treatment Team. The Treatment Plan addresses clinical services and treatment goals including individual therapy, group therapy, psychiatric treatment, education, recreation and classification. The Treatment Plan is constructed in accordance with provisions set forth in the MHTC Policy.

F. *Inpatient Behavioral Health Care Unit:* A designated, secure, treatment facility or housing unit that provides the most treatment intensive services. Qualified health care staff are available 24 hours a day, 7 days a week for the purpose of providing necessary treatment and services for patients with acute deterioration in mental functioning; or pose a significant danger to self or others; or exhibit marked psychosocial, behavioral and mental dysfunction that precludes them from adequate adaptive functioning in less restrictive settings.

G. *Least Restrictive Measures*: A system of least restrictive measures is defined as the use of the least intrusive approach to effectively managing behaviorally disruptive and/or mentally ill inmates. Therapeutic seclusion and therapeutic restraint may be used only if less restrictive clinical interventions have been unsuccessful or if an emergency exists.

H. *Long Term Care Unit (LTCU)*: The NMCD medical infirmary. The LTCU is a medical infirmary that maintains a therapeutic seclusion and restraint room and video monitoring capabilities. At the discretion of the LTCU medical director, MHTC inmates requiring a higher level of medical care than available at the MHTC may be placed in the LTCU.

I. *Mental Health Treatment Center (MHTC)*: The Mental Health Treatment Center (MHTC) is a housing area designed to provide emergent in-patient and structured out-patient chronic behavioral health treatment for NMCD inmates.

J. *Recreation Specialist*: Correctional Officers specially trained to work with mentally ill inmates in the provision of recreation and programming services.

K. *Residential Treatment Unit:* A designated housing unit that provides a safe, protective and therapeutic environment for ongoing behavioral health care to inmates who have long-term or chronic needs for treatment.

L. *Therapeutic Restraints*: Instruments/garments used to prevent inmate self-harm or harm to others. Therapeutic restraint utilization is based on a continuum of restriction, in accordance with a philosophy of using least restrictive measures necessary to ensure safety and security. See NMCD Policy CD-170700 *Use Of Therapeutic Restraints and Seclusion.*

M. *Therapeutic Restriction Unit (TRU)*: The TRU is an MHTC housing unit designated for MHTC inmates that require secure housing, observation and social restriction due to behavioral or psychological difficulties. TRU inmates may or may not be classified as Special Management.

N. *Therapeutic Restrict 1 (TR 1)*: TR1 programming is designed to acculturate Housing Level 1-4 inmates by having the inmates program with fellow TR1 inmates. Programming may be done in both large and small groups. Inmates in both the ACU and TRU are eligible for TR1 unless it is restricted by the MHTC Treatment Team for clinical reasons. TR1 programming format is designed by the Treatment Team and implemented by the recreation specialist staff.

O. *Therapeutic Restrict 2 (TR 2)*: TR 2 programming is designed to acculturate Housing Level 1-4 inmates by having inmates program with either other TR or CCU inmates while remaining housed in a more secure unit. TR2 programming format is designed by the Treatment Team and implemented by the recreation specialist staff.

P. *Therapeutic Seclusion*: Therapeutic seclusion serves as an environmental control designed to preclude an inmate's ability to exhibit behavior considered as a threat to self or others. See NMCD Policy CD-170700 *Use Of Therapeutic Restraints and Seclusion.*

Q. *Transfer Hearing*: A due process hearing through which the inmate is informed of the factors contributing to the decision to house the inmate in the MHTC.

R. *Treatment Team*: The MHTC Treatment Team is comprised of multi-disciplinary professionals including, but not limited to, the MHTC Psychiatrist, MHTC Behavioral Health Therapist Supervisor, MHTC Behavioral Health Clinicians(s), MHTC nursing supervisor or designee, MHTC Recreation Specialist Supervisor or designee, MHTC Educator(s), MHTC Unit Manager, and Security Supervisor or designee. The Treatment Team provides information and recommendations across disciplines in the development of an Individual Treatment Plan. The MHTC Treatment Team renders recommendations regarding patient care, admissions, discharges, housing assignment, and privileges.

POLICY:

A. The Mental Health Treatment Center (MHTC) utilizes a hospital model with a multi-disciplinary approach to provide emergent, intermediate and long term behavioral health care for inmates who are experiencing cognitive, affective and/or behavioral functioning deficits which inhibit an inmate's ability to adequately function within normal limits in regular general population housing.

1. Behavioral Health services as provided by the Behavioral Health Services Bureau.

2. Psychiatric services as provided by the Psychiatrist and psychiatric nurses.

3. Programming services as provided by relevant departments, such as education, recreation, classification, and other assigned staff.

B. Continuity of care is required from admission to transfer or discharge from the facility, including Referral to community-based providers, when indicated. Offender health care records should be reviewed by the facility's qualified health care professional upon arrival from outside health care

entities including those from inside the correctional system. **[5-ACI-6A-04]**

C. Offenders who need health care beyond the resources available in the facility, as determined by the responsible health care practitioner, are transferred under appropriate security provisions to a facility where such care is available. There is a written list of referral sources to include emergency and routine care. The list is reviewed and updated annually. **[5-ACI-6A-05]**

D. The mental health program is approved by the appropriate mental health authority and includes at a minimum: **[5-ACI-6A-28 (M)]**

- Screening on intake;
- Outpatient services for the detection, diagnosis, and treatment of mental illness, to include medication management and/or counseling, as appropriate;
- Crisis intervention and the management of acute psychiatric episodes;
- Stabilization of the mentally ill and the prevention of psychiatric deterioration in the correctional setting;
- Elective therapy services and preventive treatment where resources permit;
- Provision for referral and admission to mental health facilities for offenders whose psychiatric needs exceed the treatment capability of the facility;
- Procedures for obtaining and documenting informed consent:
- Follow up with offenders who return from and inpatient psychiatric facility

E. There is a written suicide prevention plan that is approved by the health authority and reviewed by the facility or program administrator. The plan includes staff and inmate critical incident debriefing that covers the management of suicidal incidents, suicide watch, and suicides. It ensures a review of suicidal events, suicide watch, and suicides by administration, security, and health services. All staff with responsibility for offender supervision are trained on an annual basis in the implementation of the program. Mental health staff should be involved in the development of the plan and the training should include but not be limited to: **[5-ACI-6A-35 (M)]**

- Identifying the warning signs and symptoms of impending suicidal behavior;
- Understanding the demographic and cultural parameters of suicidal behavior, including incidence and variations in precipitating factors;
- Responding to suicidal and depressed offenders;
- Communication between correctional and health care personnel;
- Referral procedures;
- Housing observation and suicide watch level procedures;
- Follow-up monitoring of offenders who make a suicide attempt;
- Population specific factors, pertaining to suicide risk in the facility.

F. Offenders with severe mental illness or a severe developmental disability receive a mental health evaluation, and where appropriate are referred for placement in non-correctional facilities or in units specifically designated for handling this type of individual. **[5-ACI-6A-37]**

G. A Mental Health Residential Treatment Unit is available for those inmates with impairment in behavioral functioning associated with a serious mental illness and/or impairment in cognitive functioning. The severity of the impairment does not require inpatient level of care, but the

inmate demonstrates a historical and current inability to function adequately in the general population. There should be a specific mission/goal of the program, sufficient qualified staff to meet needs of program, screening process for the program, Individual Treatment Plans for inmates in the program, safe housing to meet the therapeutic needs of the inmate and transition plan upon discharge from the residential treatment unit. **[5-ACI-6A-38]**

H. Inpatient Care Unit is for those who are in need of inpatient mental health treatment. These units should have 24 hour services such as nursing and availability of a QMHP, behavioral health trained correctional officers, and clinical programming. Individual Treatment Plans which will define the types and frequency of contacts with mental health staff for inmates in the program, housing to meet the therapeutic needs of the inmate and transition plan upon discharge from the inpatient care unit. **[5-ACI-6A-39]**

I. There is consultation between the facility and program administrator (or a designee) and the responsible health care practitioner (or designee) prior to taking action regarding chronically ill, physically disabled, geriatric, seriously mentally ill, or developmentally disabled offenders in the following areas: **[5-ACI-6C-06]**

- Housing assignments;
- Program assignments;
- Disciplinary measures; and
- Transfers to other facilities.

When immediate action is required, consultation to review the appropriateness of the action occurs as soon as possible, but no later than 72 hours.

J. A transfer that results in an offender's placement in a non-correctional facility or in a special unit within the facility or agency, specifically designated for the care and treatment of the severely mentally ill or developmentally disabled, follows due process procedures as specified by federal, state, and local law prior to the move being affected. In emergency situations, a hearing is held as soon as possible after the transfer. **[5-ACI-6C-12]**

CD-180601 Mental Health Treatment Center (MHTC) Operations	Issued: 04/01/02 Effective: 04/01/02	Reviewed: 7/01/22 Revised: 06/09/16
Alisha Tafoya Lucero, Cabinet Secretary	***Original Signed and Kept on File***	

AUTHORITY:

Policy *CD-180600*

INDEX:

PROCEDURES: [5-AC 2C-02]

A. Administration and Authority:

1. The Mental Health Treatment Center (MHTC) operates as specified in NMCD policies and procedures.

2. The MHTC is under the jurisdiction of the Behavioral Health Services Bureau and the facility Warden.

3. The MHTC Behavioral Therapist Supervisor chairs the MHTC Treatment Team, and oversees the clinical treatment services. The MHTC Behavioral Health Therapist Supervisor or designee also supervises behavioral health clinicians and recreational staff.

4. The MHTC Psychiatrist serves as the ACU admission and discharge authority and the final clinical authority for transfers within and out of MHTC.

5. The MHTC Psychiatric Nursing Supervisor oversees medical and nursing care.

6. The facility Director of Education oversees the organization and implementation of educational programming.

7. The MHTC Captain of Security or designee oversees the provisions of safety and security and reports to the MHTC Unit Manager.

8. The MHTC Unit Manager provides administrative direction.

B. Treatment Team and Confidentiality:

1. Composition of the MHTC Treatment Team:

   The MHTC Treatment Team, chaired by the MHTC Behavioral Therapist Supervisor or designee, is comprised of multi-disciplinary professionals and may include but is not limited to the following:

   - MHTC Behavioral Therapist Supervisor;
   - MHTC Psychiatrist;
   - MHTC Behavioral Health Clinician(s);
   - MHTC Nursing Supervisor or designee;
   - MHTC Recreation Specialist;
   - MHTC Educator(s);
   - MHTC Security Supervisor or designee;
   - MHTC Unit Manager; and
   - MHTC Classification Officer(s).

   The core members of the MHTC Treatment Team are the MHTC Behavioral Health Therapist Supervisor, the MHTC Psychiatrist, and the MHTC Security Supervisor or designee. In emergency situations the core members may make decisions without consent of the full MHTC Treatment Team.

2. Confidentiality:

   a. Communication across disciplines is permitted in the MHTC Treatment Team meeting. The shared information is designed to facilitate inmate programming and to provide vital information to each respective discipline.

   b. MHTC Treatment Team members are required to sign a **MHTC Confidentiality Statement and Acknowledgement** form *(CD-180601.6)*. Clinical information disclosed in Treatment Team is strictly confidential.

   c. MHTC staff and MHTC Treatment Team members will not discuss inmate case material or information outside of their duties in the MHTC. Violation of this guideline may result in disciplinary action.

   d. Inmate confidentiality is waived under conditions of potential security violations or potential for harm to self or others.

3. The MHTC Treatment Team provides information and recommendations across disciplines including but not limited to:

   a. Decisions regarding inmate housing status.

b. Recommendations regarding MHTC discharges.

c. Information regarding inmate compliance with MHTC programming.

d. Approval for inmates to engage in Educational and Vocational Education programming

4. Treatment Team Meetings:

a. The MHTC Treatment Team will convene no less than once a week.

b. The MHTC Treatment Team is chaired by the MHTC Behavioral Health Therapist Supervisor, or designee, who oversees and facilitates the meeting.

c. MHTC Treatment Team members will prepare in advance for each treatment team.

d. Every inmate in the ACU and TRU will be discussed each week. Inmates in the CCU will be discussed as needed, but no less than every ninety (90) days.

e. The MHTC Treatment Team will provide recommendations regarding treatment planning.

f. Each member of the treatment team documents their inputs on the **Treatment Team Progress Note***;* form *(CD-180601.1).* The MHTC Behavioral Health Therapist Supervisor will document the Treatment Team's decisions.

g. When the Treatment Team is unable to reach consensus regarding clinical recommendations or decisions, including but not limited to, diagnosis, treatment, and discharge eligibility, the Behavioral Health Services Bureau Chief and the Director of Psychiatry will be consulted in order to render a final decision.

C. Transfer and Inmate Consent:

1. Admission criteria are listed in *CD-180106*, **Referrals to MHTC**. Placement in the MHTC is based on clinical recommendations and acceptance of those recommendations by the MHTC Psychiatrist. The psychiatric procedures for MHTC admission are in *CD-172301*, **Mental Health Treatment Center: Psychiatry, Medical, and Nursing Care.** Procedures for transferring an inmate to MHTC, once psychiatry has approved the admission, are in *CD-180106.*

2. Relocation to and placement in the MHTC constitutes a change in a housing assignment and does not require inmate consent. See *CD-180100*, Behavioral Health Clinical Services.

3. An inmate, either before transfer to the MHTC or shortly after transfer to the MHTC, will be afforded due process through a Transfer Hearing as follows:

a. Only under emergency circumstances *(e.g.* inmate has attempted suicide; inmate is acutely mentally ill and/or is engaging in serious self-injurious behavior) will the inmate be transferred to the MHTC prior to having a MHTC transfer hearing.

b. Under non-emergency circumstances, an inmate will be provided with an MHTC transfer hearing before being referred to the MHTC.

c. The MHTC transfer hearing will be conducted in accordance with the following procedure:

1) At least 48 hours before the hearing, the inmate will be notified of the reasons for the transfer, **MHTC Transfer Hearing Notice** form *(CD-180106.2).*

2) If there is reason to believe the inmate will have difficulty participating in or understanding the nature of the hearing, the inmate shall be informed that he or she has the right to request assistance from a staff member. If the inmate requests assistance from a particular staff member, a reasonable effort will be made to provide for assistance by the particular staff member; but if doing so would cause undue interference with the operation of the facility or Department, the Department may designate a suitable substitute to provide assistance to the inmate.

3) For non-emergency circumstances, the hearing will be conducted and administered by the Behavioral Health Therapist Supervisor or Clinical Supervisor of the referring facility.

4) Should the inmate be transferred to the MHTC under emergency circumstances, the MHTC Psychiatrist and Behavioral Health Therapist Supervisor or his or her designee will conduct the Transfer Hearing at the next regularly scheduled Treatment Team meeting.

5) At the hearing, the inmate will be provided with the opportunity to present their own testimony as well as other relevant testimony and evidence regarding whether the admission is appropriate. The Behavioral Health Therapist Supervisor may receive other evidence and testimony from other witnesses.

6) At the conclusion of the hearing, a written hearing decision including findings and a determination as to whether the inmate's transfer to the MHTC is justified. **Transfer Hearing Decision** form *(CD-180106.3).*

7) Behavioral Health Staff will secure a **Consent/Refusal for Treatment** form (*CD-180101.1*) at the Transfer Hearing.

4. Behavioral Health treatment services are voluntary and require the written consent of the inmate on a Consent/Refusal for Treatment form.
5. An inmate's choice not to consent to recommended behavioral health services has no direct relationship to that inmate's housing assignment at the MHTC.

D. Admission Protocols:

1. Inmates admitted to MHTC are based on a psychiatrist-to-psychiatrist referral. After the MHTC Psychiatrist accepts the admission of an inmate to MHTC, the MHTC Behavioral Health Therapist Supervisor or designee contacts Offender Management Services (OMS) to notify them of acceptance to MHTC. After hours, the referring facility may arrange transport of the inmate to MHTC once the MHTC Psychiatrist has accepted the admission.

2. All new MHTC admissions will be housed in the Acute Care Unit (ACU) or Therapeutic Restriction Unit (TRU) for at least 24 hours unless otherwise approved by the MHTC Treatment Team.

3. Inmates relocated to the MHTC are housed in a secure cell and receive observation consistent with security and psychiatric orders.

4. Nursing staff follow the admission protocols in *CD-172300*, **Mental Health Treatment Center: Psychiatry, Medical and Nursing Care**.

5. The MHTC Psychiatrist will present all clinical information obtained on a newly admitted inmate to the MHTC Treatment Team at the first Treatment Team meeting following admission.

6. The MHTC Psychiatrist and the Behavioral Health Therapist Supervisor will determine if an ACU inmate needs to be assigned a Behavioral Health Clinician.

E. MHTC Discharge Planning:

1. Discharge planning begins at MHTC admission and continues through the course of treatment. Discharge planning includes the documented course of treatment, completion of the psychiatric and behavioral health discharge planning summaries; arrangements for the continuity of psychiatric care, medical treatment and behavioral health care. Classification and security considerations are a component of the discharge planning process.

2. Discharge Planning Criteria:

   a. The referral issue has been resolved.
   b. The inmate no longer needs constant monitoring of medications.
   c. The inmate is at a low risk for harm or exploitation from other inmates because of his or her mental illness or cognitive impairment.
   d. The inmate is at a low risk for serious self-injury or suicide.
   e. The inmate has developed coping mechanisms to manage self-harm, suicidal threats, and/or psychotic symptoms.
   f. The inmate is likely to be able to function adequately when returned to previous housing assignment and/or custody level.
   g. The inmate is able to function in less restrictive custody.

3. A discharge summary will be developed by the MHTC Behavioral Health Clinician assigned to the case. The summary will include the diagnosis, course of treatment, and a discussion of treatment plan progress. The discharge summary will be documented on the **MHTC Discharge Summary** form *(CD-180601.5).*

4. A **Behavioral Health Clearance Chrono** form *(CD-180104.3)* will be completed and forwarded to the MHTC Classification Officer, MHTC Behavioral Health Therapist Supervisor, and MHTC clerk.

5. MHTC inmates classified as Special Management will have a **Behavioral Health Evaluation and Screening for Special Management Housing** form *(CD-180401.1)* completed by the assigned MHTC Behavioral Health Clinician.

6. Inmates admitted to the MHTC from the APA are not subject to a **Behavioral Health Evaluation and Screening for Special Management Housing** if discharged back to the APA. Inmates whose MHTC admission is longer than 6 months require a rescreen with the **Behavioral Health Evaluation and Screening for Special Management Housing** form.

7. Discharge planning must be completed prior to placing an inmate on formal discharge status. When all planning and reviews are done, notification will be made to Offender Management Services (OMS) for transfer of the inmate from MHTC.

8. If there exists any clinical or management concerns, the Behavioral Health Bureau Chief or designee and the Director of Psychiatry will review the case, consult with the facility warden(s), and make the final determination regarding the discharge.

9. The MHTC Behavioral Health Therapist Supervisor or assigned Behavioral Health Clinician will contact the designated receiving facility prior to the inmate transfer for non-Special Management transfers. The case will be clinically staffed with the receiving facility Behavioral Health Therapist Supervisor or designee. If further case consultation is required a video conference may be set up to discuss the transfer. The following documents will be available for this videoconference: Behavioral Health and Medical Records draft of the MHTC Discharge Planning Summary, draft of the Psychiatric Discharge Summary, draft of the Behavioral Health Evaluation, and Screening for Level V/VI Housing, case presentations forms (MHTC Case Presentation Format CD-190601.7), security and classification inputs.

10. The MHTC Behavioral Health Therapist Supervisor will notify the MHTC Unit Manager when all the Discharge Planning has been completed so the inmate can be transferred.

11. <u>Discharge Planning for Inmates Released to the Community</u>:

    a. Discharge planning for inmates being released from prison to parole or probation or discharging from prison will be provided in accordance with procedure *CD-180100,* **Behavioral Health Clinical Services**, CD-171401 **Health Services Reentry Provision of Information to Probation and Parole Division and/or Community Health Care Providers**, and CD-083000, **Reentry Planning and Process for Inmates Releasing to the Community from Incarceration**.

    b. The Institutional re-Entry Coordinator, MHTC Behavioral Health Clinician, medical and the classification officer will coordinate discharge planning for MHTC inmates released to the community.

    c. Discharge planning is initiated no less than six months prior to the inmates projected release to the community. Resources are sought in the community for the continuation of services.

    d. The inmate will attend the Re-Entry Committee meeting at least 180 days prior to release to the community.

    e. The Re-Entry Committee will discuss the inmate's clinical and social needs and the clinician will complete the **Clinical Pre-Release Review and Recommendations** form

(CD-180112.3).

f. An after care plan will be developed by the Classification officer and MHTC Behavioral Health Clinician assigned to the case which reflects the recommendations of the MHTC Treatment Team.

g. A discharge summary will be developed by the MHTC Behavioral Health Clinician assigned to the case. The discharge summary will be documented on the **MHTC Discharge Planning Summary** form *(CD-180601.5).*

F. MHTC Inmate Behavioral Guidelines:

Inmates must comply with the following:

1. Actively participate in the treatment components set forth in the MHTC Individual Treatment Plan (ITP).
2. Maintain a clean, organized cell.
3. Demonstrate civil, respectful interpersonal behavior to staff and other inmates.
4. Gang affiliations and activities are strictly prohibited.
5. Remain free from illicit substances, without exception.
6. Remain free from the use of tobacco products.
7. Comply with institutional policies and procedures.
8. Token economy may be used on a case by case basis as an incentive.

G. MHTC Housing Units:

Acute Care Unit	Therapeutic Restriction Unit	Chronic Care Units

1. Acute Care Unit (ACU):

a. Description:

The Acute Care Unit provides emergent behavioral health care and psychiatric evaluation and care for inmates experiencing severe cognitive, affective and/or behavioral functioning difficulties. The ACU provides seven-day, 24-hour security, medical, psychiatric and behavioral health services. The MHTC Psychiatrist is responsible for ACU clinical management including but not limited to: admissions and discharges, psychiatric care, and psychiatric medications.

b. Assignment:

1) Inmates that require a highly structured environment and/or continuous nursing care may be considered for admission to the ACU.

2) The MHTC Psychiatrist or weekend duty psychiatrist provides services according to *CD-172300*.

3) Psychiatric nursing staff provides services according to *CD-172300.*

4) Privileges and property restrictions will be incorporated into the Nursing Care Plan, based upon psychiatric assessment of the inmate's level of functioning and amenability to ACU programming.

5) MHTC behavioral health staff will provide ACU behavioral health services as an adjunct to psychiatric treatment as determined by the MHTC Behavioral Health Therapist Supervisor and MHTC Psychiatrist.

6) Inmates who are transferred to the MHTC from a special management Unit will be housed in ACU or TRU until they are relocated to an appropriate facility, or until the inmate's Classification Level is lowered.

c. Services and Privileges:

1) ACU inmates will receive property and privileges consistent with NMCD CD-150200 to the extent that such services are available. Items the MHTC Psychiatrist has identified as posing potential threats of harm to the inmate or others may be limited. Congregate activities and visiting privileges must be approved by the Treatment Team. Inmate employment is generally contraindicated within the ACU but may be evaluated on a case by case basis by the Treatment Team.

2) Alterations to ACU inmate property, privileges, and services will be determined by the MHTC Psychiatrist and the MHTC Treatment Team in conjunction with Classification guidelines and documented on a Treatment Team Note.

3) Educational staff will provide education to ACU inmates as appropriate.

4) ACU inmates will be eligible for behavioral health appointments, recreation, visits, programs, etc. unless the MHTC Treatment Team determines cell restriction is necessary.

5) ACU inmates will have more than 2 hours of out-of-cell time to include a combination of programming, recreation, education, employment, etc. unless the MHTC Treatment Team determines this is not clinically appropriate

2. <u>Therapeutic Restriction Unit</u>:

a. Description:

1) The Therapeutic Restriction Unit (TRU) serves as an intermediate step between the highly structured ACU and a less restrictive environment. This unit may also house Special Management inmates.

2) Inmates assigned to the TRU require observation and/or clinical/psychiatric monitoring but are not considered an imminent threat to self or others. The TRU affords inmates the opportunity to interact on a broader basis than ACU to engage in a larger range of activities.

b. Assignment:

1) Inmates that no longer require the highly structured ACU environment and continuous nursing care may be considered for transition to TRU.

2) Inmates who do not demonstrate the clinical stability, social responsibility and/or interpersonal appropriateness necessary to function within the less restrictive CCU milieu may be placed in TRU.

3) The MHTC Treatment Team will evaluate each inmates' clinical appropriateness to transition to CCU or discharge from TRU.

c. Services and Privileges:

1) Therapeutic Restriction Unit (TRU) inmates will receive property and privileges consistent with NMCD CD-150200, specifically books, clothing, paper, crayons, institution pens and radio/MP3 players.

2) Alterations to TRU inmate property, privileges, and services will be determined by the MHTC Treatment Team in conjunction with Classification guidelines.

3) Housing Level 1-4 inmates housed in the TRU are expected to participate in Therapeutic Restrict 1 (TR 1) and Therapeutic Restrict 2 (TR 2) programming unless it is determined to be clinically inappropriate by the MHTC Treatment Team.

4) TRU inmates may be eligible for group activities utilizing the four individual secure group activity areas in the TRU Group Room. Inmate's not participating in TR 1 or TR 2 programming must be in restraints when moving between TR programming and their cell. Once in the secure group activity area an inmate's restraints may be removed. Group activities are directed by a Recreation Specialist, Behavioral Health Clinician, or other persons approved by the Behavioral Health Therapist Supervisor.

5) The Behavioral Health Therapist Supervisor or designee will conduct behavioral health rounds weekly for inmates housed in TRU.

6) Education will provide materials consistent with educational goals and academic abilities.

7) CCU inmates housed in the TRU due to mental health reasons may be authorized by the Treatment Team to attend educational and employment programming outside the TRU during weekdays. Inmates will be searched as they leave and return to the unit.

3. Chronic Care Unit (CCU):

a. Description:

1) The Chronic Care Unit provides social and interpersonal interaction designed to enhance the inmate's ability to function in the larger environment.

2) The CCU housing serves as a transitional environment designed to prepare the inmate for possible integration into a non-MHTC prison environment.

b. Assignment:

Assignment is based on a determination from the MHTC Treatment Team. Inmates can be assigned to CCU under the following guidelines:

1) Inmates, who have successfully programmed through the TR program, are deemed to be clinically stable, and have adhered to MHTC guidelines and programming consistent with their ITP may be eligible for the CCU. Inmates who have not completed at least two weeks of TR programming will not be permitted in the CCU, unless approved by the MHTC Treatment Team.

2) All inmates must have MHTC Treatment Team approval prior to being admitted to the CCU.

3) Inmates who exhibit chronic interpersonal and/or social difficulties will not be approved for CCU until the MHTC Treatment Team determines sufficient progress has been made.

4) Special Management inmates are not eligible for CCU.

c. Services and Privileges:

1) Chronic Care Unit (CCU) inmates will receive property and privileges consistent with Level III facilities to the extent such are available, unless otherwise specified by the MHTC Treatment Team. Privileges and activities may be similar, but not necessarily identical to the general population.

2) CCU inmates are required to attend group therapy, psycho-educational group, individual therapy, and ancillary services as set forth in the ITP in order to maintain privileges.

3) CCU inmates are eligible for employment and occupational programming as approved by the MHTC Treatment Team.

H. MHTC Behavioral Health Services:

1. General Guidelines:

a. MHTC Behavioral Health Clinicians are required to provide services consistent with behavioral health standards and the NMCD Behavioral Health Policies.

b. MHTC inmates housed in the Long Term Care Unit (LTCU) will receive behavioral

health services consistent with NMCD policies. The MHTC Behavioral Health Staff will conduct LTCU rounds at least once a week for MHTC inmates housed in the LTCU.

2. Clinical Assessment and Treatment Planning:

   a. Once an MHTC Behavioral Health Clinician has been assigned an inmate they will complete an initial **MHTC Clinical Assessment** form *(CD-180601.2)* and an **MHTC Individual Treatment Plan** form *(CD-180601.4)* within 14 days of receiving the assignment.

   b. The **MHTC Clinical Assessment** requires the signatures of the MHTC Behavioral Health Therapist Supervisor and the assigned Behavioral Health Clinician within five (5) working days of completion. The ITP must be signed by the Behavioral Health Therapist Supervisor, Behavioral Health Clinician, and the inmate within five 5 working days of the plan's completion.

   c. If the clinical assessment process suggests psychological assessment battery is required in order to accurately render a diagnosis and establish a course of treatment, the procedures in *CD- 180100* will be followed.

3. Individual Treatment:

   a. Individual treatment sessions will be conducted in accordance with the ITP. Inmates will be seen in individual treatment as clinically indicated in the current treatment plan and documented on a **Progress Note – Treatment Session** form *(CD-180108.2)*.

   b. The ITP will be updated as treatment evolves. As the ITP is revised and updated the presenting problems, goals, and planned interventions will reflect the inmate's condition as documented in the progress notes and documentation notes. Clinical reviews will be conducted at least every 90 days and documented on the MHTC **Treatment Review** form *(CD-180601.3).* Changes to the ITP will be documented on an updated MHTC **Individual Treatment Plan** form (CD-180601.4).

   c. Brief encounters, mental status, and level of functioning monitored by the therapist between sessions will be documented on a **Documentation Notes** form *(CD-180102.1).* Documentation will utilize D(ata), A(ssessment), P(lan) format.

4. Group Treatment:

   a. MHTC inmates will attend group therapy, substance abuse groups, and psycho-educational groups as clinically indicated, consistent with their MHTC housing assignment and ITP.

   b. Treatment groups will be documented according to *CD-180100.* The MHTC Behavioral Health Clinician in charge of the group is responsible for ensuring the required sign-in log is maintained and signed by attending inmates.

   c. The MHTC may offer a variety of treatment groups which may include, but are not limited to, the following:

1) Behavioral Health Education;
2) Relaxation/Stress Management;
3) Anger Management;
4) Interpersonal Communication Skills;
5) Life Skills – Activities of Daily Living;
6) Recidivism Reduction Program; and
7) Substance Use Disorder and Addiction Treatment.

5. Information to the MHTC Treatment Team:

   a. MHTC Behavioral Health Clinicians will provide status updates and recommendations regarding inmates on their assigned caseload. The **MHTC Case Presentation Format** form *(CD-180601.7)* can be used for summarizing important case data.

   b. The MHTC Treatment Team will staff all ACU and TRU inmates weekly, and all CCU at least quarterly.

   c. MHTC Treatment Team case staffing will be documented on an **MHTC Treatment Team Progress Note** form *(CD-180601.1).*

6. Review of Disciplinary Reports: [5-6C-4404]

   a. The facility Disciplinary Officer will submit a copy of all MHTC disciplinary reports and **Inmate Misconduct Mental Health Review** form *(CD-090101.9)* to the MHTC Behavioral Health Therapist Supervisor for review within one working day.

   b. The MHTC Behavioral Health Therapist Supervisor, or their designee, will consult with the MHTC Psychiatrist to determine if the misconduct under consideration was due primarily to the inmate's behavioral health condition and document the determination on the **Inmate Misconduct Mental Health Review** form within one working day.

   c. If the misconduct was due primarily to mental illness, the MHTC Behavioral Health Therapist Supervisor may suggest reduced or suspended sanctions if the inmate is found guilty. The recommendations will be documented on the **Inmate Misconduct Mental Health Review** form within one working day.

   d. The results of this review will be presented to the facility Warden for final determination.

2. Review of Disciplinary Sanctions:

   a. The facility Disciplinary Officer will discuss proposed disciplinary sanctions with the MHTC Behavioral Health Therapist Supervisor.

   b. If the MHTC Behavioral Health Therapist Supervisor believes the proposed sanctions will adversely impact the inmate's behavioral health condition, this will be documented on the **Inmate Misconduct Mental Health Review** form and a meeting will be scheduled with the facility disciplinary officer.

   c. If an agreement is reached regarding sanctions, the sanctions will proceed.

d. If consensus is not achieved between behavioral health and the disciplinary officer, the facility Warden will render a final decision.

I. Crisis Intervention:

1. MHTC Crisis Intervention Protocol:

a. During regular working hours, Monday through Friday, excluding holidays, staff will contact the assigned Behavioral Health Clinician to respond to crisis intervention calls for CCU inmates. Crisis interventions for ACU and TRU inmates will be the responsibility of the MHTC Psychiatrist or psychiatric nursing. If the assigned Behavioral Health Clinician is unable to be reached, the MHTC Behavioral Health Therapist Supervisor will be contacted

b. During after hours or on weekends, an ACU nurse will conduct an initial interview with the inmate in order to determine the relevancy and extent of the crisis. If the ACU nurse requires clinical guidance, they will notify the security shift supervisor who, at need, will notify master control to contact the on-call Behavioral Health Clinician for consultation.

c. If the on-call Behavioral Health Clinician determines, either telephonically or by an on-site assessment, that the inmate is suicidal or in danger of self-harming, the on-call psychiatrist will be contacted by the ACU nurse. Once the on-call psychiatrist has been notified and has determined the appropriate interventions needed, the psychiatrist and ACU nurse assume responsibility for directing the crisis and/or suicide prevention protocols. The on-call Behavioral Health Clinician completes the **Incident Report/Crisis Intervention** form *(CD-180109.1)*.

h. The MHTC Behavioral Health Therapist Supervisor will ensure relevant information is documented on the **Suicide and Self-Injury History/Alert Log** Attachment *(CD-180201.D)* in each respective inmate file.

i. The MHTC Behavioral Health Therapist Supervisor and the MHTC Psychiatrist will review crisis interventions for MHTC inmates no later than the next working day.

j. The MHTC Treatment Team will staff the case at the next scheduled MHTC Treatment Team meeting in order to address the inmate's ITP.

J. MHTC Psychiatric Services:

1. MHTC Psychiatrist Duties, Authority and Responsibilities::

a. The duties and responsibilities are according to *CD-172300*.
b. The MHTC Psychiatrist will closely coordinate with the MHTC Behavioral Health Therapist Supervisor and MHTC Unit Manager.
c. Ensure all copies of Admission Summaries, Psychiatric Encounter Forms, and Discharge Summaries are given to Behavioral Health Staff for review and filing in the Behavioral Health file.

2. The following Behavioral Health Documentation will be copied by the MHTC clerk and

placed in the Medical/psychiatric file:

a. **MHTC Clinical Assessment** form *(CD-180601.2)*
b. **MHTC Treatment Review** form *(CD-180601.3)*
c. **MHTC Individual Treatment Plan** form *(CD-180601.4)*
d. **MHTC Discharge Planning Summary** form *(CD-180601.5)*
e. **RDC Intake Interview and Recommendations** form *(CD-180201.5)*
f. **RDC Mental Status Examination** form *(CD-180201.6)*

K. Recreation Specialist Services:

The MHTC Behavioral Health Supervisor supervises the Recreation Specialist staff. Management duties include staffing, scheduling and program oversight.

1. Recreation Specialist staff may facilitate the following services, including but not limited to:

   a. Psycho-educational activities including the presentation of films, interpersonal/social activities, and para-professional communication.

   b. Physical recreation activities.

   c. Arts and crafts activities.

   d. Gardening projects.

   e. Inmate movement to programming.

   f. Music therapy.

   g. Activities of Daily Living (ADL) including cell organization and hygiene.

2. Recreational activities are adjusted in accordance with clinical need and ability:

   a. Acute Care Unit (ACU) offers activities, consistent with inmate level of functioning and ITP.

   b. Therapeutic Restriction Unit (TRU) provides activities predominately based within the unit unless otherwise specified (*e.g*. individual therapy, medical appointments, recreation).

   c. Chronic Care Unit (CCU) offers a broad range of services provided by recreational staff. CCU inmates are generally eligible to engage in congregate recreational activities. On days when there is inclement weather, exercise programs or video movies are scheduled inside each individual pod. Crafts, cards, and board games are also scheduled in the pod. Other activity programs include: sports groups, music groups, bingo games, etc.

L. Educational Services:

1. MHTC Educators will provide services consistent with the NMCD Education Department

and MHTC Policies in accordance with the following guidelines:

a. Provide educational services at the MHTC during the contract year, as assigned by the NMCD Director of Education.

b. Conduct assigned classes in accordance with sound educational practices.

c. Establish individualized lesson/unit plans.

d. Provide educational programming Monday through Friday.

e. Discuss inmate progress during MHTC Treatment Team meetings.

f. Maintain a well-ordered classroom that is conducive to learning.

g. Provide educational equipment, supplies and materials for instruction.

h. Counsel inmate students concerning academic achievement.

i. Establish guidelines for tardiness and absence.

j. Emphasize the importance of regular and continuous class attendance.

k. Maintain accurate attendance records of students and submit required monthly reports.

l. Educators are required to report all irregularities, questions or problems concerning instruction and security to the MHTC Treatment Team. Immediate security concerns will be reported to the Captain of Security.

m. Provide weekly rounds in ACU and TRU.

2. General Education Programming may include the following:

- GED training.
- Reading and writing skills training.
- Math, science, history, and social studies training.
- Word processing, spreadsheet, desktop publishing, database and multimedia training.
- Provide educational videos.
- Provide reading materials.
- Provide educational counseling.

3. Educational Television:

The ETV Coordinator will oversee ETV operations including but not limited to:

- Coordination of ETV programming and broadcasting.
- Establish a monthly ETV schedule.
- Maintain an accurate inventory of ETV equipment.
- Ensure that electrical and mechanical ETV problems are addressed in a timely manner.

- Assist in purchasing materials and supplies for ETV programming.
- Maintenance of the broadcast room
- Maintenance of the signal quality leaving the broadcast room

M. MHTC Unit Manager:

The Unit Manager is the supervisor, coordinator, trainer, and team member for the MHTC Treatment Team. The Unit Manager will ensure that quality programs and services are delivered to all the inmates in the MHTC and notify OMS of all discharges from MHTC. The Unit Manager will also perform the following additional administrative functions:

1. The Classification Officer functions under the direct supervision of the Unit Manager. Other duties include, but are not limited to:

    a. Unit Classification Officers are responsible for all the case management matters for the inmates assigned in their unit. They must be readily accessible to assigned inmates in the unit.

    b. The MHTC Classification Officer will provide the MHTC Treatment Team with a list of MHTC inmates classified by Specialized Management.

    c. The MHTC Classification Officer is responsible for notifying the MHTC Treatment Team of any inmate who will parole or discharge 180 days prior to discharge and keeping the MHTC Treatment Team apprised of the parole and discharge plans and any changes to the dates of parole or discharge.

    d. The MHTC Classification Officer will interact daily with inmates, complete custody reviews, attend MHTC Treatment Team meetings, process inmate good time credits and providing back up for other classification officers in their absence.

2. Employment Therapy and Work Therapy Programs:

    a. The employment opportunities within the MHTC may include but are not limited to:

        - Porter positions;
        - Landscape assistants;
        - Gardeners;
        - Biohazard porters;
        - Utility Crew;
        - Laundry positions; and
        - Television and electronics maintenance positions.

    b. Employment authorization based on MHTC Treatment Team approval.

    c. The MHTC Treatment Team establishes work therapy assignments.

    d. The MHTC Treatment Team authorizes inmate employment consistent with the work assignment, clinical stability, and security information.

    e. Recreation Specialists/Correctional Officers are responsible to oversee and monitor

MHTC inmates while engaged in employment.

f. The MHTC Treatment Team will be informed of an inmate's employment progress, behavior patterns, and behavioral anomalies by the Recreation Specialists.

g. Employment parameters such as wages, inmate selection, and removal will be conducted in accordance with NMCD policies and guidelines.

3. Evaluate housing assignments based on factors including inmates history of violence, gang affiliation, adjustment history and inmate housing level.

4. All security staff members assigned to the MHTC will participate in an additional four hours of training specific to behavioral health issues. The training will be provided by the MHTC Behavioral Health staff and cover areas not normally covered in the annual training but pertinent to the inmates in the MHTC. The MHTC Unit Manager will be responsible for ensuring all MHTC security staff has received the training. Security staff only need to have the training once per year.

5. The Security Supervisor functions under the Unit Manager's direct supervision.

Other duties include:

a. The Security Supervisor will manage the day-to-day operational aspects of the unit. He or she will be readily accessible to the inmates in the unit.

b. Ensuring the security mechanisms of the unit work properly.

c. Ensuring the practices of the security staff meet the security needs of the unit (i.e. cell searches, counts, caustic control, etc.)

d. Interviewing and orienting inmates newly admitted to the unit.

e. Develop a general knowledge of the inmates in the unit.

f. Participating in MHTC Treatment Team meetings.

g. Reviewing training opportunities for the security staff.

h. Ensuring compliance with property policies.

i. Assisting other unit personnel at the direction of the Unit Manager.

j. Ensuring adequate supplies of hygiene and cleaning materials for the unit.

NEW MEXICO
CORRECTIONS DEPARTMENT
MHTC Treatment Team Progress Note

Date: _____ Initial Treatment Team ☐ Review ☐
Did the inmate attend the Treatment Team this date: (yes) ☐ (no) ☐
MHTC Level Assignment (Circle): ACU OBS I ACU OBS II TRU TRU1 TRU2 CCU
Treatment Guardian: (yes) ☐ (no) ☐
PRD:_____Work Assignment:_____Education: _____

DSM Diagnosis: _____

_____

Medications: _____

Psychiatry: _____

_____

Nursing:

_____

Behavioral Health Clinician: _____

_____

Security:_____

Classification:_____

Recreation Specialist:

_____

Education:_____

Unit Manager: _____

Behavioral Health Therapist Supervisor: _____

_____

Treatment Team Recommendations: _____

_____

_____

_____

_____ _____
MHTC Behavioral Health Therapist Supervisor MHTC Psychiatrist

_____ _____
Assigned Behavioral Health Clinician Charge Nurse or designee

_____ _____
Captain of Security or designee Unit Manager

_____ _____
MHTC Education Director Recreation Specialist

_____
Classification

Inmate Name:_____NMCD#:_____Facility:_____

NEW MEXICO CORRECTIONS DEPARTMENT
MHTC Clinical Assessment

Initial: ☐ **Reassessment:** ☐ **Reason**:

Name: **Age:** **DOB:** **Sex:** **Race/Ethnicity:**

Source of Information:
☐ Patient ☐ Correspondence/referral ☐ Old record
Reliability of the information: ☐ Reliable ☐ Questionable ☐ Unreliable/Poor
Basis: _____

Presenting Problem and Description of Clinical Signs and Symptoms *(Reason for referral, current symptoms chronologically organized, compliance with treatment, etc.):*

Mental Health/Psychiatric History *(Past diagnosis and treatment including medication, inpatient psychiatric hospitalizations & outpatient treatments, treatment compliance, suicidal acts, self destructive and violent behaviors, etc.)***:**

Relevant Medical Diagnosis and Treatment *(medical conditions that may contribute to mental illness)***:**

Psycho-Social History *(Birth, development, family constitution, education, marriages, children, significant cultural/religious factors, employment, military service, etc.)***:**

Legal/Criminal History *(include DUI/DWI)***:**

Substance Use History Including Treatment, Substance Abuse Screenings & Assessments *(First/last use, mode of administration, withdrawal /tolerance, consequences, etc.)***:**

History of Abuse:
The patient: ☐ Is ☐ Is not in an appropriate mental state to discuss issues of abuse

☐ Is ☐ Is not recently a victim/perpetrator of abuse (specify type and perpetrators) _____

☐ Does ☐ Does not have a history of being a victim or perpetrator abuse *(specify type, perpetrator and ages when abused)*
_____

Family History:
(Available history of psychiatric illness in close relatives including but not limited to mood & psychotic disorders, suicide, and substance use disorders, treatments & response to treatment, familial diseases, events or other factors bearing on client)
Affective Disorders _____ Psychotic Disorders _____
Substance Use Disorders _____ Suicide _____
Others _____

Mental Status Examination:

Appearance & Attitude:	☐ Normal/Appropriate ☐ Disheveled ☐ Poor eye contact ☐ Hostile ☐ Mute
Psychomotor Activity:	☐ Unremarkable ☐ Increased/agitated ☐ Decreased/slow
Speech:	☐ Understandable ☐ Normal ☐ Abnormal ☐ Pressured ☐ Slowed ☐ Slurred ☐ Loud
Mood:	☐ Patient's Description _____ Observation: ☐ Euthymic ☐ Euphoric ☐ Depressed ☐ Anxious ☐ Irritable ☐ Labile ☐ Angry ☐ Apathetic ☐ Other _____
Affect:	☐ Appropriate ☐ Inappropriate ☐ Restricted ☐ Blunt ☐ Flat ☐ Labile ☐ Over-expansive ☐ Other_____
Thought Process:	☐ Linear ☐ Goal-Directed ☐ Coherent ☐ Incoherent ☐ Blocking ☐ Circumstantial ☐ Tangential ☐ Loose Associations ☐ Derailment ☐ Flight of Ideas ☐ Other _____
Content of Thought:	☐ Unremarkable ☐ Endorses Suicidal/Homicidal Ideation/Intent/Plan (Describe)_____ ☐ Endorses Auditory/Visual Hallucinations *(Describe)* _____ ☐ Delusions *(Describe)* _____
Somatic Complaints:	☐ None ☐ Sleep Disturbance ☐ Appetite Disturbance ☐ Energy Disturbance ☐ Pain ☐ Other _____
Sensorium &Cognition:	☐ Alert, ☐ Oriented, *Person Place Time* ☐ Memory, Intact Impaired (Immediate/STM/LTM)_____
Insight/Judgment:	☐ Good ☐ Fair ☐ Limited ☐ Poor, ☐ Impaired

NEW MEXICO CORRECTIONS DEPARTMENT

Summary/Clinical Impression:

DSM Diagnosis (Including Codes):

Treatment Recommendation:

Clinician (Printed/Typed Name)	Clinician Signature	Date
Reviewer (Printed/Typed Name)	Reviewer Signature	Date

NEW MEXICO CORRECTIONS DEPARTMENT

MHTC Treatment Review

DSM Diagnosis (Including Codes):

Description of current functioning:

Progress towards goals on treatment plan:

Recommendations:

Clinician (Printed/Typed Name)	Clinician Signature	Date
Reviewer (Printed/Typed Name)	Reviewer Signature	Date

NEW MEXICO CORRECTIONS DEPARTMENT

MHTC Individual Treatment Plan

Treatment Goal	Date Goal Set	Treatment Intervention and Frequency	Date Goal Met

Program Activities:

A. Recreation – Indicate activity, frequency, and responsible staff.

_____

_____

_____

B. Education – Indicate activity, frequency, and responsible staff

_____

_____

_____

C. Employment – Indicate activity, frequency, and responsible staff

_____

_____

_____

I agree to participate in the activities stated in this plan.

Inmate (Printed/Typed Name)	Inmate Signature	Date
Inmate Agent/Treatment Guardian (If applicable) (Printed/Typed Name)	Inmate Agent/Treatment Guardian	Date
Clinician (Printed/Typed Name)	Clinician Signature	Date
Reviewer (Printed/Typed Name)	Reviewer Signature	Date

Inmate Name:_____NMCD#:_____Facility: MHTC

NEW MEXICO CORRECTIONS DEPARTMENT

MHTC Discharge Planning Summary

Name: **NMCD#**:

Date of Admission: **Date of Clinical Discharge:**

Mental Health Code: **Days at MHTC**:

I. Reason for Admission ***(Reason on referral, course of illness prior to admission, etc)***:

II. Course of Treatment *(Services/Programs provided, groups, individual therapy, recreation, education, psychiatric and nursing interventions, milieu treatment, treatment goals and progress towards goals, watches, seclusions, restraints, progress through programming, etc.)***:**

III. Reason(s) for Discharge:

☐ Improved level of functioning ☐ No longer a danger to self or others

☐ Thoughts of perception disorder diminished and/or manageable

☐ Depression/Anxiety significantly improved ☐ Stabilized with psychotropic medications
☐ Post-acute Detox. Symptoms ☐ Able to function in general population
☐ Other: _____

Explain *(Mandatory)***:**

II. Current Psychotropic Medication(s) ***(Include dosages, schedule, and indications):***

III. DSM Diagnosis ***(Including Codes):***

IV. Summary/Clinical Impressions:

V. Aftercare Treatment Recommendations ***(Continuity of Care Recommendations)***:

VI. Special Considerations:

NEW MEXICO CORRECTIONS DEPARTMENT

Clinician (Printed/Typed Name)	Clinician Signature	Date
Reviewer (Printed/Typed Name)	Reviewer Signature	Date

NEW MEXICO CORRECTIONS DEPARTMENT

MHTC Confidentiality Statement and Acknowledgement

According to New Mexico Law, including NMSA 1978 Sections 14-2-1(A), 14-6-1, 24-2B-6, and SCRA 11-504, medical, mental health, addictions (substance use disorders), and HIV records and information is confidential and privileged. Such records and information is not to be disclosed except upon consent of the patient or as otherwise allowed by law.

In the context of operating a correctional facility, such information may be made available to particular security staff members only to the extent that the particular security staff member has a compelling need to know the specific information. Such information may not thereafter be disclosed to other security staff members unless those staff members also have a compelling need to know the information. Such information is not to be disclosed as a matter of casual conversation, gossip, curiosity or the like.

I understand that in the performance of my duties in the MHTC may be exposed to medical, mental health, or HIV information or records. I understand and agree that I must keep this information confidential and privileged and that I will not disclose such information unless authorized by the inmate, by law, or by Corrections Department policy. I understand that if I disclose such information in violation of statement and acknowledgment, I may be subject to disciplinary action.

Employee Name (typed or printed)	Title
Employee Signature	Date

NEW MEXICO CORRECTIONS DEPARTMENT

MHTC Case Presentation Format

Inmate____, NMCD #_____, was admitted to the MHTC from_____on_____. The reason for the admission to MHTC was____. The inmate is_____years of age, and is serving _____years for_____. His current diagnosis is:

Course of treatment: _____
_____

Current diagnosis is:_____

_____

_____

☐ Current diagnoses are provisional. Explain: _____
☐ Current diagnoses are considered to be reasonably well established.
☐ We are still attempting to rule in or out the following diagnoses and reason: _____
_____

His current housing level is_____.

The inmate is ☐ is not ☐ currently receiving concurrent medical treatment for the following medical conditions: _____
_____

The current medications for this patient are (medication, reason, and schedule): _____
_____

His latest projected release date as per Classification is_____.

The inmate's treatment plan currently includes the following problems, goals, and behavioral interventions: (see attached)

The inmate does ☐ does not ☐ have a treatment guardian:
Expiration date of guardianship _____
Name of treatment guardian _____

Treatment Recommendations: _____
_____

_____

_____