

 CD-101000	NEW MEXICO CORRECTIONS DEPARTMENT	ISSUE DATE: 05/28/01 EFFECTIVE DATE: 05/28/01 REVIEW/REVISED: 11/30/11
	TITLE: Multidisciplinary Treatment Team	

AUTHORITY:

Policy *CD-010100*

REFERENCES:

ACA Standard 4-4305, Manual of Standards for Adult Correctional Institutions, 4th Edition.

PURPOSE:

To offer institutional review and/or assistance for inmates who are disabled and such disability substantially limits a major life activity.

APPLICABILITY:

All NMCD and privately contracted facilities.

FORMS:

- A. **MDTT Referral Form** (*CD-101001.1*)
- B. **Multi-Disciplinary Treatment Team Meeting Form** (*CD-101001.2*)
- C. **(MDTT) Refusal to Participate Form** (*CD-101001.3*)
- D. **(MDTT) Confidentiality Statement and Acknowledgment Form** (*CD-101001.4*)

ATTACHMENTS:

NONE

DEFINITIONS:

- A. Disability: A mental, sensory, or physical impairment that substantially limits a major life activity.
- B. Major Life Activity: Walking, speaking, eating, working, caring for oneself, hearing, and the like.

- C. *Multi-Disciplinary Treatment Team (MDTT)*: A team comprised of facility personnel representing, at a minimum, the following departments: classification, security, education and mental health. Other facility departments, such as medical, inmate discipline, Therapeutic Community Counselor, etc., may also be included.

POLICY:

Inmates with disabilities that substantially limit a major life activity will be identified and provided a multi-disciplinary approach of case review, evaluation and recommended services through an institutional Multi-Disciplinary Treatment Team (MDTT). [4-4305]



Gregg Marcantel, Secretary of Corrections
New Mexico Corrections Department

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PROCEDURES: [4-4305]

A. MDTT Criteria:

Inmates with a known or suspected disability who appear to be experiencing functional difficulties will be referred to the facility MDTT. All inmates with disabilities that substantially limit a major life activity (as identified by Mental Health or Education) will be referred to the facility MDTT.

B. MDTT Referrals:

Any staff member may refer an inmate to the MDTT. The referring staff member will complete the **MDTT Referral Form** (*CD-101001.1*).

C. MDTT Guidelines:

1. The MDTT will schedule meetings at least one time per month, unless there are no inmates currently at the facility who require MDTT recommended services.
2. The MDTT will review the inmate's institutional functional difficulties, the factors that contribute to the difficulties and, if necessary, measures to address the difficulties, if any.
3. MDTT recommendations and/or institutional accommodations, by each department, will be discussed with the inmate and documented on the **Multi-Disciplinary Treatment Team Meeting Form** (*CD-101001.2*).

4. All inmates who receive MDTT referrals will be offered the opportunity to attend an initial MDTT committee. If the MDTT determines MDTT services are necessary, the inmate will be seen for at least one follow-up MDTT committee, no later than 90 days from the initial committee meeting. Inmates may be seen more frequently, if determined by the MDTT.
5. Inter-facility transfers who are receiving MDTT recommended services at the time of transfer will be identified at the receiving facility and scheduled for the next MDTT.
6. Inmates may be exited from MDTT-recommended services by consensus of the MDTT. This may happen if accommodations are no longer necessary, if the inmate's functional difficulties have been addressed or no longer exist, or if he/she can no longer benefit from the recommended services. The determination to exit an inmate from MDTT services will be documented.
7. Inmate participation in the MDTT is voluntary. If an inmate elects not to participate the inmate will be instructed as to how to initiate services in the future. This will be documented by the **(MDTT) Refusal to Participate** Form (*CD-101001.4*). In the case where an inmate elects not to participate in the MDTT, no further services under this policy are necessary

D. Designated Authority:

Each facility Warden will designate one supervisory level staff member as the MDTT coordinator who shall be responsible for coordinating the services and have the following responsibilities:

1. Receiving MDTT referrals;
2. Scheduling MDTT meetings at least monthly;
3. Documenting the results of MDTT meetings;
4. Tracking MDTT recommendations to ensure they are implemented and documented;
5. Maintaining documentation on activities of the MDTT and documentation regarding inmates appearing before the MDTT.

6. Maintain copies of signed **(MDTT) Confidentiality Statement and Acknowledgment** Form (*CD-101001.4*).
- E. Members of the Multi-Disciplinary Treatment Team will receive training regarding the confidentiality of issues discussed during team meetings in regard to individual inmates. Each member will be required to sign a **(MDTT) Confidentiality Statement and Acknowledgment** Form (*CD-101001.4*).
- F. The Unit Management Team may act as the Multidisciplinary Treatment Team as long as it complies with the documentation requirements of this policy and the education and mental health representatives are present.



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NEW MEXICO CORRECTIONS DEPARTMENT
Multi-Disciplinary Treatment Team Referral

Inmate Name: _____ NMCD#: _____

REASON FOR REFERRAL:

Observed behavior or actions giving rise to concern:

Impact on ability to function:

SUBMITTED BY:

Name of staff member (printed) _____

Signature of staff member _____

Title and Department _____

Date _____

NEW MEXICO CORRECTIONS DEPARTMENT
Multi-Disciplinary Treatment Team Meeting

Date: _____ Initial Follow up
Housing Unit: _____ Initial Review Date: _____
Work Assignment: _____ Education Assignment: _____
Date Arrived: _____ Sending Unit: _____
Referral Date: _____ Referral Source: _____

Reason for referral: _____

Mental Health Continue Current Program (Check One) Yes No
If NO, recommended change: _____

Medical Continue Current Program (Check One) Yes No
If NO, recommended change: _____

Classification/Work Continue Current Program (Check One) Yes No
If NO, recommended change: _____

Education Continue Current Program (Check One) Yes No
If NO, recommended change: _____

Security/Housing Continue Current Program (Check One) Yes No
If NO, recommended change: _____

TEAM ACTION Continue MDTT Yes <input type="checkbox"/> No <input type="checkbox"/>
Action: _____
Refer to Warden: _____

Mental Health

Classification

Security

Inmate Signature

Medical

Education

Other

Date

Inmate Name: _____ NMCD#: _____ Facility: _____

NEW MEXICO CORRECTIONS DEPARTMENT
(Multi-Disciplinary Treatment Team)
Refusal to Participate

- I have been given the opportunity to participate in the MDTT process.
- I have been told that the MDTT is designed to assist me while I am incarcerated.
- I do not want to participate in MDTT.
- I have been told who to contact if I change my mind and want to Participate in MDTT at a later date. That person is _____.

Inmate Signature

Date

Staff Signature

Date

NEW MEXICO CORRECTIONS DEPARTMENT
(Multi-Disciplinary Treatment Team)
Confidentiality Statement and Acknowledgment

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 and HIV records and information are confidential and privileged. Such records and information are 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 as a multi-disciplinary staff, I 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)

Employee Signature

Date

Original: Employee personnel file