

HEALTH SERVICES POLICY & PROCEDURE MANUAL

North Carolina Department Of Public Safety
Division Of Adult Corrections & Juvenile Justice

SECTION: Care and Treatment of Patient - Adult
Residential Treatment Services

POLICY # TX I-14

PAGE 1 of 10

SUBJECT: Adult Residential Treatment Services

EFFECTIVE DATE: September 2013
SUPERCEDES DATE: N/A

References

- **Related ACA Standard** **4th Edition Standards for Adult Correctional Institutions 4-4368**
- **NCDOP Policy & Procedure Manual**

PURPOSE

To provide guidelines for the Residential Mental Health Treatment Services.

POLICY

The Residential Treatment Program is designed to provide mental health services to the chronically mentally ill adult population who are not able to receive treatment safely or effectively in an outpatient setting and to provide these services in a manner to assure positive outcomes and in a cost effective manner. This residential service is provided in a designated treatment setting where twenty-four (24) hour supervision is an integral part of the care, treatment, habilitation, or re-habilitation for the inmate.

PROCEDURE

I. Responsibilities with residential treatment programming are as follows:

- A. The Clinical Director (Psychiatrist) or Psychological Program Manager is responsible for the overall operation of the facility and the utilization, appropriateness, and quality of treatment provided.
- B. The Mental Health Assistant Chief for the region is responsible for monitoring compliance with residential mental health treatment standards.
- C. The designated Psychological Services Coordinator shall provide the clinical supervision and quality assurance monitoring.
- D. The Treatment Team shall be responsible for the development of the inmate's individualized treatment plan.

II. Residential Treatment Program Objectives

- A. Provide a structured therapeutic environment
- B. Provide a thorough assessment of treatment needs and evaluate the need for psychotropic medication, etc.

HEALTH SERVICES POLICY & PROCEDURE MANUAL

North Carolina Department Of Public Safety
Division Of Adult Corrections & Juvenile Justice

SECTION: Care and Treatment of Patient - Adult
Residential Treatment Services

POLICY # TX I-14

PAGE 2 of 10

SUBJECT: Adult Residential Treatment Services

EFFECTIVE DATE: September 2013
SUPERCEDES DATE: N/A

-
- C. Enhance social and communication skills
 - D. Foster understanding and acceptance of needed medical and mental health treatment including complying with medication responsibly
 - E. Provide opportunities to develop interests and experience in constructive use of leisure activities
 - F. Provide training and guidance in skills necessary for successful adjustment to both prison and the community
 - G. Prepare for transition to the community

III. Hours of Operation and Services

- A. Twenty-four (24) hour operation providing supervision as an integral part of the care, treatment, habilitation of patients
- B. Twenty-four (24) hour emergency services
- C. Twenty-four (24) hour nursing services
- D. Active treatment programming based on assessment of inmates' needs in which at least ten (10) hours of weekly structured programming and ten (10) hours of non-structured leisure and socialization activities are offered to each inmate.

IV. Staffing

Comprised of disciplines to assure a variety of program components, may include but are not limited to:

- A. Nursing
- B. Psychologist
- C. Psychiatrist
- D. Recreational Therapists
- E. Correctional Behavior Specialist
- F. Social Worker
- G. Educational Staff
- H. Case Manager
- I. Custody
- J. Dietician
- K. Chaplain
- L. Unit Management
- M. Behavioral Treatment Technician
- N. Contractual Personnel

HEALTH SERVICES POLICY & PROCEDURE MANUAL

North Carolina Department Of Public Safety
Division Of Adult Corrections & Juvenile Justice

SECTION: Care and Treatment of Patient - Adult
Residential Treatment Services

POLICY # TX I-14

PAGE 3 of 10

SUBJECT: Adult Residential Treatment Services

EFFECTIVE DATE: September 2013
SUPERCEDES DATE: N/A

O. Volunteers

V. Participant and Referral Source

A. Participant

1. Inmate with a severe, chronic, persistent mental illness, not requiring inpatient care and services, but has mental health needs that exceed the services provided in the outpatient setting.
2. Inmate deemed appropriate by the Director of Mental Health Services or designee.

B. Referral Source

1. Inpatient.
2. Outpatient services for inmates identified in need of increased mental health services and closer observation and monitoring but not in need of an inpatient setting.
3. Other residential facilities.
4. Director of Mental Health Services or a designee.

VI. Screening and Referral Process

A. Referral should be made to the Psychological Program Manager or designee

1. Via-e-mail and/or phone contact
2. Inpatient Mental Health Facility should provide
 - a completed Mental Health Discharge Summary DC-559.
 - a copy of the Medication Administration Record DC-175 for the past thirty (30) days.
 - an initial completed Notice of Referral to a Mental Health Unit DC-133R as a "voluntary" referral.
3. All other referrals should provide
 - the most recent Mental Health Assessment DC-548 and/ or Mental Health Assessment Update DC-944
 - a copy of the past three Mental Health Progress Notes DC-444A with a current note indicating the need for residential treatment.
 - a copy of the Medication Administration Record DC-175 for the past thirty (30) days.
 - a copy of a completed Notice of Referral to a Mental Health Unit DC-133R as a "voluntary" referral

HEALTH SERVICES POLICY & PROCEDURE MANUAL

North Carolina Department Of Public Safety
Division Of Adult Corrections & Juvenile Justice

SECTION: Care and Treatment of Patient - Adult
Residential Treatment Services

POLICY # TX I-14

PAGE 4 of 10

SUBJECT: Adult Residential Treatment Services

EFFECTIVE DATE: September 2013
SUPERCEDES DATE: N/A

4. The referral information is provided to the Residential Treatment Team for review and discussion within five (5) business days.
5. The Clinical Director, Psychological Program Manager and/ or designee provides the acceptance or denial to the program. Upon their directive, the Psychological Services Coordinator shall notify the referral source and arrange the transfer within a week of receiving the complete packet (as specified in VI- A-2 or VI-A-3 above).
6. The Director of Mental Health Services shall have the final authority in collaboration with the Mental Health, Assistant Section Chief, for acceptance or denial in the event the receiving and referral source fail to agree.

VII. Admission Process

A. Admission Assessment

1. Upon arrival or at least within the next business day, a psychologist or licensed clinical social worker shall interview the inmate and document an admission note on the Chronological Record of Health Care DC-387. At that time the clinician shall initiate either a Mental Health Assessment DC-548 or a Mental Health Update DC-944 within fourteen (14) days. The applicable assessment shall be completed by the initial Treatment Team meeting.
2. The MHA DC-548 or MHA Update DC-944 shall include an initial plan of care and service specifically addressing mental health issues.
3. A Progress Note DC-444 may be composed in place of an assessment if the inmate is returning to the residential setting within thirty days of discharge.

B. Health Screening

1. A Health Screening DC-435 shall be completed within twenty-four (24) hours of the inmate's arrival to the facility.
2. Based on the Health Screening DC-435, nursing staff shall complete an initial care plan that identifies at least the inmate's immediate needs and shall address immediate healthcare needs, including, but not limited to, medication issues.

- C. The inmate shall be oriented to the residential program within seventy-two (72) hours of arrival. The inmate shall sign acknowledgment of orientation on the form then-current in departmental policy.

HEALTH SERVICES POLICY & PROCEDURE MANUAL

North Carolina Department Of Public Safety
Division Of Adult Corrections & Juvenile Justice

SECTION: Care and Treatment of Patient - Adult
Residential Treatment Services

POLICY # TX I-14

PAGE 5 of 10

SUBJECT: Adult Residential Treatment Services

EFFECTIVE DATE: September 2013
SUPERCEDES DATE: N/A

VIII. Active Treatment Planning and Implementation

Upon acceptance into the program, each participant shall undergo an assessment to determine individual needs and potential benefits from participation in the program. An individualized comprehensive treatment plan shall be developed to include planned programming that addresses treatment needs and objectives identified by the assessments.

Unless, clinically or otherwise contraindicated, the inmate shall participate in the treatment planning process. With the consent of the inmate, absent of any clinical reason not to and in accordance with custody, security and visitation requirements, the inmate's family may be included in the treatment planning process.

- A. Members of the treatment team may be from any discipline depending on the participant's needs; however, the core team that provides care and/ or services must at least include either directly or through documented consultation:
1. Psychiatrist
 2. Psychologist
 3. Registered Nurse
 4. Social Worker

B. Initial Treatment Planning

1. A Mental Health Admission/Transfer-In note and the Health Screening DC 435 shall be completed within twenty-four (24) hours of arrival or the next business day.
2. Social Work and other applicable disciplines' assessments shall be initiated upon admission and completed within fourteen (14) days.
3. The treatment team shall meet within twenty-one (21) days of admission and based on information gained from the initiation of the assessments, a Mental Health Treatment Plan DC-526 shall be developed. The treatment plan shall include identified problems, goals with measurable outcomes, interventions, target date for meeting goals, and staff responsible for overseeing the specific goal.
4. The treatment goals shall be based on the inmate's strengths and weaknesses, and goals shall have measurable outcomes.

C. Encounters

HEALTH SERVICES POLICY & PROCEDURE MANUAL

North Carolina Department Of Public Safety
Division Of Adult Corrections & Juvenile Justice

SECTION: Care and Treatment of Patient - Adult
Residential Treatment Services

POLICY # TX I-14

PAGE 6 of 10

SUBJECT: Adult Residential Treatment Services

EFFECTIVE DATE: September 2013
SUPERCEDES DATE: N/A

-
1. Staff shall provide care and services as clinically indicated, to include but not be limited to, assessments and therapeutic interventions.
 2. Each inmate shall be seen by his or her primary therapist at least every thirty (30) days and/or more often as clinically indicated.
 3. Each inmate shall be seen by their assigned psychiatrist at least every ninety (90) days and/or more often as clinically indicated.

D. Documentation and Progress Notes

1. A note shall be made in the event of any significant event or incident as well as therapeutic encounters with the inmate.
2. A weekly note regarding the progress or lack thereof toward goals listed on the treatment plan shall be made by the staff responsible for the goal or by a designated representative of the treatment team.
3. Documentation shall be made on the applicable form and encounters entered on the Chronological Record of Health Care DC-387.
4. Once any labs are received, nursing shall call and speak to the psychiatrist to immediately inform them of critical lab values. For out-of-range but non-critical values, the psychiatrist will review all labs at least at twice weekly staffings. The psychiatrist shall initial, date and record the time of review of all labs and test results as well as medical information received from the community.
5. A Mental Health Assessment Update DC-944 will be completed annually.

E. Treatment Team Review

1. The Treatment Team shall meet every thirty (30) days to review the progress or lack thereof and make revisions as applicable to the plan. The treatment plan shall be revised when the inmate is regressing or failing to make steady progress toward treatment goal(s) after reasonable efforts have been made in implementing treatment intervention(s).
2. Based on the weekly notes and the monthly treatment team review, the responsible/primary psychologist or licensed clinical social worker shall complete a treatment summary of the inmate's status, as well as progress or lack thereof in regards to the treatment goal(s). This summary will capture all relevant aspects of the patient's mental health treatment and make adjustments as indicated by the treatment team. This progress summary shall be documented on the Treatment Team Review DC-536.

HEALTH SERVICES POLICY & PROCEDURE MANUAL

North Carolina Department Of Public Safety
Division Of Adult Corrections & Juvenile Justice

SECTION: Care and Treatment of Patient - Adult
Residential Treatment Services

POLICY # TX I-14

PAGE 7 of 10

SUBJECT: Adult Residential Treatment Services

EFFECTIVE DATE: September 2013
SUPERCEDES DATE: N/A

IX. Active Treatment Components

May include, but are not limited to the following:

- A. Activities to enhance social skills and reduce isolation
- B. Recreational activities
- C. Literacy activities
- D. Core Therapy Groups such as: Psychological Education, Anger Management, Relaxation, Fitness, Life Management, Depression Management, Music, Self-Care Skills, Transitions/ Release Planning, Hortithery, Accepting Responsibility, and Social Anxiety
- E. Leisure Skills
- F. Special Events – may include activities such as birthday parties scheduled for all participants having birthdays that month, bingo, or recognition of achievement ceremonies
- G. Elective Choice activities include Interpersonal Coping Strategies, Current Events, Natural Sciences, Crafts, Advanced Art, and Reading as well as activities listed under Core activities to which the participant is not specifically assigned.
- H. Horticulture - involving plant propagation, maintenance, and vegetable gardening
- I. Medication education/guidance is available for each participant to discuss medication issues/ psychological issues with medical and psychological staff.

X. Program Incentives

- A. To receive credit for gain time, the inmate must actively participate in the program.
- B. Each facility shall develop procedures to ensure verification of active participation.

XI. Psychotropic Medication

- A. Shall comply with Health Services policy *TXII-11 Psychotropic Medication*.
- B. Shall comply with Health Services policy *TX II-8 Involuntary Administration of Psychotropic Medication*.
- C. Nursing
 - 1. Nursing staff shall be proactive and observant to assure early identification and detection of physical and/ or mental concerns.
 - Nursing shall be observant for evidence of toxicity or adverse side effects.
 - Should toxicity or adverse side effects be evident, the nurse shall notify

HEALTH SERVICES POLICY & PROCEDURE MANUAL

North Carolina Department Of Public Safety
Division Of Adult Corrections & Juvenile Justice

SECTION: Care and Treatment of Patient - Adult
Residential Treatment Services

POLICY # TX I-14

PAGE 8 of 10

SUBJECT: Adult Residential Treatment Services

EFFECTIVE DATE: September 2013
SUPERCEDES DATE: N/A

the psychiatrist immediately and complete a Mental Health Services Referral DC-540 to ensure the inmate is seen for follow-up.

- Nursing shall be observant for evidence of decompensation of the inmate's mental status and report such findings to the treatment team and complete a Mental Health Services Referral DC-540 to ensure the inmate is seen for follow-up.
- 2. The nursing staff shall document in the inmate's health record, on the Chronological Record of Health Care DC-387, the presence of toxicity or adverse side effects, medication non-compliance and any signs of decompensation of the inmate's mental or emotional status with notification to the applicable clinician.

XII. Discharge and Aftercare Planning

A. Inmate Request for Discharge from Program

1. Inmate shall complete a Request for Discharge DC-552.
2. A treatment team conference shall be scheduled within seven days of receipt of request. Inmates will sign on the orientation admission form that they must give a seven (7) day notice when requesting discharge from the program.
3. The treatment team shall make a recommendation.
 - a. Recommend discharge
 1. Discharge Summary DC-559 completed
 2. M-grade changed to reflect level of care recommendation
 3. Medical staff notified to update inmate's acuity level
 4. Transportation Coordinator/ Population Management notified
 - b. Discharge not recommended
 1. Inmate notified of recommendation
 2. Shall comply with Health Services policy *CC-7 Transfer Procedures for Referral to Mental Health V. Change of Status*.

B. Discharge to Outpatient Services

1. The Treatment Team in collaboration with the inmate recommends discharge from the program. The Treatment team recommendation may be the result of:
 - a. The inmate's mental health status is assessed as no longer requiring the structure of the residential setting; or
 - b. the inmate is no longer actively participating in the program and is assessed based on this non-compliance to no longer benefit from remaining in such a

HEALTH SERVICES POLICY & PROCEDURE MANUAL

North Carolina Department Of Public Safety
Division Of Adult Corrections & Juvenile Justice

SECTION: Care and Treatment of Patient - Adult
Residential Treatment Services

POLICY # TX I-14

PAGE 9 of 10

SUBJECT: Adult Residential Treatment Services

EFFECTIVE DATE: September 2013
SUPERCEDES DATE: N/A

setting

2. Discharge Summary DC-559 completed
3. M-grade changed to reflect level of care recommendation
4. Medical staff notified to update inmate's acuity level
5. Transportation Coordinator/ Population Management notified.

C. Involuntary or Voluntary transfer to Inpatient Central Prison or North Carolina Correctional Institution for Women

1. Inmate notified of referral
2. Shall comply with Mental Health Services policy *CC-7 Transfer Procedures for Referral to Mental Health*

D. Completed Sentence

1. Release to the community.
 - a. Complete Discharge Summary DC-559
 - b. Shall comply with Health Services policy *CC-8 Aftercare Planning for Inmate Health Services*
2. Involuntary commitment to community hospital
 - a. Complete Discharge Summary DC-559
 - b. Shall comply with Mental Health Services policy *AD IV-2 Involuntary Commitment Health Services CC-Services*

XIII. Seclusion and Restraint

- A. Shall comply with Health Services policy *TX III-1 Seclusion*
- B. Shall comply with Health Services policy *TX III-2 Restraint*

XIV. Quality Improvement Activity

- A. Each residential facility shall maintain a log of high risk practices and incidents. These shall include but are not be limited to:
 1. self-injurious behavior
 2. assaultive behavior
 3. seclusion
 4. restraint
 5. involuntary medication administration
- B. A facility designee shall review the log(s) monthly for emergent issues requiring immediate action and will analyze the data at least quarterly to monitor effectiveness

HEALTH SERVICES POLICY & PROCEDURE MANUAL

North Carolina Department Of Public Safety
Division Of Adult Corrections & Juvenile Justice

SECTION: Care and Treatment of Patient - Adult
Residential Treatment Services

POLICY # TX I-14

PAGE 10 of 10

SUBJECT: Adult Residential Treatment Services

EFFECTIVE DATE: September 2013
SUPERCEDES DATE: N/A

and to determine any trends or concerns.

- C. A summary of the quarterly findings shall be submitted to the Chair of the Division's Quality Improvement Committee.
 - D. Peer Review shall be conducted in accordance with Health Services policy *AD II-2 Peer Review*.
 - E. Each residential facility shall develop a continuous quality improvement tool and complete an internal audit of the program at least quarterly.
 - F. The Psychological Program Manager and the Psychological Services Coordinator shall meet at least quarterly to discuss program enhancement and development. Program enhancement and development shall be based on current community standards, response to findings from peer review, quarterly summary regarding high risk practices and incidents as well as internal and external reviews.
- XV. Mental Health Patient Tracking System
Shall comply with Health Services policy *AD VI – 5 Mental Health Records/Tracking System*



9/26/13

John S. Carbone, MD, JD, FCLM
Director of Mental Health Services

Date