I. PURPOSE

(a) The purpose of Day Treatment is to provide social, academic/educational, vocational, and therapeutic programming to offenders with mental health needs and/or intellectual and developmental disabilities who exhibit skill deficits that can be effectively addressed by intensive and specialized training and activities. Day Treatment programs have been integral components of community behavioral health programs for a number of years and provide an important addition to overall behavioral health programs available to the offender population.

(b) Specifically, Day Treatment Programs offered to selected offenders within Prisons will seek to reduce the need for inpatient and residential services as well as provide essential skills for successful integration into the regular prison population or the community upon release.

(c) Individual objectives include improving basic academic skills, establishing and enhancing vocational skills, enhancing social and communication skills, fostering understanding and acceptance of necessary medical and behavioral health treatment to include medication compliance, developing constructive leisure habits, fostering successful prison adjustment, supporting illness management, and providing necessary individual or group therapeutic interventions.

II. POLICY

This Policy applies to North Carolina Department of Public Safety (NCDPS) Prisons.

III. DEFINITIONS
(a) **Day Treatment Program (DTP)** – A Behavioral Health treatment program serving to provide intensive and specialized training and activities to offenders with mental health needs and/or intellectual and developmental disabilities.

(b) **DTP Operational Manual** – A written manualized set of programmatic and systemic directives, objectives/goals, materials, multidisciplinary staff responsibilities encompassing any and all staff assigned to or working within DTP, and requirements of all DTPs across NCDPS Prisons.

(c) **Developmental Disability (DD)** – One or more of a group of disorders characterized by deficits in mental functioning and adaptive behaviors that affect daily living, as defined by NCDPS Health and Wellness Services Policy and Procedure TX-VII-1 Developmental Disabilities.

(d) **Serious Mental Illness (SMI)** – Psychotic Disorders, Bipolar Disorders and Major Depressive Disorder; any diagnosed mental disorder (excluding substance abuse disorders) currently associated with serious impairment in psychological, cognitive, or behavioral functioning that substantially interferes with the person’s ability to meet the ordinary demands of living and requires an individualized treatment plan by a qualified mental health professional(s).

(e) **Interdisciplinary Team (IDT)** – A designated group of Custody, Medical, and Behavioral Health staff within a given facility that shall meet weekly to discuss significant cases or issues within the facility, as per NCDPS Policy and Procedure A.1200 Mutual Respect and Collaboration.

### IV. POLICY

(a) **Responsibilities**

(1) The Director of Behavioral Health shall direct the Clinical Programs Manager to develop and provide regular necessary updates to a DTP Operational Manual. This manual shall be made available to all NCDPS Prisons staff and shall include guidelines and directives for, at a minimum, the following areas:

(A) Inclusion criteria for potential offender DTP participation. Specific
target populations include offenders presenting with DD or SMI.

(B) Screening procedures for potential DTP placement and accompanying required documentation.

(C) Staff complement and designation of primary staff responsibilities within a DTP, inclusive of Custody, Behavioral Health, and other appropriate staff.

(D) DTP offender census goals.

(E) Program elements including but not limited to:
   
   (i) Core social, academic/educational, vocational, and therapeutic subject matter and materials.
   
   (ii) Programmatic and systemic goals.
   
   (iii) Timeframes for program participation and transition.
   
   (iv) Therapeutic response to offender misconduct as well as goal achievement or therapeutic gain.

(F) Criteria for successful transition or necessary removal from a DTP for any offender.

(G) Guidelines and systemic goals for transition planning following successful participation in a DTP program.

(H) Staff training on an initial and repeated basis.

(b) The DTP Psychological Program Manager or Psychological Services Coordinator (or designee) shall ensure that all requirements of the DTP Operational Manual are appropriately implemented, including providing direct clinical behavioral health care to participating offenders.

(c) The Warden (or designee), in consultation with appropriate Behavioral Health staff, shall
ensure that Standard Operating Procedures outlining specific facility operations and requirements supporting the execution of both the DTP Operational Manual and this policy is developed, implemented, and updated as needed. Each DTP SOP must establish, at a minimum:

(1) The designated location(s) for DTP treatment, education, and programming; additionally, if applicable within facility operations, the designated location(s) for DTP-assigned offender housing.

(2) Protocols for DTP offender movement, housing requirements, and property allotments.

(3) Expectations and responsibilities of custody staff assigned to DTP, including escort and supervision of DTP offenders. When supported by the DTP Psychological Services Coordinator (or designee), this may include circumstances in which custody staff may be present for or participate in specified DTP activities.

(4) Mandatory use of the DC-556 (Disciplinary Behavioral Health Report) regarding any disciplinary infraction involving a DTP offender. Use of the DC-556 shall be enacted in accordance with NCDPS Policy and Procedure B.0200 Offender Disciplinary Procedures.

(d) The Warden (or designee), in consultation with the DTP Psychological Program Manager or Psychological Services Coordinator (or designee), shall ensure that all staff assigned to a DTP are assigned primary responsibilities within the DTP or clinical program (e.g. Therapeutic Diversion Unit, Residential Mental Health, etc.). Such staff shall only be assigned additional or separate responsibilities under the following circumstances:

(1) Emergency or acute crisis.

(2) Circumstances under which the additional or separate responsibilities may be executed without interference with or neglect of the staff person’s primary DTP responsibilities as described by the DTP Operational Manual.

(3) Following the resolution of such circumstances described above, DTP staff will resume primary responsibilities. This directive does not impact the responsibilities of staff working approved additional time beyond their primary work schedule.
(e) The Clinical Programs Manager shall provide operational oversight and program evaluation on an ongoing and as-needed basis for all behavioral health practices specific to DTP. The Clinical Programs Manager shall further provide operational oversight of DTP screening, admission, and transition/discharge processes. The Clinical Programs Manager is responsible for the completion and regular update of the DTP Operational Manual.

V. Operational Requirements

(a) The DTP Psychological Program Manager or Psychological Services Coordinator (or designee), with necessary consultation and oversight by appropriate Behavioral Health management and the Clinical Programs Manager, shall be responsible for screening (including identifying, prioritizing, and assigning) eligible offenders for DTP programming. The IDT may be utilized to assist in such screening practices.

(b) Screening practices shall be utilized to ensure that cells/beds designated for DTP use shall be occupied as soon as reasonably possible by offenders assigned to or selected for assignment to the DTP program, as outlined in the DTP Operational Manual.

(c) The DTP is a voluntary program; as such, screening practices shall include verification of the offender’s documented interest in the DTP prior to such placement. Once placed on a DTP, offenders must provide written consent on the DC-947-DT (Informed Consent for Day Treatment Services) prior to initiating programming.

(d) Upon assignment to a DTP, designated offenders are to be housed in the appropriate facility/unit with consultation with the DTP Psychological Program Manager or Psychological Services Coordinator (or designee) and facility Warden(s) (or designee).

(e) All offenders assigned to a DTP shall be given an appropriate DTP Activity Assignment in OPUS until such time as successful transition or necessary removal. All offenders assigned to DTP are eligible for appropriate allotments of Sentence Credits, as per NCDPS Policy and Procedure B.0100 Sentence Credits.

(f) All offenders assigned to DTP shall be offered, in accordance with the DTP Operational Manual, treatment opportunities in such areas as social skills training, vocational activities, academic/educational preparation, horticulture, leisure activities, healthy living, or overall prison adjustment. The schedule and content of such activities are to be coordinated by the DTP Psychological Program Manager or Psychological Services Coordinator (or designee), in accordance with the DTP Operational Manual.
(g) In instances wherein appropriate measures are necessary to ensure the safety and security of any NCDPS facility, the Warden (or designee) shall retain the right and responsibility to enact such measures including placing offenders in Restrictive Housing (per NCDPS Policy and Procedure C.0300 Restrictive Housing for Administrative Purposes and/or B.0200 Offender Disciplinary Procedure).

(h) Unless assigned a status of Restrictive Housing by appropriate staff, no offender assigned to DTP is to be subject to the Conditions of Confinement associated with any status of Restrictive Housing, as per NCDPS Prisons Policy and Procedure C.1200 Conditions of Confinement.

(i) Determination of formal discharge or discontinuation of treatment from any DTP shall involve consultation with the DTP Psychological Program Manager or Psychological Services Coordinator (or designee) and DTP Treatment Team; further, such instances shall follow guidelines and directives outlined in the DTP Operational Manual.

(j) The Warden (or designee) and DTP Psychological Program Manager or Psychological Services Coordinator (or designee) shall consult to ensure that DTP offender census goals are met and maintained. In instances wherein offender census expectations as described in the DTP Operational Manual are not maintained, the Behavioral Health chain of command (i.e. Psychological Program Manager, Regional Assistant Director of Behavioral Health) are to provide appropriate consultation to ensure achievement of such goals, including reporting of limiting factors or concerns. The Clinical Programs Manager shall serve in oversight of these processes as necessary.

VI. Evaluation

(a) To ensure effective progress is made towards stated programmatic and systemic goals, a review of DTP operations and services is essential. The Clinical Programs Manager shall maintain responsibility for oversight of collection and analysis of relevant outcome data respective of overall programmatic and systemic goals; further, the Clinical Programs Manager shall provide annual written reports on Day Treatment Programs to the Director of Behavioral Health. Based on applicable findings from appropriate analyses, the Clinical Programs Manager, in consultation with the Deputy Director of Behavioral Health and Director of Behavioral Health, may implement systemic program amendments.
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<th>Title</th>
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<tr>
<td>Section TX-I-6</td>
<td>Issue Date March 23, 2021</td>
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Todd E. Ishee
Commissioner of Prisons

03/23/2021