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References

Performance-Based Standards and Expected Practices for Adult Correctional Institutions, 5th Edition 5-ACI-6A-38; Residential Mental Health Operational Manual

I. PURPOSE

- (a) The purpose of Residential Mental Health Treatment is to provide mental health services to the chronically mentally ill and/or cognitively disabled offender population who are not able to receive treatment safely or effectively in an outpatient setting. While not all such offenders will require or be appropriate for long-term Residential Mental Health Treatment, such treatment is intended to be available to admitted offenders on a long-term and consistent basis.
- (b) Program objectives include:
 - (1) providing a structured treatment environment,
 - (2) providing thorough assessment of treatment needs (including psychiatric and behavioral health),
 - (3) fostering understanding and acceptance of necessary treatment needs and encouraging compliance with such treatment,
 - (4) enhancing social and communication skills,
 - (5) providing opportunities to develop interests and experience in constructive leisure activities,
 - (6) providing training and guidance in skills necessary for successful adjustment to both prison and the community, and



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(7) preparing for a healthy and safe transition to the prison population at large and/or the community.

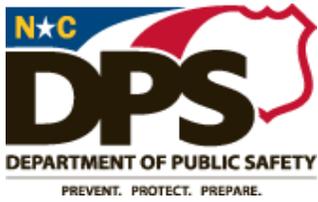
(c) These objectives are to be accomplished through the provision of group- and individually-based behavioral health treatment services, psychiatric treatment services, and the implementation and maintenance of a treatment-focused therapeutic milieu within designated, secured housing units.

II. SCOPE

This Policy applies to NCDPS Division of Adult Correction and Juvenile Justice, Prisons.

III. DEFINITIONS

- (a) **Residential Mental Health Unit (RMH)** – A designated, and secured housing unit staffed by behavioral health, psychiatry, nursing, custody and additional ancillary staff tasked with implementing the operations and treatment programming of Residential Mental Health Treatment.
- (b) **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).
- (c) **RMH Operational Manual** - A written set of programmatic and systemic directives, objectives/goals, materials, and multidisciplinary staff responsibilities encompassing all staff assigned to or working within RMH, along with requirements of all RMH programs across NCDPS prisons.
- (d) **RMH Psychological Services Coordinator** – A Psychological Services Coordinator assigned to a designated RMH and specifically tasked with implementing and overseeing its behavioral health operations and programming relative to RMH treatment.



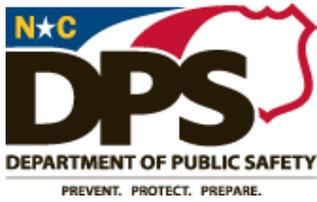
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IV. POLICY

(a) Responsibilities

- (1) The Director of Behavioral Health shall direct the Clinical Programs Manager to develop and provide regular necessary updates to an RMH 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) Eligibility criteria for potential offender participation; primarily, such criteria shall include the presence of SMI.
 - (B) Referral and screening priorities and procedures for potential RMH placement and accompanying required documentation, including bed utilization goals.
 - (C) Therapeutic program elements including but not limited to core therapeutic program subject matter and materials, programmatic and systemic goals, therapeutic response to offender misconduct as well as treatment gains/goal achievement, and designation of primary staff responsibilities within RMH.
 - (D) Considerations for discharge of any offender from RMH.
 - (E) Guidelines and systemic goals for transition planning for any offender transitioning out of RMH.
 - (F) Staff training on an initial and repeated basis.
- (2) The RMH Psychological Services Coordinator (or designee) shall ensure that all behavioral health treatment elements and bed utilization goals of the RMH Operational Manual are appropriately implemented, including providing direct clinical behavioral health care to offenders.
- (3) The Warden (or designee), in consultation with appropriate behavioral health staff, shall ensure that Standard Operating Procedures outlining specific facility

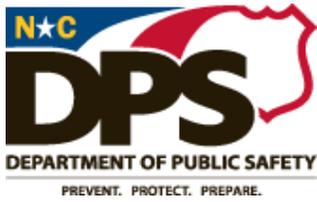


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operations and requirements supporting the execution of both the RMH Operational Manual and this policy are developed, implemented, and updated as needed. Each RMH SOP must establish, at a minimum:

- (A) The designated cells/beds specifically assigned for RMH use.
 - (B) The designated treatment area(s) available for, but not necessarily exclusive to, RMH use.
 - (C) Protocols for RMH offender movement, housing requirements, and property allotments.
 - (D) Expectations and responsibilities of custody staff posted in RMH, including escort and supervision of RMH offenders. When supported by the RMH Psychological Services Coordinator (or designee), this may include circumstances in which custody staff may be present for or participate in specified RMH activities.
 - (E) Mandatory use of the DC-556-M (Disciplinary Behavioral Health Report) regarding any disciplinary infraction involving any RMH offender. Use of the DC-556-M shall be enacted in accordance with NCDPS Prisons Policy and procedure B.0200 Offender Disciplinary Procedures.
- (4) The Warden (or designee) and the Psychological Program Manager shall ensure that all staff assigned to RMH are assigned primary responsibilities within RMH and/or related treatment program(s). Such staff shall only be assigned additional or separate responsibilities under the following circumstances:
- (A) Emergency or acute crisis.
 - (B) Circumstances under which the additional or separate responsibilities may be executed without interference with or neglect of the staff person's primary RMH responsibilities as described by the RMH Operational Manual. Following the resolution of such circumstances described above, RMH staff will resume primary responsibilities. This directive does not impact the responsibilities of staff working approved additional time



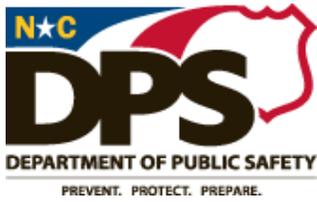
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beyond their primary work schedule.

- (5) 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 RMH. The Clinical Programs Manager shall further provide operational oversight of RMH referral/screening, admission, and transition/discharge processes. The Clinical Programs Manager is responsible for the completion and regular update of the RMH Operational Manual.

- (b) Operational Requirements
 - (1) The RMH Psychological Services Coordinator (or designee), with necessary consultation and oversight by appropriate Behavioral Health management, shall be responsible for screening offenders having been referred to RMH programming. Screening may involve consultation with multidisciplinary staff when appropriate.
 - (2) Screening practices shall be utilized to ensure that cells/beds designated for RMH use shall be occupied as soon as reasonably possible by offenders admitted to or selected for admission to the RMH program, as outlined in the RMH Operational Manual.
 - (3) To the greatest extent possible, participation in RMH programming shall be voluntary. Screening practices shall thus, when possible, include verification of the offender’s documented agreement to transfer voluntarily to RMH on an appropriately completed and signed DC-133-R (Notice of Referral to a Mental Health Unit). This documentation and other related protocols of admission to RMH, including those relating to any involuntary referral(s), are to adhere to NCDPS Prisons Health and Wellness Services Policy and Procedure CC-7 Transfer Procedures for Referral to Mental Health.
 - (4) Upon admission to RMH, designated offenders are to be housed in the necessary facility/unit with appropriate consultation with the RMH Psychological Services Coordinator (or designee) and facility Warden(s) (or designee).
 - (5) Following admission to RMH, offenders are to be offered therapeutic treatment and related programming as outlined by the RMH Operational Manual until such

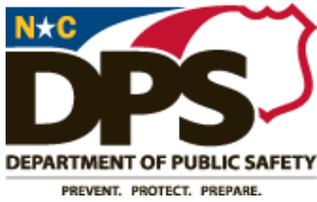


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time as discharge.

- (6) RMH shall comply with current NCDPS Prisons Policy and Procedure regarding any use of restraints and/or seclusion.
- (7) RMH shall comply with current NCDPS Prisons Policy and Procedure regarding any use of involuntary administration of psychotropic medication.
- (8) Each RMH shall maintain a record of high risk and/or significant incidents exhibited by participating offenders, including but not limited to self-injurious behavior or assaultive behavior; further, each RMH shall maintain a record of use of seclusion, use of restraint, and use of involuntary medication.
- (9) In instances wherein appropriate measures are necessary to ensure the safety and security of any NCDPS Prisons facility, the Warden (or designee) shall retain the right and responsibility to enact such measures including placing offenders' in RMH into Restrictive Housing (per NCDPS Prisons Policy and Procedure C.0300 Restrictive Housing for Administrative Purposes and/or B.0200 Offender Disciplinary Procedure).
- (10) Unless assigned a status of Restrictive Housing by appropriate staff, no offender in RMH 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. However, this directive shall not prohibit the appropriate use of restraints, seclusion, and/or involuntary administration of psychotropic medication as per section B. Operational Requirements, #6 & #7.
- (11) Offenders in RMH are eligible to earn appropriate Sentence Credits, as per NCDPS Prisons Policy and Procedure B.0100 Sentence Credits.
- (12) Determination of formal discharge or discontinuation of treatment from any RMH shall involve consultation with the RMH Psychological Services Coordinator (or designee) and RMH Treatment Team; further, such instances shall follow guidelines and directives outlined in the RMH Operational Manual. Instances wherein offenders request discharge from RMH shall adhere to NCDPS Prisons Health and Wellness Services Policy and Procedure CC-7 Transfer Procedures for Referral to Mental Health.



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(13) In instances wherein bed utilization goals as described in the RMH Operational Manual are not met, the Behavioral Health chain of command (i.e. Psychological Program Manager, Regional Assistant Director of Behavioral Health) and facility management (i.e. Warden [or designee], Unit Manager) are to provide appropriate consultation in efforts to achieve such goals. The Clinical Programs Manager shall serve in oversight of these processes as necessary.

(c) Evaluation

To ensure effective progress is made towards stated programmatic and systemic goals, a review of RMH 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 Residential Mental Health units 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.

 Todd E. Ishee
 Commissioner of Prisons

 August 17, 2021
 Date