

DEPARTMENT OF REHABILITATION
AND CORRECTION

SUBJECT: Residential Treatment Units and Intensive Treatment Programs	Page 1 of 7
	NUMBER: 67-MNH-23
RULE/CODE REFERENCE:	SUPERSEDES: 67-MNH-23 dated 02/02/15
RELATED ACA STANDARDS: 4-4404	EFFECTIVE DATE: March 3, 2016
	APPROVED: 

I. AUTHORITY

This policy is issued in compliance with Ohio Revised Code 5120.01 which delegates to the Director of the Department of Rehabilitation and Correction the authority to manage and direct the total operations of the Department and to establish such rules and regulations as the Director prescribes.

II. PURPOSE

The purpose of this policy is to establish procedures for Residential Treatment Units (RTU) and Intensive Treatment Programs (ITP).

III. APPLICABILITY

This policy applies to all persons employed by the Ohio Department of Rehabilitation and Correction (DRC), all contractors providing direct mental health and medical services to inmates, and all inmates confined in institutions operated by or as an agent of the Department.

IV. DEFINITIONS

Intensive Treatment Program (ITP) - An intermediate level of mental health services between that of the RTU and general outpatient services. Basic requirements are a higher intensity and frequency of services offered in outpatient setting. There are multiple treatment methods employed. Some programs may have a residential component, but it is not required. Inmates in the program could be housed in the unit or in general population.

Mental Health Administrator/Mental Health Manager (MHA/MHM) – Those who by position manage the Mental Health Departments at each of the institutions.

Mental Health Liaison – Select Mental Health Professionals – An MHP assigned by the MHA/MHM or designee as the primary contact and staff member responsible for coordination of care.

Psychiatric Hospital - All or part of a facility that is owned and managed by the Department of Mental Health, the Ohio Department of Rehabilitation and Correction or a contractor within DRC, or a community entity that has contracted with DRC; as defined in ORC 5120.17(A)(3).

Regional Behavior Health Administrator (RBHA) – Assigned by region as the BOBHS primary staff member responsible for technical assistance and site visit monitoring.

Residential Treatment Unit (RTU) - A specialized housing unit within the institution that facilitates a secure treatment environment and on-site care from a multidisciplinary team consisting of psychiatrists, nurse practitioners, psychologists, social workers, nurses and other specialized mental health professionals.

RTU Coordinator – An exempt mental health staff member responsible for the administration of the Residential Treatment Unit (RTU). The RTU coordinator is responsible for all administrative tasks and monitoring of the RTU programming, as well as managing admissions and discharges for the RTU.

Treatment Plan (DRC5197) - The Bureau of Behavioral Health Services approved treatment planning format which outlines the course of treatment for the inmate receiving mental health services. The Treatment Plan (DRC5197) includes the diagnosis, specific problems, goals, measurable objectives, interventions, the name and discipline of the staff responsible for interventions, target dates and outcomes.

Treatment Team - A multidisciplinary team consisting of the inmate and staff members involved in providing care to the inmate. The inmate shall be offered an opportunity to attend and participate in the planning of his/her treatment at the time of the treatment team meeting. If the inmate refuses to attend or is not able to attend, clear explanation will be written in the Interdisciplinary Progress Notes. All members in attendance of the actual treatment team meeting name and title shall also be included in the progress note.

Utilization Review Administrator - Assigned BOBHS staff member responsible for reviewing specialized Mental Health Consult requests and coordinating transfers with the sending institution, receiving institution, the associated RBHAs', and classification.

V. POLICY

It is the policy of the Ohio Department of Rehabilitation and Correction to maintain a mental health Residential Treatment Units for each security level that address the more intensive mental health level of care needs for inmates than can be provided in a general population environment.

VI. PROCEDURES

A. Description of the Residential Treatment Unit (RTU)

The Residential Treatment Unit is a secure, treatment environment that has a structured clinical program. Each RTU shall contain four (4) levels of care:

Level 1 – Crisis and/or assessment;

Level 2 – A less restrictive level that begins to focus on treatment and interventions based upon the assessment phase and/or the resolution of crisis; the inmate is engaged in small group or individual intervention to assist his/her progress to the next level of care.

Level 3 – A less restrictive level than level 2, inmates should be actively engaged in treatment interventions and meaningful activities with most time being spent out of cell and in programming & treatment. This should be the most intensive treatment level. Each inmate shall be involved in ten (10) hours of structured and ten (10) hours of unstructured activity per week. Examples of structured activities are prescribed and formal sessions with measurable objectives that require a facilitator or presence of staff. These activities are therapeutic for inmates and allow staff direct monitoring of inmate progress. Examples of unstructured activities include informal and flexible time spent toward a specific goal which may or may not require direct staff supervision. These activities are also therapeutic for inmates and help staff assess inmate autonomy, self-direction, and motivation. All twenty (20) hours of activity shall be aimed at making forward progress on inmate treatment goals, and treatment team meetings shall be the appropriate forum to review and discuss the inmate's weekly activity.

Level 3 Chronic (3C) - After a period of at least six (6) months, an inmate may be classified as a 3C, as a result of a SMI that requires long term housing in a specialized setting, as determined by the treatment team. Programming for this population shall be focused on skill building and socialization. Any unescorted privileges off unit may be granted by the treatment team based upon documented clinical abilities by the treatment team and included in the treatment plan.

Level 4 – A transitional level in which inmates are out of cell and are able to move more freely within the unit, as well as leave the unit unescorted (based upon their security level). In most circumstances, the inmate should be in general population during the day, may be employed in general population or attend educational programming, shall receive medication at outpatient pill call, but any freedom of movement off unit may be restricted based upon documented clinical needs by the treatment team and included in the treatment plan. The inmate shall still be involved in appropriate treatment interventions but should be getting acclimated to transition to general population or an ITP.

B. Residential Treatment Unit Property, Recreation, Meals, and Housing Guidelines

Custody-related out-of-cell time shall be consistent with the security level of that inmate. The inmate shall be granted out of cell time similar to a general population inmate at the same security level; all exceptions shall be noted on the treatment plan.

LEVEL	PROPERTY/ RECREATION	MEALS	HOUSING
Level 1: Crisis and Assessment Level	Property restricted. Restricted on unit as tolerated. Staff escorted to off unit services.	Meals in cell through cuff/meal port unless clinically documented to eat on unit	Single cells which are most visible and accessible to staff. (Cells nearest officer's station or staff office when feasible.) Generally located on the first floor near the officer's station.
Level 2:	Property may be restricted based on clinical condition, per treatment team and documented in the MH file/ interdisciplinary progress note. Recreation on unit and in RTU yard, if available. Staff escorted to off unit services. Access to outdoor recreation at minimum 3x's per week.	Meals served on pod/unit in small groups or staff escorted to dining hall	Single celled-generally on first floor if in cellblock containing all 4 levels, when feasible.
Level 3:	Property dictated by the general population policy of similar security level. Property may be restricted based on clinical condition, per treatment team and documented on a progress note. Escorted to off unit movement. Access to outdoor recreation at minimum 3x's per week	Staff escorted to institutional dining hall.	May be single or double-celled based on clinical condition. Cells may be located on upper tier.
Level 4: Transition to General Population Level	General population recreation and property privileges. Property may be restricted based on clinical condition, per Treatment Team and documented. Unescorted to off unit movement.	Unescorted to institutional dining hall.	Double celled based on institution and general population norm. Cells may be located on the upper tier.
MH Inmates being housed in the RTU who are on a disciplinary status (SC, DC, PC)	Per the disciplinary restrictions and as clinically indicated	Meal served in cell	RTU level 1-3 may serve disciplinary sanctions on the RTU if recommended by treatment team staff. RTU level 4 shall serve disciplinary sanctions consistent with general population.

C. Security Review of Inmates In A Residential Treatment Unit

1. If an inmate's annual security review is scheduled when he/she is housed on Levels 1 or 2 of the RTU, the security review shall be postponed until the inmate is placed on Level 3. The treatment team shall discuss this with the inmate and document it in the inmate's mental health file.
2. Upon the inmate being placed on Level 3, the security review shall be immediately rescheduled or as the treatment team deems appropriate.
3. Inmates assigned to Levels 3 and 4 of the RTU shall have security reviews in accordance with Department policy, 53-CLS-01, Inmate Security Classification Levels 1 through 4, and Department policy 53-CLS-04, Level 5 Classification.

D. Intensive Treatment Program (ITP)

1. Each Intensive Treatment Program shall have admission and discharge criteria specific to the specialty of the program. The criteria shall be reviewed on an annual basis with the Bureau of Behavioral Health Services. Each ITP shall submit their criteria to their RBHA annually on October 15.
2. Each ITP shall have a definite schedule and minimal programming standards consistent with its specialty. Research, literature, and practice standards should be used to support the program elements and treatment methods.
3. An ITP may have a residential component, but all inmates in the program are considered outpatient mental health inmates.
4. Each ITP shall provide a higher frequency and/or intensity of services than that available in the general population outpatient mental health.

E. Intensive Treatment Program (ITP) Admission and Discharge Criteria

1. Admission Criteria
 - a. An inmate who is on the mental health caseload and his/her mental illness is causing impairment in behavior and/or functioning and which does not rise to the level of Residential Treatment Unit care.
2. Priority of Admissions
 - a. Inmates in any segregation unit who meet the above admission criteria.
 - b. Inmates who could benefit from increased structure and programming but do not meet the criteria for RTU level of care.

- c. Inmates who are on the ID/DD caseload (but do not require Sugarcreek Developmental Care Unit level of care or RTU level of care) who have a co-occurring mental illness and would benefit from an ITP program.
3. Admission Procedure
 - a. The sending institution's treatment team recommends the inmate for ITP. This recommendation shall be documented in the inmate's file.
 - b. The Specialized Mental Health Unit form (DRC5388) shall be completed and submitted to the BOBHS Utilization Review Administrator (URA). This form shall also be completed for internal admissions.
 - c. A representative from the sending institution's treatment team shall contact the BOBHS URA staff to ensure bed space is available. Once a transfer has been approved, the sending institution shall contact the ITP Coordinator or designee to provide information regarding the reason for transfer and clinical status of the inmates. If there is no bed space available in the ITP, the sending institution staff member shall advise the MHA/MHM. The BOBHS Utilization Review Administrator shall notify the responsible Regional Behavioral Health Administrators or designees.
 4. Discharge Procedure
 - a. Treatment team shall document the recommendations for outpatient services or RTU level of care.
 - b. The treatment team or the MHL shall follow the guidelines for the transfer of inmates on the mental health caseload in accordance with Department policy 67-MNH-04, Transfer and Discharge of the Mental Health Caseload.
 - c. Inmates who have a higher potential for needing ITP or RTU services in the future may be retained at the RTU institution, in the ITP, or general population of their parent institution served by Outpatient Services. They may also be transferred to another institution that has an ITP.
 - d. The treatment team or MHL shall complete the Specialized Mental Health Unit Discharge form (DRC5293).

F. Transportation

Transfer procedures shall follow Department policy 67-MNH-04, Transfer and Discharge of the Mental Health Caseload. Inmates being discharged to general population or an ITP from an RTU may be transported on the HUB. Inmates being transported for medical care while housed in RTU shall have their transportation method determined by the treatment team and documented in the progress note section of the Mental Health Chart. A basic guideline is RTU level 1-3 shall not be transported on the HUB. RTU level 4 may be transported on the HUB.

Related Department Forms:

Mental Health Transfer Summary	DRC5180
Treatment Plan	DRC5197
Specialized Mental Health Unit Discharge	DRC5293
Specialized Mental Health Unit Consultation	DRC5388