	DISTRICT OF COLUMBIA DEPARTMENT OF CORRECTIONS **POLICY AND PROCEDURE**	**EFFECTIVE DATE:**	July 21, 2017	**Page 1 of 12**
		SUPERSEDES:	6000.3 April 29, 2016	
		OPI:	HEALTH ADMINISTRATION	
		REVIEW DATE:	July 21, 2018	
		Approving Authority	Quincy L. Booth Director	
	SUBJECT:	**MENTAL HEALTH STEP-DOWN UNIT**		
	NUMBER:	**6000.3A**		
	Attachments:	No Attachments		

SUMMARY OF CHANGES:

Section	Change
	Minor changes made throughout the policy.

APPROVED:

_____ **7/21/2017**

Quincy L. Booth, Director **Date Signed**

1. PURPOSE AND SCOPE. To establish a residential treatment program that offers an intermediate level of care to those with serious mental illness known as the Mental Health Step Down Unit (MHSDU) located in the Central Detention Facility. The goal is to provide community therapy in order to maximize an inmate's ability to function, and minimize relapse and the need for more acute care. To establish the evaluation criteria that determines the eligibility of patient removal to MHSDU.

2. POLICY.

It is the policy of the DOC that inmates' rights and privileges shall not be limited to any further extent than is necessary. The MHSDU will ensure that patients that have chronic mental health symptoms, who are cleared from the Mental Health Unit, but are not ready to return to open population, shall have additional group and individual therapy adapted to the patient needs. The MHSDU will promote independence that would better prepare inmates for open population, the Bureau of Prisons (BOP), or the community.

3. APPLICABILITY.

This program statement is applicable to all DOC employees, contractors, volunteers and inmates.

4. NOTICE OF NON-DISCRIMINATION.

In accordance with the D.C. Human Rights Act of 1977, as amended, D.C. Official Code §§ 2-1401.01 *et seq.*, (Act) the District of Columbia does not discriminate on the basis of race, color, religion, national origin, sex, age, marital status, personal appearance, sexual orientation, gender identity or expression, familial status, family responsibilities, matriculation, political affiliation, genetic information, disability, source of income, status as a victim of an intrafamily offense, or place of residence or business. Sexual harassment is a form of sex discrimination that is also prohibited by the Act. Discrimination in violation of the Act shall not be tolerated. Violators shall be subject to disciplinary action.

5. PROGRAM OBJECTIVES.

a. To serve as a mental health and co-morbidity recovery-based treatment community.

b. To serve as a therapeutic unit supporting movement towards independent functioning.

c. To establish the evaluation criteria that determines the eligibility of patient removal to MHSDU.

d. Due to the lessening of restrictive movement and the lower intensity level of patient needs, to have more flexibility and opportunity to provide supportive programmatic content.

e. To ensure a successful movement to general population and back into the community.

6. DIRECTIVES AFFECTED.

a. **Directives Rescinded**. None

b. **Directives Referenced**

1) PM 6000.1 Medical Management

2) PP 6080.2 Suicide Prevention and Intervention

3) PM 1300.3 Health Information Privacy

7. AUTHORITY.

a. DC Code §24-211.02, Powers; Promulgation of Rules.

b. DC Code § 24-276.01, Limitations on the Use of Restraints

c. 45 C.F.R. §§ 164.501 *et seq.*, Health Insurance Portability and Accountability Act of 1996 ("HIPAA")

d. DC Code §§ 7-1231.01, *et seq.*, Mental Health Consumers' Rights Protection

e. DC Code §§ 7-1201.01 *et seq.* Mental Health Information

8. STANDARDS REFERENCED.

a. American Correctional Association (ACA) 4TH Edition Standard for Adult Local Detention Facilities 4-ALDF-4C-27, 4-ALDF-4C-28, 4-ALDF-4C-29, 4-ALDF-4C-31.

9. DEFINITIONS.

a. **Interdisciplinary Treatment Plan (ITP)**-an assessment created by the Treatment Team to assess the patient's clinical and non-clinical needs.

b. **Treatment Team** - The interdisciplinary group responsible for developing, implementing, and overseeing a patient's clinical and non-clinical care. .

c. **Transition Plan** - a section of the Individualized Treatment Plan (ITP) that outlines transition goals and services for the patient based on the patient's individual needs, strengths, skills, and interests.

d. **Aftercare Plan**-upon discharge, a personalized care plan outlining treatments and services towards supporting self-care, and given to those with long-term conditions.

e. **Structured Activities**-occurs ten (10) hours per week and consists of treatment team meetings and facilitated groups, individual sessions, and detailed work (as determined by the ITP).

f. **Unstructured Activities**-occurs at least ten (10) hours per week and consists of TV watching, exercise classes, outside recreation, video visitation, phone calls, showers, etc.

10. PROGRAM SUMMARY.

a. The MHSDU shall serve as a therapeutic or clinical environment with greater programmatic offerings, and less intensive care and treatment than the Mental Health Unit (MHU), supporting movement towards independent functioning, and toward successful movement to the general population and the community. This unit shall offer additional individual therapy adapted to the patient's needs to promote skills for independence. The enhanced programmatic elements shall include:

1) Individualized mental health care

2) Medication management

3) Treatment plan

4) Group and individual counseling

5) Less restrictive housing

6) Therapeutic community and activities

7) Discharge planning

b. The unit shall be a physically separate unit from the MHU to allow flexibility and space for appropriate programming to occur.

c. *Treatment Team Roles***.** The collaboration between DOC Officers, Case Managers and Mental Health is the key to a successful program as officers and case managers bring invaluable knowledge and perspectives to the team.

The treatment team working with patients on the Mental Health Step-Down unit shall include the primary care provider, psychiatrist, mental health clinician, nurse on the unit, social workers, assigned officers on the unit, and case managers.

1) *Primary Care Provider*- Shall be assigned to the unit and work with the team to seamlessly integrate the medical and mental health care.

2) *Mental Health Clinician(s***)** - The primary mental health care provider shall be assigned to the unit to work as a member of the treatment team in order to integrate the medical and mental care provided with the rest of the treatment plan.

3) *DOC Officers and Case Managers*- In addition to regular duties, officers and case managers shall participate in the Treatment team meetings, daily community meetings. Additionally, officers shall conduct unit and cell checks for cleanliness.

4) *Social Worker*-The DOC Social worker shall participate in the treatment team meetings, community meetings, conduct individual counseling sessions, and conduct at least one group on a daily basis. The DOC social worker would also have responsibility for the DOC metrics collection and reporting.

11. PROGRAM TIMEFRAME

a. The Mental Health Step-Down unit program shall consist of an initial 9-week time period. Each inmate on the unit will have the opportunity to be involved in the development of their individualized treatment plan upon transfer to the unit. The health care provider shall review and update treatment plans every four (4) weeks until discharge.

b. Discharge shall be based on individual progress. Upon discharge to general population, and based on patient needs, a psychiatrist and mental health clinician shall continue to follow-up with appropriate treatment and assessments.

c. If a patient demonstrates a need for more acute care while on the MHSDU, the treatment team may increase the intensity level of treatment up to and including placement in the MHU.

d. If an individual is removed from MHSDU and placed at MHU, and subsequently returns to MHSDU then the initial timeframe begins anew.

e. As the treatment team works with patients and their individual needs, they may determine that a patient needs to be moved to a different level of treatment within the initial 9 week period.

12. THERAPEUTIC AND PROGRAM OFFERINGS.

a. The MHSDU shall offer the flexibility to match the intensity level of treatment to the needs of the patients so that patients can progress at their own pace.

b. The MHSDU shall provide supportive programmatic content, such as daily group meetings, individual and group therapy, and recreational and educational activities. The residents of the unit shall be out of cell, for an amount of time equivalent to inmates in the open population, and each day shall have a structure and schedule of activities.

c. Patients shall be offered activities and treatment opportunities each day. Residents can participate based on their treatment plans, needs, and interests. Individual therapy and treatment shall be conducted, as needed, on the unit. Recreational activities shall also be available throughout the day.

d. The individual therapy options adapted to the needs of the correctional setting shall include:

1) Cognitive Behavioral Therapy

2) Supportive Therapy

3) Psychodynamic Therapy

4) Trauma Informed Care Therapy

e. Group therapy options shall be offered to include:

1) Anger/Stress Management

2) Substance Abuse

3) Trauma Informed Care

4) Art Therapy

5) Music Therapy

6) Social Skills (to include family and parenting skills, depending on population demographics)

f. A variety of therapeutic and educational activities shall also be offered to include:

1) Recreational (board games, wellness, and fitness)

2) Narcotics Anonymous (NA)/Alcoholics Anonymous (AA)

3) Mind-Body Spiritual (optional)

4) Transition Group (Re-entry)

5) Sleep Hygiene

6) Medication Management

13. INMATE ELIGIBILITY. To be eligible for transfer to the MHSDU, an inmate may be of any custody level or status **except** Administrative Segregation (AS), Protective Custody (PC), Total Separation (TS), or Maximum custody. Inmates must meet the following criteria for transfer to MHSDU, including but not limited to, and as determined by the medical and mental health provider:

a. Stable on medications and treatment

b. Compliant with medications and treatment

c. Appropriateness of placement in a less secure and restrictive environment

d. Lack of medical conditions that require an infirmary setting

14. TREATMENT PLANNING

a. The MHU plan of treatment shall continue upon entrance in the MHSDU for seventy-two (72) hours.

1) The Mental Health Clinician shall update the treatment plan and shall orient the patient to the MHSDU, its purpose, rules and expectations, within seventy-two (72) hours of entrance onto the unit.

2) Mental Health Clinicians shall complete an Initial Mental Health Assessment and develop the patient's course of treatment within seventy-two (72) hours of entrance onto the unit.

b. *DEVELOPMENT OF THE INTERDISCIPLINARY TREATMENT PLAN (ITP)*

1) An ITP shall be developed for all new admissions within five business days of entry onto the unit, and reviewed every four (4) weeks after implementation.

2) It is mandatory that the Patient participates in the formulation and review of his ITP and course of treatment.

3) All ITPs shall include:

a) a Mental Health Assessment,
b) a Nursing Care Plan, and
c) Transition and aftercare plans.

(a) The inmate's readiness for transfer or discharge is evaluated by the Treatment Team following at least two ITP review and individual progress.

(b) Patients may be transferred off the MHSDU before completion of the program if the patient becomes non-compliant with treatment, decompensates or is released to the BOP or to the Community.

c. Coinciding with the completion of the Initial Mental Health Assessment, the clinician shall make a referral, if appropriate, to the Department of Behavioral Health (DBH) liaison for eventual community placement.

15. PROGRAM PHASES. Privileges and rewards shall be based on a 3 level system:

a. **Level 1 Patients.** Upon entry into MHSDU, all patients shall be assigned as Level 1. Patients on Level 1 shall have ten (10) hours of structured activities and ten (10) hours of unstructured activities per week. A patient may move to Level 2 after three (3) consecutive weeks of positive cooperation and participation.

b. **Level 2 Patients**. MHSDU patients shall have ten (10) hours of structured activities per week and fifteen (15) hours of unstructured activities per week and increased commissary allowable items, up to fifteen (15) dollars per week. The patient moves to Level 3 after three (3) consecutive weeks of positive cooperation and participation.

c. **Level 3 Patients.** MHSDU patients shall have ten (10) hours of structured activities per week and twenty (20) hours of unstructured activities per week which would include late night privileges and increased commissary allowable

items up to twenty (20) dollars a week. After three (3) consecutive weeks of positive cooperation and participation on Level 3, an inmate may be given consideration for movement to open population by the treatment team.

d. *Housing.* Patients shall only be housed with patients of the same corresponding program level.

e. Level 3 Patients who have successfully completed the MHSDU programming shall be transferred to open population. It will be advised that, while in open population, Level 3 patients should be housed with their MHSDU cellmate. The patient shall have the same access to commissary items upon movement to open population as other inmates in the open population. The patient shall be allowed to have one face-to-face visit with a family member as a reward for completing the program and positively transitioning for a period of 2 weeks. Positive transition to open population is measured by participation in follow up sessions with the mental health clinician and psychiatrist, as well as transition group participation.

16. EMERGENCY PROCEDURES

a. Inmates with unstable mental status who are suspected of being a danger to themselves or others shall be identified by staff and then immediately assessed by a mental health professional. If a mental health professional is not available, the charge nurse or Medical Provider shall assess the patient and call the on-call mental health personnel.

b. When an inmate is assessed to be a danger to themselves or others by a mental health professional, charge nurse, or medical provider, the inmate shall be considered for suicide precaution, or suicide watch.

c. When an inmate is assessed by the mental health professional to be at risk for self -injury, suicide precaution shall be implemented and the patient shall be transferred to the Mental Health Unit for suicide precaution. When released from suicide precaution, he shall be admitted to the MHU until the treatment team deems him ready to return to the MHSDU.

d. Patient Behavior. When an inmate is assessed by a mental health professional to be at risk for disruptive behavior and disruption to the MHSDU, the inmate shall be counseled by the mental health clinician about

the disruptive behavior. If the disruptive behavior continues, the inmate shall be discharged from MHSDU. The treatment team shall determine if the inmate shall be transferred to open population or re-admitted to the MHU.

17. TRANSFER PROCEDURES

a. Mental Health Unit**.** Inmates who decompensate and begin to show acute symptoms shall be assessed by the treatment team and if deemed appropriate, shall be transferred back to the Mental Health Unit for stabilization and treatment.

b. Open Population

1) Patients may be considered for transfer to open population after at least two (2) ITP reviews. Patients assessed by the Treatment Team to be appropriate for discharge to open population shall be psychiatrically stable without overt signs or symptoms of mental illness, and determined to be able to function within the structure, services and support available in the outpatient mental health service area.

2) Patients may be transferred to the Central Treatment Facility (CTF) upon initiation by a physician for medical reasons that supersede a patient's mental status.

3) The Psychiatrist, or designee, must write a clearance in the medical record for all patients moving from MHSDU to open population. Once the clearance has been documented, the Mental Health Clinician/ designee shall contact the Mental Health Director or designee to make notification of the impending discharge. The Charge Nurse or designee and or Mental Health Clinician/designee shall discuss transfers with the Clinic Nurse as soon as possible.

4) Inmates that have satisfactorily completed the step down unit program, and are transferred to open population, shall be followed up by the psychiatrist within one week of discharge from the program with scheduled psychiatric follow up appointments as needed. The patient shall also have a follow up by the mental health clinician within a week of discharge from the step down unit with scheduled mental health follow up appointments as needed. A transition group shall be formed for those inmates that are discharged from the step down unit. The Group shall be held on a weekly basis for 4 to 6 weeks or as needed.

18. DISCHARGE

a. Discharge shall be based on individual progress. Upon discharge to general population, and based on patient need, a psychiatrist and mental health clinician shall continue to follow up with appropriate treatment and assessment.

1) All discharge documents shall include:

a) a psychiatric progress note explaining the rationale regarding readiness for discharge, current medications, and discharge orders;

b) a Mental Health Provider discharge note which includes pertinent patient mental and physical health issues, medication compliance, nursing interventions, patient responses, nursing care recommendations and on-going case management issues; and,

c) the current ITP.

b. Unplanned Discharges to the Community. The evening Mental Health Nurse (MHN) shall contact institutional records to determine the disposition of patients who were not returned to the jail following a court appearance. The MHN shall document the disposition in the patient's medical record, and the shift report for the Mental Health Director. The Mental Health Director shall notify DBH of any unplanned releases.