



- c. Mental illness currently impacts daily functioning to the point that the inmate, based on history of poor adjustment and/or referring assessment and prognosis, currently demonstrates inability to function adequately within the general population. Requires intensive services not available in outpatient and is not expected to attain the improvements in functioning necessary to be discharged to general population in the next three months even with the services provided by the mental health services.
  - d. The inmate has current psychiatric symptoms
3. A clinician routes the clinical referral to the designated RTU clinician using the RTU Eligibility Form (attachment 1). The RTU clinician will facilitate the transfer process.
4. RTU clinical staff should consider the following in admission decisions:
  - a. History of chronic impulsive suicidal or homicidal behavior including self-mutilation or represents a potential danger of harm to self or others.
  - b. Clear compromise of the inmate's ability to care adequately for self or to be adequately aware of his/her environment. Consistent failure to maintain personally hygiene, appearance self care and inability to participate in an outpatient treatment plan
  - c. Inability to perform usual tasks expected in general population or failure to attain an adequate or necessary level of functioning in the general population after involvement in outpatient treatment.
  - d. Serious deterioration of interpersonal interaction with consistently conflictual or otherwise disruptive relationships with others that may include impulsive or abusive behaviors.
  - e. Significant withdrawal and avoidance of social interactions
  - f. Significant deficits in exercising appropriate independent decision making ability
  - g. History of repeated disciplinary infractions with probability of deteriorating in Administrative Segregation
5. If the inmate is referred from SPU, the SPU clinician will provide a completed RTU Eligibility Form
6. A designated RTU clinician will review the referral packet for completeness of information and will also verify that the inmate meets the RTU criteria. The RTU clinician, in consultation with other RTU staff and the Administrator of SPU/RTU, has the authority to deny the inmate entrance into the RTU on the admission criteria outlined above. If an inmate who is receiving services from the MHU is denied entrance to the RTU, a written justification shall be submitted to the inmate and the Chief of Mental Health. If an inmate who has been discharged from SPU is denied entrance into the RTU, a written justification shall be submitted to the inmate and the SPU/RTU Medical Director. The administrator for SPU/RTU shall sign off on all non-clinical discharges and denials. Should the Chief of Mental Health or the Medical Director disagree with the RTU clinician's denial, the decision can be appealed to the Director of Medical and Forensic Services using an inmate request slip.
7. Upon verification of the inmate meeting admission criteria, the RTU clinician notifies the SPU/RTU lieutenant to begin the security review of the inmate. The lieutenant/designee conducts the security review to clarify for RTU clinicians any serious behavioral issue(s) the inmate may exhibit.
8. A designated RTU clinician conducts a pre-acceptance interview/screening with the prospective inmate. If the inmate meets admission criteria for the RTU, a clinician will request transfer of the inmate to the RTU should take place. If the RTU is full at the time of acceptance, the inmate will be placed on a waiting list.
9. A RTU Psychologist will ensure maintenance of the referral list that will include the status of each referral in collaboration with the SPU/RTU lieutenant and the administrator. Vacant beds will be filled by the waiting list inmates based on the

following factors:

- a. Acuity of symptoms
- b. Length of sentence
- c. Access to a support system
- d. Other clinical, custody, transportation and staffing issues relevant to the situation

B. Course of Treatment

1. Upon admission to the RTU, the attending psychiatrist/ARNP will provide a psychiatric assessment of the inmate that includes but is not limited to the development of a preliminary treatment plan that will guide the treatment team in providing services and managing the inmate's behavior during the first 10 days in the RTU. Should the inmate be admitted to the RTU while on psychiatric medications, those medications shall accompany the inmate and remain in effect until otherwise specified by the attending RTU psychiatrist/ARNP.
2. Nursing staff completes a nursing intake within the first 24 hours of admission.
3. The treatment plan is created within 24 hours of admission or the next business day by the treatment team with the inmate present. The purpose of this meeting is to determine what assessments need to be conducted prior to the 10-day treatment plan meeting.
4. During the first 10 days in the RTU, all assigned providers engage the inmate in the assessment process respective to their discipline. The inmate's lead clinician will meet with the inmate at a minimum of 2 times during this period. All sessions will be documented with a progress note in a Subjective Observation Assessment Plan (SOAP) format.
5. Within 10 days of admission the inmate, along with the treatment team develops a comprehensive treatment plan that all members of the team and the inmate can sign. One of the overall goals of treatment will be to aid the inmate in developing independence. RTU clinicians will provide weekly updates via a Treatment Team Update Form to MHU staff regarding the inmate's treatment progress.
6. Thirty (30) days after the date of admission the first treatment review takes place to determine the inmate's progress and if any adjustments to the treatment process need to be made.
7. The treatment plan shall be reviewed by the inmate and the treatment team every 30 days (or as significant events occur) to determine if any adjustments or modifications need to be made.
8. When the treatment team decides that the inmate has improved to the level of functioning necessary to be discharged to general population, there will be a minimum 30 day period of transition back into general population.

C. Programmatic Outline for the RTU

1. The following is a general outline of the programmatic structure for the RTU.
  - a. RTU inmates will receive a minimum of 10 hours of structured group therapy interventions per week that are designed specifically to address functional impairment and mental health issues. Ongoing development of group therapy will be determined by the clinical needs of the inmates residing in the RTU.
  - b. RTU inmates will receive a minimum of 12 hours of combined structured and unstructured recreational therapy per week. For more explicit information regarding recreational therapy, see PPD 7.44.
  - c. RTU inmates will receive, if clinically indicated, brief, goal directed individual psychotherapy.
  - d. RTU inmates will have access to all other prison programs, activities and services that are normally available to inmates in general population. The inmate's treatment team will be responsible for the coordination of both on and off unit access to these services. These services will be based on availability and the inmate's functional capacity permits:

- 1) Medical care
- 2) Education and Career and Technical Education
- 3) Religion
- 4) Industries
- 5) Family Connections
- 6) Hobby Craft
- 7) Library services
- 8) Recreation services
- 9) Substance abuse services

a) In Unit Access

RTU inmates will have the opportunity to receive the following in unit services:

- (1) Access to medical care
- (2) Education
- (3) Religion
- (4) Library services
- (5) Recreation services
- (6) Substance abuse services

b) Off Unit Access

RTU inmates will have the opportunity to participate, based on availability and the inmate's functional capacity. RTU inmates will follow all advisement, enrollment and/or screening procedures as outlined for general population inmates. The following are the general population programs/services:

- (1) Medical care
- (2) Education and Career and Technical Education
- (3) Religion
- (4) Industries
- (5) Family connections
- (6) Hobby craft
- (7) Library services
- (8) Recreation services
- (9) Substance abuse services

- e. RTU inmates will have access to other therapeutic (e.g. clinical therapy groups, psycho-educational programming) and volunteer interventions as determined necessary by inmate's treatment team.
- f. RTU inmates will have the opportunity to secure employment in the general population as availability and the inmate's functional ability permits.
- g. RTU will also serve as a transitional unit for those inmates who are discharged from SPU and meet the clinical criteria outline in IV A above for admission to RTU.

D. Discharge/Transition Process

1. General Guidelines

- a. The inmate has the ability to meet the functional requirements of prison life at a lower level of care.
- b. Evidence of improvement in and/or the inmate's management of psychiatric symptoms have occurred and can be maintained at a lower level of care. Inmates may be referred to Healthy Pathways for follow up to further assist in successful transition into the general population.
- c. Throughout the course of the inmate's treatment in RTU, the unit lieutenant/designee handles the communication process with NHSP/M Classification Office. This general process is outline explicitly in PPD 7.14. The lieutenant/designee provides communication to the RTU treatment team

regarding the classification status of the inmates in RTU. Likewise, as the time for discharge approaches, the RTU treatment team provides suggestions regarding housing of the inmate upon discharge from the RTU. The lieutenant/designee relays this information to personnel in classifications for their consideration in the selection of housing options for the inmate. Every effort should be made to provide a housing assignment that will not interfere with providing the inmate with the necessary mental health treatment in accordance with his discharge report and classification status.

- d. Every reasonable effort will be made by the treatment team to motivate the inmate to participate in treatment. This may include different approaches, including, but not limited to motivational interviewing, brief solution focused individual therapy, etc. If the inmate is unresponsive to these interventions as documented by the clinician in the inmate's medical chart, discharge from RTU may occur. Examples of refusal to participate in treatment are supported by documentation of the inmate's continuous refusal and documentation of the staff's attempts to engage the inmate in their treatment plan. These examples include but are not limited to:
  - 1) Refusal to participate in group therapy on more than three occasions
  - 2) Refusal to participate in individual therapy, if indicated
  - 3) Refusal to follow the treatment plan that the inmate agreed to follow
- e. Staff will consult with the inmate's prescribing practitioner to determine if medication side-effects are a potential cause for the inmate's refusal to participate in treatment. If it is determined that medication side effects are indeed accounting for the inmate's nonparticipation, the prescribing practitioner will determine an appropriate course of action and determine when the inmate can reasonably resume participation.
- f. If the refusal to participate in treatment is for reasons other than medication side effects, clinical staff will give the inmate three opportunities to re-engage in the treatment process. If at the end of those attempts the inmate continues his refusal to participate in treatment, a treatment team meeting is held and the inmate is offered the opportunity to participate in this meeting. Should the decision to discharge the inmate be made at this meeting, the transition process, as outlined below, will be followed. Once the discharge process is completed, he is placed on a movement list and sent to general population with a referral for mental health follow up. If the inmate is refusing treatment but is believed to be a danger to themselves, 623:1 commitment to SPU shall be considered.
- g. In the event of an inmate being discharged from RTU due to refusal to participate in treatment, the transition process to general population will occur as outlined below. The inmate will also be provided the opportunity to appeal this discharge. Any transitions from RTU based on lack of participation in treatment will be reviewed and approved or denied by the Administrator of SPU/RTU. In the event that the inmate disagrees with the reasons for discharge from RTU, the decision can be appealed via an inmate request slip to the Chief of Mental Health.
- h. Discharge from RTU also occurs if major medical issues interfere with the inmate's ability to participate in treatment. As RTU is not a medical facility, the inmate will need to be considered for admission to the health services center (HSC) should any major medical issues arise during the course of their treatment in RTU.

## 2. Transition Process

- a. The communication process between RTU and MHU clinicians begins well before the inmate is admitted to RTU. Once the inmate is admitted to RTU, this

- communication continues on a bi-weekly basis so that MHU clinicians are well
- b. At the beginning of the last month of treatment, the dialog between RTU and mental health clinicians will focus on the inmate's involvement in activities within general population.
  - c. The inmate's designated RTU clinician coordinates with the mental health clinician to connect the inmate with mental health services and other opportunities for adapting to living in general population that may include, but not limited to:
    - 1) Securing a job in general population based on availability
    - 2) Attending classes in education
    - 3) Attending religious events
    - 4) Psycho-educational programs
    - 5) Mental health treatment groups
  - d. During this transition time, the inmate will spend as much time in general population as is clinically indicated. RTU clinicians will co-lead therapy groups in the MHU for RTU inmates as part of this transition process. RTU inmates will also be encouraged to participate in other therapeutic groups in the MHU so that they have the opportunity to develop a peer support network, and to monitor and evaluate the RTU inmates' ability to function in general population.
  - e. Discharge/transition is completed when the RTU treatment team evaluates the inmate's functionally ability relative to goals outlined in the treatment plan and finds that the inmate meets or exceeds these goals. Furthermore, the RTU treatment team has worked with the outpatient mental health team to establish the inmate's new treatment plan.

#### REFERENCES:

Standards for the Administration of Correctional Agencies  
Second Edition Standards

Standards for Adult Correctional Institutions  
Fourth Edition Standards

Standards for Adult Community Residential Services  
Fourth Edition Standards

Standards for Adult Probation and Parole Field Services  
Third Edition Standards

#### Other

**RSA 623:1**

MACLEOD/pf

Attachment



NH Department of Corrections: Residential Treatment Unit Eligibility Form

Residential Treatment Unit Eligibility Form

NAME \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ INMATE # \_\_\_\_\_ Referred by \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

ASSESSMENT

CRITERION 1 –DIAGNOSIS

List all DSM Axis I and II diagnoses for which treatment is being provided. Person must have one of the following to be determined eligible in any category: Schizophrenia or another psychotic disorder, a mood disorder, PTSD, OCD, other anxiety disorders or Personality Disorders other than ASPD alone

CRITERION 2 – SYMPTOMS OF MENTAL ILLNESS BEING TREATED

CRITERION 3 – FUNCTIONAL IMPAIRMENTS

Describe impairments resulting from symptoms listed in 2, above.

Moderate impairment causing chronic or durable problems in each of the four functional domains such that the person requires regular support and a variety of services; Marked impairment causing ongoing symptoms in two or more of the functional domains such that the person requires intensive and frequent supportive interventions; Extreme impairment causing risk of death in at least one functional domain such that the person requires a constant level of services should be referred to SPU

Please mark the box indicating current level of impairment in each domain & provide a brief description of the impairment.

DOMAIN

LEVEL OF IMPAIRMENT

Activities of daily living

none mild moderate marked extreme [ ] [ ] [ ] [ ] [ ]



**NH Department of Corrections: Residential Treatment Unit  
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**DOMAIN**

**LEVEL OF IMPAIRMENT**

Interpersonal functioning

<b>none</b>	<b>mild</b>	<b>moderate</b>	<b>marked</b>	<b>extreme</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Adaptation to change  
(Ability to tolerate changes)

<b>none</b>	<b>mild</b>	<b>moderate</b>	<b>marked</b>	<b>extreme</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Concentration, task, performance and pace

<b>none</b>	<b>mild</b>	<b>moderate</b>	<b>marked</b>	<b>extreme</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**CRITERION 4 – SERVICE USE in general population within the past year**

<u>Service</u> (Circle)	<u>Frequency</u> (Qrtly, Mthly, Biwkly, Wkly, Daily, PRN) & <u>Duration</u> (Units)
Individual Treatment	
Group Treatment	
Healthy Pathways	
Medication Monitoring/Administration (Red meds)	
Medication Monitoring by Security Staff (Yellow meds)	
Psychiatric Eval./Intervention by MD/ARNP	
MH Crisis Responder	
SPU	
HSC	
Other	





**NH Department of Corrections: Residential Treatment Unit  
Eligibility Form**

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**CRITERION 5 – DURATION OF IMPAIRMENT**

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Supporting documentation from the outpatient medical record to support eligibility should be attached (Refer to the RTU Admission Packet Checklist)

IN ADDITION TO ABOVE INFORMATION RTU REVIEW OF OFFENDER RECORD (for information related to functional impairments)

REVELENT PRESENTENCING INVESTIGATION INFORMATION:

D REPORT HISTORY:

CLASSIFICATION UPGRADES: