

NH DEPARTMENT OF CORRECTIONS POLICY AND PROCEDURE DIRECTIVE	CHAPTER <u>Resident Programming</u> STATEMENT NUMBER <u>7.11</u>
SUBJECT: SECURE PSYCHIATRIC UNIT RESIDENT PRIVILEGES AND ABILITY TO TRANSFER TO LESS RESTRICTIVE CARE SETTINGS PROPONENT: <u>Helen Hanks, Administrative Dir.</u> <i>Name/Title</i> <u>Medical/Forensic Services 271-3707</u> <i>Office Phone #</i>	EFFECTIVE DATE <u>10/15/12</u> REVIEW DATE <u>10/15/13</u> SUPERSEDES PPD# <u>7.11</u> DATED <u>05/11/10</u>
ISSUING OFFICER: <hr/> <i>William Wrenn, Commissioner</i>	DIRECTOR'S INITIALS: _____ DATE: _____ APPENDIX ATTACHED: YES _____ NO _____
REFERENCE NO: See reference section on last page of PPD.	

I. **PURPOSE:**

To establish guidelines and procedures for residents' ability to gain increased privileges within the SPU and for the transfer of SPU residents civilly committed via RSA 651:9 Not Guilty by Reason of Insanity (NGRI), or RSA 622:45 Secure Psychiatric Unit – Commitment (This RSA primarily governs emergency transfers from Designated Receiving Facilities [DRF's]), or RSA 135-C:34 Non-Emergency Involuntary Admissions, or RSA 171-B:12 Involuntary Admission of Persons Found Not Competent to Stand Trial, or RSA 623:1 Temporary Removal of Prisoners (This is primarily for County HOC and State sentenced inmates who require acute psychiatric services), or via RSA 135-E:11 Involuntary Civil Commitment of Sexually Violent Predators, to less restrictive settings. This policy also establishes classification guidelines of inmates committed to the Secure Psychiatric Unit from the correctional facilities of the Department of Corrections and county Houses of Correction.

II. **APPLICABILITY:**

To all Department of Corrections staff and residents of the SPU and the other secure correctional facilities.

III. **POLICY:**

It is the policy of the NH Department of Corrections to provide residents of SPU with an opportunity for increased privileges within the unit and eventual transition to a less restrictive environment that may include:

- A. Discharge to the Division of Behavioral Health (e.g., New Hampshire Hospital or other DRF's);
- B. Discharge to the General Population of NHSP-M, NHSP-W, or NCF;
- C. Discharge to reduced custody within the DOC (e.g., Transitional Work Center, Transitional Housing Units and the Division of Field Services); or
- D. To the venue from which they were admitted (County Corrections).

IV. PROCEDURES:

A. General Rules and Guidelines

1. Any person admitted or transferred to SPU shall be under the care and custody of the Commissioner of Corrections and the Director of Medical and Forensic Services and shall be subject to the rules of the Commissioner of Corrections until the person is transferred to a receiving facility in the state mental health services system or another appropriate setting as determined by their treatment team and legal status. No person may be retained within the unit longer than the period of the order of involuntary admission to the state mental health services system.
2. Residents of SPU may request an increase in privileges or transfer to a less restrictive facility via a Resident Request Slip.
3. The SPU treatment team will review the request for clinical appropriateness to see if the resident's requested transfer is in compliance with their treatment plan, clinical condition, personal and public safety and confining Court Order.
4. Behavioral Expectations:
 - a. All residents are expected to follow the rules in SPU that are provided for them in the SPU Resident Handbook.
 - b. SPU residents are expected, on a daily basis to:
 - 1) Complete their Activities of Daily Living (ADL's) such as personal hygiene and cleaning their room;
 - 2) Complete their ward jobs;
 - 3) Behave in a safe manner towards themselves and others;
 - 4) Actively participate in their treatment. This includes taking medications, if prescribed, as well as working with their treatment providers. Non-participation in treatment may adversely affect a resident's ability to get more privileges.
 - 5) Similarly, residents are expected not to interfere with the treatment of others.
 - 6) SPU residents are expected to cooperate with staff directions.
 - 7) SPU residents are expected to maintain healthy and appropriate interactions with peers and staff. This also includes keeping good boundaries with staff and peers.
 - 8) SPU residents are not allowed to enter each other's rooms.
5. Privileges:
 - a. Within the SPU there are Observation Levels and Phases of Care which are indicative of the amount of supervision a resident requires, the amount of property they may have in their room, the amount of time they may be out of their room, their freedom of movement within the unit, and their ability to participate in off unit activities. These Observation Levels, Phases of Care and privileges apply to both male and female residents. **All residents have the right to refuse treatment in part or in whole. Any such refusals need to be clearly documented in the Medical Record and communicated to the resident's treatment team so they may evaluate the situation and adjust the treatment plan as necessary.**
 - b. All SPU residents, regardless of their Phase of Care shall receive ongoing clinical assessments performed by nursing, psychiatry, social services, psychology, and therapeutic recreation.
 - c. Residents who are on Observation Levels are not transported from the unit for any reason unless ordered by the court or ordered by their psychiatric or medical provider. In instances such as this, SPU staff shall contact the Sheriff's Department by phone and briefly explain the patient's status. In the event that a resident is not transported, there needs to be documentation by the attending psychiatric provider or nursing staff in the resident's Medical Record indicating the justification for not transporting the individual. **Any resident, regardless of Observation Level or Phase of Care, who attends off unit activities, does so with staff escort.**

- d. There are two Observation Levels which are used for the most acute residents. In most cases, residents who are on Observation Levels are housed in the SPU Infirmery; however, Observation Level Two supervision, as outlined below, may be conducted on the resident's assigned ward as ordered by the resident's psychiatry provider.
- 1) Observation Level One requires the resident to be on a constant (1:1) watch, per orders of their psychiatric provider, due the severity of their dangerousness to themselves. Residents on this level will be allowed access to the following:
 - a) Safety Smock;
 - b) Safety Blankets;
 - c) Styrofoam cup for drinking;
 - d) Finger foods; and
 - e) Two soft cover reading materials, **without staples**, for reading.
 - 2) Observation Level Two requires that the resident be on a 15 minute or 30 minute check depending on the order of the admitting psychiatry staff. Residents on 15 minute checks will be allowed the same property as those on constant watch (indicated above).
 - 3) Residents who are Observation Level Two on a 30 minute check will be allowed the following for property:
 - a) Jump suit;
 - b) Regular tray if ordered as indicated on the Physician's Order Form;
 - c) Two soft cover reading material **without staples**;
 - d) They may have plastic ware while eating. All plastic ware will be returned to staff with the tray; and
 - e) They may use a toothbrush. This will also be returned to staff when finished.
 - 4) Residents on Observation Levels **may have** access to Request Slips, Grievance Forms, paper, envelopes, stamps, and a safety pen, under appropriate supervision, as ordered by their psychiatrist so that they may write requests, file grievances, write to courts, their attorney, and/or approved family members.
 - 5) Dayroom, telephone, yard time, and eyeglasses are possible via a special request by the treatment team and as ordered by the resident's psychiatric provider.
- e. Specific property and privileges not allowed for either level includes:
- 1) Cleaning materials, brooms, mops, spray bottle; and
 - 2) Plastic ware, plastic cups (except as noted above).
- f. Beyond the Levels indicated above there are three Phases of Care within the SPU:
- 1) Acute Care
 - a) Levels of Supervision

Residents on Acute Care Status are required to be on single movement and in restraints (as needed) when being moved within the unit. They are unrestrained when they have their yard time and their dayroom time. Residents on this status have their dayroom time and yard time individually. Residents on Acute Care may have only non-contact visits and, property as outlined in the SPU Resident Handbook. **Contact visits with attorneys will be considered on a case by case basis. Contact visits with attorneys will be granted if the resident's psychiatrist deems a contact visit as safe and clinically appropriate.**
 - b) Time Out of Room:
 - i. Residents on Acute Care Status are required to have a minimum of two hours out of room time offered to them per day, and this two hour time frame does not include shower time. Residents have the right to refuse this time out of room. All refusals of dayroom and yard time are to be documented in the 7-Day Activity Logs (attachment 1) that are maintained by Security staff and will be sent to the Division Administration for QI review. Residents are given their dayroom and yard time individually. Refusals of any activity

should be reported to the patient's treatment for review. All refusals to participate in treatment shall be documented via a SOAP or DAP Note in CHOICES.

- ii. Should a resident be denied out of room time due to the display of inappropriate behaviors (e.g., violent acts or threats of harm to self and others) these should be documented in the resident's Medical Record and relayed to the treatment team (as defined in PPD 6.08) for their review.
 - c) Behavioral Expectations
Residents on Acute Care Status are expected to participate, contingent upon their behavior and as indicated in their treatment plan, in structured and unstructured activities that are offered in their assigned dayroom and limited off ward groups and activities (restrained and unrestrained) as indicated by their treatment team. These groups are offered for one hour per day five days per week.
 - d) Review of Care
Everyone on this status should be reviewed, at a minimum, weekly for possible progression to a less restrictive care status. In reviewing the patient's status, the treatment team shall review the patient's medication compliance, documentation regarding progress toward treatment goals and reports (incident, privilege reductions, etc.) relevant to the patient's behavior.
- 2) Supervised Care
- a) Level of Supervision
Residents on Supervised Care Status require active & regular supervision due to their inability to function properly due to their general mental condition. It is also used to monitor patients who have exhibited behavior(s) that are problematic but do not result in harm to self or others.
 - b) Time out of Room
Supervised Care allows residents to be out in their dayroom under staff supervision. The amount of time out of room for each resident is determined by the ward schedule with modifications as prescribed in their treatment plan. These residents have the ability to participate in any group that is indicated in their treatment plan. Residents on Supervised Care remain under staff supervision on and off the unit. This privilege level allows for contract visits and property as outlined in the SPU Resident Handbook.
 - c) Residents on Supervised Care should be reviewed at a minimum, on a monthly basis, or more frequently as prescribed by their treatment plan. Treatment reviews will occur in light of events which may warrant any type of privilege reduction.
- 3) Assisted Care
- a) Level of Supervision
Residents in this Phase do not require staff escort to attend unit activities and do not require direct staff supervision when in the dayroom area of their ward. These residents may also be considered for independent passes to use the weight room, and other activities as prescribed by their treatment plan or determined by their treatment team.
 - b) Time Out of Room
Assisted Care allows residents to be out of their room beginning at 0530 and ending at curfew per the SPU Resident Handbook.
 - c) Behavioral Expectations
Residents in Assisted Care Status are expected to participate fully, as indicated in their treatment plan, in structured and unstructured activities that are offered on or off the Ward and within the Unit. It is expected residents in this Phase are fully engaged in their treatment.

- d) Review of Care
Residents in Assisted Care shall be reviewed at a minimum monthly. Treatment review will also occur in light of events which may warrant any type of privilege reduction.
 - e) There are only minor canteen restrictions as outlined in the SPU Resident Handbook. Additionally, they have increased clothing privileges and have the ability to earn higher paying off ward jobs, including laundry workers and food servers. They have the ability to purchase electronic items from canteen with team approval. Finally, they have independent access to the ward video library and game system. These residents have contact visits.
4. D-Ward is where female patients are admitted when they are at SPU. This Ward is unique in terms of expectations and levels of privileges. D-Ward residents do not move on to Wards with progressive levels of expectations and privileges. Therefore, each resident of D-Ward is evaluated for privileges by the team on an individual basis. The standards used, in general, correspond to the expectations and privileges of the progression from E-Ward, G-Ward, H-Ward, and F-Ward. Please refer to these standards which will not be repeated here.
- B. Transfer of Civilly Committed Individuals to Less Restrictive Care
1. Please refer to PPD 6.37 Not Guilty by Reason of Insanity (NGRI) Transitioning and Monitoring for specific details regarding transition of individuals under this commitment status to a less restrictive setting.
 2. The first step in the process of transfer for individuals committed via the NGRI statute is to seek the approval of the Commissioner of Corrections for a step down to a less restrictive level of care. The SPU Treatment Team shall notify the SPU/RTU Administrator of their desire to seek Commissioner approval for step down. The individual's case will then be reviewed by the SPU/RTU Administrator and the Chief of Psychiatry. Following the joint review one of two things will occur:
 - a. The request for transfer to a less restrictive setting shall be forwarded to the NGRI Clinical Coordinator and the Director of Medical and Forensic Services.
 - b. Feedback will be given to the team regarding further areas of treatment that need to be addressed prior to forwarding the request for transfer.
 3. Any resident who has been admitted to SPU via RSA 622:45 (these are residents of other DRF's subject to Involuntary Admission per RSA 135-C:34-54 or RSA 171-B) may be transferred to a less restrictive treatment setting. NHH residents who are transferred to SPU via RSA 622:45 may return to NH Hospital (NHH) per the process outlined in the Memorandum of Understanding between NHH and DOC. Residents transferred to SPU from another DRF via RSA 171-B:15 also fall under the provisions of RSA 622:45.
 4. Any resident admitted directly to the SPU via RSA 171-B, may not be discharged or transferred from the unit prior to the expiration of the order of commitment without prior approval of the Commissioner of the Department of Corrections, per RSA 171-B:16.
 5. Residents who are committed to the SPU via RSA 135-C:45 may be transferred to NHH or other appropriate DRF per RSA 135-C:48. All such transfers require, per the RSA, prior approval of the chief administrator of the state mental health system.
 - a. When the SPU team is ready to request a transfer to NHH, the attending psychiatric provider drafts a letter to the Chief Medical Officer of NHH. Additionally, the SPU/RTU Administrator works with clinical staff to ensure that appropriate accompanying documentation is sent with the letter (i.e., current treatment plan, most recent treatment plan review, current progress notes, relevant medical information, list of current medications, etc.).
 6. SPU residents who are committed via RSA 135-E:11 are eligible for discharge according to the standards and procedures set forth in RSA 135-E:12-14.
 - a. After the initial commitment order, it is incumbent upon the County Attorney to file a petition for recommitment. At the hearing for recommitment, the state bears the burden of

- clear and convincing evidence that the individual remains a sexually violent predator.
- b. If the Commissioner, or designee, at any time determines that the individual is likely not to commit acts of sexual violence if discharged, the Commissioner, or designee shall notify the court and the court shall hold a hearing. This petition shall be served upon the court and the County Attorney or Attorney General. Upon receipt of such notice, the court shall schedule a hearing within 60 days. The state bears the same burden of proof mentioned above.
 - c. A person may file a petition for discharge at any time after commitment per RSA 135-E:14 without the approval of the Commissioner or designee. The notice shall be provided to the Commissioner, County Attorney, or Attorney General. After reviewing the petition, the court may request the Commissioner, County Attorney, or Attorney General respond to the petition. Response by these parties is not required unless directed otherwise by the court. If the court determines that the petition is without merit on its face, it may deny the petition without a hearing. No person committed under this law may be released without order from the court.
 - d. No later than 30 days prior to the release of a sexually violent predator, the Department shall give written notice of the person's release to the victim advocate for the county in which the person was prosecuted and to the extent possible, the victim or the victim's family shall be notified.
 - e. The Parole Board shall be immediately notified of the release of a sexually violent predator who has an active or pending term of parole, conditional release or other post prison release supervision that is administered by the Parole Board.
- C. Transfer of Criminally Committed Individuals to Less Restrictive Care
1. Residents transferred to SPU via RSA 623:1 will be transferred back to the general prison population, stepped down to the Residential Treatment Unit (RTU), or returned to the sending House of Corrections (HOC). When the SPU treatment team determines that the resident is ready for transfer as evidenced through their documented treatment plan, the formal discharge process is initiated. When the resident is transitioning to the general prison population, a transition meeting is scheduled with the clinical team that will be following the resident after their transition. Once the transition meeting occurs, the discharge summary is completed and an initial treatment plan for continued care in the general population (GP) is initiated. The resident is then placed on a movement list for transition to general population.
- D. Discharge Protocol
1. When the SPU Treatment Team deems the resident ready for transfer to less restrictive care in the RTU or GP, the resident's SPU clinician will schedule a transition meeting with clinicians from RTU or Mental Health Unit (MHU) respectively. There will be at least one and possibly as many as three such transition meetings prior to the inmate being discharged.
 2. The transition meeting(s) serve several purposes which include but are not limited to:
 - a. Introduction of the inmate to the MHU or RTU clinicians who will be providing services.
 - b. Establishment of the initial goals, objectives, and interventions for the inmate's treatment in GP. This document is created by the SPU clinician prior to the inmate's actual discharge.
 - c. Making the inmate aware of MH Responder Services in GP.
 - d. Presenting the inmate with a MHU follow up appointment slip that is within two weeks of the inmates discharge from SPU. This appointment will serve to ensure that the inmate's medications are being received as prescribed.
 3. Upon notification that the inmate has been placed on the movement list, the attending psychiatrist/ARNP writes orders for medications for a minimum of two weeks and a maximum of one month so that the inmate will receive his medications in the receiving housing unit. **No discharges, with the exception of PAR to SHU, will occur on 2nd shift, 3rd shift, Fridays, weekends or holidays.**
 4. Nursing staff note the orders, faxes them to the pharmacy, and delivers the balance of the inmate's unused medications to the pharmacy for re-packaging.

5. The inmate's assigned Master's level clinician generates the Discharge Summary which is then forwarded to the inmate's Medical Record.
 6. When the SPU Treatment Team deems the resident ready for transfer to less restrictive care at the HOC that sent the inmate to SPU, appropriate staff is notified at the HOC which include but may not be limited to nursing staff and mental health staff.
 - a. SPU nursing staff will notify the HOC nursing staff that the inmate is ready for transition and provide the necessary medical, medication and psychiatric information.
 - b. SPU nursing staff coordinates with the HOC nursing staff to ensure that the inmate has sufficient medication supply until they can be evaluated by psychiatry staff at the HOC.
 - c. The assigned Master's level clinician will generate the discharge report and forward it to the appropriate HOC staff.
- E. Classification Assignment of Adjudicated Sentenced and Pre-Trial Inmates within the SPU
1. A classified inmate admitted to the SPU under RSA 623:1 from a NHDOC facility shall receive an MH-5 classification upon admission into the Secure Psychiatric Unit.
 2. This classification is for treatment purposes only and maintained while the inmate is a resident of the SPU.
 3. The inmate will retain their original classification, which will be reviewed for institutional risk prior to discharge from the SPU.
 4. Classified inmates admitted to the SPU under RSA 623:1 from a county facility will receive the same MH-5 classification upon admission into the Secure Psychiatric Unit.
 5. Inmates may move within the Secure Psychiatric Unit as defined by Section IV.A.5 Privileges and the recommendations of their Treatment Team and Treatment Plan.
- F. MH Classifications Defined:
1. MH-5: Severe Impairment due to psychiatric illness requiring management in a secure psychiatric facility. Inmates in this category are transferred to the SPU pursuant to RSA 623:1, the voluntary or involuntary transfer of inmates from correctional facilities for treatment. Determination of Severe Impairment with the transfer to a secure psychiatric facility requires certification by a physician/psychiatrist as indicated in the RSA 623:1 transfer form that the inmate cannot be safely maintained and treated in the correctional facility. Subcodes: MH-5 (A) = Assaultive, MH-5 (S) = Suicidal.

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

Standards for Adult Probation and Parole Field Services
Third Edition Standards

Other

HANKS/pf

Attachment

