KANSAS DEPARTMENT OF CORRECTIONS

Kansas Department of Corrections	**INTERNAL MANAGEMENT POLICY AND PROCEDURE**	**SECTION NUMBER** **20-110J**	**PAGE NUMBER** **1 of 6**
		SUBJECT: **RESTRICTIVE HOUSING: Treatment Units for Behavioral Health Offenders**	
Approved By:  **Secretary of Corrections**		**Original Date Issued:**	**08-17-16**
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APPLICABILITY:	**_ ADULT Operations Only**	**X JUVENILE Operations Only**	**_ DEPARTMENT-WIDE**

POLICY STATEMENT

KDOC recognizes the need to provide quality behavioral health treatment programmatic services to all behavioral health offenders regardless of their housing status. Offenders with behavioral health needs who are placed in Restrictive Housing shall be managed by treatment plans and shall receive weekly Behavioral Health treatment and of KDOC activities. (NCCHC Y-E-09) Whenever possible, given individual security requirements, behavioral health offenders requiring separation from general population may be housed in Behavioral Health Treatment Units instead of Restrictive Housing. The Behavioral Health Individualized Treatment Unit Plans shall indicate the number of hours of treatment and activities for each offender. (ACA 4-JCF-3C-01; NCCHC Y-E-09)

DEFINITIONS

Behavioral Health Professional (BHP): Licensed professionals possessing a Masters or Doctoral Degree in Psychology, Social Work or related field, Psychiatrists and Psychiatric Nurses.

Mental Health Disorder Classification Level: Mental Health Classification level is made initially at the Kansas Juvenile Correctional Complex. Mental Health Disorder Classifications for juvenile offenders range from Transitional Steps I to IV.

Restrictive Housing (RH): An offender classification which requires separation of the offender from the general population.

Restrictive Housing – Behavioral Health (RH-BH): Offenders with mental illness (mental health transitional step II or higher) who are retained as restrictive housing status due to violence or other security reasons. These offenders are generally deemed to require special security precautions, have received repeated disciplinary reports, or engaged in high-risk behaviors such as serious assaultive, violent, or self-injurious behaviors. These offenders are managed by treatment plans that include both behavioral health treatment and KDOC activities.

Restrictive Housing – Multi-Disciplinary Team (RH-MDT): A group of staff members responsible for the screening, placement, review, and monitoring of those offenders placed in Restrictive Housing with a Mental Health Disorder Classification of step III or IV. Staff from each of the following disciplines shall serve on the team: Security (including an assigned unit officer), Behavioral Health (Chairperson), and Programs/Case Management.

Restrictive Housing – Review Board (RH-RB): A board consisting of one security staff member of Lieutenant rank or higher, one Behavioral Health staff, and the Restrictive Housing Unit Team Manager/CCII.

Restrictive Housing – Treatment Status (RH-TS): Offenders with mental illness (mental health transitional step II or higher) who are primarily non-violent, however, may have demonstrated a pattern of restrictive housing

placement or require protective custody status, and are involved in structured treatment and programs addressing their individual needs. These offenders may have progressed through the RH-BH, showing a reduction in high-risk behaviors as determined by the Multi-Disciplinary Team. These offenders are managed by treatment plans that include both behavioral health treatment and KDOC activities.

PROCEDURES

I. Screening and Placement

A. Behavioral health screening for offenders being considered for restrictive housing (RH) placement.

1. Offenders who are acutely psychotic, suicidal, psychologically vulnerable, or otherwise in the midst of a psychiatric crisis and are placed in RH Units shall receive an immediate screening by the Behavior Health Professional to determine the most appropriate placement based on clinical needs. (NCCHC Y-E-09) When the BHP is off duty, an RN shall evaluate.

2. Face-to-face screenings upon RH Unit placement shall occur the same day whenever possible but no later than the end of the next business day by a BHP for every offender regardless of mental health transitional step (Attachment A), and regardless of the duration of RH placement.

3. BHPs shall orient all offenders placed in RH Units during the face-to-face screenings regarding how to access behavioral health (BH) treatment.

B. Behavioral health placement for offenders being considered for restrictive housing. (NCCHC Y-E-09)

1. Within 24 hours of RH placement, the RH-RB, or the on-call BHP on weekends and holidays, shall identify those offenders that are in Transitional Steps II, III, and IV.

a. Offenders with Step II classification shall be considered for the RH program if diagnosed with a mental health disorder including ADHD, intellectual disabilities, or neurocognitive disorders and/or taking psychotropic medication.

b. Offenders with Step III and IV classifications inherently meet the criteria for placement in the Restrictive Housing program.

2. As soon as possible, but no later than two (2) working days following RH placement, the RH-RB/BHP shall make recommendations to the RH-MDT regarding the need for placement in a RH Behavioral Health (RH-BH) program, as well as the type of program recommended.

a. Any offender who is in need of behavioral health treatment and RH placement due to violence or other security reasons as determined by the RH-MDT may remain in the RH Unit.

3. All non-violent offenders needing behavioral health treatment and determined eligible for a less restrictive housing setting may be considered for placement in a Behavioral Health Treatment Status Program or general population.

4. Each superintendent shall create General Orders that includes procedures and practices for the implementation of treatment programs and treatment units.

II. Reviews and Monitoring

A. The RH-RB shall meet with offenders as soon as possible but no later than two (2) working days of RH placement and weekly thereafter.

1. The RH-RB shall complete the Restrictive Housing/Treatment Unit Referral form (Attachment B) for offenders being considered for placement in the RH-BH or the RH-TS.

    a. Offenders with MH Transitional Steps II – IV shall be candidates for the RH-BH or RH-TS.

    b. The referral form shall be immediately forwarded to the RH-MDT for review.

2. The RH-RB shall make one (1) of the following recommendations to the superintendent at the conclusion of the weekly review:

    a. The offender remains in RH;

    b. The offender should be returned to general population;

    c. The offender should be transitioned to a RH-BH or RH-TS, as appropriate; or

    c. The offender is transferred to another KDOC facility.

B. As soon as possible but within two (2) working days following receipt of the referral form (Attachment B) from the RH-RB, the RH-MDT shall meet and make one (1) of the following recommendations to the superintendent in regard to the offender's placement:

1. Approve placement into either the RH-BH or RH-TS; or

2. Disapprove placement into either the RH-BH or RH-TS;

    a. Oversight of the offender shall return to the RH-RB.

    b. The RH-MDT shall provide the RH-RB with recommendations for less restrictive measures and/or alternative interventions to RH-BH or RH-TS placement.

C. A member of the RH-MDT shall meet with offenders placed in RH-BH or RH-TS as soon as possible but within two (2) working days of placement and weekly thereafter.

1. The RH-MDT shall recommend to the superintendent in writing, one of the following actions:

    a. The offender is returned to general population;

    b. The offender is transferred to a RH-BH or RH-TS;

    c. The offender is transferred to another KDOC facility.

2. The offender may submit written requests for release from RH to the RH-MDT.

3. The RH-MDT shall keep a record of each offender meeting and recommendation. Those records shall be retained in the offender's master file.

D. The superintendent shall review and approve/disapprove all recommendations of either the RH-RB or the RH-MDT.

III. Pattern of RH Placement

A. If there is a pattern of RH placement of more than six (6) times in a 12-month period for offenders with MH Transitional Steps II – IV, the offender shall be reviewed for placement in a Treatment Unit.

1. Offenders with Step II classification shall be considered for the RH-TS if diagnosed with a mental health disorder including ADHD, intellectual disabilities, or neurocognitive disorders and/or taking psychotropic medication.

2. Upon an offender's initial placement and review by the RH-RB the security staff representative shall research the number of the offender's RH placements over the last 12 months.

3. The Behavioral Health representative shall alert the board of the MH Transitional Step II – IV offenders.

IV. Behavioral Health Services (ACA 4-JCF-3C-01; NCCHC Y-E-09)

A. RH Behavioral Health staff shall conduct daily rounds, excluding weekends and holidays, in the Restrictive Housing unit.

B. Consistent with healthcare provider standards, an evaluation by a BHP shall be conducted with an offender upon placement in RH status. The BHP's assessment shall:

1. Be conducted immediately when there is an onsite BHP, but in no case more than 24 hours of the initial placement; and

2. If applicable, contain recommendations regarding suicide risk, if the offender has active psychotic symptoms, or any other mitigating factors related to mental illness or functioning that would contraindicate placement in RH. The recommendations shall be shared with the RH-RB or MDT; and

3. If applicable, be followed by a psychological assessment at least every seven (7) working days thereafter.

C. A structured clinical treatment curriculum to include out of cell BH treatment and interactive activities shall be established for each RH unit.

D. Clinical Treatment plans, incorporating the treatment curriculum and transition planning (general population and community reintegration), shall be established for each behavioral health offender (Transitional Steps II-IV).

V. Low Participation

A. Offenders who do not participate in treatment as recommended by the treatment provider shall not be removed from the program.

B. The BHP shall address low participation in the following ways:

1. Revise the Treatment Plan to better accommodate the offender's needs and encourage participation.

2. Conduct daily rounds if the offender is refusing all treatment or the offender limits contacts to the extent that the BHP is unable to evaluate the offender's behavioral health.

C. Individualized Activity Therapy may be offered to all offenders placed in a RH-BH on a daily basis. Offenders placed in a RH-TS group, but refusing to participate, shall be offered individualized activity therapy by BH staff during daily rounds.

D. The RH-MDT shall discuss the Treatment Plan and intervention techniques weekly to improve deficiencies in participation.

E. The chair of the RH-MDT shall coordinate with the Program Director to implement revisions to the Treatment Plans of all low participation offenders along with a plan to engage the behavioral health offenders in programmatic services.

VI. Transition and Mentoring

A. Transition planning into a less restrictive housing environment, as well as reentry into the community, shall be included within each offender's individualized Treatment Plan.

1. Reentry into a less restrictive housing placement shall take place before release unless the offender poses too great of a risk to the security of the facility as assessed by the RH-MDT and approved by the Superintendent.

2. BH relapse prevention plans will be developed by the RH-MDT for each offender when a move to a less restrictive environment is considered. This plan will be entered into the health record by the BHP.

3. The RH-MDT will provide recommendations to the receiving housing unit's assigned case manager regarding the reentry needs of each offender within a RH or Treatment Unit. The BHP will also place these recommendations in the individualized Treatment Plan.

4. Before the offender's release from incarceration, the RH-MDT will review and provide re-entry recommendations to the assigned case manager, Discharge Planner or community liaison (CCMA), and Mentoring Coordinator or designee as needed.

VII. Disciplinary Process

A. The Disciplinary Hearing Officer (DHO) shall consult with an offender's assigned BHP in all phases of the disciplinary process. BHPs shall:

1. Provide input regarding an offender's ability to participate during the hearing.

2. Identify offenders whose behavioral health would make the RH placement detrimental to the offender's wellbeing; and

3. Offer feedback, to include alternatives to RH placement, to the DHO concerning the offender's special needs if sentenced to RH.

VIII. Quality Care Assurance Process

A. Central Office BH clinical oversight staff shall:

1. Review all offenders placed in RH Units and Treatment Units to ensure offenders with serious mental illness are recognized and provided treatment;

2. Conduct at least quarterly monitoring for compliance with program requirements;

3. Review offenders placed within RH Units and provide recommendations to the superintendent and HSA as necessary; and

4. Provide a monthly report of review activities to the Deputy Secretary of Juvenile Services or designee(s).

B. Monthly self-monitoring report through the contractor's quality assurance program shall occur by the site Health Services Administrator or designated clinical staff and provided to the superintendent. (NCCHC Y-E-09)

IX. Training

A. The Regional Behavioral Health Coordinator or designees shall develop and instruct basic behavioral health awareness classes for all staff during basic and annual training. This training will focus on the signs and symptoms of mental illness and interactive skills building with the behavioral health population.

1. Upon assignment to a post involving RH offenders, staff shall receive specialized training to ensure they can adequately assist with the daily activities of mentally ill offenders in RH.

2. On-the-Job Training shall be conducted for newly assigned personnel.

3. Whenever possible, on-the-job training and orientation will occur prior to working with the behavioral health offenders without supervision.

4. All training will be standardized and approved by the Central Office clinical oversight staff in coordination with KDOC Staff Development Manager.

NOTE: The policy and procedures set forth herein are intended to establish directives and guidelines for staff and offenders and those entities that are contractually bound to adhere to them. They are not intended to establish State created liberty interests for employees or offenders, or an independent duty owed by the Department of Corrections to employees, offenders, or third parties. Similarly, those references to the standards of various accrediting entities as may be contained within this document are included solely to manifest the commonality of purpose and direction as shared by the content of the document and the content of the referenced standards. Any such references within this document neither imply accredited status by a Departmental facility or organizational unit, nor indicate compliance with the standards so cited. The policy and procedures contained within this document are intended to be compliant with all applicable statutes and/or regulatory requirements of the Federal Government and the state of Kansas. This policy and procedure is not intended to establish or create new constitutional rights or to enlarge or expand upon existing constitutional rights or duties.

REPORTS REQUIRED

Name/Type of Report	By Whom/To Whom	Due
BH RH Quality Assurance Report	Site HSA to Site Superintendent	Monthly
BH RH Quality Assurance Report	Central Office BH clinical oversight staff to Deputy Secretary of Juvenile Services or designee(s)	Monthly

REFERENCES

IMPP 14-101
ACA 4-JCF-3C-01
NCCHC Y-E-09

ATTACHMENTS

Attachment	Title of Attachment	Page Total
A	Mental Health Disorder Classifications – Juvenile	1 page
B	Restrictive Housing/Treatment Unit Referral Form	1 page

MENTAL HEALTH DISORDER CLASSIFICATIONS – JUVENILE

Transitional Step I – Stable Population

1. Generally stable, not on psychotropic medications, and do not have a behavioral health diagnosis.
2. May have a history of behavioral health difficulties, but has not received any treatment within the past 12 months.

Transitional Step II – Non-Specific / Mild to Moderate Needs

1. Carries a non-severe Axis I or II diagnosis. (Examples include adjustment disorders, ADHD, and milder manifestations of conduct or oppositional defiant disorders).
2. May require psychotropic medications.

Transitional Step III – Special Needs

1. Requires an individualized treatment Plan, with behavioral health contacts at least monthly.
2. Carries a moderate to significant Axis I or II diagnosis (including Major Depressive Disorder, PTSD, Generalized Anxiety Disorder, Obsessive Compulsive Disorder, etc.).
3. May be developmentally disabled or show significant cognitive deficits.

Transitional Step IV – Intensive Services

1. Requires daily or close monitoring (at least four [4] times within the past six [6] months) by mental health staff due to self-injurious behaviors, aggression toward others, or significant psychotic symptoms.
2. May have a history of therapeutic restraint orders within the past six (6) months.
3. Carries a severe Axis I or Axis II diagnosis.
4. May have Adaptive Functioning Needs of AF-3 or AF-4.
5. Adaptive Functioning Needs: Adaptive functioning needs vary depending on the individual. Each offender may be further categorized into the following need levels:

    A. AF-1: Capable of independent daily living skills.
    B. AF-2: Requires periodic reminders or supervision to maintain daily living skills such as hygiene and grooming.
    C. AF-3: Requires regular reminders or structured supervision to maintain daily living skills.
    D. AF-4: Severely impaired daily living skills and requires intensive, external supports to improve daily living skills.

RESTRICTIVE HOUSING / TREATMENT UNIT
REFERRAL FORM

Date: _____ Name/Number of Offender _____

MH Level: _____ YLS Score: _____ Risk Level: _____

This offender is being referred to the following program:

☐ **RESTRICTED HOUSING – BEHAVIORAL HEALTH**

Criteria for Referral:

- **MH Level II – IV**
  - **AND**

Current Restrictive Housing placement

Offenders referred to the RH-BH program are restrictive housing status due to violence or other security reasons. These offenders are generally deemed to require special security precautions, have received repeated disciplinary reports, or engaged in high-risk behaviors such as serious assaultive, violent, or self-injurious behaviors.

☐ **TREATMENT STATUS**

Criteria for Referral:

- **MH Level II – IV**
- **AND**
- **Primary non-violent**
- May have a demonstrated pattern of restrictive housing placement or inability to leave his/her room for the vast majority of the day, to include protective custody reasons.
- These offenders may have progressed through the RH-BH program, showing a reduction in high-risk behaviors as determined by the Multi-Disciplinary Team.

Is the offender currently in Restrictive Housing? ☐ **Yes** ☐ **No**

If yes, what was the date their current Restrictive Housing placement began?_____

What is his/her current Restrictive Housing status (if applicable)? ☐ **A/S** ☐ **D/S** ☐ **PC** ☐ **N/A**

If D/S, how many days of disciplinary Restrictive Housing are they serving? _____

Please briefly summarize the offender's high-risk behaviors and/or disciplinary history that are prompting this referral to the Restrictive Housing/Treatment unit.

What efforts have been made to manage this behavior in general population and/or to maintain the offender in the least restrictive environment possible?

_____ _____ _____
Operations RH-RB Member Programs RH-RB Member Behavioral Health RH-RB Member

Copy to: Classification Program Director
Mental Health Director