



ROBERT BENTLEY  
GOVERNOR

# State of Alabama Department of Corrections

Alabama Criminal Justice Center  
301 South Ripley Street  
P. O. Box 301501  
Montgomery, AL 36130-1501  
(334) 353-3883



KIM T. THOMAS  
COMMISSIONER

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ADMINISTRATIVE REGULATION  
NUMBER 633

OPR: TREATMENT

## RESIDENTIAL TREATMENT UNIT

### I. GENERAL

This Alabama Department of Corrections (ADOC) Administrative Regulation (AR) establishes the responsibilities, policies, and procedures for Residential Treatment Units (RTU). The RTU provides a supportive therapeutic environment for treatment of inmates with serious mental illness who are unable to function in the general prison population.

### II. POLICY

It is the policy of the ADOC to provide inmates mental health treatment in a supportive environment while assisting in developing the coping skills necessary for placement in general population. RTU mental health staff and correctional officers will work collaboratively to ensure a therapeutic, safe and secure environment.

### III. DEFINITION(S) AND ACRONYM(S)

Refer to AR 602, *Mental Health Definitions and Acronyms*, for the following terms:

Serious Mental Illness

Intensive Psychiatric Stabilization Unit (SU)

Residential Treatment Unit (RTU)

Behavior Plan

Treatment Plan

RTU Level System

Mental Health Code

#### **IV. RESPONSIBILITIES**

- A. The ADOC Director of Treatment is responsible for the development of policies and procedures for RTUs.
- B. The Mental Health Director for contracted mental health services shall:
  - 1. Ensure all mental health staff receives training on the policies and procedures of ADOC RTUs.
  - 2. Monitor compliance with this AR.
- C. All medical and mental health staff as well as ADOC employees who are involved in the provision of medical and mental health care services will ensure that such services are provided in a therapeutic environment.
- D. The Warden shall be responsible for developing his/her institution's Standard Operating Procedure (SOP), as necessary, to provide for adequate security staffing for the RTU and to implement AR 633, Residential Treatment Unit.

#### **V. PROCEDURES**

- A. The ADOC will operate RTUs that are required to have both single and/or double cells and dormitory space.
- B. The RTU Level System described in Addendum C, *Chart Comparison of Level Assignment for Residential Treatment Units*, will be implemented. Temporary exceptions may be approved by the ADOC Director of Treatment.
- C. RTU admission and discharge decisions shall be clinical decisions made by the Mental Health staff. Inmates who have not been admitted to the RTU will not be housed on the units. If the Warden authorizes such placement of non-RTU inmates due to emergency security concerns, the ADOC Director of Treatment will be immediately notified.
- D. Operations include the following:
  - 1. Security posts in the RTUs shall be permanent posts to promote consistency in the Correctional Officers assigned. Relief staff shall be utilized to cover permanent staff off days and absences. RTU Correctional Officer coverage shall be sufficient to permit active treatment from 8 AM until 4 PM, Monday through Friday, and out-of-cell time from 8 AM until 8 PM every day. The Supervising Psychologist shall notify the Warden and the ADOC Director of Treatment of lapses in this level of security coverage in other than emergency situations.

2. Mental health staff and Correctional Officers assigned to the RTUs shall receive specialized training in serious mental illness and the ADOC mental health administrative regulations.
3. Mental health staff and Correctional Officers shall work together to ensure a therapeutic, safe and secure environment. RTU Correctional Officers are active participants in treatment planning.
4. RTU inmates shall receive the following same services as inmates not housed in RTUs receive:
  - a. Security classification reviews.
  - b. The same access to telephone and visiting privileges.
  - c. The same out-of-cell time.
5. An RTU inmate's movement within the facility may be restricted by a treatment team decision based on current clinical assessment.
6. Inmates in an RTU requiring emergency mental health treatment shall be transferred to an Intensive Psychiatric Stabilization Unit (SU).
7. Inmate management and supervision shall be based on the RTU Level System as outlined on Addendum C, listed under Supervision & Privileges.
8. RTU inmates who violate institutional rules shall be subject to disciplinary action in accordance with ADOC AR 403, *Procedures For Inmate Rule Violations*, if their infractions are not the result of a serious mental illness.
9. RTU inmates who require involuntary psychotropic medications shall be transferred to an SU unit in accordance with ADOC AR 621, *Administrative Review for Involuntary Psychotropic Medication*.

E. RTU admission criteria include:

1. Admission Behavioral Criteria, listed on Addendum C for each of the four (4) Levels.
2. Inmates transferred from an outpatient setting or SU such as:

- a. Inmates with significant impairment related to chronic serious mental illness or cognitive impairment precluding safe placement in general population. These include the following:
    - (1) Inmates whose mental illness is in partial remission and require mental health treatment.
    - (2) Inmates who have decompensated due to psychotropic medication non-compliance.
  - b. Inmates with serious mental illness having a history of recurrent decompensation when housed in general population.
  - c. Inmates with a history of repetitive suicidal/self-mutilating behavior.
3. Inmates inappropriate for placement on an RTU include the following:
- a. Inmates who are experiencing short-term situational suicidal ideations.
  - b. Inmates with benign personality disorders.
  - c. Inmates on death row.
4. RTU Admission Procedures include the following:
- a. The sending institution's Supervising Psychologist/designee shall recommend RTU placement, change the inmate's mental health code in the computer, complete ADOC Form MH-048, *Mental Health Unit (RTU/SU): Admission/Transfer Form*, and fax to the receiving institution.
  - b. Any disagreement about the appropriateness of the transfer shall be referred to the ADOC Director of Treatment for resolution.
  - c. The original ADOC Form MH-048 shall be filed in the mental health section of the inmate's medical record, with a copy provided to the Warden of the sending institution.
  - d. The receiving Supervising Psychologist shall notify the receiving Warden/designee of the impending admission.

- e. Transfers shall be within five (5) working days of the RTU admission request.
- f. A ten (10) day supply of the inmate's medication shall accompany him/her to the RTU.
- g. RTU staff shall complete the bottom section of ADOC Form MH-048 with a copy to the Mental Health Director.

F. Each RTU inmate shall receive the following clinical services:

- 1. An RTU Admission Assessment, to include the following:
  - a. Correctional Officers shall place the inmate in a Level 1 cell; provide permitted personal hygiene articles and a copy of ADOC Form MH-062, *Residential Treatment Unit (RTU): Inmate Orientation and Expectations*.
  - b. On the day that an inmate is admitted, a Mental Health Nurse shall write an admissions note on ADOC Form MH-040, *Progress Notes*, and on ADOC Form MH-052, *Mental Health Unit (RTU/SU): Initial Nursing Assessment*.
  - c. At admission, the Supervising Psychologist shall appoint the inmate a Mental Health Professional as a Treatment Coordinator and document the assignment on ADOC Form MH-017, *Treatment Coordinator Assignment Log*.
  - d. An initial assessment shall be completed within two (2) working days and documented on ADOC Form MH-018, *Psychiatric Evaluation*, or on ADOC Form MH-025, *Psychiatric Progress Notes*, if a Psychiatric Evaluation was completed within the last ninety (90) days, and on ADOC Form MH-013, *Mental Health Code Input*.
  - e. The inmate's Treatment Coordinator shall:
    - (1) Review the inmate's medical record.
    - (2) Ensure that the appropriate mental health code on ADOC Form MH-013, *Mental Health Code Input*, is entered into the computer.

- (3) Document all treatment activities provided on ADOC Form MH-040 in the mental health section of the medical record.
  - (4) Develop and implement a Treatment Plan for each inmate assigned.
  - (5) Review each inmate's progress and update Treatment Plan as appropriate.
  - (6) Attend treatment team meetings to discuss inmate cases with the mental health staff and other team members.
- f. Within two (2) working days of admission, an Activities Technician shall meet with the inmate to determine interests and the need for specific program opportunities. Group therapy attendance will be recorded and documented on ADOC Form MH-037, *Group Attendance Roster*. Total attendees shall be recorded on ADOC Form MH-063, *Residential Treatment Unit (RTU): Program Monitoring Log*, and submitted to the Supervising Psychologist/designee.
2. An RTU Treatment Planning, to include the following:
- a. RTU initial treatment planning shall be conducted in accordance with ADOC AR 622, *Treatment Planning*. The treatment team shall consist of a Psychiatrist, a Mental Health Nurse (MHN), the Mental Health Professional (MHP) who is the inmate's Treatment Coordinator, an Activities Technician (AT), and a Correctional Officer from the unit.
  - b. The initial Treatment Plan shall be finalized within three (3) working days of the inmate's placement on the RTU and shall be documented on ADOC Form MH-032, *Treatment Plan*. While members of the treatment team may complete specific items of the Treatment Plan, approval of the plan shall occur during a multidisciplinary team meeting. Examples of problems, goals, and interventions for treatment planning are provided in Addendum A, *Residential Treatment Unit: Treatment Plan Examples*.

- c. Any Correctional Officer in the unit may provide input through completion of ADOC Form MH-033, *Correctional Officer Input into RTU/SU Inmate Treatment Planning*, which should be filed behind the applicable Treatment Plan.
  - d. Treatment Plans shall be reviewed weekly while the inmate is on Level 1, bi-weekly when the inmate is on Level 2, and monthly when the inmate is on Level 3 or Level 4. Treatment team reviews/revisions shall be documented on ADOC Form MH-034, *Treatment Plan Review*, filed behind the applicable Treatment Plan of the inmate's medical record.
  - e. The Treatment Coordinator shall maintain a list of inmates on Form MH-056, *Mental Health Unit (RTU/SU): Treatment Planning Status*, for submission to the Supervising Psychologist.
3. RTU Treatment Services, to include the following:
- a. The level of clinical monitoring and treatment an inmate receives shall be determined by the assigned Level and recommendations of the treatment team. As the inmate progresses, individual clinical contact and monitoring shall decrease while group programming opportunities shall increase. The minimum Level of clinical monitoring and treatment provided to each Level is included on Addendum C.
  - b. The type of program expected is outlined in ADOC Form MH-062, *Residential Treatment Unit (RTU): Inmate Orientation and Expectations*, which is given to the inmate.
  - c. RTU inmates shall not be forced to accept treatment; the inmate's Treatment Coordinator and the treatment team, however, shall monitor and encourage participation. When an inmate is reluctant to comply with treatment recommendations, staff efforts to engage the inmate shall be documented on ADOC Form MH-040, *Progress Notes*.
  - d. Activity Assessments shall be completed by the Activities Technician:
    - (1) At the end of each quarter.

- (2) When additional groups are offered.
- (3) If there is a significant change in the inmate's mental health functioning.

G. RTU Discharge considerations are described as follows:

1. RTU Discharge Criteria include the following:

- a. Inmate's behavior and self-report which indicates mental stability and probability of continued medication compliance.
- b. Behavior and program involvement which indicates that the inmate shall be able to function adequately in general population and in large group situations. Inmates shall not be discharged from an RTU to administrative segregation unless the treatment team has determined that the inmate cannot be maintained in a prison population for security reasons.
- c. The inmate shall be released from the ADOC due to End of Sentence or through Parole or Probation.
- d. If the RTU treatment team determines that the inmate is clinically inappropriate for RTU admission, the ADOC Director of Treatment shall be notified. This determination shall be well documented in the inmate's medical record through behavioral observations and examinations and the inmate shall be discharged to the sending institution. The inmate's mental health code shall be changed in the computer before the inmate is returned to the sending institution.

2. RTU Discharge Procedures include the following:

- a. At discharge, the RTU treatment team shall complete ADOC Form MH-049, *Mental Health Unit (RTU/SU): Discharge Summary Form*, to submit to the RTU Supervising Psychologist.
- b. The Supervising Psychologist contacts the sending Supervising Psychologist/ designee and notifies him/her of the discharge decision. If there is disagreement about the appropriateness of the transfer, the issue shall be referred to the ADOC Director of Treatment for resolution.



- c. The Supervising Psychologist completes ADOC Form MH-013 to change the mental health code to an appropriate outpatient code before transfer. On transfers to the Stabilization Unit, wait for the SU to change the mental health code after transfer.
- d. The discharging Supervising Psychologist shall:
  - (1) Initiate ADOC Form MH-050, *Mental Health Unit (RTU/SU): Discharge/Transfer Form*.
  - (2) Inform the discharging institution's Warden/designee to proceed with the transfer, classification notification, and approval procedures.
  - (3) Ensure that the original transfer form is filed in the mental health section of the inmate's medical record.
- e. Transfers shall be completed within ten (10) working days to prevent a negative impact on the inmate's clinical progress.
- f. The receiving Supervising Psychologist/designee shall notify their Warden/designee of the inmate's scheduled return.
- g. Discharge documentation shall be filed in the mental health section of the inmate's medical record. The inmate's medical record shall be placed in a sealed envelope and transferred with the inmate. A ten (10) day supply of the inmate's medication shall accompany the inmate to the institution.
- h. Mental health staff of the receiving institution shall complete the bottom section of ADOC Form MH-050 and forward a copy to the ADOC Director of Treatment.

H. Additional documentation of RTU Operations shall be submitted to the Supervising Psychologist and includes the following forms:

- 1. ADOC Form MH-054, *Mental Health Unit (RTU/SU): Admission and Discharge Log*.
- 2. ADOC Form MH-060, *Mental Health Unit (RTU): Inmate Roster - Last Day of Month*.

- I. Reporting requires that the following forms be completed:
  1. ADOC Form MH-072, *Residential Treatment Unit (RTU): Monthly Activity Report*, to be sent to the Mental Health Director.
  2. ADOC Form MH-075, *System-wide Residential Treatment Unit (RTU): Monthly Activity Report*, sent to the ADOC Director of Treatment.

**Addendums:**

- A. Residential Treatment Unit: Treatment Plan Examples.
- B. Residential Treatment Unit: Programming Expectations.
- C. Chart Comparison of Level Assignments for Residential Treatment Unit.

**VI. DISPOSITION**

Refer to ADOC AR 601, *Mental Health Forms and Distribution*.

**VII. FORMS**

- A. ADOC Form MH-013, *Mental Health Code Input*.
- B. ADOC Form MH-017, *Treatment Coordinator Assignment Log*.
- C. ADOC Form MH-018, *Psychiatric Evaluation*.
- D. ADOC Form MH-025, *Psychiatric Progress Notes*.
- E. ADOC Form MH-032, *Treatment Plan*.
- F. ADOC Form MH-033, *Correctional Officer Input Into RTU/SU Inmate Treatment Planning*.
- G. ADOC Form MH-034, *Treatment Plan Review*.
- H. ADOC Form MH-037, *Group Attendance Roster*.
- I. ADOC Form MH-040, *Progress Notes*.
- J. ADOC Form MH-048, *Mental Health Unit (RTU/SU): Admission/Transfer Form*.

- K. ADOC Form MH-049, *Mental Health Unit (RTU/SU): Discharge Summary Form.*
- L. ADOC Form MH-050, *Mental Health Unit (RTU/SU): Discharge/Transfer Form.*
- M. ADOC Form MH-052, *Mental Health Unit (RTU/SU): Initial Nursing Assessment.*
- N. ADOC Form MH-054, *Mental Health Unit (RTU/SU): Admission and Discharge Log.*
- O. ADOC Form MH-056, *Mental Health Unit (RTU/SU): Treatment Planning Status.*
- P. ADOC Form MH-060, *Mental Health Unit (RTU): Inmate Roster – Last day of the Month.*
- Q. ADOC Form MH-062, *Residential Treatment Unit (RTU): Inmate Orientation and Expectations.*
- R. ADOC Form MH-063, *Residential Treatment Unit (RTU): Program Monitoring Log (MHP, AT, Nursing).*
- S. ADOC Form MH-072, *Residential Treatment Unit (RTU): Monthly Activity Report.*
- T. ADOC Form MH-075, *System-wide Residential Treatment Unit (RTU): Monthly Activity Report.*

## **VIII SUPERCEDES**

This Administrative Regulation supercedes AR 473, *Residential Treatment Units: Program Manual*, dated January 6, 2003.

## **IX PERFORMANCE**

This AR is published under the authority of:

- A. The Bradley Agreement of August 8, 2000.
- B. National Commission on Correctional Health Care: *Standards for Health Services in Prisons*, 2008.
- C. Department of Mental Health and Mental Retardation Statutory Authority: *Code of Alabama*, 1975, Section 22-50-11.

- D. ADOC AR 403, *Procedures for Inmate Rule Violations.*
- E. ADOC AR 621, *Administrative Review for Involuntary Psychotropic Medication.*
- F. ADOC AR 622, *Treatment Planning.*



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Kim T. Thomas, J.D.  
Commissioner

**ADDENDUM A**  
**RESIDENTIAL TREATMENT UNIT: TREATMENT PLAN EXAMPLES**

<b>PROBLEMS</b>	<b>GOALS</b>	<b>INTERVENTIONS</b>
Inmate reports voices.	Inmate will report absence/reduction of voices.	Medication: _____ Monitoring medication compliance.
Inmate withdraws from others due to paranoid thoughts.	Inmate will be able to participate in small group activities one (1) hour a day.	Medication: _____ Monitoring medication compliance. Individual activities with staff presence (daily). Participation in small group focused on socialization (daily). Job assignment.
Inmate expresses delusional thoughts.	Inmate will be able to converse with staff for 30 minute twice a week without expressing delusional beliefs.	Medication: _____ Monitoring medication compliance. Reinforce improvement.
Inmate has lost interest in daily activities and expresses feeling of hopelessness.	Inmate will be able to converse with staff member for 30 minutes without evidence of hopelessness. Inmate will express some goals for future.	Medication: _____ Participation in depression group (weekly). Participation in values clarification group (weekly). Participation in two (2) activities (weekly). Job assignment.
Inmate expresses poor insight into mental illness and need for treatment.	Inmate will acknowledge mental illness and comply with treatment recommendations.	Mental health group (weekly). Symptom management group (weekly). Individual staff discussion of mental illness (twice/week).
Inmate is not compliant with medication.	Inmate will demonstrate 90% medication compliance.	Individual medication counseling. Participation in medication education group (weekly). Participation in relapse prevention group.
Inmate reports sleep disturbance.	Inmate will sleep at least six (6) hours a night and will not nap during the day.	Sleeping patterns will be tracked to assess problem. Participation in relaxation group (weekly).
Inmate unable to keep self or area clean.	Inmate will keep self and area clean.	Personal hygiene group (daily). Staff guidance/support. Assign inmate mentor. Reinforcement of improvement.

**ADDENDUM A (continued)**  
**RESIDENTIAL TREATMENT UNIT: TREATMENT PLAN EXAMPLES**

PROBLEMS	GOALS	INTERVENTIONS
Inmate attempted suicide.	Protect from self-harm. Inmate reports no suicidal ideation for two (2) weeks.	Maintain inmate in a safe environment. Determine precipitators for suicidal behavior. Participation in stress management group (weekly).
Inmate threatened suicide/expressed suicidal ideation.	Inmate reports no suicidal ideation for two (2) weeks. Inmate will express some goals for future.	Medication: _____ Participation in depression group (weekly). Participation in values clarification group (weekly).
Inmate repeatedly engages in self-harm behavior.	Inmate will not exhibit self-harm behavior for one (1) month.	Participation in mental health groups (twice/week). Behavioral contract with daily reinforcement.
Inmate has history of substance abuse.	Inmate acknowledges consequences of dual-diagnosis and expresses commitment to remain substance-free.	Participation in substance abuse treatment program (twice/week). Participation in relapse prevention group (weekly).
Inmate does not participate in unit programming.	Inmate will participate in two (2) groups each week.	Inmate's interests will be assessed. Assign inmate mentor. Participation in two (2) groups weekly will be encouraged. Job assignment.
Inmate does not interact with others.	Inmate will participate in two (2) groups each week.	Inmate's interest will be assessed. Assign inmate mentor. Participation in interpersonal communication group (weekly). Participation in two (2) socialization groups (weekly). Job assignment.
Inmate taunts and harasses others.	Inmate will not taunt others for one (1) week.	Participation in social skill training group (twice/week). Participation in interpersonal communication group (weekly). Behavioral contract.
Inmate has limited reading and writing abilities.	Inmate will be able to read at one (1) grade higher than initially assessed.	Participation in education program (daily). Assignment of inmate tutor.

**ADDENDUM A (continued)**

**RESIDENTIAL TREATMENT UNIT: TREATMENT PLAN EXAMPLES**

<b>PROBLEMS</b>	<b>GOALS</b>	<b>INTERVENTIONS</b>
Inmate remains in room or on bed whenever possible.	Inmate will remain out of room or off bed 50% of the time permitted.	Medication: _____ Monitoring medication compliance. Individual activities with staff (daily). Participation in small group focused on socialization (daily). Job assignment.
Inmate engaged in violent acts toward peers.	Inmate will not engage in a violent act for one (1) month.	Participation in anger management group (twice/week). Participation in interpersonal communication group (weekly). Behavioral contract with daily reinforcement.
Inmate has been disrespectful to staff.	Inmate will not demonstrate disrespect toward staff for one (1) month.	Participation in anger management group (twice/week). Participation in interpersonal communication group (weekly). Behavioral contract with daily reinforcement.
Inmate repeatedly violates institutional rules.	Inmate will not violate an institutional rule for one (1) month.	Participation in anger management group (twice/week). Participation in interpersonal communication group (weekly). Behavioral contract with daily reinforcement.
Inmate has poor eating habits.	Inmate will be able to eat with peers using adequate manners for one (1) month.	Participation in social skills group (twice/week). Assign inmate mentor. Behavioral contract with daily reinforcement.
Inmate has limited work skills/habits.	Inmate will be prompt for job assignment and complete task successfully for one (1) month.	Participation in job skills/habits group (weekly). Job assignment.
Inmate does not comply with treatment for medical condition.	Inmate will comply with medical treatment recommendations.	Reasons for refusal will be assessed. Individual health education.
Inmate has problems with wife and family.	Inmate reports improvements in relationships.	Participation in interpersonal communication group (weekly). Participation in parenting group (weekly).

**ADDENDUM B  
RESIDENTIAL TREATMENT UNIT: PROGRAMMING EXPECTATIONS**

**MENTAL HEALTH PROFESSIONALS**

Cognitive Retraining  
Anger Management  
Understanding Bipolar Disorder  
Substance Abuse and Mental Illness  
Sex Offender Treatment  
Dialectic Behavior Therapy  
Parenting  
Criminal Thinking  
Problem Solving

Value Clarification  
Understanding Depression  
Understanding Schizophrenia  
Relapse Prevention  
Support Groups  
Interpersonal Communication  
Victims of Abuse  
RTU Transition Group

**MENTAL HEALTH NURSES**

Medication Education  
Sleep Disturbance  
Personal Hygiene  
HIV/AIDS Awareness  
Support Groups

Symptom Management  
Medication Compliance  
Wellness/Understanding Your Body  
Health Issues  
Community Meetings

**ACTIVITIES TECHNICIANS**

Social Skills Training  
Relaxation Training  
Current Events  
Job Skills  
Coping Skills  
Arts and Crafts  
Aerobics  
Book Club  
Poetry  
Outdoor Group Sports  
Bingo  
Travel  
Support Groups

Self-Esteem/Accepting Responsibility  
Socialization Activities  
Stress Management  
Coping with Incarceration  
Horticulture/Gardening  
Community Service Projects  
Listening to Music  
RTU Newsletter  
Choral Groups  
Game and Sports Tournaments  
Holiday Celebrations  
Biblio-Therapy  
Community Reintegration

**PROGRAMMING CONDUCTED  
BY SUPPLEMENT STAFF**

Education (Staff and Inmate Tutors)  
Religious Activities (Chaplain)  
Job Assignments

Access to Library/Law Library  
Inmate Mentors  
Access to Career Resource information





**ADDENDUM C**  
**CHART COMPARISON OF LEVEL ASSIGNMENTS FOR RESIDENTIAL TREATMENT UNIT**

LEVEL	ADMISSION BEHAVIORAL CRITERIA	SUPERVISION & PRIVILEGES	TREATMENT & PROGRAM EXPECTATIONS	MENTAL HEALTH FORMS
I	<ul style="list-style-type: none"> <li>• All inmates admitted to the RTU until evaluated by the treatment team</li> <li>• Inmates experiencing problems in functioning</li> <li>• Inmates demonstrating the inability to control impulses</li> </ul> <p>(If the inmate's has not shown signs of improvement within five (5) working days, the inmate will be transferred to an Intensive Psychiatric Stabilization Unit.)</p>	<ul style="list-style-type: none"> <li>• Housed nearest the correctional officer station</li> <li>• Permitted one-hour of out-of-cell time on the day and evening shift (may be cuffed/ shackled based on security concerns)</li> <li>• Limited personal property permitted</li> <li>• Meals in cell or sleeping area</li> <li>• Access to outdoor recreation is not required</li> <li>• Medication administration at inmate's cell-front or sleeping area</li> </ul>	<ul style="list-style-type: none"> <li>• Assignment of an RTU Treatment coordinator</li> <li>• Completion of admission assessment by Mental Health Nurse, Psychiatrist, RTU Treatment Coordinator, and Activities Technician</li> <li>• Completion of individual treatment plan and weekly reviews</li> <li>• Daily cell-front interaction by the Psychiatrist when on-site with weekly progress note</li> <li>• Daily documented cell-front interaction by a Mental Health Nurse</li> <li>• Daily documented cell-front interaction by the RTU Treatment Coordinator</li> </ul>	017 018 025 032 034 038 040 052 056
II	<ul style="list-style-type: none"> <li>• Inmates unable to participate in total RTU program due to limited impulse control</li> <li>• Inmates unable to participate in total RTU program due to cognitive impairment</li> <li>• Inmates who could benefit from less intensive treatment involvement and small group interaction</li> </ul>	<ul style="list-style-type: none"> <li>• Minimum of five (5) hours a day out-of-cell/leisure time when Level 3/4 inmates not present</li> <li>• Property greater than that of Level 1 inmates but less than that of Level 3 inmates permitted</li> <li>• Meals in the RTU day room</li> <li>• Access to outdoor recreation at least three (3) times a week</li> <li>• Medication administration conducted in the RTU day room</li> </ul>	<ul style="list-style-type: none"> <li>• Bi-weekly review of individual treatment plan</li> <li>• Weekly documented assessment by the Psychiatrist</li> <li>• Daily cell-front interaction by a Mental Health Nurse documented weekly</li> <li>• Weekly documented individual counseling by the RTU Treatment Coordinator</li> <li>• Two (2) one-hour treatment groups each week</li> <li>• One-hour activity group or educational activity each day</li> <li>• Job assignment, if clinically indicated</li> <li>• Weekly documentation by Activities Technician of participation in programming</li> </ul>	025 034 037 040
III	<ul style="list-style-type: none"> <li>• Inmates able to follow simple concrete instructions</li> <li>• Inmates, with support, able to comprehend and comply with institutional regulations</li> <li>• Inmates able to tolerate low stress activities in group situations</li> <li>• Inmates have no recent episode of violent behavior toward self or others</li> </ul>	<ul style="list-style-type: none"> <li>• Provided the same out-of-cell/leisure time as general population inmates</li> <li>• The same property as general population inmates is permitted (access to cans/caffeinated coffee may be restricted due to clinical concerns)</li> <li>• Meals in institution's dining hall but with correctional officer escort</li> <li>• Access to outdoor recreation five (5) times a week</li> <li>• Medication administration conducted in the RTU day room</li> </ul>	<ul style="list-style-type: none"> <li>• Monthly review of individual treatment plan</li> <li>• Monthly documented assessment by the Psychiatrist</li> <li>• Daily rounds by RTU Treatment Coordinator</li> <li>• Bi-weekly documented individual counseling by RTU Treatment Coordinator</li> <li>• Four (4) one-hour treatment groups each week</li> <li>• One-hour activity group or educational activity each day</li> <li>• Job assignment</li> <li>• Bi-weekly documentation by Activities Technician of participation in programming</li> </ul>	025 034 037 040

**ADDENDUM C (continued)**

**CHART COMPARISON OF LEVEL ASSIGNMENTS FOR RESIDENTIAL TREATMENT UNIT**

LEVEL	ADMISSION BEHAVIORAL CRITERIA	SUPERVISION & PRIVILEGES	TREATMENT & PROGRAM EXPECTATIONS	MENTAL HEALTH FORMS
IV	<ul style="list-style-type: none"> <li>• Inmates have achieved functioning appropriate for placement in general population</li> <li>• Inmates are being prepared for RTU discharge</li> </ul>	<ul style="list-style-type: none"> <li>• Provided the same out-of-cell/leisure time as general population inmates</li> <li>• The same property as general population inmates is permitted (access to cans/cafeinated coffee may be restricted due to clinical concerns)</li> <li>• Meals in the institution’s dining hall unescorted</li> <li>• Participation in general population outdoor recreation, jobs, and programming</li> <li>• Receive medication at the institution’s general population pill line</li> </ul>	<ul style="list-style-type: none"> <li>• Monthly review of individual treatment plan</li> <li>• Monthly documented assessment by the Psychiatrist</li> <li>• Daily rounds by RTU treatment coordinator</li> <li>• Bi-weekly documented individual counseling by RTU Treatment Coordinator</li> <li>• One (1) transitional group each week</li> <li>• Three (3) hours of work/education/treatment structured activities per day on the RTU or general population</li> <li>• Bi-weekly documentation by activities technician of participation in programming.</li> </ul>	<p align="center">025 034 037 040</p>