

Service Name	<b>SECURE PSYCHIATRIC RESIDENTIAL</b>
Setting	Facility based with the capacity to be locked.
Facility License	Mental health center as required by DHHS Division of Public Health.
Basic Definition	Secure residential treatment is intended to provide individualized recovery, psychiatric rehabilitation, and support as determined by a strengths-based assessment for individuals with a mental illness and/or co-occurring substance use disorder demonstrating a high-risk for harm to self/others and in need of a secure, recovery/rehabilitative/therapeutic environment.
Basic expectations: for more detail see Title 471 chapter 20	<ul style="list-style-type: none"> <li>• History and physical within 24 hours of admission by a physician or Advanced Practice Registered Nurse (APRN). A history and physical may be accepted from previous provider if completed within the last three months. An annual physical is required.</li> <li>• Initial Diagnostic Interview (IDI) within 24 hours of admission by a psychiatrist, (if necessary).</li> <li>• Nursing assessment within 24 hours of admission.</li> <li>• Other assessments as needed, and on an ongoing basis all of which should integrate mental health and substance use disorder treatment needs.</li> <li>• Initial treatment/recovery plan completed within 24 hours of admission with the psychiatrist as the supervisor of clinical treatment and direction.</li> <li>• An individual recovery/discharge/relapse prevention plan developed with the individual and chosen supports' input (with informed consent) within 14 days of admission and reviewed weekly by the individual and recovery team.</li> <li>• Integration of substance use disorder and mental health needs and strengths in assessment, treatment/recovery plan, and programming.</li> <li>• Consultation services available for general medical, dental, pharmacology, psychological, dietary, pastoral, emergency medical, recreation therapy, laboratory and other diagnostic services as needed.</li> <li>• Face-to-face with a psychiatrist at a minimum of every 14 days or as often as medically necessary.</li> <li>• 42 hours of active treatment available/provided to each individual weekly, seven days per week.</li> <li>• Access to community-based rehabilitation/social services to assist in transition to community living.</li> <li>• Medication management (administration and self-administration), and education.</li> <li>• Psychiatric and nursing services.</li> <li>• Individual, group, and family therapy and substance use disorder treatment as appropriate.</li> <li>• Life skill services including daily living, social skills, community living, family education, transportation to community services, peer support services, advance directive planning, and self-advocacy, recreation, vocational and financial.</li> </ul>
Length of Service	Length of service is individualized and based on clinical criteria for admission and continuing stay, as well as the individual's ability to make progress on treatment/recovery goals. An individual may decline continuation of the service, unless under mental health board commitment, court order, or at the direction of their legal guardian.
Staffing	<ul style="list-style-type: none"> <li>• Medical director: Psychiatrist with adequate time to meet the requirements as identified in the service expectations.</li> <li>• Program director (APRN, LMHP, LIMHP, or licensed, clinical psychologist) is to have the</li> </ul>

	<p>ability to create and manage a clinical team.</p> <ul style="list-style-type: none"> <li>• Direct care staff, holding a bachelor's degree or higher in psychology, sociology or a related human service field are preferred but two years of coursework in a human services field and/or two years of experience/training or two years of lived recovery experience with demonstrated skills and competencies in treatment with individuals with a behavioral health diagnoses is acceptable.</li> <li>• Therapist: Psychologist, Provisionally licensed psychologist, APRN, LIMHP, LMHP or PLMHP.</li> <li>• Nursing: 24 hours per day. APRN, RN with psychiatric experience.</li> <li>• All staff should be educated/trained in rehabilitation, recovery principles and trauma informed care.</li> </ul>
Staffing Ratio	<ul style="list-style-type: none"> <li>• One direct care staff to four individuals during individual awake hours (day and evening shifts).</li> <li>• One awake staff to six individuals with on-call availability of additional support staff during individual sleep hours (overnight).</li> <li>• Therapist to individual, 1:8</li> <li>• Access to on-call, licensed mental health professionals 24/7.</li> <li>• Consider appropriate care staff coverage to provide a variety of recovery/rehabilitative, therapeutic activities and groups for individuals throughout weekdays and weekends.</li> <li>• RN services are provided in a RN/individual ratio sufficient to meet individual care needs.</li> </ul>
Hours of Operation	24/7
Desired Individual Outcome	<ul style="list-style-type: none"> <li>• Symptoms are stabilized and the individual no longer meets clinical guidelines for secure residential care.</li> <li>• Individual has made progress on his/her self-developed recovery plan goals and objectives, and developed a crisis relapse/prevention plan.</li> <li>• Individual is able to be safely treated in the community.</li> </ul>
Admission guidelines	<p>Individual has to meet #1 and either #2 and/or #3 of the following admission guidelines to be admitted to this service.</p> <ol style="list-style-type: none"> <li>1) High risk of relapse or symptoms reoccurrence, as evidenced by the following (has to meet ALL criteria): <ul style="list-style-type: none"> <li>○ Active symptomology consistent with DSM ( current version) diagnoses;</li> <li>○ High need for professional structure, intervention and observation;</li> <li>○ High risk for re-hospitalization without 24-hour supervision; and</li> <li>○ Unable to safely reside in less restrictive residential setting and requires 24-hour supervision.</li> </ul> </li> <li>2) High risk of danger to self as a product of the principal DSM (current version) diagnosis, as evidenced by any of the following: <ul style="list-style-type: none"> <li>○ Attempts to harm self, which are life threatening or could cause disabling permanent damages with continued risk without 24-hour behavioral monitoring.</li> <li>○ Suicidal ideation.</li> <li>○ A level of suicidality that cannot be safely managed without 24-hour behavioral monitoring.</li> <li>○ At risk for severe self-neglect resulting in harm or injury.</li> </ul> </li> <li>3) High risk of danger to others, as a product of the principal DSM (current version) diagnosis, as evidenced by any of the following: <ul style="list-style-type: none"> <li>○ Life threatening action with continued risk without 24-hour behavioral supervision</li> </ul> </li> </ol>

	<p>and intervention.</p> <ul style="list-style-type: none"> <li>○ Harmful ideation.</li> </ul>
Continued stay guidelines	<ul style="list-style-type: none"> <li>• Individual has to meet all of the following continued stay guidelines to continue receiving this service:</li> <li>• Valid DSM (current version) diagnosis or co-occurring disorder that results in a pervasive level of impairment.</li> <li>• The reasonable likelihood of substantial benefit as a result of recovery/rehabilitation therapeutic activities that necessitates the 24-hour secure care setting.</li> <li>• Able to participate in recovery/rehabilitation/therapeutic activities.</li> <li>• Achieve progress towards recovery goals.</li> <li>• That symptoms or behaviors demonstrated are based on the DSM diagnosis (current version) as a result of a mental illness.</li> <li>• The judgment that a less intensive level of care and supervision would be insufficient to safely support the individual.</li> </ul>