



Chapter:	Programs - General	Classification:	Public Document
Subject:	Transition Dayroom (TDR)		
For:	Correctional Facilities	Authorized by Executive Director	

## 1. Policy

1.1 Correctional Services recognizes that individuals who are incarcerated and suffer from chronic and persistent mental health issues, brain injury and developmental disability are vulnerable within the institutional setting. The appropriate placement and services can improve individual safety, outcomes and institutional security.

## 2. Guiding Principles

- 2.1 The Transition Dayroom (TDR) is a safe and secure environment that recognizes and addresses the needs of a vulnerable population by
  - 2.1.1 appropriately assessing individuals based on needs and risk factors
  - 2.1.2 enhancing access to programs, case management and social work services
- 2.2 An incarcerated individual's placement in TDR is voluntary. Decisions regarding placement, discharge, case planning and services are made from a clinical perspective and in the best interest of the individual.

#### 3. Admission Criteria

- 3.1 The incarcerated individual has a mental health issue that significantly affects their ability to function within the facility but does not meet the criteria for the East Coast Forensic Hospital (ECFH). The individual's mental health issues cause them to be at risk from others and are deemed to be better managed in TDR. These include
  - 3.1.1 chronic and persistent mental health disorders
  - 3.1.2 diagnosed brain injury
  - 3.1.3 developmental/cognitive disability
- 3.2 Other factors that may inhibit placement decisions include
  - 3.2.1 detrimental behavior demonstrated by the individual
  - 3.2.2 individual's compatibility within the dayroom
  - 3.2.3 their motivation to participate

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#### 4. Admission Procedure

- 4.1 Correctional Services or Correctional Heath Services staff will refer individuals for consideration for the TDR program to the social worker responsible for TDR.
- 4.2 After an initial assessment the social worker will
  - 4.2.1 complete the Transition Dayroom Admission Form (31.05.00-A)
  - 4.2.2 forward the completed form to the Deputy Superintendent responsible for TDR.
- 4.3 The TDR case management team will assess all referrals to TDR. The TDR case management team will include
  - 4.3.1 Correctional Health Services
  - 4.3.2 social worker
  - 4.3.3 case management officer (CMO)
  - 4.3.4 assistant deputy superintendent
  - 4.3.5 teacher (as requested)
  - 4.3.6 program officer (as requested)
- 4.4 Individuals will be assessed prior to admission during the weekly TDR team meeting. Previous admission is not grounds for a new admission but may be considered
- 4.5 The CMO and social worker will assess the individual for suitability by
  - 4.5.1 completing a file review
  - 4.5.2 conducting an interview with the individual
  - 4.5.3 collecting additional information from collateral contacts, i.e. Correctional Health Services, Correctional Services staff, community stakeholders
- 4.6 Once a placement is approved at the weekly TDR Meeting, the individual will be moved from their current facility placement to TDR or in the case of a transfer between provincial correctional facilities as soon as

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operationally possible.

- 4.7 If there is not an immediate vacancy for individuals approved for placement in TDR, they will be placed on a triaged (identified order of urgency) waitlist, which will be maintained by the Case Management Team
- 4.8 When a vacancy occurs in TDR, the first person on the triaged waitlist will fill the vacancy. The waitlist will be updated as new candidates for admission are identified. Placement on the waitlist will be based on need not order of referral. In situations where consensus cannot be reached during the weekly TDR meetings, the unit manager will forward the referral to the manager, case management and deputy superintendent responsible for TDR, for further consultation. Final placement decisions will be referred to the superintendent, see Decision Tree form 31.05.00-B.

## 5. Discharge Procedures

- 5.1 The purpose of the dayroom is to provide a safe, secure and supportive environment that may enable transition to other facility dayrooms. Individuals placed in TDR will be assessed for transition from the dayroom by the multidisciplinary TDR team to determine suitability for
  - 5.1.1 reintegration to other facility dayrooms
  - 5.1.2 provincial transfer to another provincial correctional facility when it is determined that an individual is ready to transition out of the TDR

## 6. Roles and Responsibilities

- 6.1 The assigned deputy superintendent is responsible for
  - 6.1.1 the operation and general oversight
  - 6.1.2 program integrity
- 6.2 The assistant deputy superintendent is responsible for
  - 6.2.1 day to day operations
  - 6.2.2 attend weekly TDR meeting

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- 6.3 The Manager, Case Management is responsible for the clinical and case management activities, as well as providing clinical consultation regarding
  - 6.3.1 questionable admissions
  - 6.3.2 discharges
  - 6.3.3 confinement and sanctions
- 6.4 The CMO assigned to TDR will
  - 6.4.1 within the first week of admission meet with each individual to begin the case planning process, assess the individual's needs and transition planning
  - 6.4.2 meet with each individual at a minimum, every two weeks to provide ongoing case management services
  - 6.4.3 conduct dayroom rounds a minimum of three times per week
  - 6.4.4 begin the discharge/release planning within the first two weeks of admission given the complex needs of the individuals and include referral to external service providers, when necessary
  - 6.4.5 record all contacts with individuals on JEIN under OCM/Activity Tab
  - 6.4.6 attend weekly TDR meeting
- 6.5 The social worker assigned to TDR will
  - 6.5.1 within the first week of admission meet with each individual to begin the assessment and clinical case planning process
  - 6.5.2 meet with each individual a minimum of once every two weeks
  - 6.5.3 conduct dayroom rounds a minimum of twice per week
  - 6.5.4 complete a clinical case plan for each individual within the first two weeks of admission
  - 6.5.5 in consultation with Correctional Health Services, provide correctional officers working with individuals in TDR, a brief assessment including the primary mental health issues and strategies for the correctional officers to employ in the day room when these issues surface
  - 6.5.6 record interactions on JEIN OCM under activity notes
  - 6.5.7 record clinical notes in the Social Work folder on the shared (I) drive
  - 6.5.8 attend weekly TDR meeting
  - 6.5.9 maintain a triaged waitlist for TDR

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- 6.6 Program Officer assigned to TDR will
  - 6.6.1 provide programming to individuals living in TDR, ensuring programing is individualized and delivered to individuals based on their needs and level of comprehension
  - 6.6.2 consult with social work and case management to develop an understanding of the individual need
  - 6.6.3 record all contacts with individuals on JEIN/OCM/Activity
    Notes/Case Note provide programing for each individual in TDR in
    accordance with their case plan
  - 6.6.4 attend weekly TDR meeting
- 6.7 The teacher(s) assigned to TDR will
  - 6.7.1 provide programing to individuals living in TDR to prepare them to attend and be successful in educational programs
  - 6.7.2 attend weekly TDR meetings as requested
  - 6.7.3 record all contacts with individuals on JEIN/OCM/'Activity
- 6.8 Correctional Officers assigned to TDR will
  - 6.8.1 provide direct supervision for TDR
  - 6.8.2 read the summaries for individuals living in TDR provided by Social Work
  - 6.8.3 establish clear boundaries and expectations
  - 6.8.4 model prosocial behaviours
  - 6.8.5 be active in the dayroom and proactively interact with the TDR population
  - 6.8.6 complete the daily Running Notes describing the behaviours and interactions of each individual assigned to TDR
  - 6.8.7 report any concerns or escalating behaviors to the social work/healthcare teams.
  - 6.8.8 attend the weekly TDR meeting

## 7. Disciplinary Interventions

7.1 Disciplinary infractions that occur with individuals in TDR will be managed and documented in accordance with Policy and Procedures, Chapter 42,

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<u>Disciplinary System</u>. However, the following measures will be used as appropriate

- 7.1.1 alternatives to the formal disciplinary process
- 7.1.2 cell confinement, maximum 3 hours, will only be used as a deescalation tool and individuals will be released once their behaviour has become acceptable
- 7.1.3 consultation with a member of the case management team, i.e. Social Worker, Case Management Officer or the Manager, Case Management and the Assistant Deputy Superintendent (ADS) to determine appropriate intervention
- 7.2 If further intervention is deemed necessary due to ongoing detrimental and/or disruptive behavior, the deputy superintendent or in their absence, the manager on duty responsible for the unit will
  - 7.2.1 consult with Correctional Health Services to determine if
    - 7.2.1.1 placement in the Health Care Unit would be beneficial for follow up and to stabilize the individual, or
    - 7.2.1.2 the individual should remain in TDR with the implementation of additional intervention measures
  - 7.2.2 at the earliest opportunity, consult with the social worker or the Case Management Team Lead to discuss the case/TDR reintegration plan for the individual

## 8. Dayroom Lock-in

- 8.1 When it is operationally necessary to lock-in dayrooms, the deputy superintendent or, where there is a requirement after normal business hours, the on-call manager will be contacted. The deputy superintendent or on-call manager will consider the following
  - 8.1.1 vulnerability of individuals housed in TDR
  - 8.1.2 other options that maybe be employed to minimize the negative impact on TDR
- 8.2 The superintendent will be immediately advised when it is operationally necessary to lock-in TDR with an anticipated unlock timeframe. All lock

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downs will need to be formally documented, with details on dates and times of lock down and unlocks.