SCDC POLICY

This policy has been developed in response to and as a portion of the Remedial Plan agreed upon by the parties in the settlement of T.R. V. South Carolina Department of Corrections, No. 2005-CP-40-02925. As agreed by the parties in the Settlement Agreement, it is the understanding and agreement of the parties that implementation and effectuation of the provisions of this policy as a portion of the Remedial Plan shall be phased in over time and all aspects shall not become effective immediately. (See Section 2 - Summary of Agreement and Section 4 (f) - Implementation Phase-In of Settlement Agreement effective May 2, 2016).

Change 1 to HS-19.11: Definitions - QMHP

Change 2 to BH-19.11: Introduction; Sections 3.2; 3.3.1; 3.3.2; 3.3.3; 3.3.5; 4

NUMBER: ~~**HS-19.11**~~ ***BH-19.11***

TITLE: MENTAL HEALTH SERVICES - RECEPTION AND EVALUATION: MENTAL HEALTH SCREENING, EVALUATION, AND CLASSIFICATION

ISSUE DATE: August 31, 2016

RESPONSIBLE AUTHORITY: DIVISION OF MENTAL HEALTH SERVICES

~~**OPERATIONS**~~ ***POLICY*** **MANUAL:** ~~**HEALTH SERVICES**~~ ***BEHAVIORAL HEALTH*** (Changes in **green** amended by Change 2, dated January 23, 2024 and signed by the Director on March 25, 2024)

SUPERSEDES: SCDC POLICY HS-19.02 (dated July 1, 2008) - NEW POLICY

RELEVANT SCDC FORMS/SUPPLIES: M-14, M-156, M-122, M-177

ACA/CAC STANDARDS: 4-ACRS-5A-08, 4-ACRS-6A-11, 4-ACRS-7D-07, 4-4256, 4-4277, 4-4285, 4-4286, 4-4305, 4-4351, 4-4368, 4-4369, 4-4370, 4-4371, 4-4372, 4-4373, 4-374, 4-4428, 4-4429, 4-4429-1, 4-4434, 4-4435, 4-4436, 4-4442, 4-4446

STATE/FEDERAL STATUTES: SC Code Ann. § 24-1-130; SC Code Ann. §44-115-10 through 150; SC Code Ann. § 44-22-10 through 220; HIPAA; Pub.L. 104-191, 110 Stat. 1936; C.F.R. § T. 42, Ch. I, Subch. A, Pt. 2; 42 U.S.C.A. § 12101; SC Code Ann. § 44-17-810 through 900; Proviso 65.28 of the 2016-2017 South Carolina Appropriations Act

PURPOSE: The South Carolina Department of Corrections (SCDC) has established guidelines for inmates to access mental health services through its Reception and Evaluation process. This process considers behavior and other objective factors when assessing an inmate's institutional placement in relation to the inmate's mental health needs and ongoing mental health care.

POLICY STATEMENT: SCDC ensures that all inmates receive a mental health screening upon entry and as needed any time thereafter in order to identify mild, moderate, and serious mental illness and/or crisis intervention needs that may be associated with psychiatric and psychological problems. SCDC ensures the administration of appropriate therapeutic mental health care for its mentally ill inmates prior to institutional assignment and throughout the term of adjudicatory confinement. (NOTE: Unless otherwise noted, R&E procedures are applicable to both male and female inmates.)

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SPECIFIC PROCEDURES:

1. GENERAL PROVISIONS:

1.1 Upon arrival at Reception and Evaluation (R&E), inmates participate in an intake process that includes Agency and program specific orientations as well as assessments that encompass individual and group screening from several different administrative areas, including mental health. Inmates presenting with a psychiatric or psychological problem during any one of the screening processes are referred for additional mental health services. SCDC Reception and Evaluation Centers include:

- Kirkland Reception and Evaluation Center - male inmates;
- Lieber Correctional Institution - male inmates (Death Row Only); and
- Camille Griffin Graham Correctional Institution - female inmates.

1.2 In addition to the various intake screening assessments offered during intake, inmates can self-request mental health services by reporting to "Sick Call" and/or completing a "Request to Staff." Emergency situations involving threats or attempts of self-harm and/or homicide demand the need for uniformed, medical, and mental health staff to follow Crisis Intervention (CI)/Suicide Precaution (SP) procedures as required.

1.3 Requests or referrals for mental health evaluations from SCDC staff members, inmate family members, various legal entities, and agencies are accepted verbally and/or in writing at any time during the intake process or thereafter.

1.4 Inmates who require specialized mental health services due to mitigating circumstances involving Prison Rape Elimination Act (PREA); Infirmary Care; Special Management Unit (SMU); Gay, Lesbian, Transgender, Bi-Sexual, or Questioning (GLTBQ) sexual orientation; Shock Incarceration; and Guilty but Mentally Ill (GBMI), will have services based on Agency guidelines and clinical needs identified in their individual treatment plans.

1.5 Inmates with a mental health concern receive a detailed mental health evaluation that may include but is not limited to: assignment of a special classification status evaluation, a clinical evaluation by a psychiatrist or psychologist, establishment of a provisional diagnosis/diagnoses, a level of functioning analysis, and recommended level of care placement to include Suicide Precaution and/or Crisis Intervention.

1.6 Inmates classified as mentally ill and permanently assigned to R&E due to a short-term commitment status receive mental health services based on their assigned mental health level of care and discharge planning prior to release.

1.7 Inmates who are prescribed psychotropic medication for mental illness are monitored by medical and mental health staff.

1.8 Mental health R&E Services, including initial screening, evaluation, and classification, are completed within thirty (30) days of an inmate's arrival to ensure timely processing for permanent placement at a receiving institution.

2. GUIDELINES:

2.1 Screening:

2.1.1 P-SERC (required for all inmates) is initiated on the first day of the inmate's arrival at SCDC and continues until a formal classification is made:

2.1.1.1 Intake Assessment Interview: Conducted upon admission to SCDC by an assessment classification caseworker in an effort to obtain the following information: presence of or history of suicidal ideation and/or attempts; current psychiatric treatments (including medications); general medications; marital/family social history (to include last known address and emergency contact information); education/vocational/employment history; juvenile history; substance abuse history; pertinent medical/dental/mental health history; needs assessment; adult criminal record/legal aspects of the case; sexual misconduct data; court-ordered recommendations; and staff recommendations (see Attachment A). Results of this assessment dictate the urgency of additional mental health and/or medical assessment.

2.1.1.2 Medical Intake Screening: Conducted by medical personnel (RN/LPN) within eight (8) hours or earlier if dictated by results of Intake Assessment Interview, or otherwise clinically indicated, in an effort to: 1) screen for the presence of suicidal and/or homicidal ideation; 2) identify medical conditions/medication prescriptions that need current attention; and 3) address other medical needs. The medical intake screener is responsible for reviewing the data collected and entered into the inmate's record by the intake screener and will document doing this on SCDC Form M-14, "Medical/Mental Health Screen."

2.1.1.3 Mental Health Screening: SCDC Form M-156, "Mental Health Screening Form - III," is completed by the inmate within three (3) business days or earlier if it is identified through intake or medical screening that an urgent or emergency evaluation is warranted. The completed form is reviewed immediately following administration by a Qualified Mental Health Professional (QMHP) to help detect signs and symptoms of psychiatric problems and disorders such as: suicidal ideation; schizophrenia; depression; PTSD; phobias; intermittent explosive disorder; delusional disorder; sex/gender/identity disorder; eating disorder; manic/panic disorder; obsessive-compulsive disorder; learning and developmental disabilities; etc. Results of the screen are used to identify which inmates need further mental health evaluation and whether the second level evaluation needs to be completed on an emergent (within four [4] hours), urgent (within twenty-four [24] hours), or routine (within fourteen [14] days) basis.

2.1.2 Mental Health Orientation is routinely completed in a group setting with inmates on the third day of the inmate's intake processing, in conjunction with routine mental health screening. If an inmate is identified as being in need of emergency or urgent mental health screening, the orientation will be conducted on an individual basis at the time of his/her screening.

2.1.2.1 QMHPs conduct the mental health orientation involving a brief overview of mental health services including referral procedures, classification, case management, sick call procedures, treatment and medication compliance information, and a primary mental health screen.

2.1.2.2 QMPHs instruct each inmate to complete SCDC Form M-156, Mental Health Screening Form-III (MHSF-III).

2.1.2.3 SCDC Form M-156, "Mental Health Screening Form-III," is self-administered and must be completed by all inmates.

2.1.2.4 The QMHP will explain the purpose of the screening process, read each question aloud, and assist the group in understanding and accurately completing the screening instrument.

2.1.2.5 Inmates who are unable to speak or understand English will be provided appropriate interpretative services as needed.

2.1.2.6 Inmates who are hearing impaired, visually impaired, or require other special accommodations will receive services in accordance with ADA compliance standards.

2.1.2.7 Inmates who have a reading impairment and/or are unable to read will have the MHSF-III read to them.

2.1.3 Mental health screening may result in determination for additional evaluation on an emergent, urgent, or routine schedule. Any inmate who enters SCDC who is on psychotropic medication or claims to be on psychotropic medication will be triaged during medical intake screening for urgency of referral to mental health. Current prescriptions, after verification, may be continued by order of a physician or mid-level practitioner for a fourteen (14) day period until face-to-face review by a psychiatrist or mid-level psychiatric practitioner occurs. If verification is not available, and/or no bridge order is in effect, then the inmate claiming to be on psychotropic medication will be scheduled to be seen by a psychiatrist or psychiatric nurse practitioner within seven (7) business days or sooner if clinically indicated.

2.1.4 Prison Rape Elimination Act (PREA): Inmates are individually screened by a classification caseworker for risk for sexual victimization or sexual perpetration within seventy-two (72) hours of arrival at SCDC, and again at each subsequent institutional transfer.

2.1.5 Education Assessment Testing: In a group setting, all newly received inmates and those who have not been evaluated in the past three (3) years will be administered the reading portion of the Wide Range Achievement Test (WRAT).

2.1.6 Drug Dependence Screen (DDS): Conducted in a group setting to determine if an inmate qualifies for residential substance abuse treatment (see Attachment B). This is completed within three (3) business days.

2.1.7 Shock Incarceration Program (SIP) Evaluation: Physical and psychological examination used to aid in determining eligibility for participation in the SIP program, completed pursuant to court order.

2.1.8 Suicide Risk Assessments: An assessment completed by the QMHP or other mental health staff member when the Intake Assessment Interview identifies a current or past history of suicidal ideations or attempts. The Columbia Suicide Severity Rating Scale (C-SSRS) and C-SSRS Risk Assessment form (see Attachment C) are administered to assess modifiable or treatment acute, high-risk suicide factors, and available protective factors to address an inmate's suicide risk management, treatment, and safety management requirements.

2.1.9 General Observation: Daily observations of appearance, behavior, evidence of abuse or trauma, and symptoms of psychosis, depression, anxiety, or aggression.

2.1.10 Emergent Evaluation: Inmates are referred for a secondary evaluation by a QMHP and psychiatric follow-up care within four (4) hours. The inmate will be kept under direct observation until the full evaluation is completed and an individualized treatment plan is initiated.

2.1.11 Urgent Evaluation: Inmates receive a secondary mental health evaluation by a QMHP within twenty-four (24) hours and are seen by a Psychiatrist within three (3) days or earlier if clinically indicated.

2.1.12 Routine Evaluation: Inmates receive secondary mental health evaluation by QMHP within seven (7) days and are seen for psychiatric evaluation within fourteen (14) days or earlier if clinically indicated.

2.1.13 Upon receipt of a determination requiring no additional mental health services, the inmate's health summary for classification/assignment is updated by mental health staff within two (2) business days.

2.2 Evaluation:

2.2.1 Secondary Mental Health Evaluation:

2.2.1.1 The DSM Cross Cutting Symptom Measure, Psychosocial Assessment, Clinical /Suicide Risk Assessment - brief questionnaire, and the Columbia Suicide Severity Rating Scale (C-SSRS) together compose the secondary mental health evaluation conducted by the QMHP.

2.2.1.2 All inmates referred for an emergency, urgent, or routine evaluation are administered the DSM Cross Cutting Symptom Measure, and Psychosocial Assessment utilizing SCDC Form M-177, "Clinical Assessment," is completed by a QMHP.

2.2.1.3 DSM Cross Cutting Symptom Measure: Assesses mental health domains that are important across psychiatric diagnoses. It is intended to help clinicians identify additional areas of inquiry that may have significant impact on the individual's treatment and prognosis. In addition, the measure may be used to track changes in the individual's symptom presentation over time.

2.2.1.4 Psychosocial Assessment: Evaluation of an inmate's presenting problem, and mental, social, and functional capacity, including but not limited to: review for presence of physical/psychiatric illness and its impact, results derived from psychological tests, legal status, descriptions of other problem(s), review of existing assets and resources, identifying a prediction of outcome, and development of a treatment plan.

2.2.1.5 Suicide Risk Assessments are conducted to assess risk/protective factors and to assist in gathering of other information pertaining to suicide risk.

- Columbia Suicide Severity Rating Scale (C-SSRS) - is a suicidal ideation rating scale created by researchers at Columbia University to evaluate suicidality in persons ages 12 and up. The C-SSRS identifies behaviors which may be indicative of an individual's intent to commit suicide. Versions of the C-SSRS utilized by R&E include the Lifetime/Recent form, the C-SSRS Risk Assessment form, and the C-SSRS Daily/Shift Screener form (see Attachment C).
- The Columbia Suicide Severity Rating Scale (C-SSRS) Lifetime/Recent form and the C-SSRS Risk Assessment form (see Attachment C) are completed when suicidal risk factors are identified during the R&E intake process.
- The Columbia Suicide Severity Rating Scale (C-SSRS) Daily/Shift Screener form (see Attachment C) is completed daily while the inmate is on Crisis Intervention and continuing to be assessed by the QMHP at R&E.

2.2.2 Psychiatric Evaluation:

2.2.2.1 Psychiatric Evaluations are completed by a Psychiatrist and consist of a clinical interview and detailed evaluation of available information.

2.2.2.2 All inmates requiring an urgent or routine evaluation will be assessed using both the DSM Cross Cutting Symptom Measure and Psychosocial Assessment prior to being examined by a Psychiatrist.

2.2.2.3 Inmates placed on CI or SP status automatically receive both the DSM Cross Cutting Symptom Measure and Psychosocial Assessment with assistance and follow-up care provided by a Psychologist or Psychiatrist within twenty-four (24) hours.

2.2.2.4 Inmates presenting as psychologically symptomatic during the intake process, but who do not require being placed on CI or SP status, will receive a second evaluation to determine the need for an urgent or routine evaluation. If an urgent referral is not required, the inmate will be placed on a Psychiatric Clinic list to meet with a Psychiatrist within fourteen (14) business days.

2.2.2.5 The Psychiatrist will document all findings, diagnostic impressions, level of care, and program and treatment recommendations as a Description Assessment Plan (DAP) note or Subjective/Objective Assessment Plan (SOAP) note in the AMR.

2.2.3 Evaluation Processes:

2.2.3.1 Emergent Evaluation:

- Inmates requiring an emergency evaluation during the intake process are immediately referred for a second evaluation by a QMHP within four (4) hours. Inmates identified as needing emergent care will receive direct observation until an emergency evaluation is completed by a Psychiatrist.

- Referrals for emergent mental health evaluations will be made for, but not limited to, inmates who: a) appear to be in acute psychotic distress (hallucinations, delusions, etc.); b) show signs of significantly impaired cognitive functioning; c) display suicidal and/or homicidal behavior or intention; or d) render responses to the MHSF-III that identify need for emergent assessment.

- Inmates referred for emergent evaluation may or may not require crisis care. The QMHP will determine the need for crisis intervention or suicide precaution based on the information gained from the initial assessment, DSM Cross Cutting Symptom Measure, Psychosocial Assessment, and/or professional clinical observation and/or opinion.
- A Psychiatrist will complete a psychiatric evaluation and provide recommendations for the inmate's treatment and level of care within four (4) hours.
- A mental health staff member will update the inmate's mental health classification and provide therapeutic services as needed/required until the inmate is transitioned from R&E to a receiving institution.

2.2.3.2 Urgent Evaluation:

- When inmates require an urgent evaluation, a QMHP will complete an updated initial mental health screen and secondary mental health evaluation within twenty-four (24) hours. Referrals for urgent mental health evaluations will be made, but not limited to inmates who: a) appear to have active symptoms of serious mental illness; b) demonstrate some disorganized or confused thinking; c) appear unstable and demonstrate inappropriate emotions; or d) display unusual behavior or some overt impairment in judgment.
- Inmates referred for urgent evaluation may or may not require crisis care or referral for psychiatric evaluation. The QMHP will determine the need for Crisis Intervention, Suicide Precaution, or Psychiatric referral based on the information gained from the initial assessment, DSM Cross Cutting Symptom Measure, Psychosocial Assessment, and/or professional clinical observation and/or opinion.
- A Psychiatrist will complete a psychiatric evaluation and provide recommendations for the inmate's treatment and level of care within three (3) days, or earlier if clinically indicated on any urgent referral.
- A mental health staff member will update the inmate's mental health classification and provide therapeutic services as needed/required until the inmate is transitioned from R&E to a receiving institution.

2.2.3.3 Routine Evaluation:

- Inmates referred for routine evaluation may or may not receive a psychiatric referral. The QMHP will make a determination for a psychiatric referral based on the information gained from the secondary evaluation and professional, clinical observation and/or opinion. Routine evaluations may be generated as a result of any of the following situations or for other appropriate reasons:

  a. An SCDC staff member may request that an inmate be evaluated by completing SCDC Supply M-122, "Referral/Action Taken" form, detailing the concern or incident precipitating the request, and forwarding it to a medical staff member;

  b. Inmates are identified as having "special needs" related to a mental disorder;

  c. Inmates demonstrate positive but non-critical signs of potential mental problems;

d. Inmates not requiring an emergent or urgent evaluation request mental health services by reporting to "Sick Call" and/or by submitting a "Request to Staff Member" to medical;

e. A Physician, Nurse, or Nurse Practitioner evaluating inmates may also refer any inmate for a routine evaluation if one has not already been recommended during the screening process;

f. Inmates previously identified as having received mental health services at SCDC, another correctional/jail facility, or a community mental health agency;

g. If the QMPH determines further evaluation is necessary, the QMHP will add the inmate to the Psychiatry Clinic list, and the inmate will be evaluated by a Psychiatrist within fourteen (14) days, or earlier if clinically indicated. In the event the inmate's status changes and he/she requires an emergency or urgent evaluation, the inmate can be placed on CI/SP status and receive a more rapid evaluation initiated by a QMHP, with assistance and follow-up care provided by a Psychologist or Psychiatrist as outlined above.

2.2.3.4 Comprehensive Medical Evaluation: Conducted by medical personnel (physician /mid-level practitioner) within seven (7) business days or earlier if clinically indicated to review medical history, complete physical examination and appropriate laboratory studies, and develop a medical treatment plan.

3. RESOLUTIONS: Based on the initial, secondary, and/or psychiatric evaluation, mental health personnel will resolve to identify a program or service provided by the SCDC Division of Mental Health Services suitable for the mentally ill inmate's individual mental health care needs. Available options include:

3.1 Psychiatric Hospitalization: If recommended after evaluation or after an inmate has returned from a community hospital or other emergency medical treatment facility, an SCDC Physician must examine the inmate and declare the inmate medically stable prior to being admitted. The Physician must document in the medical record that the inmate is physically and medically cleared for admission to Gilliam Psychiatric Hospital (males) or a contract hospital facility (females). Should hospital placement occur during R&E processing, the inmate will need to complete other R&E processing requirements prior to transfer to another institution or mental health classification.

3.2 Crisis Unit: See SCDC Policy ~~HS-19.03~~***BH-19.03***, "Inmate Suicide Prevention and Intervention."

3.3 Residential Care:

3.3.1 Intermediate Care Services (ICS) - See SCDC Policy ~~HS-19.05~~***BH-19.05***, "Mental Health Services - Treatment Plans and Treatment Team Meetings."

3.3.1.1 Provided for mentally ill inmates with serious, persistent mental illness needing frequent or ongoing mental health services, including those who require close monitoring for medication management, and any MI inmate whose condition or circumstances may require more extensive monitoring, treatment, or case management without hospitalization;

3.3.1.2 Inmates meeting specific program admission criteria for ICS may be referred during the R&E process by a QMHP, Treatment Team, Psychologist, or Psychiatrist, and a mental health services referral packet is submitted to the Program Supervisor/Manager for approval;

3.3.1.3 If the inmate is accepted into the program, then he/she will be transferred from R&E directly into ICS;

3.3.1.4 The inmate's Health Summary must be updated by a Physician, Psychiatrist, or Nurse Practitioner to reflect the appropriate assignment, along with the most recent diagnosis;

3.3.1.5 The designated QMHP will notify the Division of Classification and Inmate Records of approval, and the inmate will be assigned or re-assigned for program admittance/transfer.

3.3.2 Habilitation Programming Unit (Hab.) - See SCDC Policy ~~HS-19.06~~***BH-19.06***, "Mental Health Services - Disciplinary Detention for Inmates Classified as Mentally Ill."

3.3.2.1 The Habilitation Program (Hab.) provides appropriate social, vocational, and academic skills programming for inmates with an Intellectual Disability or other developmental disabilities;

3.3.2.2 A Psychiatrist/Psychologist completes an evaluation and performs program specific testing for entry into the Hab. Program;

3.3.2.3 QMHPs complete a referral package for review by the Hab. Program Manager for approval. Decisions are made on a case-by-case basis.

3.3.3 Self-Injurious Behavior (SIB) - See SCDC Policy ~~HS-19.07~~***BH-19.07***, "Mental Health Services - Continuous Quality Management (CQM)."

3.3.3.1 Inmates who display chronic self-injurious behavior receive ongoing specialized medical and clinical mental health services, including but not limited to, participation in special programs, crisis intervention services, and inpatient.

3.3.3.2 Male Inmates:

- Male inmates may be placed in the Self-Injurious Behavior Program. SIB Program participants are first assessed by a Psychiatrist/Psychologist, and then a referral package is completed for review by the SIB Program Manager. Decisions are made on a case-by-case basis.
- Repeat inmates and/or first time inmates entering R&E who have a documented history of acute self-injurious behavior may qualify for entry into the SIB Program. Decisions are made on a case-by-case basis.

3.3.3.3 Female Inmates:

- Female inmates who display chronic self-injurious behavior receive ongoing medical and clinical mental health services, including crisis intervention services as needed /required.
- Female inmates identified by a Psychiatrist/Psychologist as needing more intensive mental health treatment for self-injurious behavior will be referred to a contract facility for inpatient services or will be managed through an individualized treatment plan.

3.3.4 Substance Abuse Treatment - See SCDC Policy PS-10.02, "Inmate Substance Abuse Programs."

3.3.4.1 Provides substance abuse treatment focused on short-term prevention, intervention, and treatment services to inmates dually diagnosed with mental illness and substance abuse challenges.

3.3.4.2 Inmates must be documented to be sufficiently psychologically and medically stable to receive substance abuse services.

3.3.4.3 Potential participants must meet eligibility and custody level requirements for the purpose of institutional custody and security requirements;

3.3.4.4 An inmate classified as Mentally Ill must be evaluated by a QMHP before admission to a residential Addictions Treatment Unit can be finalized.

3.3.4.5 All such referrals will be submitted in writing to the Division Director of Behavioral /Mental Health & Substance Abuse Services for review and approval.

3.3.4.6 Referral requirements include, but are not limited to, review of mental health history; current mental health condition and classification; current and/or past prescribed treatments; mental health treatment plan; and assessment summary.

3.3.5 Behavior Management Services - See SCDC Policy ~~HS-19.08~~***BH-19.08***, "Mental Health Services - Clinical Use of Restraints for Mental Health Purposes."**(Changes in green amended by Change 2, dated January 23, 2024 and signed by the Director on March 25, 2024)**

3.3.5.1 Provides additional assessment and treatment to mentally ill inmates who display or have displayed serious, on-going behavior problems and/or have a significant amount of lock-down time due to disciplinary infractions.

3.3.5.2 Inmates identified by a Psychiatrist/Psychologist as needing placement in the BMU have a referral package completed for review by the BMU Program Manager. Decisions for admission are made on a case-by-case basis.

3.3.6 Outpatient:

3.3.6.1 Intensive Outpatient Mental Health Services (IOP):

- Provides for inmates: a) presenting with moderate symptoms needing frequent or ongoing mental health care; b) prescribed psychotropic medication that can have serious side effects, or who require close monitoring; or c) whose condition or circumstances require a higher level of evaluation, treatment, and/or case management without the need for hospitalization or residential care programs.

3.3.6.2 Outpatient Mental Health:

- Inmates classified as "Outpatient" present with a minimal level of psychiatric symptoms and are able to function with limited supervision from mental health staff.
- When a Psychiatrist indicates that outpatient mental health services are needed, a QMHP will update the inmate's medical classification information in the AMR to reflect the current mental health status.
- Inmates requiring outpatient care are assigned to an institution with full-time mental health staff.

3.3.7 No mental health service needs identified.

4. CLASSIFICATION (Refer to SCDC Policy ~~HS-19.04~~*BH-19.04*, "Mental Health Services - General Provisions"): (Changes in green amended by Change 2, dated January 23, 2024 and signed by the Director on March 25, 2024)

4.1 An inmate routinely followed by mental health services must receive a mental health level of care classification code.

4.2 Once the mental health and medical classifications have been entered and the inmate is classified as a candidate to receive mental health services, classification staff determines what institution is suitable for the inmate.

4.3 An inmate classified as mentally ill is NOT automatically limited to/guaranteed placement in a specific institution. Placement decisions are made on an individual basis and inmates are transferred to an institution capable of providing the most appropriate medical and mental health care while allowing participation in other SCDC programs (i.e., pre-release, work, etc.).

4.4 Inmate placements are processed by Classification staff on a priority basis to ensure timely transfer to an appropriate treatment setting and foster a plan of care designed to minimize symptoms and adverse effects of mental illness, maximize wellness, and promote recovery.

4.5 Mental Health professionals utilize both a paper-based (hard file medical record) system and automated medical record (AMR) system of documentation and record keeping to track mentally ill inmates and maintain accurate and complete medical records.

4.6 Automated documentation such as SOAP notes, DAP notes, medical appointments, classification, program and housing information are maintained in the AMR, and links mental health professionals, medical professionals, and uniformed and essential non-uniformed staff to pertinent information involving mentally ill inmates.

4.7 Paper records such as treatment plans, psychosocial assessments, and screening tolls are maintained in the hard file medical record that is stored in the medical area of the inmate's assigned institution. When an inmate is transferred to a different institution, the hard copy medical record is transferred to the inmate's receiving institution.

4.8 All mental health documentation is stored in the AMR or hard file medical records.

4.9 Non-referrals are completed and entered into the AMR by a mental health staff member within five (5) business days if:

4.9.1 After completing the Correctional Mental Health Screen, the inmate does not require mental health additional services;

4.9.2 After the second mental health evaluation, the Clinician does not recommend additional services;

4.9.3 After a psychological evaluation, the Psychiatrist/Psychologist determines no additional mental health services are required; or

4.9.4 The inmate signs a refusal for mental health services.

5. DEFINITION(S):

Level of Care (LOC) Classification refers to a hierarchical mental health coding system ranging from representing inmates who are able to function with limited assistance from mental health staff, to representing hospitalization and the greatest need for mental health care. L5 identifies inmates without current need for mental health services. LC identifies inmates in the SIB program.

Mental Health Classification Code refers to an alphabetical or numeric code assigned to an inmate that reflects the inmate's current mental health status and mental health services needs.

Qualified Healthcare Practitioner (QHP) refers to a Physician, Physician's Assistant, or Nurse Practitioner.

Qualified Mental Health Professional (QMHP) - Licensed Psychiatrist, Licensed Psychologist, Licensed Professional Counselor, Licensed Professional Counselor-Supervisor, Licensed Independent Social Worker, Licensed Martial and Family Therapist (LMFT), Psychiatric Nurse Practitioner. Also, includes Licensed Master Social Worker, LMFT-Intern and Licensed Professional Counselor-Intern with appropriate supervision. ***A QMHP may also include a person with a master's degree in social work, applied psychology or mental health counseling who is eligible for licensure in the State of South Carolina pursuant to the following conditions being satisfied: 1) must prove eligibility for licensing at time of hire; 2) must become licensed prior to the 12th month from hire or be terminated from employment; 3) must be provided on-site weekly clinical supervision by a licensed clinician and monthly reviews of documentation; 4) clinical activities will be restricted to individual counseling, group therapy, treatment team participation, restricted housing unit rounds and mental health assessments; 5) license-eligible staff will be restricted from engaging in duties related to crisis intervention and shall not work in Crisis Stabilization Units or Psychiatric Inpatient settings.*** (Changes in BLUE are amended by Change 1 Memorandum, dated April 19, 2023, and signed off on by the Director on April 26, 2023.)

Request to Staff Member refers to a form that provides inmates with the opportunity to make written requests to a staff member. All inmates have the freedom to address questions, requests, or concerns to a Behavioral/Mental Health and Substance Abuse Services staff member.

Sick Call refers to the process that allows inmates to report and receive individualized and appropriate health services for non-emergency illness or injury, to include non-emergency mental health complaints and requests to see counselors.

SIGNATURE ON FILE

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s/Bryan P. Stirling, Director

Date of Signature

ORIGINAL SIGNED COPY MAINTAINED IN THE OFFICE OF POLICY DEVELOPMENT.