

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 <u>T.R. V. South Carolina Department of Corrections</u>, 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 BH-19.15: Introduction

NUMBER: HS-19.15 BH-19.15

TITLE: MENTAL HEALTH SERVICES - MENTAL HEALTH TRAINING

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 1, 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-172

ACA STANDARDS: 4-ACRS-4C-04, 4-ACRS-4C-16, 4-ACRS-4C-18, 4-ACRS-7B-02, 4-ACRS-7C-01, 4-4073, 4-4074, 4-4075, 4-4076, 4-4077, 4-4078, 4-4079, 4-4080, 4-4081, 4-4082, 4-4094, 4-4382, 4-4384

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; HIPPA; 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

PURPOSE: To promote professionalism and core competencies required for Qualified Mental Health Professionals (QMHPs) to perform job-related responsibilities.

POLICY STATEMENT: The South Carolina Department of Corrections (SCDC) and the Division of Behavioral/Mental Health and Substance Abuse Services (BMHSAS) are committed to the enhancement of the skills of our employees in working with special populations, which include those inmates living with mental illness within SCDC. Different training levels are required based on the employment position.

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SPECIFIC PROCEDURES:

1. REQUIRED MENTAL HEALTH TRAINING (Uniformed and Non-Uniformed Staff):

1.1 SCDC requires employees to attend both a New Employee Orientation Training and, for security staff, a Correctional Officer Certification Training (BASIC). During these required trainings, Mental Health training is provided as follows:

1.1.1 The New Employee Orientation includes an introduction to Mental Health Services. Objectives of the training are to increase staff knowledge about the mentally ill in our prisons, to review staff characteristics needed for working with the mentally ill, to review Behavioral/Mental Health and Substance Abuse Services (BMHSAS) programs and services, and to review crisis intervention procedures.

1.1.2 Correctional Officer Certification Training (BASIC) consists of mental health recognition and reporting, pre-crisis communication skills, and suicide intervention/prevention. The training objectives are to familiarize employees with the content and scope of mental health services provided to inmates by SCDC and to give a basic understanding of skills needed to handle and de-escalate potential crises in the prison system.

1.1.3 Initial mental health training, which is included in Agency orientation as well as in BASIC training, consists of, at a minimum, eight (8) hours.

1.1.4 Reoccurring training will consist of an annual Suicide Prevention/Intervention course of a minimum of four (4) hours, First Aid (year one), and CPR (year two). The initial CPR and First Aid training is received during employees' BASIC training.

1.1.5 All officers assigned to specialized mental health programs (GPH, SIB, ICS, and Intensive Outpatient Mental Health) will receive an additional ten (10) hours of documented training addressing specific issues and trends relevant to those programs.

2. CRISIS INTERVENTION TEAM TRAINING:

2.1 SCDC, in conjunction with the National Institute of Corrections (NIC), has developed a CIT program for the purpose of increasing facility safety and reducing use of force incidents involving inmates in crisis. CIT is based on a partnership between corrections, mental health providers, and mental health advocates, both during and after the forty (40) hour training. This partnership creates a foundation for addressing underlying issues and practices that lead to deeper criminal justice involvement, including high rates of segregation and release violations, for people who live with mental illness (see SCDC Policy OP-22.37,"Crisis Intervention Team," for further details).

3. REQUIRED MENTAL HEALTH TRAINING - QUALIFIED MENTAL HEALTH PROFESSIONALS:

3.1 Education and Training:

3.1.1 Mandated, comprehensive, ongoing mental health training is provided both on-site and off-site for a positive proactive and preventative approach to ensuring legal and ethical compliance based on state, federal, and licensing mandates.

3.1.2 Written Agency, institutional, and divisional compliance standards are provided for all employee governing compliance related activities. Compliance training, based on SCDC Form M-172, "Mental Health Training Checklist," is provided at the start of service, annually, and as needed to all employees. Orientation to mental health services and on-the-job training is provided to each new mental health clinician and will be completed within ninety (90) calendar days of start date for a minimum of forty (40) hours.

3.2 The purpose of the Mental Health Services policy training is to ensure the following:

- The clinician is familiar with mental health services policies, particularly those relating to provision of services and treatment to inmates;
- The clinician is able to identify proper forms relating to each type of service;
- The clinician is able to document contacts and services provided to inmates in accordance with Agency, institutional and divisional policies and procedures.
- The clinician understands the Mental Health Services chain of command and how to report any concerns;
- The clinician understands the SCDC Code of Ethics;
- The clinician understands how to report non-spurious allegations of abuse conveyed by inmates;
- Training is also provided as needed to: 1) correct identified erroneous practices and operations; 2) respond to training requests from staff or management; 3) comply with new mandated training requirements; and 4) instruct on critical changes, including divisional and institutional modifications, new or revised policies and procedures, and regulatory changes.

3.3 Core Competencies for Mental Health/Training Checklist - New QMHPs are trained by their perspective Regional Manager/Clinical Supervisors using SCDC Form M-172, "Mental Health Training Checklist." The training consists of all Mental Health procedures including suicide prevention/crisis intervention, confidentiality of medical information and patient safety, identification of suspected abuse, medication monitoring, clinical documentation, request to staff, treatment plans, etc. (See checklist for specific core competencies.)

3.4 QMHPs will be required to maintain their professional licensure based on the requirements of their individual licensure board (Licensed Professional Counselor, Licensed Social Worker, etc.) and provide verification of continued licensure.

3.5 In an effort to support the Agency's licensed staff, the Division will offer ongoing opportunities to obtain further training in the areas of core competencies, such as suicide prevention, clinical documentation, treatment planning, etc. In addition, the Division will offer a yearly Behavioral Health Professional Conference for staff to obtain Continuing Education hours.

4. **DEFINITION(S):** None

SIGNATURE ON FILE

s/Bryan P. Stirling, Director

Date of Signature

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