



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-19.18: Definitions - [QMHP](#)

Change 2 to BH-19-18: Introduction; Sections [4.1.6](#); [10.1](#)

NUMBER: ~~HS-19.18~~ **BH-19.18**

TITLE: MENTAL HEALTH SERVICES - SECURE MENTAL HEALTH UNIT

ISSUE DATE: NOVEMBER 19, 2020

RESPONSIBLE AUTHORITY: OFFICE OF THE DEPUTY DIRECTOR OF BEHAVIORAL HEALTH

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 NONE - NEW POLICY

RELEVANT SCDC FORMS/SUPPLIES:

ACA STANDARDS:

STATE/FEDERAL STATUTES:

PURPOSE: The mission of the Secure Mental Health Unit (SMHU) is to provide inmates with a higher level of mental health needs with programming, treatment, and structure, when their behaviors indicate a need for a long term (i.e. greater than 60 days) Restrictive Housing setting.

POLICY STATEMENT: The Secure Mental Health Unit (SMHU) is designed to be a temporary housing assignment. It is intended for seriously mentally ill inmates with a designated mental health classification, generally of L2 or L3, who have met criteria for a RHU placement, due to participating in disruptive behaviors that make it difficult to function within a mental health program or general population. It is a therapeutic program aimed to help inmates gain better control over their actions by identifying maladaptive behaviors and alternative coping skills, before being placed in or returning to a residential treatment program, or other appropriate placement. This may be achieved through positive reinforcement, including the use of individualized behavioral treatment plans to assist the inmates in achieving their highest level of functioning. This unit offers enhanced programming, with a weekly minimum of ten (10) hours of structured and ten (10) hours of unstructured services. Services include, but are not limited to, individual sessions, group sessions, psychiatric clinic, activity therapy, and approved volunteer services. All inmates will remain in security devices (i.e. leg irons, belly chains, hand cuffs) while engaging in out of cell activities, with the exception of recreation when in the secured recreation area.

TABLE OF CONTENTS

1. [PROCEDURAL GUIDELINES](#)
2. [PROGRAM STAFFING](#)
3. [ADMISSION PROCEDURE](#)

4. [SERVICES OFFERED](#)
5. [LEVEL SYSTEM](#)
6. [DISCIPLINARY PROCESS](#)
7. [USE OF FORCE](#)
8. [DISCHARGE PROCESS](#)
9. [CLASSIFICATION](#)
10. [QUALITY ASSURANCE MANAGEMENT](#)
11. [DEFINITIONS](#)

SPECIFIC PROCEDURES:

1. PROCEDURAL GUIDELINES:

1.1 Therapeutic treatment programming will occur Monday-Friday, with available on-call mental health coverage after hours, weekends, and on holidays. All inmates in the program will be offered a weekly minimum of ten (10) hours of out-of-cell structured activities, coordinated by the mental health staff, and ten (10) hours of unstructured activities. All structured activities should be documented in the inmate's electronic health record. Structured programming will include, education (when available), activity therapy, group therapy, individual counseling, community meetings, psychiatric clinic appointments, and other programming, in the general framework of a therapeutic community. Out-of-cell structured programming will take place using secure program chairs and tables that allow inmates to be in safety devices.

2. PROGRAM STAFFING: Staffing for the SMHU will be provided to meet the standards of mental health care (e.g. individual treatment, structured group treatment) and security needs necessary to safely manage the unit.

3. ADMISSION PROCESS:

3.1 Inmates may be considered for placement in this unit if they meet the following criteria:

- Have a mental health classification of L2 or L3.
- Eligible for a secure housing setting beyond 60 days due to the severity of a disciplinary infraction or level of risk to others (i.e. meet criteria for Security Detention per SCDC Policy OP-22.38, "Restrictive Housing Unit.")
- Exception placements may be considered on a case-by-case basis and must be approved by the Deputy Director of Behavioral Health Services and the Deputy Director of Operations, or their designees; as long as the inmate is on the mental health caseload and does not have a mental health classification of L1.

4. SERVICES OFFERED:

4.1 Mental Health Services:

4.1.1 All inmates will receive an initial assessment by the QMHP. All inmates will have program rules and expectations of the SMHU explained to them upon admission. During this time, the inmate will work with clinical staff to develop an individualized treatment plan. To progress through the system phases, inmates will comply with all aspects of treatment, as outlined on their treatment plans, and refrain from obtaining any disciplinary infractions.

4.1.1.1 All inmates placed in the SMHU will be assessed by a QMHP within 72 hours of being transferred to the SMHU.

4.1.1.2 Upon admission to the SMHU, all inmates will have their population assignments changed to Secure Mental Health (SM).

4.1.1.3 Inmates will receive the following upon admission:

- Mental Health Assessment;
- Lifetime/Recent Columbia-Suicide Severity Rating Scale (C-SSRS) Risk Assessment

4.1.2 All inmates will be offered a minimum of (10) hours of out-of-cell structured activities, per week, by the mental health staff, and documented in the electronic health record. Inmates will also be offered at a minimum (10) hours of unstructured out-of-cell activities per week. These activities will be documented by providing each inmate with a schedule of programs offered and an indication of programs attended and programs refused. All structured group services (i.e. Psychotherapeutic groups or activity therapy) will be documented in the Electronic Health record. Qualified Mental Health Professionals and Mental Health Officers will be on-site a minimum of five (5) days per week. After hours and weekends will be covered by an on-call QMHP rotation. Psychiatry follow-up will be dictated by mental health classification level.

4.1.3 Inmates in the SMHU will receive an individualized treatment plan, tailored to their specific needs for improvement. The initial plan will be developed by the QMHP with oversight from a licensed psychologist and managed by the treatment team.

4.1.4 All inmates assigned to the SMHU will be encouraged to be a vital part in the development of their specific plan of treatment. Treatment plans will be completed within thirty (30) days of the inmate's placement and updated every ninety (90) days, or more often if clinically indicated. If an individualized behavioral treatment plan is utilized, then it will also be updated every ninety (90) days.

4.1.5 A Multi-Disciplinary Treatment Team will meet weekly to review selected cases. The Treatment Team will consist of the QMHP, MHO, psychiatrists or nurse practitioner, Associate Warden, and a representative from Classification. Other staff members may be invited on an as needed basis, (e.g. psychology, nursing, education, etc.). The Treatment Team's role will be to identify and discuss the needs of the inmate, adjust or make recommendation to the treatment plan, and to recommend each inmate's readiness to advance through the program level system. Inmates may also be encouraged to attend treatment team when their case is being discussed.

4.1.6 Crisis Intervention/Suicide Precautions - See SCDC Policy ~~HS-19.03~~**BH-19.03**, "Inmate Suicide Prevention and Intervention."**(Changes in green amended by Change 2, dated January 23, 2024 and signed by the Director on March 25, 2024)**

4.1.7 Clinical curriculum will be selected to address the treatment needs of the inmates being placed in the SMHU. Programming will be aimed at increasing the ability to accurately assess one's needs, more effective problem-solving and decision-making skills, and improving one's ability to engage in prosocial behavior.

4.2 Medical Services:

4.2.1 All inmates placed in the SMHU will be screened before placement in the SMHU if 24-hour nursing coverage is available at the facility. If 24-hour nursing is not available, the inmate will be screened medically within 24 hours of their placement. Nursing staff will be available to assist with any medical issues on the unit. Medication administration will be done on the unit. Medical staff will provide clinical assessment and treatment services as needed or scheduled (i.e., sick call, routine exam, management of urgent situations, etc.).

4.3 Uniformed Staff:

4.3.1 Uniformed staff (MHO/CO) for the SMHU will be trained in crisis intervention, hold a CIT certification and/or be certified in Mental Health First Aid to provide support for clinical programming. Uniformed staff will be essential to ensure the safety and security of the unit. To ensure efficiency in duties, a CO and MHO will be paired when pulling for treatment, recreation, showers, or other required movement.

5. PHASE SYSTEM:

5.1 The SMHU is designed to assist inmates in changing their thinking and their conduct using positive reinforcement. The SMHU will better prepare inmates to be successful in a mental health program or another appropriate placement. The SMHU operates on a three-phase system. The phase system will be incentivized for positive performance. Various incentives can be considered to reinforce positive behavior and program participation. Advancement from one level to the next is determined by the following milestones:

5.1.1 Phase 1: Phase 1 will have the following privileges and restrictions (privileges may be added if warranted at the discretion and agreement of the Deputy Directors of Behavioral Health and Operations or their designees):

Privileges: Property items, as listed in SCDC Policy OP-22.38, "Restrictive Housing Unit," Section 32.1, radio in cell, one phone call a week, legal paperwork, and the possibility of other privileges agreed upon by the DDO and DDBH, or designees.

Restrictions: No visitation (one family focus visit may be arranged, depending upon behavior, per month)

Expectations for phase progression, over a period of 30 days:

- Attend all scheduled sessions with QMHP.
- Attend all scheduled Psychiatric clinics.
- Attend all scheduled Treatment Team meetings.
- Attend at least 40% of offered groups.
- Positive behavior to include no major disciplinary reports.

5.1.2 Phase 2: Phase 2 will have the following privileges and restrictions (privileges may be added if warranted at the discretion and agreement of the Deputy Directors of Behavioral Health and Operations or their designees):

Privileges: Property items, as listed in SCDC Policy OP-22.38, "Restrictive Housing Unit," Section 32.1, radio in cell, two visits a month (additional family focus visit may be arranged, depending upon behavior, per month), two phone calls a week, legal paperwork, and the possibility of other privileges agreed upon by the DDO and DDBH, or designees.

Restrictions: None.

Expectations for phase progression, over a period of 30 days:

- Attend all scheduled sessions with QMHP.
- Attend all scheduled Psychiatric clinics.
- Attend all scheduled Treatment Team meetings.
- Attend at least 60% of offered groups.
- Demonstrate medication compliance.
- Positive behavior to include no major disciplinary reports.

5.1.3 Phase 3: Phase 3 will have the following privileges (privileges may be added if warranted at the discretion and agreement of the Deputy Directors of Behavioral Health and Operations or their designees):

Privileges: Property items, as listed in SCDC Policy OP-22.38, "Restrictive Housing Unit," Section 32.1, radio in cell, 4 visits a month (additional family focus visit may be arranged, depending upon behavior, per month), three phone calls a week, legal paperwork and the possibility of other privileges agreed upon by the DDO and DDBH, or designees.

Restrictions: None.

Expectations for phase progression, over a period of 30 days:

- Attend all scheduled sessions with QMHP.
- Attend all scheduled Psychiatric clinics.
- Attend all scheduled Treatment Team meetings.
- Attend at least 80% of scheduled groups.
- Maintain medication compliance.
- Positive behavior and safe behaviors toward self and others, including no major or minor disciplinary reports.

5.2 The conviction of a disciplinary report inconsistent with the current phase may result in the return to a previous phase.

5.3 Discretionary Program Status (DPS): Inmates that display behaviors that are consistent with an increased risk for violence or who have participated in violent behaviors, behaviors that disrupt the functioning of the unit, or mental health symptoms that interfere with their ability to program with others, may be maintained within their cell in the SMHU on DPS. Inmates on DPS can only participate in solo programming, to include sessions with their QMHP, psychiatry, and medical personnel. DPS status removes the inmate from the Phase System and all allowable items must be agreed upon by the SMHU Treatment Team. Inmates on DPS will be assessed every 7 days by the QMHP, with input from the SMHU Treatment Team, for removal from DPS. Once removed from DPS, the SMHU Treatment Team can make the determination as to which phase in the Phase System the inmate will return.

5.3.1 During business hours, the SMHU Treatment Team will be responsible for placing an inmate on DPS. After hours, any staff member can place an inmate on DPS, but it must be reviewed by the SMHU Treatment Team the following business day. The "DPS Review Form" must be completed in NextGen upon placement on DPS, after each 7-day review, and once the inmate is removed from DPS.

6. DISCIPLINARY PROCESS:

6.1 See SCDC Policy OP-22.14, "Inmate Disciplinary System."

6.1.1 The Discretionary Placement Status (DPS), described above, can be used in conjunction with the Inmate Disciplinary System. This includes the use of cell restriction and solo programming for inmates who have participated in behaviors that pose a high risk of violence.

6.1.2 If an inmate is charged with a disciplinary offense, he may be placed on DPS pending the outcome of the disciplinary hearing. If the inmate receives DD time for the offense, the DHO may opt to have the inmate serve a portion or all his DD time in the RHU. The inmates time in RHU cannot exceed 60 days, after which, he must be returned to the SMHU or discharged to another appropriate residential mental health placement.

6.1.3 In circumstances in which an inmate is under investigation for and/or is found guilty of a Level 1 disciplinary offense, input from operational staff regarding length of DPS will be required, but the 7-day review period will remain in effect for the duration of placement.

7. USE OF FORCE:

7.1 Authorized, trained staff members will follow SCDC Policy OP-22.01, "Use of Force," guidelines and as indicated use the minimum mechanical security restraints and/or minimum reasonable force necessary to gain control of an inmate, after reasonable means of intervention have been exhausted, and use of force will be discontinued when the inmate is under control. The purpose of the appropriate use of force is never to punish but to protect and ensure the safety of the public, staff, inmates, and others; and to prevent injury, prevent serious property damage, and ensure institutional security and good order.

7.1.1 Given that the SMHU is a treatment program, the emphasis will be on the de-escalation of situations and the absolute minimum deployment of planned use of force through the skills of trained staff such as MHO and QMHP. All staff working on the unit will be trained in Mental Health First Aid and/or CIT to ensure that verbal skills are the primary intervention tool. All provisions of SCDC Policy OP-22.01, "Use of Force," guidelines on de-escalation must be followed.

8. DISCHARGE PROCESS:

8.1 Inmates who have progressed to Phase 3 may receive a recommendation by the SMHU Treatment Team for discharge from the SMHU and receive an assignment to an appropriate residential mental health placement within 45 days of completing the SMHU Phases successfully as determined by the treatment team. Inmates that were previously assigned to a residential treatment program will receive a recommendation to return to that designated program or may be discharged to an alternative program. An inmate can be recommended to be released to a lower level of mental health care. All discharge recommendations will be reviewed by the institutional review committee and then submitted to the Statewide RHU Committee to approve the program assignment. It should be noted that depending on the disciplinary record and severity of behavior of some inmates in the SMHU, discharging from the unit could take an undetermined length of time.

8.2 Inmates may be discharged from the SMHU after being removed from SM, DD, ST, AP, or SP, as agreed up by the SMHU Treatment Team.

8.3 Inmates may be discharged from the SMHU if, after review by the SMHU Treatment Team, their Mental Health classification changes to a L-4 or L-5 level of care.

Note: Any decision to move a SMHU inmate to a more restrictive setting will be reviewed and agreed upon by the Deputy Director of Operations and the Deputy Director of Behavioral Health, or their designees. If moved to an RHU, the inmate must be moved back to the SMHU or another appropriate residential placement within 60 days.

9. CLASSIFICATION RESPONSIBILITIES:

9.1 Review Schedule: The Classification Case Manager/Caseworker is responsible for ensuring that all newly-assigned inmates are advised of information relevant to custody assignment, sentence information, Classification Caseworker assignment, and information regarding scheduled reviews. All initial reviews must be recorded and downloaded into the ICC automated folder. Each inmate status will be reviewed every 90 days at the SMHU Treatment Team.

9.1.1 All inmates admitted into the SMHU will have population assignment changed to SM.

9.2 Status Change Reviews: When a discharge from the SMHU program is recommended, a custody review will be entered in the Classification Application.

9.3 Staff Visits and Inmate Request: The Classification Caseworker will be responsible for making at least monthly visits to the SMHU. Inmates in the SMHU will submit questions to their classification caseworker utilizing SCDC Form 19-11, "Request to Staff Member." Caseworkers should respond to the request to staff within 30 working days.

10. QUALITY IMPROVEMENT MANAGEMENT:

10.1 The SMHU will be audited quarterly by the Division of Behavioral Health – Department of Continuous Quality Improvement consistent with SCDC Policy ~~HS-19.07~~**BH-19.07**, "Mental Health Services - Continuous Quality Management (CQM)." There will be an ongoing continuous auditing /quality management program with reports being generated by institutional staff as requested. **(Changes in green amended by Change 2, dated January 23, 2024 and signed by the Director on March 25, 2024)**

11. DEFINITIONS:

Discretionary Programming Status (DPS) is appropriate for inmates that would benefit from a higher level of restriction, including the use of cell restriction and solo programming. Inmates may meet criteria

for DPS if they pose an acute risk of violence, if they have participated in recent violence, or if symptoms of their mental illness limit their ability to program with others.

Family Focused Visits are intended to allow the inmates' families to be involved in inmates' treatment through social support and communication with the SMHU Treatment Team.

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.)

Secure Mental Health Unit (SMHU) refers to a program designed with higher levels of institutional safety and security for inmates with mental health needs who require restricted housing due to behavioral infractions and risk to others.

SMHU Treatment Team consists of the QMHP, MHO, psychiatrists or nurse practitioner, Associate Warden, and a representative from Classification. Other staff members may be invited on an as needed basis, (e.g. psychology, nursing, education, etc.)

Statewide Restrictive Housing Multidisciplinary Committee - a committee consisting of statewide representation from the Divisions of Central Classification and Security, Directors of Mental Health Services (Female/Male), and the Office of the Deputy Director of Operations, and Security. This committee meets weekly and reviews inmates assigned to Restrictive Housing for determination of appropriate security disciplinary assignments and alternative RHU placements.

SIGNATURE ON FILE

s/Bryan P. Stirling, Director

Date of Signature

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