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-19.13: Definitions - QMHP

NUMBER: **HS-19.13**

TITLE: MENTAL HEALTH SERVICES - GILLIAM PSYCHIATRIC HOSPITAL (GPH)

ISSUE DATE: August 29, 2016

RESPONSIBLE AUTHORITY: DIVISION OF MENTAL HEALTH SERVICES

OPERATIONS MANUAL: HEALTH SERVICES

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

RELEVANT SCDC FORMS/SUPPLIES: 4-7, 4-8, M-14, M-65, 24-83, M-177

ACA/CAC STANDARDS: 4-ACRS-4C-15, 4-ACRS-4C-16, 4-ACRS-6A-01-1, 4-ACRS-6A-11, 4-4305, 4-4348, 4-4351, 4-4368, 4-4372, 4-4373, 4-4374, 4-4380, 4-4399, 4-4404, 4-4412, 4-4429-1, 4-4434, 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

PURPOSE: Gilliam Psychiatric Hospital (GPH) is an eighty-seven (87) bed, single-celled, licensed psychiatric hospital, which serves as the South Carolina Department of Correction's (SCDC's) inpatient psychiatric care facility for the male inmate population. GPH is located at SCDC's Kirkland Reception and Evaluation Center in Columbia, South Carolina.

POLICY STATEMENT: Gilliam's mission is to provide twenty-four (24) hour psychiatric care and monitoring of its mentally ill inmates. This care includes psychiatric evaluations, psychological evaluation, group therapy, individual therapy, case management, medication management, and discharge planning. GPH also provides services to individuals who manifest symptoms of severe psychiatric disorders that require acute care, complex treatment management, or stabilization prior to referral to another level of care. It may also house individuals who exhibit chronic treatment needs that cannot be managed better at an alternate level of care. In addition, GPH also houses a small cadre of inmate workers who are non-mentally ill inmates that assist in housekeeping, food service, cleaning, and clerical support (prepare daily rosters, etc.). These inmates earn work credits for the jobs they perform at GPH.

TABLE OF CONTENTS

SPECIFIC PROCEDURES:

1. PROGRAM STAFFING:

1.1 Adequate security staff will be assigned to GPH to maintain a safe treatment environment for inmate patients and a safe working environment for staff, and to support activities and movement on both sides of the unit. Program staffing may be supplemented with contract staff, and consideration will be given to use of part-time clinical staff and position sharing where necessary in order to meet program needs:

Program Staffing	
Hospital Administrator	1 FTE
Psychiatrists	4 FTEs
Psychologists	1.5 FTEs
Qualified Mental Health Professionals (QMHPs) (previously known as licensed clinical correctional counselors)	9 FTEs
Support Staff	2 FTEs
Mental Health Technicians	16 FTEs
Nursing	27 FTEs
Activity Therapist (Recreation Therapist)	1 FTE (with additional support from contract services)

2. ADMISSIONS/REFERRALS:

2.1 Inmates determined to be in need of inpatient psychiatric care will be classified as L1 and may be admitted to GPH directly after the Reception and Evaluation assessment, or at any time thereafter, if their mental status is such that it warrants further evaluation or treatment not available at other levels of mental health classification. In general, inmates admitted to GPH will have been determined to be suffering from acute, severe, or unstable mental illness or to be in need of further evaluation or treatment that cannot be accomplished outside of a hospital setting. Admissions occur upon the order of a psychiatrist. Where possible, admissions will be processed during regular business hours, Monday through Friday.

2.2 Referrals for admission are made to the Chief Psychiatrist or designee and are coordinated through the Hospital Administrator (refer to SCDC Form 24-83, "Gilliam Psychiatric Hospital Inpatient Referral"). After hour requests for admissions will be handled by on-call psychiatric and QMHP staff.

2.3 Inmates can be referred to GPH on a voluntary basis, involuntary basis, pursuant to a court order, or because of a status designation determined by the court:

2.3.1 Voluntary Admissions: Inmates who are in need of and agree to participate in psychiatric treatment may be referred to the Chief Psychiatrist for consideration for admission by any mental health or medical staff member (refer to SCDC Form M-65, "Consent for Gilliam Psychiatric Hospital Admission and Treatment").

2.3.2 Involuntary Admissions: Inmates who are in need of inpatient care are a danger to themselves or others, are not capable to sign in voluntarily, or who refuse to sign a voluntary consent for treatment form, may be considered for involuntary admission. Admissions occur by court order, only after evaluation by a psychiatrist and completion of the forms, "Application for Involuntary Emergency Hospitalization for Mental Illness," and "Certificate of Licensed Physician-Mental Examination for Psychiatric Treatment," (see Attachment B) and judicial review of the need for admission.

2.3.3 Guilty But Mentally Ill Admission (GBMI): Inmates who are court ordered to undergo a psychological evaluation as part of their sentence before institutional placement is made will be admitted for that evaluation and further disposition planning.

3. DISCHARGES: Inmates will be discharged from hospital level care when it is determined that their mental health needs can be met at a different mental health classification level. All inmate requests for discharge will be reviewed by the Treatment Team to determine current treatment progress and future treatment needs. Inmates can only be discharged from GPH on the order of a psychiatrist.

3.1 Inmates Released by Probate Court:

3.1.1 Inmates who are involuntarily admitted to GPH will be formally assessed by two (2) Designated Examiners (a Psychiatrist and another QMHP) within five (5) days of admission. If the inmate is determined to no longer pose a danger to himself or others or does not otherwise meet the criteria for involuntary inpatient hospitalization, the Designated Examiners will recommend the inmate's release from the hospital. The Designated Examiners' reports will be filed with the Probate Court and an Order of Release will be issued by Probate Court. The inmate may be allowed to sign in as a voluntary admission to continue treatment on a voluntary basis. Otherwise, the Hospital Administrator, or designee, will coordinate the inmate's discharge with SCDC Central Classification and will inform the institutional mental health and medical staff at the receiving institution of the scheduled transfer.

3.1.2 If the inmate is recommended for further inpatient psychiatric treatment by the Designated Examiners, the Probate Court will order the inmate to be detained and will schedule a date for a full Probate Court Hearing. If the inmate has improved and no longer meets the criteria for inpatient hospitalization based on his psychiatrist's assessment, the Probate Court may order the inmate to be released.

3.2 Inmates who Request Discharge:

3.2.1 Inmates may request a discharge from GPH at any time. Requests for discharge will be directed to the Treatment Team. The inmate's psychiatrist will discuss the case, and the inmate will be seen at a Treatment Team Meeting and interviewed regarding suitability for discharge. The psychiatrist will make the final determination regarding discharging the inmate. The final diagnoses will be determined by the psychiatrist and recorded in the AMR. Recommendations will be made for further treatment and for the appropriate level of care (residential or outpatient). The actual discharge date will be scheduled by the Hospital Administrator through Central Classification. The medical and mental health staff at the receiving program/institution will be informed, and a formal discharge summary will be available within the GPH medical record.

3.2.2 An inmate whose mental condition deteriorates before discharge placement can be obtained may need to have his discharge rescinded. The case will be reconsidered by the Treatment Team, and further treatment recommendations will be made. A voluntary inmate who requests a discharge but whose mental condition necessitates involuntary hospitalization and treatment as determined by the Treatment Team must have the "Application for Emergency Admission" completed. The Probate Court will make the determination of whether the inmate is "Mentally Ill" and in need of treatment or may discharge the inmate on grounds that he is "Not Mentally Ill."

3.2.3 An inmate who is scheduled to be released from SCDC and who may continue to be a danger to himself or others or meets the requirements of inpatient hospitalization may be committed to a psychiatric hospital in the community or may have his judicial commitment order transferred to a designated mental health hospital. All other inmates who are scheduled for release from SCDC will have discharge plans completed to assist with transition to the community. Plans will address housing, Disability or Social Security Supplemental Income, referrals for continued treatment and services at the local mental health center, substance abuse, vocational rehabilitation, and use of any other services or facilities recommended to support mental health and safe transition to the community.

4. TREATMENT:

4.1 Treatment will follow adequate assessment and can include individual counseling, group counseling, activity therapies, other out of cell structured activities, medication administration, and recreation therapy. Each inmate's treatment will be documented on an individualized treatment plan that has been developed with input from the inmate, will evolve over time, and will be available in the GPH record.

4.2 The goal will be to provide treatment in the least restrictive setting appropriate with the inmate's mental health and security needs. Attention will be paid to provision of out-of-cell therapeutic activities and recreation time. All inmates will be scheduled for a minimum of four (4) hours of structured therapeutic programming a day, Monday through Friday. Exceptions will be clinically determined by the Treatment Team.

4.2.1 Initial Assessment: Inmates admitted to GPH are assessed by a psychiatrist, other QMHP, and a nurse following arrival, who will document review of the referral information, current mental status, and immediate treatment/management needs in the AMR (refer to SCDC Form M-14, "Medical Screen"). The results of the assessment will determine assignment to an initial Contingency Management Level based on the inmate's needs and level of functioning. The psychiatrist will write an order for assignment to the appropriate contingency management level. All inmates will be seen by a psychiatrist or psychiatric nurse practitioner as soon as possible following admission, but no later than 24 hours after admission. Prior to the in-person interview of the inmate (if the psychiatrist is not in-house or on the unit), the nurse and a QMHP will discuss the case by phone with the assigned or on-call psychiatrist, and the nurse will obtain an order for admission, and any treatment orders (including medication orders, need for suicide precautions, etc.) to assure initial management and continuity of care. Inmates are housed in single cell rooms while in the hospital. If needed, inmates may be placed on Suicide Precaution "SP" status for closer observation and to ensure safety.

4.2.2 Intake Assessments: GPH Intake Assessments (refer to SCDC Form M-177, Clinical Assessment") are an extensive interview/evaluation process designed to gather information from inmates who are newly admitted to the hospital or are being readmitted. Information gathered is used to formulate provisional diagnoses, initial treatment plan, and assure safe and therapeutic management of the inmate. Assignments to psychiatrists and QMHPs will routinely be done on a rotating basis with attention given to size of caseload, past knowledge of a particular case, or specific treatment needs of the inmate. Intake staffing will be held the first business day following admission. The Intake Staffing Team will consist of a staff psychiatrist, a psychologist, other QMHPs, a nurse, and an operational staff member. Team members gather clinical, medical, and social information to accurately plan for provision of services to the inmate. An updated SCDC Form M-177, "Clinical Assessment" is completed. The initial psychiatric assessment

is documented in the AMR. The psychiatrist will review the need for any psychotropic medications and any additional medical or laboratory studies.

4.2.3 Suicide Risk Assessments: QMPH staff will assess for suicide risk in accordance with SCDC Policy HS-19.03, "Inmate Suicide Prevention and Intervention," and complete the Columbia Suicide Severity Rating Scale (C-SSRS) - Lifetime/Recent form (see Attachment A) on all inmates upon arrival to GPH. The results will be discussed with the psychiatrist. The psychiatrist will determine if Suicide Precaution (SP) status is warranted. If an inmate is placed on SP status, the QMHP will assess the inmate daily and will complete the C-SSRS Daily Shift Screener form and the C-SSRS Risk Assessment form (see Attachment A). The assessments will be documented in the AMR. The psychiatrist will assess the current suicide risk independently prior to removing an inmate from Suicide Precaution status. A QMHP will reassess the inmate within twenty-four (24) hours and will again complete a Suicide Risk Assessment form. The inmate will be assessed every forty-eight (48) hours for the first seven days and then weekly for one (1) month .

4.2.4 Case Management: Each inmate at GPH is assigned a primary QMHP who will serve both as a case manager and counselor to the inmate. Inmates will work with the rest of the team to ensure continuity and quality of care throughout the inmate's hospital stay. Case management includes ensuring that initial assessments, treatment planning, individual counseling, treatment team participation, referrals to group therapy sessions, and discharge planning are completed as clinically indicated or scheduled. QMHPs also provide individual counseling at least weekly to each inmate and coordinate the development of individualized treatment plans. Progress towards goals is evaluated weekly and updated as needed.

4.2.5 Individual Treatment: All GPH inmates will be seen for individual treatment by their assigned psychiatrist and assigned QMHP. They may also be seen individually by other members of the Treatment Team as clinically indicated. Frequency of sessions is determined by clinical symptom presentation and treatment needs. Newly admitted inmates and acutely/severely ill inmates will be seen for formal individual sessions at least weekly. Individual interactions with the inmates that are of clinical significance or summarize behavior or treatment progress will be documented when they occur in the AMR. Longer term patients will be seen at least every other week.

4.2.6 Group Therapy: Group therapy sessions are provided daily, Monday through Friday, on the unit and in adjacent treatment areas during identified morning or afternoon group treatment time periods. They are routinely conducted by QMHPs and nursing staff. The groups at GPH are continuous and open-ended, and inmates may be referred to, or removed from, groups by the Treatment Team. Group therapy sessions offer inmates a safe place to work through problems or situations with their peers, learn new skills, and provide opportunities for inmates to relate to and socialize with others. GPH will offer a variety of Group Therapy sessions. Available groups may include:

- Community meetings;
- Substance Abuse;
- Stress Management;
- Managing Emotions Effectively;
- Leisure Skills;
- Discussion/Doing our Time;
- Assertiveness;
- Patient Education (including symptom recognition and management);
- Coping with Depression/Anxiety;
- CBT;
- Cognitive Enhancement;
- Improving Activities of Daily Living;
- Understanding psychiatric medications and side effects; and
- Anger Management.

4.2.7 Recreational Therapy: The Recreational Therapist will plan, direct, and coordinate recreation programs for the inmates. He/she will be assisted by mental health technicians. Activities will be held with small groups of inmates throughout the day and with larger groups during scheduled recreation times. The therapist will:

4.2.7.1 Observe, analyze, and record inmates' participation, reactions, and progress during treatment sessions, modifying treatment programs as needed.

4.2.7.2 Develop treatment plans to meet the needs of inmates based on needs assessment, patient interests, and objectives of therapy.

4.2.7.3 Encourage inmates with special needs and circumstances to acquire new skills and get involved in health-promoting leisure activities, such as sports, games, arts and crafts, and gardening.

4.2.7.4 Counsel and encourage inmates to develop leisure activities.

4.2.7.5 Confer with members of Treatment Team to plan and evaluate therapy programs.

4.2.8 Unstructured Recreational/Leisure Activities: GPH inmates will be offered out-of-cell recreation seven (7) days a week. Inmates on restricted housing status will be offered a minimum of two (2) hours of unstructured out-of-cell activities per day. Inmates will have access to outdoor recreation, use of the day room areas, television viewing, and reading materials.

4.2.9 Treatment Plans: Individualized Treatment Plans (see SCDC Form 4-7, "Individual Treatment Plan") are established by the attending psychiatrist and assigned QMHP, in conjunction with the Treatment Team and the inmate, and are documented in the AMR. They are designed to set treatment goals and monitor measurable progress. Treatment plans are updated regularly. Treatment plans will be reviewed and discussed with the inmate during individual sessions and Treatment Team meetings. Initially, the inmate will be asked to sign the Treatment Plan indicating his understanding of the plan of treatment. An Initial Treatment Plan will be completed within seventy-two (72) hours of intake, and the Master (ongoing) Plan will be in place within fourteen (14) days (see SCDC Form 4-8, Master Treatment Plan and Maser Treatment Plan Update). Additional treatment plan reviews will be conducted monthly or more often if clinically indicated.

4.2.10 Treatment Team/Treatment Team Meetings: Treatment Teams are multi-disciplinary for each inmate and are made up of a psychiatrist (team leader), psychologist, other QMHPs, nursing staff, mental health technician, activity staff, and a representative of correctional services. The purpose of the Treatment Team meetings is to discuss the progress, or lack of progress, and treatment strategies for each inmate. Any staff member may make recommendations to the Team based on an inmate's progress and behavior. Treatment Team members meet formally weekly and daily for case updates. Each inmate's case is staffed each week. The Treatment Team will discuss Contingency Management Level increases or decreases of an inmate's level, discuss Group Therapy Referrals, and discuss upcoming discharges. Inmates will be presented to and interviewed, in person, by the GPH Treatment Team following their admission (when stable enough to participate) and subsequently at a minimum of one (1) time per month (or more often if clinically indicated), and when the attending psychiatrist has determined the inmate is ready for discharge. Inmates may also be brought in front of the Treatment Team at any time to discuss changes in behavior or to discuss treatment plan changes. Inmates are not routinely brought to daily team meetings.

5. CONTINGENCY MANAGEMENT PROGRAM (CMP):

5.1 Contingency Management is a central part of the GPH program. Contingency Management allows the hospital staff to address security concerns, monitor and evaluate the status of the inmates, as well as to

appropriately implement therapeutic interventions, while supporting concepts such as reinforcement of health behavior and understanding consequences of disruptive or self-defeating behaviors.

5.2 Contingency Management levels include I, II, and III. The initial level is determined by the attending psychiatrist with input from the team. Changes of levels are determined by the Treatment Team, and the change is implemented through order of the psychiatrist. A staff member may put forward for review and approval of the Treatment Team a request to change levels. An inmate may also request a level change through discussion with any team member.

5.3 Inmates may earn incentives based upon their progress toward individualized goals.

5.4 Special statuses (see section 5.6) may be assigned to an inmate on any level. These include SP (Suicide Precautions), R (Restricted Status), and S (Stipulated Factors) and may also be changed upon the recommendation of any staff member with a psychiatrist's order, where necessary, or agreement of the Treatment Team.

5.5 The Contingency Management Plan allows an inmate to move from more restrictive to less restrictive levels. Higher levels allow an inmate to have more privileges, but also place more responsibility on the inmate. Each inmate's level is documented in the AMR and posted on his cell door.

5.6 The following is an outline of rights, privileges, and responsibilities for each designation in the Contingency Management Plan:

5.6.1 Assignment of Levels/Status:

5.6.1.1 Each inmate will be assigned a level (and possibly a status) upon admission by the admitting psychiatrist. The level assignment will be based on the inmate's mental status, results of initial assessments, and any pertinent presenting problems as identified by the referring staff/institution.

- The inmate will be interviewed by the Intake Team the next working day (Monday-Friday) following admission. The inmate's overall status will be reviewed, and the level may remain the same or be adjusted.

5.6.2 Changing Levels and Statuses:

5.6.2.1 Changes in level/status may be recommended by any staff member. Any recommendations for changes in level/status will be brought to the attention of the psychiatrist and will be discussed in the Treatment Team Meeting. It may be necessary to lower an inmate's level or status prior to the Treatment Team Meeting due to indications of suicidal behaviors or intent, for security reasons, or for violations of a written contract previously established for the inmate. In these situations, a QMHP or nurse will consult with the attending psychiatrist or psychiatrist on-call.

5.6.2.2 An inmate's SCDC Custody Level (see section 5.6.3) cannot be changed by hospital staff. Custody Levels are reviewed by SCDC Classification staff.

5.6.3 Custody Levels:

5.6.3.1 Custody Levels will be recognized by letters of the alphabet. The alphabet will represent treatment and security limitations assigned to inmates within GPH. The Custody Levels assigned may, in some cases, supersede the privileges authorized by the level assignments, as some Custody Levels have predetermined restrictions and limitations.

5.6.3.2 Explanations of "Custody Levels" are listed below:

GP	General Population (IN, MO, MR, MI, ME)

PC	Protective Custody
ST	Short Term Lock-up
DD	Disciplinary Detention
SD	Security Detention
SSR	Substantiated Security Risk
SK	Safe-Keeper and Death Row

a. **General Population (GP) (also known as straight level):** The Majority of inmates referred to GPH will fall under a General Population Custody Level. These levels can only be changed by Classification Caseworkers and according to SCDC policy. The General Population custodies include IN (Intake-Reception and Evaluation Status); MR (Minimum Restricted); MI (Minimum Custody); and ME (Medium Custody). These inmates do not require restraints when out of their room unless they are placed on a Restricted (R) status by GPH staff. Privileges such as canteen spending limit and number of visits are determined by their custody levels.

b. **Protective Custody (PC):** Most GPH inmates will not be in Protective Custody status. However, if they are on PC, they must be isolated from other inmates. They will not be in restraints when taken out of their cell, unless otherwise specified with a Special Status or by their Custody Level. They will be showered separately. They will participate in recreation separately from other inmates. They will not be allowed to participate in group activities, except with other PC inmates if not otherwise contraindicated. Admission to GPH of an inmate in PC status may result in the modification of the management of this inmate and the usual restrictions for clinical reasons if dictated by the Treatment Team.

c. **Short Term Lock-up, Disciplinary Detention, Security Detention (ST, DD, and SD):** Inmates assigned these Custody Levels have been sentenced to Short Term Lock-up, Disciplinary Detention, or Security Detention. Admission to GPH of an inmate on Short Term Lock-up, Disciplinary Detention, or Security Detention may result in the modification of the management of this inmate and the usual restrictions for clinical reasons if dictated by the Treatment Team.

d. **Substantiated Security Risk (SSR):** Inmates in this category constitute a Substantiated Security Risk (SSR) to themselves, other inmates, employees, or to institutional security and operations. They will be retained in this status unless removed by Classification. Admission to GPH of an inmate in SSR status may result in the modification of the management of this inmate and the usual restrictions for clinical reasons if dictated by the Treatment Team.

e. **Safe-Keeper (SK) and Death Row:** Safe-Keeper is a designation assigned to an inmate from a city or county detention center who is transferred to SCDC while awaiting trial. This is typically an inmate who is an escape risk or is unmanageable. This designation cannot be changed by GPH staff. These inmates are not allowed outside of the residential area unless restrained with belly chains and leg irons and/or other restraints. These inmates must also be escorted by Correctional Officer staff at all times. Separate recreation and shower times are scheduled for inmates in this designation. Inmates in this designation are allowed supervised visits only after approval of the Warden's office. Inmates admitted from Death Row are also treated under these conditions. Admission to GPH of an inmate on Safe-Keeper status may result in the modification of the management of this inmate and in the usual restrictions for clinical reasons if dictated by the Treatment Team.

6. CONTINGENCY MANAGEMENT PLAN LEVELS AND PRIVILEGES:

6.1 The Contingency Management Plan utilizes three (3) levels: I, II, and III. Levels II and III are used alone, while Level I is often used in combination with Special Statuses. Special Statuses utilized by GPH staff include the following:

- SP - Suicide Precaution;
- R - Restricted;
- S - Stipulated Factors; and
- G - Group.

6.2 An inmate may be assigned to a Custody Level (SD), Contingency Management Level of I, and one or more of the Special Statuses (SP). For the purpose of determining privileges, the most restrictive custody level is utilized

6.3 It is recognized that different reinforcement or incentives may have different meaning or utility to different inmates (i.e., phone calls and visits) and, thus, the Treatment Team will maintain the ability to modify those available at any contingency level in conjunction with the inmate's treatment plan.

6.3.1 Suicide Precaution (SP): Suicide Precaution (SP) is a designation assigned by a psychiatrist at GPH. This designation is assigned to any inmate who is thought to be at risk for self-harm. Any staff having knowledge that an inmate poses a risk to himself must consult with the psychiatrist who may recommend placement on SP. These inmates are placed in a safe cell. Their clothing and property are removed, and they are continuously monitored, with documentation occurring at least once every fifteen (15) minutes, twenty-four (24) hours per day. They are allowed to have a security mattress with no holes or tears, a Suicide Precaution (tear proof) blanket, and a Suicide Precaution smock. An inmate should be placed in a camera cell if available. An inmate may be placed on SP status on an emergency basis, but this must be immediately followed by a physician's order.

6.3.1.1 Schedules and privileges for inmates on SP are listed below:

- Inmates will be provided the opportunity for showering under supervision a minimum of three (3) times per week. Daily showers will be offered when adequate staffing is available. Hygiene items are not allowed to be kept in the room but will be provided by Mental Health Technician staff who will monitor the inmates while using the items and will account for/remove the items after use.
- Inmates may participate in treatment groups as approved by the Treatment Team. Inmates authorized to attend groups will have the Special Status of "G" (Groups) assigned.
- The psychiatrist may order the inmates to be allowed the following: books, therapeutic reading materials (handouts), crayons and paper, playing cards, and/or puzzles. It is recognized that the availability of these materials may serve a therapeutic purpose and provision of such materials will be authorized, unless it is determined by the ordering clinician that their availability would pose a risk of harm to the individual inmate.

6.3.2 Restricted (R): This category is assigned by the GPH staff to inmates who are exhibiting agitation, physically threatening behavior, or are verbally threatening to harm others. They are reviewed at least weekly.

6.3.2.1 Possible restrictions that may be applied include:

- Inmates will be restrained in handcuffs (in the rear) or restraint belt when removed from the cell. Restraints will be removed during the recreation period.
- Inmates will be afforded the opportunity for recreation for a minimum of five (5) days per week with at least one (1) hour per day and evening recreation as staffing and weather permit.

- Inmates will be offered an opportunity to shower daily. Restraints will be removed once the individual is secured in the shower;
- Visits will take place in the Security Visiting Room, and must be prearranged by the GPH Visitation Coordinator. Restraints will be used when the inmate is taken to visit and will remain in place during the visit.

6.3.3 Stipulated Factor (S): "S" indicates a stipulated factor associated with an inmate. This status allows for modification of privileges. These inmates may require special supervision of activities and behavior due to intellectual deficits, psychotic symptoms, inappropriate behavior, physical problems, and/or other reasons as determined by the Treatment Team and documented on the door card and in the treatment plan.

6.3.4 Group (G): "G" indicates Group. This status will be assigned to inmates on Level SP who are eligible for therapeutic group intervention. In each case, approval of the Treatment Team is mandatory.

6.3.5 Contingency Management Level I: Level I is a designation assigned by the GPH staff. Level I is the most basic level for any inmate. This level may be used in combination with restrictions. Progress in treatment will result in advancing the inmate to a higher level.

6.3.5.1 The following applies:

- Inmates will be provided the opportunity for showering a minimum of three (3) times per week. Daily showers will be offered when adequate staffing is available.
- Inmates may have two (2) personal phone calls for a maximum of fifteen (15) minutes each per week. Mental Health Technicians will only monitor the number of calls. These inmates will take responsibility for selecting calling times.
- Visits must be prearranged by the GPH Visiting Coordinator. A security officer must supervise the visit. Supervised visits are scheduled on Tuesdays and are two (2) hours in length.
- Inmates will be afforded the opportunity to participate in outdoor recreation seven (7) days per week.
- Inmates may have reading materials in their cells as approved by the Treatment Team.

6.3.6 Contingency Management Level II: Level II is a more advanced level of inmates who have shown progress in treatment. An inmate on Level II has demonstrated the ability to handle more responsibilities and is granted more privileges. The inmate must be cooperative with all areas of treatment and must abide by all rules. To advance to a Level II, inmates are expected to maintain appropriate hygiene, keep their rooms neat and orderly, participate in recreation, staffing with the psychiatrist, and individual counseling sessions. Inmates must be compliant with prescribed medication and participate in at least 50% of group therapy and other structured activities. The following apply:

- Inmates may shower daily. Inmates will be provided the opportunity for showering under supervision a minimum of three (3) times per week. Daily showers will be offered when and if adequate staffing is available.
- Inmates may have three (3) personal phone calls per week for a maximum of fifteen (15) minutes each. Mental Health Technicians will monitor the number of calls only. The inmate is expected to take responsibility for selecting calling times.
- Visits are scheduled on the weekends in the General Population Visitation Room with other inmates. Visits are up to four (4) hours in length.

- Inmates will be afforded the opportunity to participate in recreation seven (7) days per week. Evening recreation time will also be scheduled. Additional time for out of cell leisure activities is allowed.

- Inmates may have additional reading materials in their cells.

- Inmates are allowed to purchase items from the canteen.

6.3.6 Contingency Management Level III: Level III is the highest Contingency Management Level. Expectations for inmates on Level III are that they can function safely in an open unit. The goal is to be prepared to return to a more generalized housing setting. They are expected to be cooperative with all areas of treatment and abide by all rules. To advance to a Level III, inmates must participate in 80% of structured activities and maintain medication compliance.

6.3.6.1 The following applies:

- Inmates may shower daily. Inmates will be provided the opportunity for showering under supervision a minimum of three (3) times per week. Daily showers will be offered when adequate staffing is available.

- Inmates may have seven (7) personal phone calls per week, one (1) call per day, at fifteen (15) minutes per call. The inmate is expected to be considerate of staff and other inmates in phone usage.

- Visits are scheduled on the weekends in the General Population Visitation Room with other inmates. Visits are up to four (4) hours in length. Level III inmates are also allowed holiday visits.

- Inmates will be afforded the opportunity to participate in recreation seven (7) days per week. Evening recreation time will also be scheduled. Additional time will be scheduled for out-of-cell leisure participation.

- Inmates will be afforded evening Day Room usage for out-of-room television viewing.

- Inmates may have reading materials in their cells.

- Inmates are allowed to purchase items from the canteen.

7. GOALS AND EXPECTATIONS FOR INMATES:

7.1 All inmates are expected to maintain good personal hygiene, including showering, brushing their teeth, and shaving or keeping facial hair neat. They are also expected to keep their rooms and clothing clean and neat. Inmates who need assistance with ADLs will be provided that. Inmates are expected to cooperate with all areas of treatment. They may attend groups if referred by the Treatment Team. They are expected to abide by all rules and to get along with other inmates.

7.2 Levels may be elevated or lowered as to level assignment as a result of changes in behavior and symptom presentation. Information contained in the log book, discussed in morning briefing, and discussed during Treatment Team meetings will be considered in determining appropriate levels, any restriction of privileges, and/or special treatment strategies.

7.3 Strategies for dealing with identified behaviors will be fully discussed in Treatment Team or morning briefing and shared with the inmate and other staff. Violation of policies may result in disciplinary charges.

7.4 Inmates can be discharged from the hospital once they are stabilized and able to function in a less restrictive environment.

8. TRAINING:

8.1 SCDC and the Division of Health Services provide security and non-security staff on-going training opportunities to enable professional growth and development. All employees will receive twenty (20) hours of job related training in addition to forty (40) hours of orientation their first year. Employees will receive twenty (20) hours of training per year thereafter. Training will focus in/on the following areas/subjects at a minimum:

A. Suicide Prevention;
B. Understanding Signs and Symptoms of Mental Illness;
C. Legal Issues Involving Treatment of the Mentally Ill;
D. Emergency Preparedness;
E. Professionalism and Ethics;
F. Prison Rape Elimination Act;
G. Fire Extinguisher Use;
H. Meeting OSHA Requirements;
I. Employee/Inmate Relations;
J. Sexual Harassment;
K. TB/Blood-borne Pathogens;
L. Workplace Violence;
M. IT Security Awareness;
N. Identifying and Managing Problems with ADLs;
O. CPR;
P. First Aid; and
Q. CIT Training for all Security Staff.

8.2 The Agency provides several elective trainings as well.

9. QUALITY MANAGEMENT:

9.1 The Director of Quality Management and assistants will audit the operation and programs of GPH through an ongoing continuous auditing/quality management program with reports being generated on at least a quarterly basis.

9.2 Internal audits will be conducted on each QMHP twice annually to ensure that services are being delivered. The internal audits will consist of evaluation of groups, individual sessions, and if the program is meeting the required standard hours of structured and unstructured activities. Random client files will be selected for auditing in order to ensure that documentation and treatment plans are being completed and updated in a timely manner.

9.3 DHEC also conducts routine and unannounced inspections.

10. DEFINITION(S):

Activity Therapist refers to a clinical staff member with a degree in recreational therapy, physical education, or associated area, art therapy, or music therapy, who provides treatment planning, education, supervision, and oversight of therapeutic activities for inmates with a mental health classification.

Case Management refers to correctional professionals assisting inmates in meeting and maintaining mental health treatment goals and objectives through advocacy, on-going assessment and evaluation, planning, communication, education, resource management, and service facilitation.

Contingency Management Program (CMP) is a system of levels with increased privileges where an inmate's behavior is rewarded for adhering to the Treatment Plan and program rules.

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 SCDC include the Lifetime/Recent form, the Risk Assessment form, the Daily/Shift Screener form, and the Discharge Screener form.

Continuity of Care refers to ensuring care from the point of admission to discharge to transition into the community.

Custody Levels refers to SCDC security/custody levels assigned to inmates by Classification staff based on the inmate's criminal and incarceration history, current offenses and sentences, medical status, and special program needs.

Discharge Planning refers to preparation for program or institutional dismissal to assure continuity of care and effective aftercare planning prior to an inmate's expected release date.

GPH refers to Gilliam Psychiatric Hospital.

Group Status (G) refers to a status assigned to inmates on Level "SP" who are eligible for therapeutic group intervention.

Guilty But Mentally Ill refers to a sentence imposed by a trial judge under the SC Code of Laws, whereby the incarcerated inmate must be first taken to a facility designed by SCDC for treatment and retained there until it is the opinion of the staff at the facility that the inmate may be safely moved to the general population to serve the remainder of the sentence.

Healthcare Setting refers to a therapeutic environment with a nursing station on the unit that is staffed 24/7.

Individual Treatment Plan (ITP) refers to a document that details an inmate's current mental health problems and outlines the goals and strategies that will assist the inmate in overcoming his or her mental health issues.

Initial Assessment refers to face-to-face interaction with a psychiatrist, QMHP, nurse, and a newly arrived inmate to review and document the referral information, current mental status, and immediate treatment/management needs of the inmate.

Inmate refers to a male or female convicted of an offense against the State of South Carolina, sentenced to imprisonment for more than three months and serving a criminal sentence under commitment to the State Department of Corrections, including persons serving sentences in local detention facilities designated under the provisions of applicable law and regulations.

Inpatient Care refers to voluntary or involuntary commitment to a psychiatric hospital.

Intake Assessment refers to an extensive interview/evaluation process designed to gather information from inmates who are newly admitted to the hospital or are being readmitted. Information gathered is used to formulate provisional diagnoses and initial treatment plan, and to assure safe and therapeutic management of each inmate.

Level of Care (LOC) refers to a hierarchical coding system that reflects an inmate's current medical and mental health classification, mental health service need(s), and the intensity of treatment an individual will receive. All

inmates admitted to GPH receive a Level of Care classification of L1 - Hospitalization.

Medical Record, Automated (AMR) refers to a multidisciplinary, computerized network that links mental health professionals and medical professionals to information. The AMR tracking system helps to maintain continuity of care and allows for timely and efficient access to information.

Medical Record, Hard File refers to a paper-based system of record keeping that stores medical and mental health information, and other documents/information not stored in the AMR. Hard files are stored in the medical record area of the inmate's assigned institution. When an inmate transfers to a different institution, the hard file follows the inmate.

Mental Status Examination refers to a confidential, structured assessment of behavioral and cognitive functioning that describes the mental state of the individual receiving the evaluation. It includes both objective observations by the clinician and subjective descriptions given by the inmate.

Mental Health Screening consists of observation and structured inquiry into each inmate's mental health history and symptoms. Structured inquiry includes questions regarding suicide history, ideation, and potential; prior psychiatric hospitalizations and treatment; and current and past medications, both those prescribed and what is actually being taken.

Mental Health Technician refers to a staff member with at least a bachelor level degree in a counseling related profession who provides adjunct services to mentally ill inmates under the supervision of licensed clinical staff.

Psychiatric Assessment/Evaluation consists of a face-to-face interview of the inmate and review of all reasonably available healthcare and mental health records and collateral information. It includes a diagnostic formulation and at least an initial treatment plan.

Psychiatrist refers to an individual licensed to practice medicine in the State of South Carolina, who is (1) certified by the American Board of Psychiatry and Neurology or eligible for certification by that Board, or (2) certified by the American Osteopathic Board of Neurology and Psychiatry or is eligible to be certified by that Board.

Psychological Testing refers to a psychological evaluation using standard assessment methods and instruments to assist in mental health assessments and treatment planning processes.

Psychologist refers to a mental health practitioner licensed by the State of South Carolina as a psychologist.

Psychotropic Medication refers to any medication (i.e., anti-depressant, anti-anxiety, anti-psychotic or mood stabilizing) prescribed for treating various mental health symptoms.

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.)

Referral (Mental Health) refers to a request for mental health services.

Restricted Status (R) refers to a GPH status designated for inmates who are exhibiting agitation, physically threatening behavior, or who are verbally threatening to harm others.

Safe Cell is a suicide resistant cell free of all obvious protrusions. These cells should contain tamperproof light fixtures and ceiling air vents, and surfaces that are protrusion-free and not conducive to hanging.

Stipulated Factor Status (S) refers to a GPH status which allows for the modification of privileges in the Contingency Management Program. These inmates may require special supervision of activities and behavior.

Suicide Precautions (SP) refers to intervention measures to reduce physical self-harm by an inmate identified as a risk for suicidal behavior.

Therapeutic Environment Mental health treatment refers to a setting that is conducive to the achievement of its goals. This includes the physical setting and the social-emotional setting, in which an atmosphere of empathy and respect for the dignity of the patient is maintained. Mental health services are conducted in private and carried out in a manner than encourages the patient's subsequent use of services. A therapeutic environment implies the following conditions:

- A sanitary and humane environment;
- Adequate medical and mental health staffing;
- Adequate allocation of resources for the prevention of suicide, self-injury, and assault;
- Adequate observation, treatment, and supervision; and
- Social interactions that foster recovery.

Treatment Team refers to a multidisciplinary group including, but not limited to, mental health staff (psychiatrist, psychologist, QMHPs, mental health technicians), medical personnel, and uniformed staff, who discuss integrated therapeutic services, collaborate, and share appropriate information based on each inmate's level of care, for the purpose of treatment of mentally ill inmates, and continuity of care.

SIGNATURE ON FILE

s/Bryan P. Stirling, Director

Date of Signature

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