SCDC POLICY

This policy has been developed and/or revised 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).

NUMBER: BH-19.20

TITLE: MENTAL HEALTH SERVICES-MENTAL HEALTH LEVELS OF CARE

ISSUE DATE: May 20, 2024

RESPONSIBLE AUTHORITY: DIVISION OF MENTAL HEALTH SERVICES

POLICY MANUAL: BEHAVIORAL HEALTH

RELEVANT SCDC FORMS/SUPPLIES: None

SUPERSEDES: NONE - NEW POLICY

ACA/CAC STANDARDS: 5-ACI-3D-12, 5-ACI-4A-10, 5-ACI-4A-12, 5-ACI-4A-13, 5-ACI-4B-10, 5-ACI-4B-11, 5-ACI-4B-28, 5-ACI-4B-30, 5-ACI-5E-09 5-ACI-6A-29, 5-ACI-6A-30, 5-ACI-6A-31, 5-ACI-6A-32, 5-ACI-6A-33, 5-ACI-6A-34, 5-ACI-6A-35, 5-ACI-6A-36, 5-ACI-6A-37, 5-ACI-6A-38, 5-ACI-6A-39, 5-ACI-6C-12

PURPOSE: To provide information on the levels of mental health care provided by the South Carolina Department of Corrections (SCDC) and the availability and frequency of clinical services.

POLICY STATEMENT: The goal of SCDC is to assess, diagnose, and treat mentally ill inmates through referrals to appropriate programs and services, and clinical treatment services consistent with mental health needs.

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LEVELS OF CARE:

1. MENTAL HEALTH INPATIENT CARE (MIP) – Appropriate for inmates who require a highly structured, twenty-four (24) hour care environment due to a major mental disorder, that results in serious to major impairment of functioning in one or more life areas, such as daily living activities, and communication and social interactions. Inmates may also be appropriate if they participate in self-injurious/suicidal behavior that has not been stabilized at a lower level of care or those who pose a risk of harming others, due to a serious mental illness. Inmates who present with complex diagnostic issues or treatment planning may also be appropriate for admission. Inpatient psychiatric units may be provided by the Department of Corrections (i.e., Gilliam Psychiatric Center) or in contracted settings (i.e., MUSC Lancaster).

1.1 Frequency of Mental Health Services

1.1.1 A QMHP will meet with newly admitted inmates weekly for the first thirty (30) days and bi-weekly (i.e., every other week) for the remainder of their admission. Inmates will be seen more frequently if clinically indicated. Increased frequency of care delivery needs will be documented in the inmate's treatment plan.

1.1.2 A Psychiatrist or Psychiatric Nurse Practitioner will meet with the newly admitted inmate weekly for the first thirty (30) days and bi-weekly (i.e., every other week) for the remainder of their admission. Inmates may be seen more frequently if clinically indicated. Increased frequency of care delivery needs will be documented in the inmate's treatment plan.

1.1.3 Treatment plans will be initiated within 7 days of admission and will be reviewed and updated weekly for the first thirty (30) days. Treatment plans will then be reviewed and updated monthly thereafter, or more often if clinically indicated, for the remainder of their admission.

1.1.3.1 Treatment team members include:

- QMHP
- Psychiatrist or Psychiatric Nurse Practitioner
- Psychologist
- Registered Nurse or LPN
- Uniformed staff (i.e., Correctional Officer or higher rank)
- Activity Therapist

1.1.4 Once initial assessments and initial treatment plan are completed, all inmates will be assigned to/offered at least twenty (20) hours of structured clinical programming per week, unless otherwise clinically indicated for reasons reflected in the treatment plan.

2. MENTAL HEALTH RESIDENTIAL CARE (MRC) - Appropriate for inmates with severe and persistent mental illness who require intensive treatment, monitoring, and care within a structured environment. The severity of their mental health symptoms results in poor symptom control and adjustment difficulties in the general population setting.

2.1 FREQUENCY OF MENTAL HEALTH SERVICES

2.1.1 A QMHP will meet with newly admitted inmates weekly for the first thirty (30) days and bi-weekly (i.e., every other week) for the remainder of their admission. Inmates will be seen more frequently if clinically indicated. Increased frequency of care delivery will be documented in the inmate's treatment plan.

2.1.2 A Psychiatrist or Psychiatric Nurse Practitioner will meet with newly admitted inmates weekly for the first thirty (30) days and monthly for the remainder of their admission. Inmates will be seen more frequently if clinically indicated. Increased frequency of care delivery will be documented in the inmate's treatment plan.

2.1.3 Initial treatment plan will be completed within thirty (30) days of admission, and it will be reviewed, and updated as clinically indicated, or at a minimum, every ninety (90) days thereafter.

2.1.3.1 Treatment team members include:

- QMHP
- Psychiatrist or Psychiatric Nurse Practitioner
- Psychologist
- Registered Nurse or LPN
- Uniformed staff (i.e., Correctional Officer or higher rank)
- Activity Therapist

2.1.4 Once initial assessments and initial treatment plan are completed, all inmates will be assigned to/offered at least ten (10) hours of structured clinical programming per week, unless otherwise clinically indicated, for reasons reflected in the treatment plan.

3. MENTAL HEALTH OUTPATIENT CARE (MOC) – The inmate is able to function in the general population but is in need of mental health treatment, or their mental health condition needs monitoring due to a change in medication, recent move from a higher level of care, history of self-injurious behavior, or adjustment to adverse circumstances (i.e., following a traumatic event).

3.1 Frequency of Mental Health Services

3.1.1 A QMHP will meet with the inmate at least once every three (3) months after initial assessment. Inmates will be seen more frequently if clinically indicated. Increased frequency of care delivery needs will be documented in the inmate's treatment plan.

3.1.2 A Psychiatrist or Psychiatric Nurse Practitioner will assess the inmate at least once every three (3) months. Inmates may be seen more frequently if clinically indicated. Increased frequency of care delivery will be documented in the inmate's treatment plan.

3.1.3 Treatment plan reviews and updates will be completed at a minimum of every six (6) months, or more often, if clinically indicated.

3.1.4 Inmates may be assigned to additional clinical programming (i.e., group therapy or individual interventions), to allow for additional clinical contacts throughout the month. Additional care delivery needs will be documented in the inmate's treatment plan.

4. CRISIS INTERVENTION STATUS (CIS) – CIS is the first level in crisis assessment and care, allowing for a higher level of observation and intervention. If it is determined that the crisis can be managed at the home institution through collaboration between the institutional mental health staff and the Director of Crisis Intervention and Suicide Prevention, institutional staff (e.g., mental health, custody, classification) will take a multidisciplinary approach to assist in resolving the crisis.

4.1 Frequency of Mental Health Services

4.1.1 A QMHP will meet with the inmate daily for the duration of the crisis intervention status.

4.1.2 A Psychiatrist or Psychiatric Nurse Practitioner will meet with inmates as clinically indicated; as determined upon initial assessment, or based on referral from institutional mental health staff as determined during daily QMHP assessments.

4.1.3 Treatment plan reviews and updates will be completed as clinically indicated.

5. CRISIS STABILIZATION UNIT (CSU) – CSU, the second level of crisis care, is for inmates whose crises cannot be resolved at the institution and require enhanced observation, assessment, and mental health intervention. Once this need is determined in collaboration between the Director of Crisis Intervention and Suicide Prevention, the CSU or Inpatient attending Psychiatrist, and institutional mental health staff; the inmate will be transferred to the CSU or a psychiatric hospital.

5.1 Frequency of Mental Health Services

5.1.1 A QMHP will meet with inmates daily for the duration of the crisis stabilization status.

5.1.2 A Psychiatrist or Psychiatric Nurse Practitioner will meet with newly admitted inmate within twenty-four (24) hours of admission, and at least twice per week thereafter.

5.1.3 Initial treatment plan will be completed within seventy-two (72) hours of admission, and it will be reviewed and updated weekly thereafter.

5.1.3.1 Treatment team members include:

- QMHP
- Psychiatrist or Psychiatric Nurse Practitioner
- Psychologist
- Registered Nurse or LPN
- Uniformed staff (i.e., Correctional Officer or higher rank)
- Activity Therapist

5.1.4 Once initial assessments and initial treatment plan are completed, all inmates will be assigned to at least ten (10) hours of structured clinical programming and ten (10) hours of unstructured programming per week, unless otherwise clinically indicated and reflected in the treatment plan.

6. MENTAL HEALTH SECURE RESIDENTIAL CARE (MSC) - Appropriate for inmates with serious mental illness who require ongoing intensive treatment, monitoring, and care within a secure and structured environment. The severity of their mental health symptoms results in poor symptom control and adjustment difficulties in the general population setting, resulting in a need for restrictive housing placements.

Note: Upon placement in a Restricted Housing Unit (RHU), each inmate will be assessed by a licensed mental health professional to determine if they meet criteria as an inmate with a serious mental illness (SMI). If an inmate, upon assessment is determined to meet criteria as a person with a SMI, the inmate, within 30 days, will be assigned to the MSC classification and treated as defined below. If an inmate is currently in a Mental Health Residential Program and classified as SMI, the inmate will be transferred immediately to secured mental health residential care upon determination that restrictive housing is identified.

6.1 Frequency of Mental Health Services

6.1.1 QMHPs will meet with newly admitted inmates weekly for the first thirty (30) days and bi-weekly (i.e. every other week) for the remainder of their admission. Inmates will be seen more frequently if clinically indicated. Increased frequency of care delivery will be documented in the inmate's treatment plan.

6.1.2 A Psychiatrist or Psychiatric Nurse Practitioner will meet with each newly admitted inmate weekly for the first thirty (30) days and monthly for the remainder of their admission. Inmates will be seen more frequently if clinically indicated. Need for increased frequency of care delivery will be documented in the inmate's treatment plan.

6.1.3 Initial treatment plan will be completed within fourteen (14) days of admission, and it will be reviewed, and updated as clinically indicated, every ninety (90) days thereafter.

6.1.3.1 Treatment team members include:

- QMHP
- Psychiatrist or Psychiatric Nurse Practitioner
- Psychologist

- Registered Nurse or LPN
- Uniformed staff (i.e., Correctional Officer or higher rank)
- Activity Therapist

6.1.4 Once initial assessments and initial treatment plan are completed, all inmates will be assigned to at least ten (10) hours of structured clinical programming and ten (10) hours of unstructured programming per week, unless otherwise clinically indicated and reflected in the treatment plan.

7. RESTRICTED HOUSING CARE – OUTPATIENT MENTAL HEALTH (MRH) – Upon placement in a Restricted Housing Unit (RHU) or during a stay in RHU for disciplinary purposes (ST, DD, SD, MX), each inmate will be assessed by a licensed mental health professional to determine if they meet criteria as an inmate with a serious mental illness (SMI). If an inmate does not meet criteria for an SMI, and they are Mental Health Outpatient (MOC) level of care, they will be assigned to Restricted Housing Care – Outpatient Mental Health (MRH) and treated as defined below.

7.1 Frequency of Mental Health Services

7.1.1 A QMHP will conduct an assessment within 7 days, and inmate will be assessed by a QMHP monthly thereafter. Inmates will be seen more frequently if clinically indicated. Increased frequency of care delivery will be documented in the inmate's treatment plan.

7.1.2 A Psychiatrist or Psychiatric Nurse Practitioner will conduct an assessment of the inmate at least every three (3) months. Inmates will be seen more frequently if clinically indicated. Increased frequency of care delivery needs will be documented in the inmate's treatment plan.

7.1.3 Mental Health Service Rounds are conducted per SCDC Policy OP-22.38, "Restrictive Housing Unit."

8. RESTRICTED HOUSING CARE – NON-MENTAL HEALTH (NRH) – Upon placement in a Restricted Housing Unit (RHU) or during a stay in RHU for disciplinary purposes (ST, DD, SD, MX), inmates identified as Non-Mental Health (NMH) level of care will be assigned to Restricted Housing Care – Non-Mental Health (NRH) and treated as defined below.

8.1 Frequency of Mental Health Services

8.1.1 A QMHP assessment will be conducted within 7 days, and the inmate will be assessed by a QMHP every three (3) months thereafter. Inmates will be seen more frequently if clinically indicated. Increased frequency of care delivery needs will be documented in the inmate's treatment plan.

8.1.2 Mental Health Service Rounds will be conducted per SCDC Policy OP-22.38, "Restrictive Housing Unit."

9. DEFINITION(S):

Qualified Mental Health Professional (QMHP): A healthcare professional qualified to practice in the State of South Carolina as a: Licensed Psychiatrist; Psychiatric Nurse Practitioner; Licensed Psychologist; Licensed Professional Counselor-Associate, Licensed Professional Counselor, or Licensed Professional Counselor-Supervisor; Licensed Independent Social Worker, or Licensed Masters Social Worker; Licensed Martial and Family Therapist – Intern, or Licensed Martial and Family Therapist. 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.

Serious Mental Illness: An Inmate meets criteria for a Serious Mental Illness if they meet one of the following criteria:

The inmate is currently diagnosed by a Psychiatrist, Psychologist, or Psychiatric Nurse Practitioner as having a Schizophrenia Spectrum Disorder, Schizoaffective Disorder, Cognitive Disorder, Psychotic Disorder, Bipolar Disorder, Major Depressive Disorder, or any other mental health disorder, as defined in the most updated edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM) of the American Psychiatric Association that results in significant functional impairment. Significant functional impairment includes the inability to perform activities of daily living (i.e., self-care), extreme impairment of coping skills, or impaired judgment/behaviors (i.e., poor reality testing) that are bizarre or pose an established danger to self or others. A diagnosis of any disorder except those explicitly stated, shall not by itself meet the criteria for SMI unless there is significant functional impairment, as described above.

SIGNATURE ON FILE

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s/Bryan P. Stirling, Director

Date of Signature

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