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-19.05: DEFINITIONS-QMHP

Change 2 to BH-19.05: INTRODUCTION

NUMBER: ~~**HS-19.05**~~ ***BH-19.05***

TITLE: MENTAL HEALTH SERVICES - TREATMENT PLANS AND TREATMENT TEAM MEETINGS

ISSUE DATE: August 29, 2016

RESPONSIBLE AUTHORITY: DIVISION OF MENTAL HEALTH SERVICES

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

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

RELEVANT SCDC FORMS/SUPPLIES: 4-7, 4-8, 4-9

ACA/CAC STANDARDS: 4-ACRS-5A-08, 4-ACRS-6A-11, 4-ACRS-7D-07, 4-4095, 4-4098, 4-4099, 4-4256, 4-4277, 4-4285, 4-4286, 4-4305, 4-4351, 4-4368, 4-374, 4-4399, 4-4428, 4-4429, 4-4430, 4-4431, 4-4433, 4-4434, 4-4435, 4-4436, 4-4438, 4-4439, 4-4440, 4-4441, 4-4442, 4-4446

STATE/FEDERAL STATUTES: None

PURPOSE: The purpose is to ensure procedures are in compliance with policy as it relates to Treatment Plans, Treatment Team meetings, and the Treatment Team Log. Additionally, the procedure will promote consistency and accuracy of clinical documentation in the Automated Medical Record (AMR) throughout the Division.

POLICY STATEMENT: The development of Treatment Plans and Treatment Team meetings will be used to help ensure consistency in the continuous therapeutic care and treatment of all inmates who are classified as mentally ill. Additionally, the process and documentation will be used to assist inmates in their recovery and provide ongoing continuity of care while ensuring inmates' mental health needs are met. ***Unless otherwise noted, policy information is applicable to both male and female inmates***.

TABLE OF CONTENTS

1. FUNDAMENTALS OF TREATMENT PLANNING

GUIDELINES:
2. INDIVIDUAL TREATMENT PLANS

3. TREATMENT TEAM
4. TREATMENT TEAM LOG
5. TREATMENT TEAM MEETINGS
6. DEFINITION(S)

SPECIFIC PROCEDURES:

1. FUNDAMENTALS OF TREATMENT PLANNING:

1.1 Mental health services are provided according to treatment plans that:

- are based on an inmate's mental health assessment and tailored to address the inmate's individual needs;
- identify mental health services recommended for patient/inmate participation (for example, counseling, individual/group therapy, substance abuse treatment or other services);
- contain statements of short and long term goals;
- outline methods by which goals are pursued and accomplished; and
- document a process that is reviewed and updated as necessary based upon the inmate's progress, changes in circumstances, the effectiveness of services, or other appropriate considerations.

1.2 Mental health treatment plans are individualized, multidisciplinary, and include, at a minimum:

- problems identified;
- frequency of follow-up for evaluation and adjustment of treatment modalities;
- adjustment of psychotropic medications, if indicated;
- referrals for psychological testing and/or medical testing/evaluation, including blood levels for medication monitoring as required;
- when appropriate, instructions about diet, exercise, personal hygiene issues, and adaptation to the correctional environment; and
- documentation of identified problems, treatment goals, and notation of clinical status progress.

1.3 Treatment Teams help to formulate treatment plans and provide clinical support by (1) allowing clinicians to gather and discuss relevant information with professionals also providing mental health care; (2) helping the inmate and clinician identify problems and agree to goals, objectives, and interventions; and (3) providing information used in documenting the need for continued services.

GUIDELINES:

2. INDIVIDUAL TREATMENT PLANS:

2.1 SCDC Form 4-7, "Individualized Treatment Plan (ITP)" is used to create the Initial Treatment Plan (ITP), document treatment plan reviews/updates, and monitor continuous treatment services relating to presenting mental health problems, treatment goals, and objectives for all inmates classified as L2, L3, L4, and L5. Gilliam Psychiatric Center will use SCDC Form 4-8, "Gilliam Psychiatric Hospital Master Treatment Plan and Master Treatment Plan Update" for all inmates classified as L1.

2.2 ITPs are reviewed/updated to address treatment goals and objectives outlined by the Treatment Team and the inmate.

2.3 The ITP is generated in accordance with clinical standards using the S.M.A.R.T. model. S.M.A.R.T. is an acronym for "Specific, Measureable, Attainable, Result Oriented, Timely." This serves to guide the development of the ITP as follows:

- **Specific** - Target a specific area for improvement; be concrete; use action verbs;
- **Measurable** - Quantify or at least suggest an indicator of progress - may be numeric, or descriptive, a quantity, or a quality;

- **Attainable/Achievable** - Capable of being done; feasible;
- **Results-Oriented** - Measures outputs or results; includes accomplishments; and
- **Timely** - Identifies target dates for achievement; includes interim steps to monitor progress.

2.4 The ITP is a running document reviewed as new information is obtained. Reviews include observing changes in the presenting problem, a change in frequency/type of service and/or when new goals and objectives are needed as treatment warrants.

2.5 A new ITP is initiated at each change in level of care, based on the inmate's needs at that level of care, including when a client is readmitted to a service.

2.6 An ITP, based on the mental health needs of the inmate, is developed by the treatment team in conjunction with the inmate, then signed and dated by the Treatment Team members and the inmate. The ITP is initiated following the initial clinical assessment, and a comprehensive treatment plan is completed and/or updated as follows:

2.6.1 Comprehensive Treatment Plan: Completed within ten (1) working days after the initial assessment and psychological evaluation. It is applicable to all new referrals and re-admits.

2.6.2 Treatment Plan Updates/Reviews:

- Treatment Plans for inmates admitted to Gilliam Psychiatric Hospital (GPH) are reviewed and/or updated weekly for the first month of admission, then monthly or more often if clinically indicated;
- Treatment Plans for inmates in the Intermediate Care Services (ICS) program and the Habilitation program (Hab) are reviewed and updated every **three (3) months,** or more often if clinically indicated;
- Treatment Plans for inmates in the Self Injurious Behavior (SIB) program are reviewed and updated monthly, or more often if clinically indicated;
- Treatment Plans for inmates classified as Intensive Outpatient Mental Health inmates are reviewed and updated every **three (3) months** or more often if clinically indicated; and
- Treatment Plans for inmates classified as Mid/Moderate Outpatient Mental Health are reviewed and updated every **six (6) months,** or more often if clinically indicated.

2.6.3 ITP reviews and updates will include, but are not limited to, the status of the problem(s) and whether the problem(s) is ongoing, shows no improvement, has improved or is resolved.

2.6.4 Each type of mental illness or symptom presentation may dictate consideration of unique services to address their specific need. The Division of Behavioral/Mental Health and Substance Abuse Services strives to provide a wide variety of services at all levels for SCDC inmates.

2.6.5 Treatment plans are reviewed for the purpose of updating and monitoring progress and identifying new goals and objectives for the inmate.

2.6.6 ITP reviews and updates include but are not limited to, identifying the status of the problem(s). This is addressed by indicating if the issue is ongoing, has shown no improvement, has improved or is resolved.

2.6.7 Treatment plans are filed in the "Mental Health" section of the medical record, and an Incidental/Non-Contact Note is entered in the AMR documenting the treatment plan has been reviewed/completed.

2.6.8 The diagnoses noted on the Treatment Plan must be consistent with the diagnoses given by the Psychiatrist in the AMR. Should the Psychiatrist change the diagnoses, the existing Treatment Plan must be revised to be consistent with the diagnoses.

3. TREATMENT TEAM:

3.1 Mental health multidisciplinary treatment teams provide integrated treatment in which team members work collaboratively, sharing responsibility for the individuals served. Treatment Plans result from a collaborative effort between team members and the inmate. All employees having access to protective health information will keep such information confidential..

3.2 Treatment Team meetings will be scheduled by the assigned QMHP on a frequency based on the level of care being provided or, more often, as clinically indicated. Inmates will be asked to attend the initial ITP Treatment Team staffing and each ITP Treatment Team staffing review. They will be asked to document their involvement where appropriate by signing their name. Refusals to attend a meeting or to sign a plan will be documented in the inmate's AMR and on the Treatment Plan form.

3.3 SCDC Form 4-9, "Treatment Team Notes," and/or documentation include, at a minimum the following:

- inmate's name;
- inmate's SCDC number;
- mental health classification;
- reason for staffing;
- diagnoses;
- current medications;
- progress of treatment;
- recommendations; and
- Treatment Team decisions.

3.4 In the event medical staff, uniformed staff, Psychiatrist or Psychologist, or other team member cannot attend the scheduled Treatment Team meeting, the presenting clinical staff member will attempt to gather relevant inmate information from the absent team member(s) prior to the Treatment Team meeting.

3.5 If a Treatment Team meeting needs to be changed, all team members and the inmate(s) on the docket are notified, and the meeting will be rescheduled.

4. TREATMENT TEAM LOG:

4.1 The Treatment Team Log will be maintained by the inmate's assigned QMHP, or designee, and will indicate the following:

- the date of the meetings;
- the inmate's names and SCDC numbers; and
- a signature of all staff members present for the staffing.

4.2 A brief summary will be documented on the Treatment Team Log and in the AMR, and will include the following information:

- current medication(s);
- level of care and level of care changes (if clinically indicated);
- current diagnosis;
- recommendations and Treatment Team decision(s); and
- next review date.

4.3 A Treatment Team Log entry is completed for each inmate.

5. TREATMENT TEAM MEETINGS:

5.1 Treatment Team Meetings have two (2) primary purposes: (1) the first purpose is the gathering of clinical and custody staff for the discussion of pertinent information that may be relevant to mental health programming. Staff may choose this platform to conduct in-services or discuss general program issues; and (2) the second function of Treatment Team Meetings is the staffing of individual treatment cases discussing clinical needs of inmates. Cases will be presented at Treatment Team Meetings to address the following:

- new assessment/intake (within fourteen [14] days of arriving at institution);
- admission to caseload (recommended or transferred MI/MR - within fourteen [14] days);
- recommendation to discharge from MI status;
- development of discharge plans;
- recommendations for changes in treatment plans;
- recommendations for referrals (Psychiatry, ICS, Outpatient Mental Health centers);
- initial treatment/service plan;
- discussion/reviews;
- reviews on treatment/service plans;
- refusal of services; and
- placement on Crisis Intervention Status, Suicide Precaution Status or any significant change in diagnosis, treatment/service plan, and behavior management plans. (**NOTE**: At the Treatment Team's request, an inmate may be invited to any Treatment Team Meeting).

6. DEFINITION(S):

Action Step/Activity refers to what is going to be done and how it is going to be done in order to accomplish the objective. Treatment Team staff members will address whether the action steps presented are sufficient to accomplish the objective(s).

Date Service Ordered refers to the date initial treatment began and when the action step is to start/initiated.

Date Service Completed refers to the date treatment will end and when the action step is to be completed/terminated.

Diagnosis refers to the identification of a mental illness as defined by the latest edition of the Diagnostic and Statistical Manual (DSM) of Mental Disorders.

Expected Date of Achievement refers to the anticipated date the goal, objective, and/or activity will be achieved.

Goal refers to a broad statement of intent which addresses the clinical success factor and closes the gap between how things are today and how you want them in the future.

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

Intervention refers to an action and/or influence that is utilized to affect the behavior of an inmate, with regard to their mental health, in order to modify a behavior.

Justification for Treatment refers to the reason, fact, circumstance, or explanation that supports or defends the inmate's need for mental health treatment.

Lead/Responsible Person refers to who will accomplish the action step or coordinate others to accomplish the action step. This person will be responsible for reporting on achievements or progress regarding the action step.

Mental Health Treatment Team refers to a multidisciplinary group including, but not limited to, mental health staff (Psychiatry, Psychology, or other licensed QMHP medical personnel (including nursing), and uniformed

staff, who discuss integrated therapeutic services, collaborate and share appropriate information on a regular basis, and as clinically indicated in any inmate's case, for the purpose of treatment of mentally ill inmates and continuity of care. The composition of the team may vary in different settings and at different levels of care, and will be identified on the treatment plan form; but all disciplines remain available for consultation as clinically indicated. The prescribing clinician will be a part of the treatment team for any inmate who is prescribed psychotropic medications.

Objective refers to specific measurable statement of what should be accomplished. This is a subset of a goal, and all the stated objectives should promote achievement of the goal.

Outcome refers to the measure of success over the action-planning period (to include the month and year, as well as intervals for progress).

Problem refers to an identified issue that warrants mental health treatment or attention.

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

Qualified Mental Health Professional (QMHP) refers to a licensed Psychologist, licensed Professional Counselor, licensed Professional Counselor-Supervisor, licensed Independent Social Worker, and licensed Psychiatric Nurse Practitioner. It also includes a licensed Master Social Worker 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.)

Regional Clinical Supervisors refers to a licensed mental professional (LPC, LPCS, Ph.D., LISW) with a minimum of five (5) years clinical experience.

Resources refers to what is needed to accomplish an objective.

Target refers to what will be achieved or expected to happen once a step is completed.

Treatment Team Meeting refers to the meeting of members of the Mental Health Treatment Team who come together to discuss information about the inmate in an effort to identify issues, suggest problem resolution strategies, and recommend mental health care services options. Inmates are encouraged to attend Treatment Team Meetings that focus on their individual treatment plans, and are encouraged to provide input into the planning process.

SIGNATURE ON FILE

s/Bryan P. Stirling, Director

Date of Signature

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