



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-19.10: Definitions - [QMHP](#)

Change 2 to BH-19.10: Introduction

NUMBER: ~~HS-19.10~~ *BH-19.10*

TITLE: MENTAL HEALTH SERVICES - BEHAVIORAL MANAGEMENT UNIT (BMU)

ISSUE DATE: August 31, 2016

RESPONSIBLE AUTHORITY: DIVISION OF MENTAL HEALTH SERVICES

~~OPERATIONS POLICY~~ MANUAL: ~~HEALTH SERVICES~~ *BEHAVIORAL HEALTH* (Changes in green amended by Change 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: M-177

ACA/CAC STANDARDS: 4-ACRS-5A-08, 4-ACRS-6A-11, 4-4256, 4-4285, 4-4286, 4-4305, 4-4351, 4-4368, 4-4399, 4-4428, 4-4429, 4429-1, 4-4438, 4-4439, 4-4440, 4-4441, 4-4442, 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; HIPPA; Pub.L. 104-191, 110 Stat. 1936; C.F.R. § T. 42, Ch. I, Subch. A, Pt. 2; 42 U.S.C.A. § 12101; SC Code Ann. § 44-17-810 through 900

PURPOSE: The mission of the Behavioral Management Unit (BMU) is to provide inmates with mental health needs likely contributing to their segregation status, with programming, treatment, and structure as an alternative to long term placement in restrictive housing.

POLICY STATEMENT: The Behavioral Management Unit (BMU) is designed as a possible alternative to long term segregation placement for inmates designated as having a mental health classification who are suffering from severe personality disorders and associated disruptive behaviors. It is designed as a therapeutic program to disrupt a cycle of repeated disciplinary infractions resulting in frequent, repetitive sanctions that result in long term segregation placement. The goal of placement in the BMU is to assist inmates in achieving their highest level of functionality by developing alternative coping skills that result in behavioral stability sufficient to return safely to general population. In some cases, the goal will be preparation for reentry to the community at the expiration of their sentence.

TABLE OF CONTENTS

1. [PROCEDURAL GUIDELINES](#)

2. [PROGRAM STAFFING](#)
 3. [ADMISSION PROCESS](#)
 4. [SERVICES OFFERED](#)
 5. [PHASE SYSTEM](#)
 6. [ENGAGEMENT IN OTHER DIRECTED AGRESSION, SELF-HARM, OR DESTRUCTION OF PROPERTY ON THE UNIT BY PROGRAM PARTICIPANTS](#)
 7. [DISCHARGE PROCESS](#)
 8. [QA MANAGEMENT](#)
 9. [DEFINITIONS](#)
- [ATTACHMENT A - COLUMBIA - SUICIDE SEVERITY RATING SCALE \(C-SSRS\); COLUMBIA-SUICIDE SEVERITY RATING SCALE DAILY/SHIFT SCREEN; AND COLUMBIA-SUICIDE SEVERITY RATING SCALE \(C-SSRS\) RISK ASSESSMENT](#)

SPECIFIC PROCEDURES:

1. PROCEDURAL GUIDELINES:

1.1 Therapeutic treatment programming will occur Monday-Friday between the hours of 8 am - 4 pm with available on-call coverage after hours, weekends, and on holidays. All inmates in the program will be offered ten (10) hours of structured and ten (10) hours of unstructured activities per week, consistent with activities described in the treatment plan. Structured programming will include mental health programming, education, activity groups, and other programming, in the general framework of a therapeutic community. The program will target personality disordered, mentally ill male inmates in Restrictive Housing Units with a history of accumulating an extensive amount of lockup time. Inmates diagnosed with a personality disorder and demonstrating persistent disruptive behavioral patterns will be eligible to be screened for placement.

1.2 Location: The Behavioral Management Unit program will be located at one or more institutions within the South Carolina Department of Corrections (SCDC) in Columbia, SC. The physical space identified will be structured to support different security levels and programming needs, and will have a maximum bed capacity of 64 beds. Actual program census will be determined by clinical staff who will take into consideration individual treatment needs and treatment plan intensity of inmates within the program.

2. PROGRAM STAFFING: Staffing for Behavioral Management Unit program will consist of the following:

2.1 Staff:

- **Psychiatry - (.5 FTE);**
- **Psychologist - (1 FTE) (Program Director);**
- **Qualified Mental Health Professional - (4 FTE);**
- **Activity Therapist - (1 FTE);**
- **Administrative Support Staff - (1 FTE);**
- **Nursing Staff is on site at the institution - 24 hours a day; and**
- **Security Staff - Adequate security staff will be assigned to BMU to maintain a safe treatment environment for inmate patients, a safe working environment for staff, and to support activities and movement on both sides of the unit.**

3. ADMISSION PROCESS:

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

- **Have a mental health classification and a primary diagnosis of personality disorder;**
- **Have committed or have a history of committing infractions where extensive lockup time is/was warranted;**

- Have been staffed by the Institutional Correctional Classification (ICC) Board and, once approved by the ICC Board, the offender is referred to the BMU Treatment Team for a determination on admission.

3.2 Inmates possibly suitable to the Behavioral Management Unit could be identified as early as the Reception and Evaluation process. The recommendations will be reviewed by the R&E and BMU Psychiatrist and the BMU Psychologist Program Director, who will then make a final determination as to the suitability for admission. Inmates already assigned to an institution may be reclassified for the program after the BMU Treatment Team ensures that they are appropriate for placement.

4. SERVICES OFFERED:

4.1 Mental Health Services:

4.1.1 Inmates who have been deemed appropriate for the Behavioral Management Unit program will complete a battery of assessments during an Intake and Orientation phase process that will include a:

- **Mental Health Assessment (SCDC Form M-177, "BMHSAS Clinical Assessment");**
- **Texas Christian University Criminal Thinking Scale (TCU-CTS) questionnaire, which is designed to measure criminal thinking; and**
- **Columbia-Suicide Severity Rating Scale (C-SSRS); Columbia-Suicide Severity Rating Scale Daily/Shift Screen; and Columbia-Suicide Severity Rating Scale (C-SSRS) Risk Assessment ([see Attachment A](#)).**

4.1.2 Services provided will include: crisis intervention, individual treatment, daily rounds, and group therapy. All inmates will be offered ten (10) hours of structured and ten (10) hours of unstructured activity time outside of their cells per week. Qualified Mental Health Professionals will be on-site five (5) days per week, and weekend rounds will be covered by an on-call rotation.

4.1.3 Inmates in the BMU program will receive a cognitive-based therapy (CBT) under the supervision of a licensed psychologist. CBT identifies negative thinking patterns and teaches positive behavioral changes. CBT focuses on high-risk and tough to treat inmates.

4.1.4 All inmates admitted into the Behavioral Management Unit program will be asked to engage in the treatment plan process to develop a behavioral management/treatment plan within thirty (30) days of admission. Behavioral management/treatment plans will be reviewed and updated every ninety (90) days, or more often if clinically indicated.

4.1.5 A multi-disciplinary Treatment Team will meet weekly to review selected cases. The Treatment Team will consist of a psychiatrist, a psychologist, and other qualified mental health professionals, a mental health technician, nursing staff as warranted, and an operational staff member. The Treatment Team's role will be to identify the various needs of the inmates and to recommend each inmate's appropriateness for one of two sub-groups, i.e., Long Term Special Management Custody (SM), and Regular Custody (RC).

- **Long Term Special Management Custody (SM) - is for inmates who have demonstrated during incarceration the potential for extreme and potentially deadly violence against staff or other inmates, and the intent for such violence may remain despite a pattern of compliance. Inmates who are SM will receive programming and earn privileges but may require Long Term Restrictive Housing and additional time in restraints during programming due to their security risk.**
- **The Regular Custody (RC) - is for inmates who are assigned to Restrictive Housing but their offenses are deemed as less violent. Inmates in this grouping may also have repeated**

disruptive behavior patterns that have become difficult to manage in a regular institution. The goal for inmates in the RC track is to progress through the program and ultimately be returned to general population.

4.1.6 Following completion of orientation, assessments, case planning, and Restrictive Housing assignment, both SM and RC inmates who are assigned to the program in the Behavioral Management Unit will begin working on their individual treatment plans.

4.1.7 Clinical Curriculums covered in the Behavioral Management Unit program include:

- "Challenge Series" (a set of journals developed by the Change Companies in collaboration with the Federal Bureau of Prisons);
- "Thinking for a Change" (a program promoted by the National Institute of Corrections);
- "Victim Impact of Crime" (promoted by the U.S. Department of Justice); and
- Anger Management and Substance Abuse programming, as needed.

4.1.8 An inmate's movement through the program is based on completion of programming specific to each phase, as described below, as well as staff's assessment of the inmate's attitude and behavior.

4.2 Program Types:

4.2.1 Long Term Special Management (SM): Programming will be delivered in different phases which will allow staff to observe the inmate's progress while privileges and responsibilities are incrementally increased at each phase. Each phase becomes a proving ground to move to the next phase. All housing in the Behavioral Management Unit program will be single cell and depend on the inmate's level/phase. SM inmates will be offered ten (10) hours of out-of-cell activity time a week. Inmates assigned to the SM track have three (3) phases through which they must progress consecutively. SM inmates will be offered basic privileges and services. Programming will include access to education services and in-cell reading materials. To progress through the different phases, inmates must complete all assignments and participate in weekly face-to-face sessions with their assigned QMHP. Out-of-cell structured programming will take place using secure program chairs and tables as necessary.

4.2.2 SM inmates will be allowed limited open group activity. As this program level, inmates will be introduced to out-of-cell unit recreation. This program level will operate as follows:

- Single escorts;
- Restrained movement to showers and recreation;
- Housed in single cells;
- Limited congregation;
- Small groups for cognitive programming; and
- Gradually inmates may transition from using the program chairs and desks for programming to unrestrained small groups of approximately five (5) inmates.

4.2.3 Regular Custody (RC) - RC inmates will allow inmates requiring long term segregation the opportunity to receive therapeutic programming. These inmates will be expected to work through a phase level system by engaging in treatment and displaying pro-social behaviors. The phase system provides a gradual decrease of structure and external control, with an increase in privileges, as inmates progress through the program. All housing for RC inmates will initially be single cell; however, inmates in the final phase of the program will be given an opportunity to have a roommate if deemed appropriate by the Treatment Team.

4.3 Medical Services:

4.3.1 All inmates placed in the Behavioral Management Unit program will be screened medically prior to admission to update their medical status. Nursing staff will be available 24 hours a day 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.).

4.4 Uniformed Staff:

4.4.1 Uniformed staff/correctional officers for the Behavioral Management Unit program will provide support for clinical programming and safety and security of the unit. Uniformed staff will be essential to ensure the safety and security of programming.

5. PHASE SYSTEM:

5.1 The Behavioral Management Unit is designed to assist inmates in achieving their highest level of functioning through the use of a behavioral modification program. BMU operates a three-phase system, using Cognitive Behavioral Therapy (CBT) as the primary treatment model. Inmates admitted to BMU will be expected to work through the phase system by being engaged in treatment and displaying positive pro-social behavior. The phase system will be incentivized. Various incentives can be considered to reinforce positive behavior and programming. Advancement from one phase to the next is determined by the following milestones:

5.1.1 Phase 1 - Orientation - All inmates will receive an initial clinical assessment, will have program rules explained, and will receive an orientation to BMU. During this time, the inmate will work with clinical staff to develop an individualized Treatment and Risk Management Plan identifying behavioral and clinical treatment needs and goals. The Risk Management Plan will identify risks connected to program behaviors that will have a negative impact on the offender progressing through the phases. All new inmates entering the program will be placed in Phase 1. The estimated time of this phase will be 30-45 days.

a. Privileges and Restrictions:

- Reading material (leisure and homework) available in cell;
- Radio in cell with working headphones after being in program for two weeks without incident;
- One (1) phone call per week;
- Escorted in restraints to and from all activities;
- Canteen items limited to hygiene products and envelopes only; and
- Legal paperwork and approved religious items.

b. Treatment Goals:

- Completion of assessment of Individualized Treatment and Risk Management Plan;
- Weekly sessions with Qualified Mental Health Provider;
- Meeting with Psychiatrist within the first week of placement;
- Face-to-face meeting with Treatment Team; and
- Orientation to Cognitive Behavior Therapy (CBT).

5.1.2 Phase 2 - Intensive Treatment - Inmates who complete Phase 1 without demonstrating major problematic behavior will be transitioned to Phase 2. This phase will focus on engaging in CBT group or individual skills training on a weekly basis. Inmates will continue to meet with their QMHP routinely for determination of progression on Individualized Treatment and Risk Management Plans.

a. Privileges and Restrictions:

- Reading material (leisure and homework) available in cell;
- Radio in cell with working headphones;
- Two (2) phone calls per week;
- The Treatment Team may approve reduced restraints during escort to and from therapeutic programming, recreation, and showers;
- Two (2) visits per month;
- The ability to purchase non-hygiene canteen items contingent on 80% attendance at offered structured out-of-cell programming each week as determined by the Treatment Team;
- Legal paperwork and approved religious items; and
- Access to TV time in day room two (2) hours a day.

b. Treatment Goals:

- Engage in CBT groups or individual CBT skills training on a weekly basis. The inmate will be expected to practice and display skills learned based on Individualized Treatment and Risk Management Plan;
- Weekly sessions with Qualified Mental Health Provider;
- Routine visits with Psychiatrist to remain medication compliant;
- Meeting with the Treatment Team to review Individualized Treatment and Risk Management Plan;
- The completion of additional groups (e.g., Anger Management, Thinking for a Change, Victim Impact) as determined by the Treatment Team and as clinically appropriate;
- The engagement in out-of-cell treatment activities as determined by the Treatment Team; and
- The demonstration of safe behaviors toward self and others for a period of time as determined by the Treatment Team.

5.1.3 Phase 3 - Inmates will be eligible to transition to this phase after demonstrating three consecutive months of no problematic behavior. Placement in Phase 3 is contingent on 80% group attendance in programming while in Phase 2.

a. Privileges and Restrictions:

- Reading material (leisure and homework) available in cell;
- Radio in cell with working headphones;
- Three (3) phone calls per week;
- Inmates may have a reduction in restraints as determined by the Treatment Team. Inmates in this phase may be allowed to move unrestrained to and from groups, recreation, showers, and other activities deemed appropriate;
- Four (4) visits per month;
- The ability to purchase non-hygiene canteen items contingent on 80% attendance at offered structured out-of-cell programming each week as determined by the Treatment Team;
- Legal paperwork and approved religious items;
- Access to TV privileges during all available TV hours;
- Eligible to have a roommate if deemed to be appropriate from both clinical and correctional perspectives; and
- Assignment of a unit job.

b. Treatment Goals:

- Displaying effective use of CBT skills;
- Meeting with Qualified Mental Health Provider every 2-4 weeks or as clinically indicated;
- Maintaining and continuing all treatment recommendations (including medication compliance) and programming, including completion of a full cycle of DBT in a group or 1:1 setting;

- The engagement in positive pro-social behaviors toward themselves and others;
- Meeting with the Treatment Team as needed;
- The engagement in out-of-cell treatment activities as determined by the Treatment Team; and
- The demonstration of safe behaviors toward self and others for a period of time as determined by the Treatment Team.

6. ENGAGEMENT IN OTHER DIRECTED AGGRESSION, SELF-HARM, OR DESTRUCTION OF PROPERTY ON THE UNIT BY PROGRAM PARTICIPANTS:

6.1 Inmates engaging in behavior consisting of homicidal, suicidal, self-injurious, or destruction of property will be expected to complete a Risk Management Plan with their QMPH and present it to the BMU Treatment Team. The BMU Treatment Team will provide feedback and possibly sanctions addressing the target behaviors. For inmates who have progressed to Level III, a decision can be made by the Treatment Team to recycle them back to the main treatment phase (Level II) for an undisclosed period of time. Inmates will be required to meet with their assigned QMHP at least weekly for three months to monitor progress and receive coaching.

7. DISCHARGE PROCESS:

7.1 After one year of no major disciplinary infractions and proving appropriate behaviors, inmates who have progressed through all program levels may be able to transfer to general population at another institution and/or to a different mental health treatment program.

7.2 Re-Entry - The goal of the South Carolina Department of Corrections is that no Restrictive Housing inmate be released directly from Restrictive Housing without the opportunity for re-entry preparation. Most of these inmates will pose a risk, especially those who meet intensive management criteria. In cases where the inmate is within a year of release, the Agency will make every effort to encourage the inmate to progress through all phases of the program.

7.3 Prior to being released, efforts will be made to allow the inmate to function under conditions similar to other general population inmates. Three months prior to release, the inmate will be enrolled in discharge planning/groups. This process will ensure:

- Community mental health follow-up appointments are established;
- Medication after release will be available;
- Vocational Rehabilitation Services will be made available;
- Housing is established at least on a temporary basis;
- Substance Abuse Services are identified if appropriate; and
- Help with SOAR, SSI/DDS applications is provided.

7.4 Medical Services:

7.4.1 All inmates placed in the Behavioral Management Unit program will be screened medically prior to admission to update their medical status. Nursing staff will be available 24 hours a day on the unit to administer medication. Medical staff will provide clinical assessment and treatment services as needed or scheduled (i.e., sick call, routine exam, management of urgent situations, etc.).

7.5 Uniformed Staff:

7.5.1 Uniformed staff/correctional officers for the Behavioral Management Unit program will provide support for clinical programming and safety and security of the unit. Uniformed staff will be essential to ensure the safety and security of programming.

8. QA MANAGEMENT:

8.1 The Behavioral Management Unit will be audited by the Director of Quality Management and assistance through an ongoing continuous auditing/quality management program with reports being generated on at least a quarterly basis.

8.2 The Program Director will conduct internal audits of each counselor assigned to the BMU 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. The Program Director will observe at least one group per month by each QMHP and at least one individual session. 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 (per policy).

9. DEFINITION(S):

Behavioral Management Unit (BMU) refers to a program designed to provide services to inmates consistent with institutional safety and security, as an alternative to long term segregation, for inmates with a mental illness suffering from severe personality disorders.

Mental Health Assessment 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.

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 Marital 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.)

Suicide Precaution/Crisis Intervention Screening Form (SCDC Form M-183) refers to an SCDC generated form used as a screen for suicide risk. The form incorporates elements of the Suicide Behavior Questionnaire-Revised (SBQ-R).

Texas Christian University Criminal Thinking Scale (TCU-CTS) refers to a 36 item questionnaire used to measure criminal thinking.

SIGNATURE ON FILE

s/Bryan P. Stirling, Director

Date of Signature

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