



U.S. Department of Justice
Federal Bureau of Prisons

PROGRAM STATEMENT

OPI: RSD/PSB

NUMBER: 5335.01

DATE: January 23, 2023

Secure Mental Health Units

/s/

Approved: Colette S. Peters
Director, Federal Bureau of Prisons

1. PURPOSE AND SCOPE

One responsibility of the Bureau of Prisons (Bureau) is to house each inmate in the least restrictive environment to ensure all staff and inmates are safe and the security of the institution is maintained. Inmates with a serious mental illness (SMI) sometimes require a more restrictive environment to maintain their safety or to prevent harm to others or themselves or to prevent damage to property. However, inmates diagnosed with an SMI are more vulnerable to psychological and physical deterioration in secure settings and require special accommodations. Therefore, placement in a Secure Mental Health Unit (SMHU) must be used only when necessary and must include accommodations that support mental health and a timely return to a less restrictive setting. Single-cell placement will be avoided wherever possible in favor of housing that offers more opportunities to interact with peers.

The purpose of this Program Statement is to set minimum requirements for standards, procedures, and programming in SMHUs. Each institution with a SMHU (see Section 3: Definitions) must meet these minimum requirements. This policy applies to SMHUs at Medical Referral Centers (MRCs), Secure Psychology Treatment Programs (Secure PTPs) and Secure Psychology Treatment Units (Secure PTUs). No other secure mental health units are authorized without a policy waiver approved by the Central Office Psychology Services Branch (PSB). Institutions who cannot meet the minimum requirements of this policy may request a policy waiver in accordance with the Program Statement **Directives Management Manual**.

a. **Program Objectives.** The expected results of this Program Statement are to:

- Establish physical space requirements for SMHUs;
- Establish criteria for admission to and discharge from SMHUs;
- Establish minimum programming requirements in SMHUs; and
- Establish minimum staffing requirements as well as roles and responsibilities for staff who work in institutions with SMHUs.

Institution Supplement. None required. However, should local facilities make any changes outside those required in national policy or establish any additional local procedures to implement national policy, the local Union may invoke to negotiate procedures or appropriate arrangements.

2. DEFINITIONS

- **Inmate:** An inmate is any person residing in the custody of the Bureau. This includes individuals who are pretrial, pretrial forensic studies, sentenced, state boarders, military and civilly committed persons. Inmates housed at medical centers are commonly referred to as patients.
- **Secure Mental Health Unit (SMHU):** Any housing unit, to include those at Medical Referral Centers (MRCs), dedicated to the treatment of inmates with a mental illness that offers mental health programming in the context of removal from the general inmate population, whether voluntary or involuntary. Inmates are secured in their cells for periods of time each day in support of safety. Inmates are not typically permitted to leave their rooms independently.
- **Secure Psychology Treatment Program (Secure PTP):** Secure PTPs are a specific type of SMHU. They are intensive residential treatment programs designed around a specific mental health need in which all program participants have volunteered to participate in mental health treatment activities. These programs are managed securely as a SMHU.
- **Secure Psychology Treatment Unit (Secure PTU):** Secure PTUs are residential treatment units where intensive treatment services are offered, but not required. Unit residents have been assigned to the unit (regardless of their interest) and may or may not volunteer to participate in mental health treatment activities. These units are managed securely as a SMHU.
- **Mental Illness:** For the purposes of this Program Statement, mental illness is defined as in the most current edition of the *Diagnostic and Statistical Manual of Mental Disorders*: a syndrome characterized by clinically significant disturbance in an individual's cognition, emotional regulation, or behavior that reflects a dysfunction in the psychological, biological, or developmental processes underlying mental functioning. Mental disorders are usually associated with significant distress or disability in social, occupational, or other important activities. Mental illness can only be diagnosed by a qualified mental health or medical practitioner.
- **Serious Mental Illness (SMI):** For the purposes of this Program Statement, SMI is defined using the same language as in the Program Statement **Treatment and Care of Inmates with Mental Illness**. Classification of an inmate as having an SMI requires consideration of diagnos(es), the severity and duration of symptoms, the degree of functional impairment associated with the illness, treatment history, and current treatment needs.
- **Gravely Disabled:** As referenced in the Program Statement **Psychiatric Evaluation and**

Treatment (Procedures for involuntary administration of psychiatric medication), grave disability is manifested by an extreme deterioration in personal functioning. This means the individual, as a result of a mental disorder, manifests, or will soon manifest, severe deterioration in routine functioning evidenced by repeated and escalating loss of cognitive or volitional control over his or her actions. As a result, the individual is unable to provide for or receive essential human needs to include food, clothing, shelter, medical care, and safety. Examples include inmates with a mental illness who, as a result of their mental illness, refuse to eat, refuse to engage in minimal hygiene, consume or handle bodily fluids, hoard food in their quarters, misuse property, and those who must be placed in a secure cell because they are not adequately functioning in any less secure setting.

- **Therapeutic Release:** A clinical practice in which inmates are released from secure housing conditions for brief periods that may increase in length and frequency over time. Therapeutic release occurs under the direction, coordination, and supervision of a clinical treatment team and in collaboration with Correctional Services. Its purpose is to increase an inmate's participation in meaningful activities with peers and staff and provide the inmate with opportunities to demonstrate readiness for less restrictive environments.
- **Token Economy:** A system for incentivizing desired behavior in which inmates earn points after performing healthy, prosocial, behaviors. These behaviors are closely tied to treatment plan goals. These points can be exchanged for tangible, meaningful items or privileges.
- **Mental Health Provider:** This general title includes Psychologists, Psychiatrists, Psychiatric Nurse Practitioners, Psychiatric Physician's Assistants, and Treatment Specialists.
- **Psychiatric Medication Prescriber:** This title may include Psychiatrists, Psychiatric Nurse Practitioners, Psychiatric Physician's Assistants, other credentialed prescribers, and other Physicians.
- **Secure CCARE Team:** All SMHUs are administratively managed by an interdisciplinary Secure CCARE Team. CCARE team participants are described in the Program Statement **Treatment and Care of Inmates with Mental Illness**. In the case of SMHUs, the Captain or designee, mental health providers, and nursing staff should also be included. Correctional Services staff assigned to the SMHU are encouraged to attend, when feasible. These teams meet briefly each weekday in MRCs and at least weekly in PTPs/PTUs.
- **Difficult to Place Committee:** This is a Central Office Committee composed of the Senior Deputy Assistant Director of Reentry Services Division, the Senior Deputy Assistant Director of Correctional Programs Division, a subject matter expert on designations from the Designation and Sentence Computation Center (DSCC), a subject matter expert on mental health treatment from Psychology Services Branch, and an attorney from the Office of General Counsel, or their designees.

3. PHYSICAL SPACE REQUIREMENTS

- a. **Unit Requirements.** Prior to activation of an SMHU, PSB will propose a unit capacity to the Capacity Planning Committee (CPC) for approval. The CPC will create an associated Detail Facility Code (DFCL). At MRCs, unit capacity will be determined based on the number of beds assigned to the SMHU. When it is appropriate to temporarily increase or decrease the number of inmates in an SMHU, the Warden can submit a request to the CPC who will seek a recommendation from PSB.

Institutions with SMHUs provide, *at a minimum*, the following with regard to physical space and equipment:

- At least three therapeutic enclosures in a private room for inmates to participate in a therapeutic group;
 - An indoor room that will accommodate a small group;
 - A suitable examination room dedicated to routine healthcare;
 - Indoor and outdoor recreation space that includes cardiovascular and recreational equipment;
 - Outdoor recreation space with access to natural elements;
 - A television that is connected to cable or satellite television service in the indoor group room(s) and unit common areas;
 - Clocks and calendars throughout the unit such that each inmate can see the correct date and time during his or her day; and
 - Paintings and/or murals on the walls promoting mental health recovery that are approved by the Secure Continuity of Care and Re-entry (Secure CCARE; see the Program Statement **Treatment and Care of Mental Illness**) Team and are completed by inmates.
- b. **Cell Requirements.** In addition to national standards for cell accommodations, each cell in each SMHU will have:
 - A secured television. Each television is connected to equipment that can deliver Education, Psychology, Recreation, and Religious Services programming to inmates in their cells on a closed-circuit and is also connected to a cable or satellite service. Inmates can purchase or will be provided with headphones.
 - c. **Personal Property.** Access to personal hygiene items, clothing, bedding, and therapeutic materials help mitigate the effects of restrictive housing settings on inmates with an SMI. Therefore, inmates will receive property without delay in accordance with the guidelines below. The only exception to this list is inmates who are on Suicide Watch or have treatment plan restrictions, as their property must be carefully monitored, and a Psychologist may restrict it for safety reasons. Any staff member may remove property for safety reasons and inform the mental health provider as soon as possible.

In the event an inmate abuses or misuses property, the Secure CCARE Team, as

described in the Program Statement **Treatment and Care of Inmates with Mental Illness**, will make decisions about removing property from an SMHU inmate's cell. The Secure CCARE Team will not ordinarily remove property unless this is the result of a formal disciplinary sanction, or the presence of the property causes a safety issue. If property is removed, the Secure CCARE Team will determine how long and what is required from the inmate for the property to be reissued.

The following is a list of the minimum property ordinarily issued to SMHU inmates:

- Institution-issued uniforms distinct from Special Housing Unit (SHU) uniforms;
- Institution-issued bedroll;
- Institution-issued hygiene items to include at least a half-roll of toilet paper, deodorant, shampoo, soap, a cup, toothbrush, and toothpaste;
- As described in the Program Statement **Female Offender Manual**, menstruating inmates will be allowed a choice of feminine hygiene products to include regular-size tampons, super-size tampons, regular-size maxi-pads with wings, super-size maxi-pads with wings, and panty liners. These are not limited to a one-to-one exchange. Staff are required to offer these products daily and deliver these products upon request;
- SMHU inmates who have previously purchased their own hygiene items from commissary will be permitted to retain these items in their cells, unless a mental health provider determines there is a specific safety issue;
- SMHU inmates who own radios or other electronic devices will be able to have their radios with batteries (or an acceptable alternative) and headphones in the cell with them;
- SMHU inmates who own sweatshirts, sweatpants, and shorts may wear this clothing when authorized by the unit rules;
- SMHU inmates will be permitted at least two books upon admission, as requested; and
- SMHU inmates will be issued flexible pens or short pencils, at minimum, and lined paper, as requested.

In the event an inmate abuses or misuses property, the Secure CCARE Team, as described in the Program Statement **Treatment and Care of Inmates with Mental Illness** and this Program Statement, will make decisions about removing property from an SMHU inmate's cell. The Secure CCARE Team will not ordinarily remove property unless this is the result of a formal disciplinary sanction, or the presence of the property causes a safety issue. If property is removed, the Secure CCARE Team will determine how long and what is required from the inmate for the property to be reissued.

4. SECURE MENTAL HEALTH UNIT STAFFING

- a. **Correctional Services:** Each SMHU will be staffed with an adequate number of Correctional Officers (e.g., to conduct rounds and move inmates to all out-of-cell programming in a timely manner throughout the course of the day and on all shifts).

- b. **Health Services:** The Clinical Director or Chief National Telepsychiatry Coordinator assigns psychotropic medication prescribers to SMHUs. In accordance with the Program Statement **Patient Care**, Each SMHU will have access to a psychotropic medication prescriber 24 hours each day.
- c. **Psychology Services:**
 - **MRCs.** In MRCs the appropriate ratio of Psychologist to patient in an SMHU is 1:20. This ratio is exclusive of Forensic Psychologists and Treatment Specialists.
 - **Secure PTP/PTU.** Upon the activation of each Secure PTP or Secure PTU, Central Office Psychology Services Branch (PSB) determines the appropriate staff-to-patient ratio. Program Coordinators do not carry caseloads, except temporarily in the case of vacant positions. Typically, the following ratios for mental health provider to patient apply:
 - Secure Skills 1:10
 - Secure STAGES 1:6
 - Secure Step Down 1:6
- d. **Unit Team:** Each SMHU will have at least one Correctional Counselor, one Case Manager, and one Unit Manager assigned.
- e. When an MRC or Secure PTP experiences serious or prolonged staff vacancies, the Warden will consult with the Region and PSB and may submit a moratorium request for a temporary reduction in program capacity to the CPC. Institutions must make every effort to quickly fill vacant SMHU positions due to the importance of providing consistent, high-quality care to this vulnerable population.

5. SECURE MENTAL HEALTH UNIT ADMISSION AND DISCHARGE PROCEDURES

SMHU Psychology Services staff enter SENTRY codes to track program participation. For guidance on the use of SENTRY codes, see the Program Statement **Psychology Treatment Programs** and reference the Bureau's Reentry Services Division, Psychology Services Branch intranet site for current program codes.

- a. **Authority for Admission to an SMHU:**
 - **MRCs.** Once an inmate with an SMI arrives at an MRC, he or she will be evaluated for placement in an appropriate housing unit within the MRC by a Psychologist. The Chief Psychologist or designee will have final decision-making authority for admission to the SMHU. In cases where an inmate with an SMI is already at an MRC and requires placement in an SMHU, only Psychologists and Psychiatrists may admit inmates with an SMI to SMHUs. In cases where there is disagreement, the Chief Psychologist or designee will have final decision-making authority.
 - **Secure PTPs/Secure PTUs.** PSB, in collaboration with the Specialty Program

Coordinator, determines admission. In cases where a Specialty Program Coordinator and PSB disagree about a Secure PTP admission, PSB will have final decision-making authority.

b. **Criteria for Admission to an SMHU:** *Only inmates with an SMI or who are deemed to be at heightened risk for suicide may be admitted to an SMHU.*

- **PTPs/PTUs.** Criteria for admission to Secure PTPs/PTUs are specific to the mission of each program and are determined when the unit is established. These criteria are established by PSB.
- **MRC SMHUs.** Inmates may be admitted to an SMHU if the inmate has an SMI or is deemed to be at heightened risk for suicide *and* under one or more of the following circumstances:
 - The inmate poses an imminent threat to the safety of others;
 - The inmate poses an imminent threat to the security of the institution;
 - The inmate poses an imminent threat to the safety of him or herself (i.e., requires Suicide Watch);
 - The inmate requests secure housing because of safety concerns (i.e., is requesting Protective Custody);
 - The inmate requests secure housing as a temporary means of self-management;
 - The inmate is gravely disabled and requires assistance with activities of daily living;
 - The inmate is accused of violating an institutional rule in the 100- or 200-series and is pending disciplinary hearing;
 - The inmate has been sanctioned to Disciplinary Segregation (DS) in the SMHU; or
 - The inmate has been designated to an SMHU by the Designation and Sentence Computation Center (DSCC) or Office of Medical Designations and Transfers (OMDT) through consultation with PSB.

c. **Admission Restrictions for SMHUs:** Some inmates are precluded from placement in an SMHU.

- SMHUs do not house inmates whose current medical condition(s) precludes secure settings (i.e., see definition of SMHU in the Definition Section above). Medical conditions that preclude admission to the SMHU are determined by the Clinical Director or designee. In these cases, inmates will be afforded the same treatment opportunities as outlined in this Program Statement except as their medical condition prohibits.
- If an inmate who is pregnant, postpartum, recently had a miscarriage, or who recently terminated a pregnancy is admitted to an SMHU, the Warden will reference the Program Statement **Female Offender Manual** and will notify the PSB Administrator and the Women and Special Populations Branch Administrator for further guidance and continuation of care.

- Inmates with an SMI who are new to an MRC will not be placed in the SMHU by default upon arrival. Inmates with an SMI who are new to an institution will meet with a Psychologist to determine appropriate housing placement and will only be admitted to an SMHU with approval from the Chief Psychologist or designee.
- d. **Admission Procedures for SMHUs:** Upon admission to an SMHU, either at an MRC or a Secure PTP/PTU, a Psychologist will generate an Admission Note describing:
- The date and time of SMHU admission;
 - The reason for SMHU admission;
 - Less restrictive alternatives considered or attempted prior to SMHU admission;
 - The inmate's mental status at the time of admission;
 - Criteria that must be met for discharge from the SMHU or completion of the Secure PTP; and
 - Interventions planned to support discharge from the SMHU or completion of the Secure PTP.
- e. **SMHU Transition:** Inmates leave SMHUs for a variety of reasons.
- **MRCs and Secure PTUs.** At MRCs and Secure PTUs, the Secure CCARE Team will collaboratively decide when an inmate has met criteria for transition from the SMHU and is ready for placement in a less restrictive setting. Ideally, inmates leave SMHUs at MRCs or Secure PTUs when:
 - The inmate demonstrates the ability to be safe around staff and other inmates;
 - The inmate does not interfere with the safety and security of the institution;
 - The inmate demonstrates the ability to keep themselves safe; and
 - The inmate is no longer considered gravely disabled.

Inmates may also transition from Secure PTUs if they are recommended for and volunteer to participate in a treatment program.

Only Psychologists and Psychiatrists may discharge inmates from SMHUs at MRCs and Secure PTUs. In cases of disagreement, the Chief Psychologist or designee will have final decision-making authority.

- **Secure PTPs.** At Secure PTPs, inmates may leave for a variety of reasons, given the voluntary nature of admission to these programs.
 - *Secure PTP Completion:* As soon as Secure PTP participants demonstrate a consistent ability to be safe around staff and other inmates, do not interfere with the safety and security of the institution, keep themselves safe, and are no longer considered

gravely disabled, they must be considered for transfer to a less restrictive setting. The Secure CCARE Team determines the point at which the inmate has completed treatment in the Secure PTP.

- *Voluntary Program Withdrawals:* Secure PTP participants may choose to voluntarily withdraw. At a minimum:
 - The inmate has made a formal request to withdraw, and it is documented;
 - Secure PTP mental health providers have documented at least three different clinical interventions spread throughout at least a 30-day period to increase motivation for treatment;
 - Following the 30-day period, the inmate's final decision will be documented in Psychology Data System-Bureau Electronic Medical Record (PDS-BEMR);
 - The Secure PTP Coordinator will discuss placement options with PSB and then local staff will initiate transition; and
 - The inmate's Secure PTP primary mental health provider will prepare a Treatment Summary in PDS-BEMR prior to transfer.
- *Program Incompletion:* Secure PTP participants may be moved to incomplete status for various reasons including, for example, an unforeseen designation or removal from the institution for a Federal writ or medical treatment. The Secure PTP Coordinator will consult with PSB about whether or not to fill the inmate's vacant program bed.
- *Program Expulsion:* If a Secure PTP participant refuses to participate in treatment despite extended and significant efforts to engage him or her, the inmate may be better served in a different setting. Inmates who have refused to participate in treatment or are a negative presence in the Secure PTP will have received at least three psychological interventions intended to increase motivation for treatment. These three interventions are documented in PDS-BEMR. Ordinarily, the third intervention should be provided by the Secure PTP Coordinator.

There may be some behaviors that are so egregious in nature (e.g., behavior equivalent to a prohibited act of greatest severity) that continued placement in the Secure PTP would be disruptive to the treatment program. In these cases, the Secure PTP participant may be expelled using the following process:

- The Secure PTP Coordinator consults with the Chief Psychologist, Special Investigative Agent (SIA), Captain, Warden, Office of General Counsel, and PSB about the recommendation for expulsion;
- If expulsion is recommended or the team cannot come to a

consensus, this issue is referred to the Difficult to Place Committee for review and a final decision on expulsion and future placement.

- The Warden, in consultation with the Secure PTP Coordinator, will make any immediate decisions with regard to the inmate's placement until the Difficult to Place Committee makes their final decision.

When the Difficult to Place Committee decides expulsion is warranted:

- The inmate's expulsion will be documented in PDS-BEMR;
- Local staff will initiate transition at the direction of the Difficult to Place Committee; and
- The inmate's Secure PTP mental health provider will prepare a Treatment Summary in PDS-BEMR prior to transfer.

- f. **SMHU Transition Documentation:** Careful discharge planning is a key component in reducing readmission to SMHUs and increases the ability of inmates with an SMI to succeed in less restrictive settings. The following is a list of requirements for Treatment Summaries, both for MRC SMHUs and Secure PTPs/PTUs:

- Date and time of SMHU discharge;
- Number of days, weeks, or months the inmate was living in the SMHU;
- How the inmate was included in discharge planning;
- How the inmate meets criteria for SMHU discharge;
- A brief description of the inmate's next housing assignment; and
- Continuity of Care planning between the SMHU mental health provider and the inmate's next mental health provider.

- g. **Release from SMHU to Community.** The Bureau will make every attempt to transition an inmate with an SMI into a less restrictive environment than an SMHU prior to release to the community. However, in rare cases, if an inmate requires secure housing up to the release date, the mental health provider primarily responsible for the inmate's care will collaborate with institutional or regional Social Workers, unit team staff, and community treatment staff to develop a plan for safe transition. The SMHU mental health provider with primary responsibility for the inmate's care will write a Mental Health Transfer Summary. Please refer to the Program Statement **Treatment and Care of Inmates with Mental Illness** for more guidance about Community Treatment Services and Reentry Planning Services.

- h. **Verified Protective Custody or Central Inmate Monitoring Assignments and Inmates with an SMI.** Some inmates in the SMHU will be ready for mental health discharge and have a Verified Protective Custody SENTRY assignment or a Central Inmate Monitoring (CIM) assignment. In such cases, when transition from the SMHU would compromise the inmate's safety, the Secure CCARE Team will collaborate with

PSB and DSCC and OMDT, as indicated, to find a safe but less restrictive setting where the inmate can be housed. SMHU inmates pending transfer who cannot leave the SMHU for safety and security reasons will be offered the same amount of out-of-cell time as all other SMHU inmates.

6. ADMINISTRATION OF SECURE MENTAL HEALTH UNITS

- a. **Monthly Security Review.** At Secure PTPs and PTUs, escort procedures will be recommended and addressed every 30 days. This does not limit the ability to change these levels for appropriate circumstances during the daily or weekly meetings. This meeting will consist of the Warden, Associate Warden(s), Captain, SIA, and/or Special Investigative Supervisor (SIS), SMHU Lieutenant, Unit Manager, Program Coordinator, Chief Psychologist, psychotropic medication prescribers, other medical providers, and/or any of their designees. This meeting can also address any other issues or concerns that anyone may have at that time. MRCs review escort procedures during daily meetings.
- b. **Secure CCARE Team.** All SMHUs are administratively managed by an interdisciplinary Secure CCARE Team. These teams meet briefly each weekday in MRCs and at least weekly in PTPs/PTUs.

In MRCs these teams are led by the Chief Psychologist or designee, who must be a licensed psychologist. In Secure PTPs/PTUs, the Program Coordinator leads the team. The team leader has final decision-making authority and responsibility for programming, therapeutic release, incentive awards, and any changes to authorized property. Psychotropic medication prescribers retain final decision-making authority with regard to voluntary and involuntary psychotropic medication.

Team participants are described in the Program Statement **Treatment and Care of Inmates with Mental Illness** and in the case of SMHUs, the Captain or designee, mental health providers, and nursing staff should also be included. Correctional Services staff assigned to the SMHU are encouraged to attend, when feasible. Any Correctional Services staff member assigned to the SMHU may send comments to the Program Coordinator or Chief Psychologist to be included in the meeting.

- c. **Secure CCARE Team Responsibilities.** Secure CCARE Teams are similar to CCARE Teams but meet as indicated above. Each CCARE Team Meeting is documented to include date and time of meeting, who was in attendance, which inmates were discussed, and which topics were discussed. Please refer to the Program Statement **Treatment and Care of Inmates with Mental Illness** for guidance about documenting CCARE notes for individual inmates in PDS-BEMR. Secure CCARE Teams discuss and ensure the following during each meeting:

- *Security Procedures.* The Secure CCARE Team considers:
 - The least restrictive means of escorting SMHU inmates (i.e., whether an inmate requires the use of restraints for escort, etc.);

- Out-of-cell programming participation (i.e., whether the inmate requires the use of a therapeutic enclosure); and
 - The structure of socialization opportunities (i.e., how many other people can the inmate tolerate, is the inmate safe around staff only, only certain inmates, etc.).
- *Recreation Time.* At a minimum, SMHU inmates are offered six hours of weekly recreation time. The Secure CCARE Team may authorize additional outdoor or indoor recreation time beyond the weekly minimum if staffing permits.
 - *Therapeutic Release.* The Secure CCARE Team may authorize Therapeutic Release (TR) and determine the TR plan.
 - *Emergency Psychiatric Medicine.* If the Secure CCARE Team determines an inmate is too dangerous and mentally ill to be escorted out of a cell, the psychotropic medication prescriber will consider ordering emergency psychiatric medication or pursuing involuntary psychiatric medication pursuant to the Program Statements **Psychiatric Evaluation and Treatment, Patient Care, and Psychiatric Services** with special attention to whether the inmate is gravely disabled, as defined in this Program Statement. SMHU inmates will not be restricted from participating in programming or recreation opportunities secondary to symptoms of mental illness; if their mental illness makes them dangerous or impairs them to the extent that staff are concerned about removing them from their cell, this is an indicator for grave disability and emergency psychiatric medication. A medical provider will document whether emergency psychiatric medications are provided in the above cases.
 - *Access to Treatment.* Because SMHUs function independently from other components in the institution, they are given separate consideration if lockdowns occur. Unless security concerns are present on the SMHU, out-of-cell programming and recreation are not ordinarily suspended for lockdowns. Return to normal operations in the SMHU will be determined by the Warden and will occur as soon as practical unless there are specific security concerns on the unit.
 - *CCARE Functions.* The Secure CCARE Team meeting will also function as a CCARE team meeting in accordance with the Program Statement **Treatment and Care of Inmates with Mental Illness.**
 - *Scheduling.* The Secure CCARE Team will create and ensure adherence to a weekly schedule of events (i.e., use of indoor and outdoor recreation space, use of the closed-circuit DVD channel, use of group treatment space, use of socialization space, and use of any other common areas used for programming and treatment activities). A member of the Secure CCARE Team will distribute this calendar to inmates and post it on the unit in a highly visible location.
 - *Tracking.* The Secure CCARE Team is responsible for tracking how long each inmate has been housed in the SMHU. Except for Secure PTPs, ordinarily, inmates placed in the SMHU will not remain there longer than 90 days. If the Secure CCARE Team determines an inmate requires more than 90 days in an SMHU, the team will consult with the Regional Psychology Administrator and the Chief Psychiatrist, Health Services Division to determine any appropriate changes to treatment. This consultation will be documented by either a Psychologist or a

psychotropic medication prescriber in the Bureau's Electronic Medical Record (BEMR).

- **Quality Improvement (QI).** Each Secure CCARE Team will develop and initiate a minimum of one quality improvement study quarterly in which they evaluate the effectiveness of interventions used for inmates living in the SMHU. Examples of appropriate QI activities include improving psychotropic medication compliance, reducing incident report frequency, increasing hours engaged in therapeutic activities, improving promptness and appropriateness of medication renewals, reducing suicide attempts, reducing use of restraints, and reducing use of force incidents (immediate and calculated). These studies must be submitted by the Warden through the Regional Director to the PSB within one month of the end of each quarter. PSB may accept the report or request additional information. Information about quality improvement processes and reports, including formatting, is available on the Bureau's Reentry Services Division, Psychology Services Branch intranet site.

7. PSYCHOLOGY SERVICES RESPONSIBILITIES TO INMATES IN SECURE MENTAL HEALTH UNITS

- a. **Frequency of Programming.** SMHU inmates will receive face-to-face mental health contacts with a Psychologist consistent with the type and frequency indicated by their care level and treatment plan. The content of clinical contacts is driven by the goals of the inmate's treatment plan that was developed or revised upon SMHU admission.
- b. **Out-of-Cell Programming.** Mental health providers invite each SMHU inmate to participate in at least one hour of out-of-cell psychological programming each business day; either group or individual therapy. Inmates on suicide watch will also be invited to participate, unless precluded by specific safety concerns [Note: The suicide watch staff member or inmate companion will remain on duty while the inmate is in treatment, but the provider may assume responsibility for documenting observations in the suicide watch logbook, as detailed in the Program Statement **Suicide Prevention Program**, in order to ensure confidentiality.] These contacts are documented in PDS-BEMR.
- c. **In-Cell Programming.** Mental health providers offer each inmate on the SMHU in-cell resources or exercises to improve overall mental wellness and address goals on the inmate's treatment plan at least once each weekday. These resources or exercises might include a meditation video on the closed-circuit video system, a movie with a therapeutic purpose, a writing assignment, or a mindfulness activity. In-cell programming will be documented in PDS-BEMR as an Adjunctive Service – Self Help Group.
- d. **Unit Calendar.** The Program Coordinator or designee of the Chief Psychologist will create and maintain a weekly calendar of scheduled unit activities. This calendar will be made available to inmates at the beginning of the week and a record of whether activities were completed or canceled will be maintained.

- e. **Treatment Plan Updates.** Mental health providers are responsible for updating the treatment plan to reflect any progress toward meeting criteria for discharge to a less secure setting in accordance with the Program Statement **Treatment and Care of Inmates with Mental Illness.**
- f. **Institution Disciplinary Process Reports for SMHU Inmates.** In cases where an inmate is admitted to the SMHU pending an incident report or receives an incident report while housed in an SMHU, a Psychologist will complete an Institution Disciplinary Process Report (referred to in the Program Statement **Inmate Discipline Program** as a Mental Health Evaluation) to determine the inmate's competence for the disciplinary hearing and the inmate's responsibility for the alleged incident. This report will be completed by a Psychologist within five business days of the incident. The Psychologist will share this evaluation with unit team staff and/or the Disciplinary Hearing Officer (DHO) within the same time frame. The unit team or the DHO will review the recommendations submitted by the Psychologist and consider the inmate's mental health status when imposing sanctions.
- g. **Privacy.** Ordinarily, mental health clinicians conduct individual therapy, clinical contacts, and any assessments in a space that affords inmates privacy. Exceptions to private critical contacts and mental health treatment contacts should be made in cases where the inmate is behaving in an aggressive manner or when institutional safety and security considerations are determined to require an exception, normally a situation for which emergency plans exist. Contacts should be suspended if an inmate becomes aggressive, and the staff member is concerned about his or her safety. The contact is reinitiated once additional security is in place or when the inmate has regained control of his or her behavior. Exceptions are not made due to logistical issues concerning moving the inmate out of his or her cell or difficulty locating a private space.
- h. **Treatment Refusal.** If the inmate refuses to leave his or her cell for individual clinical contacts, the mental health clinician documents this and the types of interventions used to elicit out-of-cell program participation in a Missed Appointment Note in PDS-BEMR. If an inmate refuses to attend group therapy, this is documented in the PDS-BEMR Group Session information for that day.
- i. **Token Economy.** The Chief Psychologist assigns a Psychologist as the Token Economy Program Coordinator to develop, oversee, and implement the SMHU Token Economy System (e.g., token economy, tangible incentives, monetary incentives) to encourage inmate participation in all programming offered in the SMHU. In Secure PTPs, typically the Token Economy Program Coordinator is the Secure PTP Coordinator. These incentives are described in the Program Statements **Treatment and Care of Inmates with Mental Illness** and **First Step Act Program Incentives.**
- j. **Common Area Televisions.** Psychology Services will provide unit televisions for use during out-of-cell activities as an incentivized activity.

- k. **Inmate Mental Health Companions.** The Program Statement **Treatment and Care of Inmates with Mental Illness** describes requirements for Mental Health Companions. At the discretion of the Warden, SMHUs will use the Mental Health Companion Program.
 - l. **Chief Psychologist Rounds.** The Chief Psychologist or designee will make at least weekly rounds in the SMHU. Rounds will be documented.
 - m. **Calculated Use of Force.** Mental Health Providers will not ordinarily participate as a team member in a calculated use of force situation beyond the role of confrontation avoidance.
8. **HEALTH SERVICES RESPONSIBILITIES TO INMATES IN SECURE MENTAL HEALTH UNITS**
- a. **Rounds.** A health services provider (i.e., a Physician, mid-level provider, or Nurse) visits all SMHU inmates daily to triage medical needs and provide necessary medical care. Emergency medical care is always available either at the institution or provided by community resources. Refer to the Program Statement **Patient Care**.
 - b. **Disabilities and Activities of Daily Living (ADL).** Health Services provides special accommodations and/or supports for personal hygiene to those SMHU inmates who have impaired ability to perform ADLs in accordance with the Program Statement **Management of Inmates with Disabilities**.
 - c. **Nutrition.** Inmates receive nutritionally adequate meals to include equal access to specialized diets under the direction of Health Services providers. Where available, a dietitian conducts weekly rounds on the SMHU. Rounds will be documented.
 - d. **Psychotropic Medication Prescribers.** Inmates in these programs are entitled to the full range of psychiatric services and medications available to all inmates in the custody of the Bureau and will be provided, if clinically indicated, the following services:
 - The SMHU psychotropic medication prescriber is a member of the Secure CCARE Team and attends each Secure CCARE Team meeting.
 - If an SMHU inmate is not currently prescribed psychotropic medication, but is referred for such, the SMHU psychotropic medication prescriber meets with the inmate to determine a psychiatric plan of treatment within 14 days of referral, consistent with the Program Statement **Psychiatric Services**.
 - For each SMHU inmate who is prescribed psychotropic medication, the SMHU psychotropic medication prescriber meets with the SMHU inmate at least monthly to determine improvement in mental health, adjust psychotropic medications, and to aid the Secure CCARE Team in monitoring mental decompensation. This care is also provided consistent with the Program Statement **Psychiatric Services**.

- Psychiatric consultations occur in a private setting unless significant security concerns exist.
 - Where food is necessary to offset negative side effects of medication. Health Services will arrange to administer medication at mealtime, provide sufficient food with the medication, or ensure the inmate has food in his or her cell to consume with the medication.
 - Psychotropic medications will be administered under direct observation to ensure adherence and provide adequate data for documentation.
 - Pharmacy Services will notify the psychotropic medication prescribers and mental health treatment providers when inmates refuse or consistently miss their prescribed medication for three consecutive doses, 50% of doses within one week, or an otherwise clinically significant pattern missed of doses.
 - Psychotropic medication will not be withheld from any inmate solely for disciplinary reasons. If an inmate has diverted a psychotropic medication, the psychiatric care provider will make the determination as to whether discontinuation of the medication is clinically warranted.
 - In cases where involuntary psychotropic medication may be warranted, the SMHU psychotropic medication prescriber participates in the due process hearing and otherwise acts in accordance with the Program Statement **Psychiatric Evaluation and Treatment**.
 - In cases where the Secure CCARE Team, the SMHU psychotropic medication prescriber, or a Psychologist refers an SMHU inmate for emergency psychotropic medication, the Program Statements **Psychiatric Evaluation and Treatment**, **Patient Care**, and **Psychiatric Services** will be followed with special attention to the definition of gravely disabled as defined within this Program Statement.
- e. **Other Health Services Staffing.** Each SMHU will be staffed with an adequate number of healthcare providers. Those providers will administer pill-line, provide healthcare support services (e.g., chronic illness education groups), and participate in the Secure CCARE Team in addition to ordinary healthcare duties.

9. UNIT TEAM RESPONSIBILITIES TO INMATES IN SECURE MENTAL HEALTH UNITS

- a. **Rounds.** A member of the unit team will make daily rounds to address any needs of the inmates assigned to their caseload. Unit Managers will make rounds on the unit no less than once per week. Rounds will be documented.
- b. **Team.** Case Managers will hold team meetings with inmates in accordance with unit management policies. Meetings will take place in private settings on the SMHU.
- c. **Correctional Counselors.** The Correctional Counselor assigned to the SMHU attends Secure CCARE Team meetings. The Correctional Counselor develops meaningful employment opportunities for SMHU inmates, hires SMHU inmates for these positions, oversees the work, and administers inmate pay. The Correctional Counselor, in

collaboration with the Secure CCARE Team, coordinates incoming and outgoing package approvals and Trust Fund activities to include assisting with commissary orders.

- d. **Visitation.** SMHU inmates will have the opportunity to maintain active visitor lists. Inmates may receive visitors in accordance with the Program Statement **Visiting Regulations**. Inmates may be provided non-contact visits, through the use of videoconferencing or other technology. Depending on security concerns, contact visits may be recommended by the mental health provider and approved by the Captain. The Correctional Counselor helps develop visiting lists for inmates and coordinates special accommodations for these visits.
- e. **Public Messaging Service.** The Correctional Counselor ensures SMHU inmates know how and are able to access the Trust Fund Limited Inmate Computer System, as permitted.
- f. **Telephone Calls.** The Correctional Counselor ensures SMHU inmates maintain active and accurate telephone lists. The Correctional Counselor assists inmates in placing monitored telephone calls as applicable. A monitored telephone will be available on the SMHU floor for inmates who have demonstrated the ability to safely enjoy leisure time on the unit outside of their cells. A portable, monitored landline telephone will be available to inmates who have not yet demonstrated the ability to safely participate in leisure time outside their cells.
- g. **Legal Activities.** Inmates may perform legal activities in accordance with the Program Statement **Legal Activities, Inmate**. Unit team staff will facilitate easy access to legal resources to include making use of a law library, sending legal mail, and placing calls to attorneys.
- h. **Token Economy.** Unit team members, to include the Correctional Counselor in particular, participate in the SMHU Token Economy System at the discretion and request of the Token Economy Program Coordinator. The Correctional Counselor may assist by tallying points or distributing token economy incentives.
- i. **First Step Act (FSA).** Residing on a SMHU does not prohibit an inmate from receiving incentive awards or time credits under the FSA. Inmates residing on these units will have opportunities to participate in and complete Evidence Based Risk Reduction Programs (EBRRs) and/or Productive Activities (PA) which may qualify them for FSA incentives under the Program Statement **First Step Act Program Incentives**.

10. CORRECTIONAL SERVICES RESPONSIBILITIES TO INMATES IN SECURE MENTAL HEALTH UNITS

- a. **Secure CCARE Team Meetings.** The Captain or designee attends Secure CCARE Team meetings.

- b. **Rounds.** The Captain makes at least weekly rounds on the SMHU and documents rounds in the unit log. Officer rounds will be conducted in accordance with the Program Statement **Correctional Services Procedures Manual**.
- c. **Showers.** Inmates have the opportunity to shower at least three times a week. In addition, they will be afforded the opportunity to shave a minimum of three times per week, unless use of a shaving instrument presents a safety concern as determined by the Secure CCARE team or staff working within the unit. Correctional Services Staff should encourage good hygiene and provide ample reminders to do so. In institutions where showers are located outside of the cells and when inmates require escort in restraints, ordinarily staff assigned to Correctional Services posts escort each inmate to and from the shower and document completed and refused showers using form BP-A0292, Special Housing Unit Record.
- d. **Haircuts.** Correctional Services will coordinate with the relevant department at each institution such that inmates will have the opportunity to receive a haircut, at a minimum, once per month.
- e. **Meals.** Correctional Services Staff ensure inmates receive meals in accordance with the Program Statement **Food Service Manual**. If heated food carts are used to deliver meals to the SMHU, Correctional Services Staff ensure the carts remain plugged in and at the correct temperature prior to serving. If any staff member suspects the meals are inedible for any reason, he or she should notify the Food Service and Safety Departments about this concern immediately. Inmates in SMHUs may receive their meals in their cells or, depending on unit resources, inmates who participate in Therapeutic Release may be permitted to eat with other inmates on the housing unit or elsewhere in the institution. Correctional Services staff document completed and refused meals using form BP-A0292, Special Housing Unit Record.
- f. **Trash.** Correctional Services staff ensure all food trays and food trash is collected from each inmate's cell after feeding a meal without delay. Unit orderlies or Mental Health Companions may assist in trash management.
- g. **Recreation.** Staff assigned to Correctional Services posts offer SMHU inmates the opportunity for unstructured time outside their individual quarters for at least six hours per week. Ordinarily this occurs over at least five days per week unless inmate behavior poses a security risk. Additional recreation time can be authorized by the Secure CCARE Team. Ordinarily staff assigned to Correctional Services posts escort each inmate to and from recreation and document completed and refused recreation using form BP-A0292, Special Housing Unit Record.
- h. **Socialization.** Each SMHU inmate will be offered the opportunity for a minimum of one hour per week of socializing with peers as determined by the Secure CCARE Team in addition to the six hours of recreation. Correctional Services staff escort each inmate to and from areas for socialization. Correctional Services Staff provide this

opportunity and make use of therapeutic enclosures for this activity as determined by the Secure CCARE Team.

- i. **Cell Rotations.** Cell rotations will be conducted at least every 90 days.
- j. **Token Economy.** Correctional Services Staff may participate in the SMHU Token Economy at the discretion and request of the Token Economy Program Coordinator.
- k. **Property.** Unless security needs dictate otherwise, Correctional Services Staff, in collaboration with the Secure CCARE Team and Correctional Counselor, ensure SMHU inmates are issued the correct property. Correctional Services Staff do not issue SMHU inmates unauthorized property as this can create an unsafe situation for staff and inmates. Communication about what constitutes “authorized property” will occur at Secure CCARE Teams and by using current signage posted on inmate cell doors.
- l. **Emergency Equipment.** Consistent with Correctional Services policies, appropriate protective equipment will be made available in SMHUs. The location of this protective equipment will be in an area accessible to staff, as determined by the Captain.

11. FOOD SERVICES RESPONSIBILITIES TO INMATES IN SECURE MENTAL HEALTH UNITS

- a. **Parity.** Unless security needs dictate otherwise, the Food Service Administrator will ensure inmates housed in SMHUs receive the same food offerings and quality of food offerings as inmates who receive their meals at mainline in the general population. This includes holiday meals.
- b. **Rounds.** The Food Service Administrator will make weekly rounds, at a minimum, to assess and attend to any Food Service concerns for inmates in the SMHU. Rounds will be documented.

12. SAFETY AND FACILITIES DEPARTMENTS RESPONSIBILITIES TO INMATES IN SECURE MENTAL HEALTH UNITS

- a. **Rounds.** The Safety Manager or designee and the Facilities Manager or designee makes, at a minimum, weekly rounds on the SMHU to ensure adequate and safe living conditions. Rounds will be documented.
- b. **Minimal Conditions.** Minimal conditions of confinement for SMHUs are in accordance with the Program Statements on **National Occupational Safety and Health Policy**, **National Environmental Protection Policy**, **National Fire Protection Policy**, and any other directives referenced in this Program Statement. Living quarters are well-ventilated, adequately lighted, appropriately heated or cooled, and maintained in a sanitary condition.
- c. **HVAC.** Cell temperatures are set and maintained at predetermined levels in accordance

with the Program Statement **Facilities Operations Manual**.

- d. **Plumbing.** Inmates have access to a wash basin and a shower with running hot and cold water.
- e. **Waste Removal.** Inmates have access to a functional, flushing toilet.
- f. **Outdoor Recreation Space.** If not already available, the Facilities Manager or designee will request modification to the SMHU to provide adequate space for outdoor recreation that is easily accessible from the SMHU (i.e., recreation enclosures that expose the inmate to fresh air and, ideally, natural features such as grass).
- g. **Indoor Programming Space.** The Facilities Manager or designee will ensure the SMHU has at least three therapeutic enclosures in at least one indoor room for inmates to meet in a secure group with space for a group leader. The Facilities Manager will further ensure this room can function as an indoor multipurpose group room that will accommodate at least six people (group leader(s) and inmates).
- h. **Televisions.** Each SMHU cell will be equipped with a secured television. Each television will receive cable or satellite service, and each television will be connected to a closed-circuit television channel for in-cell programming. If the television is removed, the Secure CCARE Team will determine for how long and what is required from the inmate for the television to be reissued.
- i. **Telecommunications.** There will be an inmate telephone available for use in a common area of the unit as well as a telephone that can be utilized on the range for inmates who place calls from within their cells.
- j. **Unit Sanitation.** The Facilities Manager or designee will ensure the SMHU has a storage area for cleaning supplies.

13. CHAPLAINCY SERVICES RESPONSIBILITIES TO INMATES IN SECURE MENTAL HEALTH UNITS

- a. **Rounds.** A Chaplain from Chaplaincy Services will make weekly rounds, at a minimum, to assess and attend to the faith needs of inmates in the SMHU. Rounds will be documented.
- b. **Books and Other Materials.** Chaplaincy Services staff will ensure SMHU inmates have access equal to that of general population inmates, to religious materials to include a selection of books with religious reading material. Chaplaincy Services will ensure all books and other materials are appropriately reviewed prior to issuance. Reasonable efforts will be made to include literature in a variety of languages.
- c. **Chaplaincy Services Programming.** The Supervisory Chaplain will ensure

Chaplaincy Services offers five hours of religious programming weekly in accordance with known needs and interests of inmates on the unit. No more than two hours of weekly programming may be offered as in-cell programming. Programming might entail both providing religious services on the housing unit and providing programming through closed-circuit televisions.

- d. **Chaplaincy Services.** Religious Services staff ensure inmates may pursue religious beliefs and practices in accordance with the Program Statement **Religious Beliefs and Practices**.
- e. **Token Economy.** Chaplaincy Services staff may participate in the SMHU Token Economy at the discretion and request of the Token Economy Program Coordinator.

14. **EDUCATION/RECREATION RESPONSIBILITIES TO INMATES IN SECURE MENTAL HEALTH UNITS**

- a. **Rounds.** The Education Supervisor or designee will make weekly rounds, at a minimum, to attend to the educational needs and interests of SMHU inmates. The Recreation Supervisor or designee will also make weekly rounds, at a minimum, to attend to the recreational needs and interests of SMHU inmates. Rounds will be documented.
- b. **Materials.** The Education Supervisor and/or their designee will ensure SMHU inmates have access to education materials. This might entail sports equipment, cardiovascular equipment, movies, games, puzzles, hobby craft, a book cart with a variety of books, and other leisure activity materials. Reasonable efforts will be made to include literature in a variety of languages.
- c. **Secure CCARE Team Approval.** Education staff will seek approval from the Secure CCARE Team prior to introducing educational or recreational materials onto the SMHU in order to ensure safety and security.
- d. **Education and Recreation Programming.**
 - The Education Supervisor will designate an Education staff member, ideally a Special Education Teacher, to provide five hours of Education programming weekly in accordance with the known needs and interests of inmates on the unit. No more than two hours of weekly programming may be offered in cells. Programming might entail providing educational opportunities both on the housing unit and providing programming through closed-circuit televisions.
 - Secure Skills programs will be staffed with a full-time special education teacher. This teacher will have an office on the program unit and will solely be responsible for providing educational services to the Secure Skills participants.
 - The Recreation Supervisor or Supervisor of Education, as appropriate, designates a Recreation Specialist to provide five hours of Recreation programming weekly in accordance with the known needs and interests of inmates on the unit. No more than

two hours of weekly programming may be offered as in-cell programming. Programming might entail providing recreational opportunities on the housing unit and providing programming through closed-circuit televisions. Programming may include music therapy, therapeutic recreation, unit games, and individualized exercise programs.

- e. **Law Library.** Inmates have access to library services in accordance with the Program Statement **Legal Activities, Inmate**.
- f. **Token Economy.** Education and Recreation staff may participate in the SMHU Token Economy at the discretion and request of the Token Economy Program Coordinator.

15. **DISCIPLINARY HEARING OFFICER (DHO) RESPONSIBILITIES TO INMATES IN SECURE MENTAL HEALTH UNITS**

- a. **Processing Incident Reports.** Inmate discipline will be handled in accordance with the Program Statements **Inmate Discipline Program, Forensic & Other Mental Health Evaluations** and **Treatment and Care of Inmates with Mental Illness**.
- b. **Sanctions.** After receiving the Mental Health Evaluation to determine the inmate's responsibility and competence for the disciplinary hearing, the DHO will review and consider the recommendations from the Psychologist when imposing sanctions.

16. **EXECUTIVE STAFF AND OTHER DEPARTMENT HEAD RESPONSIBILITIES TO INMATES IN SECURE MENTAL HEALTH UNITS**

- a. **Rounds.** Institution Executive Staff will make weekly rounds, at a minimum, to address needs and interests of inmates in SMHUs. All Department Heads or their designees also make weekly rounds to assess ways in which their department might support the SMHU. Rounds will be documented.
- b. **Secure CCARE Team Meetings.** Institution Executive Staff are encouraged to attend Secure CCARE Team meetings.
- c. **Monthly Security Review Meetings.** Institution Executive Staff or designee are required to attend the Monthly Security Review Meeting.
- d. **Token Economy.** Executive Staff participate in the SMHU Token Economy at their own discretion or at the Token Economy Program Coordinator's request.

17. **STAFF TRAINING**

- a. **Activation Training.** All staff who work at institutions with SMHUs are required to complete eight hours of initial training prior to or immediately after SMHU activation. Any institution with an SMHU that has not yet completed this initial training must offer

this activation training within one year of the issuance of this Program Statement. This training will be offered once per year thereafter in order to train any and all new and transferred staff. This training should include specific duties required for work in an SMHU to include suicide prevention, psychopathology, de-escalation techniques, and/or correctional communication skills for inmates with SMIs. De-escalation training will address safe and secure management of misconduct, including violence, for inmates with SMI.

- b. **Training for Mental Health Providers.** PSB will offer training to institution Psychology Services staff during the activation of an SMHU. PSB will offer trainings about treating and managing inmates with an SMI on at least a yearly basis for institution Psychologists. PSB and institution administrators will support mental health clinicians in attending trainings, within budget constraints.
- c. **Training for Health Services.** Health Services Department staff who work at an institution with an SMHU will be invited to attend Psychology Services training webinars about treating and managing inmates with an SMI. Central Office, Health Services Division, will provide at least annual training to psychiatric providers about emergency, involuntary, and voluntary administration of psychiatric medication to include training on *Sell v. United States* and *Washington v. Harper* decisions and implications. Institution Health Services Administrators will support training for healthcare providers, within budget constraints.
- d. **Training for Correctional Services.** Prior to the start of each quarter, Psychology Services Departments will collaborate with Correctional Services, Health Services, and unit team to provide at least four hours of training for all Correctional Officers and Lieutenants assigned to the SMHU. Training may include suicide prevention, psychopathology, strategies for managing particular inmates, problem-solving procedural difficulties, hunger strikes, involuntary feeding, and involuntary medication administration techniques, or correctional communication skills. Training will be documented in the staff member's training record.
- e. **Training for Unit Team.** Unit team assigned to the SMHU, or unit team staff whose duties include the SMHU, will participate in the quarterly training with Correctional Services. Unit team staff are encouraged to be involved in presenting information during quarterly training. Training will be documented in the staff member's training record.

18. PSYCHOLOGY SERVICES BRANCH RESPONSIBILITIES

- a. **Secure PTP/PTU and MRC Admissions.** For Secure PTPs/PTUs, PSB will consult with the Chief Psychologist and/or the Program Coordinator about the inmate prior to determining appropriateness for admission. PSB has the authority to determine whether inmates meet admission criteria for Secure PTPs/PTUs. After PSB has determined an inmate is appropriate for admission, PSB will request DSCC designate the inmate to the proper institution after the DSCC's review, consistent with the Program Statement

Inmate Security Designation and Custody Classification. PSB will consult with OMDT about Emergency Psychiatric Transfers to MRCs for inmates with a SENTRY care level assignment of CARE4-MH.

- b. **Oversight and Consultation.** PSB offers supportive oversight and guidance about activation and management of SMHUs and SMHU policy implementation. PSB also offers consultation for Psychologists on an as-needed basis in the treatment of inmates and, particular to this Program Statement, inmates housed in the SMHU.
- c. **Training.** PSB will offer at least one annual web-based training about treating inmates with an SMI for mental health clinicians. As feasible, PSB will offer additional in-person training on this and other related topics. PSB is responsible for providing training resources that institution psychologists can use to conduct quarterly trainings.

REFERENCES

494 U.S. 210 (1990), *Washington v. Harper*
539 U.S. 166 (2003), *Sell v. United States*

Program Statements

P1060.11 CN-1 Rated Capacities for Bureau Facilities (10/30/2017)
P1221.66 CN-1 Directives Management Manual (7/21/1998)
P1315.07 Legal Activities, Inmate (11/05/1999)
P1600.11 National Occupational Safety and Health Policy (6/1/2017)
P1600.12 National Environmental Protection Policy (6/1/2017)
P1600.13 CN-1 National Fire Protection Policy (11/9/2017)
P4200.12 Facilities Operations Manual (7/18/2017)
P4500.12 Trust Fund/Deposit Fund Manual (3/14/2018)
P4700.06 CN-1 Food Service Manual (6/8/2022)
P5070.12 Forensic & Other Mental Health Evaluations (4/16/2008)
P5100.08 CN-1 Inmate Security Designation and Custody Classification (9/4/2019)
P5200.07 CN-1 Female Offender Manual (7/8/2022)
P5220.01 First Step Act Program Incentives (7/14/2021)
P5200.06 Management of Inmates with Disabilities (11/22/2019)
P5267.09 Visiting Regulations (12/10/2015)
P5270.09 CN-1 Inmate Discipline Program (11/18/2020)
P5310.16 Treatment and Care of Inmates with Mental Illness (5/1/2014)
P5310.17 Psychology Services Manual (8/25/2016)
P5322.13 Inmate Classification and Program Review (5/16/2014)
P5324.08 Suicide Prevention Program (4/5/2007)
P5330.11 CN-1 Psychology Treatment Programs (4/25/2016)
P5360.10 Religious Beliefs and Practices (10/24/2022)
P5500.14 CN-1 Correctional Services Procedures Manual (8/1/2016)
P6010.03 Psychiatric Evaluation and Treatment (8/12/2011)
P6031.04 Patient Care (6/3/2014)
P6340.04 Psychiatric Services (1/15/2005)

ACA Standards

Performance-Based Standards and Expected Practices for Adult Correctional Institutions, 5th Edition:

5-ACI-5C-16, 5-ACI-2C-11, 5-ACI-2C-12, 5-ACI-2C-13, 5-ACI-2F-03, 5-ACI-5E-02, 5-ACI-5E-03, 5-ACI-7B-10, 5-ACI-3C-01, 5-ACI-3C-02, 5-ACI-3C-03, 5-ACI-3C-04, 5-ACI-3C-05, 5-ACI-3C-06, 5-ACI-3C-08, 5-ACI-3C-09, 5-ACI-3C-10, 5-ACI-3C-11, 5-ACI-3C-12, 5-ACI-3C-13, 5-ACI-3C-14, 5-ACI-3C-15, 5-ACI-3C-16, 5-ACI-3C-17, 5-ACI-3C-18, 5-ACI-3C-19, 5-ACI-3C-20, 5-ACI-3C-21, 5-ACI-3C-22, 5-ACI-3C-23, 5-ACI-4A-09, 5-ACI-6C-06, 5-ACI-5B-11, 5-ACI-6A-28, 5-ACI-6A-31, 5-ACI-6A-32, 5-ACI-6A-33, 5-ACI-6A-34, 5-ACI-6A-35, 5-ACI-6C-06, 5-ACI-5E-02, 5-ACI-5E-03, 5-ACI-5B-01, 5-ACI-5B-02, 5-ACI-5B-03, 5-ACI-5B-05, 5-ACI-5B-06, 5-ACI-5B-07, 5-ACI-5B-08, 5-ACI-5B-09, 5-ACI-6A-37, 5-ACI-6C-04, 5-ACI-6C-06, 5-ACI-6C-08, 5-ACI-6C-12, 5-ACI-6A-07, 5-ACI-6A-21, 5-ACI-6A-41, 5-ACI-6A-42, 5-ACI-6A-04, 5-ACI-6C-13

Performance-Based Standards for Adult Local Detention Facilities, 4th Edition:

4-ALDF-4A-18, 4-ALDF-2A-34, 4-ALDF-6B-02, 4-ALDF-6B-04, 4-ALDF-6B-05, 4-ALDF-6B-06, 4-ALDF-6B-07, 4-ALDF-6B-08, 4-ALDF-2A-47, 4-ALDF-2A-50, 4-ALDF-3A-01, 4-ALDF-3A-02, 4-ALDF-4C-40, 4-ALDF-6C-01, 4-ALDF-6C-02, 4-ALDF-6C-03, 4-ALDF-6C-04, 4-ALDF-6C-05, 4-ALDF-6C-06, 4-ALDF-6C-07, 4-ALDF-6C-08, 4-ALDF-6C-09, 4-ALDF-6C-10, 4-ALDF-6C-11, 4-ALDF-6C-12, 4-ALDF-6C-13, 4-ALDF-6C-14, 4-ALDF-6C-15, 4-ALDF-6C-16, 4-ALDF-6C-17, 4-ALDF-6C-18, 4-ALDF-2A-32, 4-ALDF-4C-08, 4-ALDF-4C-19, 4-ALDF-4C-27, 4-ALDF-4C-28, 4-ALDF-4C-29, 4-ALDF-4C-30, 4-ALDF-4C-31, 4-ALDF-4C-32, 4-ALDF-4C-34, 4-ALDF-4C-35, 4-ALDF-4C-37, 4-ALDF-4C-40, 4-ALDF-2A-30, 4-ALDF-2A-31, 4-ALDF-4C-31, 4-ALDF-4C-40, 4-ALDF-4D-01, 4-ALDF-4D-15, 4-ALDF-4D-17, 4-ALDF-4D-20

Records Retention

Requirements and retention guidance for records and information applicable to this program are available in the Records and Information Disposition Schedule (RIDS) system on Sallyport.