


**U.S. DEPARTMENT OF JUSTICE
Federal Bureau of Prisons**



**PROGRAM STATEMENT
Secure Mental Health Units**

Approved by	 William K. Marshall III Director, Federal Bureau of Prisons
DPI	RSD
Number	5335.02
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Summary of Changes

Program Statement Rescinded:

- 5335.01 Secure Mental Health Units (1/23/2023)

Changes:

- Provides examples of Secure Psychology Treatment Programs (PTP) and Psychology Treatment Units (PTUs).
- Adds psychology trainees, social workers, and Qualified Mental Health Professionals (QMPH) to the list of mental health providers.
- Changes the term psychiatric medication prescriber to psychiatric provider and updates definition.
- Changes definition of inmate to exclude pretrial forensic study inmates.
- Changes monitoring patient adherence with medication to a shared responsibility between psychiatric and mental health providers.
- Changes the term Secure Care Coordination and Reentry (CCARE) Team to Secure Treatment Team.
- Reduces cable and satellite television requirements to providing when feasible.
- Psychiatrists gain Secure Mental Health Unit (SMHU) admission authority.
- Requires institutions consult with RSD or HSD in cases of disagreement on transitions to and from SMHUs with the Warden having final decision-making authority.
- Specifies SMHU transition documentation is not needed when inmates move units in an SMHU if they do not change treatment providers.
- Removes Verified Protective Custody and Central Inmate Monitoring Assignment requirements.
- Includes Chief Psychiatrist as a Secure Treatment Team leader.

- Changes notification requirements regarding placement in Secure PTUs and Secure PTPs.
- Provides guidance regarding durable medical equipment.
- Updates definition of emergency psychiatric medicine.
- Reduces and specifies out-of-cell programming requirements for mental health providers to twice a week in Secure PTUs and at least four days a week in Secure PTPs.
- Removes Institution Disciplinary Process Report requirements for SMHU inmates.
- Removes the role of Nutrition from Health Services responsibilities to inmates.
- Changes the requirement of attendance to the Secure Treatment Team meetings for Correctional Counselors and Correctional Services staff assigned to the SMHU to attending as feasible.
- Removes emergency equipment requirement.
- Adds specifications regarding restriction of water when clinically indicated.
- Chaplaincy Services and Education will provide five hours of programming to the unit but not every person.
- Reduces requirements for initial activation training from eight hours to four hours and removes the specified hours for Correctional Services training.
- Changes the quarterly Correctional Services training to a semi-annual requirement.
- Adds information about Secure Administrative Unit (SAU) hearings.
- Specifies a minimum of 15 hours out-of-cell time be offered to inmates in an SMHU.
- Updates responsibility for Quality Improvement studies to the Psychology Services Branch (PSB).
- Creates BP-A1185, Notice of Referral to the Secure Administrative Unit and BP-A1186, Secure Administrative Unit Referral Report forms.

1. PURPOSE AND SCOPE

It is the responsibility of the Bureau of Prisons (Bureau) 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 an 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 an SMHU must meet these minimum requirements. This policy applies to SMHUs at Medical Referral Centers (MRCs), Secure PTPs,

and Secure PTUs. No other secure mental health units are authorized without a policy waiver approved by the RSD. 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.**

- Provide safe and secure restrictive settings for inmates with SMIs.
- Establish minimum programming and staffing requirements in SMHUs with the goal of supporting inmate mental health and their return to less restrictive settings.

b. **Institution Supplement.** None required.

2. DEFINITIONS

Inmate. An inmate is any person residing in the custody of the Bureau. This includes individuals who are sentenced, state boarders, military and civilly committed persons. Inmates housed at medical centers are commonly referred to as patients. For the purpose of this program statement, pretrial forensic study inmates are not included in this definition.

Secure Mental Health Unit (SMHU). Any housing unit, to include those at 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. Typically, by design of the unit, inmates are not 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 an SMHU. Examples of Secure PTP units include Secure STAGES, Secure Mental Health Step-Down Program, and Secure Skills.

- All of the Secure PTPs are voluntary, and all participants must consent to engage in a residential treatment program with the exception of inmates who are committed via court order for treatment. The Secure STAGES program targets inmates who engage in chronic self-directed violence. The Secure Mental Health Step-Down Program is for inmates who have an SMI diagnosis. The Secure Skills Program is a program for inmates who have intellectual deficits or social adjustment concerns.

- **Secure Psychology Treatment Unit (Secure PTU).** Secure PTUs are residential treatment units where intensive treatment services are offered but not required. Inmates 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 an SMHU. Example of Secure PTUs include the Secure Administrative Unit and secure units at MRCs.

- Secure PTUs in MRCs are units that house inmates who require inpatient psychiatric treatment in a secure setting for their safety or the safety of staff. Secure PTUs include units where inmates are secured in cells for the majority of the day and do not have access to departments who do not routinely work on the unit.
- The Secure Administrative Unit (SAU) is a Secure Mental Health Unit designed to house inmates who have an SMI or history of SMI diagnosis and require a secure setting due to significant security concerns and/or are awaiting placement in a secure Psychology Treatment Program.

Mental illness. For the purposes of this program statement, mental illness is defined as 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 (Diagnostic and Statistical Manual of Mental Disorders, 5th Edition, Text Revision). 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). Serious mental illness is defined as a mental illness other than a substance use disorder that results in serious functional impairment substantially limiting or interfering with major life activities (Diagnostic and Statistical Manual of Mental Disorders, 5th Edition, Text Revision). For the purposes of this program statement, please refer to the considerations outlined in the Program Statement **Treatment and Care of Inmates With Mental Illness**: Classification of an inmate as having an SMI requires consideration of diagnosis(es), the severity and duration of symptoms, the degree of functional impairment associated with the illness, treatment history, and current treatment needs.

Gravely disabled. Consistent with 28 CFR § 549.46(b)(1)(ii)(C), a grave disability is an extreme deterioration in personal functioning due to a mental illness or disorder.

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 to provide the inmate with opportunities to demonstrate readiness for less restrictive environments. Any correctional worker/department can implement a therapeutic release once approved by the treatment team; it does not need to be a psychologist.

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. Their 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, psychology trainees, QMHPs, social workers, and treatment specialists. All psychology trainees will be supervised by a licensed psychologist. For the purposes of this program statement, please refer to the responsibilities and positions outlined in the Program Statement **Treatment and Care of Inmates With Mental Illness** for position specific duties.

Psychiatric provider. A healthcare provider specifically trained in the chronic management of mental health conditions who additionally has prescriptive authority. This includes psychiatrists, psychiatric nurse practitioners, and psychiatric physician's assistants. In cases where a psychiatric provider is not available, primary care providers can be utilized. Primary care providers are health care providers who are credentialed and privileged or acting under the authority of a Clinical Practice Agreement (CPA), to prescribe psychiatric medication.

Secure Treatment Team. All SMHUs are administratively managed by an interdisciplinary Secure Treatment Team. Treatment team participants are similar to those involved in Care Coordination and Reentry (CCARE) Teams 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 will 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 the Psychology Services Branch (PSB), Reentry Services Division, Central Office, and an attorney from the Office of General Counsel (OGC), or their designees.

3. PHYSICAL SPACE REQUIREMENTS

a. Unit Requirements.

Prior to activation of an SMHU, all requests must be submitted to the Capacity Planning Committee (CPC) for approval. If the activation requires a change of existing building structure, institutions must submit all required documentation in accordance with the Program Statement **Facilities Operations Manual**.

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 and/or a small group space for inmates to participate in a therapeutic group;
- a suitable examination room dedicated to routine healthcare in accordance with Program Statement **Patient Care**;
- indoor recreation space including cardiovascular and recreational equipment;
- outdoor recreation space with access to natural elements;
- a television connected to cable or satellite television service in the indoor group room(s) and unit common areas when feasible;
- clocks and calendars throughout the unit such that each inmate can see the correct date and time during their day; and
- paintings and/or murals on the walls promoting mental health recovery approved by the Secure Treatment Team and are completed by inmates.

The indoor recreation space can be the same room as the group room.

When a suicide watch cell is located in an SMHU, the parameters in this policy apply. These inmates must be seen according to Program Statement **Suicide Prevention Program**.

b. **Cell Requirements.** Each cell in each SMHU will be equipped with a secured television. Each television will receive cable or satellite service when feasible, and each television will be connected to a closed-circuit television channel for in-cell programming. If the television is removed, the Secure Treatment Team will determine for how long and what is required from the inmate for the television to be reissued. If an inmate is in an SMHU but is not restricted to their cell, they are not required to have a television in their cell.

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 these guidelines 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 imminent safety reasons and inform the mental health provider as soon as possible.

The minimum property ordinarily issued to SMHU inmates includes institution-issued uniforms distinct from general population and Special Housing Unit (SHU) uniforms, one institution-issued mattress, linens as appropriate, and institution-issued hygiene items to include at least one 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. Psychology Services can provide Playaways and headphones as deemed appropriate by the Secure Treatment Team. 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. SMHU inmates will be issued flexible pens or short pencils, at minimum, and lined paper, as requested.

The Secure Treatment Team will determine which inmates and medications are permitted to be retained amongst an inmates' personal property based on each inmate's treatment needs, safety risks, and goals. These medications should be periodically monitored (e.g., spot checks and pill counts performed) to assess for abuse, diversion, or non-adherence with treatment. Prescribed medications not permitted to be carried by inmates admitted to SMHUs will be returned to Pharmacy. Over the counter medication inmates have previously purchased from commissary that they are not permitted to retain will be removed and logged into the inmates' property as required by Program Statement **Inmate Personal Property**.

Durable medical equipment issued to the inmate, as recorded on the Medical Duty Status form, should remain with the inmate unless a safety risk precludes its use in the SMHU. Should such a risk be identified, the Secure Treatment Team should notify Health Services immediately to identify alternative treatments or interventions.

In the event an inmate abuses or misuses property, the Secure Treatment Team will make decisions about removing property from an SMHU inmate's cell. The Secure Treatment 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 Treatment 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 Correctional Officers in order to appropriately 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. Ordinarily, under the direction of the Captain, a Lieutenant is responsible for the correctional supervision of SMHUs.

b. **Health Services.** Ordinarily, the Clinical Director or Chief National Telepsychiatry Coordinator assigns psychiatric providers to SMHUs. Each SMHU will have access to a psychiatric provider.

c. **Psychology Services.**

MRCs. RSD will ordinarily determine the appropriate staff-to-inmate ratio for MRCs.

Secure PTP/PTU. Upon the activation of each Secure PTP or Secure PTU, RSD determines the appropriate staff-to-inmate ratio. Specialty Program Coordinators do not carry caseloads, except temporarily in the case of vacant positions. RSD will ordinarily determine the appropriate staff-to-inmate ratio for Secure PTP/PTUs.

d. **Unit Management.** Each SMHU will have at least one Correctional Counselor, one Case Manager, and one Unit Manager assigned. These Unit Management staff members may provide coverage across units as caseload size permits.

After consultation with the region and PSB, the Warden may submit a request for a moratorium and temporary reduction in program capacity to the CPC when circumstances are deemed appropriate.

5. SECURE MENTAL HEALTH UNIT ADMISSION AND DISCHARGE PROCEDURES

SMHU Psychology Services staff enter applicable Bureau inmate management system codes to track program participation. Reference the PSB page of the Bureau's intranet site for guidance regarding current program codes.

a. **Authority for Admission to an SMHU.**

Secure PTPs/Secure PTUs. The PSB, in collaboration with the Specialty Program Coordinator, determines designation/admission. In cases where a Specialty Program Coordinator and PSB disagree about a Secure PTP admission, the Assistant Director, RSD will have final decision-making authority.

MRCs. Once an inmate with an SMI arrives at an MRC, they will be evaluated for placement in an appropriate housing unit within the MRC by a psychologist or psychiatrist. 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 between psychology and psychiatry, the institution will consult with the RSD who will also consult with the HSD. Recommendations will be made to the Warden. The Warden will have the final decision-making authority.

b. **Criteria for Admission to an SMHU.**

Secure PTPs/Secure 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 an activation memo published by RSD and Correctional Programs Division (CPD). Changes to the Institution Supplements or updated program handbooks need approval from PSB.

MRCs. 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 themselves (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; or,
- The inmate has been designated to an SMHU by the DSCC or Office of Medical Designations and Transfers (OMDT) through consultation with PSB.

If an inmate is accused of violating an institutional rule in the 100- or 200-series and is pending a disciplinary hearing or the inmate has been sanctioned to Disciplinary Segregation (DS), a psychologist or psychiatrist will determine if placement in the SMHU is appropriate.

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

SMHUs do not house inmates whose current medical condition(s) cannot be managed in the proposed SMHU. Medical conditions that preclude admission to the SMHU are determined by the Clinical Director or designee. If an inmate cannot be housed in an SMHU given medical conditions, the services needed to meet their mental health needs will adhere to requirements outlined in this program statement except as their medical condition prohibits.

If an inmate is pregnant or up to 12 weeks postpartum (i.e., live birth, miscarriage, or pregnancy termination) and 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.

Ordinarily, inmates with an SMI who are new to an MRC will not be immediately placed in the SMHU 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, or Chief Psychiatrist or designee.

d. **Admission Procedures for SMHUs.** Prior to admission to a Secure Administrative Unit (SAU), inmates must be provided the opportunity to engage in an SAU hearing with a hearing officer who will be a PSB psychologist. Forms utilized in this process include the BP-A1185, Notice of Referral to the Secure Administrative Unit and BP-A1186, Secure Administrative Unit Referral Report. Current SAU hearing procedures are located on the PSB page of the Bureau's intranet site.

Upon admission to any SMHU, either at an MRC or a Secure PTP/PTU, a psychologist will generate an SMHU 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 Treatment 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 Psychology Treatment Program.

Only psychologists and psychiatrists may discharge inmates from SMHUs at MRCs and Secure PTUs. In cases of disagreement between psychology and psychiatry, the institution will consult with RSD who will also consult with HSD. Recommendations will be made to the Warden. The Warden will have final decision-making authority.

Secure PTPs. Given the voluntary nature of admission, inmates may leave Secure PTPs for a

variety of reasons.

- **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 Treatment Team determines when 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 makes a formal request to withdraw, and it is documented;
 - Psychologists/treatment specialists/psychology trainees in the Secure PTP document 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 is documented in the Electronic Health Record (EHR);
 - The Specialty Program Coordinator discusses placement options with PSB and local staff will then initiate transition; and
 - A Treatment Summary is finalized in the EHR prior to transfer, and ordinarily completed by the inmate's Secure PTP primary provider.
- **Program Incompletion.** Secure PTP participants may be moved to incomplete status for various reasons. Examples include an unforeseen designation or removal from the institution for a federal writ or medical treatment. The Specialty Program Coordinator will consult with PSB about whether 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 them, the inmate may be better served in a different setting. Inmates who have refused to participate in treatment or negatively impact the treatment milieu in the Secure PTP must receive at least three psychological interventions intended to increase motivation for treatment. These three interventions are documented in the EHR. Ordinarily, the third intervention will be provided by the Specialty Program Coordinator.

There may be some behaviors 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 Specialty Program Coordinator consults with the Chief Psychologist, Captain, Warden, Consolidated Legal Center (CLC) responsible for the institution, the Regional

Psychology Administrator (RPA), 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 Specialty Program Coordinator, will make any immediate decisions with regard to the inmate's placement until the Difficult to Place Committee makes their final decision.

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. For those inmates participating in a Secure PTP, a Treatment Summary is prepared, whereas inmates residing in a Secure PTU require an SMHU Discharge Note. The following is a list of requirements for SMHU Discharge Notes/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. There is no need for a Treatment Summary when there is not a change in provider (i.e., when moved from secure to a less secure setting but the same provider is seeing them).

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 their release date, the mental health provider primarily responsible for the inmate's care will collaborate with institution or regional social workers, Unit Management 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 and document it in the EHR. 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.

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 Services (SIS), SMHU Lieutenant, Unit Manager, Specialty Program Coordinator, Chief Psychologist, psychiatric provider(s), other medical providers, and/or any of their designees. This meeting can also address any other issues or concerns anyone may have at that time. MRCs review escort procedures during daily meetings.

b. **Secure Treatment Team.** All SMHUs are administratively managed by an interdisciplinary Secure Treatment Team. These teams meet briefly each weekday in MRCs and at least weekly in PTPs/PTUs. Every effort should be made for representatives including the Specialty Treatment Coordinator, treatment providers, Captain or designee, Health Service providers, Correctional Services staff assigned to the unit, Unit Management staff, and Education/Recreation staff to be present. However, staffing and institution needs can be taken into consideration for daily attendance at a MRC. If any Correctional Services staff assigned to the SMHU cannot attend, they may send comments to the Specialty Program Coordinator or Chief Psychologist to be included in the meeting.

In MRCs these teams are led by the Chief Psychologist, Chief Psychiatrist, or designee. In Secure PTPs/PTUs, the Specialty 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. Psychiatric providers retain final decision-making authority regarding psychotropic medication. The Captain retains final decision-making authority regarding security measures. If there is a disagreement between psychology, psychiatry, and/or a Captain, the Warden has the final decision-making authority.

c. **Secure Treatment Team Responsibilities.** Secure Treatment Teams are similar to CCARE Teams but meet as indicated above. Each Secure Treatment Team meeting is documented to include the date and time of the meeting, who was in attendance, which inmates were discussed, and which topics were discussed. However, treatment team notes do not need to be entered into the EHR daily for the Secure Treatment Team at MRCs or weekly in PTPs. Secure Treatment Teams discuss and ensure the following during each meeting:

- **Security Procedures.** The Secure Treatment Team considers:
 - The least restrictive means of escorting SMHU inmates (e.g., whether an inmate requires the use of restraints for escort); The use of restraints on pregnant and postpartum individuals is prohibited except in rare instances. The restrictions outlined in the Program Statement **Female Offender Manual** will be followed in these cases.
 - Out-of-cell programming participation (i.e., whether the inmate requires the use of a therapeutic enclosure); and
 - The structure of socialization opportunities (e.g., how many other people can the inmate tolerate, is the inmate safe around certain staff, certain inmates, or staff only).
- **Recreation Time.** At a minimum, SMHU inmates are offered six hours of weekly recreation time. The Secure Treatment Team may authorize additional outdoor or indoor

recreation time beyond the weekly minimum if staffing permits.

- **Therapeutic Release (TR).** The Secure Treatment Team may authorize TR and determine the TR plan.
- **Emergency Psychiatric Medicine.** If the Secure Treatment Team determines an inmate is too dangerous and mentally ill to be escorted out of a cell, the psychiatric provider will evaluate the need for emergency psychiatric medication or pursuing involuntary psychiatric medication pursuant to the Program Statements **Psychiatric Evaluation and Treatment, Patient Care, and Psychiatric Services**. 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 could be an indicator for grave disability and an evaluation to consider emergency psychiatric medication should be completed. A medical provider will document the least restrictive method for controlling the situation, including the determination to order emergency psychiatric medications if clinically indicated in the above cases. In no way should emergency medications be used to negate the need to potentially pursue commitment under 18 U.S.C. § 4245. Any use of force under this provision must comply with procedures in the Program Statement **Use of Force, Application of Restraints, and Firearms**.
- **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 Treatment Team meeting can also function as a CCARE team meeting in accordance with the Program Statement **Treatment and Care of Inmates With Mental Illness**.
- **Scheduling.** The Secure Treatment Team will create and ensure adherence to a weekly schedule of events (e.g., 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 Treatment Team will distribute this calendar to inmates and post it on the unit in a highly visible location.
- **Tracking.** The Secure Treatment Team is responsible for tracking how long each inmate has been housed in the SMHU. Except for Secure PTPs, ordinarily, inmates placed in a Secure PTU will not remain there longer than 90 days. If the Secure Treatment Team determines an inmate requires more than 90 days in a Secure PTU, the team will consult with the PSB and the Chief Psychiatrist, Health Services Division, to determine any appropriate changes to treatment. In Secure PTPs, this consultation occurs if the person has exceeded 18 months and is still in an SMHU. This consultation will be documented by either a psychologist or a psychiatric provider in the EHR.

d. **Quality Improvement (QI).** The PSB 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 adherence, 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 AD of Reentry Services division within one month of the end of each quarter. Findings will be routed to the Regional Director and Warden for consideration.

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 developed or revised upon SMHU admission.

b. **Out-of-Cell Programming.** Mental health providers will offer out of cell time for programming at least twice a week in Secure PTUs and at least four days a week in Secure PTPs in either group or individual therapy formats. Inmates on suicide watch will also be invited to participate, unless precluded by specific safety concerns which will be documented in the EHR. 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. Out-of-Cell programming is documented in the EHR.

c. **In-Cell Programming.** At least once each weekday 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. 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 the EHR as an Adjunctive Service – Self Help Group.

d. **Unit Calendar.** The Specialty 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. The calendar will also include programming offered from Psychology Services, Chaplaincy Services, Education, and Recreation. Requirements and retention guidance for records and information applicable to this program are available in the Records and Information Disposition Schedule (RIDS) on the Bureau's intranet site.

e. **Treatment Plan Updates.** Psychologists/treatment specialists/psychology trainees 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. **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 their safety. The contact is reinitiated once additional security is in place or when the inmate has regained control of their behavior. Exceptions should not be made due to logistical issues concerning moving the inmate out of their cell or difficulty locating a private space.

g. **Treatment Contacts.** If the inmate refuses to leave their 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 the EHR in accordance with the Program Statement **Treatment and Care of Inmates With Mental Illness** regarding frequency and type of care provided per their assigned mental health care level. If an inmate refuses to attend group therapy, this is documented in the EHR Group Session information for that day.

h. **Token Economy.** The Chief Psychologist assigns a staff member 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 Specialty Program Coordinator. These incentives are described in the Program Statements **Treatment and Care of Inmates With Mental Illness** and **First Step Act Program Incentives.**

i. **Common Area Televisions.** Ordinarily, Unit Management provides unit televisions for inmate use. In some cases, Psychology Services will provide unit televisions for use during out-of-cell activities as an incentivized activity.

j. **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.

k. **Chief Psychologist Rounds.** The Chief Psychologist or designee will make at least weekly rounds in the SMHU. Rounds will be documented.

1. **Calculated Use of Force.** Mental health/psychiatric 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 credentialed health care professional (e.g., Advanced Practice Provider, nurse, paramedic etc.) will conduct daily rounds to determine any urgent requests for care and arrange for timely evaluations as clinically indicated. Emergency medical care is always available either at the institution or provided by community resources. The Health Services Administrator or designee will at a minimum make weekly administrative rounds. Refer to the Program Statement **Patient Care** for information regarding medical care provided to inmates restricted from general population.

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 Statements **Management of Inmates With Disabilities** and **Patient Care**.

c. **Psychiatric Providers.** 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 psychiatric provider is a member of the Secure Treatment Team and attends each Secure Treatment Team meeting.
- If an SMHU inmate is not currently prescribed psychotropic medication but is referred for evaluation of need, the SMHU psychiatric provider 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 psychiatric provider meets with the SMHU inmate at least monthly to determine improvement in mental health, adjust psychotropic medications, and to aid the Secure Treatment 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.
- Health Services will arrange to administer medication at mealtime whenever feasible, as food is necessary to offset negative side effects of some medication. The Secure Treatment Team will coordinate with departments to ensure a supply of shelf-stable snacks is stored on the SMHU to be accessed by staff conducting pill line should facility operations necessitate pill line administration at a time that does not coincide with mealtime. When ordering medication that should be taken with food, either because of

the medication or the inmate's medical condition, the psychiatric provider should note the food requirement in the medication order instructions. These snacks can be purchased by Food Service, Health Services, or Psychology Services.

- The Secure Treatment Team will determine which inmates and medications are permitted to be retained amongst an inmates' personal property based on each inmate's treatment needs, safety risks, and goals.
- For those on pill line, psychotropic medications will be administered under direct observation to ensure adherence and provide adequate data for documentation.
- Psychiatric providers and mental health treatment providers are responsible for monitoring patient adherence with medication. Adherence intervention (reeducation, treatment plan modification, etc.) should be considered when inmates refuse or consistently miss their prescribed medication for three consecutive doses, 50% of doses within one week, or when an otherwise clinically significant pattern of missed doses is present. It will be determined locally who is responsible for notifying both the Chief Psychologist and psychiatric provider when there are adherence concerns. Medication adherence concerns should also be discussed in Secure Treatment Team.
- 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. When a staff member becomes aware of medications being diverted, they will inform the Health Services Administrator who will inform the provider.
- In cases where involuntary psychotropic medication may be warranted, the SMHU psychiatric provider participates in the due process hearing and otherwise acts in accordance with the Program Statement **Psychiatric Evaluation and Treatment**.
- In cases where the Secure Treatment Team, the SMHU psychiatric provider, or a psychologist refers an SMHU inmate for evaluation of emergency psychotropic medication needs, 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.

d. **Other Health Services Staffing.** Ordinarily each facility with an SMHU will be staffed with an adequate number of healthcare professionals, including a psychiatric provider. Those professionals will ensure mental health chronic care needs are facilitated, administer pill-line, and participate in the Secure Treatment Team in addition to other healthcare duties not directly related to the SMHU as assigned. As staffing is available, Health Services is encouraged to provide support services (e.g., chronic illness education groups, nutrition seminars, etc.).

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

a. **Rounds.** A Unit Management staff member will make daily rounds to address 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 inmate program review meetings in private settings on the SMHU and in accordance with the Program Statement **Unit Management and Inmate Program Review**.

c. **Correctional Counselors.** The Correctional Counselor assigned to the SMHU attends Secure Treatment Team meetings when feasible. The Correctional Counselor develops meaningful employment opportunities for SMHU inmates, hires SMHU inmates for these positions, oversees the work, and administers inmate pay. The Secure Treatment Team will discuss who is appropriate for employment opportunities. The Correctional Counselor, in collaboration with the Secure Treatment Team, coordinates approvals and Trust Fund activities to include assisting with commissary orders and using the BP329, Request- Authorization to Mail Inmate Package form in accordance with the Program Statement **Correspondence**.

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** and institutions will determine if contact or non-contact visits are appropriate. 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 with the assistance of a Trust Fund Specialist 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 of their cells.

g. **Legal Activities.** Inmates may perform legal activities in accordance with the Program Statement **Legal Activities, Inmate**. Unit Management staff will facilitate easy access to legal resources to include making use of a law library, sending legal mail, and accommodating legal calls.

h. **Token Economy.** Unit Management staff 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 an 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 Recidivism 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 Treatment Team Meetings.** The Captain or designee attends Secure Treatment Team meetings when feasible.

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 Treatment 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 a BP-A0292, Special Housing Unit Record form.

d. **Haircuts.** Correctional Services will coordinate with the relevant department at each institution such that inmates will have the opportunity to receive a haircut once per month at a minimum.

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, they must notify the Food Service Department about this concern immediately. Inmates in SMHUs may receive their meals in their cells or, depending on unit resources, inmates who participate in TR 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 a BP-A0292, Special Housing Unit Record form.

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 under the direct visual supervision of staff.

- g. **Recreation.** Staff assigned to Correctional Services posts offer SMHU inmates the opportunity for recreation 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 Treatment Team. Ordinarily, staff assigned to Correctional Services posts escort each inmate to and from recreation and document completed and refused recreation using a BP-A0292, Special Housing Unit Record form.
- h. **Socialization.** Each SMHU inmate will be offered the opportunity for socializing with peers as determined by the Secure Treatment Team in addition to the six hours of recreation. Correctional Services staff escort each inmate to and from areas for socialization. Correctional Services staff supervise these activities and make use of therapeutic enclosures for this activity as determined by the Secure Treatment 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 Treatment 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 Treatment Teams and by using current signage posted on inmate cell doors.

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

- a. **Meal Requirements.** 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.** At a minimum, the Food Service Administrator will make weekly rounds to assess and attend to any Food Service concerns for inmates in the SMHU. Rounds will be documented.

12. SAFETY, FACILITIES, AND TRUST FUND DEPARTMENT’S RESPONSIBILITIES TO INMATES IN SECURE MENTAL HEALTH UNITS

- a. **Rounds.** At a minimum, the Safety and Facility Managers or designees make 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 **National Occupational Safety and Health Policy**, **National Environmental Protection Policy**, **National Fire Protection Policy**, and any other policies 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. If water is restricted temporarily, the clinical rationale will be documented in the EHR.

e. **Waste Removal.** Inmates have access to a functional, flushing toilet. If temporarily restricted, the clinical rationale will be documented in the EHR.

f. **Outdoor Recreation Space.** If not already available, the Facility 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 Facility 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 Facility Manager will further ensure this room can function as an indoor multipurpose group room.

h. **Telecommunications.** Telephones must be physically available for use within the SMHU, including for use on the range for those who place calls from within the cells. For more information regarding telephone availability, refer to the Program Statement **Trust Fund/Deposit Fund Manual**.

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

a. **Rounds.** At a minimum, a Chaplain from Chaplaincy Services will make weekly rounds 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 to the unit in accordance with known needs and interests of the inmates. 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. To ensure inmates are provided access to programming, they should be rotated into the available programming hours. Programming opportunities must be made available in other forms if an inmate does not have access to television.

d. **Chaplaincy Services.** Chaplaincy 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.** At a minimum, the Education Supervisor and Recreation Supervisor, or their designees, will make weekly rounds to attend to the educational and recreational needs of SMHU inmates. Rounds will be documented.

b. **Materials.** The Education Supervisor or their designee, as well as the Recreation Supervisor or designee, will ensure SMHU inmates have access to education materials. This might entail sports equipment, cardiovascular equipment, movies, games, puzzles, hobbycraft, 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 Treatment Team Approval.** Education staff will seek approval from the Secure Treatment Team prior to introducing educational and 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 to the unit 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. To ensure inmates are provided access to programming, they should be rotated into the available programming hours. Programming opportunities must be made available in other forms if an inmate does not have access to television.

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. TOTAL OUT-OF-CELL PROGRAMMING HOURS

In summary, this program statement requires a minimum amount of out-of-cell time be offered weekly as follows:

- Six hours facilitated by Recreation weekly
- Two hours for PTUs and four hours for PTPs facilitated by Psychology Services weekly
- Three hours facilitated by Chaplaincy Services weekly
- Three hours facilitated by Education weekly
- Socialization will be offered depending on recommendation from the Secure Treatment Team
- Time for hygiene such as removing for showers three times a week, if applicable, and haircuts offered monthly
- Time for appointments in Health Services (medical and psychiatric)

Any inmate housed in an SMHU will be offered a minimum of 15 hours out of their cell per week.

16. 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.

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

a. **Rounds.** At a minimum, the institution Executive Staff will make weekly rounds 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 Treatment Team Meetings.** The institution Executive Staff is encouraged to attend Secure Treatment Team meetings.

c. **Monthly Security Review Meetings.** The Warden or designee is required to attend the Monthly Security Review Meeting.

d. **Token Economy.** The Executive Team participates in the SMHU Token Economy at their own discretion or at the Token Economy Program Coordinator's request.

18. STAFF TRAINING

a. **Activation Training.** All staff who work at institutions with SMHUs are required to complete four hours of initial training with Psychology Services 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 topics to build skills needed to 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. Documentation of this training will be maintained by Psychology Services.

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. Documentation of this training will be maintained by the PSB.

c. **Training for Health Services.** Psychology Services will invite the Health Services staff who work at an institution 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 professionals as continuing professional education (CPE) funding allows per Program Statement **Health Services Administration**. Documentation of these trainings will be maintained by the division responsible for conducting the training.

d. **Training for Correctional Services.** Semi-annually, Psychology Services Departments will collaborate with Correctional Services, Health Services, and Unit Management to provide training for all Correctional Officers and Lieutenants assigned to the SMHU. Training topics 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.

e. **Training for Unit Management.** Unit Management staff assigned to the SMHU, or Unit Management staff whose duties include the SMHU, will be offered semi-annual training with Correctional Services. Unit Management staff are encouraged to be involved in presenting information during semi-annual training.

19. 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 Specialty Program Coordinator as appropriate or when needed 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 level four mental health care assignment in the applicable Bureau inmate management system.

b. **Oversight and Consultation.** The PSB and RPAs offer supportive oversight and guidance about activation and management of SMHUs and SMHU policy implementation. PSB and RPAs also offer 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. **Continuing Education.** The PSB will offer at least one annual web-based training about treating inmates with an SMI for mental health clinicians. As feasible, the PSB will offer additional in-person training on this and other related topics. The PSB is responsible for providing training resources that institution psychologists can use to conduct semi-annual trainings.

REFERENCES

Program Statements

Directives Management Manual
Inmate Personal Property
Legal Activities, Inmate
National Environmental Protection Policy
National Occupational Safety and Health Policy
National Fire Protection Policy
Facilities Operations Manual
Trust Fund/Deposit Fund Manual
Food Service Manual
Forensic & Other Mental Health Evaluations
Inmate Security Designation and Custody Classification
Female Offender Manual
Health Services Administration
Management of Inmates With Disabilities
First Step Act Program Incentives
Correspondence
Visiting Regulations
Inmate Discipline Program
Treatment and Care of Inmates With Mental Illness
Unit Management and Inmate Program Review
Suicide Prevention Program
Psychology Treatment Programs
Religious Beliefs and Practices
Correctional Services Procedures Manual
Psychiatric Evaluation and Treatment
Patient Care
Psychiatric Services
Use of Force, Application of Restraints, and Firearms

Bureau Forms Prescribed by 5335

BP-A1185 Notice of Referral to the Secure Administrative Unit
BP-A1186 Secure Administrative Unit Referral Report

Other Bureau Forms

BP-A0292 Special Housing Unit Record
BP329 Request- Authorization to Mail Inmate Package

Federal Statutes

18 U.S.C. § 4245

Federal Regulations

28 C.F.R. § 549.46. Procedures for involuntary administration of psychiatric medication.

Case Law

Washington v. Harper, 494 U.S. 210 (1990)

Sell v. United States, 539 U.S. 166 (2003)

Reference Books

Diagnostic and Statistical Manual of Mental Disorders, 5th Edition, Text Revision

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-29 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. 5-ACI-6D-02

Performance-Based Standards and Expected Practices for Adult Local Detention Facilities (5th Edition): 5-ALDF-4A-18, 5-ALDF-2A-32, 5-ALDF-6B-02, 5-ALDF-6B-04, 5-ALDF-6B-05, 5-ALDF-6B-06, 5-ALDF-6B-07, 5-ALDF-6B-08, 5-ALDF-2E-04, 5-ALDF-2E-08, 5-ALDF-3A-01, 5-ALDF-3A-02, 5-ALDF-6C-01, 5-ALDF-6C-02, 5-ALDF-6C-03, 5-ALDF-6C-04, 5-ALDF-6C-05, 5-ALDF-6C-06, 5-ALDF-6C-07, 5-ALDF-6C-08, 5-ALDF-6C-09, 5-ALDF-6C-10, 5-ALDF-6C-11, 5-ALDF-6C-12, 5-ALDF-6C-13, 5-ALDF-6C-14, 5-ALDF-6C-15, 5-ALDF-6C-16, 5-ALDF-6C-17, 5-ALDF-6C-18, 5-ALDF-2A-30, 5-ALDF-4C-08M, 5-ALDF-4C-19M, 5-ALDF-4C-27M, 5-ALDF-4C-28M, 5-ALDF-4C-29M, 5-ALDF-4C-30, 5-ALDF-4C-31M, 5-ALDF-4C-33, 5-ALDF-4C-34, 5-ALDF-4C-36, 5-ALDF-4C-39, 5-ALDF-2A-28, 5-ALDF-2A-29, 5-ALDF-4D-01M, 5-ALDF-4D-15M, 5-ALDF-4D-17M, 5-ALDF-4D-20

Records Retention Requirements

Requirements and retention guidance for records and information applicable to this program are available in the Records and Information Disposition Schedule (RIDS) on the Bureau's intranet site.