



SOUTH DAKOTA  DEPARTMENT OF CORRECTIONS POLICY AND PROCEDURE		POLICY NUMBER 300-18	PAGE NUMBER 1 OF 12
		DISTRIBUTION: Public	
		SUBJECT: Special Management	
RELATED STANDARDS:	<b>ACA 5-ACI:</b> <b>3D-02, 4A-01(M), 4A-02, 4A-04, 4A-05, 4A-07, 4A-08, 4A-09, 4A-10, 4A-11, 4A-12, 4A-14, 4A-15, 4A-16, 4A-17, 4A-19, 4A-20, 4A-21, 4A-22, 4A-23, 4A-24, 4A-25, 4A-26, 4A-27, 5A-04, 6A-03, 6A-37, 6A-38, 6A-39</b> <b>PREA: 115.42</b>	EFFECTIVE DATE: November 15, 2025	
		SUPERSESSION: New Policy	
DESCRIPTION: Facilities – Security & Management	REVIEW MONTH: October	 <b>KELLIE WASKO</b> <b>SECRETARY OF CORRECTIONS</b>	

## I. POLICY

It is the policy of the South Dakota Department of Corrections (DOC) to provide adequate, alternate housing placement for offenders who are assessed as posing a risk to other offenders, employees, volunteers, and the public or those offenders who are assessed as being at risk for serious harm if placed in a general population setting. These units are collectively referred to as special management.

## II. PURPOSE

The purpose of this policy is to establish criteria and guidelines for the consistent management of offenders assigned to *special management housing units* and to *govern their operation for the supervision of offenders under administrative status, protective custody, and disciplinary detention* [ACA 5-ACI-4A-04].

## III. DEFINITIONS

### Close Custody Management Unit (CCMU):

A close custody designation that provides an increased level of housing, supervision, and control to maintain the safety of the public, employees, volunteers, and offenders.

### Close Custody Transition Unit (CCTU):

A close custody designation that provides an increased level of security, supervision, and control to maintain the safety of the public, employees, volunteers, and offenders. Assignment to a Close Custody Transition Unit (CCTU) is primarily used as a progressive management assignment for offenders who are either progressing from a Close Custody Management Unit or for newly arrived offenders who score close custody on their initial intake classification and require an increased level of supervision and control.

### General Population (GP):

All housing areas that allow out-of-cell movement without the use of restraints, and regular access to activities and programming areas outside of the living unit.

### Individual Treatment Plan:

A clinical document used by behavioral health professionals to detail an offender's concerns and problem areas, along with progress on treatment objectives and goals.

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### **Multi-Disciplinary Review:**

A formal comprehensive offender case planning review and/or treatment planning review by the multi-disciplinary team.

### **Protective Custody (PC):**

Form of separation from the general population for offenders requesting or requiring protection from other offenders for reasons of health or safety.

### **Protective Custody Review Committee (PCRC):**

A team of staff responsible for reviewing all placements into protective custody. The team will consist of the PC housing captain and the offender's housing captain, and the PREA compliance coordinator when applicable. If coded P3-M, P3-O, or above, a behavioral health supervisor will be consulted.

### **Residential Treatment Program (RTP):**

A unit that is operated within SDDOC for offenders with a mental disorder, intellectual and developmental treatment needs, and/or significant functional impairment utilizing a planned incentive system that encourages and reinforces program progression and pro-social behavior while meeting their individualized treatment goals.

### **Serious Mental Illness (SMI):**

Substantial organic or psychiatric disorder of thought, mood, perception, orientation, or memory which significantly impairs judgment, behavior, or ability to cope with the basic demands of life. Intellectual disability, epilepsy, other developmental disability, alcohol or substance abuse, or brief periods of intoxication, or criminal behavior do not, alone, constitute severe mental illness (per SDCL § 27A-1-1).

### **Significant Functional Impairment:**

The demonstration of difficulty functioning in general population as evidenced by engaging in deliberate self-harming behaviors, such as cutting, self-mutilation, ingestion, or insertion of a foreign body, head banging, drug overdose, hanging, biting, or jumping from heights with intent to cause self-harm; demonstrating difficulty maintaining activities of daily living and/or a pervasive pattern of dysfunctional, bizarre, or disruptive social interaction as a consequence of an underlying mental health disorder.

### **Special Management Units:**

Units that separate identified offenders from the general population while providing them services and programs that are as close to general population as possible. These offenders are in their cells less than twenty-two (22) hours per day. The SD DOC identifies those in PC, RTP, CCMU, CCTU as special management offenders. An assignment to a special management unit is not a punitive measure.

### **Status:**

A housing and management assignment other than general population.

### **Therapeutic Programming:**

Programs which provide offenders with specialized skills for cognitive restructuring, problem solving, and positive social skills which are designed for high-risk offender populations.

## **IV. PROCEDURES**

### **1. Special Management:**

#### **A. General Conditions of Confinement:**

1. *Special management units provide living conditions that approximate those of the general offender population; all exceptions are clearly documented. Special management cells/rooms permit the offenders assigned to them to converse with and be observed by staff members [ACA 5-ACI-4A-02].*

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2. All *offenders in special management housing receive laundry, barbering, and hair care services, and are issued and exchange clothing, bedding, and linen on the same basis as offenders in the general population* [ACA 5-ACI-4A-17]. The schedule for these services is outlined in the unit plan.
3. *There is a sanctioning schedule for institutional rule violations. Continuous confinement for more than 30 days requires the review and approval of the warden/superintendent or designee. Offenders held in disciplinary status for periods exceeding 60 days are provided the same program services and privileges as offenders in administrative status and protective custody* [ACA 5-ACI-4A-09].
4. An offender's access to certain hygiene, clothing, and/or bedding items may be restricted by housing staff for safety and security reasons, i.e., the offender is destroying property or has harmed others utilizing certain items. *Exceptions are permitted only when found necessary* and must be approved *by the officer in charge (OIC) on duty; any exception is recorded in the unit log* (an on the *Exception to Restricted Property* form – attachment #8) *and justified in writing* [ACA 5-ACI-4A-17]. Any withholding of hygiene, bedding, or clothing must be reassessed every two (2) hours and provided to the offender when it is determined they are not a threat to others. If offenders do not have hygiene or bedding items within twelve (12) hours, the custody/control major or designee must be consulted.
5. All *offenders in administrative status or protective custody are allowed telephone privileges* [ACA 5-ACI-4A-25] and *offenders in disciplinary status are allowed limited telephone privileges unless phone restrictions have been invoked by the warden/superintendent or designee. Restrictions would not apply to calls related specifically to access to the attorney of record* [ACA 5-ACI-4A-26].
6. *All offenders in administrative status and protective custody have access to programs and services that include, but are not limited to, educational services, commissary services, library services, social services, counseling services, clinical services, religious guidance, and recreational programs* (outside their cell) [ACA 5-ACI-4A-27].
7. All offenders, except those prescribed a special medical diet or religious diet will be given the same meals provided to general population offenders.
8. All *offenders in special management housing, will have opportunities for visitation unless there are substantial reasons for withholding such privileges* [ACA 5-ACI-4A-21] (does not apply to attorney visits). Visitors must be on the offender's approved visit list.
9. All *offenders have access to legal counsel, including confidential contact with attorneys and their authorized representatives; such contact includes, but is not limited to, telephone communications, uncensored correspondence, and visits* [ACA 5-ACI-3D-02]. Attorney visits will not be counted against the number of allowable social visits granted to offenders. An offender's access to their attorney shall not be denied.
10. All *offenders in special management housing have access to* personal *legal materials* and legal reference materials [ACA 5-ACI-4A-22].
11. All *offenders in special management housing have access to reading materials* provided by the library on a regularly scheduled basis [ACA 5-ACI-4A-23]. Religious materials may be accessed/provided by the cultural activities coordinator (CAC). The amount of reading materials kept in an offender's cell/room may be limited for security and/or safety reasons.
12. All offenders will be escorted and restrained based on their status.
13. *Offenders in special management housing have the opportunity to shave and shower at least three (3) times per week* [ACA 5-ACI-4A-16]. Exceptions are permitted only when necessary and approved by the housing captain and will be documented.
14. *Offenders in special management housing are provided prescribed medication, clothing that is not degrading, and access to basic personal items for use in their cells unless there is imminent danger that an offender or any other offender will destroy an item or induce self-injury* [ACA 5-ACI-4A-15].
15. *Offenders in special management housing can write and receive letters on the same basis as offenders in general population* [ACA 5-ACI-4A-20].
16. Cell assignments will be consistent with an offender's PREA score and other assessment information (PREA 115.42).

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17. *Offenders in special management housing receive a minimum of one (1) hour of exercise per day outside their cells, five (5) days per week, unless security or safety considerations dictate otherwise [ACA 5-ACI-4A-24].* Out of cell time for showers is separate than out of cell time for recreation.
18. *Written policy, procedure, and practice provide that new offenders receive written orientation materials and/or translations in their own language. These materials may also be provided electronically, but offenders in special management housing and restrictive housing must be provided information in a written format so that their access to information is not impeded by their custody status. When a literacy problem exists, a staff member assists the offender in understanding the material. [ACA 5-ACI-5A-04].*

B. Special Management Operations:

1. *All offenders housed in Special Management units are personally observed by a correctional officer twice per hour, but no more than forty (40) minutes apart, on an irregular schedule. Offenders who are violent or mentally disordered or who demonstrate unusual or bizarre behavior receive more frequent observation; suicidal offenders are under continuing or continuous observation [ACA 5-ACI-4A-11].* Rounds are documented via the electronic rounds tracker and when any unusual activities or behaviors are identified the staff member will notify a supervisor immediately).
2. *All offenders in special management housing receive daily visits from the correctional officer in charge (OIC), daily visits from a qualified health care official (unless medical attention is needed more frequently), and visits from members of the program staff upon request [ACA 5-ACI-4A-12].* These visits will be documented in writing on the *Housing Sign In Log* (attachment in 300-19 – Restrictive Housing).
3. *Staff operating special management units will maintain a permanent record in the offender management system (OMS) [ACA 5-ACI-4A-14].* All staff entering the unit that are not assigned to the unit will complete the unit log; senior staff will log rounds using red ink.

C. Access to Clinical Services:

1. *When an offender is transferred to (special management housing) clinical services will be informed immediately and will provide a screening and review, as indicated by the protocols established by the health authority. Unless medical attention is needed more frequently, each offender in special management housing receives a daily visit from a qualified health care professional. The visit ensures that offenders have access to the health care system. The presence of a health care provider in special management housing is announced and recorded. The frequency of physician visits to special management housing is determined by the health authority [ACA 5-ACI-4A-01 (M)].* Nursing will complete an anatomical during a face-to-face encounter prior to placement or within thirty (30) minutes of placement, in special management housing, as established by the health authority. The visit ensures that offenders have access to the health care system.
2. *There is a process for all offenders to initiate requests for health services on a daily basis. These requests are triaged daily by qualified health care professionals or health trained personnel. A priority system is used to schedule clinical services. Clinical services are available to offenders in a clinical setting at least five (5) days a week and are performed by a health care practitioner or other qualified health care professional [ACA 5-ACI-6A-03].* Sick call request slips will be picked up daily by clinical services employees to ensure offenders have access to health care services. Appointments are scheduled based on triage.
3. A mental health professional personally interviews and conducts a face-to-face assessment utilizing clinical standards and procedures at admission to special management housing and as clinically indicated.
4. Counseling services, psychiatric services, individual behavioral health treatment, and twenty-four (24) hour a day emergency crisis intervention are also available.
5. Offenders with durable medical equipment, ADA accommodations, or medical restrictions will retain possession of the appliance, accommodation, and/or restriction in accordance with Americans with Disabilities Act. Offender requests (on the *Request for Reasonable Accommodation Form* – attachment in DOC policy 1500-01 Americans with Disabilities Act (ADA)) are reviewed and

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approved by the ADA facility coordinator in conjunction with clinical services staff when applicable.

## 2. Close Custody Management Unit (CCMU):

- A. *Offenders with serious mental illness or a severe developmental disability receive a mental health evaluation and, where appropriate, are referred for placement in non-correctional facilities or in units specifically designated for handling this type of individual [ACA 5-ACI-6A-37].*

\*Offenders may be placed in either phase 1 or 2.

1. If after the initial screening, an offender is found to have a serious mental illness or a severe developmental disability, a multi-disciplinary review meeting will occur within seventy-two (72) hours to discuss diversion options.
- B. Special Considerations for Close Custody Management Units -Special Management (CCMU):
1. Evaluations using a multi-disciplinary approach to determine the offender's compliance with program requirements.
  2. Gradually increasing out-of-cell time.
  3. Gradually increasing group interaction.
  4. Gradually increasing education and programming opportunities.
  5. Gradually increasing privileges.
- C. Movement into or out of CCMU will be completed utilizing the *Behavioral Health Review* form and *Close Custody Placement and Progression Form* (attachments #1 and #4).
1. Referrals to CCMU will be completed by a housing captain.
- D. Internal (progressive and regressive) movement within the CCMU designation will be reviewed by the facility multi-disciplinary team and approved by the Jameson Prison (JP) or the South Dakota Women's Prison (SDWP) by the associate warden, operations major, or designees.
- E. Close Custody Management Unit Review:
1. Murder (Attempt or Complicity).
  2. Manslaughter.
  3. Kidnapping.
  4. Assault on Staff.
  5. Assault on Offender.
  6. Escape.
  7. Engaging or Inciting a Riot.
  8. Rape (Attempt or Complicity).
  9. Arson.
  10. Possession of Dangerous Contraband.
  11. Possession of Escape Paraphernalia.
  12. Other circumstances may warrant placement on the CCMU. Such placement will be approved by the facility associate warden or operations major.
- F. If an offender has received a restrictive housing (RH) placement, their placement in CCMU will not begin until after they have completed their RH placement. Consideration and review for placement in CCMU will begin immediately upon an offender being removed from population.
- G. Prior to the multi-disciplinary review, a behavioral health review will be conducted by a mental health professional on all offenders being considered for CCMU. Mental health professionals will document the offender's clinical needs using the Behavioral Health Review form.
1. If a mental health professional determines the offender's behavior may have been caused by a mental illness, or other significant mental impairment, the offender will be referred to the Residential Treatment Program Referral Committee.

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2. If it is determined that mental illness was not the cause of their behavior, they will be managed through the CCMU and appropriate housing/facility assignment.
- H. The multi-disciplinary team will include at a minimum a case manager, mental health professional, a health services administrator (HSA), and custody/control staff. Depending on the circumstances of the review, additional individuals may be present.
1. Factors to be considered may include the offender’s mental health condition, facility capacity to deliver alternative placement services (Residential Treatment Program), programmatic and other needs, safety and security of employees, offenders, and the facility.
- I. The decision of the multi-disciplinary team along with the Close Custody Placement and Progression form will be reviewed by the associate warden, operations major, or designees. The CCMU housing staff will ensure that a final review of the recommendation for placement is completed within fifteen (15) consecutive days from the date of the multi-disciplinary review and ensure that copies of their decision are scanned into the offender’s electronic file.
1. In the event that the recommendation of the multi-disciplinary review is not supported by the associate warden or operations major, it will be sent to the warden for final review.
  2. The date when the Close Custody Placement and Progression form is signed, is the date used to begin calculations.
- J. Reviews:
1. ***Written policy, procedure, and practice provide for a review of the status of offenders in special management housing by the classification committee or other authorized staff group every seven days for the first two months and at least every 30 days thereafter [ACA 5-ACI-4A-07].*** All offenders placed into the CCMU will receive a face-to-face review by the housing captain or designee once a week, for the first sixty (60) days following initial placement. The reviews will be documented in Care in Placement in the offender management system (OMS).
  2. ***A qualified mental health professional personally interviews and prepares a written report on any offender remaining in special management housing for more than 30 days. If confinement continues beyond 30 days, a mental health assessment by a qualified mental health professional is made at least every 30 days for offenders who have an identified mental health need (P4 or higher) and more frequently if prescribed by the chief medical authority [ACA 5-ACI-4A-10].***
  3. All offenders will receive a face-to-face review by the housing captain or designee weekly for the first sixty (60) days following placements in the CCMU.
  4. The housing captain or designee will review the appropriateness of the offender’s placement (meets criteria for placement, reasons for continued placement exist, etc.) and review the offender’s overall adjustment to their status (i.e., program compliance, daily schedule/routine, disciplinary record since placement), and follow up on any additional concerns or questions the offender may have regarding the level program.
  5. Special management offenders in CCMU will receive a review, either at the cell front or out-of-cell, by a case manager at least monthly on or around the 28th and 56th day of placement in the CCMU, and every thirty (30) days following review on the 56th day. Reviews will continue to occur at least monthly throughout the duration of the offender’s placement in the CCMU. All reviews will be documented on the *Close Custody 30-Day Review* form (attachment #2) and in the OMS as a Care in Placement type “30 Day Review”. If the offender chooses not to attend any review, the close custody manager or case manager will document the offender’s absence on the Close Custody 30-Day Review Form.
    - a. The content of the reviews will include, but is not limited to:
      - 1) Review the offender’s behavior log.
      - 2) Review disciplinary, rule compliance, and punitive responses.
      - 3) Review the offender’s current program progress and compliance with prescribed programming (required and/or elective).
      - 4) Note any additional recommended programming or incomplete programming.

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- 5) Consideration will be given to modify program practices and/or procedures for offenders whose access to, and participation in, services, programs, or activities is limited due to the offender posing a direct threat to the health and safety of others, and
- 6) Review any behavioral health concerns or needs of the offender documented by staff since the offender's placement on close custody status.

K. Programs:

1. Programs may include but are not limited to:
  - a. Thinking for Change (T4C) (Phase 1).
  - b. An evidence-based Dialectical Behavioral Therapy (DBT) program (Phase 2).

L. Movement:

1. **Phase 1:**
  - a. Three (3) hours out-of-cell time daily.
  - b. Restraints required during movement.
  - c. Recreation enclosures utilized for recreation.
2. **Phase 2:**
  - a. Three to four (3-4) hours out-of-cell time daily.
  - b. Restraints required during movement.
  - c. Recreation completed in day hall.

### 3. Close Custody Transition Unit (CCTU):

\*Offenders may be placed in either phase 1 or 2.

A. Movement:

1. **Phase 1 (Transitioning):**
  - a. Three to four (3-4) hours out-of-cell time daily.
  - b. All offenders may be in the day hall at the same time.
2. **Phase 2 (Long Term):**
  - a. Four to five (4-5) hours out-of-cell time daily.

B. Programs:

1. Programs may include but are not limited to:
  - a. Psychotherapy.
  - b. Parenting.
  - c. Anger Management.
  - d. Educational Services such as Adult Basic Education (ABE) and General Education Development (GED).
  - e. Moral Reconciliation Therapy (MRT).
  - f. Thinking for Change (T4C).

### 4. Residential Treatment Program (RTP):

- A. *A mental health residential treatment unit is available for those offenders with impairment in behavioral functioning associated with a serious mental illness and/or impairment in cognitive functioning. The severity of the impairment does not require inpatient level of care, but the offender demonstrates a historical and current inability to function adequately in the general population [ACA 5-ACI-6A-38].*

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- B. *Inpatient care unit is for those who are in need of inpatient mental health treatment. These units should have 24-hour services such as nursing and availability of a qualified mental health professional (QMHP), behavioral health trained correctional officers, and clinical programming. Individual treatment plans which will define the types and frequency of contacts with mental health staff for offenders in the program, housing to meet the therapeutic needs of the offender, and transition plan upon discharge from the inpatient care unit [ACA 5-ACI-6A-39].*
- C. Offenders in the Residential Treatment Program (RTP) will live within designated behavioral health housing areas. For male offenders, this includes the behavioral health sections within Unit A of Jameson Prison as well as Unit B Mauve. For female offenders, this includes A Block at the South Dakota Women’s Prison (SDWP). This placement will be referred to as a Residential Treatment Program. RTP includes therapeutic programming hours that includes individual and group services. These services are provided by mental health professionals, nursing or medical staff, or teachers for the purpose of promoting achievement of the offender’s treatment plan and completing the progressive program.
- D. Each RTP unit that is operated within the DOC for offenders with a mental disorder, intellectual and developmental treatment needs, and/or significant functional impairment will encourage and reinforce program progression and pro-social behavior while meeting their individualized treatment goals in the least restrictive environment possible.
- E. All treatment materials delivered in the RTP will provide evidence based or best practice treatment from an approved list of treatment curriculums which includes individual and group therapies. Restraints and/or tether tables may be utilized in the RTP during treatment delivery to address any safety concerns.
- F. Offenders that are admitted to the RTP will receive titrated treatment based on their individualized needs which may require completion of a curriculum, treatment assignments, and/or individualized therapy sessions.
- G. Mental health professionals and case managers, in collaboration with custody/control staff, will make recommendations for step progression in the weekly multi-disciplinary review.
1. If the multi-disciplinary team cannot come to consensus on the recommendations for progression, the behavioral health supervisor and chief of behavioral health will make the final determination.
- H. Therapeutic/Non-therapeutic time review:
1. The facility warden and HSA will meet monthly to review the out of cell documentation to ensure that offenders are receiving the prescribed pro-social time required by the policy. Changes to the clinical and/or operational practices will be discussed utilizing the MDT approach to optimize offender participation.
- I. An individualized treatment plan will be developed by a mental health professional within fourteen (14) days of arriving to the RTP. The treatment plan will be updated when treatment goals are reached and/or with other clinically significant events.
1. Input will be provided by the offender, the assigned mental health professional, and any other housing staff that interact with the RTP offenders.
  2. The behavioral health supervisor will ensure that each offender assigned to the RTP has their treatment needs and progress in treatment reviewed on a quarterly basis and will make recommendations on projected treatment completion.
- J. Offenders within an RTP are observed by behavioral health staff during formal rounds at least once per week, and all interactions are recorded in a data assessment plan (DAP).
- K. The Behavioral Health Review form will be completed in the electronic health record (EHR) and copied to the CCMU captain.

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- L. Long-term residential care may be an option for offenders housed in the RTP:
1. The behavioral health supervisor and the chief of behavioral health will discuss the need for long term residential care in a clinical staffing.
  2. Generally, offenders being considered for long term placement have a psychotic spectrum disorder or major mood disorder. It can also include offenders with significant cognitive deficits or severe cognitive decline.

## 5. Residential Treatment Program Phases:

- A. **Orientation and Intake Phase to RTP:** Offenders admitted to an RTP will be assigned to the orientation and intake phase, when clinically appropriate. The length of this phase will not exceed ten (10) days without approval from the chief of behavioral health. All offenders in this phase will have contact with the assigned mental health professional to complete intake paperwork and discuss treatment goals. All offenders in this phase will be offered a **minimum of two (2)** out of cell therapeutic hours **and a minimum of ten (10)** out of cell non-therapeutic hours per week. Progression from the orientation and intake phase to the treatment planning phase is based on the individual treatment needs and goals that will include some or any of the following:
1. An individualized treatment plan will be initiated.
  2. Participating in facility orientation and programming expectations.
  3. Stabilization on psychiatric medications, as clinically indicated.
  4. Demonstrated safe behaviors with self and others.
    - a. The assigned mental health professional, with collaboration from the offender, will submit the applicable documentation to request treatment progression.
      - 1) Treatment Planning Phase: All offenders in this phase will be provided individual counseling sessions, with the assigned mental health professional in order to develop an individualized treatment plan and to modify the plan as needed. Offenders will continue to be offered a minimum of two (2) out of cell therapeutic programming hours and a minimum of ten (10) out of cell non-therapeutic contact hours.
    - b. Progression from the treatment planning phase to the focused treatment phase is based on progress of the individual treatment plan and goals that will include some or any of the following criteria:
      - 1) Participating in the development and modification of their treatment plan.
      - 2) Continued psychiatric medication stabilization, if clinically indicated.
      - 3) Participating in offered treatment activities.
      - 4) Completion of individualized therapeutic assignments.
    - c. The assigned mental health professional, in collaboration with the offender, will submit the applicable documentation to request treatment progression.
- B. **Focused Treatment Phase:** All offenders in this phase have demonstrated increased program participation and they continue to make progress with their identified treatment goals. All offenders in this phase will be provided with monthly individual counseling sessions, at a minimum, with the assigned mental health professional. Offenders will be offered **two (2)** hours of out-of-cell therapeutic programming hours and a minimum of **twenty (20)** out-of-cell non-therapeutic contact hours per week. Long term RTP placement for the offender will also be discussed, if appropriate. Progression from the focused treatment phase to the relapse prevention and transition phase is based on progress with the individual treatment plan and goals that will include some or any of the following criteria:
1. Participation in reviewing and updating the treatment plan.
  2. Continued psychiatric medication compliance, if clinically indicated.
  3. Participation in offered treatment activities.
  4. Completion of individualized therapeutic assignments.
    - a. The assigned mental health professional, in collaboration with the offender, will submit the applicable documentation to request treatment progression.

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C. **Relapse Prevention and Transition Resiliency Phase:** All offenders in this treatment phase will be provided with monthly to quarterly individual sessions, as clinically indicated, with the assigned mental health professional. Offenders in this phase will be offered a minimum of **two (2)** out-of-cell therapeutic programming hours and a minimum of **twenty (20)** out-of-cell non-therapeutic contact hours per week. Offenders are eligible to transition to general population once they reach this phase, as clinically appropriate. Increased non-therapeutic out of cell time is encouraged as the offender prepares for transition. Progression would then indicate completion of the RTP, which is based on individualized treatment progression. Placement consideration includes some or any of the following criteria:

1. Participation in reviewing and updating the treatment plan with continued treatment recommendations.
2. Continued psychiatric medication compliance, as clinically indicated.
3. Participation in offered treatment activities.
4. Completion of individualized therapeutic assignments.

**D. Completion Phase:**

1. During the program completion consultation with the assigned behavioral health professional, the case manager, and the behavioral health supervisor or psychologist, the offender will be able to describe the safety plan and how they will apply their skills when transitioning to general population, transitional programs at a designated facility, or a community setting.
  - a. The multi-disciplinary team will meet upon recommendation from the assigned mental health professional to determine successful completion of the RTP.
  - b. Offenders have met an adequate level of psychiatric stability as determined by the behavioral health treatment team.
  - c. Offenders that have successfully completed RTP requirements and are eligible for movement out of the program will be reviewed for appropriate placement.

E. Offenders within a Residential Treatment Program will be assessed by behavioral health staff during formal rounds at least once per week.

F. The Behavioral Health Special Management Multi-Disciplinary Staffing Team Review form will be completed and. This is scanned into the electronic health record (EHR). Behavioral health staff are required to be present as this information is protected.

**6. Protective Custody Placement:**

A. *An offender is admitted to the special management housing unit for protective custody only when there is documentation that protective custody is warranted, and no reasonable alternatives are available [ACA 5-ACI-4A-05].* Protective custody is intended for offenders requiring protection from physical violence based on verified information, in which a higher level of potential harm within a general population setting is possible and no other reasonable housing alternatives are available. The need for protective custody status will be determined by the Protective Custody Review Committee (PCRC).

B. Voluntary requests for protective custody.

1. Offenders requesting protective custody will notify a staff member, who will then notify the officer in charge (OIC) of the request, as soon as possible.
  - a. If it appears that an offender is in immediate danger, the staff member will take immediate steps to ensure the safety of the offender.
  - b. The offender is required to write, sign, and date a *Voluntary Request for Protective Custody Form* (attachment #7).

C. Involuntary Placement in Protective Custody / Staff Recommendation:

1. If staff become aware of an offender’s need for protection, even though not requested, the same procedures for requested protective custody apply.

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- a. If it appears that an offender is in imminent danger, the staff member will take immediate steps to ensure the safety of the offender.
  - b. If an offender is placed on protective custody by a staff member the offender does not have the ability to refuse separation-placement.
- D. The OIC will conduct an assessment of all available housing alternatives.
- E. Offenders at high risk for sexual victimization may be placed on protective custody status whenever a determination has been made that there is no available alternative means of separation from likely abusers **(PREA 115.43)**.
- F. Such offenders will only be assigned to protective custody status until an alternative means of separation can be arranged and will not ordinarily exceed a period of thirty (30) days **(PREA 115.43(c))**.
1. Such placement will be documented indicating the basis for the facility’s concern for the offender’s safety and why no alternative placement is available **(PREA 115.43(d)(1)(2))**.
  2. Offenders at high risk for sexual victimization who are placed on protective custody status will be reviewed every thirty (30) days to determine whether alternative placement has become available **(PREA 115.43(e))**.
- G. The offender will be afforded an appeal process regarding placement or denial of placement in a protective custody unit or internal status placement while assigned to protective custody.

## 7. Temporary Protective Custody:

- A. The offender will be placed on temporary PC for investigative purposes (IP), an *Administrative Detention Order* (attachment in DOC policy 300-17 – *Offender Discipline System*) will be completed, and the housing captain will investigate the matter.
- B. The originating housing captain will forward the investigative report to the PC housing captain or designee, who will then schedule a review before the PC Review Committee within ten (10) working days of the offender’s placement.
- C. Upon placement into protective custody, the PC housing captain or designee will be required to make contact with the offender within three (3) working days.
  1. Contact with the offender will be documented in the OMS / Case Notes.
- D. An offender on temporary PC may seek to withdraw the voluntary request while the investigation is being conducted. The request must be made in writing on a *Protective Custody Refusal Form* (attachment #6).
  1. If the request is approved, the offender will be returned to his/her previous housing placement or other appropriate housing assignment.
  2. If the request is denied, the offender will remain in temporary PC until he/she has a review before the PC Review Committee.

## 8. Protective Custody Reviews:

- A. *Written policy, procedure, and practice specify the review process used to release and offender from administrative status and protective custody [ACA 5-ACI-4A-08]*. Placement in special management on protective custody shall be assigned only until an alternative means of separation can be arranged.

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- B. The case manager will review each offender housed in protective custody at least once every thirty (30) days and document the review on the *Protective Custody Review Form* (attachment #5) and also as a case note in the OMS once the continued placement has been reviewed and approved by the housing captain.
1. An offender may be reviewed earlier than the thirty (30) day interval if the conditions that warranted the placement have changed so that it appears protective custody may no longer be necessary.
    - a. The housing captain will be assigned to investigate the change that could result in a decision that protective custody is no longer warranted and provide a written report to the housing captain.
    - b. The PC Review Committee will review the findings and recommendations of the housing captain and determine whether the offender will remain in protective custody or be transferred to an appropriate housing assignment. Final disposition will be at the associate warden or designee's discretion.

## 9. Conditions of Confinement for Offenders Placed into Protective Custody:

- A. Offenders may be housed with other PC offenders if no threat from other PC offenders can be reasonably established. Offenders are provided orientation to protective custody upon arrival.
- B. A secured physical barrier will exist between protective custody offenders and non-protective custody offenders at all times.
- C. Offenders will be escorted by staff when leaving the PC housing area.
  1. Whenever a protective custody offender is escorted outside of the protective custody housing boundary, gates/doors will be secured and all other gates/doors leading to areas containing offenders will be secured.
- D. All allowed property for the facility level is allowed in protective custody; it is a condition of confinement and not a disciplinary status. *Whenever an offender in special management housing is deprived of any usually authorized item or activity, a report of the action is filed in the offender's case record and forwarded to the housing captain [ACA 5-ACI-4A-19].*

## V. RESPONSIBILITY

The director of Prisons is responsible for the annual review and maintenance of this policy.

## VI. AUTHORITY

- A. ARSD § [67:62:12:01](#) Eligibility criteria.
- B. SDCL § [27A-1-1 \(24\)](#) Definitions.

## VII. HISTORY

November 2025 – New policy

## ATTACHMENTS

1. Behavioral Health Review
2. Close Custody 30 Day Review
3. Close Custody Behavioral Log
4. Close Custody Placement and Progression Form
5. Protective Custody Review Form
6. Protective Custody Refusal Form
7. Voluntary Protective Custody Request Form
8. Exception to Restricted Property Items
9. DOC Policy Implementation / Adjustments Form

**BEHAVIORAL HEALTH REVIEW**

Offender(s) Name:	DOC Number:
Facility:	P Coding:

**STATUS REVIEW REQUESTED**

Circle One:      CCMU (Phase 1)                  CCMU (Phase 2)                  CCTU (Phase 1)                  CCTU (Phase 2)

**MENTAL HEALTH TREATMENT NEEDS/CONSIDERATIONS:**

**Name of Mental Health Professional:**

Is the offender SMI?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What is the impact of offender’s mental health disorder on daily functioning?	<input type="checkbox"/> None <input type="checkbox"/> Minimal <input type="checkbox"/> Moderate <input type="checkbox"/> Severe
Did mental health disorder contribute in any significant way to the behavior being considered?	<input type="checkbox"/> Yes <input type="checkbox"/> No
RTP Referral?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Can the offender’s behavioral health treatment needs be provided in general population?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Mental Health Professional Signature: \_\_\_\_\_

Copy to: CCMU Captain

### CLOSE CUSTODY 30-DAY REVIEW

#### Check Appropriate Housing Box for Review

- Closed Custody Management Unit     Closed Custody Transition Unit

Name of Offender:

Date of Status Review:

Offender requested:  Cell front     Out-of-cell (not cell front)

Date review completed: \_\_\_\_\_ Offender Initials: \_\_\_\_\_

Date Placed:

Reason for Initial Placement:

Current Status:

Number of Days Spent at Current Status:

Date of Last Review:

Appropriateness of Placement in Special Management:

Does offender meet policy criteria supporting placement?

Do reasons exist supporting continued placement?

Has offender adjusted to placement?

Any concerns or questions from the offender regarding appropriateness of placement?

Behavioral Logs:

Reviewed Behavioral Logs and discussed with offender (attach logs to review paperwork)

Comments and goals for next review:

Disciplinary, Rule Compliance and Punitive Responses:

Reviewed Disciplinary Reports for past thirty (30) days

List of rule violations and goals for next review:

Programming:

*Check appropriate box for programming required of the offender. Include a detailed status update for each program required.*

*Consult facilitators for information prior to review.*

Individual (in-cell) assignments:

Group Sessions:

Thinking for Change:

DBT:

CBT:

Any Behavioral Health Concerns or Needs:

Additional Considerations:

*Document any additional behavior affecting placement. Examples may include but are not limited to offender's requests/concerns, modifications to the program that are being considered and health service issues.*

Tasks/Goals:

*Review individual plan, provide recommendations for next reporting period and document whether previous review's task/goals were met.*

Reviewer:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



### CLOSE CUSTODY PLACEMENT AND PROGRESSION FORM

Offender(s) Name:	DOC Number:
Current Classification:	
Type of Request: <input type="checkbox"/> Initial Placement <input type="checkbox"/> Regressive <input type="checkbox"/> Progressive	
Justification:	
<b>RECOMMENDED ACTION:</b>	
FROM:	TO:
<input type="checkbox"/> Intake <input type="checkbox"/> General Population <input type="checkbox"/> Close - Management Unit (Phase 1) <input type="checkbox"/> Close - Management Unit (Phase 2) <input type="checkbox"/> Close - Transition Unit (Phase 1) <input type="checkbox"/> Close - Transition Unit (Phase 2) <input type="checkbox"/> Other -	<input type="checkbox"/> Close - Management Unit (Phase 1) <input type="checkbox"/> Close - Management Unit (Phase 2) <input type="checkbox"/> Refer to Residential Treatment Program <input type="checkbox"/> Close - Transition Unit (Phase 1) <input type="checkbox"/> Close - Transition Unit (Phase 2) <input type="checkbox"/> General Population
Housing Captain:	<input type="checkbox"/> Agree <input type="checkbox"/> Modify <input type="checkbox"/> Disagree
Signature:	Date:
Case Manager:	<input type="checkbox"/> Agree <input type="checkbox"/> Modify <input type="checkbox"/> Disagree
Signature:	Date:
BH Supervisor:	<input type="checkbox"/> Agree <input type="checkbox"/> Modify <input type="checkbox"/> Disagree
Signature:	Date:
Health Services Administrator:	<input type="checkbox"/> Agree <input type="checkbox"/> Modify <input type="checkbox"/> Disagree
Signature:	Date:
Associate Warden:	<input type="checkbox"/> Approve <input type="checkbox"/> Modify <input type="checkbox"/> Deny
Signature:	Date:
Warden:	<input type="checkbox"/> Approve <input type="checkbox"/> Modify <input type="checkbox"/> Deny
Signature:	Date:
Comments:	

### PROTECTIVE CUSTODY REVIEW FORM

Offender(s) Name:	DOC Number:
Current Classification:	
Request Justification:	
Offender Signature: _____	
Investigating Captain:	
Investigation Findings:	
Behavioral Health Reviewed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Housing Captain:	<input type="checkbox"/> Approve <input type="checkbox"/> Deny
Signature:	Date:
Housing Captain:	<input type="checkbox"/> Approve <input type="checkbox"/> Deny
Signature:	Date:

## Protective Custody Refusal Form

I \_\_\_\_\_ was offered Protective Custody and am willfully declining at this time.

Offender # and signature: \_\_\_\_\_

Staff signature: \_\_\_\_\_ Date: \_\_\_\_\_

### VOLUNTARY PROTECTIVE CUSTODY REQUEST FORM

Name: \_\_\_\_\_ Number: \_\_\_\_\_

Present Placement: \_\_\_\_\_

Reason for Requesting Protective Custody:

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Date: \_\_\_\_\_

\_\_\_\_\_  
Offender's Signature (if offender is requesting PC)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Staff

\_\_\_\_\_  
Date

Delivered to: Office of Inspector General (OIG)

By: \_\_\_\_\_  
Staff Member

\_\_\_\_\_  
Date

Turn this form in, along with the Administrative Detention Order, to the housing captain of the OIC/shift commander.

### EXCEPTION TO RESTRICTED PROPERTY ITEMS

Offender's Name: \_\_\_\_\_ DOC ID#: \_\_\_\_\_ Cell: \_\_\_\_\_

Offender's Status (check one)     CCMU         CCTU         RTP         PC

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#### Allowed Hygiene Items

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#### Allowed Clothing / Bedding Items

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\_\_\_\_\_  
Offender Signature Upon Receipt

\_\_\_\_\_  
Date Received

\_\_\_\_\_  
Officer's Name: (Print & Sign)

\_\_\_\_\_  
Date Issued