
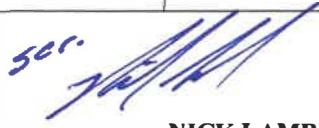


SOUTH DAKOTA  DEPARTMENT OF CORRECTIONS POLICY AND PROCEDURE		POLICY NUMBER 700-03	PAGE NUMBER 1 OF 4
		DISTRIBUTION:	Public
		SUBJECT:	Behavioral Health Scope of Services
RELATED STANDARDS:	ACA 5-ACI: 6A-32 (M), 6A-35 (M)	EFFECTIVE DATE:	May 01, 2026
		SUPERSESION:	05/01/2025
DESCRIPTION: Clinical Services	REVIEW MONTH: April	 NICK LAMB SECRETARY OF CORRECTIONS	

I. POLICY

It is the policy of the South Dakota Department of Corrections (DOC) to provide behavioral health services that are oriented towards the improvement, maintenance, or stabilization of offenders' mental health, contribute to their satisfactory prison adjustment, diminish public risk presented by offenders upon release, and aid the DOC in the maintenance of an environment that preserves the basic human rights and dignity of offenders, correctional DOC employees, and contract workers.

II. PURPOSE

The purpose of this policy is to establish the general scope and limits of behavioral health, as approved by the chief of behavioral health, which are provided to DOC offenders by qualified behavioral health DOC employees and contract workers.

III. DEFINITIONS

None.

IV. PROCEDURES

1. Organization:

- A. The chief of behavioral health (BH) is the behavioral health authority. The chief of BH and the director of Clinical and Correctional Services will review and approve behavioral health policies.
- B. Behavioral health supervisors will oversee facility operational functions of the substance use disorder (SUD) treatment program, and mental health services as appropriate. Any major disruption of these functions will be reported to the health services administrator.
- C. The contracted psychiatric consultant will perform duties and functions as determined by the director of Clinical and Correctional Services and the chief of BH.
- D. Behavioral health staff will participate in and support a formal system of program evaluation (DOC policy 700-10 *Quality Management Program*). Evaluations will be aimed at determining the effectiveness and efficiency of BH services and programs in meeting behavioral health goals and objectives as outlined in this policy.
- E. Transitional BH staff will ensure continuity of care to offenders throughout DOC facilities and will arrange for appropriate referrals to community mental health and/or SUD services upon release.

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- F. Staff Qualifications: Services will be provided by DOC employees and contract workers who are professionally qualified by training, experience, education, or credentials. All job duties and responsibilities of behavioral health professionals and contract workers will be approved by the chief of BH, who will work with the BH supervisors to verify current qualifications for all behavioral health professionals and contract workers. BH staff will participate in continued education per licensure requirements. Licensing is the responsibility of the individual, not the department.

2. Behavioral Health Screening and Assessments:

- A. The purpose of the BH screening is to determine, with reasonable assurances, that an offender poses no significant or immediate risk to themselves or others.
- B. Intake screening:
1. All offenders will receive an initial screening from health services personnel upon admission to the facility.
 2. The BH portion of the screen will include:
 - a. Inquiry into present suicidal ideation and history of suicidal behavior.
 - b. Inquiry regarding any currently prescribed psychotropic medication.
 - c. Inquiry into any current mental health complaints, problems, or treatment.
 - d. Inquiry into the history of inpatient or outpatient mental health treatment.
 - e. Inquiry into any recent use of alcohol or any other addictive substance.
 - 1) Including frequency of use, amount used, and date of last use.
 - f. Inquiry into any history of past SUD treatment.
 - g. Observation of general appearance, behavior, alertness/orientation, evidence of abuse or trauma, and current mental health symptoms (psychosis, depression, anxiety, and/or aggression).
 3. The screen will lead to the following disposition options:
 - a. Contact with BH staff for positive screen indicators regarding offender safety or emergency management.
 - b. General population placement with a non-emergent referral to BH staff.
 - c. General population placement without a referral to BH staff.
- C. Intake Behavioral Health Appraisal:
1. *Offenders who are transferred as a result of the mental health screening or by staff referral will receive a mental health appraisal by a qualified mental health person within fourteen (14) days of admission to the facility or the referral. If there is documented evidence of a mental health appraisal within the previous ninety (90) days, a new mental health appraisal is not required, except as determined by the designated mental health authority [ACA-5-ACI-6A-32 (M)].*
- D. Behavioral Health Pre-Restrictive Housing Assessment:
1. All restrictive housing assessments will be conducted in accordance with clinical standards and procedures.
 2. The offender has the right to refuse any behavioral health services at any time.
 - a. Involuntary treatment of an offender will be completed in accordance with DOC policy 700-24 - *Emergency and Involuntary Psychotropic Medication Administration* and South Dakota law.

3. Behavioral Health:

- A. The department will offer behavioral health assessment and, as appropriate, referral for treatment to all offenders who have been victimized by sexual abuse as clinically indicated. The care provided will be consistent with the community level of care. The evaluation and treatment of such victims will include, as appropriate, follow-up services, treatment plans, and when necessary, referrals for continued care following their transfer to other facilities or their release from custody.

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- B. When BH resources are limited, priority will be given to offenders who suffer from chronic or acute mental health disorders and those who present a danger of injury to themselves or others due to mental health problems.
1. Acute care for offenders with psychiatric disorders is available, along with transitional care for those working toward general population placement.
 2. Services will be provided for the detection, diagnosis, and treatment of mental health disorders within DOC facilities, as resources permit.
 3. Psychiatric evaluation, treatment, and/or referral are available in all DOC facilities. This includes the management of acute psychiatric episodes. All psychotropic medications are prescribed by licensed physicians or mid-level providers based on appropriate psychiatric and/or physical evaluation of the offender's treatment needs. Psychotropic medications will be administered or dispensed by qualified persons in accordance with licensure and professional standards, and applicable state and federal laws.
 4. SUD treatment services, monitoring, case management, and other supportive services are available at each facility.
- C. Offenders diagnosed with behavioral health disorders are monitored according to their treatment needs during their incarceration. Provided services may include individual and group sessions, specialized housing and management considerations, psychiatric services, collaboration with correctional employees, and transitional assistance to the community.
- D. Offenders with identified intellectual and developmental needs are offered special services to assist them in educational opportunities, adjusting to the correctional environment, developing effective independent living skills, and assistance with community transition, if needed. Housing assignment recommendations are also provided, which may include specialized housing that offers higher treatment and/or management needs. Specialized housing units are available at Jameson Prison (JP) in Sioux Falls and South Dakota Women's Prison (SDWP) in Pierre.

4. Emergency/Crisis Services:

- A. Twenty-four (24) hour emergency behavioral health services, with psychiatric backup, are available via on-call communication.
- B. *There is a written suicide prevention plan that is approved by the health authority and reviewed by the facility or program administrator. The plan includes staff and offender critical incident debriefing that covers the management of suicidal incidents, suicide watch, and suicides. It ensures a review of suicidal incidents, suicide watch, and suicides by administration, security, and health services. All staff with responsibility for offender supervision are trained on an annual basis in the implementation of the program. Behavioral health staff should be involved in the development of the plan and the training which should include but not be limited to:*
1. *Identify the warning signs and symptoms of impending suicidal behavior.*
 2. *Understanding the demographic and cultural parameters of suicidal behavior including incidence and variations in precipitating factors.*
 3. *Responding to suicidal and depressed offenders.*
 4. *Communication between correctional and health care personnel.*
 5. *Referral procedures.*
 6. *Housing observation and behavioral health precaution level procedures.*
 7. *Follow-up monitoring of offenders who make a suicide attempt.*
 8. *Population-specific factors pertaining to suicide risk in the facility [ACA-5-ACI-6A-35 (M)].*
- C. The use of clinical restraints for medical and psychiatric purposes is a clinical judgment and may only be ordered by properly trained and credentialed medical and behavioral health DOC employees and contract workers, in accordance with DOC policy 700-29 – *Behavioral Health Interventions and Precautions*.

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D. Confidentiality: In a correctional setting, confidentiality exists within limits.

1. Privileged information will not be disclosed without the offender's permission, except as required by state law and DOC policy.
2. Offender behavioral health records will be handled in accordance with Policy 700-28 – *Offender Health Records*.
 - a. Confidentiality may not apply under the following situations:
 - 1) Where an offender may cause harm to themselves or others.
 - 2) Where the offender may cause harm to another offender or staff.
 - 3) If an offender reports any knowledge of child abuse and neglect.
 - 4) Where an offender may threaten the safety and security of the facility and/or public.
 - 5) Any instance of sexual assault must be reported using the procedures contained in DOC policy 1100-01 – *Prison Rape Elimination Act (PREA)*.
 - 6) For continuity of care services, behavioral health records may be shared with other health care professionals who provide services to an offender while under DOC supervision.
 - 7) For offender complaints filed against behavioral health staff or the DOC, behavioral health records may be shared with the regulatory agency in response to the complaint.
 - 8) For offender litigation brought against the DOC regarding behavioral health treatment, behavioral health records may be shared with the DOC's counsel and/or a court of law in response to the litigation.

5. Mandatory Disclosure:

- A. All relevant information will be provided to offenders who receive behavioral health services upon their request, including:
1. Ethical and professional issues related to treatment.
 2. Treatment methods and duration.
 3. Terms of confidentiality.
 4. Appropriate, professional behavior.
 5. The degrees, credentials, and licensure of DOC behavioral health professionals.

V. RESPONSIBILITY

It is the responsibility of the director of Clinical and Correctional Services and the chief of Behavioral Health to review and update this policy annually.

VI. AUTHORITY

None.

VII. HISTORY

May 2026

May 2025

June 2024 – New policy

ATTACHMENTS

None.