



# Charleston County Sheriff's Office Policy and Procedures Manual

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**Sheriff Carl Ritchie**

## 18-46 Mental Health Services

- ☐ New
- ☒ Revised
- ☒ Reviewed

ACA Standards Reference: 4C-03, 13, 15, 27, 29, 30; 4D-14, 20, 4D-25, 26, 35; 6B-04, 07, 08

CALEA Standards Reference:

NCCHC Standards Reference: A-08; E-02, 05, 07; G-02, 05

SCLEA Standards Reference:

SC Minimum Standards: 1044; 1082; 1092; 2052(o); 2053(d); 2055;

*This policy dated 1/28/2025 replaces prior policies cited above and supersedes all previously issued directives.*

I. Purpose:

To establish guidelines for the treatment, assessments, classification, triage, and services of inmates in need of mental health services while confined in the Sheriff Al Cannon Detention Center (SACDC).

II. Policy:

It is the policy of SACDC to provide mental health services for all inmates. All inmates will be screened upon entry and as needed at any time thereafter in order to identify mild, moderate, and serious mental illness and/or crisis intervention needs that may be associated with psychiatric or psychological problems. All mental health services are provided through contracted mental health providers. Inmates housed will be referred to the South Carolina Department of Mental Health and the contracted psychiatrist to provide these services while incarcerated in the facility. Inmates with mental health issues, which require a higher level of care, will be treated by communication and cooperation among SACDC personnel, medical/mental health personnel, judicial entities, and community partners.

III. Definitions:

- A. For purposes of this procedure, the word "deputy" applies to all agency employees with a certification classification of Class I, Class II, Class III, or Reserve Deputy, as defined by the South Carolina Criminal Justice Academy.

The following terms are used interchangeably; however, they carry guidance to specific employees based on the usage of the term:

1. Deputy, deputies, deputy sheriff, detention deputy, sworn employee, uniformed sworn employee, sworn administrative employee, and
  2. civilian, non-sworn employee.
- B. *Employee*: When used without further clarification, the term employee is inclusive of all agency members (sworn and non-sworn).
- C. *Crisis*: An individual exhibiting a substantial increase in symptoms related to a severe emotional disturbance or mental illness based upon their baseline functioning.
- D. *Department of Disabilities and Special Needs*: State agency that plans, develops,

oversees, and funds services for South Carolinians with severe, lifelong disabilities of intellectual disability, autism, traumatic brain injury, spinal cord injury, and conditions related to each of these four disabilities.

- E. *Emergent Evaluation:* Inmates referred for a secondary evaluation by the mental health authority receive follow-up care within four hours.
- F. *Health Authority:* The contracted medical provider responsible for the provision of health care services for the SACDC.
- G. *Mental Health Authority:* The contracted mental health provider responsible for the delivery of services and monitoring treatment of inmates with an identified mental health issue within the SACDC.
- H: *Mental Health Appraisal:* An examination used to ascertain whether an individual is functioning on a healthy psychological, social, or developmental level.
- I: *Mental Illness:* Health conditions involving changes in emotion, thinking, or behavior (or a combination of these). Mental illnesses are associated with distress and/or problems functioning in social, work, or family activities.
- J: *Routine Evaluation:* Inmates referred for a secondary evaluation by the mental health authority receive follow-up care within fourteen days.
- K: *Urgent Evaluation:* Inmates referred for a secondary evaluation by the mental health authority receive follow-up care within twenty-four hours

IV. Procedure:

- A. Initial Mental Health Screening by the Intake Deputy:
  - 1. Upon admission, all inmates entering the SACDC will answer the mental health screening questions approved by the mental health authority. The following questions are asked; in conjunction with the arresting agency's information (*Reference Jail Intake Assessment Form 449*); to determine their current mental health status:
    - a. Are you under mental health care;
    - b. Name of doctor and/or facility;

- c. Are you taking any mental health medication;
  - d. List of the medications being taken and the provider;
  - e. When was the last dose taken;
  - f. Have you taken any other drugs as a replacement for your prescription;
  - g. Have you ever been in a mental health facility for inpatient psychiatric care;
  - h. Name, location of the facility, and when;
  - i. Does the inmate's behavior suggest the need for immediate psychiatric treatment;
  - j. Observation of the inmate; and
  - k. Inmate refused/unable to answer mental health questions.  
(REF: 5-ALDF-4C-28, NCCHC J-E-05)
- 2. Deputies will ensure all responses to the mental health screening are entered into the Jail Management System (JMS). Inmates who are unable to speak or understand English will be provided with appropriate informative services as needed. Inmates who are hearing impaired, visually impaired, or require other special accommodations will receive services in accordance with ADA compliance standards. Once the screening is completed the deputy will publish the screening into the JMS multi-media.
  - 3. The JMS will generate a task for the mental health providers and an alert for the individual inmate based on the responses from the mental health screening. The alert placed on the inmate will be MH Pending. This will be in the upper left-hand portion of the inmate screen highlighted in red.
  - 4. If the intake deputy deems a inmate's behavior needs immediate treatment, the deputy will contact their chain-of-command. The determination will be made to contact the mental health provider. The inmate will immediately be screened as outlined in the South Carolina Code of Laws § 44-23-220 by two qualified mental health professionals designated by the Department of Mental Health or the Department of

Disabilities and Special Needs.

5. The deputy will create an incident report and the body-worn camera video downloaded to document the inmate's behavior in the JMS by the end of the shift.
6. If the qualified mental health provider deems the inmate is experiencing a mental health crisis and requires emergent medical attention to determine whether hospitalization is necessary, the mental health provider shall notify the health care provider and Processing Lieutenant that housing of the inmate at SACDC is not advisable until further examination is completed by a licensed Emergency Room.
7. The arresting agency will be directed to take the inmate to a local licensed Emergency Room.
8. Inmates screened and not deemed emergent will be housed in the SACDC.
9. The Mental Health Provider at the facility will receive the mental health screening report daily to notify them of inmates with pending mental health tasks. Once the mental health provider reviews the mental health screening, the alert code on the inmate will be changed to "Under MH Care" once a treatment plan is in place. This will be in the upper left-hand portion of the inmate screen highlighted in blue.
10. The qualified Mental Health Provider will review the mental health screening report and screen all inmates as soon as possible but no later than fourteen calendar days after admission. If there is documented evidence of a mental health appraisal within the previous ninety days, a new mental health appraisal is not required, except as determined by the designated mental health authority. Mental health appraisals include, but are not limited to:
  - a. assessment of current mental status and condition;
  - b. assessment of current suicidal potential and person-specific circumstances that increase suicide potential;
  - c. assessment of violence potential and person-specific circumstances that increase violence potential;

- d. review of available historical records of inpatient and outpatient psychiatric treatment;
- e. review of history of treatment with psychotropic medication;
- f. review of history of psychotherapy, psycho-education groups, and classes or support groups;
- g. review of history of drug and alcohol treatment;
- h. review of educational history;
- i. review of history of sexual abuse-victimization and predatory behavior;
- j. assessment of drug and alcohol use/misuse or a substance abuse disorder
- k. use of additional assessment tools, as indicated;
- l. referral to treatment, as indicated; and
- m. development and implementation of a treatment plan, including recommendations concerning housing, job assignment, and program participation.

(REF: SC Min. 2052(o) 2053(d), NCCHC J-E-02, 05, 5-ALDF-4C-29, 30)

- 11. Classification will be notified of the inmate's mental health status to ensure proper housing is assigned to the inmate.

(REF: 5-ALDF-4C-30, 4D-24, 25, 6B-04)

**B. Mental Health While in Custody:**

- 1. If an inmate's mental health condition changes while in custody at the SACDC: the deputy will contact their chain-of-command and complete an electronic *Mental Health Referral Form (SACDC Form -348)*.
- 2. Deputies are encouraged to seek and obtain consultation from qualified mental health providers when they have reason to believe that an inmate may be mentally ill. Deputies will immediately refer inmates they observe showing any of the following behaviors: hostile, belligerent, demanding, aggressive, withdrawn, paranoid, depressed, isolating, poor hygiene, confused, hallucinating, odd body movements,

tired, and/or bizarre to mental health for evaluation. Any staff person may refer inmates to mental health services.

3. An incident report will be completed, and the body-worn camera video downloaded to document the inmate's behavior in the JMS by the end of the shift.
4. A *Mental Health Referral Form (SACDC Form -348)* will be completed electronically in the JMS.
5. Once completed the *Mental Health Referral Form (SACDC Form -348)* will be automatically sent to all members of the mental health provider's team to include the contracted psychiatrist.
6. Mental Health and/or the psychiatrist will review the referral and determine the next course of action. Results of the referral are used to identify which inmates need further mental health evaluation and whether the second level evaluation needs to be completed on an emergent, urgent, or routine basis.
7. If the inmate is assigned to the care of Mental Health and/or the psychiatrist, they will place an alert code (Under Mental Health Care) in the JMS and the Electronic Medical Record (EMR). This will be in the upper left-hand portion of the inmate screen highlighted in blue. This alert code shall serve as a notification that the inmate is under care and the need for duplicate referrals is not necessary.
8. If at any time the inmate's mental health condition changes or anything that raises a new concern for the inmate's mental health well-being, this process may be repeated for documentation of new information.  
(REF: SC Min. 2053, NCCHC J-E-02)

C. Inmate Requests for Mental Health:

1. All mental health requests are triaged daily.
  - a. Inmates are responsible for completing a Mental Health Request via the kiosk for non-emergency mental health issues.
  - b. Kiosk requests are sent directly to the mental health provider. Appointments will be scheduled based on the needs of the

inmate.

(REF: SC Min. 2055, 5-ALDF-4C-03, NCCHC J-E-07)

- c. The Inmate Orientation Handbook will instruct inmates to notify the deputy at any time they are experiencing any mental health symptoms and have not received a timely response via a request through the kiosk.
- d. Staff will pay attention to inmates who are unable to make a kiosk request and will assist them in obtaining mental health care.

**D. Mental Health Services:**

- 1. A contracted psychiatrist and full-time mental health provider provide in-person mental health services. Treatment services include on-site crisis intervention, assessments, short-term individual and/or group therapy, and psychotropic medication management. Telemed services may be utilized but are not the preferred method of treatment.
- 2. The contracted mental health provider works with the contracted medical provider and the facility administration to develop/monitor programs and processes affecting inmates with mental health issues. The contracted mental health provider communicates frequently with community partners and criminal justice entities to:
  - a. coordinate diversion and emergent re-entry planning;
  - b. respond to inquiries;
  - c. share concerns from agencies/family members;
  - d. evaluate the need for crisis management;
  - e. participate in the mental health court process; and
  - f. develop processes for transitioning inmates with serious mental illness and other mental health issues as needed.
- 3. Inmates with severe mental illness or severe developmental disabilities are given an in-person mental health appraisal. When necessary, these inmates are housed in a specialized housing unit or referred to a non-



correctional facility for placement. Inmates who meet the criteria for severe developmental disabilities will be referred to the Population Manager over Classification.

(REF: SC Min. 1082, 1092, 2052(o), 2053(d), 5-ALDF-4C-27, 33, 4D-20, NCCHC J-G-02, 05)

4. Inmates held separate from the general population, who subsequently develop mental health problems, will be seen by the mental health provider during regular rounds or when referred by any staff member. These inmates will be given the equipment and support necessary to perform self-care. (REF: 5-ALDF-6B-07, 08)

E. Emergency Responses for the Mentally Ill:

1. With authorization from a qualified mental health provider, an inmate who displays dangerous behavior as a symptom of severe mental illness, who cannot be adequately managed by SACDC resources, may be housed in administrative segregation pending referral. Mental health staff will have to assess the individual inmate for mental health needs. If the inmate meets the criteria for emergent hospitalization commitment papers will be completed by the contracted psychiatrist and the inmate will be referred to an appropriate inpatient facility.
2. When an emergency response is required for a mental health inmate, the responding supervisors will contact mental health to have on scene. If the response is after hours, the medical provider will be notified. The qualified mental health/medical provider will assist in attempting to resolve the response before tactical intervention when time permits. The safety and security of all inmates, staff, volunteers, and contractors is a priority.

F. Mental Health Training:

All deputies will attend and complete annual training to gain knowledge of how to meet the needs of the mental health inmates in the SACDC.

G. Mental Health Meetings:

1. Mental health meetings are scheduled weekly with the Contracts Manager, qualified mental health provider, contracted medical and psychiatric provider, security staff, classification supervisor, population manager, juvenile captain, tactical operations department manager,

programs manager, and the command duty officer. This meeting is to discuss the critical needs of the mental health and medical inmates housed with the SACDC.

H. Medical Files:

1. The psychiatrist and mental health provider will ensure that a medical file is created and maintained for each inmate. The contracted medical department will maintain an adequate system of recordkeeping to accurately document all health care and mental health services provided throughout confinement and ensure rapid access to each inmate's file. Currently, inmate medical files are entered into the EMR. The file is organized with a separate section for each category of record established in accordance with guidelines set by the County Health Department. Patient identification will be on each sheet.  
(REF: SC Min. 1044)
2. All inmate medical records will be considered confidential and separate from all other inmate's records.
  - a. Routine access to medical/mental health records will be limited to healthcare staff that require records for supplying clinical services or to staff performing an investigation of the facility, with the agreement of the physician and the Jail Administrator.  
(REF: NCCHC J-H-04)
  - b. Only relevant information is shared when such access is required in the performance of duties.  
(REF: 5-ALDF-4C-15, 4D-14)
  - c. With the inmate's written consent, SACDC will provide health/mental health care information to community agencies and resources at the time of an inmate's release.
  - d. A non-SACDC physician treating an inmate will have access to the inmate medical records when the SACDC physician believes information contained therein may be relevant to the inmate's health.  
(REF: NCCHC J-A-08)
  - e. Medical Records will otherwise be maintained in accordance with SACDC rules relating to security and privacy restrictions and will be retained with the central file after an inmate's release

for a time sufficient to allow for treatment continuity.

(REF: 5-ALDF-4D-13, 15, 35)

Note: The Health Insurance Portability and Accountability Act requires that inmate medical/mental health records are confidential. Not only does this prohibit anyone not authorized to view these records, but it also ensures that no SACDC staff (detention, civilian, or contracted employees) will discuss any medical/mental health records or information with any other individual.

**Instructions on entering a Mental Health Form electronically:**

1. A deputy will open EIS, go to the Incidents Module, and choose Mental Health Referral for the Incident Type. Location and Officer PIN are required on this page.

The screenshot shows the 'Incident' form in the EIS system. The sidebar menu on the left includes 'INCIDENT REPORT', 'INCIDENT', 'NAMES', 'DISCIPLINE', 'SUPPLEMENT', and 'MULTIMEDIA'. The main form area is divided into several sections. The 'Incident Details' section is highlighted in blue. The 'Incident Location' and 'Officer PIN' fields are highlighted in yellow. The 'Standard Text Button' is highlighted in blue on the right side of the form.

2. The deputy will fill out the incident section and then choose the Names page and enter all highlighted fields (as normal), then CLICK on the Standard Text Button (highlighted on the right below). This will populate the 'comment' section with the Mental Health Referral form contents.
3. The deputy will complete the information and SAVE the form.

The screenshot shows the 'Incident' module in EIS. The form includes fields for Incident Number, Incident Type, Incident Type Description, Incident Date/Time, Incident Location, and Officer PIN. Below these are sections for 'SELECT PERSON & RUC', 'VICTIM/SUBJECT', and 'PERSON DETAILS'. The 'PERSON DETAILS' section includes fields for Last, First, Middle, Suffix, DOB, SSN, Race, Sex, DL Number, ST, SC, House Number, Dr, Street Name, Type, Dr, Apartment, City, State, ZipCode, A/C Phone, Ext, Mobile, A/C Phone, Ext, Inmate Number, Booking Number, and Housing Location. A 'Standard Text' button is also visible.

4. An automated email will be generated to the MH Staff that will look similar to this:

**Mental Health Referral Entered**

MentalHealthReferral <mhreferral@charlestoncounty.org>  
To: Mary C. Boykin; twana.richards@sccdmh.org

[Reply](#) [Reply All](#)

InmateIDNumber	Name	Incident Number	Incident Type	Incident Date
1539144	ADCOCK, MARSHAL RAY	20006986	MENTAL HEALTH	2020-07-29

5. Once MH Staff sees the email with the INCIDENT number, they can retrieve the contents in the INCIDENT module in EIS.

The screenshot shows the 'Incident Search' module in EIS. The search results for incident 20006986 are displayed. The incident details include Incident Number (20006986), Incident Date (07/29/2020), Incident Type (MENTAL HEALTH), Booking No (20006986), Last Name (ADCOCK), First Name (MARSHAL), Middle No (RAY), and Officer # (10960). The incident is marked as 'Complete' and 'Assigned To PIN'. The 'INMATE LIST' section shows a table with columns for Incident No., Date, Incident Type, Booking No., Last Name, First Name, Middle No., Comments, and Officer #. The table contains one record for incident 20006986.

6. This incident will open in EIS.

The screenshot displays the Incident Report Form (Form 18-46) with the following sections:

- DETAILS:** Incident Number (20005886), Incident Type (MISFEASANCE), Incident Type Description (REFERRAL TO MH), Incident Date/Time (07/29/2020 09:57), Incident Location (LAUNDRY), No. of Attachments, Case Number, Controversial Involved, S/O Contacted, Victim will Prefer Charges, Officer PIN (13543), Officer Name (BOYKIN, MARY), Supervisor's PIN, Supervisor's Name, Shift, Weapon Involved (Taser), OC Spray, Shotgun, Force, Force Type, and a Standard Text button.
- APPROVAL:** Sgt. Approval PIN, Approved By Name, and Approved Date/Time.
- REVIEWED BY:** Lieutenant PIN, Lieutenant Name, Reviewed Date/Time, Major PIN, Major Name, Reviewed Date/Time, Captain PIN, Captain Name, and Reviewed Date/Time.
- CURRENT ASSIGNMENT & EMAIL NOTIFICATION:** Assigned To PIN, Assigned To Name, Serial Email Notification, and a REPORT COMPLETE button.
- VERIFY REPORT STATUS:** Yes/No (N).

The form also includes a menu bar at the bottom with options: Audit, Print, Forms, Delete, Help, and Update.

7. Click print (if a hard copy is needed) and choose Incident Report Listing and all information will be included.