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DMH South Carolina Department of Mental Health

SOUTH CAROLINA SVP TREATMENT PROGRAM RESIDENT HANDBOOK

4546 Broad River Road
Columbia, South Carolina 29210
Phone: 803.545.0333

WELCOME

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TABLE OF CONTENTS

WELCOME

Welcome!
I am pleased to provide you with a copy of the South Carolina Sexually Violent Predator Treatment Program (SC SVPTP) Resident Handbook. The purpose of the handbook is to provide you with answers to frequently asked questions and rules and guidelines for living here. We have attempted to cover as many topics as possible. If you have additional questions, please contact your assigned therapist or another member of your Treatment Team. Written updates will be provided to supplement the material contained in this handbook.

This handbook establishes the rules and guidelines for successful living in our Facility. We encourage you to take the principles you will learn in treatment and apply them to daily life. Treatment continues beyond your time spent in therapeutic groups. Your interactions with peers, staff, and guests is part of how your progress will be evaluated and reported in your Annual Review that is given to the Court. The Comprehensive Treatment Program emphasizes the need to communicate directly, resolve interpersonal differences, and learn to follow rules that are in place to benefit the entire community. While your personal needs are important, they must be met within the rules and behavioral expectations. I hope that this handbook provides you with some guidelines to help you accomplish your goals and to achieve the progress necessary to return successfully to the community.

I look forward to our work together!

Erin Gaffney, MPH
Facility Administrator

> ***"Part of our treatment program emphasizes the need to communicate directly, resolve interpersonal differences, and learn to follow rules that are in place to benefit the whole rather than the individual."***

Communicate with us!

Introduction and Overview

The Resident Handbook provides information about the SC SVPTP and explains policies, procedures, rights, and rules for residents. It also covers safety information.

Please read the handbook carefully. Although it is thorough, not everything can be covered in one book. If you have any questions or concerns, contact a member of the Treatment Team, Unit Manager, or Shift Supervisor. Violation of the rules and policies outlined in this handbook could result in corrective intervention. It is your responsibility to read the handbook and be aware of the rules. If a situation, scenario, or event occurs that is not covered in this handbook, the professional judgment of staff will determine course of action.

All exceptions or changes to the policies and procedures in this handbook require the approval of the SC SVPTP Facility Administrator.

Through the passage of the Sexually Violent Predator Act, South Carolina has demonstrated its commitment to reduce sexual violence. This goal requires collaboration between the justice system, advocacy groups, and providers of sex offender evaluation and treatment. Under the administration of the Department of Mental Health, WELLPATH Recovery Solutions is a partner in this effort.

Resident Rights And Responsibilities

All residents civilly committed to the SC SVPTP are treated humanely, and afforded the following Rights:

RESIDENT RIGHTS

1. Right to equal treatment regardless of race, religion, ethnicity, handicaps, or sexual orientation.
2. Right to practice religious activities including: silent prayer and moments of reverence, attend organized religious gatherings, and counsel with ministers.
3. Right to safe living conditions including: hygienic accommodations and a safe and secure environment.
4. Right to protection from abuse including: physical abuse, emotional abuse, and other forms of exploitation.
5. Right to freely speak and express oneself in writing.
6. Right to health care including: nourishing meals and necessary dental and medical treatment.
7. Right to be informed regarding facility policies, procedures, practices, and guidelines.
8. Right to receive and maintain personal possessions, including mail and other personal property.
9. Right to access legal counsel including: confidential conversations and correspondence.
10. Right to electively consent and participate in recreational, educational, and psychotherapeutic activities.
11. Right to protection from retaliation.

Additionally, all residents of the SC SVPTP are expected to uphold the following Responsibilities:

RESIDENT RESPONSIBILITIES

1. Responsibility to respect the natural and rightfully chosen differences between people.
2. Responsibility to be tolerant of the choices of others regarding their practices and beliefs about a higher power, and responsibility to not impose personal beliefs upon them.
3. Responsibility to ensure others' comfort and safety by exercising appropriate care and precautions when using facilities.
4. Responsibility to not be offensive and to utilize appropriate channels of communication.
5. Responsibility to communicate genuine personal needs and respect the needs of others.
6. Responsibility to follow facility memos, revisions in Resident Handbook, and facility policies and operating procedures.
7. Responsibility to limit approved personal possessions to that which can be safely contained in authorized space.
8. Responsibility to earnestly engage counsel for representation and to sincerely and meaningfully take part in those activities for which consent is provided.
9. Responsibility to communicate with staff effectively to get individual needs met and to use the appropriate Grievance procedure in a meaningful manner.

Resident Orientation

RESIDENT ORIENTATION

1. **Initial Orientation:** At the time of admission, a brief overview of the facility, its staff, and available services is provided. Either at the time of admission or within three (3) working days, a more comprehensive Formal Orientation is conducted by a member of the Treatment Team.

2. **Formal Orientation:** After admission, residents are expected to participate in a formal orientation describing facility policies and procedures. Residents will be given an SC SVPTP identification card and a copy of their Rights and Responsibilities while residing at the SC SVPTP. At this time, residents may also consent to participate in the Comprehensive Treatment Program for persons who have sexually offended. During this orientation, Clinical Staff will make sure that residents understand the benefits, expectations, and responsibilities of consenting to the Comprehensive Treatment Program or declining to participate in treatment. Other staff may assist with the Orientation.

Other topics that will be covered include:

- General rules of conduct
- Resident rights and responsibilities
- Daily schedule
- Resident Trust Fund accounts
- How to access medical/dental care
- Visitation policy
- Communication and Grievance procedures
- Property limits and Contraband policies
- Fire, safety, and emergency plans
- Telephone and mail policies
- Request for information
- Dress code
- Behavior management procedures
- Comprehensive Treatment Program

Interdisciplinary Treatment Team

Facility Administrator: Responsible for the overall management of the SC SVPTP.

Programs and Social Services

Clinical Director: Member of the Management Team who is responsible for the overall supervision of sex offender treatment services. Supervises the entire Clinical Team. **Social Services Director:** Responsible for overseeing discharge planning, as well as vocational, educational, and religious services. Also responsible for assisting in the monitoring of clinical program quality, training and delivery of clinical services. **Clinical Team Leader:** Members of the Clinical Team that supervise the Clinical Therapists and the delivery of sex offender treatment services. **Psychiatrist:** A member of the Clinical and health services team who provides psychiatric services to residents with mental illness who require medication management and other individual psychiatric care. **Psychologist:** A member of the clinical team who provides psychological assessment services and

Interdisciplinary Treatment Team

Individual therapy to select residents for short term needs. Also a member of the Clinical Leadership team. **Clinical Therapist:** Individual responsible for the delivery of sex offender treatment services and other case management duties to the resident population. **Residential Services Manager:** A member of the clinical team who provides support and oversite to the Unit Managers and Residential Treatment Assistants. **Unit Manager:** Members of the Clinical Team responsible for supervising the residential housing units and the Residential Treatment Assistants (RTAs). **Residential Treatment Assistant:** Members of the Clinical Team that provide direct supervision of residents in their living units, monitor safety of the facility, observe resident activities, and assist other clinical staff in Comprehensive Treatment activities. **Vocational Instructor:** A member of the clinical team who oversees the resident work program and provides vocational skill building services. **Educational Instructor:** A member of the clinical team who provides educational services to assist residents in achieving academic progress such as basic adult education and General Education Diplomas. **Activity Director:** A member of the clinical team who oversees the program's Activity Therapists in their delivery of recreational, and life skills programs. **Activity Therapist:** Responsible for the organization and supervision of activity therapy. **Chaplain:** A member of the clinical team who coordinates religious services and provides religious counseling to residents of the SC SVPTP.

Security and Operations

Director of Security and Operations: Member of the management team who supervises security and operations staff. Responsible for the overall security and safety of the facility. **Shift Supervisors:** Security staff responsible for supervising the facility during their assigned shift. **Custody Officer:** Security staff responsible for insuring institutional rules are followed. Also responsible for internal and perimeter security. **Facility Manager:** Member of the operations team who oversees the general maintenance of the facility. **Facility Maintenance Technicians:** Members of the operations team who provide skilled maintenance services and supervise resident maintenance workers. **Food Service Manager:** Member of the operations team who oversees the preparation and service of resident meals. **Food Service Worker:** Member of the operations team who prepares resident meals and supervises resident Food Service Assistants.

Health Services

Health Services Administrator: Member of the management team who oversees the operations of health services and supervises Health Services staff. **Medical Director:** Member of Health Services team who provides medical care to residents and oversees the delivery of medical care. **Nurse Practitioner:** Member of Health Services team who provides prescriptive care to residents and delivers medical care. **Nurse:** Member of Health Services team who delivers medications, coordinates resident medical care services; and who provides medical follow up, monitoring and scheduling.

Comprehensive Treatment Program

The Comprehensive Treatment Program for Persons Who Have Sexually Offended is divided into four phases:

Phase I – Preparation for Change

Treatment engagement and Risk Reduction Strategies. This phase of the treatment program provides the resident with the opportunity to improve his general self-management skills and to work to ameliorate personality disorder symptoms or other general factors that may interfere with effective participation in treatment. The following clinical tasks are currently defined for Phase I:

- Acceptable group behavior. This includes meaningfully participating in treatment and treating other group members respectfully.
- Managing criminal thinking errors. Managing includes accurately describing the main kinds of criminal thinking errors, being able to define the thinking errors that he uses and has used, and productively assisting others in identifying thinking errors (rather than minimizing, being silent, or colluding). It also includes the resident's being able to accept responsibility for these thinking errors, and being able to interrupt them when staff or other group members bring them to the resident's attention. Residents are further expected to be able to interrupt the behavioral results of these thinking errors, which can include lying, denial, shifting the blame and focus of issues onto others, and ignoring obligations.
- Managing Defensive Thinking Errors. Examples of these errors include, but are not limited to, misevaluating one's role with respect to events and situations, misevaluating events, labeling, mind reading, confirmation bias, dichotomous thinking, and compartmentalizing.
- Use of pro-social problem-solving skills. This includes the ability to stop and think before acting, being able to generate effective pro-social options, being able to identify consequences for options, and being able to choose behaviors accordingly.
- Emotional regulation. This includes ensuring that emotional responses are proportionate to a given situation and neither excessive nor flattened, being able to control behavior when experiencing negative emotions, and recovering from negative emotions with reasonable speed (as opposed to ruminating).
- Interpersonal skills. This includes the resident's ability to put himself in other peoples' shoes and imagine their perspective and likely reactions with reasonable accuracy. It also includes the resident's ability to be assertive rather than aggressive, submissive, or passive-aggressive. Residents are expected (to the best of their abilities) to communicate clearly to others, listen to others in order to accurately hear what they say, and engage with others without irritating them.
- Productive and responsible use of time. This includes attending to a schedule (e.g., being up on time, following through on appointments, complying with agreed-upon medication regimes), participating in other productive activities such as education, work, community meetings, and therapeutic recreation activities, completing group treatment assignments, and being reasonably willing to try new activities.
- Managing individual personality disorder issues. This heading refers to managing personality disorder issues not covered by the above, which potentially contribute to risk or to interfere with effective treatment participation.

Comprehensive Treatment Program

Phase 1 programming is largely psycho-educational, with the principal goal of preparing residents for the process of attitudinal and behavioral change through treatment. This phase focuses on identifying treatment interfering factors and barriers to successful personal growth, while acquainting them with the critical treatment concepts of self-disclosure, group dynamics, and collaborative care.

Phase 1 is made up of three modules:

- Thinking for a Change (T4C)
- Treatment Readiness for You (TRY)
- Building a Balanced Life (BBL)

These programs will be used to help residents to understand what they must do in order to build a balanced, self-determined lifestyle, free from offending. Residents must complete all three parts before they can move on to Phase 2.

Thinking for a Change (T4C): Thinking for a Change consists of exercises that build problem-solving skills. Residents learn how good decisions are made and how to use good decisions to get along better with their friends, family, and others. The goal is for residents to quickly identify and understand how reevaluating their thinking, belief systems, and their personal and interpersonal values and attitudes can help their lives. Residents begin to organize their thoughts using thinking and problem-solving skills.

Treatment Readiness for You (TRY): Effective programs address individual needs as well as consider the various levels of skills each person has for managing their life. Before they can go into intensive treatment, residents must be “ready” for the process of change. The TRY program helps residents identify obstacles to change as a natural part of the process of personal growth.

Building a Balanced Life (BBL): BBL is a structured module that introduces the language and concepts of the Good Lives Model. BBL also begins to build a personal foundation for Future Me Planning that is further developed in Treatment Phase 3. The Good Lives Model is founded on the belief that all humans share primary needs (or Goods). The model asserts that offenders have the same needs as other individuals, but that their attempts to meet those needs were disrupted by either limited scope (too much emphasis on a single need) or dysfunctional avenues for achieving those needs (e.g., engaging in violence to meet needs). The model is positive in nature and approach-oriented. A primary goal of the model is to build a balanced, self-determined lifestyle.

Other Psychoeducational Groups as Deemed Appropriate: There may be instances where it is clinically or administratively appropriate to add psychoeducational groups to enhance treatment services for the resident population.

Comprehensive Treatment Program

Phase II – Awareness: Disclosure and Discovery

This phase involves the residents working with clinical staff to develop an agreed and comprehensive identification of the main factors that contributed to their past offending, including identifying the operation of these factors in the here and now. Residents first make a polygraph-assisted disclosure of their life history, patterns of offending, and current functioning. They then use this to identify the factors in the way they live their lives that put them at risk for future sexual offending. Each resident must complete a Disclosure Group that covers his full offending, relationships, and sexual history.

Within the Conventional track the following clinical tasks are defined for Phase II:

- Life History Disclosure: giving a full and honest picture of the main features of his life from childhood onwards in a way that helps to make sense of his actions and lifestyle up to the present.
- Sexual History Disclosure: giving a full and honest picture of the range and nature of his sexual offending, identifying patterns of offending across the different stages of his life.
- Active Accounts of Offending: Developing a full and honest account of at least three representative offenses including the background to each offense. In giving this account, the resident should identify and dispute distorted thinking that played a part in his offending.
- Using the above to discover the main risk factors that contributed to his past offending (these are referred to as personal risk factors).
- Exploring life values: Exploring what he values in life: examining how far he achieved what he values in life in the past and how far he is achieving this now while at SC SVPTP; determining what aspects of himself have been, or continue to be, barriers to achieving the kind of life he values (these are referred to as personal life-barriers).
- Reliably monitoring his current functioning so that he accurately reports when personal risk factors or personal life-barriers operate in the here and now.

Opportunities to complete these tasks are provided by participation in two successive primary treatment groups: a Disclosure group (Phase 2.1) which emphasizes basic factual disclosure, followed by a Discovery group (phase 2.2), which emphasizes the identification of personal risk factors and personal life-barriers. Both groups have application sessions, which focus on current functioning and provide opportunities to demonstrate insight into the current expression of personal risk factors and personal life-barriers.

Residents in Phase II must also complete a Sexual Arousal Management Module if deemed necessary in their case in order to advance to Phase III. This will consist of psychoeducation in the practice of sexual arousal management and psychosexual testing to establish a baseline of their deviant and non-deviant sexual interests.

Residents will also be assessed using the Penile Plethysmograph (PPG). This is a tool used to evaluate the sexual arousal patterns of men. He will also participate in a Polygraph examination to gauge the truthfulness and accuracy of his offense and life disclosures.

Phase III – Healthy Alternative Behaviors

Upon satisfactory completion of Disclosure and Discovery, residents advance to Phase III of the Wellpath Comprehensive Treatment Program. During the course of Phase III, offense specific content elements are covered in depth. Each of these elements is dealt with through individual processing specific to each resident's offense pattern and cycle, as well as through group interaction and peer feedback. Examples of key treatment targets are:

- Creating a cohesive group with pro-change norms and a sense of optimism about change;
- Re-evaluating self-statements and deeper attitudes supporting or justifying offending;
- Identifying and modifying self-statements made to overcome internal inhibitors to offending;
- Increasing awareness of deficits in coping and specific problematic emotions for each individual;
- Learning and practicing effective coping strategies for dealing with anger, anxiety, depression, boredom, humiliation, and resentment;
- Learning and practicing relationship skills and ability to give and receive support;
- Acknowledgement of deviant sexual arousal/interest;
- Identifying the role of substance abuse prior to offending behavior and during offense;
- Verbalizing an account of events and behaviors that comprised the offense, including all sexual behaviors engaged in and the thought processes that justified and excused these;
- Reducing deviant sexual arousal and increasing non-deviant sexual arousal;
- Re-evaluating dysfunctional thinking styles and establishing new functional thinking styles;
- Undermining any belief that the experience of being abused was harmless or positive for the victim(s);
- Increasing cognitive dissonance between preferred self-image and offending behavior;
- Creating goal ladders and set short-, medium- and long-term life goal strategies;
- Practicing new coping strategies for avoiding, controlling, or escaping from the exact triggering event of the offense, and for other similar events;

Within the Conventional track the following clinical tasks are defined for Phase III:

- Develop the ability to reliably control the operation of factors that predispose one to offending or which are barriers to his living the kind of life he values.
- Develop the motivation to persistently work on making and sustaining these changes.
- Practice applying this new way of living in an increasingly wide range of situations.

Comprehensive Treatment Program

The Development Program is an open-ended group therapy program that helps residents develop control over unhealthy ways of functioning and replace them with healthier, more pro-social functioning. There are four primary blocks, each of which focuses on a different aspect of the resident's functioning: self-management; socio-affective functioning; distorted beliefs; and sexual interests. Residents are expected to work on each of these areas at least twice during the Development Program.

PHASE IV – Maintenance and Comprehensive Discharge Planning

Unlike Phase II and Phase III, Phase IV is organized with continuous entry and exit of participants based upon completion of the individually targeted treatment goals developed by the individual with feedback from the entire treatment team at the time of completing Phase IV. Participants are able to complete Phase IV when they have achieved all designated outcomes and exhibited exemplary behavior in all aspects of programming for a minimum of one year. Length of time in Phase IV depends upon their individual rate of progress and community resources available to support a safe discharge plan.

Phase IV provides an additional behavioral and skill development benchmarking process to ascertain over a period of time to what extent each participant has both acquired, integrated, and is now demonstrating behaviorally the attitudes and skills critical to avoiding future sexual offending behavior. If it is determined that a resident has not made sufficient progress in the areas targeted, or has not sustained previous gains achieved, the treatment team considers with the resident, with feedback from the other group members, whether it is necessary for that resident to repeat a previous critical treatment phase.

Discharge Planning

It is important to realize that discharge from the SC SVPTP is solely a legal determination. Residents in treatment work toward a successful discharge throughout their stay. Preparation for discharge begins during the intake/assessment process at the SC SVPTP with a tentative discharge plan. During Phase IV, each resident being considered for discharge (assisted by the Clinical Therapist and Social Services Director) develops a comprehensive and personalized plan including the following elements:

- Comprehensive relapse avoidance and "new me life planning" prevention plan.
- Approved living situation.
- Specification of family and community support network.
- Planning for ongoing treatment and support in specified areas.
- Approved employment and financial plan, or plan to access such services.
- A plan to receive needed social services, health care, etc.
- Registration as a sexually violent predator with law enforcement agencies.
- Registration with probation or parole if necessary
- Compliance with electronic monitoring if indicated
- Arrangements for any other special needs.

Comprehensive Treatment Program

Because a particular individual's risk to re-offend varies over time and can increase or decrease in different situations and circumstances, it is critical to exercise continuing vigilance during fluctuations in individual functioning and environmental circumstances (for instance, access to a pool of potential victims). Community monitoring, containment, and treatment maintenance require the work of personnel with specialized knowledge and training. An adequate discharge plan must involve a number of key stakeholders including:

- The resident
- Resident's Assigned Clinical Therapist
- The Clinical Team Leader
- Social Services Director
- Family members
- Community support
- The Court
- Department of Mental Health
- Law Enforcement
- Victim (s) or their representatives
- Social service agencies

The Clinical Team will assist the resident in developing a plan for reintegration to the community.

The main objectives for the resident are to find housing, employment and sex offender treatment. The team member assists the resident by helping the client link up with employment agencies and community sex offender treatment providers.

Included in the Discharge Plan are the location where the resident intends to reside upon release, means of financial and personal support and the location and phone numbers of various private and public service entities in the community. It should be noted that since the life and circumstances of resident can change, the Discharge Plan is reviewed and updated when the treatment plan is revised.

The resident will be responsible for:

- Establishing what county, city and state in which he will be residing when released;
- Identifying community support that is available;
- Identifying his high-risk factors as they relate to work and community based living;
- Participating in the development of his Discharge Plan.

Integrated Care Plan

At the beginning of treatment (30 days), and at subsequent intervals (every 180 days), the Treatment Team assesses the needs of each resident. The assessments may include diagnostic interviews, psychological tests, and consultations with other program staff. Based on the assessments, the team develops an individualized set of treatment goals, which will be discussed with the resident.

Comprehensive Treatment Program

The Treatment Team monitors each resident's performance and learning, and meets with the resident regularly to discuss progress toward defined goals. Progressively, goals are revised over time to best meet the changing needs and level of achievement of the resident. Changes in the treatment plan are discussed with residents to ensure their involvement in treatment decisions.

Elements of the Treatment Program

The treatment program offers a variety of assessments, therapeutic groups and activities, and other rehabilitative services for addressing sexually deviant behavior, mental disorders and chemical dependency. Based on the unique needs of each resident, the treatment program may include different modalities. Treatment activities and assignments may include, but are not limited to, the following:

- Therapeutic community: All interventions and activities take place in the context of a well-organized therapeutic milieu. The goal is to maintain a stable and predictable environment for residents that is reality-oriented and humane. Residents not on the Secure Management Unit will be given the opportunity to engage in various levels of the therapeutic community hierarchy based on the demonstration of responsibility and accountability; this may include participation in committees, resident leadership positions and resident council.
- Psychopharmacology: If indicated, neuroleptic medications are prescribed and managed by a psychiatrist.
- Group therapy: Group therapy is provided and is a primary modality in the treatment process.
- Individual Therapy: This may be used in specific instances where needed and will be time limited and issue focused.
- Case Management: Each resident will be assigned a primary therapist who will meet with him weekly and who is responsible for monthly case monitoring and treatment planning services.
- Psycho-educational groups: Address issues related to sexual offending, including thinking errors, human sexuality, anger management, stress management, and social skills.
- Rehabilitative programs: These services focus on concrete, practical instruction and rehearsal of life and coping skills. Examples include recreation, leisure and wellness activities, and vocational/educational opportunities.
- Drug and alcohol education and counseling: Qualified clinical staff provide education and treatment for substance abuse problems.
- Sexual assessment laboratory: Detection and measurement of deviant sexual arousal is an important index of treatment effectiveness. PPGs are used for direct physiological monitoring of sexual arousal, and polygraph testing is used to monitor deception and honest self-disclosure.
- Spiritual needs: Religious services consist of a facility chaplain as well as periodic visits by designated Chaplains and regular religious groups.

Consent to Treatment

Informed Consent: A Treatment Team Member will review the treatment program with each resident. Each resident will be given the opportunity to consent or decline to participate in treatment.

Non-consenting Residents: Residents who have not consented to sex offender treatment will have the chance to participate in other activities at SC SVPTP.

Resident Therapeutic Community

Introduction and Purpose of Communities

A Therapeutic Community (TC) works to create a healthy physical and emotional environment that helps community members make positive changes. Communities are formed when people join for common advantages, and to work on common goals. Community members believe that their purpose can be achieved more effectively as a group than separately.

In secure treatment communities, the common goal is to change old thinking and behavioral patterns, and work toward living a pro-social lifestyle. Therapeutic programming is an integral component of the process of change experienced by community members in a therapeutic community.

TC Philosophy

TCs are responsible for developing their own philosophy with the assistance of treatment staff. The TC philosophy is created by its members and may be modified as the community membership changes. The philosophy should be memorized and recited by everyone at the end of the community meeting to increase the feeling of community. Each SVPTP Unit will work with its community representatives to develop its own philosophy or "creed."

TC Values

Values are the guiding principles for the community. Values define what is good and what is not. Some common TC values include: respect, responsibility, concern for others, humility, gratitude, helpfulness, honesty, and initiative.

Therapeutic Community Standards

In a therapeutic community, standards have a clear purpose: to ensure the safety and health of the community. Standards also have an understood aim: to give members the opportunity to practice healthy interactions within a community. This is referred to as "right living." One example of "right living" in the TC is the expectation that only spiritual, recovery, and inspirational postings will be visible in the members' living areas. Social and physical safety is required for psychological trust. Trust is essential to a willingness to take risks, to "act as-if," and for self-disclosure. Acting "as-if" refers to behaving in ways that are consistent with the values of the TC, even if the individual does not yet believe in or has not yet fully adopted the values of the TC. Acting as-if and self-disclosure are behaviors that TC members must be willing to practice if they are to realize the benefits that communities can offer as a primary method of change.

Program Standards

Program Standards of behavior define the relationship between individual members and the community, and identify behaviors to be corrected. Violations of Program Standards are expected while in treatment and provide an opportunity to implement corrective change. A violation of a Program Standard almost always results in a staff intervention. Interventions are designed to facilitate change in community members by providing better direction toward "right living" behaviors valued by the community.

Any violation of Program Standards will result in a verbal intervention by staff, at minimum, as well as an incident report if warranted. Following an incident report, a community member may also receive an assigned activity (i.e. Learning Experience) as a way to assist in moving toward change. Any violation of the rules may also result in referral to the Behavior Management Committee, per program policy, and therefore may result in further disciplinary action as determined by the Behavior Management Committee, including removal from the TC.

Resident Therapeutic Community

Unit Standards

Unit Standards are those standards specific to the operation of a particular community and may be unique to a specific area of the community (i.e. a particular housing unit). A violation of a Unit Standard can result in a pull-up from staff or a verbal or general pull-up from any community member.

Unit standards may include but may not be limited to: Picking up after yourself (i.e. pick up and dispose of any trash properly, whether yours or not); Raising your hand to be recognized to speak, except during activities when this is not necessary; Visibly display (when permitted by rules) only spiritual, inspirational, and/or recovery-supported material in living area; When beginning a session or when recognized to speak, always stand and introduce yourself to the community "Good morning/afternoon/evening, community; and When a community member has introduced himself or herself after being recognized to speak, the community should respond as one voice "Good morning/afternoon/evening."

TC Tools

The following tools are utilized in a TC to raise the awareness of a community member to their attitudes, actions, or behaviors, whether positive or negative.

Push-ups:

Push-ups are immediate acknowledgements of positive attitudes or behavior. Push-ups are interchanges between individuals, the community and a member, or group of members. Informal push-ups are not material rewards and occur frequently throughout the day, and may publicly occur at the Community Meeting. Examples of push-ups are supportive statements and applause.

Push-ups may also be provided by clinical staff to recognize extraordinarily positive behaviors that promote/reflect the core values of the unit and standards of the program.

Pull-ups:

Each TC adopts a system that places the responsibility for behavioral changes upon the community. Pull-ups are methods by which someone is made aware of negative behavior in order to: bring their awareness to the behavior, promote accountability for their actions and behavior, and reinforce mutual self-help. Pull-ups are a therapeutic tool used to assist members in taking responsibility for their actions. Each community member is responsible not only for his actions, but also for the actions of the community as a whole. All members are expected to utilize pull-ups and all pull-ups should be respected. In a TC, the expectation is that the member offering a pull-up is doing so from a place of **responsible concern**. With this expectation, the member being pulled-up is required to accept the pull-up without dialogue.

There are two types of pull-ups given by residents in the community: verbal and written.

- *Verbal Pull-ups:* Verbal pull-ups are the most common pull-ups. They are an immediate tool used to raise the awareness of a community member to a behavior/attitude that they may not be aware they are doing. It shows concerns by a TC member to another member who may not be appropriately handling emotions, behaviors, or tasks. Verbal pull-ups are also used for the community in general or when the member or members who engaged in negative behavior cannot be identified. The behavior should be addressed through a verbal pull-up at the community meeting. Members should be given the opportunity to verbally take responsibility for the behavior. The purpose of the general pull-up is to raise awareness and teach the value of being honest by taking responsibility for one's actions.

- *Written Pull-ups:* Written pull-ups may be provided to the resident by clinical staff following an incident where a negative behavior needs to be corrected. Written pull-ups may be accompanied by a Learning Experience to help the resident correct the behavior using therapeutic tools.

Learning Experiences (LEs):

The purpose of the TC is to change dysfunctional behavior. Consequences are intended to be corrective learning experiences. Clinical staff are responsible for issuing Learning Experiences (LE's) based upon a concept of "responsible authority."

Resident Hierarchy for the Therapeutic Community

The Resident Hierarchy for the TC shows the structure and organization of the TC and defines responsibilities of each community member. There is no "chain of command" in the TC. Instead, there is a **"line of communication."** and concepts of responsibility and accountability.

In a TC, promotion to higher responsibility requires a personal commitment, more than competence in a skill. The design of the TC structure acknowledges those who have become leaders in the community and provides motivation for new members to work toward the community's values. Increased self-esteem and community respect motivate advancement in the TC structure.

Roles and Responsibilities of Therapeutic Community Members

TC Governance:
Treatment staff are responsible for the safe operation of the SVPTP therapeutic communities and are identified as the top of all hierarchy structures within the program. This includes the authority to direct community members' behavior within treatment activities, determine Learning Experiences (LEs), or modify schedules.

Multidisciplinary Team:
The SVPTP operates using a multidisciplinary team approach. Both uniformed and clinical staff are at the top of the community structure and together have responsibility for all aspects of the TC. Staff are not only leaders but also role models for community members. Staff are responsible for establishing consequences and community members must obtain staff approval for all community activities.

Resident Council:
A Resident Council Member is responsible for role modeling at all times. He is selected via election by the entire resident community to represent them in an area of community interest. Each Resident Council Member is accountable for the overall condition and operation of the community. He must assume personal responsibility for the completion of all tasks, as well as the manner in which they are performed. Tasks should be performed in a manner that supports the values of the community.

Resident Council Members responsibilities are assigned by staff, but minimally include:

- Providing a direct line of communication between the community and staff,
- Keeping staff and all community members fully informed on all community issues,
- Gaining approval from staff for all events, i.e., thought for the week, announcements, postings, etc.
- Presiding over community meetings and ensuring that the spirit and functioning of the meeting reflects the level of pride and organization of the community,
- Calling meetings with Community Interest leaders and committees, or all community members, when approved by staff,
- Meeting with staff as needed.

Resident Council will consist of a total of eight representatives for each of the four key areas of community interest:

- Two Community Life Representatives (i.e. Property, Living Environment);
- Two Resident Services Representatives (e.g. Clinical Programs, Social Services, Medical Services);
- Two Resident Activities and Entertainment Representatives;
- Two Resident – At Large Representatives

Community Interest Leaders:

Community Interest Leaders are not only role models, but each is responsible for a specific function in the community. Each **must assume personal responsibility** for the tasks assigned to their respective committees on each unit, and the manner in which the tasks are performed. **Each SVPTP Unit will have a designated Community Interest Leader for each key Community Interest area** (e.g. Community Life, Resident Services, etc.). These Community Interest Leaders on each unit will be selected by the treatment team based on interest and the display of appropriate behavior and responsibility. Community Interest Leaders may be removed from their position by the treatment team if deemed necessary due to their conduct.

Community Interest Leaders must recognize that community members can only be "part of" the community if they have responsibilities to perform for the community. Therefore, the ability to help committee members be a "part of" the community through delegating responsibilities is one sign of a good Community Interest Leader.

Community Expediter:

The Community Expediter, with the support of the Resident Activities and Entertainment committee, is responsible for the operation of community activities (i.e. Community Meeting). A Community Expediter will be selected for each unit by the Treatment Team based on interest. They are responsible for the following:

- Ensuring that everything is prepared for the event (seating, etc.),
- Starting the session on time (not waiting until community members are ready),
- Making a formal introduction to get the attention of the community,
- Announcing whether community members are present, absent but accounted for, and/or absent but not accounted for,
- Introducing and turning the session over to the member responsible for the next event,
- Leading the community in applause.
- Announce the completion of the event,
- Thank the member/guest who led the event,
- Provide communication to the community regarding what will occur next,
- Lead the community in applause.

Community Meetings

The community meeting lasts approximately 30 minutes and occurs once weekly on each unit. A community meeting is not held on the Secure Management Unit.

The purpose of the community meeting is to **bring the community together, organize the week, share information and educational material, as well as to inspire and motivate community members**. In addition to necessary announcements, a major part of the community meeting is dedicated to inspirational activities such as reading a meditation and participation in staff approved activities, including songs, jokes, games, or entertainment. The inspirational and motivational activities often require participants to appear in front of the community. This helps to instill confidence, break down images and fears, and to develop trust in the community.

The following scripts are one way of orchestrating community meetings in a TC. The scripts are composites of a variety of meeting styles observed in TCs. Though each TC may have its own meeting style, the following style described is consistent with most TCs; all efforts to maintain the integrity of the scripts should be made when structuring meetings.

Resident Therapeutic Community

All leaders are seated at the back of the room. The community is seated in an orderly manner organized into committees.

At the scheduled start time, the Community Expediter promptly announces the beginning of the meeting.

"Good afternoon community, myname is_____."

The community responds in unison with "Good morning Mr._____."

"Today is (day, date). The community meeting has now begun. (The Community Expediter gives an accounting of the community members: # present, # absent but accounted for, and # absent but not accounted for). At this time, I will turn the meeting over to_____(i.e. Community Interest Leader)."

Community Interest Leader (stands)

"Good morning community, myname is_____."

The community responds in unison with "Good morning Mr. /Mrs._____."

"The community meeting is designed to bring the community together and set the tone for our activities."

The Community Expediter now turns the meeting over to the successive committees and the meeting continues on in this fashion…

Each unit of the SVPTP will have its own agenda for each community meeting. It will be the responsibility of the Community Expediter and Interest leaders to organize the format of the week's community meeting and to take responsibility for ensuring that the community meeting is held in accordance with these guidelines. Failure to do so will result in removal of this responsibility.

REMEMBER, THIS IS YOUR CHANCE TO DEMONSTRATE HOW YOU ARE ABLE TO:

TAKE RESPONSIBILITY FOR YOURSELF AND YOUR COMMUNITY,

MAKE THE RIGHT CHOICES,

SHOW YOUR ABILITY TO MANAGE STRESS

ESTABLISH HEALTHY TRUST, AND

SHOW A CONCERN FOR OTHERS

Health Services

The facility's Health Services staff provide essential medical, dental, and mental health (psychiatric) services in a manner consistent with accepted community standards. Primary and routine care is available onsite from licensed providers. Specialist care, when required, is available from an established network in the community.

New admissions: All new admissions will receive a medical and mental health screening upon admission by the nursing staff. Within a week, newly admitted residents will get a History and Physical exam by a physician or nurse practitioner. Dental exams are available on request, including an annual check-up.

Requesting Healthcare Services:

The process for residents to request non-emergency health services is referred to as "Sick Call".

1. Residents must complete a Healthcare Request Form ("Green Slip", or "Sick Call Form") and place it in the designated box located on the unit. Do NOT use Resident Communication Forms, Grievance Forms, or any unauthorized form to request healthcare services.
2. A nurse will triage the Healthcare Request Form to determine the urgency of the illness or injury. Triage is the process of prioritizing sick or injured people for treatment according to the seriousness of the condition or injury.
3. Healthcare requests may be responded to in writing, or residents may be scheduled to see a physician or nurse practitioner. Sometimes, a nurse may evaluate the resident to see if protocol requires immediate treatment of symptoms.
4. Healthcare evaluations will occur in order of triage as determined by nursing and medical staff and residents will be notified of scheduled appointments.

Chronic care clinic: Residents with chronic medical problems are also able to access routine medical care and follow-up by clinic staff, including laboratory tests. Health promotion is emphasized through counseling given during clinic visits. Residents are educated about: effects of medications; infectious disease prevention; the management of conditions such as cardiovascular disease, diabetes, and hypertension. Offsite medical services are readily available for any medical condition that requires evaluation and management by qualified specialists.

Health Services

Over-the-counter medications (OTC): All medications require a physician order. Residents may request Tylenol, Ibuprofen, Mylanta, throat lozenges, cough medicine, or milk of magnesia through the sick call process.

Medical Emergencies: Any resident experiencing a sudden onset of difficulty breathing, severe pain, chest pain, seizures, unconsciousness, choking, severe bleeding, obvious fracture, laceration, or injury is considered to be having a medical emergency. If the resident is able, they should immediately notify the nearest staff member. If another resident is seen to be experiencing any of the above signs but is unable to communicate, the nearest staff member should be alerted to the resident's condition. Based on the severity of the illness or injury, nursing staff may respond to the resident's location or request that the resident be brought to the clinic. The resident will be evaluated by a nurse in consultation with the physician or nurse practitioner. During medical emergencies, residents will be provided necessary medical treatment, included 911 being called to the facility if needed. Residents may refuse all medical treatment but may not refuse to be transported to an outside medical provider or emergency room.

Smoking: The use of tobacco products is prohibited.

Medication dispensing: Medications are prescribed by the physician or nurse practitioner, and are administered by nursing staff. Medical and nursing staff are available to discuss any questions or concerns that you may have about your medications.

Americans with Disabilities Act

The SC SVPTP is committed to providing residents who have disabilities the same high quality treatment, care, and services provided to residents that do not have disabilities.

Language Services

The SC SVPTP provides residents with auxiliary aids and services when necessary to ensure effective communication with deaf or hard-of-hearing residents and companions.

The SC SVPTP will provide a translator for Limited English Proficiency (LEP) and appropriate auxiliary aids and services to assist with deafness or hard-of-hearing.

Resident Council

It is the policy of the SC SVPTP to maintain a Resident Council, which will meet monthly. The purpose of these meetings is to engage residents and staff in discussions about issues that are important to residents and impact the day-to-day living at the Facility. Each residential unit will be represented by at least one member on the Resident Council.

Appointment Process

1. To serve on the Council, Residents must be CARE Level 5 and express an interest in serving their unit.
2. Residents from each unit will select a representative by voting from a ballot of candidates that are eligible and interested in serving.

Term of Council Membership

1. Residents may serve on the council for a term up to one (1) year. Residents may serve on the Council for up to two (2) consecutive terms, but the appointment process outlined above must be followed for a second term on the Council immediately following the first term.
2. Residents who voluntarily end their membership on the Council must wait six (6) months before being elected to serve on the Council again.
3. Any Council member whose CARE level falls below Level 5 will be removed from the Council.
4. The Facility Administrator or designee can remove residents from Council membership for not following agreed procedures at meetings, not adequately relaying Council information to fellow housing unit residents, for safety/security reasons, or displaying other inappropriate counter- therapeutic behavior.
5. If a vacancy opens on the Resident Council, it will be filled using the appointment process outlined above.
6. Residents that are involuntarily removed from the Council for displaying inappropriate behavior may not reapply for membership for at least six (6) months.
7. Elections will be supervised by Treatment Team staff.

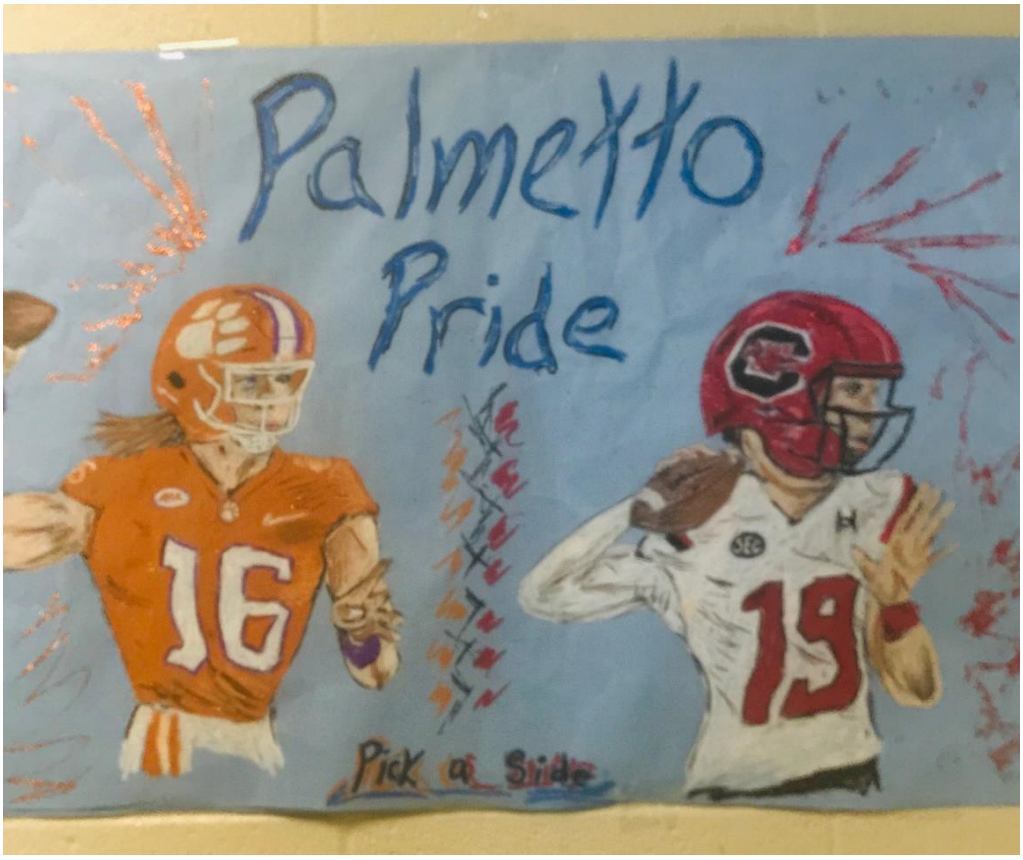
Duties and Responsibilities of Resident Members

1. Council members will gather information from their fellow residents.
2. Council members may meet independently as a group prior to the council meeting to develop an agenda for the meeting.
3. Agenda items may not be personal and/or individualized, but should be meant to improve program operations or promote therapeutic community objectives.
4. Agenda items will be forwarded to the Facility Administrator or designee at least three (3) working days before a Council meeting.
5. The Council will meet at least monthly.
6. Special issue Council meetings can be called/scheduled as necessary
7. Following Council meetings, Council discussions and decisions will be shared with residents via official minutes. This will insure uniform communication of issues discussed and decisions made. All material discussed will be disclosed, unless there was a joint decision in the meeting that certain discussions needed to be closed pending further discussion at the next Council meeting.
8. The role of Council representatives is advisory only

Resident Council

Duties and Responsibilities of Administration:

1. Arrange for a time and place allowing the Council members to meet as a group prior to council meetings in order to cooperatively develop an agenda.
2. Provide representatives at the monthly meetings that have authority to address resident concerns
3. Arrange for an election process



Grievances

Resident Grievances

No resident or staff will be subjected to reprisal, retaliation, harassment, or disciplinary action for filing a grievance or participating in the resolution of a grievance. **An informal attempt to resolve issues submitted by residents through a communication form is done prior to initiating the grievance procedure. Residents who do not use the grievance program in good faith or in an honest and straightforward manner may have their grievances rejected.**

Grievance Procedure

1. To file a grievance, a resident should first get a Grievance form from the designated location on his unit.
2. Forms that are duplicated/altered may be returned unprocessed.
3. Residents will only write a single issue on a Grievance form. If multiple, unrelated issues are raised on a single form, the grievance may be rejected and returned by the Grievance Coordinator.
4. When completing the Grievance form, the resident should include all identifying information and briefly state the complaint on the form. Grievances that take up more space than allowed on the form may be rejected. One copy of any supporting exhibits must be submitted by the resident. Copies of supporting exhibits may not be returned to the resident.
5. Once the Grievance form is complete, the resident will submit it by placing the white and yellow copies of the Grievance form in the designated box on the housing unit. The resident will keep the pink copy as a receipt.
6. The Grievance Coordinator will then pick up the Grievance forms and distribute them to Department Heads for resolution.
7. If a resident writes a grievance about an issue that has already been addressed through the Grievance Process, the form will be returned to the resident referencing the prior decision, even if the resident was not satisfied with the first decision.
8. The Department Head will be responsible for making sure that the issue is responded to in 10 working days.
9. A resident may not file a grievance on behalf of another resident.
10. Residents may be restricted or provided further limits if they are found to have filed excessive / frivolous grievances.

Attempt at resolution

The Department Head or designee shall attempt to resolve the grievance within 10 working days after receiving the Grievance. The Department Head or designee will fill out the attempt to resolve section of the form. Both Resident and staff will sign and date the form. If the matter is successfully resolved, staff will provide the yellow copy of the SC SVPTP Grievance Form to the Resident and forward the original to the Grievance Coordinator to file.

Facility Administrator Response

When a resident does not feel the grievance has been resolved satisfactorily by the Department Head or designee, the Grievance Coordinator will forward the yellow and white copies to the Facility Administrator. The Facility Administrator or designee shall make a decision regarding the grievance within 10 working days, whenever possible and document findings on the Resident Grievance Form. The resident shall be provided the yellow copy of the Resident Grievance Form.

Grievances

Appeals to Wellpath Vice President

1. When a resident does not feel the grievance has been resolved satisfactorily by the Facility Administrator, he may appeal to the Wellpath Corporate Vice President (VP) within 10 days of receipt of the Facility Administrator's response by submitting a SC SVPTP Resident Grievance Appeal form in the appropriate Resident Communication Box. The resident will keep the pink copy as a receipt.
2. Information raised in an appeal submitted to the Wellpath Corporate VP that was not raised in the original grievance will not receive a response.
3. The Wellpath Corporate VP or designee shall make a final decision regarding the appeal within 15 working days, whenever possible, and document the findings on the Grievance Appeal Form.
4. The Appeal decision will be returned to the Grievance Coordinator to provide a copy of the appeal determination to the resident and to coordinate any recommended resolutions.
5. The determination by the Wellpath Corporate VP is final.

Rejection of Grievance

The Grievance Coordinator may return a Grievance/Appeal to a Resident without a response when the grievance is written in an obscene or abusive manner or for other violations of SC SVPTP Policy.

When a Grievance/Appeal is rejected, a Resident will be provided a written notice by the Grievance Coordinator explaining the reason for the rejection. A reasonable time extension may be granted by the Grievance Coordinator to allow the Resident to correct the submission.

Issues that cannot be grieved:

1. State and Federal court decisions, laws, and regulations;
2. Actions/Inactions of another resident;
3. Matters of which other appeal mechanisms exist;
4. Matters beyond the control of Wellpath.

Resident Communication

Resident Communication

The SC SVPTP shall provide a fair and responsive system for residents to express their requests and concerns.

The Resident Communication Form is provided for all residents in the promotion of communication flow between residents and staff. Requests for everyday needs should be made directly to staff in verbal form. All Resident Communication Forms that are written in a manner that is threatening, disrespectful, written on more than one page, or stating more than one request, will be returned to the resident unanswered and unrecorded.

The Resident Communication Form consists of 8 categories of concern or interest. Each is itemized on the Resident Communication Form:

- Property (i.e. package request)
- Treatment
- Security
- Programs / Activities
- Medical Services (except sick call)
- Food Services
- Maintenance
- Other (specify an area of concern not a person).

The Resident Communication Form is mailed to program staff by depositing it in the central Resident Communication box.

The box will be emptied each working day. Staff will sort the communications for the appropriate departments. The staff then forwards the communication forms to the appropriate department. Communications forms are not designed to be delivered to a specific person. They are designed to be addressed by department / area of concern / area of interest. Putting the name of a staff member on the form will not guarantee that the form will be delivered to a specific staff person.

Residents are encouraged to speak to their therapist or unit staff rather than utilize the written communication process to more quickly and informally resolve issues that arise.

All communications submitted must be dated and signed or they will be returned.

Not all Communication Forms will receive a written reply. Some issues will be addressed through weekly meetings with the resident's assigned Clinical Therapist.

Photocopy Requests

Residents of the SC SVPTP are only allowed to have photocopies made of legal material or of their treatment record. Residents are provided one copy of their Care Plans, and Annual Reviews, and may be provided copies of their treatment assignments at the discretion of their Treatment Team.

The Medical Records Department is responsible for making copies of both treatment and legal materials. Residents will be charged $0.15 for each page copied.

To request copies, a resident will fill out a Communication Form addressed to "Medical Records" and indicate that they are requesting copies.

When completing the Communication Form, the resident will also complete a Resident Trust Withdrawal Form and list the vendor as "SC SVPTP".

Resident Communication

If the resident is requesting legal copies, he will indicate in the communication form how many pages are in the document to be copied and how many copies of the document are being requested.

The Business Office will process the Withdrawal Form and send a copy of the completed form to the resident or notify the resident if they do not have enough funds to process the request; the Business Office will then notify the Medical Records Department that the copies have been paid for and can be made.

If the resident is requesting copies of his medical record, he will indicate approximate dates/date ranges and sections of his record that he is requesting.

The Medical Records Department will review the request, determine how many pages are in the section(s) of the chart that are being requested, and get clarification if needed. Once the number of pages is determined, this will be communicated to the Business Office.

The Business Office will then process the Withdrawal form and send a copy of the completed form to the resident or notify the resident if they do not have enough funds to process the request; the Business Office will then notify the Medical Records Department that the copies have been paid for and can be made.

As with any other public records request, residents may be charged reasonable labor costs.

If a resident is indigent, he may have up to 25 pages copied each month without charge. A resident is considered indigent if he had no more than $10 in all of his combined accounts at any point during the previous month. If the number of pages of documents requested to be copied exceeds the number of pages available to indigent residents, the resident will be asked to select the pages to be copied, up to his monthly allocation of 25. Indigent residents will also be provided paper, pens, envelopes and postage to mail the necessary pleadings to the courts.

Resident Life and Rules

Resident Review of His Records

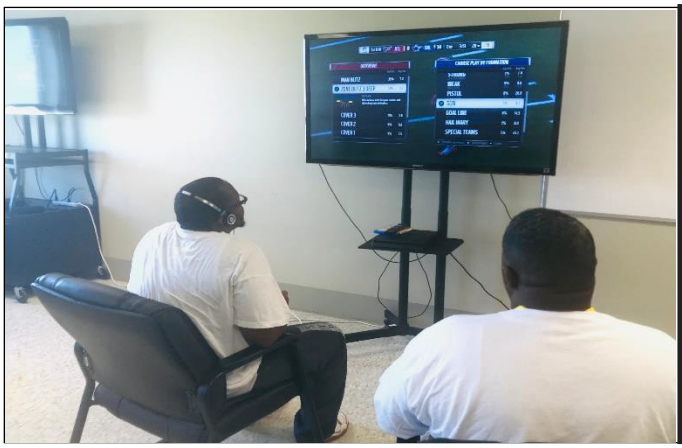
It is the policy of the SC SVPTP to provide residents with a process to review their medical record.

1. Using the Resident Communication Form, a resident may make a written request to review his health record or behavioral management files.
2. The resident may not remove or otherwise destroy any documents contained in his health record or behavioral management files.
3. Requests to view the health record should be coordinated through the Medical Records Department. A staff member will be present at all times during the review of records.
4. Requests to view records will be processed in accordance with the resident communication guidelines listed above.
5. On the day and time scheduled for the file review, the resident will be escorted to an area where the record review can occur in the presence of a staff member. The staff member will remain with the resident throughout the review period.
6. No more than thirty (30) minutes are to be allocated to the resident for the review of his records.
7. A resident may review his records once every 60 days.

Curfews:

Residents are expected to be in their rooms at the following times each day based on their current CARE Level:
Care Level 1: Weekdays: 8:00pm, Weekends: 8:00pm;
Care Level 2: Weekdays: 8:00pm, Weekends: 9:00pm;
Care Level 3: Weekdays: 10:00pm, Weekends: 11:00pm;
Care Level 4: Weekdays: 12:00am, Weekends: 1:00am;
Care Level 5: No Curfew

Residents may be required to return to their rooms earlier at the discretion of the Behavior Management Committee, Treatment Team, or Shift Supervisor/Unit Manager. Residents on CARE Level 5 may leave their rooms during the night, but their room doors must be locked at all times. Such residents will only be allowed to return to, or leave their rooms every half-hour. Residents assigned to the Secure Management Unit will follow that unit's schedule regardless of CARE level.



Safety and Security

Identification Cards: Residents are issued ID badges with a yellow lanyard. These must be worn around the neck as intended at all times if a resident is outside of his room.

Formal Counts: Counts are scheduled at regular times during the day. Residents return to their residential housing units unless they are placed on an out-count by the Security Shift Supervisor. Master counts require all residents to be in their residential units until the count has been completed. During all counts, all resident movement within the building will be frozen until staff is notified that the count has been cleared. During all formal counts, residents are at their assigned residential unit, and either standing at their doors or inside their rooms. Staff may request to see the residents' identification during formal counts.

Emergency Counts: In the event of an emergency situation, staff may conduct unscheduled counts. Resident cooperation is required.

Fire Drills: Residents must participate and cooperate in fire drills. Full evacuation of the living unit is required. Evacuation drills can occur at any time and are not pre-announced.

Protective Management: Residents who have concern for their personal safety may request protective management at any time.

Searches: Searches will be conducted of residents, visitors, and facility grounds to prevent the introduction of contraband and provide a safe, secure environment to live and work.

Housing unit and room search is the process of looking in or through a resident's personal belongings in an effort to find contraband.

Random searches are conducted without reason or as a routine process.

Cause to search: The discovery of information that would lead a reasonable person to believe that an employee/visitor/resident could be involved in the introduction or movement of contraband will be a cause to search.

Staff, Resident, and Visitor Interactions

Residents are not allowed to address staff by their first names or to touch any staff. Residents must address staff by their proper title or appropriate status and last name – (e.g. Doctor, Mister, or Miss). It is the policy of the SC SVPTP that staff may not give or receive any services, gifts, personal correspondence or gratuities to/from residents that can create expectations of reciprocity, favor, privilege, or entitlement or could impact the professional boundaries between staff and residents.

Staff:

- Cannot give or receive any services, gifts, or other forms of gratuity to/from residents or visitors.
- Cannot engage in any form of non-work related personal correspondence with any resident or former resident, resident's visitors, families, or friends.
- May, with approval of the Facility Administrator or designee, donate items that are suitable for general use/enjoyment by all residents and/or visitors to the facility. For example, games to be used by all.

Residents:

- Cannot engage in any form of personal correspondence such as letters, cards, poems, or drawings with individual staff.
- Cannot give or receive any services, gifts, or other forms of gratuity to/from staff.
- Cannot engage in a personal relationship with staff while employed or post-employment.
- May donate items that are suitable for general use/enjoyment by residents and/or visitors to the facility. For example, artwork to decorate facility walls. Donations are approved by and made through the Facility Administrator or designee.

Visitors:

- May donate items that are suitable for general use/enjoyment of residents and/or visitors to the facility. For example, recreational items for use in the gym, supplies for gardening. Donations are approved by and made through the Facility Administrator or designee.
- Cannot engage in any personal, non-work related correspondence with facility staff.
- Cannot give or receive any services, gifts, or other forms of gratuity to/from staff.

Resident Visitation and Telephone Usage

Visitation

It is the policy of the South Carolina Sexual Violent Predator Treatment Program (SC SVPTP) to facilitate visitation for residents so that they may maintain prosocial relationships with family members, clergy, friends, and other positive social contacts in the community. The SC SVPTP recognizes that visitation is an important component of the Comprehensive Treatment Program when facilitated in the least restrictive manner possible, while maintaining a safe and therapeutic environment.

Regular visitation will be from 9:00 a.m. to 3:00 p.m. Saturday and Sunday. Residents may receive a visit each day specified.

All visitors who request a visit must do so in writing and submit an email to the facility by the Friday before the scheduled visit, and the proposed visitor must already be on the residents pre-approved visitor list using the specified procedures in the visitation policy. In the event of a visit on a holiday or a special visit, the request must be received, in writing, at least 1 business day (24 hours) prior to the requested visit date. Visitors that arrive that have not been pre-approved will be turned away. Residents may visit with their approved visitors for up to 4 hours, but visits may not exceed 3:00 p.m. Visitor registration will begin at 8:30 a.m. All visitors will be entered on the visitation log. No more than 4 visitors will be allowed per visit, per resident. Residents will be subject to search prior to and after each visit, and may be subjected to search at any time (even during the visit) as determined by staff supervising the visit.

Additionally, visitation will be available on the following Holidays:

- New Year's Day;
- Memorial Day;
- Independence Day;
- Labor Day;
- Thanksgiving Day;
- Christmas Day.

Visitors arriving at the facility after 2:00 p.m. will not be registered or allowed to visit. Custody Officers will ensure that security is maintained during all visits. Newly admitted residents will be allowed to apply for visitation after a 30 day observation period.

Residents on Secure Management Status will not be allowed visitors. Residents on Constant Observation or Close Observation status will not be allowed visitors.

Residents on CARE Level 2, Wing Restriction, or those assigned to the Secure Management Unit must submit a special visit request. If approved, the Resident will meet with an approved visitor for a maximum of 2 hours.

Resident Visitation and Telephone Usage

All visitors must be approved according to the Resident Visitation policy (SO 100-03). Residents must submit a Visitor / Telephone Contact Application form in order to initiate the process to add a contact to their approved visitation list. All visitors will be subjected to search procedures, and will only be allowed to bring items into the facility that are specified in policy. Visitors are expected to abide by facility policy or they will be removed from the premises.

Telephone

The SC SVPTP recognizes that contact with family and friends is an important therapeutic opportunity to practice skills learned in the program. However, telephone contact with family and friends is a privilege which can be suspended, restricted, or terminated at any time due to resident noncompliance and/or legitimate concerns regarding the safety and security of residents, employees, and the facility. SC SVPTP also recognizes that residents have a right to communicate with their attorneys which cannot be suspended or revoked. SC SVPTP will adhere to all South Carolina Department of Corrections (SCDC) policies and procedures in coordination with this policy.

Resident legal calls will be organized through the Grievance Coordinator and may be set up by the resident's attorney by using a secure email designed to track legal call requests. Residents may also request to have their assigned attorney added to their approved contacts so they may call them directly using the resident telephone system.

All telephone contacts must be approved according to policy. Residents must submit a Visitor / Telephone Contact Application form in order to initiate the process to add a contact to their approved telephone list.

Individual telephone calls will be charged directly to the resident's canteen account. Telephone calls are not listened to or recorded; however, the facility has the right to investigate call logs and monitor telephone usage. Residents are not allowed to contact the following:

- Other resident family members
- Victims
- Family of victims
- Staff members
- Staff member's families
- Person(s) that the resident is forbidden to contact (this list is not all inclusive).

Residents who misuse the telephone system may have their telephone usage suspended for a period of up to one year. Justification must be provided to the resident in writing by the Facility Administrator, Security Director or Clinical Director.

Resident Behavior

Consequences, Alternatives, Responsibilities, Encouragement (CARE) Program:

The SC SVPTP provides each resident with clear and consistent guidelines regarding appropriate resident behavior, and responds to appropriate and inappropriate behavior based on these established guidelines. These guidelines provide privileges and incentives for each resident to engage in appropriate and therapeutic behavior, and to delineate specific therapeutic consequences for residents who engage in facility rule violations and unlawful behavior.

A description of each CARE Level and the associated privileges, responsibilities, advancement criteria, as well as property allowances and package order allowances is provided on each unit. These may be periodically updated by program administration.

Application for Privileges:

To apply for Level Advancements, residents must complete an application and submit it to their Case Manager. Once the application is deemed completed and is approved by the Case Manager, Clinical Team Leader and Unit Manger, the request is forwarded to the Clinical Director for final approval and processing.

When final approval has been granted, the resident will receive a new ID card reflecting that level. Privileges available at each level of the CARE Program will be listed in each housing unit.

The treatment team and/or the Behavior Management Committee may revoke, suspend, or restrict privileges for not following rules or for not maintaining a good standing in treatment (i.e., being placed on a behavioral contract or treatment agreement).

General Behavioral Expectations:

- Residents will familiarize themselves with the unit rules and procedures and abide by them.
- Residents are expected to socialize with peers and are encouraged to spend appropriate time with others rather than spending too much time alone.
- Resident room doors need to be closed at all times (not cracked or open).
- Residents must be in their rooms at bedtime. Do not wait until bedtime to warm food, take a shower, get ice, etc. Residents will not socialize with others through the door.
- Residents who live on the first floor will not be on the upper tier for any reason.
- Residents will not trade, borrow, lend, sell, or buy items from other residents. This includes directly or indirectly (e.g., through third parties including family and friends), or providing for other residents via canteen purchases or providing any kind of bartering or compensation for doing a task for them (e.g., typing assignments, charging batteries).
- Free gifts (e.g. as a result of an order placed with a company) sent to the resident are not allowed.
- Family members and friends are not allowed to send the residents any items other than letters. Residents are not to give personal cards, letters, and/or gifts to staff members.
- Book purchases will need to be approved by designated staff prior to ordering. Residents may only keep up to 10 books in their room at any given time. No approval is considered final until the book is reviewed upon receipt. Residents should familiarize themselves with the allowable content per the Books and Magazine Policy.
- Showers and phone calls must be made prior to curfew hours. No resident will be authorized to take a shower or make a phone call during curfew hours unless approved by Security.
- Residents are not permitted to use the shower during therapeutic study hour, community meeting, or during medication pass. Residents are not permitted to use the phone during therapeutic study hour or community meeting.

Resident Behavior

Dress Code

Residents will be permitted to wear personal clothing to include standard civilian clothes, permitted they meet the required guidelines.

1. Residents may wear personally owned clothing that they have received through the approved package process or other authorized means.

2. Residents may wear personally owned clothing providing that they are a CARE Level 2 or higher. Residents who are CARE Level 1 or housed on the Secure Management Unit will be restricted to Facility issued clothing, unless authorized otherwise.

3. Residents are not permitted to wear any clothing that have the following conditions:
   - BDU or cargo style pants
   - Khaki pants
   - Polo Shirts
   - Any clothing that is similar to staff uniforms
   - No gang-related logos or sayings
   - No large logos, sayings, or pictures (except sports logos)
   - Overly tight clothing, baggy clothing, crop tops, clothing with holes, clothing that does not fit properly
   - Only authorized style Velcro belts
   - Women's clothing of any kind
   - Steel toe shoes/boots
   - Military style clothing/shoes/accessories
   - Gloves (with the exception of non-leather palm-style workout glove or knitted fingerless glove that have been approved for purchase during cold weather which are permitted for wear)
   - Clothing that has been altered in any way from its original condition
   - Any other clothing that is not approved by Security/Clinical Departments.

4. Tank tops/sleeveless shirts will not be visibly worn outside of the resident's room, but can be worn as undershirts while in common areas.

5. Shorts are authorized to be worn while in the room, dayroom, unit rec yards, group, education classes, activity center, or large rec yards. Shorts are not authorized to be worn at any other area.

6. No undergarments will be visible at any time.

7. Residents who refuse to follow the approved clothing process/wear clothing correctly, or attempt to bypass approval will be referred to the BMC.

Resident Behavior

Room Standards

Resident rooms will be randomly searched and inspected.

Residents may be present during an inspection but must remain outside the room unless requested by staff to enter the room.

It is not required that the resident be present when their room is being inspected/searched. The common practice will be that the resident is present, but this is not a requirement. If the resident is present, he will not interfere with or comment upon the search/inspection. After the search/inspection, staff will inform the resident of any concerns. Resident will correct any concerns immediately.

Nothing is to be hung or placed on the bedroom walls, ceilings, windows, doors, and/or floors. This includes but is not limited to sheets, clothes, towels, paper flaps, etc. Residents may hang personal photographs on the inside/outside of their lockers using the approved method.

No homemade shelving is allowed. Any broken items including furniture must be reported via Communication Form immediately. Residents will not wait until the broken item is discovered during a staff inspection.

Resident room entrances and floors must be free of items (including room furniture, books and/or papers, clothing etc.) so a person can walk without stepping over objects (including room furniture, books or papers, clothing etc.).

Resident doorway and door window must be free of obstructions to vision (including anything that blurs or blocks the view inside the room)

Resident room light, window casement, and air vents must be fee of obstructions.

Approved postings can be hung on personal lockers only. Nothing may be posted that promotes the glorification of illegal substances or alcohol, sexual deviancy, sexual exploitation of children, or violence, or which depicts nudity, contains racial slurs, or promotes any racial organization declaring supremacy over another.

Electronic equipment must be kept intact (no opened compartments, loose, or disassembled components).

Clothing, footwear, towels, and blankets must be stored folded, hung up, and/or neatly packed away in approved storage areas (i.e. locker or container).

When not in use, property must be neatly stored and must fit in designated and approved storage areas. Any excess property will be treated as contraband.

Legal storage boxes must be clearly marked as such, be neat and orderly and must contain only legal materials.

Food, cups, and bowls must be stored neatly. Items will be washed immediately and not be left soiled.

Resident beds will be made with bedding tucked in unless occupied.

Electric outlets will be maintained in good condition. Tampering with outlets is strictly prohibited. Electric arcing is strictly prohibited.

All room doors will remain closed and secured, regardless of level or occupancy.

Sexual Behavior/Touching

No sexual behavior involving another person is allowed even if the behavior is consensual.

No touching between residents is allowed. This includes activities like hugging, braiding hair, sitting knee-to-knee, etc.

No touching between staff and residents is allowed.

Masturbation is only appropriate when you are alone in the privacy of your room with the door closed, on your bed, with your body turned towards the wall nearest your bed, and under the covers. It is not appropriate to be facing the doorway or to have any part of your genital area exposed. Masturbation is not permitted in any public areas or within public view of any resident or staff person. Also, peeking or looking out of the shower, doorway and/or window at staff members or residents while masturbating is not allowed. PUBLIC MASTURBATION IS A SEX CRIME!

Maintenance of Proper Hygiene

Shower regularly. Only one person is allowed in the shower at a time. Residents must utilize the showers located on their assigned living unit and on their assigned level (i.e., top tier or bottom tier).

You are expected to clean up after yourself. Trash should be discarded in the designated trash cans and not left on tables or chairs.

Do not wash dishes in the showers.

Do not spit, blow your nose, urinate, or defecate on the floors, walls, showers, or on the recreation yard due to the possibility of spreading disease. Please use the toilet and toilet paper.

Residents will participate in mandatory cleaning days unless given a written medical excuse.

Residents entering the shower area should view the area for signs of inappropriate materials or activities. Resident is responsible for notifying staff immediately upon discovery. Do not leave any items in the shower area, including small pieces of soap and used bandages. No sitting or standing at the entrances to the shower area.

Residents are expected wash their own clothes at least weekly using washers and dryer on the living unit. Clothes will not be washed in room sinks or other areas. Laundry bags will be placed directly inside the resident's door at the designated times to retrieve bedding for processing in the facility laundry. Residents are not allowed to wash bedding on the unit. All bedding must go to the industrial laundry.

Resident Behavior

Residents are expected to clean up after using the microwave or unit sink area after each use. Do not leave items in the microwave or on the counters. Ice and hot water pots are provided on each unit.

Residents are not allowed to store unpackaged food in their rooms. All facility issued meals must be consumed at meal or snack time. If a resident prepares his own packaged food items they must be consumed at that time. Any unpackaged food found in resident's room will be treated as contraband.

Respectful Behavior

Do not use profanity in your conversations with other residents or with staff.

Do not block the hand rails on the steps (either inside or outside).

Do not loiter or congregate at the front of the unit near the staff podium, laundry areas, or stairways.

Residents must never loiter at the unit entrance or activate the intercom button at the exit of the unit to the housing core. Residents may also not congregate in the breezeway leading to the unit outdoor area, or in front of another resident's room.

When in the housing core, do not attempt to communicate with staff or residents on the living units.

Do not prop your feet on chairs in the living area.

Do not sleep in the milieu or other common areas. If you are tired, go to your room.

Do not save seats.

Be mindful of and do not engage in habits that bother others, such as whistling, singing, yelling, banging trays, slapping dominoes, playing music loudly, etc.

Do not tease and "pick at" others.

Remain respectful of staff conducting duties on the living unit. When staff enter the living unit they will inform you if they are available to speak to you. If they inform you that they are not available, be respectful and either submit a communication form to address your issue or speak with your case manager at your designated case management time.

The microwave can be used for only seven minutes at a time. If your item needs additional time and someone is waiting, you must go to the back of the line. (Refer to Microwave Guidelines for additional information regarding Microwave Usage.)

Do not stand in front of the control room window or on the stairs.

Do not stand on beds, chairs, tables, other furniture, etc.

Resident Behavior

Other

Residents must attend all medical appointments and groups when scheduled. Residents will be on time for these activities. Residents who are sick should seek permission from medical staff to miss group if they would like the absence to be excused. Residents are not permitted to attend off-unit activities (e.g., indoor recreation) during their assigned group or individual therapy time; if you choose to skip group, you must remain on your housing unit during your assigned group time and your absence will be recorded as unexcused.

Doors to individual rooms will remain closed at all times unless otherwise instructed.

Do not enter another resident's room.

Do not stand and talk at another resident's door. Do not talk to or interact with residents on room restriction. This includes passing notes, getting coffee, etc.

Do not share razors. After use all razors must be returned to staff. Razors will be brought out at designated times.

Physical horseplay is not allowed.

Report injuries, illnesses that require emergent / urgent care, and feelings of depression or suicidal thoughts to a staff member immediately. If you have concerns about another resident, notify staff immediately.

Exit the building promptly but safely during fire alarms. Residents should follow staff instructions and facility evacuation plans during a fire alarm. Be alert to fire and safety hazards and report them to staff.

Comply with medications if you are taking them. Please do not discuss your private medical needs at the medication window-submit a request for health services form in the appropriate box.

No smoking or tobacco products of any kind are allowed, including on transport or when in another facility which allows these products. (For additional contraband items, refer to the Contraband Policy.)

Do not feed animals or birds.

Exit the unit outdoor area when requested because it may be closed without prior notice at the discretion of the Shift Supervisor due to safety, security, and/or health concerns (e.g., inclement or excessively hot or cold weather). No climbing on fences or outdoor structures for any reason. Do not throw or kick items over the fences.

Residents are not allowed to engage in any of the following behaviors:

- Martial arts: Residents are not allowed to practice martial arts such as karate, Kung Fu, Tae Kwon Do, judo, etc.
- Running: Running inside the buildings is prohibited. Running is permitted outside as part of a recreational activity.
- Operating a business: Residents are not permitted to operate a business from or within the SC SVPTP.

Resident Behavior

Behavior Management Committee

It is the policy of the South Carolina Sexual Violent Predator Treatment Program (SC SVPTP) to establish systems of behavior management so that there may be a process by which residents are held accountable for violating facility rules. Acceptance of responsibility for one's personal behavior and actions is a factor in sex offender treatment and management. The objective is the acceptance of the facility rules by residents, thus helping to ensure the safety, security, and orderly operation of the facility. Residents who maintain positive behavior without incident will be afforded greater privileges. Residents who exhibit maladaptive behaviors will have privileges restricted.

The behavior management process begins when a staff member reasonably believes that a resident has engaged in behavior that constitutes a violation of facility rules. The staff member encourages the resident in discontinuing the inappropriate behavior, and depending upon the seriousness of the rule violation, may resolve the situation formally or informally by providing verbal counseling to the resident and documenting the incident on an Incident Report. In some instances where a resident's behavior is considered problematic, he may be referred for a hearing with the Behavior Management Committee to determine consequences for his actions and their impact on his overall privileging level.

All procedures of the behavior management committee are governed by the Behavior Management and Intervention Policy (PRG 2).

Secure Management and Wing Restriction Status

The South Carolina Sexually Violent Predator Treatment Program (SC SVPTP) will utilize Secure Management in response to aggravated misbehavior, which jeopardizes the safety and security of the facility, its staff, and/or residents or seriously and maliciously disrupts the normal operations of the facility. All procedures of Secure Management Status are governed by the Secure Management Policy (SO 100-08). Residents on Secure Management must be reviewed at least every 7 days.

In instances where a resident is disruptive to the operations of the program but does not require Secure Management Status, he may be placed on Wing Restriction. While on Wing Restriction Status residents are allowed outside of their rooms until curfew hours, but are not allowed to leave their housing unit, except to be escorted to medical services or group therapy if authorized by the Behavior Management Committee to attend group.

Classification of Rule Violations

Major violations	Class “A” infractions
A-1	Spoken, written, or gestured threats
A-2	Sexual assault or battery or attempted sexual assault or battery
A-3	Lewd or lascivious exhibition by intentionally masturbating, intentionally exposing genitals in a lewd or lascivious manner, or intentionally committing any other sexual act in the presence of a staff member or visitor
A-4	Aggravated assault or battery on a staff member or visitor-to include assault or battery with a weapon
A-5	Aggravated assault or battery on a resident-to include assault or battery with a weapon
A-6	Assault or battery on a staff member or visitor
A-7	Assault or battery on a resident
A-8	Other assault or battery
A-9	Taking of a hostage
A-10	Stalking
A-11	Sexual contact
A-12	Verbal assault

Major violations	Class “B” infractions
B-1	Inciting, attempting to incite, or participating in riots, strikes, mutinous acts, or disturbances by conveying any inflammatory, riotous, or mutinous communication by word of mouth, in writing or by sign, symbol, or gesture
B-2	Disorderly conduct
B-3	Fighting
B-4	Creating, participating in, or inciting a minor disturbance

Classification of Rule Violations

Major violations	Class "C" infractions
C-1	Possession of or manufacture of weapons, ammunition, or explosives
C-2	Possession of escape paraphernalia
C-3	Possession of narcotics, unauthorized drugs or beverages, and drug paraphernalia
C-4	Trafficking or manufacturing drugs or unauthorized beverages
C-5	Possession of Negotiable Cash, checks, gift certificates, credit cards
C-6	Possession of stolen property
C-7	Introduction of contraband
C-8	Possession or use of a cellular telephone or any other type of wireless communication device or any components to such devices, including but not limited to SIM cards, Bluetooth items, batteries, and charging devices; any other technology that is found to be related to these items.
C-9	Possession of gang-related paraphernalia or related material, gang symbols, logos, gang colors, drawings, hand signs or gang-related documents
C-10	Possession of child pornography
C-11	Possession of adult pornography
C-12	Possession of anything unauthorized that would contribute to breach of security
C-13	Possession of tobacco or tobacco products

Major violations	Class "D" infractions
D-1	Escape or attempted escape
D-2	Unauthorized absence from assigned area, including housing, work or any other assigned or designated area
D-3	Missing count
D- 4	Failure to comply with count procedures

Major violations	Class "E" infractions
E-1	Destruction of state/Wellpath property or property belonging to another
E-2	Altering or defacing state/Wellpath property or property belonging to another
E-3	Willful waste of state/Wellpath property or property belonging to another
E-4	Arson or attempted arson

Classification of Rule Violations

Major violations	Class “F” infractions
F-1	Bribery or attempted bribery
F-2	Breaking and entering or attempting to break and enter
F-3	Attempt, conspiracy, or attempting conspiracy to commit a crime or facility rule violation
F-4	Theft of property
F-5	Unauthorized physical contact with other residents
F-6	Tattooing, being tattooed, branding or body art to include body piercing
F-7	Feigning illness or malingering as determined by health care professional
F-8	Obscene and profane act, gesture, or statement, oral, written, or signified
F-9	Lying to staff member or others in an official capacity
F-10	Tampering with, defeating or depriving staff of any security devices. Security devices include: locks, locking devices, electronic detection systems, personal body alarm transmitters and receivers, handheld radios, restraint devices such as handcuffs, waist chains, leg irons and handcuff covers, keys, video and audio monitoring and recording devices, security lighting, weapons, and any other device utilized to ensure the security of the facility.
F-11	Tampering with or defeating any fire or other safety device. Safety devices include: fire, smoke, and carbon dioxide detection devices; alarm systems; fire suppression systems and devices such as fire sprinklers, fire extinguishers, and dry chemical systems, safety and emergency lighting, exit lights, evacuation route and warning placards, self-contained breathing apparatuses, personal protective equipment, first aid kits, eye wash solutions, and any other device utilized to ensure the safety of the facility, staff, and inmates.
F-12	Establishing or attempting to establish a personal or business relationship with any staff member
F-13	Gang-related activities, including recruitment, organizing, display of symbols, groups, or group photos; promotion or participation
F-14	Unauthorized use of or tampering with a computer, computer peripheral device, or any other office equipment. Other office equipment could include copying machines, facsimile machines, postage meters, or any other device utilized in an office or office-like environment.
F-15	Destroying or disposing of any item during a search or attempt to search
F-16	Disclosure of staff personal information to any other individual
F-17	Misusing the Resident Phone System - Residents are prohibited from engaging in 3-way calls, calling blocked numbers, allowing others to use your account, making calls when on phone restriction, or calling unauthorized individuals. This list is not all-inclusive, and additional prohibited actions involving the resident phone system may be added upon discovery.
F-18	Use of tobacco
F-19	Use of alcohol, unauthorized substances or medication as evidence by test results or observable behavior

Classification of Rule Violations

Minor violations	Class “G” infractions
G-1	Possession of altered identification
G-2	Identification not clearly visible or worn appropriately or failure to produce identification
G-3	Possession of unauthorized clothing/linen
G-4	Possession of stolen property under $50 value
G-5	Possession of anything not authorized
G-6	Disobeying a direct order
G-7	Failure to maintain personal hygiene
G-8	Failure to maintain appearance of housing area
G-9	Bartering with others (exchange goods or services)
G-10	Insolence or disrespect
G-11	Loaning or borrowing anything of value
G-12	Gambling or gambling paraphernalia
G-13	Violation of facility rules
G-14	Being in an unauthorized area
G-15	Fraud
G-16	Unauthorized contact, personal, telephone, or otherwise, with any individual on behalf of another resident
G-17	Loitering
G-18	Dress code violation
G-19	Violating/Attempting to violate staff boundaries
G-20	Failure to follow curfew times

Contraband

For each class of contraband listed below, possession of said item(s) will result in a rule violation of the same class.

Contraband: Is defined as any article or thing that is not authorized, issued by the facility, purchased through appropriate means, is altered from its original state, is not used for its intended purpose, or is in the possession of a person who is not the authorized owner.

Contraband items include, but are not limited to, the following:

Alcoholic beverages; beverages containing solid fruit pieces or other food items	Cash / Coins / Checks / Credit Cards
Cameras, video/audio recording devices	Gloves (unless medically approved or cotton gloves for outside use as previously noted)
Pornographic/sexually explicit materials and/or devices	Personal photographs that are not properly labeled
Confidential facility records	Drug paraphernalia
Weapons or instruments other than firearms which, because of their design, have the potential to inflict death or serious bodily harm. Such weapons include, but are not limited to: Knives, blackjacks, billy clubs, sticks, brass knuckles, flammables, chemical weapons/ devices, sling shots, homemade sharpened items, altered devices which can be used as a weapon, razors not facility issued, razor blades, etc. Escape paraphernalia (i.e., another person's ID, rope, torn sheets)	Firearms or any weapon which will, is designed to, or may readily be converted to expel a projectile by action of an explosive
Facility keys	Glass bottles/mirrors/objects
Illicit/illegal drugs	Alcohol wipes (unless medically approved)
Tobacco products of any kind	Vaping devices/ "e-cigarettes"
Matches/cigarette lighters	Items which are deemed to pose a fire hazard
Whiteout / Correction tape (typewriter correction ribbon is allowed)	Personal property exceeding the capacity of the resident's personal living space or quantity limits
Sandpaper	Metal combs
Wireless/cellular telephone and accessories	Personal property of another resident
Extension Cords/surge protectors/power strips	Photos of children (photos of biological children must be reviewed and signed-off on by therapist)
Aerosol cans	Tools of any kind
Blank money orders	Wire, Aluminum foil
Cardboard/Paper Bags	Petroleum Jelly
Cleaning chemicals/supplies (may be used to clean room but must be returned to designated area)	Adhesives (i.e. glue)
Fingernail files (nail clippers are allowed without file)	Medications of any kind
Wire-bound notebooks	Perishable food / Unpackaged food
Any item that has been altered in any way or used in any manner other than its original intended purpose	Any property not purchased or issued by the Facility (resident must keep receipts for proof of purchase)
Any item that could be a threat to the staff, residents, or the facility as deemed by Security	

Resident Mail and Packages

It is the policy of the SC SVPTP to ensure that residents will be able to send and receive mail in a timely manner while protecting against the introduction of contraband and other prohibited materials. All packages and mail will be opened and searched for any inappropriate material in the presence of the resident receiving the mail. All mail and packages must be sent to residents through the United States Postal Services. Exceptions may be made for pre-authorized packages with the approval of the Facility Administrator.

Publications and all magazine subscriptions must have prior approval from the resident's Clinical Therapist and must be through an approved vendor. The resident must submit a request to their Clinical Therapist prior to ordering a publication or subscription. The case manager will share a copy of the approved or denied request with the appropriate staff. If approved, the resident then may order the publication as part of an approved package request. If the publication is mailed to the facility before approval is in place, it will be returned to the sender. All publications must be mailed to the facility directly from the publisher only. Any publication coming from an indirect source other than the publisher will be returned to sender. Even if pre-approved, the item must be fully examined for appropriateness before it can be given to the resident. If deemed inappropriate upon receipt, the facility reserves the right to restrict the item at that time and it must be returned or sent out of the facility.

Packages will be opened in the presence of the resident. The property inventory form will be completed for each resident receiving a package. All items considered to be contraband or that were not pre-approved will be confiscated. Prohibited items that are confiscated will be stored for up to 30 days. Excessive items will be mailed at the resident's expense. Contraband will be disposed of. Residents must use the approved package request form. All others will be denied.

Delivery Address:
Residents are instructed to inform anyone sending mail to the facility to utilize the following delivery address:

Resident name
#1234 (Last four digits of DMH number) Wellpath
4546 Broad River Rd., Columbia, SC 29210

If the delivery address on incoming mail reflects additional information, which may misrepresent either the facility or the resident, the mail will be refused and returned to the sender. Some examples of deceptive addressing:

Dr. John Doe
John Doe, Business Manager, QED Productions John Doe, Suite 99002

All incoming mail without a return address of the sender will be refused and returned to the U.S. Post Office.

Residents may only receive packages through the mail if they have been pre-approved by the Security Department and are subject to the following procedure. A completed Package Request Form will be submitted to the designated Supervisor for the approval for a package to be sent to the facility. The form must list the specific items requested. If approved, the resident must notify the sender of the package to properly address the package to the resident as specified in the Resident Handbook for receipt of mail. Upon arrival at the facility, the package will be processed according to the normal mail procedure. No packages may be sent from or to former residents, family members of former residents, current or former staff members.

Resident Mail and Packages

Incoming Mail Distribution

Residents are required to present their identification in order to receive mail. Mail is delivered to the housing unit, excluding weekends and observed holidays. First class mail will be delivered to the resident if addressed properly as described above. If not addressed properly, mail will be returned to sender. Staff will open all mail in front of the resident and check for contraband. This is generally accomplished through opening the envelope, removing all paper contained in it, and either shaking it out, or fanning through it. If contraband is discovered, the letter and the contraband will be held pending possible criminal and internal review and actions.

Outgoing Mail

All outgoing mail MUST include a return address consisting of the resident's name, SVPTP number, and address as noted above. If not addressed properly, mail will be returned to the resident. Outgoing mail should be deposited in the designated mailbox. Residents on secure management status or wing restriction may give their mail to staff, who will place it in the mailbox for them. Any special outgoing mail, such as return receipt requested, will be stamped on the USPS receipt form when received by staff, as a registered agent of the USPS, and the receipt will be given to the resident. No other receipt is obtained from the U. S. Post Office. Notary services may be provided upon written request. The exterior of all incoming and outgoing legal mail will be photocopied.

Stamps

Residents are responsible for their own mailing costs and can purchase stamps from the Canteen or receive stamps in their mail. If determined to be indigent at the beginning of the month, residents will be provided with three (3) stamps and three (3) envelopes. Staff will also issue up to eight (8) stamps and eight (8) envelopes for legal mail per month to indigent residents solely for legal mail only.

Legal Mail

Staff may not read a resident's legal mail, but shall scan the outside to ensure that it is addressed to someone in the legal system. If considered suspicious, staff may forward to the administration for review.

Use of Mail for Inappropriate Purposes

If proof exists that a resident has used the mail system in an inappropriate manner such as to commit fraud, threaten or harass individuals, obtain contraband, etc. Staff may place the resident on a written mail program allowing staff to place additional restrictions on the mail the resident either sends or receives.

Cashless Economy

The facility operates on a "cashless economy", meaning that residents are not allowed to possess money in either currency or coinage form. All resident-initiated purchases are made through checks issued by the Business Office from the residents' individual accounts.

Residents' Accounts: Each Resident Personal Fund Account is managed by the SC SVPTP Business Office. Funds can be increased by checks and money orders sent to the resident via the U.S. Postal Service and by deposits resulting from the resident work program.

Resident Mail and Packages

Account balance statements will be provided quarterly within seven business days after quarter end. Checks will be written on the resident's account upon receipt and processing of a Resident Trust Fund Withdrawal Form (Form BM-401) submitted by the resident.

Canteen Purchases

Residents may participate in the Keefe Canteen Program. Residents will have access to canteen purchases weekly with a spending limit that is determined by their CARE Level privileges.

Checks and Money Orders

The staff person distributing mail is responsible for documenting the receipt of all resident checks and money orders using the Resident Incoming Money Order Log (Form BM-400).

Resident Accounts

Increases (Credits) to Resident Accounts:

Checks and money orders sent to residents via the U.S. Mail are processed into a banking accounting software. The Business Office will deposit the check and money order into individual resident's personal fund account. Check deposits will be available for use after 3 business days, except for questionable funds and checks over $500. Deposit receipts are provided to residents.

Decreases (Debits) to Resident Accounts:

Each resident, on a weekly basis, can submit a check request to have funds deducted to purchase items from outside vendors. This request is completed by filling out a Resident Trust Fund Withdrawal Form (BM-401) and it must have proper approvals. The withdrawal form must be completed by the resident and the resident is also responsible for the accuracy of the information provided. It must be signed by the resident and the SC SVPTP staff. The check request will be processed upon verification of funds. The processing of the request does not imply that purchases or other use of the funds being sent are approved by the facility.

Check requests will be processed within 10 business days of receipt by Business Office.

Each resident may also have amounts deducted by a Court Order. A lien is placed on their resident account for the dollar amount ordered by the court and that amount is deducted until the debt to the court is satisfied. The Resident Notification of Court Ordered Lien on Resident Accounts is prepared to inform the resident of the order.

Each resident may also request that copying be done. Charges for copying will be deducted from the resident's funds.

Funds are deducted from the resident's trust account to pay for damaged property. Repayments are based on the terms stipulated on the promissory note signed by the resident.

Restrictions

Residents may not send or receive money orders to or from other residents.

Residents may not send or receive money orders to or from family members of other residents.

Residents may not receive money orders other than delivered in approved mail via the U. S. Postal Service.

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