

EXHIBIT A



U. S. Department of Justice

National Institute of Corrections

Washington, DC 20534

DISCLAIMER

RE: NIC TA No. 2000P1052

This technical assistance activity was funded by the Prisons Division of the National Institute of Corrections. The Institute is a Federal agency established to provide assistance to strengthen state and local correctional agencies by creating more effective, humane, safe and just correctional services.

The resource person who provided the on-site technical assistance did so through a cooperative agreement, at the request of the South Carolina Department of Corrections, and through the coordination of the National Institute of Corrections. The direct on-site assistance and the subsequent report are intended to assist the agency in addressing issues outlined in the original request and in efforts to enhance the effectiveness of the agency.

The contents of this document reflect the views of Dr. Raymond Patterson. The contents do not necessarily reflect the official views or policies of the National Institute of Corrections.

**Technical Assistance Report
TA #00P1052**

Raymond F. Patterson, M.D.

This report is with regard to the National Institute of Corrections (NIC) sponsored request for technical assistance to the South Carolina Department of Corrections regarding mental health services. This report will follow the suggested NIC format and will address those areas specified in that format. I will also address issues that were discussed on site and noted in correspondence from the Department.

1. **General Overview:** The request for technical assistance was generated because of interest and concern within the Department of Corrections regarding mental health services. This included a request for a review of operations, policies and procedures of Gilliam Psychiatric Hospital (GPH), and of medical/mental health issues as they related to the maximum-security unit located in Kirkland Correctional Institution. The request was also to assist the Department in identifying strengths and weaknesses of the GPH program and MSU operations. Thirdly, the assistance was requested to advise the Department as to the personnel and resources that might be required to move the mental health programs close to national and/or community standards.
2. The initial contact to this consultant was by Richard A. Ellison, M.D., Director of Behavioral Medicine, initially in a verbal discussion in approximately May 1999, followed by a letter dated August 16, 1999. The gist of the request is described in Number 1 above and is supplemented by a request that all information be provided to Richard P. Stroker, General Counsel for the Department.
3. The South Carolina Department of Corrections houses approximately 20,000 prisoners. The Department of Corrections includes a mental health system, comprised of Gilliam Psychiatric Hospital, regional centers, ICS's, and outpatient services. These services are for inmates in approximately 38 institutional settings (Please see Attachment 1). Of considerable importance is the reality that the ten institutions providing the great majority of mental health services had been receiving contractually provided services from Correctional Medical Services through January 31, 2000. Effective February 1, 2000, the contract with CMS had been terminated; and, at the time of this consultation, there was essentially no mental health staff with the exception of staff at GPH, Dr. Richard Ellison, and minimal counseling and nursing staff in the facilities. Efforts have been underway to hire new staff and to base projections of staff requirements on levels of staffing provided by the previous contractor as well as staffing ratios that had been established prior to the contractor's arrival. This deficiency in mental health services, primarily staffing and related functions including medical records documentation, quality improvement activities, pharmacy and therapeutic reviews, training for mental health and custody staff, and interface with medical services demonstrates insufficient resources to meet the needs of inmates in the system. A description of the problem, after I arrived on site, was quite consistent with the problems noted above, and physical plant problems (housing and activities) as well as lack of accessibility to services were identified.

In addition to reviewing the GPH, the ICS program at Lee Correctional Institution, and the maximum security unit at Kirkland, I also had the opportunity to meet with several key participants and stake holders in the system as described in Section 4 below.

4. The technical assistance activities included review of policies and procedures of the mental health program in effect throughout the system prior to arrival on site. In addition, after arrival on site, the technical assistance activities included following an agenda and itinerary prepared by Dr. Ellison (See Attachment 2) which included meetings with key participants and stake holders in the system, including the following:

- A. Director of the South Carolina Department of Corrections, Mr. Catoe
- B. General Counsel, Mr. Stroker and Mr. Peterson,
- C. Health services personnel, Dr. Blackwell, and Ms. Green
- D. Lead correctional institutional staff
- E. GPH counseling, administrative, and nursing staff
- F. maximum security unit warden, Mr. McCanns
- G. State-wide mental health supervisors
- H. Protection and advocacy representatives, Ms. Prevost, Ms. Ross, and Ms. McCanns

Finally, there was an Exit Conference held with Dr. Ellison, Mr. Stroker, Mr. Peterson, and other administrative and mental health staff. Please see Attachment 3 for the listing of participants and stake holders interviewed during these meetings.

5. The technical assistance did not include formal training and therefore there is no list of trainees for this site visit.

6. My analysis and specific recommendations regarding the mental health services provided to inmates in the South Carolina Department of Corrections are as follows: In my opinion, the system is currently in crisis and immediate efforts to rectify the inadequate resource provision to the mental health system must be undertaken. The efforts to establish and maintain an adequate mental health system require the following considerations and actions:

- A. operations at GPH were inadequate to meet the mental health needs of inmates in the system; policies and procedures require further development and implementation cannot occur without increases in resources; the maximum-security unit at Kirkland does not have adequate mental health services;

- B. an immediate hiring of mental health professionals in all disciplines is necessary to provide adequate staffing and programming throughout the system;
 - C. securing a new contract with another established mental health provider should be considered to establish and maintain an adequate mental health system;
 - D. establishing a collaborative relationship with the Department of Mental Health and possible university affiliations to provide adequate staffing and programmatic activities to develop and maintain an adequate mental health service delivery system should be considered;
 - E. Lastly, based on my experience as noted above, I am recommending that standards, such as those published by the National Commission on Correctional Health Care (NCCHC), should be utilized as guidelines for system development and implementation.
7. In conclusion, while I was greatly encouraged by the leadership of the Department of Corrections and within the mental health service delivery system, I am greatly concerned by the lack of resources currently available at all clinical levels and in all facilities. My impression was that the Director of the Department, Director of Behavioral Medicine, and the General Counsel were aware of the need to rapidly develop and implement an adequate mental health program, and I would encourage, once again, that this process proceed with whatever departmental, legal and/or legislative support necessary to rectify this profound crisis in mental health service delivery for inmates with mental health needs.

ATTACHMENT 1

**Inmates in SCDC Institutions as of 1/24/2000
Breakdown by Custody Level for Each Institution**

ATTACHMENT 2

**Agenda and Itinerary
Prepared by Richard Ellison, M.D.**

RAYMOND PATTERSON, M.D.
ITINERARY

Monday, February 7, 2000

8:00 a.m. Meet with Dr. Ellison at hotel for transport to SCDC
8:30 a.m. Director Catoe
9:00 a.m. General Counsel - Mr. Stroker and Mr. Peterson
9:30 a.m. Health Services - Dr. Blackwell and Ms. Green
10:30 a.m. Tour of Gilliam Psychiatric Hospital
11:00 a.m. Gilliam Psychiatric Hospital Nursing staff
12:00 noon Lunch with Staff
1:30 p.m. Depart for Lee Correctional Institution
2:30 p.m. ICS Tour and Staff Conference
4:00 p.m. Depart for Columbia

Tuesday, February 8, 2000

8:00 a.m. Meet with Dr. Ellison at hotel for transport to SCDC
8:30 a.m. GPH Counseling Staff
9:45 a.m. Statewide Mental Health Supervisors
11:00 a.m. Review of MSU and GPH Records
Inmate/Staff Interviews
12:00 noon Lunch with Staff
1:00 p.m. Meet with Protection & Advocacy
(Ms. Robinson, Ms. Prevost, and Ms. Ross)
2:00 p.m. Final Review of GPH
3:00 p.m. Exit Interview - Dr. Ellison and Staff

ATTACHMENT 3

Listings of Participants and Stake Holders

2-8-00

SCOPE

GPA

Jean Wagoner RN

Susan Ulrich RN DON

Kirkman F. Powell

SARAH A. Smith

Jim Page

SAMUEL DAVIS

Ernest Shaw, MSW

RICHARD ELLISON, MD

Ed Neeson, PhD

SCDS

2-8-00

Subacute Mental Health Signatories

Ann Dwyer, Coordinator, MH SUILES for Women

T. Teresa Yates, HSC II (Lu, Evans, Kershaw, Waterco)

Brenda Michens, HSC II, Sexual Predators Program

Linda W. Fasham, HSC II Area Coordinator

Reaver Weeks, HSC II Hab Unit

Kathleen J. Powell, PA

Jim Page, HSC II

SHERENE CUPSTID, ADMIN COOR.

Martha Sue Hope, HSC II (Lieber, Allendale,
Coastal, ^{Pre-Release} Ridgeland, MacI

Richard Wilson, State Assessment Coordinator

William Psychiatric Hospital

KATHLEEN F. POWELL MANAGER MENTAL HEALTH DIVISION

JIM PAGE Hospital Administrator

RICHARD WILSON - Former Director

SUSAN ULRICH - Director of Nursing

JOM WAGGONER RN, Head Nurse

Lee ICS

TERESA YATES, HSC II - Behavioral Medicine

WEAVER VOGT, PROGRAM MANAGER ICS

AUNRA B. HUDLEY - Behavioral Medicine

ROBERT M. HARMON RN - Health Care Authority