EXHIBIT B

Joint Legislative Proviso Committee Report On Mental Health Care For Prison Inmates In South Carolina

October 2000

Executive Summary

The South Carolina Department of Corrections (SCDC) is dedicated to long-term public safety and in that capacity incarcerates persons sentenced to prison by South Carolina judges. While its primary duty is to protect the public, which includes innocent victims of crime, the SCDC must simultaneously provide basic care for the inmates in its institutions, including mental health services for those inmates with mental illnesses.

A recent review of the mental health services system at SCDC found the system to be in a state of "crisis," according to a consultant retained by the department to review its mental health services. It is apparent that immediate funding is needed to provide staff and services to the more than 2,200 inmates with mental illnesses in the SCDC prison system. Providing the necessary funding for basic services not only will allow the department to comply with state and federal regulations, it may have the additional benefit of protecting the state of South Carolina from a class action lawsuit filed on behalf of these inmates.

SCDC is requesting **$4,187,657** in new funding for **FY-2001-02** to address immediate needs and **$4,336,130** in **FY-2002-03** to provide services needed to ensure compliance with state and federal laws regarding the humane treatment of persons with mental illnesses. Immediate new funding needs include **$2,796,193** for **140 FTEs** and **$1,052,566** for **medication and contract services.** An additional **$5,803,500** is needed to move inmates with mental illness to a more suitable treatment facility.

The following report addresses a proviso passed by the South Carolina Legislature in June, 2000 directing that **"a joint committee shall be established by the South Carolina Department of Mental Health and the Department of Corrections to study the ongoing needs of mentally ill inmates, including sexual predators, and develop an in-depth plan to address programmatic, budgetary, and capital building needs...."(*see Appendix K* for complete text of proviso and proviso membership).**

The proviso was prompted in part by concern about the growing number of inmates with mental illnesses entering the prison system and the dwindling number of resources available to care for them. This combination has resulted in inadequate treatment programs for inmates with serious mental illnesses, a dilemma which has had multiple effects. First and foremost, inmates with mental illnesses are not receiving adequate treatment for their illnesses and oftentimes leave prison worse off than when they entered. Second, the public is being short-changed because these inmates are eventually released, only to return to their local communities and commit more crimes secondary to inadequately treated mental illnesses. Third, the state of South Carolina loses because needless lawsuits are filed, either on behalf of the inmates or their victims, which result in more negative publicity for the state and a greater expenditure of tax dollars than would otherwise have been spent to initially address the problem.

The Department of Corrections is aware of the deficiencies that exist in its treatment programs for inmates with mental illnesses. In an attempt to clarify the deficiencies the department requested technical assistance in March 2000 from a consultant with the Prisons Division of the National Institute of Corrections. The consultant's report described the SCDC's mental health services system as "currently in crisis," adding that "immediate efforts to rectify the inadequate resource provision to the mental health system must be undertaken at all clinical levels and in all facilities."

This report would be disheartening were it not for the fact that the current director of SCDC is not only aware of the crisis but is willing to take the necessary steps to correct the documented deficiencies. Furthermore, all parties involved in treatment services for the mentally ill in South Carolina are talking (see proviso committee membership) and believe a solution is possible if necessary funding is approved by the S.C. Legislature.

The following report outlines the Proviso Committee's recommendations for addressing the immediate, short-term and long-term treatment needs of inmates with mental illnesses. Recommendations include:

Immediate Action

- Hire additional specialized staff. **FY-2001-02 Cost $2,796,193**
  Annualized from FY 2001-02 **FY-2002-03 Cost $4,062,887**
- Move female inmates with acute mental illnesses to a more suitable facility. **Cost $1,095,000**
- Move male inmates with acute mental illnesses to a more suitable facility. **Cost $4,708,500**
- Move inmates with developmental disabilities to a more suitable facility. **Cost $**(no additional)
- Add new medications to existing formularies. **Cost $1,030,000**
- Develop a unified mental health services delivery system. **Cost $** (none)
- Expand the use of contractual services to include telemedicine **FY-2001-02 Cost $ 774,780**
  FY-2002-03 Cost $ 798,023

Short-term Action

- Develop a 5-year phase-in plan for SCDC mental health services. **Cost $ 150,000**
- Improve mental health training for SCDC correctional officers and staff. **Cost $** (covered)
- Improve and expand treatment services for sex offenders **Cost $** (covered)
- Develop a stronger staff and clinical information liaisons between SCDC and SCDMH. **Cost $** (to be determined by 5-year phase-in plan)
- Improve security on units that house inmates with mental illnesses. **Cost $** (to be determined by 5-year phase-in plan)

Long-term Action

- SCDMH to develop initiatives for the prevention and reduction of recidivism[1] **Cost $ 20 million**
- Construct a new SCDMH facility for sexually violent predators on SCDC Property (included in SCDMH FY-2002 budget request) **Cost $ 22.5 million**
- Construct a new Psychiatric hospital for SCDC inmates **Cost $** (to be determined by 5-year phase-in plan)

[1]See Appendix J

Current Conditions

The S.C. Department of Corrections houses approximately 21,000 inmates in 38 statewide institutions with a five-year projected population of 23,000. This figure does not include persons held in local and county detention centers or persons under 18 years of age who are held in juvenile justice system facilities. Of the 21,000 inmates in the SCDC system, approximately 2,200 have a documented mental illness. The word "documented" is important because the stress of incarceration will sometimes result in previously stable persons becoming mentally unstable and requiring services.

In addition to the 2,200, the SCDC houses approximately 2,283 sex offenders, 78 inmates with HIV-related mental illness (out of a total HIV-positive population of 582) and 844 inmates diagnosed with drug and alcohol addictions who are currently receiving services. (The actual number of inmates with drug and alcohol abuse or dependence is much higher and will be discussed in a later section.)

Treatment programs for mentally ill inmates historically have been the responsibility of the S.C. Department of Corrections. As SCDC directors have come and gone, so have treatment programs and philosophies regarding service delivery. In the recent past, a decision was made to dismantle internally staffed treatment programs in favor of privatization of these services. A firm called Correctional Medical Services received an SCDC contract to provide the majority of mental health services in 10 SCDC institutions. Many of the existing mental health staff positions were converted into security positions. When the contract with CMS was terminated on Feb. 1, 2000, the institutions were left with a serious shortage of mental health staff and services. Deficiencies exist not only in staff and services but also in related functions such as medical records documentation, training and organization, interface with medical services, medication availability and security. Furthermore, many of the service facilities lack adequate treatment space for providing care to mentally ill inmates.

Recommendations

Currently, SCDC spends approximately $7 million annually on all mental health services for a total inmate population of 21,000 (see *Appendix G*), which represents one of the lowest state expenditures for these services in the nation. Georgia spends about $20.7 million annually for mental health services (does not include services for sex offenders or substance abuse or mental health counselor salaries) and has approximately 50,000 inmates; North Carolina spends more than $19 million a year on a prison population of about 53,000; and Ohio (a state that underwent a class action lawsuit on behalf of inmates with mental illnesses) spends $67 million annually and has 62,000 inmates. Colorado, which has fewer inmates with mental illness, spends about $10 million to staff a psychiatric prison treatment center to care for 250 of its chronically mentally ill and developmentally delayed inmates.

The Proviso Committee members recognize that it will take time to implement a long-range plan to address all of the issues concerning adequate and humane care for mentally ill inmates. However, some steps must be taken immediately to address the current crisis. The recommendations therefore are divided into 'immediate,' 'short-term' and 'long-term.'

The committee believes that the S.C. Department of Corrections (SCDC) has primary responsibility for the security, control, care and treatment of mentally ill inmates. However, the committee also believes that SCDC should seek legislative funding to develop and expand contractual relationships with the S.C. Department of Mental Health (SCDMH), the U.S.C. School of Medicine and the Medical University of South Carolina to assist in providing services to these inmates. SCDC would retain responsibility for monitoring and directing these services, and would own and operate any future facilities built to house and treat mentally ill inmates.

SCDC already has taken some initial steps to improve mental health services in its institutions. The clinical staff has requested and is receiving training in rehabilitative treatment techniques from the S.C. Department of Mental Health. SCDC has also negotiated a contract with the Medical University of South Carolina's Department of Psychiatry to provide services in two low-country prisons and develop a telemedicine program to deliver faster, more efficient psychiatric services to prison sites in the state.

But this is not enough.

Immediate Action

1. **The single most important need for SCDC Mental Health Services is the immediate hiring of specialized staff** (see *Appendix E and F*).

Cost: $2,796,193

The Proviso Committee recommends that an additional **140 FTE's** be hired throughout the SCDC system (see *Appendix A, B, C, D, E & F*) at a cost of **$2,796,193 in FY-2001-02 (annualized in FY-2002-03 at $4,062,887)**. The staffing ratios requested are based on an analysis of South Carolina's current needs, and are similar to those in other states which have undergone recent class action lawsuits involving mental health services for inmates or have responded to the threat of such lawsuits (*Juan Dunn, et. al. v. State of Ohio, 1995*).

Staff shortages exist in each of the 38 prison sites and include all professional positions, from social workers and nurses to psychologists and psychiatrists. Physician shortages result in delays in diagnosis and treatment. Nursing shortages result in missed medication dosages and worsening of symptoms. Social worker shortages result in inadequate discharge planning, which means lack of mental health follow-up in the community and thus increased recidivism. Deleting mental health counselor positions on lock-up units has resulted in more acting out by mentally unstable inmates, more transfers

to the acute care psychiatric hospital and longer, more costly stays. Inmate assaults have increased in the four years since counselors were removed from SCDC institutions.

Funding for increased mental health services staff was included in last year's SCDC budget request but was deleted by the Senate Finance Committee in final budget cuts.

2. Female inmates with mental illnesses currently housed at the Women's Correctional Institution in Columbia should be moved to a more suitable facility to alleviate the current state of overcrowding and lack of adequate services and security. Cost $1,095,000

The Proviso Committee recommends that female inmates with acute mental illnesses be temporarily moved to the DMH-owned prison hospital operated by a private company called "JUST CARE", and that the number of acute beds be increased from four to 20. This cost is an estimate based on a rate of $150 per day per inmate for room and board and security provided by "JUST CARE", with treatment staff drawn from SCDC staff as requested elsewhere in this report.

More than 40 percent of the 1434 female inmates in South Carolina's prison system have some form of mental illness compared to about 10 percent of the male population, making them particularly vulnerable to sexual and physical abuse while incarcerated. SCDC currently contracts with SCDMH for four acute female beds at William S. Hall Psychiatric Institute's forensic facility on Bull Street in Columbia. The W.S.H.P.I. facility is in extremely poor physical condition. SCDMH needs a new forensic facility (requested in FY-2002 budget) and SCDC needs more than four acute female beds to adequately treat this population.

3. The most acutely mentally ill patients currently housed at Gilliam Psychiatric Hospital at Kirkland Correctional Facility in Columbia should be moved immediately to a more suitable facility.

Cost $4,708,500

The Proviso Committee recommends that the 86 male inmates with acute mental illnesses who are currently treated at the Gilliam Psychiatric Hospital be temporarily moved to the DMH-owned prison hospital operated by a private company called "JUST CARE". This cost is an estimate based on a rate of $150 per day per inmate for room and board and security provided by "JUST CARE", with treatment staff drawn from SCDC staff as requested elsewhere in this report.

Current conditions at Gilliam are essentially deplorable. Mentally ill male inmates with psychotic disorders who need clean, quiet environments and intensive staff intervention are locked in 4x6-foot cells 24 hours a day, seven days a week. The unit is noisy and chaotic. One Correctional Officer is assigned to each of the two 43-bed cellblocks, which endangers staff and patients alike and prevents patients from leaving their cells to attend treatment groups. Critical staff shortages make it difficult to adequately observe and treat the patients, and the nursing station is located in an adjacent area away from the patients.

If the acutely mentally ill are moved out, then Gilliam can be used instead as 1) short-term housing for high management inmates who are antisocial and aggressive or 2) sexually violent predators.

4. Move inmates with developmental disabilities to a single unit and provide specialized services to this population.

Cost $(no additional)

The Proviso Committee recommends that inmates with developmental disabilities be immediately moved temporarily to a more suitable housing unit separate from the general inmate population, and that the unit be staffed and equipped to manage the special needs of this population. These needs include, but are not limited to, case management; individual, family and group therapy; psychological assessment; vocational training; and discharge planning. Enhanced staffing for this population is included above in the recommendations for additional staffing. (See #1 under Short-term Action.) This move will require furniture, computers, supplies and minor renovations to re-configure a more suitable building at the Manning Correctional Institution in Columbia for the male inmates. The associated costs would be minor and easily accomplished with existing funds.

Approximately 120 inmates in the SCDC system have developmental disabilities such as mental retardation, which increases their vulnerability to physical and sexual abuse while incarcerated and complicates their release into the community. These individuals are currently housed among the general prison population in multiple institutions.

Male inmates with developmental disabilities should be moved temporarily to the dormitory at Manning Correctional Institution that currently houses inmate construction workers until a new building is constructed at Kirkland. Construction of such a facility has already been approved, and scheduled for completion in the spring of 2002. Planning for female inmates must be considered as part of the 5-year Phase-in plan.

5. Add new medications to existing formularies. <u>Cost $1,030,000</u>

The Proviso Committee recommends expanding the formulary to include newer medications.

Currently, some medications needed to treat potentially life-threatening side effects of psychotropic drugs are not available due to a lack of sufficient funds. In addition, many of the new psychotropic medications, which are more effective and have fewer adverse side effects, are not available on the approved SCDC medical formularies. Having these medications available could, in many cases, result in a faster resolution of symptoms and shorter stays in the prison's acute psychiatric hospital.

6. Develop a unified mental health services delivery system that coordinates all behavioral health services. Cost $(no additional)

The Proviso Committee recommends that all behavioral health services (to include programs for addictions, the HIV mentally ill, developmentally disabled, sexual offenders, and chronically mentally ill, as well as social work services for the general population) be placed under one division.

Currently, addictions services, programs for sex offenders, and services for the HIV-positive mentally ill are managed by a non-medical division. This creates problems with communication and cooperation between divisions and makes it difficult for mentally ill inmates to access needed services.

For instance, although the lifetime prevalence of substance-related disorders is between 70% and 80% in prison inmates in general and inmates with mental illnesses in particular (Reiger, 1990, *JAMA*, National Institute of Mental Health Epidemiologic Catchment Area Program Study), mentally ill inmates with substance abuse problems are unable to access SCDC's addictions services. Placing the addictions and mental health services under one division, or providing a liaison between the two divisions, would help address this problem.

Aggressively treating inmate addictions is important when one considers that substance abuse increases up to five times the rate of violence among discharged mentally ill

inmates (Steadman, 1998, *Arch Gen Psychiatry*). In fact, substance abuse is a much greater risk factor for violence than is mental illness. At least 35% of convicted offenders were under the influence of alcohol at the time of their offense (Pihl, 1997, *Psychiatric Annals*). An additional percentage of offenders were using other drugs at the time of their offenses (Hood, 1990, *Journal of Forensic Science*).

7. Expand the use of contractual services for SCDC mental health services to include telemedicine. **Cost $774,780 (FY-2001-02)**
Cost $798,023 (FY-2002-03)

Telemedicine has proven to be an effective, low cost means of providing mental health treatment services to a geographically dispersed population. In fact, at least 25% of all telemedicine services currently used in the nation are prison-related.

SCDC has already contracted with MUSC's Department of Psychiatry to provide mental health services at two low-country correctional facilities and to explore the possibility of providing these services via telemedicine to other correctional facilities in the state (See 'Contractual Services', *Appendix G*). Likewise, SCDMH is using telemedicine in county detention centers to conduct competency and suicide evaluations, saving the state thousands of dollars each year in physician travel time. The telecommunication equipment required for such services is already on site at SCDC facilities and at the USC School of Medicine. Expanding the role of telemedicine could potentially reduce the need for psychiatric consultation on nights and weekends, and allow for psychiatrist coverage at all 38 correctional institutions without having to individually contract for these services at each site. Additional funds as included above should be ear-marked by SCDC to contract with South Carolina's two medical schools to provide these clinical services state-wide, as well as to provide technical assistance and guidance to SCDC regarding mental health program development and the management of the most seriously ill inmates.

Short-term Action

1. Develop a comprehensive 5-year phase-in plan for SCDC mental health services that addresses all sub-populations of inmates and levels of care, streamlines program and facility expenditures, and provides humane treatment to mentally ill inmates. **Cost $150,000**

The Proviso Committee recommends that an outside consultant be retained to work with SCDC, SCDMH, and the departments of psychiatry from the USC School of Medicine and MUSC to develop a comprehensive five-year plan that addresses all aspects of mental health care in the S.C. Department of Corrections. National standards, such as

those published by the National Commission on Correctional Health Care, should be used as guidelines for developing this plan.

While the committee believes that the immediate expenditures listed above are needed to address the current crisis, it also believes that SCDC needs to develop a rational, detailed long-term plan for providing necessary services to inmates with all types of mental illnesses and behavior problems. Having such a plan in place will help SCDC avoid the haphazard, crisis-oriented approach to mental health care likely to occur each time the agency's leadership philosophy changes.

Facility needs are different for inmate with mental illness than they are for non-mentally ill inmates, and these specialized needs must be considered when new facilities are designed and constructed. New facilities for the mentally ill are no doubt needed.

Current plans call for constructing three new buildings within the Kirkland Correctional Institution perimeter in Columbia and using at these buildings to house inmates with mental illnesses. However, it is apparent after reviewing the blueprints that the building design is inadequate from a mental health services standpoint. The design does not include enough treatment space or offices for necessary staff and has other design flaws that will cause a repetition of the current deficiencies in existing facilities. Mistakes such as this one can be avoided by taking the time to develop a rational, long-term strategic plan and include in the planning process the people who will actually be working in these facilities.

2. Contract with South Carolina's two medical schools and the S.C. Department of Mental Health to provide specialized mental health services to SCDC institutions.

Cost $370,500 (FY-2001-02)
Cost $702,000 (FY-2002-03)

The Proviso Committee recommends that SCDMH, MUSC, and USC help SCDC recruit the three psychiatrists. The Proviso Committee also recommends that SCDC collaborate with the Department of Psychology at the University of South Carolina to create three licensed psychologist positions, one each at Gilliam Psychiatric Hospital in Columbia, Lieber Correctional Institution in Charleston and Perry Correctional Institution in Greenville. The costs are included in the total staffing cost proposal, and itemized in Appendix F and G.

Psychiatrists and licensed psychologists have been especially difficult for SCDC to recruit and retain due to issues relating to pay, workload and work environment. Funding should be provided to allow SCDC to collaborate with the medical schools to create three faculty psychiatrist positions (funding for the positions is already included under #1 of 'Immediate Action' section), one at Gilliam Psychiatric Hospital in Columbia, one at Perry Correctional Institution in Greenville and one at Lee Correctional Institution in Bishopville. The ability to tie medical school faculty appointments to prison psychiatrist

positions not only is an effective recruiting tool but also would attract and retain more experienced and qualified applicants.

3. Improve continuity of care by developing a stronger liaison between SCDC and SCDMH to ensure that inmates with mental illnesses receive adequate mental health care.

Cost $ (to be developed in the 5-year phase-in plan)

The Proviso Committee recommends that SCDC and SCDMH develop a reliable system of communication and referral to track inmates with mental illnesses through the two systems and ensure that they comply with mandatory treatment. This will require networking with other agencies, including Vocational Rehabilitation, local law enforcement, DAODAS, the S.C. Alcohol and Drug Commission and the S.C. Department of Probation, Pardon and Parole. In the interest of public safety and to comply with the victim rights Act 141 passed in 1997, it is crucial that crime victims be notified before the inmates who committed those crimes are released into the community.

Liaison services between SCDC and SCDMH need to be strengthened in two primary areas: 1) Day-to-day communication between mental health staff at SCDC and the SCDMH community mental health centers and 2) Discharge planning. Effective day-to-day communication between the two departments (SCDMH and SCDC) requires an accessible information management system, which means the purchase of necessary hardware (computer systems) and software and some means of linking the two departmental systems. This is beyond the purview of the Proviso Committee and should be addressed by the outside consultant (see Short-term Action #1).

Discharge planning takes two forms: 1) discharge from a psychological unit to the general prison population, and 2) discharge to the community. Currently, no system is in place to notify SCDMH that an inmate with a diagnosed mental illness is being released into the community. Nor is there a system in place to ensure that mandatory mental health clinic attendance be a condition of such an inmate's parole. These flaws in the system increase the probability that some inmates will deteriorate mentally once released, and consequently require admission to a SCDMH inpatient facility or reentry into the criminal justice system.

The relationships between SCDC, SCDMH, the S.C. Department of Probation, Pardon and Parole, the S.C. Department of Disabilities and Special Needs (SCDDSN), DAODAS and the S.C. Alcohol and Drug Commission need to be clarified with regard to issues involved in inmate discharge planning. Memoranda of Agreement should be developed between these agencies to clarify various services that will be provided both before and after release of inmates with mental illness from SCDC. Current state statutes may have to be amended in order for all concerned parties to have access to pertinent clinical

information. Every inmate legally eligible for release from SCDC should be returned to the community with a discharge plan that focuses both on public safety and the social and treatment needs of the inmate. (See *Appendix J*, Prevention Of Recidivism for Inmates With Mental Illness.)

4. Improve training programs for SCDC correctional officers and staff assigned to mental health units in the correctional facilities.

Cost $(addressed under staff costs)

The Proviso Committee recommends that SCDMH assist SCDC in developing training programs to address these issues, and that all mental health staff and correctional officers who work with mentally ill inmates be required to attend such programs when they are initially hired. Annual training should be required of each employee.

Many incidents of inmate aggression and behavioral disturbances can be avoided with timely use and knowledge of behavior de-escalation techniques. Without such training, correctional officers can unwittingly contribute to inmate aggression, placing themselves, the inmates and staff in danger and causing chaos on the unit. Conversely, mental health professionals need to have respect for and understanding of security concerns.

5. Improve security on units that house inmates with mental illnesses.

Cost $ (to be developed in the 5-year phase-in plan)

The Proviso Committee recommends that SCDC review its security coverage and officer pay scales and work with the S.C. Legislature to address overall prison security concerns.

Many cellblocks that house inmates with mental illnesses do not have enough security cameras to adequately monitor activity, which endangers staff and inmates. The recent incident at Richland County Detention Center in which inmates overpowered and killed a guard is an example of the danger that results from inadequate electronic monitoring. In addition, the current 12-hour shifts for officers who work with mentally ill inmates (changed from previous 8-hour shifts) contribute to officer burnout, as does low pay and stressful working conditions.

6. Improve and expand treatment services for sex offenders.

Cost $ (addressed under staff costs and contracts)

The Proviso Committee recommends that SCDC contract with SCDMH to plan and, in some instances provide, evaluation and treatment services for sex offenders. (See *Appendix H and I* for recommendations concerning sex offender treatment.)

SCDC currently houses 2,283 identified sex offenders in multiple institutions across the state, which is a different population from the 2,150 inmates with identified mental illnesses. Of the 2,283 identified sex offenders, 290 have mental illnesses or developmental delays (i.e., mental retardation), 67 are youthful offenders, and 68 are HIV-positive. Approximately 300 sex offenders are released into the community each year, while about the same number enter the corrections system. The 2,283 sex offenders do not include those who have "plead down" from more serious sexual assault charges, or who were sentenced for non-sex related charges but who may also have been guilty of sex offenses.

Staff shortages have limited treatment services to the sex offender population. (The staffing issue is addressed under #1 in the 'Immediate Action' section; see *Appendix A*.) If expanded treatment for this population is not addressed, the committee foresees a future increase in the sexually violent predator population and an increased risk to the communities into which at least 50 percent of these inmates will eventually return.

Long-term Action

1. Develop initiatives to reduce recidivism. **Cost $20 million**

SCDMH must develop initiatives to prevent persons with mental illness from entering the criminal justice system, and the S.C. Legislature should fund the necessary programs to allow this to happen. A comprehensive and continuous community-based system of care is needed, which should include pre- and post-booking alternatives to incarceration for nonviolent, mentally ill offenders.

SCDMH should collaborate with advocacy groups for the mentally ill to pass model laws for assisted treatment. Current federal and state policies hinder treatment of mentally ill individuals most at risk for arrest. As a result, more mentally ill individuals are being incarcerated rather than treated when they become symptomatic.

SCDMH has developed initiatives to expand emergency and community mental health programs (see *Appendix J*) and will continue to ask the S.C. Legislature for the necessary funds to implement these initiatives.

2. Construct a new Psychiatric hospital for SCDC inmates

Cost $ (to be developed in the 5-year phase-in plan)

The Proviso Committee recommends that the outside consultant (see #1 Short-Term Action) be directed to undertake a thorough study of facility needs and make recommendations to the directors of SCDC and SCDMH before any new facilities are planned or constructed.

Current psychiatric services for inmates include:

- Acute Care at Gilliam Psychiatric Hospital at Kirkland Correctional Institution in Columbia for inmates considered dangerous to themselves or others
- Intermediate Care Services at Lee Correctional Institution in Bishopville for chronically mentally ill males
- Intermediate Care Services at the Women's Correctional Institution in Columbia for chronically mentally ill females
- Outpatient/Low Intensity Management Services at 10 SCDC institutions for inmates with behavioral disturbances and short-term crises not requiring medication or physician management (these services are needed at each of the 38 institutions).

In addition, programs for the HIV-positive inmates with mental illnesses, sex offenders and drug and alcohol addictions are coordinated by the Program Services Division of SCDC and are scattered throughout the system.

It is inevitable that a new prison psychiatric facility will have to be constructed. However, in order to prevent facility design flaws and to minimize capital expenditures, it is imperative that an outside consultant (#1 in Short-Term Action) conduct a careful, detailed study of facility needs for inmates with mental illnesses.

The most reasonable and cost-effective solution to the facilities dilemma may be to construct one central state-of-the-art treatment facility in a centralized urban location (important in attracting white-collar, professional staff), rather than construct multiple smaller facilities for the different sub-populations requiring mental health services. A centralized facility could have several wings with a common treatment mall to provide a variety of continuous therapeutic activities geared toward individual inmate needs.

2. **Support the SCDMH FY-2002 budget request to build a new facility for sexually violent predators if no other housing alternative is found.**
Cost $22.5 million

The Proviso Committee supports the SCDMH in their current request for funding for a new facility for the sexually violent predators if no other housing alternatives can be found. However, the committee also recommends that the outside consultant (see #1, Short-Term Action) review the plans before any new facilities are constructed.

SCDMH has a legislative mandate to provide treatment for inmates classified as sexually violent predators. Currently, 24 people have been adjudicated as sexually violent predators. This population is expected to grow exponentially over the next decade by 10-15 inmates annually, with few discharges expected into the community.

These 24 patients are being housed temporarily in a 48-bed unit in the Edisto Building of the Broad River Correctional Institution in Columbia. The facility is inadequate from both a security and programmatic standpoint, and the Proviso Committee agrees with SCDMH and SCDC that a new facility is needed.

Because SCDMH is under a legislative mandate to provide treatment to sexually violent predators, the Proviso Committee agrees that separate funding must be provided to SCDMH for program services and staffing, and to SCDC for the operation, maintenance and security of the facility.

Appendix A

MENTAL HEALTH COUNSELING STAFF

INSTITUTION	Total Population/MI [1]		99-00 [2]	NEW MI [3]	NEW GP [4]	TOTAL [5]
Allendale	1020	51	2	0	5	7
Broad River	937	106	15*	4	0	19
Evans	1305	53	3	0	7	10
Kershaw	1415	62	3	0	7	10
Leath	523	159	3	1	2	6
Lee	1465	386	17	0	5	22
Lieber	1221	266	5	2	6	13
MacDougall	553	18	1	0	2	3
Manning	780	87	4	1	4	9
McCormick	1150	73	3	0	3	6
Perry	846	215	6	1	4	11
Ridgeland	1156	55	2	0	4	6
State Park	432	45	0	1	1	2
Trenton	696	15	0	1	0	1
Turbeville	1242	144	3**	4	0	7
Tyger River	1289	64	2	0	4	6
Wateree River	798	43	0	2	0	2
Women's	456	202	11	1	2	14
TOTALS	**20902**	**2228**	**80**	**18**	**56**	**154**

1 #'s are approximates of total inmate population/Mentally Ill inmates as of 10/30/00 (Totals are not sum of rows but reflect other facilities not shown).

2 Counseling staff/social workers currently provide care to all inmates, concentrating on the Mentally Ill.

3 New counseling staff/social workers to be added for *Mentally Ill population*.

4 New counseling staff/social workers to be added to work with Lock-Up, Crisis Intervention, Sex Offenders, and the general inmate population.

5 Totals of new counseling staff/social workers to cover entire institution.

* Current staff covers HIV+, Sex Offenders, and General Population only.

** Current staff covers Sex Offenders only.

Appendix B
ADDITIONAL REGIONAL STAFFING[6]

POSITION	COLUMBIA (1)	LOW COUNTRY (2)	PEE DEE (3)	UPSTATE (4)
Administrative Support (For Region)	1	1	1	2
Licensed Psychologist[5]	1	1	0	1
Psychiatric Nurses	0	2	4	2
Human Services Coordinator II (To supervise Region)	1	1	1	0
Human Services Coordinator I	3 *	1 *	1 *	3 *
TOTAL (NEW FTE's)	5	5	7	5

[1]Based at Kirkland and Broad River Correctional Institutions - Covers Women's Center, State Park, Leath, Manning, Broad River, Campbell, Stevenson, Walden, Watkins, and Trenton
* - (Covers Campbell, Stevenson, Walden and Watkins).

[2]Based at Lieber Correctional Institution - Covers Allendale, Ridgeland, Coastal, Lieber and MacDougall.
* - (Covers Coastal)

[3]Based at Lee Correctional Institution - Covers Lee, Evans, Wateree. Turbeville, Palmer Work Release and Kershaw
* - (Covers Palmer and provides back-up at other institutions)

[4]Based at Perry Correctional Institution - Covers Perry, Tyger River, McCormick, Givens, Livesay, Catawba, Lower Savannah and Northside
* - (Covers five of the eight facilities)

[5]Licensed Psychologists are listed separately in Appendix E, F, and G.

[6]All staff to provide services to the entire inmate population, including mentally ill, sex offenders, etc.

Appendix C
SPECIAL FUNCTIONS STAFFING

MENTAL HEALTH SERVICES - CENTRAL MANAGEMENT

POSITION	CURRENT	NEW	TOTAL
Director	1	0	1
Program Manager	3	1	4
Human Services Coordinator II	0	3	3
Administrative Support	2	0	2
TOTAL	**6**	**4**	**10**

RECEPTION & EVALUATION CENTER

POSITION	CURRENT	NEW	TOTAL
Administrative Manager	1	0	1
Human Services Coordinator II	1	0	1
Human Services Coordinator I	3	3	6
Psychologist	1	0	1
TOTAL	**6**	**3**	**9**

MAXIMUM SECURITY UNIT - KIRKLAND

POSITION	CURRENT	NEW	TOTAL
Human Services Coordinator II	1	1	2
LPN	1	1	2
TOTAL	**2**	**2**	**4**

Appendix D
GILLIAM PSYCHIATRIC HOSPITAL

POSITION	CURRENT	NEW (2001-2002)	TOTAL
Management	2	1	3
Human Services Coordinator II	4	5	9
Human Services Coordinator I	14	10	24
Human Services Specialist II	7	2	9
Nurse Administrator	1	0	1
Registered Nurse II	3	1	4
Registered Nurse I	5	3	8
Licensed Practical Nurse	5	2	7
Activity/Recreation Specialist	0	4	4
Licensed Psychologist	1	0	1
Administrative Support	3	1	4
TOTAL	**45**	**29**	**74**

- Critical Areas - Office and Programming space are needed to support current and future staffing and programming services.

Appendix E
STAFFING SUMMARIES

POSITION	CURRENT	NEW	TOTAL
Counselors for Mentally Ill [1]	80	18	98
Counselors for General Population and Lock-Up [1]	0	56	56
Regional Staffing [2]	0	22	22
Administration and Special Areas [3]	14	9	23
Gilliam Psychiatric Hospital [4]	45	29	74
Psychiatrists [5]	1	3	4
Psychologists [5]	0	3	3
TOTAL	**139**	**140**	**280**

1 See Appendix A
2 See Appendix B
3 See Appendix C
4 See Appendix D
5 See Appendix F & G

Appendix F

STAFFING ENHANCEMENT GOALS AND COSTS [1]

FISCAL YEAR 2001-2002

1st Quarter

POSITION	TOTAL#	COST
Counselors for Mentally Ill	18	$ 785,561.00
Administrative and Special Areas	9	$ 339,064.00
Gilliam Psychiatric Hospital	7	$ 225,189.00

2nd Quarter

POSITION	TOTAL#	COST
Counselors for General Population	19	$ 414,602.00
Gilliam Psychiatric Hospital	7	$ 150,126.00
Regional Staffing	8	$ 188,213.00
Psychiatrist	1	$ 78,000.00
Psychologist	1	$ 58,500.00

3rd Quarter

POSITION	TOTAL#	COST
Counselors for General Population	18	$ 196,390.00
Gilliam Psychiatric Hospital	7	$ 75,063.00
Regional Staffing	7	$ 82,343.00
Psychiatrist	1	$ 39,000.00
Psychologist	1	$ 19,500.00

4th Quarter

POSITION	TOTAL#	COST
Counselors for General Population	19	$ 69,190.00
Gilliam Psychiatric Hospital	8	$ 28,595.00
Regional Staffing	7	$ 27,447.00
Psychiatrist	1	$ 13,000.00
Psychologist	1	$ 6,500.00

TOTAL ADDITIONAL STAFF COSTS –FISCAL YEAR 2001-2002: $ 2,796,193.00
STAFF COSTS ANNUALIZED————FISCAL YEAR 2002-2003: $ 4,062,887.00

[1] - Expenditures for all staff include salaries and 30% fringes

Appendix G

EXPENDITURES FOR MENTAL HEALTH SERVICES [5]

POSITION	CURRENT EXPENDITURE (FY 99-00)	REQUESTED ADDITIONAL (FY 01-02)	TOTAL EXPENDITURE (FY 02-03)	REQUESTED ADDITIONAL (FY 02-03) [1]	TOTAL (FY 02-03)
Counselors for Mentally Ill	$ 2,899,193	$ 589,171	$ 3,488,864	$196,390	$ 3,685,254
Counselors for General Population	0	$ 680,092	$ 680,092	$ 1,763,877	$ 2,443,969
Regional Staffing	0	$ 298,003	$ 298,003	$ 737,170	$ 1,035,173
Administrative and Special Areas	$ 777,794	$ 339,064	$ 1,116,858	$ 113,021	$ 1,229,879
Gilliam Psychiatric Hospital	$ 1,646,277	$ 478,973	$ 2,125,250	$ 764,929	$ 2,890,179
Psychologists [2]	0	$ 84,500	$ 84,500	$ 149,500	$ 234,000
Psychiatrists [2]	$ 156,000	$ 130,000	$ 286,000	$ 338,000	$ 624,000
TOTAL (Salaried Positions)	**$ 5,499,264**	**$ 2,796,193**	**$ 8,295,457**	**$ 4,062,887**	**$ 12,358,344**
Medications [4]	$ 770,000	$ 1,030,000	$ 1,800,000	$ 250,000	$ 2,050,000
Operating Expenses	$ 75,874	$ 338,898	$ 414,773	$ 23,243	$ 798,023
Contractuals	$ 752,214 [3]	$ 22,566	$ 774,780	$ 23,243	$ 798,023
TOTAL SPENDING (on Mental Health)	**$ 7,097,352**	**$ 4,187,657**	**$ 11,285,009**	**$ 4,336,130**	**$ 15,621,139**

[1] Personnel costs (salaried positions) for new requested FTE's are annualized in FY 02-03

[2] To be included in a contract between SCDC, SCDMH, USC/SOM, and MUSC

[3] This amount was paid under a contract now terminated. Money now proposed for contracts between SCDC and MUSC and USC/SOM

[4] Additional requested funding for medications includes a one-time adjustment of $ 260,000 to account for lack of annualization of the 1999-00 medication budget, and $ 770,000 to **add new medications to the Formulary** under immediate actions

[5] Expenditures for all staff includes salaries and 30% fringes

Appendix H
SEX OFFENDERS

Existing SCDC Sex Offender Program

Phase I Basic psycho-education group program for all convicted sex offenders, lasting four months, and mandated by SCDC.

Phase II Intensive residential treatment provided in two residential units:
1) a 30-bed adult unit at Broad River Correctional Institution
2) a 50-bed youthful offenders unit at Turbeville Correctional Institution

Existing SCDC Strategic Goals Related to Sex Offenders

1. **Provide appropriate sex offender programs to high risk and special needs offenders in SCDC by:**
   - Increasing dedicated treatment space in residential units.
   - Increasing availability of all phases of sex offender treatment to this population.
   - Identifying high risk and repeat offenders.
   - Increasing program staff to achieve a 1:10 counselor/inmate ratio in residential treatment and a 1:80 counselor/inmate ratio in institutional treatment.
   - Providing intensive group sex offender treatment at designated institutions for youthful offenders and offenders with mental illnesses.

2. **Improve screening, evaluation and referral procedures to assess inmates for sex offender programs by:**
   - Increasing funding for additional professional staff
   - Increasing administrative support
   - Implementing standardized sex offender testing (Abel Screen, Penile Plethysmograph).
   - Increasing technological support of this process by providing necessary hardware and software to be able to adequately screen, evaluate and refer inmates to sex offender programs.

3. **Prepare sex offenders for transition to the community by:**
   - Increasing resources and training in relapse prevention programs for sex offenders.
   - Providing pre-release programs for sex offenders.

Appendix I

SCDMH Proposal for Sex Offender Treatment

The S.C. Department of Mental Health has reviewed SCDC's strategic goals (see *Appendix H*) and has recommended the following proposal for evaluation and treatment of sex offenders. The Proviso Committee notes that a final decision about program format and funding is subject to revision after the proposed review by the outside consultant (see #1 under Short-term Action).

I. Evaluation and Treatment Services for Sex Offenders With Mental Illness And/Or Developmental Disabilities: (Current population:290)

A psychiatrist or psychologist who has specific expertise in the evaluation of sexual disorders in persons with mental illness and developmental disabilities would conduct the evaluation. The evaluation would include:

- Impact of the disability on the inmate's offending behaviors
- Impact that effective treatment would have on re-offense risk
- A thorough psycho-social-sexual history
- A review of previous and current mental health treatment
- Intensive follow-up by the assigned case manager
- Referral for Abel Screening or Penile Plethysmography, when appropriate

II. Evaluation and Treatment Services for Sex Offenders Without Mental Illness And/Or Developmental Disabilities: (Current population :1,926)

A psychiatrist or psychologist who has specific expertise in the evaluation of sexual disorders would conduct the evaluation, which would include:

- A thorough psycho-social-sexual history
- Psychological testing
- Psychiatric referral for inmates with personality or mood disorders who require specialized interventions and treatment planning
- Referral for Abel Screening or Penile Plethysmography, when appropriate.

III. Proposed Treatment Program for Sex Offenders

Sex offenders would begin the program in the last half of their sentence or in the last five years of their incarceration. The program has six phases, each of which must be completed before the inmate is allowed to progress to the next phase.

Appendix I
(continued)

Phase I Inmate must admit to offending behavior before progressing to the psycho-educational group, and must undergo penile plethysmography and an Abel Screen.

Phase II Inmate must complete assigned tasks, which include journaling, writing an autobiography and assuming basic ownership of the problem. During this phase, a case manager is assigned and the inmate attends psycho-educational and process groups.

Phase III Inmate must complete assigned tasks, which include advanced ownership and completing a Cycle of Abuse exercise. During this phase, the inmate continues to attend the psycho-educational and process groups.

Phase IV Inmate must complete assigned tasks, which include victim personalization and restitution. During this phase, the inmate continues to attend the psycho-educational and process groups.

Phase V Inmate must complete assigned tasks, which include relapse prevention exercises. During this phase, the inmate continues to attend the process group and begins the relapse prevention group.

Phase VI Inmate must complete assigned tasks, which include formulating a relapse prevention plan. During this phase, the inmate continues to attend the relapse prevention group and begins the community reintegration group.

Appendix J

Prevention of Recidivism For Inmates With Mental Illnesses

For persons with mental illnesses, prevention of entry into the corrections system and recidivism once released is crucial. A comprehensive community-based system is needed which includes pre- and post-booking alternatives for nonviolent offenders. Also needed is a communication system, which would allow agencies that interact with mentally ill offenders (i.e., SCDMH, SCDC, DAODAS, S.C. Department of Probation, Pardon & Parole, etc.) to share information and monitor their treatment and progress regardless of the offender's location.

The following is a proposed model for prevention of recidivism for inmates with mental illnesses. SCDMH would be responsible for staffing the program if funding were to be approved by the S.C. Legislature. The approximate staffing costs for this proposal is $20 million. A summary of this plan is included here. Details may be obtained from SCDMH.

Primary Prevention

- **County Respite Housing.** Respite houses capable of accommodating 4 to 8 persons with mental illness would be staffed in each county for short-term lodging (30 to 60 days) and meals. Residents would be required to have meaningful day activities, either employment or seeking employment.

- **Regional Transitional Housing.** Residential houses capable of accommodating 6 to 8 persons with mental illness would be staffed in designated regions for long-term housing (1 to 2 years). Similar housing would be provided separately for youthful offenders (8 to 10 bed units) in each region. Each resident would be required to undergo psycho-social-rehabilitative treatment in order to attain the social, vocational and personal skills needed to live independently.

- **Regional Triage and Crisis Units.** These locked units would allow 24-hour observation and stabilization for persons in crisis, with referral to community treatment services once stabilized. Units such as these save lives and money in the long run by avoiding costly hospitalizations and/or incarceration.

- **Regional Crisis Mobile Units.** Crisis response teams would be set up in four counties (Richland, Spartanburg, Horry and Greenville counties) to provide treatment and transportation to respite houses or hospitals. Charleston County has a mobile unit in place already consisting of mental health professionals and law enforcement personnel to respond to persons in crisis.

Appendix J
(continued)

- **Preventive Crisis Outreach Teams**. Each county mental health center would designate a team of professionals to interface with local jails, state correctional facilities and the S.C. Probation, Pardon & Parole Board to monitor individuals' mental health treatment compliance and coordinate services to ensure continuity of care.

- **Memorandum of Agreements (MAOs)**. These agreements would be negotiated between SCDC, SCDMH's community mental health centers and local jails to facilitate communication and provide continuity of care for persons with mental illness.

Secondary Prevention

Individuals with mental illness who enter the corrections system require specialized care once incarcerated to treat the mental illness and prevent recidivism once they are released from prison. The following services are needed:

- **Assessment Services**. Inmates with mental illnesses must be identified within the first 30 days of incarceration.

- **Treatment Services**. Inmates with mental illnesses should be separated from the general prison population and placed in a facility designed to stabilize and treat their illnesses.

- **Prevention Services**. Designated liaison staff in SCDC and SCDMH mental health centers would jointly develop a follow-up plan once the person is released to the community. This plan would include an assessment of the individual's needs and community resources available to meet those needs, and referrals and follow-up with appropriate agencies. Individuals may also require financial assistance to obtain necessary psychotropic medications until they are able to obtain employment or benefits.

Appendix K

Proviso/Membership

Proviso 10.11. (DMH: Jt. Study with Dept. of Corrections) A joint committee shall be established by the South Carolina Department of Mental Health and the Department of Corrections to study the ongoing needs of mentally ill inmates, including sexual predators, and develop an in-depth plan to address programmatic, budgetary and capital building needs. This committee's membership will be comprised of the following individuals and groups: the Director of the Department of Mental Health or his designee, the Director of the Department of corrections or his designee, the Chairman of the USC School of Medicine Department of Psychiatry or his designee, the Chairman of the Medical University of South Carolina Department of Psychiatry or his designee and three appointees each from the Speaker of the House and the President Pro Tempore of the Senate. House and Senate appointees must be drawn from the following constituent advocacy groups: a representative of the South Carolina Mental Health Association, a representative of Protection and Advocacy for People with Disabilities, a representative of the South Caroline Self-Help Association Regarding Emotions, a representative of the National Alliance for the Mentally Ill of South Carolina, a representative of the South Carolina Victim Assistance Network and a representative of the South Carolina Coalition Against Domestic Violence and Sexual Assault. The committee will be co-chaired by the Directors of Mental Health and Corrections, or their designees. The committee will provide their report to the House Ways and Means and Senate Finance Committees by October 15, 2000.

Proviso Committee Membership

David Almeida	NAMI of South Carolina
Richard Ellison, M.D.	S.C. Department of Corrections
Laura Hudson	South Carolina Victim Assistance Network
John Magill	M.U.S.C., Department of Psychiatry
Becky Miles	Mental Health Association
John A. Morris	U.S.C. School of Medicine, Department of Psychiatry
Nita O'Brien	S.C. Coalition Against Domestic Violence & Sexual Abuse
Bonnie Pate	S.C. SHARE
Gloria Prevost	S.C. Protection & Advocacy
David A. Rosin, M.D.	S.C. Department of Mental Health

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