

PATTERSON OPINIONS

A. SCDC's Mental Health Resources Insufficient to Provide Basic Care to Inmates.

1. Staffing

- a. Inadequate number of psychiatrists to serve mentally ill inmate population.
- b. Inadequate number of sufficiently trained counselors to serve mentally ill inmate population.
- c. Inadequate number of recreational therapists.
- d. Inadequate number of supervising psychologists and social workers.
- e. No staffing plan to ensure even and adequate distribution of clinicians among institutions.

B. SCDC Does Not Provide Adequate Clinical Assessments and Treatment.

1. Inadequate assessments

- a. Inadequate intake assessments.
- b. Inadequate suicide risk assessments.
- c. Inadequate access to information that would help screen for suicide risks.
- d. Inadequate assessment of inmates on crisis intervention or post crisis.
- e. Inadequate assessments for higher levels of care, i.e. ICS, GPH
- f. Inadequate assessment of risks associated with long-term segregation and loss of privileges.
- g. Inadequate assessment of effects of use of force.
- h. Counselors lack sufficient training and supervision.

2. Treatment

- a. Inadequate comprehensive, multi-disciplinary treatment planning.

- b. Inadequate involvement of medical and nursing staff on medical and medication management issues.
- c. Inadequate medication management policies and practices.
 - i. Inconsistent face-to-face psychiatric evaluation.
 - ii. Inadequate medication compliance monitoring.
 - iii. Inadequate practices regarding medication noncompliance.
- d. Inadequate group and structured activities.
- e. Inadequate individual therapeutic treatments.
- f. Transfers result in delays in clinical access and medication.
- g. Excessive reliance on segregation in managing SIB.
- h. Inadequate management of suicidal inmates and inmates exhibiting self injurious behavior.
 - i. Inadequate policies and practices regarding placement in and return from GPH and ICS.
 - ii. Inadequate enhanced services for suicidal or SIB inmates.
- i. Treatment issues related to disciplinary actions.
 - i. Inappropriate use of force on mentally ill inmates.
 - ii. Inadequate consultation with mental health staff prior to planned use of force.
 - iii. Inadequate participation of mental health staff in disciplinary proceedings.

C. SCDC Has No Quality Management Program to Evaluate Mental Health Services.

- 1. Inadequate mental health policies and procedures
- 2. Inadequate Quality Improvement Program and Monitoring
- 3. Inadequate Mental Health Records

D. Capital Improvements

- 1. Programming space and modules

- a. ICS-Kirkland needs enough space for 200 inmates to get 10 hours structured therapeutic activity for each inmate per week.
 - b. ICS-Graham needs enough space for 40 inmates to get 10 hours structured therapeutic activity for each inmate per week.
 - c. ICS-Kirkland and ICS-Graham each need separate high security space for 5 group therapy modules. Modules also needed.
 - d. Gilliam need enough space for 60 inmates to get structured therapeutic activity for each inmate 3 hours per day, 5 days per week. Gilliam also needs 6 modules.
 - e. The segregation units at Lee, Lieber, and Perry each need additional space for individual and group therapy. For each institution, at least 8 modules are needed for group therapy and 3 modules for individual therapy.
2. Therapeutic CI Units needed at Lee, Lieber, Perry, and Graham (10 beds each with space for individual therapy).
 3. Two CI holding cells needed at every prison.
 4. 40-bed ICS unit needed at Graham.
 5. Sufficient access to walk-alone spaces is needed to permit inmates in SMU and MSU to have a minimum of one hour of recreation per day seven days per week.

E. Program Changes Since 2000 Report.

1. The opinions expressed in 2000 National Institute of Corrections report of Raymond F. Patterson, M.D. are largely unchanged.
2. SCDC has made little, if any, progress in the management of its mental health program since the 2000 Patterson report.