

Lieber Correctional Institution
Re: Alternative Crisis Intervention Housing Placements
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December 30, 2010

Nelson Mullins Riley & Scarborough, LLP
Attn: Daniel Westbrook
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Post Office Box 11070(29211)
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Re: South Carolina Department of Corrections
Lieber Correctional Institution
Alternative Crisis Intervention Housing Placements

Dear Mr. Westbrook:

During the morning of November 8, 2010 we received a tour of the alternative housing cells used for crisis intervention purposes at Lieber CI, although it was initially an incomplete tour related to the staff apparently not knowing where all such placements occurred.

The SMU is located in L building. We were shown two large holding cells with toilets that were used for crisis intervention (CI) purposes. The toilet in one of the holding cells had a wall which prevented adequate observation. Windows had bars and there was a large hole in the ceiling. It was possible to climb up the windows due to the bars and probably have access to pipes hanging down from the ceiling. There was also exposed (uncovered) fluorescent lighting at the top of the cells. These large holding cells were not suicide resistant.

Two smaller holding cells, without a toilet, were reported by several inmates as having been used for crisis intervention purposes. These cells were nowhere close to being suicide resistant and had holes in the ceilings and in the walls. Reference should be made to the photographs taken during this tour for a more accurate depiction of these cells. Associate warden of operations had indicated to us that he was not aware that these cells were being used for such purposes.

The SMU had an "A" side and a "B" side. Each side had shakedown cages (i.e. recreational cages) which were used for crisis intervention purposes. These shakedown cages provided the passage way for exiting the "A" and "B" units into the recreation yards. The cages were approximately 10 to 12 feet in length with a solid door separating the cages from the external yard. Within the cages there was also another door which had a padlock and door knob that were exposed to inmates housed in these areas. The configuration of the 10 to 12 foot hallway was that of a wire mesh door that separated the hallway from the unit, followed by a second wire mesh door within the 10 to 12 foot area, followed by the solid door which was the exit into the external yard. The wire mesh in these cells was large bore and could easily accommodate an inmate placing a sheet or clothing or shoelaces through the mesh to potentially hang themselves.

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We were informed by staff as well as inmates that neither of these shakedown areas had bathrooms and that inmates would have to bang on the door to get the attention of a staff member to allow them to come out for toileting and/or they were given a plastic bottle to urinate in and/or they would urinate or defecate within the cage area itself. Inmates reported that frequently they were not given suicide proof blankets and therefore were naked in these holding areas and fully exposed to staff and inmates who might be moving about in the unit itself. These areas were not suicide resistant.

We also inspected the shower area used for crisis intervention purposes which was very small, dark, and the visibility was very poor for observation purposes. The inside of the shower was not visible to anyone unless the person was immediately facing the cell door entrance to the shower. We were told by Mr. [REDACTED] that only one shower on the upper tier on A side was used for such purposes. This shower did not have mesh wiring on the door. During the course of our interviews with inmates, we were told by some that they had been housed in the "A" side lower tier shower. We inspected the lower tier shower and it was as with the upper tier shower not visible as a line of site unless the observer was standing at the door of the shower itself. The shower on the lower tier on "A" side had a wire mesh door in contrast to the shower on the upper tier.

Staff had not been aware that the interview rooms were being used for crisis intervention. There was a hole in the wall and lighting was poor.

Current SMU inmates

1. Inmate 1

Inmate 1 was a 27-year-old man who had been in the SMU for about two years. He reported having had alternative crisis cell placements that included housing in the recreational cage, holding cell, interview room and showers. He was placed in the shower on B side (both upper and lower) on two occasions ranging in duration from seven hours (e.g., 4 PM-11 PM) to overnight.

Inmate 1 indicated that during all these placements, except for perhaps two of them, he was naked without any kind of blanket or covering. Observations by correctional officers reportedly ranged from hourly to every 15 minutes. Inmate 1 estimated that he was placed in alternative crisis intervention housing on about 10-12 times with about four of the placements occurring without ever being seen by a mental health clinician. He perceived that these placements occurred to discourage inmates from having crises, which he reported was somewhat effective due to the discomfort associated with such placements.

Finger food was provided during these placements. Access to bathrooms in placements without toilets occurred generally by yelling or having other inmates kick doors to get the attention of correctional officers, who then would respond in a timely manner.

Some of the placements resulted in transfers to a crisis cell but they were clearly the minority of such placements. He described his experience in the shower to be very unpleasant related to coldness and cramped quarters, which contributed to his back hurting.

Inmate 1 described being embarrassed by lack of clothing, especially when he was placed in the recreational cages that exposed him to significant inmate traffic.

When placed in the recreational cage, inmates from that particular housing unit would go to the other side for recreational purposes. However, they would pass the recreational cage and often give "grief" to the inmate placed in it.

The CRT of this inmate was reviewed. A February 21, 2009 note by Lolita Lee, CCC indicated that Inmate 1 was in the recreational cage without clothing but with a suicide blanket.

CRT documentation during August 20, 2008 indicated that this inmate was placed in the MA wing cage for crisis intervention purposes. He was wrapped in a suicide blanket. Melvin Ransom, HSC II wrote during August 21, 2008 that this inmate was removed from crisis intervention.

During March 2010 Inmate 1 was placed in a holding cell for CI purposes. Inmate 1 was wearing a pink jumpsuit.

2. Inmate 2

This 26-year-old African-American male reported that his alternative crisis intervention housing placements have included being in the recreational cages on both sides of the SMU, in the shower on one occasion for 30-60 minutes, in the interview booth and in a holding cell. His stay in a holding cell during Christmas 2008 was documented in the CRT.

Inmate 2 was generally without clothing or coverings during his alternative CI placements. He described being transferred from these placements to an actual crisis cell on about two occasions.

Information regarding his shower room placement was obtained. This occurred around 2008. He indicated that he was essentially told by the correctional officers that he was being placed in the shower because he wanted to go on crisis intervention status. Inmate 2 reported that he was generally seen by mental health staff during these placements except during weekends.

This inmate described his alternative CI placements to have been very unpleasant, which had an impact on his answers during subsequent risk assessments. He also described the lack of clothing and coverings to be sexually humiliating and ironic in the context of receiving discipline for masturbation.

Current medications include Vistaril, Risperdal and Remeron. He described a history of chronic auditory hallucinations. The medications have been helpful in decreasing his auditory hallucinations.

The CRT was reviewed. He was placed in a holding cell during 4/18/09 for CI purposes. Inmate was stripped and given a suicide blanket "if available."

Inmate 2 was in a pink jumpsuit.

3. Inmate 3

This inmate was in the interview booth for 16 hours from June 20-21, 2010. The logbooks demonstrated placement in the interview booth and records in the CRT described holding cell placement. A June 22, 2010 psychiatrist's evaluation note indicated that the differential diagnosis was psychosis NOS versus major depressive disorder with psychotic features. Wellbutrin and Risperdal were prescribed.

Inmate 3 was a 28-year-old man, who reported that he was placed in the interview room for crisis intervention purposes between June-August 2010 for almost 24 hours. He described infrequent checks by custody staff because the placement occurred during the weekend (e.g., up two hours at a time without seeing a correctional officer). Inmate 3 indicated that he had to urinate on the floor and had to clean it up with paper towels provided to him for purposes of sitting on the stool. He was naked throughout the experience without any coverings. He would be escorted down the hallway for defecation purposes, which he described as being a very humiliating experience related to the lack of clothing.

The interview room did not have a light and the hole in the ceiling exposed various pipes and ducts. He was interviewed by Mr. Ransom. Inmate 3 was not receiving medications at that time although he was later prescribed Risperdal and Wellbutrin. The Risperdal was later changed to low-dose Haldol. The medications were described as having been helpful.

During August 2010 Inmate 3 was placed in the shower overnight (Sunday-Monday) after describing thoughts of hurting his roommate. He again was forced to urinate on the floor. He described infrequent checks by the custody staff which would be precipitated by other inmates banging on the doors for him.

Inmate 3 was in the SMU for 10 months.

4. Inmate 4

This inmate was placed in a holding cell for approximately 40 hours beginning July 4, 2010. Review of the CRT indicated that Mr. Ransom had this inmate placed on crisis intervention status.

This 22-year-old Caucasian male reported a total of three crisis intervention placements. The first two placements occurred while he was in the SMU. During the first placement Inmate 4 was placed in the smaller holding cell within the SMU building that did not have a toilet. He was forced to urinate on the floor due to lack of access to a toilet. Defecation also occurred within the holding cell. There was a hole in the ceiling and he reported that inmates would throw their feces up in the ceiling. Throughout the time in this holding cell Inmate 4 was without clothing or any type of covering. He reported being in a holding cell for about two days which was followed by 6 to 8 hours in the interview booth. Urinating on the floor within the interview booth also occurred. A light was present in the interview room.

Checks in the holding cell occurred about every 30-60 minutes. He was interviewed by mental health staff and was eventually sent back to his SMU cell. Inmate 4 told the mental health clinician that he wanted to just be sent back to the cell due to the conditions of confinement in the holding cell.

The next placement in a crisis cell alternative occurred around September 15, 2010 when he was placed in a recreational cage for about 24 hours under similar conditions. The CRT indicated placement in a holding cell at that time. Inmate 4 reported that again he would urinate on the floor due to lack of access to a toilet. The correctional officers in the booth could observe an inmate in the recreational cage.

Food was offered but he did not want to eat the food because he did not have utensils and his hands were very dirty related to the conditions of confinement. He was interviewed by Ms. Lee at the cellfront-he was naked. He had been transferred to a crisis intervention cell prior to this interview.

The whole experience was described as embarrassing and humiliating.

5. Inmate 5

Inmate 5 was a 23-year-old Caucasian man who reported having been on crisis intervention status on two occasions during the past 4-6 months. He had been housed in the SMU during both periods of time surrounding these crisis intervention placements. His first placement occurred in the holding cell that had a toilet. He was without clothes or a blanket. The placement lasted 1-2 days. Inmate 5 stated he was not seen by mental health staff during that placement and was eventually just sent back to the SMU. He stated that he told the officers that he was okay because he just wanted to get out of the holding cell. Food was provided. There was a lot of correctional officer traffic during the day shift and he was infrequently seen during the night shift.

The second CI placement occurred about one month later. He stated that he was placed in an interview booth for about one week and was seen by mental health staff but not on a daily basis. As in the previous placement, he was initially without clothing or a blanket. Inmate 5 reported

that he eventually was given a dirty suicide blanket. He did have access to toileting facilities. There was not a light in the interview room. A hole in the ceiling was present.

The CRT of this inmate was reviewed. A July 7, 2010 progress note indicated that he was evaluated by . CCC. He was noted to be in the Max holding cell. The July 9, 2010 note indicated that he did have a suicide blanket wrapped around his person. He was removed from suicide status during July 12, 2010 by HSC II.

Documentation was not present relevant to his placement in the interview booth as summarized above.

This inmate was not receiving psychotropic medications.

6. Inmate 6

Inmate 6 is a 46 old African-American man who stated that he was placed in a holding cell for crisis intervention purposes for about 4 to 5 days during the end of July 2010. He reported that he was not seen by mental health staff during this period of time. He also stated that he was naked without any kind of covering. He periodically would have to urinate on the floor or on his food tray due to poor access to the bathroom. He reported that the correctional officers infrequently checked on him. He eventually was transferred to GPH.

This inmate had been prescribed Geodon and Prozac. He reported that he has been diagnosed as having paranoid schizophrenia.

The CRT of this inmate was reviewed. He was placed on crisis intervention during July 29, 2010 after cutting his abdomen and left wrist. He was evaluated by mental health staff based on the CRT documentation although he denied such assessments. Fifteen minutes observation was reported to occur by the staff based on the CRT. It appeared that he was admitted to GPH by July 30, 2010.

7. Inmate 7

Inmate 7 was a 32-year-old male who reported he had been at the SCDC since 2008 for approximately three years. He reported he had been at Lieber CI for that whole time and the SMU for the past nine months. He also reported he has been seeing the mental health staff for the past six to seven months and is currently prescribed Paxil "for anger".

The inmate reported he had been placed in the CI cell most recently one and a half weeks ago but has also been placed in a CI "holding cells" four to five months ago. When I asked where he was placed he stated in the "interview booth" (a reference to the booths used by visitors with a glass partition between the inmate and the visitor). The inmate reported he was in the interview booth for two days because he had told staff that he wanted to kill himself. The inmate stated

there was no toilet or wash basin in the booth and he had to beat on the door but since the officers don't staff that area at night he was forced to relieve himself within the interview booth.

The inmate stated that when officers are present they would let him out so that he go to the bathroom however he was "butt naked" when this occurred.

The inmate stated that his counselor saw him on the second day that he was placed in the booth and took him off the CI status; he stated he had not seen any mental health staff on the first day.

The inmate stated that food was delivered on a Styrofoam plate and that he had to eat within the interview booth.

The inmate stated this was a very humiliating experience for him of being housed in an interview booth where inmate and staff traffic passed during the day and evening shifts and he was placed naked in the booth. He also reported having to bang on the door to request the use of a bathroom which was very embarrassing for him, and eat finger foods without washing his hands.

The inmate reported he did not file any grievances on these events. He also reported that when he was released from CI status he was returned to his regular SMU cell.

8. Inmate 8

Inmate 8 was a 21-year-old male who reported he had been incarcerated at SCDC in the Lieber SMU for the past two years. The inmate stated he was prescribed Zoloft and Remeron for that entire time. He stated he sees his counselor approximately one time per month and sometimes more if he makes the request although it takes approximately two days for a response to his request.

The inmate reported he has never been in the CI camera cells but he has been in the interview booth and the rec cages "plenty of times". When I asked how many times he estimated he had been in the interview booths or rec cages more than 10 but less than 20 times. He stated that he was in the rec cage for more than two days and records indicate that he was in a rec cage for 52.5 hours in March 2009.

The inmate reported that he was first placed in an interview booth or rec cage in 2008 or early 2009 and that he has been in a rec cage for seven days at one time.

When I asked about toileting the inmate reported the staff will take him back and forth to the bathroom but it "might be awhile". He stated that he was given a "bottle to piss in".

The inmate stated that he was sometimes given a green blanket and sometimes nothing so that he would be "butt naked" in the rec cages. He stated that when he was placed in the interview rooms he was always "butt naked" but that staff would let him use a restroom when they responded to his banging on the door.

When I asked him why he had been placed in the interview booth or rec cages, he reported because he had said that he was either homicidal or suicidal. He stated the mental health staff would see him the same day or the next day in most cases but in one case he had to wait seven days in a rec cage where he was placed on a Wednesday and didn't see mental health staff until the following Tuesday. He stated he was then taken off CI status and returned to his SMU cell.

The inmate reported that finger foods are delivered on a Styrofoam tray but that there is no facility for an inmate to wash his hands or engage in any hygienic activities when placed in these alternative areas.

The inmate stated that he received no rec time when placed in these alternative placements and that sometimes the other inmates either don't get to go out for rec or they must go out on the other side ("A" or "B"). The inmate stated he put in a grievance when he was in the rec cage for seven days that he sent to Columbia but "nothing happened".

9. Inmate 9

Inmate Number 9 is a 39-year-old male who reported he had been incarcerated for the past 10 years and in the SMU at Lieber for nearly two years.

The inmate reported that he had been placed in a CI cell when he first came to Lieber and remained there for three days. He reported since that time he was placed in a rec cage approximately six or seven months ago for three days and the records reviewed indicate he was in a rec cage for 62 hours in April 2009.

When I asked specifically where in the rec cage he reported between the two wire mesh doors. He stated he was given "a little bottle to pee or I would have to wait sometime after banging on the door." The inmate stated that while in the rec cage he was "butt naked" with no blanket.

He stated he was given a Styrofoam tray which had a regular meal on it. The inmate stated he went into the rec cage on a Thursday, stayed over the weekend and saw Counselor on the following Monday. He stated he was taken off CI status and returned to his regular SMU cell.

The inmate reported he did not file a grievance on these events. The inmate stated he had never been placed at Gilliam Psychiatric Hospital however he did cut himself on the arm approximately one year ago in a suicidal attempt. He is receiving Tegretol and Remeron, his medications for the past four years. He added that counselors always talked to inmates at the cell door.

10. Inmate 10

Inmate Number 10 is a 30-year-old male who has been incarcerated for the past 11 years and at the Lieber CI for the past 15 months. He stated he had been in the McCormick SMU for 11 months prior to his transfer to Lieber.

The inmate states he has been receiving mental health services for the past 11 years and that since being at Lieber the counselors always see him at the cell door.

The inmate stated his belief that Dr. [redacted] is supposed to come and see inmates whenever they get charges and make reports to the DHO but added "he never does" come to see them. The inmate stated that the counselors also do not make their 30 day rounds and that he last saw Dr. [redacted] approximately two weeks ago when he was on CI status.

The inmate reported on 10/25 he was having suicidal thoughts after learning of the death of his little brother and he informed Dr. [redacted]. The inmate stated Dr. [redacted] said that he would return to talk with him however a lieutenant came and told the inmate that Dr. [redacted] was not going to place him on CI status. The inmate stated that later that day he took a handful of pills in front of the nurse [redacted] which included his Zoloft, Remeron, and Risperdal, some of which were prescribed for him and some which he got from other inmates.

The inmate reported he was then placed in the CI cell but he has also been placed in the holding cell and the rec cage and each time he was "butt naked".

This inmate stated that he observed a sergeant placing two inmates including inmate number 11 (see below) and another inmate in a holding cell together and both were "butt naked".

The inmate stated the last time that he was in a holding cell was in August and that he has refused to go to the showers when officers have told him he was going to be placed on CI status in the showers.

The inmate stated that when he has requested toileting while housed in the holding cell or rec cage he has had to wait 30 minutes to one hour or longer until the officers get the keys.

11. Inmate 11

Inmate Number 11 is a 30-year-old male who reported he has been incarcerated for nine years and 10 months with the last six years being at Lieber. He reported he was placed in the SMU at the end of July, approximately three and one-half to four months prior to this interview.

The inmate stated he has never been in a CI cell but was placed in a holding cell and "stripped down – butt naked with another inmate." The inmate reported this occurred approximately two and one-half to three months ago. The inmate reported this was particularly distressing for him because he had asked Dr. [redacted] to place him on State-wide protective custody status reporting that while he was at Lee CI in March 2004 he had been assaulted.

The record also indicates the inmate was placed in a holding cell for over 24 hours in July 2010. He stated there was no correctional officer sitting outside of the cell or doing any kind of checks on the inmates in the cell.

The inmate reported he has filed at least three grievances based on these experiences as well as his having been placed in the interview booth for four to five days in July or August 2010, "before Ramadan."

The inmate estimated that he has been placed in either the interview booth, holding cell or rec cage between 10 and 15 times but that he has never been placed in the shower. The inmate reported these experiences have been very humiliating and embarrassing for him and that he was particularly frightened and paranoid when having been placed in a holding cell naked with another inmate and no outside observation by correctional staff.

12. Inmate 12

Inmate Number 12 is a 33-year-old male who reported he has been incarcerated for the last 15 years and in the Lieber SMU since February 2008.

The inmate reported that he has been receiving mental health treatment for a number of years including prescriptions of Zoloft and Risperdal for depression and as an "anti-stimulant".

The inmate reported he has been placed in CI cells in other facilities but not at Lieber. He stated that in 2009 he reported suicidal ideation, and was placed in the shower all night. The records indicate that he was placed in the shower for 15 hours in June 2009. During that placement the inmate stated the correctional staff took him to the CI cell to use the bathroom and then returned him to the shower. He reported he was in the shower for 24 hours and that no mental health staff saw him during that time. He stated that when he was released from the shower he was placed back in his regular SMU cell that was stripped out. The inmate stated that later that day, counselors saw him and took him off CI status.

The inmate added that he had been placed in "one of the eight cells behind the wall for CI" inmates for approximately six months but did not believe he was on CI status.

The inmate offered that he wanted to say a bit about the living conditions in the SMU on lockup and described them as "pro-suicidal". He defined this as being "treated like some kind of animal – makes you want to give up – no publications, no books from outside – disconnected." He reported that conditions are such that inmates don't get rec as they are supposed to particularly in the winter because they can't have thermals or jackets. He also added that the food is very bad. I asked the inmate if he had filed any grievances and he reported that he had filed "probably 40 grievances", with at least every two months since being in the SMU.

The inmate added that in terms of food the inmates are given bag lunches that have inadequate nutrition, consisting of a sandwich for lunch and two sandwiches for dinner. The inmate was

noted as very thin during this interview and demonstrated a number of odd mannerisms and movements as he reported information.

13. Inmate 13

Inmate Number 13 was a 30-year-old male who has been in the SCDC since 2004. He reported he has been at Lieber in the SMU for the past two years. The inmate reported he has been receiving mental health services “for paranoia, emotions, seeing things, hearing things.” The inmate reported he has been placed in the CI cells on three occasions because he was suicidal which included his having cut himself as well as swallowing glass. He reported that he was in the cells four to five days on two occasions and for one week on the third occasion. He stated that the counselors did not come to see him until after two days on each of these occasions and they only asked if he still felt like killing himself. The inmate stated that when he said no he was taken back to his room.

The inmate reported that he had been in a holding cell on two occasions with the last being approximately two months ago when he was in a holding cell for three days. He stated one of the holding cells was a small holding cell where there was no toilet or sink and that when he was taken from that holding cell he was placed in the interview booth for one day. The inmate also reported that he has been in the shower downstairs for 10 hours and then moved to a holding cell. While in the shower the inmate reported that he was brought food on a Styrofoam plate and told if he did not eat the food in the shower he would forfeit his food.

While in the holding cell the inmate reported that he banged on the door but no CO responded and he was forced to use his food tray to urinate on because he couldn't hold it. He stated he was “butt naked” when placed in the holding cell and had no gown or blanket. He stated that when mental health staff came to see him they took him off CI status and he was returned to his assigned SMU cell.

The inmate reported that he has written two or three grievances that have been in for at least two months. He also reported that he has written to the Chief Psychiatrist as well as the Nelson Mullins law firm about these placements as well as nurses giving him the wrong medications. He stated that he was given the wrong medications approximately four months ago and he ended up getting very sick.

The inmate reported it is very hard for inmates in these conditions and that it is embarrassing to have to be in a room naked or eat in a shower because of feeling suicidal.

14. Inmate 14

Inmate Number 14 is a 26-year-old male who has been at SCDC since 2001. He reports he has been in the Lieber SMU since 2006.

The inmate reported that he has been receiving mental health services for the past three to four months which has included medications of Buspar, Prozac and Vistaril because he has anxiety and panic attacks.

The inmate reported that he has never been placed in the CI cell but he has been placed in the shower twice and in the rec cages twice in the last couple of months because of having suicidal thoughts or anxiety and panic attacks.

The inmate stated on one occasion he was placed in the shower from 8 pm until 5-6 pm the following day and was "butt naked" and had no blanket. He stated that he was given finger food in the shower and that a mental health counselor came to see him and when he told her he was fine she took him off CI and he was returned to his SMU cell.

The inmate stated that he had been placed in the rec cage for 36 hours because he was suicidal and again was butt naked and given finger foods to eat from a tray. He stated there is no toilet in the rec cage and he would have to wait for an officer for one to two hours for toileting. He stated he was unable to wait and had to urinate in a corner on one of these occasions.

He stated he was placed in the rec cage on another occasion for 24 hours because he was suicidal and encountered the same conditions.

The inmate stated that he was placed in a shower on a fourth occasion from 2-3 pm until 5-6 pm, less than a full day in July he believes.

The inmate stated he filed three grievances in the last couple of months but he has received no responses.

The inmate reports that he asked Dr. _____ about medication and that he was prescribed Zoloft by the psychiatrist but he never actually saw the psychiatrist to discuss the medication.

This inmate reports a history of suicidal ideation but also anxiety and panic attacks. It would be counter indicated to place an inmate with panic attacks in a small confined space such as a shower for extended periods of time particularly under the conditions as reported by this and other inmates.

15. Inmate 15

Inmate Number 15 is a 43-year-old male who has been in the SCDC for the past 23 years. He reported he was transferred to Lieber in 2006 and has been in the SMU for the last seven months.

The inmate reported that he has requested to talk to mental health staff but they have refused to see him. He reported he is taking no medication and he currently is engaged in litigation because the mental health staff refuse to provide services to him.

The inmate stated he has never been placed in the CI cell but that he has been placed in the shower twice and in the rec cages over 10 times as well as the holding cells over 10 times. He stated he has been in the interview booths for several days and stripped naked.

The inmate described having been placed in these alternative placements with no clothing and required to eat finger foods, without toilets or sinks that would allow for him to use a proper bathroom or wash his hands or engage in any other hygienic activities.

The inmate said he has filed 37 separate grievances which have been about health care and mental health care. He stated his belief that staff need training because they are punishing inmates who have mental health problems. The inmate asked whether or not I had seen the SCDC Newsletter in 2000-2001 which reported awards being given to District Managers for decreasing the number of inmate grievances.

This inmate reported having been placed in alternative placements and that this was humiliating for him as well as punishment to him and other inmates.

16. Inmate 16

Inmate Number 16 is a 25-year-old male who has been incarcerated at SCDC for the past eight years. He stated he has been in Lieber for the past seven years and in the SMU for the last six years.

The inmate stated that he has been receiving mental health services since he was a child and has had diagnoses of bipolar disorder and borderline personality disorder. He has been treated with Neurontin, Seroquel, Risperdal and Geodon and is currently prescribed Neurontin.

The inmate reported he sees his counselor "every blue moon" but has seen Dr. . two to three weeks ago.

The inmate said that he has been in the CI cells approximately 10 times because of being suicidal including swallowing pills and having razors in his possession. He reported he would generally see the counselor the next day at the cell door and be taken off of CI status. The inmate reported his opinion there "really is no treatment" and that "when people have a real crisis or hearing voices they get gassed, restraint chair." The inmate stated that he has heard officers sometimes say "go ahead and kill yourself."

The inmate stated he believes that the officers are "out to get me – plotting against me." He gave an example of a CO pulling his arm out when a nurse came for medication and the officer caught his arm in the flap so that he "caught a charge."

The inmate reported he has been placed in the shower on two occasions and that he has had to share a blanket sometimes with other inmates because there was only one blanket. The records indicated that he was placed in the rec cage for four hours in May 2009. The inmate reported he

was also placed in the rec cage in October 2008 for a day and a half. He stated further he has been in the holding cell approximately five times and in the interview booth approximately five times. He stated he has been moved from the "big room to the little interview room overnight." He elaborated "there is no bathroom and you have to wait for an officer." He stated sometimes he has not been able to wait and he has urinated through the door.

The inmate stated that when he has been taken off of CI status by the counselor he has been sent back to his SMU cell and "nothing changes."

The inmate stated that he has written to his Senator who wrote to _____ who wrote to the Senator saying that he, the inmate, had too many charges. The inmate offered that he does have a problem with masturbation and he keeps asking for treatment but "nothing happens". He continued "I need help and they don't give it."

The inmate reported he has filed two grievances but he has received no reply.

This inmate emphasized several times during the interview that he believes mental health staff are not providing treatment and even when he has been placed on crisis intervention status in alternative placements, when that status has been discontinued there has been no change in his treatment and no discussions regarding his having suicidal or other behaviors requiring crisis intervention services.

Summary

Although there were some credibility issues based on discrepancies between information obtained from some of the inmates and review of their CRT records, there were significant consistencies in histories obtained from these inmates who reported no or little knowledge regarding the purpose of these interviews. Information that appeared to be reliable included the following:

1. The use of alternative housing placements for crisis intervention purposes was not uncommon and apparently has been occurring since at least 2008.
2. It was common for such alternative CI housing placements to not be documented in the CRT and it was not uncommon for placements to occur without any type of mental health assessment/intervention occurring.
3. Inmates generally were not provided an explanation for the reason(s) that they were not placed in a crisis intervention cell despite being on crisis intervention status. Some of these inmates thought that these placements were made in an attempt to discourage inmates from seeking crisis intervention status.

4. Many of these inmates reported telling the correctional officers or mental health staff that they were no longer suicidal because they wanted to get back to their SMU cells related to the condition of confinement in these alternative housing placements.
5. Inmates uniformly described having no clothes and most of them reported having no other coverings (e.g. suicide blanket). Many indicated that they were told by correctional officers that there was only one suicide blanket available. When some of them eventually got the blanket they complained that it had not been cleaned.
6. Many of these inmates did not have access to toileting facilities or sinks to wash their hands before or after eating. They described having to urinate on the floor in one of the holding cells or in the shower and one of them described having to defecate in the holding cell.
7. These inmates uniformly described these alternative CI housing placements as being embarrassing and humiliating.

The use of these cells for CI purposes, as well as the associated procedures employed, is clearly below the standard of care for many reasons. These reasons included the following:

1. They were dangerous from a safety perspective in the context of not being suicide resistant. In addition, the lack of appropriate observation by staff and apparent periodic lack of mental health assessments contributed to this lack of safety.
2. The conditions of confinement were dehumanizing and likely to exacerbate mental health problems that led to the inmate's placement on CI status. Such conditions included no clothing, generally no coverings, and inadequate access to toilets in many of the "alternative placements."
3. It is very concerning that at least a number of these placements were apparently occurring without the knowledge of key administrators based on deposition testimony. It would also be equally concerning if the key administrators were aware of these placements due to the inappropriateness of them. It was alarming that key administrators, even after becoming aware of these placements, apparently had less knowledge of them than we had following our one day site assessment.
4. The lack of intervention or advocacy by mental health staff concerning these inappropriate placements demonstrates significant problems within the correctional mental health system.
5. There did not appear to be any involvement of psychiatric staff in the placements or release of these inmates or subsequent assessments and modifications of their treatment plans where applicable. The multidisciplinary comprehensive treatment planning, which would include the psychiatrist, counselor, other staff as appropriate

and the inmate, was reported by these inmates to not occur nor was it demonstrated by review of the records. This practice of lack of multidisciplinary comprehensive treatment planning has been consistent across facilities in the SCDC.

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