South Carolina Department of Corrections
Implementation Panel Report of Compliance
December 2017

Executive Summary

This fifth report of the Implementation Panel (IP) is provided as stipulated in the Settlement Agreement in the above referenced matter, and it is based on the fifth site visit to the South Carolina Department of Corrections (SCDC) facilities and our review and analysis of SCDC's compliance with the settlement agreement criteria. To date the IP has conducted site visits to SCDC on May 2-5, 2016; October 31-November 4, 2016; February 27-March 3, 2017; July 10-14; and December 4-8, 2017. Despite the IP's request that important documents needed to assess compliance/non-compliance with the Settlement Criteria be provided two weeks prior to each site visit, we did not receive all of the requested documents within that time frame. The IP has been asked to consider documents/information provided to us during the site visits and up to the Exit Conference on the last day of the site visits**.** The IP visits are scheduled and requests for documents have been consistently provided well in advance of the visits; however, our requirement for documents has never been met by SCDC. Regardless of the lateness of receipt of those documents, the IP has considered the information provided prior to and during the site visits in our assessment of compliance/non-compliance with the Settlement Agreement Criteria. The IP has also participated in conference calls at the requests of both plaintiffs and defendants, and held meetings during this visit with Mr. Westbrook and Director Stirling. Deputy Director McCall, Assistant Director Patterson, and SCDC administrative staff have attended site visits and provided very valuable input to the discussions. Finally, the wardens of each institution site visited as well as the Regional Directors have assisted this process and provided their input. Dr. Sally Johnson and Ms. Terre Marshall, consultants to SCDC, accompanied the IP to the facilities during this site visit. On December 8, 2017 the IP held an Exit Briefing attended by Director Stirling, attorney Roy Laney and SCDC staff, and plaintiff's counsel Daniel Westbrook to apprise the parties of our preliminary findings and encouraged feedback and discussion. Judge William Howard was not able to attend but was apprised of the IP's preliminary findings.

This Executive Summary presents an overview of the SCDC analysis and the Implementation Panel's findings regarding SCDC's compliance with the Settlement Agreement. During each site visit, the IP has provided onsite technical assistance, presented its findings, and when indicated have acknowledged the positive efforts and findings made in specific programs and/or facilities.

The IP review has focused on the Settlement Agreement criteria components and SCDC's own findings and analyses as presented to the IP. The Settlement Agreement compliance levels are reported as "noncompliance", "partial compliance", or "substantial compliance" in each of the elements which are provided along with the basis for the particular/specific findings and recommendations. The IP provided direct feedback during the Exit Briefings at each facility and with SCDC central office staff. The IP also included in this report additional information related to each facility visited during this tour to illustrate both positive and negative aspects of their performance that impacted compliance, partial compliance, or noncompliance.

Included in this report is Exhibit B, and appended are Attachments 1-5. Exhibit B is the summary of the IP's assessment of compliance with the remedial guidelines. The IP acknowledges the work of SCDC in the development and revision of policies and procedures, as well as the development of a preliminary "Master Plan" for mental health services to address the mental health needs of inmates living in the SCDC and to meet the requirements of the Settlement Agreement. As Exhibit B illustrates, the Implementation Panel determined the following levels of compliance:

1. Substantial Compliance--- 14 components

2. Partial Compliance--- 38 components

3. Noncompliance--- 6 components

While the Implementation Panel acknowledges the efforts by SCDC to improve mental health care, particularly considering the conditions at the time of the inception of the Settlement Agreement, SCDC continues to struggle mightily in their attempts to achieve compliance with the necessary requirements of the Settlement Agreement in various programs and facilities. The IP has identified multiple factors of serious concern from past site visits and noted in previous reports, including the following:

1. Staffing - including clinical (mental health, medical and nursing), operations, administration and support staff.

2. Conditions of confinement - including Restrictive Housing Units (RHU), and segregation of any type. The IP was made aware that SCDC administrative staff "reinterpreted" the policy on Suicide Prevention and Management to allow for up to 120 hours for transfer to the Crisis Stabilization Unit from safety cells in other facilities. Further, the safety cells at Gilliam Psychiatric Hospital were found to be less suicide resistant than in the past, which requires immediate attention.

3. Prolonged stays in Reception and Evaluation at both Kirkland C.I. and Graham C.I. with very minimal mental health services and structured and unstructured out of cell time and activities. The timeliness of assessments, referrals and treatment continue to impede these processes, largely impacted by staffing deficiencies.

4. Lack of timely assessments by multidisciplinary treatment teams at the mental health programmatic levels.

5. Operations and clinical staff adherence to policies and procedures and lack of appropriate supervision.

6. Access to all higher levels of care for male and female inmates - The CSU has not yet operationalized its role in the overall mental health system to determine both level of care needs and assistance to operations for management of inmates who require alternative

treatment and housing. The BMU's are not functioning at their planned levels. GPH is basically a lockdown program with very limited programming. A noted positive improvement is the pending contract for hospital level services for women.

7. Future planning for a comprehensive mental health services delivery system including staffing, beds and programs. The current Master Plan is largely a plan to develop a plan.

8. Medication management, particularly at Graham CI and Leath CI with reported audits that do not appear to adequately address medication administration and documentation. Of critical concern is the practice at several male facilities to administer medications by staff placing the medications on the food slot and/or sliding medications under the cell door which are both major clinical and security risks;

9. Substantial progress in the Quality Management Program, specifically by the development and efforts by the Quality Improvement Risk Management Program (QIRM) including necessary increases in staffing, training, audits and review of documents/information. Additional support has been suggested via the Behavioral Health Division and the developing electronic medical record; however, the interface will require improvements in collaboration, methodology, reliability, and timeliness of reporting information. The IP has repeatedly emphasized the necessity to provide pre-site visit information as requested, and SCDC has yet to provide information in a timely manner;

10. The implementation of the EHR, including eZmar, and interface with the pharmacy system (CIPS) continues to be piloted at Graham C.I. and Leath C.I. with extension of the timeframe for implementation system-wide as difficulties have been identified. More available mining of information/data and utilization of this process should facilitate and support systems development provided the methodologies and reliability of the information is sound.

In addition, the following issues regarding custody operations should be addressed and recommendations for addressing them follow each area of concern:

1. Inmates held in Short Term and Disciplinary Detention Status

Assessment: A high number of inmates are being held in Short Term and Disciplinary Detention Status over 60 days (per the provided SCDC Weekly Report Listing of Inmates by Institution in SD, DD, MX, ST, and AP Status). Over 80 inmates were identified in RHU over 60 days in Short Term, Disciplinary Detention and Awaiting Placement Status in the December 7, 2017, Weekly Report.

Recommendation: SCDC needs to develop a corrective action plan within 30 days to prevent inmates in ST, DD and AP Status from exceeding 60 days in RHU.

2. Inmate Disciplinary

Assessment: SCDC OP 22.14 only allows visitation and telephone restrictions to be imposed up to 20 days if an inmate does not have a MH classification regardless of the disciplinary offense. If an inmate has a MH classification, visitation and telephone restrictions can be imposed only if the charge involved visitation or telephone disciplinary offenses. A review of SCDC-produced records for the IP December 2017 Site visit revealed inmates without a MH classification receive restrictions of greater than 20 days for disciplinary offenses and inmates with a MH classification are receiving visitation and telephone restrictions for disciplinary offenses that are not visitation or telephone offenses.

Recommendation: SCDC needs to provide additional training to staff responsible for OP 22.14 to ensure:

- Visitation and telephone restrictions imposed do not exceed 20 days if an inmate does not have a MH classification regardless of the disciplinary offense.
- If an inmate has a MH classification, visitation and telephone restrictions are imposed only if the charge involved visitation or telephone disciplinary offenses.

SCDC officials should review both inmates without a MH designation and those with a MH designation with existing visitation and telephone restrictions and modify any restrictions that do not comply with OP 22.14 and provide the IP documentation of compliance as soon as possible.

3. RHU Population

Assessment: Per SCDC officials a high number inmates are being held in RHU because the inmate has a safety concern and refuses to return to the general population (possibly 20 or more inmates per institution with an RHU). Inmates being held in RHU for safety concerns limits cells for inmates that are identified as a risk to harm staff and/or inmates. An inmate eligible for time credits while in RHU cannot earn the credits to reduce the length of their prison sentence. Inmates held in RHU for safety concerns and eligible to earn time credits are most likely serving longer prison sentences draining valuable resources and increasing the SCDC budget.

Recommendation: SCDC should expand existing RHU alternatives to significantly reduce the number of inmates held in RHU for safety concerns.

4. RHU Behavior Levels for ST, DD, and SD

Assessment: SCDC has not fully implemented the RHU Behavior Levels for inmates in ST, DD, and SD status. OP 22.38 B Intensive Management and Restrictive Management Step Down Programs for High Risk Inmates was finalized and signed by the Director in November 2017. A review of the existing OP 22.38 Restrictive Housing Units (RHU) identified policy inconsistencies with intended SCDC Behavior Level practices.

Recommendation: SCDC Operations should review the OP 22.38 RHU and identify any inconsistencies and request revisions to the policy where necessary to the IP and Plaintiffs. QIRM should begin conducting QI studies regarding progress to implement the OP 22.28 RHU Behavior Levels and OP 22.38B Intensive Management and Restrictive Management Step Down Programs for High Risk Inmates.

5. **Tablets to Electronically Record Inmate Activities in RHU and CSU**

Assessments: SCDC Operations is pilot testing correctional officers utilizing computer tablets to record inmate activities (shower, welfare checks, and recreation, etc.) in RHU and CSU. Broad River CI CSU was selected as the site for the pilot. SCDC Operations and IT officials provided a demonstration of the new program to an IP Member at Broad River CI CSU the afternoon of December 5, 2017. It appears electronically recording inmate activities in RHU and CSU has promise to enhance recording quality and staff efficiency.

Recommendation: Continue the Broad River CI CSU Pilot electronically recording Institution RHUs.

Below are summaries of the IP's visits at each of the institutions during the week of December 4-8, 2017:

Kirkland Correctional Institution

During December 4 and 5, 2017, we site visited Kirkland CI. The inmate count on November 27, 2017 was 1523 inmates which included 270 inmates on the mental health caseload including approximately 80 Level 1 inmates (GPH), 139 Level 2 inmates (ICS), 14 Level 3 inmates (Area Mental Health), 96 Level 4 inmates (Outpatients) and 2 Level 5 inmates (stable and monitored). The mental health staffing allocations and filled positions were as follows based on pre-site information provided:

QMHPs:	25 FTEs allocated
	10 FTEs vacant
GPH Bay Area Staff:	7 FTEs allocated
	0 FTEs vacant
MH Techs:	17 FTEs allocated
	5 FTEs vacant
Activity Therapists:	3.5 FTEs allocated
	1.0 FTEs vacant

We conducted a community meeting of approximately 25 inmates who described minimal programmatic activities and out of cell time at GPH. Only 3 of 25 inmates reported attending 3 groups per week. The newly installed spider table for group therapies had not been used. Discussions with staff indicated requests for additional staff, however implementation of therapeutic activities could not occur without increases. Tours of the units indicated the nurses stations are near completion, however serious nursing shortages, and the majority of staff vacancies are covered by registry nurses. Further, the suicide resistant cells are no longer suicide resistant and are in need of repairs.

We toured the ICS programs, attended a treatment team meeting and held a Community meeting with inmates. The IP was favorably impressed by the team meeting, including participation by inmates and the inmates reported significant out of cell time for structured therapy groups.
We toured the HLBMU and met with inmates. While the inmates reported efforts by staff to have programmatic activities, their impressions, consistent with staff reports, are that there is insufficient staff for programs, out of cell time on weekends, and family visits.

Broad River Correctional Institution

The IP site visited Broad River CI on December 5, 2017. Broad River continues to experience staff shortages that impede the implementation of the CSU and HLBMU programs. The CSU has only limited telepsychiatry services and no psychiatric participation at treatment team meetings. The CSU is the central receiving for inmates from other facilities who have reported or demonstrated increased risk of self-harm and/or suicide. There is limited participation by psychology, and no presence of classification at the treatment team meetings, where recommendations and decisions are made regarding inmate placement in mental health programs. The role of the CSU in the overall system should be reviewed in this context. We were provided with two psychological autopsies of inmates who died by suicide, and both had multiple admissions to the CSU. The autopsies were incomplete and while on site, the IP recommended the outsourcing of psychological autopsies to clinicians more experienced with the appropriate process.
The HLBMU remains at KCI based on lack of staffing resources.
Of critical concern is the decision and movement of Level 3 inmates (Area Mental Health/Enhanced Outpatient) to the Marion dorm at BRCI. This movement did not go smoothly and our Community meeting with these inmates revealed their very serious concerns regarding treatment, medication administration, safety and property issues, as well as extended lockdown of the units for inmates who had been involved in active programming prior to the moves. The mental health staff indicated they are in the process of reviewing and reclassification of these inmates, reporting 14 of 22 inmates had been reclassified to Level 4 AFTER transfer to BRCI as Level 3. There was a completed suicide by an inmate on this unit during the site visit.

Lieber Correctional Institution

During December 6, 2017, we site visited the Lieber CI. The inmate count at the Lieber CI during December 4, 2017 was 1092 inmates, which included 233 inmates on the mental health caseload (12 L3 inmates and 221 L4 inmates).
Lieber CI averages ~ 14 hours per week of coverage by a psychiatrist. Additional mental health staff included the following:

QMHPs: 4.0 FTE allocated positions
2.0 FTE vacancies
4.0 FTE positions designated in the staffing plan
MHTs: 2.0 FTE allocated positions
1.0 FTE vacancies

Nursing staff: 13.0 FTE positions filled
32.0 FTE positions designated in the staffing plan

We observed an outpatient treatment team meeting during the afternoon of December 6, 2017, where we observed the treatment team planning process for four inmates.
There were four safety cells in the RHU at the Lieber CI, which still needed further renovations in order to be suicide resistant.
We discussed transfer timeframes specific to inmates placed on either suicide watch or on observation status. There appeared to have been a misunderstanding among the mental health staff in the context of the policy and procedures specific to suicide watch and observational status. We clarified that regardless of which status applied to a given inmate, the 60 hours principle still applied.
We met with 11 general population mental health caseload inmates in a group setting. These inmates indicated that their housing units were, more often than not, locked down due to a variety of reasons, including custody staff shortages and/or disruptive behaviors by one of more inmates on the unit. They stated that the whole housing unit would be locked down if one or more inmates were disruptive. When a housing unit was on lockdown status for any reason, medications would be delivered under the cell door if there was not a food port. Cell doors in general population housing units did not have food ports. It was not uncommon for correctional officers to assist in this process of medication administration. This method of medication administration was confirmed by nursing staff.
These inmates indicated that they generally met with the psychiatrist on an every 90 day basis. However, these sessions were not confidential because the door was left open with a correctional officer within hearing distance. Custody staff stated that the door was left open at the request of the psychiatrist. In general, sessions with their mental health counselors generally occur every 90 days with similar issues relevant to lack of privacy from a sound perspective. None of the inmates interviewed were aware of the recent initiation of two group therapies (anger management classes) being offered to general population inmates. Staff reported there was a waiting list for these four-week groups.

Inmates described the shower stalls within the mental health housing unit to be filthy and fecal stained. Observation of these shower stalls by the monitors was consistent with the inmates' descriptions.
The inmates interviewed were aware of treatment plans with a minority of them indicating that they found knowledge of their treatment plans to be useful to them. None of these inmates remembered attending a treatment team meeting specific to development of the treatment plans. We observed a treatment plan meeting that involved reviewing treatment plans of four inmates, which was attended by two QMHP's and one nurse. The treatment planning meeting process was very brief.

Assessment: The mental health staff and custody staff shortages clearly have a negative impact on the delivery of outpatient mental health services to inmates. The manner of medication administration in housing units that are locked down for any reason is unacceptable and below the standard of correctional mental health care. Individual sessions with a QMHP and/or a psychiatrist lacked adequate privacy from a sound perspective. The treatment planning process, in part related to the minimal staffing resources, does not currently appear to be very meaningful. The excessive lockdown of general population housing units, which is certainly reflective of significant staff shortages, remains very problematic for many different reasons. The shower stalls are hygienically very problematic. The method of food delivery results in food being too cold upon delivery to the inmate.

Recommendations:

1. As summarized in an earlier subsection, remedy the staffing issues.
2. Medications need to be administered in a clinically appropriate manner and not under the cell door.
3. Clinical contact with the psychiatrist and primary mental health clinician should be done in an office setting that allows for adequate sound confidentiality and safety.
4. Once staffing allocations/vacancy issues have been improved, staff should become more focused on treatment plans and treatment team meetings for treatment planning purposes.
5. The shower stall areas should be cleaned on a regular basis.
6. The practice of group punishment related to disruptive behavior by one of more inmates needs to be changed.
7. The food delivery system needs to be revised in order to serve food at an appropriate temperature.

Kershaw Correctional Institution

During the morning of December 7, 2017, we site visited Kershaw CI. The inmate count was 1361, which included 214 inmates on the mental health caseload (2 L3, 204 L4, and 8 L5 level of care mental health inmates). Of the approximate 80 RHU inmates, a total of 41 inmates were on the mental health caseload (27 SD, 10 ST and 4 inmates awaiting placement).

Staffing data was as follows:

Kershaw CI averages about eight hours per week of coverage by psychiatrist either on-site or via telepsychiatry.

1.0 FTE QMHP positions were filled with a 1.0 FTE vacancy being present.

1.0 FTE lead QMHP position was vacant.

1.0 FTE MHT position was filled.

6.0 FTE nursing positions of the 10. FTE allocated positions were filled with the staffing plan designating 15.67 FTE positions.

The correctional officer staff vacancy rate was 46.5%.

We observed 3 inmates receiving an assessment by the psychiatrist via telepsychiatry, which was performed in a very competent manner.

We interviewed 9 mental health caseload inmates in a group setting. They indicated significant medication administration problems related to the medications being administered to them in a small envelope under their cell door, which reportedly contributed to them not receiving their medications or receiving the wrong medications. The last “pill call” was at 2:30 pm. General population housing units were very often locked down related to correctional officer shortages and various disturbances.

These inmates reported generally seeing their psychiatrist every 3 months. Very few of these inmates reported meeting with their primary mental health clinician on a regular basis. When available, individual treatment was often not done in a confidential setting. Group therapy was not available to these inmates. In general, they reported much dissatisfaction with access to mental

health treatment.
Assessment: Related in large part to the mental health staffing vacancies, significant problems existed in mental health caseload inmates accessing adequate mental health services. Medication administration issues were present as summarized above.

Lee Correctional Institution

During the afternoon of December 7, 2017, we site visited the Lee Correctional Institution. The inmate count was 1510 inmates, which included 309 mental health caseload inmates (20.5% of the total inmate population). There were 239 L4, 28 L3, and 42 L5 mental health level of care inmates. 75 inmates were in the RHU which included 42 mental health caseload inmates (5 DD, 22 SD and 13 ST).
The step-down unit previously located at the McCormick CI moved several months ago to Lee CI. The current count was 46 inmates with 22 inmates in the RHU track and 24 inmates in the IMU track.
A Better Living Incentive Community (BLIC) has been established in at least two different housing units with one of the housing units being designated for mental health caseload inmates.
Staffing data was as follows:

5.0 allocated QMHP positions with 2.0 vacancies. 1.0 FTE QMHP was on medical leave with coverage being provided on a 3 day per week basis for this person.

13 hours per week psychiatric coverage is provided by three providers with a minority of these hours being provided via telepsychiatry.

2.0 FTE MHT positions allocated with both positions being vacant.

14 FTE nursing positions were filled out of the 36 FTE positions allocated. Registry nurses are also used to mitigate the vacancies.

We interviewed 11 mental health caseload inmates from the BLIC in a group setting. Medication continuity issues were not common. Lockdowns in general population housing units related to systemwide lockdowns were reported to not be uncommon. Medication administration during such lockdowns occurs under the cell door. Reasonable access to the psychiatrist appeared to be present. Inmates described mixed perceptions concerning access to their mental health counselors. However, all the inmates in the BLIC participate in at least two classes per week. In general, these inmates were very complementary of the BLIC.

Assessment: As compared to other SCDC correctional institutions we have assessed, the satisfaction regarding mental health services on an outpatient basis described by mental health caseload inmates was significantly higher, which is likely related to the programming and therapeutic milieu established in the BLIC. We did not interview mental health caseload inmates who were not in the BLIC. Medication administration issues remain very problematic during lockdowns.
Accordingly, the following description and appendices are reflective of the Implementation Panel's findings based on the specific facilities inspected during this site visit, namely Kirkland CI, Broad River CI, Lieber CI, Lee CI, Kershaw CI and Graham CI. As noted previously, Policies and Procedures are in partial compliance and the Implementation Panel has very strongly recommended

further review of the Policies and Procedures, as well as the Master Plan given changes within the system and the critical needs for staffing and other resources.

Camille Graham Correctional Institution

The IP visited Camille Graham CI on December 8, 2017. The IP was very positively impressed by the efforts demonstrated at CGCI during the last site visits, despite continuing staff shortages. We also identified concerns at both CGCI and Leath CI regarding the piloting of the EHR, particularly concerning medication administration. We were assured by staff that there had been significant improvement with only 4% refusals based on audits done by IT and nursing; however we were subsequently informed there were an additional 7% of "missed" doses, and the audit only looked at a sample of inmate records from the ICS and RHU programs. We were also told of multiple groups for caseload inmates in ICS, RHU and outpatients, as well as 6-8 hrs. of out of cell time for women in R & E.
We held two Community meetings in the ICS programs and toured R & E and RHU; the feedback we received from inmates, as well as ongoing concerns by psychiatry and nursing, indicate the information we were provided was inconsistent, at best. CGCI continues to not meet the requirements of the Settlement Agreement largely based on inadequate staffing. It is essential that the information and methodologies for collection and analysis be clear and accurately presented.

Below are the specific findings followed by the attachments that provide overview information on the system as a whole as well as the individual facilities within the system.

The development of a systematic program for screening and evaluating inmates to more accurately identify those in need of mental health care:

1.a. Develop and implement screening parameters and modalities that will more accurately diagnose serious mental illness among incoming inmates at R&E with the stated goal of referring inmates to the appropriate treatment programs.

Implementation Panel December 2017 Assessment: **partial compliance**

December 2017 Implementation Panel findings: As per SCDC status update section. Improvement is noted with meeting policy and procedures' timeframes as compared to the prior site visit. As with previous site assessments, it appeared that the partial compliance was related to inadequate mental health and custodial staffing allocations, which are exacerbated by lockdowns and staff being pulled elsewhere.

Average length of stays in the R&E units were as follows:

Removals from Kirkland R&E (Average Time to Assignment, excludes releases from R&E):
Jul17 removals average days in R&E: 72 days
Aug17 removals average days in R&E: 66 days
Sep17 removals average days in R&E: 69 days

Removals from Graham R&E (Average Time to Assignment, excludes releases from R&E):
Jul17 removals average days in R&E: 39 days
Aug17 removals average days in R&E: 47 days
Sep17 removals average days in R&E: 43 days

Staff at Camille Griffin Graham CI reported that newly admitted R&E inmates were offered a coping skills group during the first week following admission and a character building group during the second week until they were transferred from the R&E unit. They estimated that such inmates also received out of cell dayroom time as well. However, information obtained from inmates in the R & E indicated that they were not receiving out of cell time.

It was also brought to our attention, and confirmed by staff, that R&E inmates, who are placed on the mental health caseload as a result of the screening process, are not assigned a mental health clinician regardless of their length of stay in R&E. An inmate complained that she was notified that her mother had died during the second month of her stay in R&E and was unable to meet with a mental health counselor to discuss relevant issues until she was transferred to Blue Ridge C Wing about 68 days later.

December 2017 Recommendations:

1. Continue to QI the relevant timeframes.
2. Adequately address the mental health and correctional staffing vacancies.
3. Accurately track the out of cell time offered to R&E inmates on a weekly basis.
4. Please provide average and median LOS data in the future for inmates in the R&E upon transfer from the R&E.
5. R&E inmates need reasonable access to mental health services for both medication purposes and crisis intervention.

1a.i. Accurately determine and track the percentage of the SCDC population that is mentally ill.

Implementation Panel December 2017 Assessment: **partial compliance**

December 2017 Implementation Panel findings: As per SCDC update.

December 2017 Recommendations: Implement and QI the above referenced plan.

1.b. The implementation of a formal quality management program under which mental health screening practices are reviewed and deficiencies identified and corrected in ongoing SCDC audits of R&E counselors;

Implementation Panel December 2017 Assessment: **partial compliance**

December 2017 Implementation Panel findings: The QI referenced in the status update focused on compliance with relevant timeframes in contrast to assessing the accuracy of the mental health screening and/or assessment processes.

December 2017 Recommendations:

Perform a QI specific to assessing the quality of the mental health screening/assessment processes. Target populations can include an appropriate sample of inmates admitted to SCDC within the past six months with negative R&E assessments from a mental health perspective who were subsequently placed on the mental health caseload within six months of admission to the SCDC. Another QI could focus on a sample of R&E mental health screening/assessments performed by a QMHP and reviewed by a supervisor to determine percentage of agreement or disagreement with the QMHP assessments.

1.c. Enforcement of SCDC policies relating to the timeliness of assessment and treatment once an incoming inmate at R&E is determined to be mentally ill;

Implementation Panel December 2017 Assessment: **partial compliance**

December 2017 Implementation Panel findings: As per status update section. The increased staffing allocations described in the status update section are encouraging, which should facilitate better compliance with relevant timeframes.

This provision has not yet been directly monitored specific to timeliness of inmates receiving treatment once they have been placed on the mental health caseload. However, based on data relevant to other provisions, many inmates are not receiving timely treatment related to custody and mental health staff allocations and/or vacancy issues.

December 2017 Recommendations: continue to closely monitor via QI.

1.d. Development of a program that regularly assesses inmates within the general population for evidence of developing mental illness and provides timely access to mental health care.

Implementation Panel December 2017 Assessment: **partial compliance**

December 2017 Implementation Panel findings: As per 1a.i.

December 2017 Recommendations: As per 1a.i.

2. The development of a comprehensive mental health treatment program that prohibits inappropriate segregation of inmates in mental health crisis, generally requires improved treatment of mentally ill inmates, and substantially improves/increases mental health care facilities within SCDC.

2.a. Access to Higher Levels of Care

2.a.i. Significantly increase the number of Area Mental Health inmates vis-a-vis outpatient mental health inmates and provide sufficient facilities therefore;

Implementation Panel December 2017 Assessment: **partial compliance**

December 2017 Implementation Panel findings: See SCDC status update section.

During the afternoon of December 5, 2017, we interviewed inmates in a community - like setting in one of the Marion housing unit wings at the Broad River Correctional Institution that was occupied by inmates with an L3 mental health classification. These inmates were very upset, angry and vocal regarding their dissatisfaction with the transfer process from their home institutions to the Marion housing unit at BRCI. There complaints included the following:

1. Significant problems with the medication administration process such as nursing staff administering the medicines under the cell door, leaving medications on the food port, not delivering medications and/or administering medications to the wrong inmate.
2. Poor access to the mental health counselor due to the large caseload of the assigned mental health counselor to the housing unit.
3. Inadequate access to commissary.
4. Not obtaining property from the sending institution.
5. Lack of access to the law library.
6. Inadequate access to religious services.
7. Lack of access to educational activities, jobs and/or other programs.
8. Lack of access to outdoor yard.
9. Significant laundry issues.
10. Essentially being locked down for the first four weeks following transfer to this unit.

After talking with key administrative clinical and custody staff, it was apparent that many of the above allegations were at least partially, if not completely, accurate. We met with key leadership staff to discuss recommended interventions such as frequent community meetings with custodial decision-makers to address these issues until they were adequately resolved. Leadership staff had made a decision to transfer these L3 classified inmates in the near future to the Murray housing unit due to its better physical plant. Leadership staff appeared to be very open to our recommendations. Lessons learned from the above transfer of inmates process were also discussed with key staff.

We had been informed by mental health staff that these inmates were receiving mental health screenings with a significant number of such inmates having their mental health classification changed from a L3 to L4 designation. We recommended that mental health staff stop this screening process at the present time and focus on crisis management and supportive therapy interventions.

During December 6, 2017, we were informed that an inmate in one of the Marion housing unit wings had committed suicide.

December 2017 Recommendations:

1. Implement the above recommendations.
2. There remain L3 inmates in other CI's that have not yet been transferred to the BRCI. We recommend that these inmates be screened at the sending institution as part of the decision whether to transfer the inmate to BRCI. Some of the L3 inmates' mental health level of care may no longer require an L3 LOC and for some it may be beneficial to not be transferred based on their level of functioning and programming, especially those inmates housed in various character dorms.

2. a.ii. Significantly increase the number of male and female inmates receiving intermediate care services and provide sufficient facilities therefore;

Implementation Panel December 2017 Assessment: **partial compliance**

December 2017 Implementation Panel findings:

Kirkland Correctional Institution

Nursing staff continues to not be housed within the male ICS unit related to safety issues. Very little has changed from a custody staffing perspective in the male ICS since the April 2017 homicides other than assigning a unit manager and correctional counselor to the male ICS unit. Following the homicides, the male ICS unit was reorganized as follows: Unit F1, which is a 64 bed ICS housing unit, was established for ICS inmates who were considered a high risk of harming vulnerable inmates from the perspective of their functioning level. Unit F2, which is a 128-room ICS housing unit with a capacity of 256 inmates, was designated to treat inmates with a lower level of functioning as compared to F1 inmates. The count during the site visit of unit F2 was 97 inmates as compared to the count of 40 inmates in Unit F1.

At the time of the site visit the total male ICS count was 137 inmates.

The lack of medication administration at KCI being available on a HS basis (i.e., at night) continues to be very problematic. Long acting injectable medications are available but are administered off the housing unit because nursing staff have been removed from ICS related to perceived safety issues.

During the morning of December 5, 2017, we observed a treatment team meeting in the male ICS at KCI. The appropriate staff were present, inmates were interviewed by the team and a reasonable multidisciplinary discussion occurred during the meeting. Specific inmate referrals to the ICS were reviewed during the treatment team meeting. It appeared that acceptance or rejection of such referrals was a team decision, which is problematic from a number of perspectives.

We also met with ICS inmates in one of the F2 wings in a community-like setting. These inmates described satisfaction with the ICS program. Most inmates reported receiving 3 to 5 groups per week, which they described as being very helpful. They were complimentary towards both the custody and

mental health staffs. Medication continuity issues were not present. Reasonable access to both individual counseling and the psychiatrist was described. A therapeutic milieu was clearly present on this unit. Suggestions for improvement in the program included access to more therapeutic groups and a wider variety of such groups.

We also met with ICS inmates in housing unit F1 in a community - like setting. These inmates were described as "higher functioning" as compared to ICS inmates in housing unit F2. A therapeutic environment also had been established in this unit. A larger number of inmates, but still a significant minority of inmates, expressed dissatisfaction with certain aspects of this program. Most inmates reported access to 3-4 groups per week, which were generally described as being helpful. Medication continuity issues were not present. Reasonable access to a psychiatrist and assigned mental health clinicians was described.

Assessment: We were very encouraged by the therapeutic milieu established in the ICS units at Kirkland CI. We remain very concerned regarding safety issues, which have resulted in the lack of nursing staff having a significant presence within the ICS. Increased out of cell structured therapeutic activities need to be implemented and tracked.

We do not think that acceptance or rejection of inmates referred to the ICS should be a team decision, although in many cases it may be appropriate for the decision-maker to seek input from the treatment team.

Recommendations:

1. A plan needs to be developed and implemented specific to a custody staffing analysis specific to the male ICS as soon as possible due to obvious safety concerns.
2. Provide accurate information regarding the number of hours of out of cell structured therapeutic activities both offered and received by individual ICS inmates, on average, on a weekly basis.
3. The lack of medication administration on a HS basis needs to be remedied.
4. Safety issues related to the absence of nursing staff having offices within the ICS need to be resolved

Camille Griffin Graham Correctional Institution

The inmate count during November 27, 2017 was 719 inmates. During December 8, 2017 there were 380 mental health caseload inmates (~59% of the population), which included 23 L2, 55 L3, 204 L4, and 25 L5 mental health caseload inmates.

The RHU count was 18 inmates, which included 13 mental health caseload inmates.

There were 12 CSU beds and 4 safety cells in RHU. The number of inmates on CI status generally ranged from 0-3 per day with length of stay less than 10 days. The 4 safety cells in the RHU were not suicide resistant.

The female ICS count was 23 inmates with three ICS level of care female inmates in the RHU and one ICS female inmate on security detention status.

Staffing data included the following:

> Psychiatric coverage is provided by three psychiatrists that involves up to 16 hours per week, which included 4 hours of telepsychiatry. Additional psychiatric coverage was available on an as needed basis during weekends.
>
> A psychologist provides on-site coverage two days per week for an average of 15 hours per week.
>
> 7.0 FTE QMHP positions are allocated with 6.0 FTE positions filled.
> 4.0 FTE MHT positions are allocated with 3.0 FTE positions filled.
>
> 20.0 FTE nursing staff positions are allocated with 2.0 FTE RN FTE positions filled and 5.0 FTE LPN positions being filled. Registry nurses provided the equivalent of 2.5 FTE nursing positions.

Staff reported that the number of groups being offered to inmates had increased related to the collaborative training project and decreased staffing vacancies.

We observed a treatment team meeting during the afternoon of December 8, 2017. We were again impressed by the multidisciplinary discussion and the presence of a psychiatrist, Dr. Wang.

ICS

Staff reported that ICS inmates in D Wing were being offered group therapies on a weekly basis although they could not quantify the number of hours of out of cell structured therapeutic activity, on average, being offered to these inmates. A lesser number of group therapies were being offered to mental health caseload inmates who were housed in C Wing. Fifteen group therapies were being offered in the general population mental health caseload inmates, which included those inmates housed in C Wing. L2 inmates housed in C Wing were offered group therapies being provided to D Wing ICS inmates.

Fourteen ICS inmates in D Wing were interviewed following our observation of a community meeting, which was conducted in a very reasonable manner. The majority of the inmates interviewed indicated that they participated in less than two groups per week with a high refusal rate noted re: other groups offered to them.

We also observed part of a community meeting in C Wing, which was attended by many inmates who had many medication management complaints as referenced in the next subsection. These inmates also complained that until very recently a significant number of non-mental health caseload inmates were housed in this dorm, which caused numerous problems including acting out behaviors by some of those inmates. Several inmates also expressed concern about an inmate in the general population who they described as being psychotic and eating poorly.

Medication Management

Staff reported minimal continuity of medication issues based on an audit that used a sample population of ICS and RHU inmates. However, information obtained from many inmates in the ICS directly contradicted the reported audit results. Medication management issues described by many inmates included the following:

1. Waits up to one hour for the morning medication pass, which involves going to a general population pill call line beginning around 4:45 AM
2. The pharmacy running out of certain prescribed medications, which resulted in significant delay in receiving prescribed medications despite the staff's report that many medications were available via a stock supply.
3. About 4-6 weeks ago, the medication administration process changed from a three per day to a two per day pill call line process due to nursing staff shortages. Nursing staff reported that a psychiatrist had adjusted patients prescribed medications on a t.i.d. scheduled basis to a b.i.d. schedule as a result but many inmates denied that their medications had been changed in that fashion.
4. The lack of medication administration not being available on a HS basis (i.e., at night) continues to be problematic.

R&E

Staff also reported that newly admitted R&E inmates were offered a coping skills group during the first week following admission and a character building group during the second week until they were transferred from R&E. They estimated that such inmates also received out of cell dayroom time as well. However, information obtained from inmates in the R & E indicated that they were not receiving out of cell time.

It was also brought to our attention, and confirmed by staff, that R&E inmates, who are placed on the mental health caseload as result of the screening process, are not assigned a mental health clinician despite the length of stay in R&E. An inmate complained that she was notified that her mother had died during the second month of her stay in R&E and was unable to meet with a mental health counselor to discuss relevant issues until she was transferred to C Wing about 68 days later.

Assessment: We clearly expressed our dismay regarding the discrepancies in information obtained from staff as compared to inmates specific to medication management issues, participation in out of cell structured therapeutic activities, and the amount of out of cell time offered to inmates in R & E.

Recommendations:

1. The medication management issues need to be remedied and studied via a QI process.
2. Adequate tracking of the out of cell structured therapeutic hours and unstructured out of cell time offered to each mental health caseload inmate, on average, each week as well as the actual number of hours participated in such activities by each inmate, on average, each week needs to occur. This tracking should differentiate between out of cell structured therapeutic time and out of cell unstructured time. This tracking process should occur for mental health caseload inmates in the RHU and for mental health caseload inmates in the R & E.
3. A similar tracking process should occur for ICS inmates.

December 2017 Recommendations:
See Attachment 1. Although the accuracy of the data summarized in Attachment 1 was questionable, there was no disagreement that both male and female ICS inmates were not receiving minimal out of cell structured therapeutic activities. This issue was described as being predominantly related to staffing allocation and/or vacancy issues.

Refer to the previous assessment and recommendations section specific to Kirkland CI and Camille Griffin Graham CI for specific assessments and opinions relevant to each program.

2.a.iii. Significantly increase the number of male and female inmates receiving inpatient psychiatric services, requiring the substantial renovation and upgrade of Gilliam Psychiatric Hospital, or its demolition for construction of a new facility;

Implementation Panel December 2017 Assessment: **partial compliance**

December 2017 Implementation Panel findings:

The amount of out of cell time, both structured and unstructured, actually used by GPH inmates remains alarmingly small. This issue is predominantly related to inadequate staffing allocations (both correctional and mental health staff) although institutional cultural issues likely contribute.

Renovations at GPH are not yet completed with specific reference to the nursing stations although significant progress has been made as summarized in the SCDC status update section.

Since the last site visit, training has been provided to mental health staff regarding court orders relevant to involuntary medication. In addition, the “treatment” chairs have been replaced by a spider table in one of the group therapy rooms.

Clinical staffing for GPH was reported as follows:

Psychiatrists: 2.1 FTE positions filled with 4.0 FTE positions designated in the staffing plan.

Psychologist: .60 FTE position filled with 1.50 FTE positions designated in the staffing plan.

QMHPs: 4.0 FTE positions filled out of the 8.0 FTE allocated positions with 9.0 FTE positions designated in the staffing plan.

MHTs: 15.0 FTE positions filled out of the 16.0 designated positions in the staffing plan.
Nursing (R.N./LPN): 7.0 FTE positions were filled out of the 22 FTE allocated positions with 27.0 FTE positions designated in the staffing plan. Registry nurses are used to cover many of the vacant positions.

Activity therapists: .42 FTE positions were filled out of the 1.0 FTE positions designated in the staffing plan.

During the afternoon of December 4, 2017, we met with 22 inmates at GPH in a community meeting like-setting. The inmates were attentive and generally socially appropriate throughout the 30-40 minute meeting. Inmates reported that they received 0-2 hours per day of out of cell activity, which was mainly unstructured recreational activity in either the dayroom or outdoor recreational cages. Very few inmates were offered out of cell structured therapeutic activities in a group setting. Individual out of cell counseling was offered to many inmates but on an infrequent basis. These inmates described the housing unit at GPH to essentially be a locked down housing unit. Inmates who had been at GPH many years ago described the current conditions of confinement initiated to have improved. Inmates also reported that the groups offered to them were helpful but too few in numbers.

Several inmates reported that they had witnessed inappropriate use of force by staff against inmates.

We discussed with staff issues relevant to the minimal out of cell time offered to inmates in GPH. We were informed that medication administration generally occurs around the time that meals are being delivered, which meant that on a daily basis there was only about a five-hour window of opportunity for GPH inmates to be out of their cell. The default principal for GPH inmates is that they are locked in their cell unless there is a specific reason for them to come out of their cells.

December 2017 Recommendations:

1. Focus on providing more out of cell structured therapeutic and unstructured time to inmates in GPH. We strongly recommend at least several community meetings be conducted per week with both mental health and correctional staff in attendance and actively participating.

2. Further explore the reasons for the low admission rate of female inmates to an inpatient psychiatric unit.

3. Complete the renovations.

4. Fill the mental health staffing vacancies and perform a needs analysis for custody staffing in GPH.

5. Provide information relevant to the number of hours received, on average, to each GPH inmate on a weekly basis both in terms of out of cell structured therapeutic time and out of cell unstructured time. Please provide this data as part of the pre-site document requests prior to our March 2018 site assessment.

2.a.iv. Significantly increase clinical staffing at all levels to provide more mental health services at all levels of care;

Implementation Panel December 2017 Assessment: **partial compliance**

December 2017 Implementation Panel findings: As per SCDC status update section.

Our July 2017 recommendations included the following:

> A staffing needs analysis for all aspects of the mental health system throughout the SCDC, which should include both mental health and custodial staff, is needed. This analysis should be completed in a timeframe that would permit the Director to request additional FTE positions, if needed, for the next fiscal year.
>
> In addition, a salary analysis should be completed specific to mental health staff positions to determine the level of salary that is needed to be competitive for hiring purposes.

The salary analysis was completed, which has contributed to restructuring the salaries for various mental health disciplines as summarized in Attachment 2. An aggressive hiring recruitment plan was developed and implemented as summarized in that attachment, which is beginning to demonstrate positive results.

A staffing needs analysis has not yet occurred although it is clearly recognized that more staffing allocations are needed as evidenced by new positions being requested by the Director as summarized in the SCDC status update section. It is encouraging that an outside correctional consultant is doing a staffing analysis for SCDC in the context of correctional officers. It is expected that a report will be finalized in March 2018.

The current mental health staffing vacancy rate is 26.78%, which is a significant improvement as compared to the 37% to 40% mental health staffing vacancy rates noted during site visits since November 2016.

December 2017 Recommendations: Continue to implement the recruitment and retention plan as outlined in attachment 2.

2.a.v.The implementation of a formal quality management program under which denial of access to higher levels of mental health care is reviewed.

Implementation Panel December 2017 Assessment: **compliance (07/17)**

December 2017 Implementation Panel findings:

During our prior site visit, SCDC provided a description of the QI committee that meets to review denials of referrals of inmates to higher levels of care. The description included the following:

1. This committee has met three times (20 Apr 17, 17 May 17, 21 Jun 17). There are four members: Michelle Fox, Ginny Barr, Beverly Wood, MD, and Tom Anderson, Ph.D. Ms. Fox meets w/us via VTC.

2. Prior to each meeting, Dr. Anderson receives reports from the six (five as of June) residential/inpatient programs (SIB, ICS, HAB, LLBMU, HLBMU, GPH) which reflect the number of requests for admission, the number of inmates accepted, the number wait-listed, the number removed by the referral source before they were admitted/denied and the number denied. These reports also contain a section in which all inmates who are denied admission/acceptance are identified along with the date they were denied and an explanation of why they were denied.

3. During the meeting, all inmates denied are reviewed. Their AMR and their relevant OMS data is reviewed. The committee decides to either concur or not concur with the denial. The names of those inmates whom we believe were denied inappropriately, along with the reasons we believe the denial was inappropriate, are forwarded to Mr. Dubose for further action.

4. Mr. Dubose replies to Dr. Anderson regarding his decision to agree or disagree with or not concur in the finding.

This review process has continued.

Some issues described during the prior site visit relevant to denials specific to the HLBMU appeared to have been adequately addressed via this review process.

As summarized in the SCDC status update section, training has been provided to mental health staff relevant to criteria for referral to the BMUs.

December 2017 Recommendations: Continue with the described review process.

2.b. Segregation:
2.b.i. Provide access for segregated inmates to group and individual therapy services

Implementation Panel December 2017 Assessment: **partial compliance**

December 2017 Implementation Panel findings:

During the afternoon of December 4, 2017, we interviewed level 2 and level 3 HLBMU inmates in the HLBMU at the KCI. The inmate census in this unit was 19 with a current capacity of 24. The planned expansion and move of the HLBMU at KCI to the Broad River CI did not occur for reasons summarized in the SCDC status update section. Our prior site assessment report included the following:

> The HLBMU program has essentially never been appropriately implemented due to the custody staffing shortages (average about two officers per day with only one officer assigned at times) and inadequate mental health staffing (1.0 FTE QMHP and 1.0 FTE mental health technician, both of whom provide coverage to the SSR) within the unit.

For somewhat different reasons as referenced in the SCDC status update section, the mental health and custody staffing shortages have persisted. Level 2 inmates remained very upset that their visitations did not include weekend visits. HLBMU inmates continued to complain about lack of structured programming within the HLBMU and inconsistency among correctional staff due to regularly assigned staff being frequently pulled to other units. Our prior site assessment report included the following:

> The HLBMU is currently not a treatment program although the physical plant is certainly better than what was available within the SSR and, at least some, RHUs. It is clear that many of the problems are related to inadequate mental health and custody staffing. Unfortunately, inmates are not being provided with many privileges that could at least mitigate the lack of programming such as reasonable access to the yard, increased out of cell time within the dayrooms, at least intermittent visitation during weekends, and/or permission to have pictures of their families within their cells.

Our opinion is essentially unchanged.

Inmates also complained about work orders not being completed in a timely fashion in the context of a broken phone within the unit and various plumbing issues.

We did not evaluate the LLBMU during this site assessment.

December 2017 Recommendations:

We discussed with key clinical and administrative staff various ways of mitigating the lack of programming, with an emphasis on increasing out of cell time and providing, at least intermittently, access to weekend visitation. It appeared that weekend visitation on a monthly basis for these inmates would be implemented in the very near future.

2.b.ii. Provide more out-of-cell time for segregated mentally ill inmates;

Implementation Panel December 2017 Assessment: **noncompliance**

December 2017 Implementation Panel findings: Data relevant to structured and unstructured out-of-cell time for institutions participating in the learning collaborative was presented and reviewed by the IP. Based on the data presented, it was clear that inmates with mental illness in the RHUs received very little, if any, out of cell therapeutic activities on a monthly basis.

Medication administration in all the RHU's we reviewed, except for the Camille Griffin Graham CI, involved administering the medications under the cell door.

Broad River Correctional Institution

During the afternoon of December 5, 2107, we obtained information relevant to the RHU at the Broad River CI. Thirty-nine (39) of the 65 RHU inmates were on the mental health caseload. Staff confirmed that prior to August 2017 inmates were not receiving out of cell recreational time. They have been receiving minimal out of cell time since that time but the frequency was nowhere close to occurring on a daily basis. There were at least one or two inmates in the RHU that were reported to be extremely disruptive, which caused significant problems in the operation of the RHU. The conditions of confinement within the RHU, based on information obtained from staff, appeared to have changed little since our last site visit.

Lieber Correctional Institution

The RHU count at the Lieber CI during December 6, 2017 was 66 inmates. Forty of these inmates were on the mental health caseload (14 (L3) and 26 (L4)). We observed the mental health rounding process in the RHU during the morning of December 6, 2017, which was done in a competent manner. Recently, RHU inmates were being offered access to the recreational cages, reportedly on a three times per week basis in the mornings. Showers were reportedly offered on a three times per week basis. Inmates described being offered access to the yard cages 1-3 times per week. Many inmates complained about the filthy conditions of confinement within the RHU.

A group therapy, in the visitation room, has just been initiated for a small number of RHU inmates. "Therapy" chairs were to be installed on December 7, 2017 and will be used for group therapy purposes for some RHU inmates.

Four safety cells in the RHU were not suicide resistant.

Kershaw Correctional Institution

During the morning of December 7, 2017, we site visited Kershaw CI. Of the approximately 80 RHU inmates, a total of 41 inmates were on the mental health caseload (27 SD, 10 ST and 4 inmates awaiting placement). The two safety cells located in the RHU were suicide resistant. Related in large part to the 46.5% correctional officer vacancy rate, RHU inmates for the past month had access to the outdoor recreational cages on only one day. Inmates were reported to have access to showers on a three times per week basis.

We observed the mental health rounding process in the RHU, which was performed by the MHT in a competent manner.

Not surprisingly, many inmates had numerous complaints regarding the conditions of confinement within the RHU.

We observed cell searches occurring while inmates were in the shower. Correctional officers, which included the captain, were involved in the cell search which resulted in some inmates' property being thrown out of the cell into the dayroom in a disrespectful manner while the inmates were watching, for reasons that included having more socks and/or boxer shorts than was allowed by policy. Family pictures and a Christmas card were also removed from an inmate's cell walls due to violation of policy. Inmates observing these cell searches became understandably agitated.

Lee Correctional Institution

During the afternoon of December 7, 2017, we site visited the Lee Correctional Institution. Seventy-five inmates were in the RHU, which included 42 mental health caseload inmates (5 DD, 22 SD and 13 ST). RHU inmates were reported to be out of their cells for at least 10 hours per week for purposes of showers, outdoor recreation, various medical and mental health appointments, etc. In addition, a program has recently been initiated to provide out of cell structured therapeutic activities for two or three RHU caseload mental health inmates. The increased out of cell time for all RHU inmates was initiated by staff as a result of the recent mental health collaborative training project.

Despite the presence of a large number of central office staff, monitors, and "brass" from Lee CI, RHU inmates remained quiet and respectful throughout the review process. Inmates confirmed their access to increased out of cell time although they indicated they generally had to choose on a daily basis between access to a shower or access to the outdoor recreational cages. They also complained that they did not have access to warm outerwear (i.e., jackets) during their time in the outdoor recreational cages.

Camille Griffin Graham RHU

Staff reported that 5 RHU groups per week were provided to mental health caseload inmates in the RHU. These groups were started as result of the collaborative training project. Staff estimated that RHU caseload inmates were being offered 6 to 8 hours per week of out of cell time. However, we were unable to confirm this report due to lack of time, which resulted in us being unable to interview inmates in the RHU.

December 2017 Recommendations:

1. The manner of medication administration within the RHU's is unacceptable and below the standard of healthcare. This needs to be remedied immediately.

2. We remain very concerned about the conditions of confinement within the RHU at the Broad River Correctional Institution. The conditions of confinement should be changed to include at least one hour per day of out of cell recreational time in addition to access to showers on a three times per week basis.

3. The conditions of confinement at the Lieber CI RHU are also very problematic from a physical plant perspective and are exacerbated by the very limited out of cell time offered to RHU inmates. The conditions of confinement should be changed to include at least one hour per day of out of cell recreational time in addition to access to showers on a three times per week basis.

4. The conditions of confinement at the Kershaw CI RHU are very problematic from a physical plant perspective and are exacerbated by the lack of out of cell time offered to RHU inmates and the selective enforcement of policies. Specifically, policies and procedures specific to inmates such as property restrictions appear to be enforced in contrast to policies and procedures specific to inmates' access to outdoor recreation. The conditions of confinement should be changed to include at least one hour per day of out of cell recreational time in addition to access to showers on a three times per week basis.

5. The conditions of confinement in the Lee CI RHU were impressive in the context of any other male RHU we have visited within the SCDC. Specifically, correctional staff make extra efforts to provide inmates with what is due to them (e.g., property, (especially out of cell time) and clearly demonstrated a respectful attitude towards inmates.

   It should be noted that the Lee CI RHU appears to be a model RHU within SCDC due to the abysmal conditions of confinement and other RHU's within SCDC that we have site visited. In that context, other wardens and RHU captains could benefit from visiting this RHU. However, compared to many RHU's in other prison systems across the country, the Lee RHU would be far from a model and would be considered very problematic. However, the progress made at Lee CI in improving the RHU and the vision demonstrated by Lee CI leadership staff should facilitate continued progress toward more acceptable conditions of confinement.

   Inmates should have access to jackets while in the outdoor recreational cages.

6. The safety cells in the Camille Griffin Graham CI RHU need to meet criteria for being a safety cell. We assume that RHU safety cells are not used unless there were no vacant CSU cells.

7. The safety cells in the Lieber CI RHU need to be made suicide resistant.

8. As part of our pre-site document request, please provide data relevant to the number of hours of outdoor recreational cage time, on average, offered to each RHU inmate at each institution on a weekly basis as well as the number of showers, on average, offered to each inmate on a weekly basis by institution.

9. We understand that the major reason for the very limited out of cell recreational time offered to RHU inmates in most SCDC prisons is directly related to correctional officer shortages. We also understand that these shortages will not be corrected quickly. Much stronger efforts should be made to provide RHU inmates with increased privileges within their cells in order to mitigate not providing them with the out of cell time required by policy and procedures.

   Access to tablets (e.g. iPads) have been successfully implemented by other correctional systems in RHU environments. It was our understanding that crank radios will be increasingly available to RHU inmates as will TVs in the dayroom-like areas. Ensuring that inmates receive timely laundry exchanges and that shower areas are kept clean are other common sense interventions.

2.b.iii. Document timeliness of sessions for segregated inmates with psychiatrists, psychiatric nurse practitioners, and mental health counselors and timely review of such documentation;

Implementation Panel December 2017 Assessment: **partial compliance**

December 2017 Implementation Panel findings: See SCDC status update section. Partial compliance was due to a combination of custody and mental health staffing allocation/vacancies.

December 2017 Recommendations: Remedy the above .

2.b.iv. Provide access for segregated inmates to higher levels of mental health services when needed;

Implementation Panel December 2017 Assessment: **partial compliance**

December 2017 Implementation Panel findings: See 2.b.i.

December 2017 Recommendations: See 2.b.i.

1. Implement the LLBMU and HLBMU as per policies and procedures.
2. Consider options for developing a female BMU.

2.b.v. The collection of data and issuance of quarterly reports identifying the percentage of mentally ill and non-mentally ill inmates in segregation compared to the percentage of each group in the total prison population with the stated goal of substantially decreasing segregation of mentally ill inmates and substantially decreasing the average length of stay in segregation for mentally ill inmates;

Implementation Panel December 2017 Assessment: **compliance (11/2016)**

December 2017 Implementation Panel findings: As per SCDC status update section. Average lengths of stay in RHU were as follows:

Length of Stay (in days) for Inmates in
Short Term RHU Custody (DD and ST) on Dec. 6, 2017

	Number of DD/ST Short Term RHU Inmates	Average (Mean) Days Spent in RHU	Median Days Spent in RHU
All Inmates	517	30	20
Non-Mentally Ill Inmates	361	31	20
Mentally Ill Inmates	156	29	20

Length of Stay (in days) for Inmates with
Long Term RHU Custody (SD, MX, AP) on Dec. 6, 2017

	Number of SD/MX/AP Long Term RHU Inmates	Average (Mean) Days Spent in RHU	Median Days Spent in RHU
All Inmates	355	335	242
Non-Mentally Ill Inmates	203	320	216
Mentally Ill Inmates	152	354	280

Note: Inmates serving long durations in RHU can skew the “average”, therefore the “median” days spent in RHU reflects the “middle” value for the group and may better represent a “typical” value for days spent in RHU.

December 2017 Recommendations: Compliance continues.

2.b.vi. Undertake significant, documented improvement in the cleanliness and temperature of segregation cells; and

Implementation Panel December 2017 Assessment: **partial compliance**

December 2017 Implementation Panel findings:
Operations maintains a shared folder for institutions to upload daily cell and temperature logs. SCDC provided Cell Temperature and Cleanliness Logs for selected institutions. Overall the provided logs had missing dates as well as incomplete and blank forms.

QIRM Analysts compiled baseline reports for participating institutions from the cell and temperature logs for the month of July identifying the following:

- Percentage of cells with a daily temperature log completed and uploaded to the system
- Percent of uploaded logs with identified cleanliness issues that included documentation that issues were addressed
- Percent of uploaded logs with identified temperature issues that included documentation that issues were addressed
- Percentage of days with logs uploaded as required

Based on the findings, a revised Operations Cell Temperature and Sanitation Form was implemented and pilot tested at Camille Graham CI in October 2017. The Camille Graham CI pilots continued to identify that necessary responses were not being provided for deficiencies.

On-site observations revealed Lieber CI, and Kershaw CI cell sanitation levels were at unacceptable levels. Kirkland CI and Lee CI sanitation levels had improved since previous site visits. The sanitation levels at the Camille Graham CI RHU remained high; however, preventive maintenance remains a concern. An in-operable toilet was identified in one of the un-occupied crisis cells. Management and on duty staff did not appear aware the toilet was non-operational.

December 2017 Recommendations:

1. Operations Management ensure all prisons are performing daily inspections for cleanliness and taking temperatures of random cells;
2. Ensure deficiencies identified in the cell inspections for cleanliness and temperature checks are followed up on and the action taken is documented on the Cell Temperature and Cleanliness Logs;
3. SCDC QIRM continue to perform QI Studies regarding Correctional Staff performing daily, random cell temperatures and cleanliness inspections.

2.b.vii. The implementation of a formal quality management program under which segregation practices and conditions are reviewed.

Implementation Panel December 2017 Assessment: **partial compliance**

December 2017 Implementation Panel findings:
Appendix K provides a report on the QIRM CQI activities and progress towards implementation of SCDC Quality Improvement Plan. Implementation of the quality management program will begin in January 2018 with the goal of full implementation by December 2018.

December 2017 Recommendations:
Begin rollout of quality management program in January 2018.

2.c. Use of Force:

2.c.i. Development and implementation of a master plan to eliminate the disproportionate use of force, including pepper spray and the restraint chair, against inmates with mental illness;

Implementation Panel December 2017 Assessment: **partial compliance**

December 2017 Implementation Panel findings:
SCDC continues disproportionate use of force against inmates with mental illness. Approximately 17.5 percent (as of 9/25/17) of the SCDC inmate population is on the mental health caseload; however, use of force against inmates with a mental illness accounts for 54.6 percent of total incidents for the time period of June 2017 through September 2017.

SCDC has trained forty-four (44%) percent, or 2,682 of the 6,108 employees on the revised use of force policy. It is unlikely that SCDC employees will complete the revised Use of Force training by December 31, 2017.

December 2017 Recommendations:
1. SCDC continue to monitor all Use of Force incidents to identify and address the reasons for disproportionate Use of Force against inmates with mental illness;
2. Identify strategies to reduce use of force against inmates with mental illness and non-mentally ill inmates;
3. All staff complete the revised March 2017 Use of Force Training.

2.c.ii. The plan will further require that all instruments of force, (e.g., chemical agents and restraint chairs) be employed in a manner fully consistent with manufacturer's instructions, and track such use in a way to enforce such compliance;

Implementation Panel December 2017 Assessment: **partial compliance**

December 2017 Implementation Panel findings: SCDC continues implementation of the revised OP 22.01 Use of Force Policy requiring instruments of force are employed in a manner consistent with manufacturer's instructions. IP review of monthly UOF MINS narratives reveals a marked improvement in employees following SCDC guidelines on the amount of chemical agents deployed for each application and restraint chair use. SCDC has agreed to revise Housing Unit Post Orders as it applies to *Cover Teams* to achieve compliance that MK 9 use is consistent with manufacturer's instructions.

SCDC used the restraint chair on two (2) occasions during the relevant period; one incident involved a mentally ill inmate and the other a non-mentally ill inmate. QIRM review of the restraint chair incidents revealed use involving the mentally ill inmate was appropriate and it was not appropriate for the incident involving the non-mentally ill inmate.

SCDC has trained forty-four (44%) percent, or 2,682 of the 6,108 employees on the revised use of force policy. It is unlikely that SCDC employees will complete the revised Use of Force training by December 31, 2017.

December 2017 Recommendations:

1. Operations and QIRM continue to review use of force incidents through the automated system to ensure instruments of force are fully consistent with the manufacturer's instructions;
2. QIRM continue to meet weekly with Operations leadership to discuss UOF and other relevant issues;
3. Revise Housing Unit Post Orders as they pertain to *Cover Team*s to require that MK 9 use will be consistent with manufacturer's instructions;
3. All staff complete the revised March 2017 Use of Force Training.

2.c.iii. Prohibit the use of restraints in the crucifix or other positions that do not conform to generally accepted correctional standards and enforce compliance;

Implementation Panel December 2017 Assessment: **compliance (3/2017)**

December 2017 Implementation Panel findings: SCDC remains in compliance. Neither SCDC nor the IP identified any incident where an inmate was placed in the crucifix or other position that did not conform to generally accepted correctional standards.

December 2017 Recommendations: Operations and QIRM staff continue to review and monitor use of force incidents through the automated system to ensure restraints are not used to place inmates in the crucifix or other positions that do not conform to generally accepted correctional standards. Pursue corrective action when violations and/or issues are identified.

2.c.iv. Prohibit use of restraints for pre-determined periods of time and for longer than necessary to gain control, and track such use to enforce compliance;

Implementation Panel December 2017 Assessment: **partial compliance**

December 2017 Implementation Panel findings: Restraint Chair use continues to occur infrequently. SCDC reported the Restraint Chair was used for two (2) incidents. Per SCDC Update for 2.c.v:

MIN #	Date	Location	Inmate	Mental Health Status	Time in Chair
17-06-0442-0087	6/28/2017	RIDGELAND	Inmate A	NMH	120m
17-09-0211-0008	9/03/2017	BROAD RIVER	Inmate B	L4	145m

Data Source-AUOF System Cross-referenced with AMR

SCDC Use of Force Reviewers were able to verify the length of time inmate A was in the restraint chair. The videos and the Automated Medical Records confirm that inmate A was placed in the restraint chair at 7:40 pm; however, the time he was released could not be determined based on the

information provided. UOF Reviewers were unable to find documentation indicating who determined the length of time the inmate was authorized to remain in the restraint chair.

December 2017 Recommendations: QIRM continue to track and monitor compliance with use of the restraints.

2.c.v. The collection of data and issuance of quarterly reports identifying the length of time and mental health status of inmates placed in restraint chairs.

Implementation Panel December 2017 Assessment: **compliance 12/2017**

December 2017 Implementation Panel findings: Per SCDC update. QIRM collects data and issues quarterly reports identifying the length of time and mental health status of inmates placed in restraint chairs.

December 2017 Recommendations: QIRM continue to prepare a Restraint Chair Report for each monitoring period.

2.c.vi. Prohibit the use of force in the absence of a reasonably perceived immediate threat

Implementation Panel December 2017 Assessment: **partial compliance**

December 2017 Implementation Panel findings:
The IP continues to monitor SCDC Use of Force MINS Narratives monthly and identify incidents where there did not appear to be a reasonably perceived immediate threat that required a use of force.

SCDC Use of Force MINS for June 2017 through October 2017:

June 2017-	165
July 2017-	113
August 2017-	122
September 2017-	100
October 2017-	77

SCDC had 42 Grievances alleging excessive Use of Force from June 2017 to October 2017.

SCDC QIRM review of Use of Force incidents from June 2017 to October 2017 identified 82 incidents with potential violations.

SCDC Employee Corrective Action for Use of Force violations was reported as:

June 2017-	5 employees (all at Kershaw CI)
July 2017-	No Employee Corrective Action taken by SCDC

August 2017- No Employee Corrective Action taken by SCDC
September 2017- No Employee Corrective Action taken by SCDC
October 2017- No Employee Corrective Action taken by SCDC

SCDC Operations reported informal employee corrective action for use of force violations is not officially maintained. Efforts are being made to develop a system to maintain and report informal employee corrective action for use of force violations.

The IP did not request information from SCDC Police Services regarding their involvement in Use of Force investigations:

- Referrals Received
- Investigations Opened
- Investigations Pending
- Investigations Closed and Substantiated, Unsubstantiated, or Unfounded.

The information will be requested for the next Settlement Agreement relevant period.

The IP Use of Force Reviewer and SCDC Operations Leadership has initiated a procedure to jointly review Monthly Use of Force MINS to discuss issues and attempt to reduce the inappropriate use of force.

SCDC has trained forty-four (44%) percent, or 2,682 of the 6,108 employees on the revised use of force policy. It is unlikely that SCDC employees will complete the revised Use of Force training by December 31, 2017.

The IP Panel received inmate complaints during the site visits to Kirkland CI, Lieber CI, Kershaw CI, Lee CI, and Camille Graham CI alleging inappropriate and excessive use of force by SCDC employees.

The SCDC Use of Force Policy accountability component does not appear to be functioning appropriately based on the number of potential Use of Force violations with minimal employee corrective action.

December 2017 Recommendations:

1. Operations and QIRM continue to review use of force incidents utilizing the automated system to identify use of force violations;
2. QIRM and Operations leadership continue weekly meetings to discuss UOF and other relevant issues;
3. IP continue to review SCDC Use of Force reports and monthly Use of Force MINS Narratives and provide SCDC feedback;

4. The IP Use of Force Reviewer and SCDC Operations Leadership continue to jointly review Monthly Use of Force MINS to discuss issues and attempt to reduce the inappropriate use of force;
5. SCDC develop a system to maintain and report informal employee corrective action for use of force violations;
6. IP request information from SCDC Police Services regarding their involvement in Use of Force investigations;
7. All staff complete the revised March 2017 Use of Force Training.
8. SCDC ensure the accountability component of OP 22.01 Use of Force is implemented and meaningful corrective action is taken for employees found to have committed use of force violations;

2.c.vii. Prohibit the use of crowd control canisters, such as MK-9, in individual cells in the absence of objectively identifiable circumstances set forth in writing and only then in volumes consistent with manufacturer's instructions;

Implementation Panel December 2017 Assessment: **partial compliance**

December 2017 Implementation Panel findings: As per SCDC update. SCDC continues to identify incidents where use of crowd control canisters, such as MK-9, are used in individual cells in the absence of objectively identifiable circumstances set forth in writing and only in volumes consistent with manufacturer's instructions. For the July 2017 to October 27, 2017 period there were 43% uses of force incidents in which the officer's actions were not justifiable based on circumstances set forth in agency policy OP- 22. 01, Use of Force. The number of incidents involving the use of MK-9 did decrease from 85 to 51 (40%) since the last reporting period. Crowd control devices were not used appropriately under objectively identifiable circumstances in writing in 59% of the incidents. Crowd control device volumes exceeded SCDC guidelines in 55% of the incidents.

December 2017 Recommendations:

1. Operations and QIRM continue to review use of force incidents utilizing the automated system to identify use of force violations;
2. QIRM Use of Force Reviewers continue to generate reports involving crowd control canisters including MK-9;
3. QIRM and Operations leadership continue weekly meetings to discuss UOF and other relevant issues;
4. IP continue to review SCDC Use of Force reports and monthly Use of Force MINS Narratives and provide SCDC feedback;
5. The IP Use of Force Reviewer and SCDC Operations Leadership continue jointly reviewing Monthly Use of Force MINS to discuss issues and attempt to reduce the inappropriate use of crowd control canisters including MK-9;
6. Revise Housing Unit Post Orders as they pertain to *Cover Team*s to qualify that MK 9 use will be consistent with manufacturer's instructions;
7. All staff complete the revised March 2017 Use of Force Training.

2.c.viii. Notification to clinical counselors prior to the planned use of force to request assistance in avoiding the necessity of such force and managing the conduct of inmates with mental illness;

Implementation Panel December 2017 Assessment: **partial compliance**

December 2017 Implementation Panel findings: Per SCDC update. SCDC data identifies continued issues with notifying clinical counselors (QMHPs) to request their assistance prior to a planned use of force. CIT Officers do not meet the requirement of clinical counselor notification prior to a planned use of force. SCDC provided data for the period of June 2017 through September 2017, that QMHPs were contacted prior to a planned use of force as follows:

June 2017-	50%
July 2017-	50%
August 2017-	25%
September 2017-	33%

December 2017 Recommendations: Provide additional training to Operations Supervisory and Mental Health Staff on their duties and responsibilities in a planned use of force. Ensure Operations and Mental Health staff are aware that CIT Officers do not meet the requirement of clinical counselor notification prior to a planned use of force to request assistance in avoiding the necessity of such force and managing the conduct of inmates with mental illness.

2.c.ix. Develop a mandatory training plan for correctional officers concerning appropriate methods of managing mentally ill inmates;

Implementation Panel December 2017 Assessment: **partial compliance**

December 2017 Implementation Panel findings:
SCDC remains in partial compliance. The mandatory training plan for correctional officers concerning appropriate methods of managing mentally ill inmates is as follows:

Introduction to Mental Health	1.5 hours	Orientation (all new employees)
Mental Health	2.0 hours	Basic Training
Pre-Crisis and Suicide Prevention	3.0 hours	Basic Training
Interpersonal Communications	10.0 hours	Basic Training
Communication Skills/Counseling	1.5 hours	Annual In-Service
Mental Health Lawsuit	4.2 hours	Annual In-Service
Suicide Prevention	4.0 hours	Annual In-Service

SCDC has not provided documentation that all required correctional officers have received the training.

December 2017 Recommendations:

The SCDC Training Division provide documentation verifying the number of required employees that have completed the mandatory training for appropriate methods of managing mentally ill inmates and the number that has not completed the required training for 2017.

2.c.x. Collection of data and issuance of quarterly reports concerning the use-of-force incidents against mentally ill and non-mentally ill inmates;

Implementation Panel December 2017 Assessment: **compliance (3/2017)**

December 2017 Implementation Panel findings: SCDC continues to generate a monthly UOF Report Mentally Ill vs. Non-Mentally Ill. No issues were identified with the use of force data utilized to produce the report.

December 2017 Recommendations: Continue to produce and disseminate the monthly UOF Mentally Ill vs. Non-Mentally Ill Report.

2.c.xi. The development of a formal quality management program under which use-of-force incidents involving mentally ill inmates are reviewed.

Implementation Panel December 2017 Assessment: **partial compliance**

December 2017 Implementation Panel findings: The Mental Health Division has developed a protocol to review UOF incidents that involve mentally ill offenders (SCDC Quality Review of Use of Force Incidents-Mental Health). The new protocol will require the hiring of an additional staff person to review the UOF incidents involving mentally ill inmates. Review by the IP revealed the protocol does not have any intervention component.

December 2017 Recommendations: Revise the SCDC Mental Health Quality Review of Use of Force Incidents and include an intervention component. Hire the additional Mental Health staff person to review UOF incidents involving mentally ill inmates and implement the Mental Health Quality Review of Use of Force Incidents involving mentally ill inmates.

3. Employment of enough trained mental health professionals:

3.a. Increase clinical staffing ratios at all levels to be more consistent with guidelines recommended by the American Psychiatric Association, the American Correctional Association, and/or the court-appointed monitor;

Implementation Panel December 2017 Assessment: **partial compliance**

December 2017 Implementation Panel findings: See 2.a.iv.

December 2017 Recommendations: See 2.a.iv.

3.b. Increase the involvement of appropriate SCDC mental health clinicians in treatment planning and treatment teams

Implementation Panel December 2017 Assessment: **partial compliance**

December 2017 Implementation Panel finding: Significant improvement is noted relevant to the percentage of involvement of appropriate SCDC mental health clinicians in treatment planning and treatment teams as compared to prior site visits, with Camille Griffin Graham CF showing the greatest level of compliance. The reasons for partial compliance varies according to institution related to various staffing vacancy issues. Refer to Attachment 4 for a relevant summary specific to this provision

December 2017 Recommendations: Remedy the significant mental health staffing vacancies.

3.c. Develop a training plan to give SCDC mental health clinicians a thorough understanding of all aspects of the SCDC mental health system, including but not limited to levels of care, mental health classifications, and conditions of confinement for caseload inmates;

Implementation Panel December 2017 Assessment: **partial compliance**

December 2017 Implementation Panel findings: We requested, but did not receive, data regarding the percentage of the mental health staff that have completed the Correctional Officer Basic Training Course.

December 2017 Recommendations: Provide the requested data as part of the pre-site document request for the March 2018 site assessment.

3.d. Develop a plan to decrease vacancy rates of clinical staff positions, which may include the hiring of a recruiter, increase in pay grades to more competitive rates, and decreased workloads;

Implementation Panel December 2017 Assessment: **compliance (12/17)**

December 2017 Implementation Panel findings: See 2.a.iv.

December 2017 Recommendations: See 2.a.iv.

3.e. Require appropriate credentialing of mental health counselors;

Implementation Panel December 2017 Assessment: **compliance (3/2017)**

December 2017 Implementation Panel findings: Compliance continues.

December 2017 Recommendations: Continue to monitor.

3. f. Develop a remedial program with provisions for dismissal of clinical staff who repetitively fail audits; and

Implementation Panel December 2017 Assessment: **partial compliance**

December 2017 Implementation Panel findings: Attachment 5 provides a summary of the performance audits that will be performed as per the SCDC schedule provided.

December 2017 Recommendations: Implement the above.

3.g. Implement a formal quality management program under which clinical staff is reviewed.

Implementation Panel December 2017 Assessment: **partial compliance**

December 2017 Implementation Panel findings: See 3.f.

December 2017 Recommendations: See 3.f.

1. Maintenance of accurate, complete, and confidential mental health treatment records:

4.a Develop a program that dramatically improves SCDC's ability to store and retrieve, on a reasonably expedited basis:

4.a.i. Names and numbers of FTE clinicians who provide mental health services;

Implementation Panel December 2017 Assessment: **compliance (3/2017)**

December 2017 Implementation Panel findings: Compliance continues.

December 2017 Recommendations: Continue internal monitoring via QIRM to demonstrate continued compliance.

4.a.ii. Inmates transferred for ICS and inpatient services;

Implementation Panel December 2017 Assessment: **compliance (7/2017)**

December 2017 Implementation Panel findings: As per SCDC status.

December 2017 Recommendations: Continue internal monitoring via QIRM to demonstrate continued compliance.

4.a.iii. Segregation and crisis intervention logs;

Implementation Panel December 2017 Assessment: **partial compliance**

December 2017 Implementation Panel findings: As per SCDC status update section.

December 2017 Recommendations: Remedy the above and perform a QI relevant to this issue.

4.a.iv. Records related to any mental health program or unit (including behavior management or self-injurious behavior programs);

Implementation Panel December 2017 Assessment: **partial compliance**

December 2017 Implementation Panel findings: As per the SCDC status update section.

December 2017 Recommendations: As per the rollout schedule for the EMR.

4.a.v. Use of force documentation and videotapes;

Implementation Panel December 2017 Assessment: **compliance (3/2017)**

December 2017 Implementation Panel findings: As per SCDC update.

December 2017 Recommendations: Operations and QIRM continue to monitor use of force documentation and videotapes through the SCDC automated use of force system.

4.a.vi. Quarterly reports reflecting total use-of-force incidents against mentally ill and non-mentally ill inmates by institution;

Implementation Panel December 2017 Assessment: **compliance (3/2017)**

December 2017 Implementation Panel findings: As per SCDC update.

December 2017 Recommendations: Continue to produce and disseminate the monthly UOF Mentally Ill vs. Non-Mentally Ill Report.

4.a.vii. Quarterly reports reflecting total and average lengths of stay in segregation and CI for mentally ill and non-mentally ill inmates by segregation status and by institution;

Implementation Panel December 2017 Assessment: **compliance (3/2017)**

December 2017 Implementation Panel findings: Compliance continues.
Per the SCDC update:

1,491 entries in the CISP application
Average number of days on crisis =6

Average Time to CSU Placement = 34:16 (Hours: Minutes)
Average Days in CSU = 5
Average Days in Outlying Facility = 3

The weekly SCDC Report *Listing of Inmates Currently in SD, DD, MX or ST Custody in SCDC Institutions* provides the length of stay in segregation for mentally ill and non-mentally ill inmates by segregation status and by institution.

Average Time Served (in days) for Removals from **Short Term RHU Custody (DD and ST)** by month

Month Removed from Short Term RHU (DD and ST custody)	Average Time Served All Removals	Average Time Served Non-Mentally Ill	Average Time Served Mentally Ill
2017 January	26	27	24
2017 February	23	23	22
2017 March	22	22	21
2017 April	22	23	21
2017 May	23	24	20
2017 June	20	19	21
2017 July	23	23	22
2017 August	26	27	24
2017 September	24	23	26
2017 October	25	24	28

Note: Numbers reflect removals from short term RHU custody (DD - disciplinary detention and ST - short term lockup) during each month and show the average days served in short term RHU upon removal. Inmates who were placed in RHU custody and removed from RHU custody on the same day were excluded. The mental health classification is based on the inmate's status at time of removal from RHU.

Average Time Served (in days) for Removals from **Long Term RHU Custody (SD and MX)** by month

Month Removed from Long Term RHU (SD and MX custody)	Average Time Served All Removals	Average Time Served Non-Mentally Ill	Average Time Served Mentally Ill
2017 January	331	284	358
2017 February	377	273	458
2017 March	891	327	1097
2017 April	310	333	175
2017 May	282	286	271
2017 June	812	920	770
2017 July	282	313	265

2017 August	293	310	274
2017 September	511	684	209
2017 October	601	343	972

Note: Numbers reflect removals from long term RHU custody (SD - security detention and MX - maximum) during each month and show the average days served in long term RHU upon removal. Because of the small number of inmates removed monthly from long term RHU, averages can vary greatly. Inmates who were placed in RHU custody and removed from RHU custody on the same day were excluded.

The mental health classification is based on the inmate's status at time of removal from RHU.

December 2017 Recommendations: Continue internal monitoring via QIRM to demonstrate continued compliance. Revise the weekly SCDC Report *Listing of Inmates Currently in SD, DD, MX or ST Custody in SCDC Institutions* to include the average lengths of stay in segregation for mentally ill and non-mentally ill inmates by segregation status and institution.

4.a.viii. Quarterly reports reflecting the total number of mentally ill and non-mentally ill inmates in segregation by segregation status and by institution;

Implementation Panel December 2017 Assessment: **compliance (3/2017)**

December 2017 Implementation Panel findings: Compliance continues.

December2017 Recommendations: Continue internal monitoring via QIRM to demonstrate continued compliance.

4.a.ix. Quality management documents; and

Implementation Panel December 2017 Assessment: **partial compliance**

December 2017 Implementation Panel findings: Improvement continues relevant to the implementation of this provision.

December 2017 Recommendations: Continue to develop the QI process.

4.a.x. Medical, medication administration, and disciplinary records

Implementation Panel December 2017 Assessment: **partial compliance**

December 2017 Implementation Panel findings: As per SCDC status update section.

December 2017 Recommendations:

1. Implement the plan as per SCDC status update section.
2. For reasons summarized in other sections, QI studies should address medication administration and medication management issues (e.g., level of compliance with policies and procedures specific to medication noncompliance, continuity of medications, etc.).

4.b. The development of a formal quality management program under which the mental health management information system is annually reviewed and upgraded as needed.

Implementation Panel December 2017 Assessment: **partial compliance**

December 2017 Implementation Panel findings: As per SCDC status update.

December 2017 Recommendations: Implement the EHR as planned.

5. Administration of psychotropic medication only with appropriate supervision and periodic evaluation:

5.a. Improve the quality of MAR documentation;

Implementation Panel December 2017 Assessment: **partial compliance**

December 2017 Implementation Panel findings: Significant problems relevant to medication administration were found in the Marion housing unit at the Broad River Correctional Institution as previously summarized in another section of this report. Specifically, medications were administered at the cell front because this housing unit was essentially on a locked down status. In cells that did not have a food port, medications were delivered under the door of the cell. Inmates also reported that medications were left on the food port and that it was unclear whether some inmates were receiving the medications that had been prescribed to them. In addition, other inmates were not receiving prescribed medications on a timely basis.

Similar problems were present at all other institutions assessed during this site visit except for Camille Griffin Graham CI.

December 2017 Recommendations: The above described medication administration process is unacceptable and needs to be remedied. A QI process should be established to assess the remedy that is implemented.

Also see provision 4.a.x. recommendations.

5.b. Require a higher degree of accountability for clinicians responsible for completing and monitoring MARs;

Implementation Panel December 2017 Assessment: **noncompliance**

December 2017 Implementation Panel findings: See findings relevant to the previous provision specific to the medication administration process. Based on such findings, it is clear that the process described in the SCDC status update section has not been effective. The audit findings at CGG and

the administration of medications “under the doors” and “ on the food ports” at male institutions are unacceptable and must be corrected.

December 2017 Recommendations: Remedy the above referenced processes and perform a follow-up QI process.

5.c. Review the reasonableness of times scheduled for pill lines; and

Implementation Panel December 2017 Assessment: **noncompliance**

December 2017 Implementation Panel findings: HS medications were still not being provided to the ICS at Kirkland CI or at Camille Griffin Graham CI. Pill call lines were problematic at the Camille Griffin Graham CI ICS as summarized in an earlier section of this report.

December 2017 Recommendations: Implement the appropriate steps to resume HS medication administration at the ICS’s and elsewhere when clinically indicated. Adequately identify and address other pill call line issues.

5.d. Develop a formal quality management program under which medication administration records are reviewed.

Implementation Panel December 2017 Assessment: **partial compliance**

December 2017 Implementation Panel findings: See prior findings relevant to medication administration.

December 2017 Recommendations: The above recommended audits need to be included in the reports by QIRM relevant to this issue

6. A basic program to identify, treat, and supervise inmates at risk for suicide:

6.a. Locate all CI cells in a healthcare setting;

Implementation Panel December 2017 Assessment: **partial compliance**

December 2017 Implementation Panel findings: As per SCDC status update section. Some cells in the GPH did not have a functional sprinkler. Safety cells in the CGG and Lieber CI RHUs were not suicide resistant.

December 2017 Recommendations: Continue to monitor. Repair the sprinklers in cells within GPH that need repair. Remedy the lack of suicide resistant cells in the CGG and Lieber CI RHUs.

6.b. Prohibit any use for CI purposes of alternative spaces such as shower stalls, rec cages, holding cells, and interview booths;

Implementation Panel December 2017 Assessment: **compliance (December 2017)**

December 2017 Implementation Panel findings: As per SCDC status update section.

December 2017 Recommendations: Continue to monitor.

6.c. Implement the practice of continuous observation of suicidal inmates;

Implementation Panel December 2017 Assessment: **partial compliance**

December 2017 Implementation Panel findings: As per SCDC status update section.

December 2017 Recommendations: As per recommendations in SCDC status update section.

6.d. Provide clean, suicide-resistant clothing, blankets, and mattresses to inmates in CI;

Implementation Panel December 2017 Assessment: **partial compliance**

December 2017 Implementation Panel findings: As per SCDC status update section.

Our July 2017 report included the following: " [N]ot all CI safe cells currently have suicide resistant mattresses."

December 2017 Recommendations: Remedy the above issues described in the SCDC status update section. Add to the monitoring study the presence or absence of suicide resistant mattresses. Ensure there is documentation each inmate placed in a CI safe cell was provided clean, suicide-resistant clothing, blanket, and mattress.

6.e. Increase access to showers for CI inmates;

Implementation Panel December 2017 Assessment: **noncompliance**

December 2017 Implementation Panel findings: As per SCDC status update section.

December 2017 Recommendations: Remedy the above and continue to monitor results.

6.f. Provide access to confidential meetings with mental health counselors, psychiatrists, and psychiatric nurse practitioners for CI inmates;

Implementation Panel December 2017 Assessment: **noncompliance**

December 2017 Implementation Panel findings: As per SCDC status update section. We were also informed by custody staff that it was common for GP mental health caseload inmates to not be seen in a confidential setting as a default due to clinicians' safety concerns.

December 2017 Recommendations: Remedy the above and continue to monitor results.

GP mental health caseload inmates should not always, or almost always, be assessed/treated in a non-confidential setting due to clinicians' safety concerns. It is appropriate to not see inmates in a non-confidential setting when there are clinical reasons that justify safety concerns by the clinicians.

6.g. Undertake significant, documented improvement in the cleanliness and temperature of CI cells;

Implementation Panel December 2017 Assessment: **partial compliance**

December 2017 Implementation Panel findings: See 2b.vi.

December 2017 Recommendations: See 2b.vi.

6.h. Implement a formal quality management program under which crisis intervention practices are reviewed.

Implementation Panel December 2017 Assessment: **noncompliance**

December 2017 Implementation Panel findings: During the afternoon of December 5, 2017, we observed a treatment team meeting in the crisis stabilization unit at the Broad River Correctional Institution. This 36-bed unit was located in the Greenwood Unit with a census during the monitoring period ranging from 15-20 inmates. There were no on-site psychiatry hours provided although some psychiatric coverage was provided via telepsychiatry.

Staffing data reported was as follows:

> A psychologist provided on-site coverage on a two day per week basis for an average of 15 hours per week.
>
> 3.0 FTE QMHP positions were allocated with no vacancies although the staffing plan requested 7.0 FTE QMHP positions.
>
> 9.0 FTE MHTs were allocated with 3.0 FTE vacancies.
>
> 8.0 FTE nursing staff positions were allocated with 3.0 FTE vacancies. 12.0 FTE nursing staff positions were requested in the staffing plan.

We observed the staffing of two CSU inmates. A psychiatrist was not part of the treatment team planning process. The treatment team planning process demonstrated significant systemwide issues, which included the following:

1. Lack of adequate communication between the sending facility and the CSU staffs.
2. Lack of adequate communication between the CSU and the ICS staffs.
3. Lack of adequate communication between the CSU and GPH staffs.
4. Significant difficulties addressing custodial issues that were directly related to an inmate's admission to the CSU related to a variety of issues involved in the custodial housing decision process.

The "reinterpretation" of the Suicide Prevention and Management Policy by the Division of BMHSAS to extend the time period allowed for inmates in safety cells in institutions to exceed 60 hours and up to 120 hours by changing the inmates status from "suicide watch" to "observation" is a clear violation of the Settlement Agreement and must be corrected.

December 2017 Recommendations: Develop and implement a plan to address the above systemic issues.

Conclusions and Recommendations:

The IP has provided its recommendations on specific items in the Settlement Agreement in this report and while on-site. We have also provided suggestions to SCDC to continue in their pursuit of development of their own internal processes and support systems for adequate mental health services delivery system and quality management system. This report reflects the IP's findings and recommendations as of December 8, 2017. The IP is hopeful that this report has been informative. We look forward to further development of the mental health services delivery system within the South Carolina Department of Corrections and appreciate the cooperation of all parties in pursuit of adequate mental health care for inmates living in SCDC.

Sincerely,

Raymond F. Patterson, MD
Implementation Panel Member

On behalf of himself and:

Emmitt Sparkman
Implementation Panel Member

Jeffrey Metzner, MD
Subject Matter Expert

Tammie M. Pope
Implementation Panel Coordinator