

**South Carolina Department of Corrections  
Implementation Panel Report of Compliance  
March 2019**

**Executive Summary**

This is the 9th report presented by the Implementation Panel (IP) regarding the South Carolina Department of Corrections' (SCDC's) compliance with the Settlement Agreement enacted in May 2016. The IP was created by the Court based on agreement by the parties with oversight by the mediator, Judge William Howard. In our previous site visits, the IP has reviewed the SCDC compliance with the Settlement Agreement (SA) by review of systems, documents and onsite visits to specific SCDC facilities. The terms of the SA require that there be three visits for the first three years and two visits for the last year of the four year term of the Settlement Agreement. At the end of that term, if full substantial compliance has not been met in the designated criteria, the parties are to follow the Settlement Agreement directives with regard to further action.

This report will differ from past reports in that the IP, based on discussions and agreement by the parties, conducted an intensive review of inmates with a mental health designation housed in Restrictive Housing Units (RHUs) at the Broad River Correctional Institution (BRCI) and Lee Correctional Institution (LCI). Also by agreement of the parties, SCDC was not required to submit the full volume of documents and materials usually requested prior to this particular site visit but rather to select submission of those documents for which SCDC believed it was recommending change in compliance from non-compliance to partial or substantial compliance and/or from partial compliance to substantial compliance. SCDC submitted one clinical/mental health item in which they believed there has been improvement in their level of compliance, and several items from operations/security. These items were reviewed and their levels of compliance will be detailed further in this report.

The Implementation Panel (IP) reviewed Restrictive Housing Unit (RHU) operations for the South Carolina Department of Corrections (SCDC) Broad River Correctional Institution (BRCI) and Lee Correctional Institution (LCI) focusing on inmates with a mental health designation during the site visit. The operations review was conducted with the assistance of SCDC QIRM (Quality Improvement and Risk Management) staff. IP and QIRM interviews conducted with BRCI and LCI RHU inmates with a mental health designation revealed the majority are inappropriate for RHU confinement. Inmates are being held in Security Detention (SD) for reasons that do not require RHU confinement for more than 60 days. Inmates are held in Short Term (ST) Status without the required justification and for longer than the mandatory (60) days. Inmates recommended for alternative RHU residential programs (Awaiting Placement-AP) are remaining in RHU for months after an alternative program is recommended. The RHU and SD Behavior Level System has not been implemented. BRCI and LCI inmates with a mental health designation confined in RHU are subjected to unacceptable and harsh conditions of confinement. Inmates self-reported receiving weekly showers; however, SCDC documentation indicated showers are not provided to inmates the required (3) times per week. Staff and inmates reported inmates do not receive out of cell recreation (1) hour per day (5) days a week. In fact, the majority of inmates have not received out of cell recreation since their RHU placement. Both

BRCI and LCI routinely fail to conduct the required RHU 30-minute inmate welfare checks and the time between welfare checks far exceeded 30-minutes. BRCI is not providing RHU inmates with laundry services. BRCI and LCI are not providing inmates the opportunity to clean their cells 2 times a week as required by policy. Since the last site visit conducted in November 2018, there has been one reported completed suicide within SCDC which was reviewed on-site. Recommendations were made by the IP with regard to the mortality and morbidity review process regarding the death of this inmate.

The mental health review of the RHUs at BRCI and LCI consisted of 83 inmates who were examined clinically by the four examiners. Of the 83 inmates, 33 (40%) were SMI, 47 (57%) were not SMI and 3 (4%) were unclear. Thirty-three inmates (40%) were recommended for a higher LOC classification and 2 (3.4%) were recommended for a lower LOC classification. Seven referrals (8.4%) were made, each to GPH/CSU or ICS(HAB), and 16 (19.3%) to BMU's. These numbers are striking as indicators of the excessive number of inmates in need of mental health services not being provided by SCDC.

The Kirkland Correctional Institution (KCI) and Camille Graham Correctional Institution (CGCI) were also reviewed during this site visit. The improvements at KCI and CGCI appear to be largely because of administrative leadership's efforts to implement requirements of the Settlement Agreement as well as recommendations that have been made by the Implementation Panel. Many of these recommendations have also been made by QIRM and Health Services internally for improvement of services to persons on the mental health caseload. It appears that when those recommendations (made both internally and externally) have been supported by administrative leadership at the local and regional levels, improvements have been accomplished. However, it cannot be overstated that the need for increased correctional officer staffing as well as mental health staffing and nursing staffing is essential for SCDC to come into compliance with the Settlement Agreement requirements for adequate mental health care for their inmates. There is no "magic" to these necessities but rather identification of the necessary staffing requirements and commitment by SCDC leadership to identify and obtain the budgetary and other resources necessary to implement the requirements of the Settlement Agreement. The requirements are for basic mental health services and do not include excessive or unnecessary service provisions.

Unfortunately, despite repeated recommendations regarding mechanisms to achieve compliance with the Settlement Agreement, at the end of three years of monitoring SCDC has not achieved substantial compliance as required in the majority of criteria. Inmates housed in SCDC living with mental illness continue to suffer harm, much of which was identified during trial, and has been continuously identified for the past three years.

The findings of the IP with regard to compliance on the various components as of March 8, 2019 are as follows:

1. Substantial compliance—21
2. Partial Compliance—33
3. Non-Compliance—5

## **Introduction**

The Implementation Panel (IP) reviewed Restrictive Housing Unit (RHU) operations for the South Carolina Department of Corrections (SCDC) Broad River Correctional Institution (BRCI) and Lee Correctional Institution (LCI) March 4, through 6, 2019 focusing on inmates with a mental health designation. The operations review was conducted with the assistance of SCDC QIRM staff. SCDC provided the IP with background information for all inmates with a mental health designation confined in the BRCI and LCI RHUs. The background information included:

- Inmate Name and SCDC Number
- Medical Classification
- Mental Health Classification
- Date of Last Annual Classification Review
- Reason for RHU Placement
- RHU Status
- Date of Placement
- RHU Supervision Plan
- Days in RHU
- RHU Behavior Level
- RHU Disciplinary History
- Number of Use of Force Incidents
- Number of Management Information Notes (MINS)

Prior to the March IP Site Visit, SCDC QIRM compiled information for the identified inmates regarding their access to showers, out of cell recreation and whether the required 30 minute RHU welfare checks were being conducted. The responsible IP Member and QIRM staff interviewed BRCI and LCI inmates during the site visit to determine their appropriateness for RHU confinement. Once the interview with each inmate was completed, QIRM staff conducted an inspection of each inmate's cell and personal property and made a determination if the evaluated items were acceptable or unacceptable and if cell fixtures were operational.

The interview with each inmate consisted of obtaining self-reported information on why the individual was in RHU, his RHU adjustment, and access to staff, services and programs. The interviewer then assessed the available information and made a determination if the inmate was appropriate or inappropriate for his present RHU Status.

## **Findings**

The responsible IP member and QIRM staff interviewed 70 RHU inmates with a mental health designation at BRCI (43 inmates) and LCI (27 inmates). Documentation revealed the majority of the inmates in RHU with a mental health designation were inappropriate. BRCI had 26 inmates with a mental health designation in RHU that were inappropriate and 17 that were appropriate. LCI had 13 inmates with a mental health designation in RHU that were inappropriate and 14 that were appropriate. Interviews revealed 17 of the 31 inmates assessed as appropriate had been in RHU for over 60 days. The Settlement Agreement and SCDC Policies

prohibit inmates with a mental health designation from remaining in RHU for over 60 days; therefore, the actual number identified as inappropriate for RHU was 56 of the 70 inmates.<sup>1</sup>

(Documentation and Inmate Interviews)

The SCDC Form 19.67 is used to provide an inmate notice of placement in RHU and extend his RHU stay. The form does not provide the necessary details on why an inmate is being placed in RHU. The RHU Extension Section only requires the extension reason and the length of the extension (up to 10 days). Notice of RHU Placement only requires one or more of the following reasons:

- Current Escape Risk
- Maintain the Integrity of an Investigation
- Protective Concerns
- Threat to the Physical Safety of Other Inmates or Staff
- Inmate's Presence in the Population Would Create a Threat to the Safety and/or Order of the Institution

SCDC Form 19.67 fails to identify the institution, custody, medical and mental health classification of an inmate placed in RHU. Neither the Notice of RHU nor RHU Extension has a section to document details on why an inmate is or has been placed in RHU. The inmate can remain in RHU for (7) days before he/she appears before an Institutional Classification Committee (ICC). The form does not have a section for medical and mental health authorities to indicate whether the inmate is appropriate for RHU placement based on his medical and mental health condition.

IP and QIRM interviews conducted with BRCI and LCI RHU inmates with a mental health designation revealed the majority are inappropriate for RHU confinement. Inmates are being held in Security Detention (SD) for reasons that do not require RHU confinement for more than 60 days. There were inmates in RHU on SD Status for almost a year to investigate their involvement in the April 2018 Lee CI Incident that resulted in multiple assaults and seven (7) inmate deaths. It appears from inmate interviews and SCDC records the inmates have not been interviewed by investigators and do not understand why they remain in RHU. Inmates are held in Short Term (ST) Status without the required justification and for over the mandatory (60) days. Inmates recommended for alternative RHU residential programs (Awaiting Placement-AP) are remaining in RHU for months after an alternative program is recommended. The RHU and SD Behavior Level System has not been implemented. There were inmates found to have an RHU Behavior Level; however, staff and inmates are not familiar with the behavior level system. Failure to utilize the SCDC RHU and SD Behavior Level impacts the safety and security of staff and inmates. Positive behavior is not rewarded and there are no consequences for negative behavior. Most concerning was a finding that Wardens have the authority to disregard a Classification and/or Mental Health official's recommendation and continue an inmate in RHU without the necessary justification. A QIRM Study revealed system-wide the Institution Mental

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<sup>1</sup> Appendix A documents the individual findings for each of the BRCI and LCI inmates interviewed and confined in RHU with a mental health designation.

Health Disciplinary Treatment Teams (MHDTT) rarely mitigate the RHU Disciplinary Detention (DD) time assessed by the SCDC Disciplinary Hearing Officer (DHO) for inmates with a mental health designation. A review of records revealed that Classification Counselors make rounds in RHU; however, sessions with RHU inmates are conducted cell front and are not recorded in the inmate's individual record. A significant number of inmates were found without a current annual classification review.

(Conditions of Confinement)

BRCI and LCI inmates with a mental health designation confined in RHU are subjected to unacceptable and harsh conditions of confinement. Inmates self-reported receiving weekly showers; however, SCDC documentation indicated showers are not provided to inmates the required (3) times per week. Staff and inmates reported inmates do not receive out of cell recreation (1) hour per day (5) days a week. The majority of inmates have not received out of cell recreation since their RHU placement. Both BRCI and LCI routinely fail to conduct the required RHU 30-minute inmate welfare checks and the time between welfare checks far exceeded 30 minutes. BRCI is not providing RHU inmates with laundry services. BRCI and LCI are not providing inmates the opportunity to clean their cells 2 times a week as required by policy. It was discovered BRCI recently started issuing powdered bleach to RHU inmates. Inmates possessing powdered bleach without direct staff supervision is a serious breach of security and a safety concern, particularly in a high security housing unit. It was reported this practice was discontinued prior to end of the IP site visit. QIRM's BRCI and LCI RHU cell inspections during the IP site visits and while inmate interviews were being conducted revealed serious deficiencies.

**BRCI MH Inmate Cell Findings:**

Lights 52% non-operational  
Walls 76% unacceptable  
Vents 81% Unacceptable

**LCI MH Inmate Cell Findings:**

Lights 59% non-operational  
Walls 93% unacceptable  
Vents 72% unacceptable

Previously, SCDC began an initiative to provide inmates in RHU with crank radios. Officials acknowledged issues maintaining accountability of the RHU crank radios and do not have the means to order additional crank radios. RHU cell inspections found 38 percent of the BRCI MH inmates had a crank radio. The LCI RHU cell inspections found 42 percent of the RHU inmates had a crank radio.<sup>2</sup>

BRCI RHU inmates complained the RHU Law Library computer was not operational from April 2018 until February 2019. SCDC officials investigated the complaint and confirmed the Law Library computer was not operational for several months. This restricted BRCI RHU inmates' access to the Courts. The IP also has a serious concern regarding the SCDC Inmate Grievance System. Frequently, inmate grievances are returned to inmates for minor technicalities without

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<sup>2</sup>Appendix B RHU Conditions of Confinement.

meeting with the inmate. Inmates are required to attempt an informal resolution before submitting a grievance. Access to the housing unit kiosk is necessary for general population inmates to meet the informal resolution exhaustion requirement. When SCDC is on lockdown, inmates do not have access to the kiosk. Since April 2018, a number of SCDC institutions have been on extended lockdown.

A Lee CI RHU inmate complained the RHU cell tray slots were a safety hazard because the design did not have a mechanism to prevent the closure from dropping while open to provide services. The closure dropping could cause serious injury to a staff and/or inmate's arm and hand. The responsible IP member and Operations Assistant Deputy Director verified the safety hazard existed.

### **Recommendations:**

1. Immediately remove SD, AP and SP and any other inmates over 60 days in RHU with a mental health designation beginning with the higher levels of care.
2. Establish additional quality controls to prevent placement of inmates in SD status that do not meet the criteria.
3. Establish quality controls to prevent housing of inmates in ST status over 60 days.
4. Establish quality controls to ensure policies and procedures are followed when placing, retaining and releasing inmates from RHU. Revise the SCDC Form 19.67 Inmate RHU Placement and Inmate RHU Extension.
5. Establish that Mental Health and Classification is the authority for placement and removal of inmates in RHU with a mental health designation.
6. Fully implement the RHU and SD Inmate Behavior Level System. Provide training to staff and orientation to the RHU inmates to ensure both understand and are familiar with the RHU and SD Behavior Level System.
7. Develop and Implement the RHU SD Step Down Policy. Provide training to staff and orientation to the RHU inmates to ensure both understand and are familiar with the RHU SD Step Down Policy.
8. Establish controls to ensure the Mental Health Disciplinary Treatment Teams (MHDTT) appropriately review and, where warranted, mitigate Disciplinary Detention time for inmates with a mental health designation.
9. Develop and implement a Corrective Action Plan to address the identified RHU Conditions of Confinement and Cell Physical Plant deficiencies. Develop and implement a Preventive Maintenance Plan to ensure RHU physical plants are maintained.

### **Review of Select Components of the Settlement Agreement:**

#### **Use of Force**

The main focus of the March 2019 IP Site Visit was to review BRCI and Lee CI RHU inmates with a mental health designation. However, a limited review of Settlement Agreement Use of Force provisions was also completed.

#### **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 March 2019 Assessment:* partial compliance

*March 2019 Implementation Panel findings:* The MH UOF Coordinator is conducting a Mental Health Case Review to include a review of documentation in the AMR and/or NextGen records. The Coordinator reviews recent Psychiatry visits to determine if Psychiatry visits are occurring every 90 days or more as clinically indicated. If he determines Psychiatry visits are not occurring as prescribed by the inmate's level of care, the Coordinator will contact Clinical Supervisor for resolution. The Coordinator utilizes Excel spreadsheets to track Qualified Mental Health Professional follow-up (or lack thereof) on uses of force involving inmates on the Mental Health Caseload. Operations is developing a process to conduct and document an After-Action Debriefing after a use of force. The plan is to implement this process in April 2019.

*March 2019 Implementation Panel Recommendations:*

1. SCDC continue to monitor all Use of Force incidents to identify and address the reasons for disproportionate Use of Force involving inmates with mental illness;
2. SCDC formalize the draft policy to review inmates with a mental health designation that are involved in use of force incidents.
3. The Division of Operations Administrative Regional Director and Division of Mental Health UOF Coordinator collaboratively work together to address issues and concerns that contribute to disproportionate UOF involving mentally ill inmates;
4. Provide Training to Division of Mental Health Staff on the policy regarding review of inmates with a mental health designation involved in use of force incidents once the policy is finalized.

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

*Implementation Panel March 2019 Assessment:* partial compliance

*March 2019 Implementation Panel findings:* QIRM staff continues to meet weekly with Operations leadership to discuss UOF and other relevant issues. QIRM UOF Reviewers continue to produce and distribute a monthly report detailing:

- Agency Use of Force by Type
- Automated Use of Force Review
- Grievances Related to Use of Force
- Grievances
- Grievances Filed by Inmates with a Mental Health Classification
- Exception Reports which includes those Use of Force MINS that have been entered into the mainframe but have not been entered into the automated use of force application.

QIRM prepared a UOF Report using the months September 2018 through December 2018. The UOF Report was provided the IP prior to the March 2019 Site visit. SCDC has revised the MINs Electronic Form to include the Mental Health Classification of inmates involved in UOF.

*March 2019 Implementation Panel Recommendations:*

1. Operations, the MH UOF Coordinator 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. Operations and QIRM begin tracking the amount of time inmates remained in hard restraints and perform assessments to determine if SCDC guidelines for hard restraint use are followed;
3. QIRM continue to meet weekly with Operations leadership and the MH UOF Coordinator to discuss UOF and other relevant issues;
4. Revise Housing Unit Post Orders requiring *Cover Teams* to use MK-9 consistent with manufacturer's instructions;
5. RIM include a canine use of force incident category in existing use of force reports.
6. Revise the SCDC UOF policy and require an annual review of the Agency List of approved UOF instruments and munitions;
7. All required Staff complete Use of Force Training in Calendar Year 2019.

**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 March 2019 Assessment:* compliance 7/14/17

*March 2019 Implementation Panel findings:* There were no documented reports from September- December 2018 of inmates being placed in the crucifix or other positions that do not conform to generally acceptable correctional standards.

*March 2019 Implementation Panel 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 March 2019 Assessment:* compliance



*March 2019 Implementation Panel findings:*

There was one identified restraint chair incident in SCDC Institutions during the period of 1 September-31 December 2018. This incident involved the Restraint Chair at the Broad River Correctional Institution. The Restraint Chair use followed required guidelines except minor documentation issues. The inmate was in the restraint chair for less than one hour. QIRM conducted a review of the incident and prepared a Restraint Chair Report (SCDC Appendix I). An SCDC report on the use of hard restraints was not included in the SCDC provided documentation.

*March 2019 Implementation Panel Recommendations:*

QIRM continues to track and monitor compliance with use of the restraint chairs. Inmates placed in hard restraints should be monitored and tracked by QIRM in addition to restraint chairs to include: compliance with guidelines and the amount of time in hard restraints before release.

**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 March 2019 Assessment:* compliance 12/08/17

*March 2019 Implementation Panel findings:* See above 2.c.iv.

*March 2019 Implementation Panel Recommendations:*

QIRM continues 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 March 2019 Assessment:* partial compliance

*March 2019 Implementation Panel findings:*

SCDC Use of Force MINS for October 2018 through January 2019:

October 2018	128
November 2018	101
December 2018	118
January 2019	102

(Inmate UOF Grievances)

In October and November 2018, 162 grievances related to UOF were filed across SCDC institutions. The grievances involved alleged physical abuse (28 or 17% of grievances), excessive UOF (27 or 17% of grievances) and unprofessional conduct (107 or 66% of grievances). Thirty-three percent (33%) of 162 filed Grievances during October and November were processed as active grievances. Sixty-three percent (63%) of Grievances were processed and returned to inmates for reasons allowed in policy. QIRM made recommendations based on their Inmate Grievance CQI Study:

1. The Grievance Branch audit should review a sample of inmate grievances to evaluate if appropriate grievance determinations are being made.
2. Evaluate whether the informal resolution attempt requirement before an inmate can submit a grievance is negatively impacting the grievance process.
3. Conduct inmate focus groups to improve the inmate grievance process.

(QIRM Identified Policy Violations related to UOF)

QIRM identified 66 policy violations, with 75 recommendations/actions taken by the Office of Operations. The recommendations/actions were:

- Use of Force training for Staff (34 instances).
- Corrective Action (5 instances), one of which the Warden initiated prior to compliance review.
- Discussion with the Warden/Institutional Executive Staff (19 instances).
- Concurrence with findings of Use of Force reviewer but action not documented in Automated Use of Force System (AUOF) (12 instances).
- Inmate discipline (2 instances).
- As of 8 February 2019, 3 instances have not been reviewed.
- Two actions were taken/recommended by the Office of Operations (9 instances).

(Police Services Referrals)

There were a total of 28 referrals to SCDC Police Services related to use of force and assault of an inmate by employee during the reporting period.

14 were opened for an investigation

14 were referred back to the Inmate Grievance Branch

The responsible IP member met with the SCDC Director of Police Services to discuss tracking of grievances referred to Police Services.

*March 2019 Implementation Panel Recommendations:*

1. Operations, the MH UOF Coordinator and QIRM continue to review use of force incidents utilizing the automated system to identify use of force violations;
2. QIRM, the MH UOF Coordinator 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, QIRM, the MH UOF Coordinator 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. QIRM and the Agency Grievance Coordinator continue to QI Inmate Grievances related to UOF and Physical Abuse;
6. QIRM QI incidents and grievances referred to Police Services related to UOF and Physical Abuse;

7. Police Services begin tracking the number of referrals received for UOF and Physical Abuse and document the reasons an investigation is not opened;
8. Implement the QIRM recommendations to improve the Inmate Grievance System;
9. Remedy the high percentage of employees not receiving annual Use of Force Training; and
10. Require meaningful corrective action 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 March 2019 Assessment:* partial compliance

*March 2019 Implementation Panel findings:*

The QIRM Use-of-Force staff reviewed 239 use-of-force incidents that involved MK-9 use from June 1, 2017 through December 31, 2018:

- There were 139 (58%) use of force incidents in which the officer's actions were justifiable based on circumstances set forth in agency policy OP-22.01 Use of Force.
- There were 138 (58%) incidents where the crowd control devices were used appropriately under objectively identifiable circumstances in writing.
- There were 144 (60%) incidents where the crowd control devices were used consistent with manufacturer's instructions.

SCDC officials are addressing staff MK9 use issues; however additional improvement is needed.

*March 2019 Implementation Panel 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 Teams* to qualify that MK-9 use will be consistent with manufacturer's instructions; and
7. Provide correctional staff additional training on the proper use of MK9.

**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 March 2019 Assessment:* partial compliance

*March 2019 Implementation Panel findings:* SCDC institutions contacting a clinical counselor prior to planned use of force to request assistance in avoiding force and managing the conduct of inmates with a mental illness remains problematic. The MH Reviewer and QIRM Reports on the number of times attempts were made to contact a mental health counselor prior to a planned use of force provided different findings. Nevertheless, in December 2018, the MH Reviewer and QIRM reported that QMHPs were contacted less than 50 percent of the time before a planned UOF.

*March 2019 Implementation Panel Recommendations:*

As identified in previous reports, additional training of Operations Supervisory and Mental Health Staff on their duties and responsibilities in a planned use of force is needed. Employees must be held accountable when the required assistance from QMHPs is not requested prior to a planned UOF incident involving mentally ill inmates. When operations employees notify mental health staff of a planned UOF, the mental health staff must complete a face to face interaction to assist or document reasons the interaction was not completed.

**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 March 2019 Assessment:* partial compliance

*March 2019 Implementation Panel findings:*

See 2.c.i. The provision remains in partial compliance. The policy regarding review of inmates with a mental health designation involved in use of force has not been finalized. The policy is a critical component of having a formal quality management program under which use of force incidents are reviewed. Substantial compliance cannot be obtained until the policy is finalized and successful implementation is verified with conducting CQI studies.

*March 2019 Implementation Panel Recommendations:*

Once the policies and procedures are approved, responsible Behavioral Health staff should receive training on the policy. QIRM should perform QI studies assessing the Department of Behavioral Health's review of UOF incidents involving inmates with a mental health designation. The IP Mental Health Experts will need to review the policy before final approval. SCDC should continue monitoring inmates with a mental health designation identified as high risk for use of force and repeat the High Risk UOF Case Study for each relevant period. Responsible officials should diligently strive to place recommended RHU inmates in a BMU Program and track their status while awaiting placement.

Further this site visit was managed differently in that the first three and one-half days were spent by the IP reviewing the SCDC recommendations regarding changes since the last site visit, and the in-depth interviews in the RHUs as described above. The fourth day was spent in reviewing specific programs at Kirkland Correctional Institution and Camille Graham Correctional Institution which will be described further below.

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

*Implementation Panel March 2019 Assessment:* partial compliance

*March 2019 Implementation Panel findings:* SCDC recommended that because they were no longer administering medications under the doors of inmates housed in specific housing units, the rating of medication compliance with component 5(b) should be elevated from non-compliance to partial compliance. Based on this recommendation and observations on-site, and despite there being ongoing difficulties with medication administration and medication management, including (a) the writing of 180 days rather than 90 days medication orders for psychotropic medications, (b) delays in medications because of inadequate nursing staffing and (c) failure to implement system-wide administration of hs (hour of sleep) medications at reasonable hours rather than at three or four p.m. in the afternoon, the IP is changing the assessment to partial compliance because the component relates to issues under the control of nurses (“clinicians responsible for completing and monitoring MARs”) and the problems identified above are not under their control.

### **Conclusions and Recommendations**

There have been very clear demonstrations of improvement at KCI and CGCI in specific areas and in response to prior recommendations internally by administration and staff, QIRM, and by the IP. The staff at both facilities beginning with the Wardens and their administrative staff and continuing with the treatment and custodial staff as well as support services, certainly deserve recognition for their sustained efforts to improve services in those areas identified in the body of this report.

In summary, the IP is extremely concerned about the very serious deficiencies in mental health care specifically with regard to inmates who are housed in RHUs and the resultant very serious and continuing harm. The very basis of the Settlement Agreement has largely to do with the mistreatment or lack of treatment of inmates who are housed in RHUs and there has been development of policies and procedures as well as post orders to attempt to remedy these conditions. The IP psychiatrists, Drs. Raymond Patterson and Jeffrey Metzner, Chief Psychiatrist for SCDC Dr. Beverly Wood, and Psychiatric Consultant to SCDC Dr. Sally Johnson conducted evaluations referenced in this report as detailed in the appendices. The results of these interviews indicate SCDC has not achieved substantial compliance with the majority of the Settlement Agreement criteria.

The failures to achieve sustained substantial compliance have been fundamentally based on inadequate resources, including security, mental health and nursing staffing as well as space constraints for mental health programs. The other problematic areas of concern have been identified in this and past reports, including the impact of the conditions of confinement and lack of basic services. The IP acknowledges the improvements at several institutions in specific areas, however the systemic failures continue and require implementation of the recommendations made by SCDC staff, consultants and the Implementation Panel.

Sincerely,



Raymond F. Patterson, MD

Implementation Panel Member

On behalf of himself and:

Emmitt Sparkman

Implementation Panel Member

Attached Appendices:

Appendix A--Individual findings for each of the BRCI and LCI inmates interviewed and confined in RHU with a mental health designation.

Appendix B--RHU Conditions of Confinement

Appendix C1—Notes of Beverly Wood, MD regarding interviews at BRCI and LCI

Appendix C2—Notes of Sally Johnson, MD regarding interviews at BRCI and LCI

Appendix C3—Notes of Jeffrey Metzner, MD regarding interviews at BRCI and LCI

Appendix C4—Notes of Raymond Patterson, MD regarding interviews at BRCI and LCI

Appendix D—Summary chart regarding findings of clinical reviewers

Appendix 1																	Classificati on	
SCDC #	Name	Current Location	Dorm	Bed Type	Medical Classification	Mental Classification	Custody Level	Days in Current Status	Behavior Level	RHU/SP Placement Date	Length of Placement	Date of Last Disciplinary	Level of Last Disciplinary	Last Classification Annual Review	Program Participation	Classification 90 day Review Last Date for Security Detention	Comments	IP RHU Finding
	Inmate 1	BROAD RIVER	S 0236B	RHU	2 - MED PROB/NO WORK RESTRICT	L4 - MH-4 (OUTPATIENT)	ST - SHORT TERM LOCKUP	91		11/26/2018	91	11/27/2018	1	5/21/2018		11/29/2018	91 days in ST status. Violation of SCDC RHU Policy ST status over 60 days. Murray Class I Escape 11/27/18 (involved in disturbance came out his cell). DR dismissed 1/22/19. Insufficient information to justify continued placement in RHU.	Inappropriate.
	Inmate 2	BROAD RIVER	S 0211A	RHU	2 - MED PROB/NO WORK RESTRICT	L4 - MH-4 (OUTPATIENT)	SD - SECURITY DETENTION	277		5/24/2018	277	9/11/2018	1	6/13/2017		1/29/2019	SD Status since 8/10/2018- Inmate has pending homicide disciplinary for alleged involvement in the Lee Riot. However, inmate states he was not involved.	Appropriate; however, MH Designated inmates are excluded from being held in RHU over 60 days.
	Inmate 3	BROAD RIVER	S 0125A	RHU	2 - MED PROB/NO WORK RESTRICT	L4 - MH-4 (OUTPATIENT)	SP - SHORT TERM PROTECTIVE CON	17		12/7/2018	63	6/11/2018	3	6/13/2017		2/8/2019	ST Status for 17 days. Protection/Safety Concerns. Inmate was stabbed in 2015, raped in 2016 at Broad River CI and stabbed at Broad River CI 12/18. Statewide PC was recommended 2/25/19. Inmate is appropriate for RHU awaiting Statewide Protective Custody; however, in accordance with the SCDC RHU Policy requires placement in the Statewide	Appropriate.

	Inmate 4	BROAD RIVER	S 0249A	RHU	2 - MED PROB/NO WORK RESTRICT	L4 - MH-4 (OUTPATIENT)	ST - SHORT TERM LOCKUP	28		1/28/2019	28	1/2/2019	2	5/18/2017		N/A	ST Status for 28 days. The inmate claims he does not know the reason for being in RHU. He claimed he was past his prison maximum release date. The reviewed SCDC records for the inmate identified he was in RHU ST Status for "Inmate's Presence in the population would create a threat to the safety, security and/or order of the institution". No specific reason for RHU
	Inmate 5	BROAD RIVER	S 0247A	RHU	2 - MED PROB/NO WORK RESTRICT	L3 - MH-3 (AREA MENTAL HEALTH)	SD - SECURITY DETENTION	125	2	10/23/2018	125	10/23/2018	2	9/4/2018			SD 1/25/19. Inmate has been in RHU for 125 days for assault on Staff. Self Reported off medication (10/18-2/19 (lost in shuffle). Inmate stated staff assault was knocking officer's hat off. Officer in self defense used 2 strikes to inmate's face requiring stitches in chin. Prison release is scheduled for release May 1, 2019. The inmate is MH L-3. Described staff assault and fact he is MH L-3
	Inmate 6	BROAD RIVER	S 0212A	RHU	3 - MED PROB/WORK RESTRICT	L4 - MH-4 (OUTPATIENT)	SD - SECURITY DETENTION	312		4/19/2018	312	10/17/2018	2	6/28/2017		1/29/2019	SD Status since 8/10/2018- inmate has pending homicide disciplinary for alleged involvement in the Lee Riot. Inmate had 4 major convictions since being placed in SD status. Appropriate; however, MH Designated inmates are excluded from being held in RHU over 60 days.



	Inmate 7	BROAD RIVER	S 0104A	RHU	2 - MED PROB/NO WORK RESTRICT	L4 - MH-4 (OUTPATIENT)	SD - SECURITY DETENTION	89	2	11/28/2018	89	12/3/2018	2	5/22/2018		1/30/2019	SD Status. Inmate has been in SD Status since 1/25/19 and in RHU for 89 days. Computer indicated entry error where reason for placement is recorded. The review of SCDC records did not identify the specific reason the inmate was placed on SD status. Inappropriate due to lack of documentation for SD status and inmate is MH L-4..	Inappropriate.
	Inmate 8	BROAD RIVER	S 0114A	RHU	1 - NO MED PROB/NO WORK RESTR	L4 - MH-4 (OUTPATIENT)	SD - SECURITY DETENTION	277	2	5/24/2018	277	4/15/2018	1	8/29/2017		1/15/2019	SD Status. Inmate is under investigation regarding his involvement in the 4/18 Lee CI incident and has been in RHU for 277 days. A review of the SCDC records revealed no criminal charges. The inmate self reported he has not been interviewed by investigators nor has Security Threat Group staff assessed if he is a STG leader/member. His last disciplinary was 4/15/18. Inmate ..	Appropriate; however MH Designated inmates are excluded from being held in RHU over 60 days.

	Inmate 9	BROAD RIVER	S 0227A	RHU	2 - MED PROB/NO WORK RESTRICT	L3 - MH-3 (AREA MENTAL HEALTH)	SD - SECURITY DETENTION	296	3	5/5/2018	296	11/20/2018	3	11/29/2016		2/1/2019	SD Status. The inmate has been in RHU for 296 days. He admitted forcing his way out of his Murray Unit cell causing another inmate to assault an officer. Self Reported he received a DR in RHU that is not his and belongs to another inmate. The inmate reported drugs and weapons are prevalent in the Murray Unit and assaults occur frequently with the STG Bloods having control of the housing area.	Inappropriate.
	Inmate 10	BROAD RIVER	S 0218A	RHU	2 - MED PROB/NO WORK RESTRICT	L4 - MH-4 (OUTPATIENT)	SD - SECURITY DETENTION	1097	3	2/24/2016	1,097	2/1/2019	2	6/8/2011		2/26/2019	SD status since 3/9/2016. Initially SD status due to overall disciplinary history and assaultive disciplinaries from 2015. Inmate has 9 convictions since being placed in SD status.	Appropriate; however MH Designated inmates are excluded from RHU over 60 days.
	Inmate 11	BROAD RIVER	S 0144A	RHU	3 - MED PROB/WORK RESTRICT	L3 - MH-3 (AREA MENTAL HEALTH)	SD - SECURITY DETENTION	129	2	10/19/2018	129	10/19/2018	2	5/17/2018		2/26/2019	SD status since 11/27/18. Inmate convicted of assaulted an officer. 2/26/19 SD review states remain SD because not 6 months disciplinary free.	Appropriate; however MH Designated inmates are excluded from RHU over 60 days.

	Inmate 12	BROAD RIVER	S 0109A	RHU	2 - MED PROB/NO WORK RESTRICT	L3 - MH-3 (AREA MENTAL HEALTH)	SD - SECURITY DETENTION	89	2	11/28/2018	89	12/3/2018	2	8/31/2018		1/31/2019	SD Status. The inmate has been in RHU 89 days and was placed on SD status 1/24/19. A review of records indicated the reason for SD placement was involvement in the Murray Unit disturbance in 11/18. He self reported noo medication or property for 1st 30 days in RHU. Officers testified at DR Hearing he was not involved in the Murray Unit incident. He claimed the Contaband Lt. Inappropriate.
	Inmate 13	BROAD RIVER	S 0228B	RHU	2 - MED PROB/NO WORK RESTRICT	L3 - MH-3 (AREA MENTAL HEALTH)	SD - SECURITY DETENTION	566	3	8/8/2017	566	4/26/2018	1	10/15/2015		2/26/2019	SD Status. The inmate has been in RHU for 566 days and his last DR was in 4/18. The reason for SD placement was constant disciplinary reports and staff assaults. The inmate has no DRs for almost a year and is MH L-3. His RHU behavior and MH L-3 warrant consideration for removal from SD Status. Inappropriate.
	Inmate 14	BROAD RIVER	S 0231A	RHU	3 - MED PROB/WORK RESTRICT	L4 - MH-4 (OUTPATIENT)	SD - SECURITY DETENTION	300	2	5/1/2018	300	5/1/2018	2	6/27/2017		2/1/2019	SD Status. The inmate has been on RHU status for 300 days. SD placement was a staff assault by spitting on his counselor. He reported the Counselor used a whole can of chemical agents on him after he spit on her. He has a broken crank radio and no ear buds. He claimed no 90 day SD reviews but SCDC records indicate a 90 day review on 2/1/19.. No DRs. Inmate is experiencing medical problems due to Inappropriate.

	Inmate 15	BROAD RIVER	S 0245A	RHU	2 - MED PROB/NO WORK RESTRICT	L4 - MH-4 (OUTPATIENT)	AP - AWAITING PROGRAM PARTICIP	250	3	6/20/2018	250	7/14/2017	3	4/30/2018	1	2/26/2019	AP Status. Inmate was placed on AP Status 11/14/18. He was placed on SD for a staff assault and had a prior staff assault. The inmate is MH L-4 was recommended HLBMU placement. He is inappropriate for continued confinement in RHU. His last DR was in 7/17. SCDC continuing an inmate in RHU for approximately 4 months after recommending removal is	Inappropriate.
	Inmate 16	BROAD RIVER	S 0215A	RHU	2 - MED PROB/NO WORK RESTRICT	L4 - MH-4 (OUTPATIENT)	AP - AWAITING PROGRAM PARTICIP	566		8/8/2017	566	1/20/2019	2	12/31/2013		11/7/2018	AP Status. Inmate was recommended for a BMU on 1/29/18 and remains in RHU. He has been in RHU for 566 days. Self Reported that SCDC advised him that he is supposed to be going to HLBMU. Reported he came off Super Max in 2016 for stabbing an officer in 2016. He reported previously completing the LLBMU. Inmate is in appropriate for RHU due to AP status and	Inappropriate.

	Inmate 17	BROAD RIVER	S 0130A	RHU	3 - MED PROB/WORK RESTRICT	L4 - MH-4 (OUTPATIENT)	SD - SECURITY DETENTION	251	2	6/19/2018	251	11/11/2018	2	8/9/2016		2/26/2019	SD Status. The inmate has been in RHU for 251 days. SD placement was for spraying an officer with chemical agents. Staff assault for spraying an officer with chemical agents does not meet the criteria for SD placement. The inmate is inappropriate for SD Status due to the reason used for placement and he is MH L-4.	Inappropriate.
	Inmate 18	BROAD RIVER	S 0105A	RHU	3 - MED PROB/WORK RESTRICT	L4 - MH-4 (OUTPATIENT)	SD - SECURITY DETENTION	276		5/25/2018	276	7/28/2018	1	2/8/2018	1	1/15/2019	SD status since 7/31/18. Inmate convicted of assault and battery of an employee. Intial SD status reason also refers to an escape MIN; however, there are no escape related disciplinaries documented. Inmate has no disciplinaries since being placed on SD status. The last SD review was on 1/15/19 and states remain SD due to involvement in Lee Riot.	Inappropriate.

	Inmate 19	BROAD RIVER	S 0124A	RHU	3 - MED PROB/WORK RESTRICT	L4 - MH-4 (OUTPATIENT)	SD - SECURITY DETENTION	2461	3	5/31/2012	2,461	2/1/2019	1 Phone/knife	3/16/2012		1/9/2019	SD Status. The inmate has been in RHU since 5/31/12 over 7 years. Very emotional and appeared to be experiencing serious adjust problems. Inappropriate for continued RHU confinement due to over 7 years in status and observed emotional status of the inmate. SCDC Mental Health Staff should expedite an assessment for placement of the inmate in a BMU program. The inmate Inappropriate.
	Inmate 20	BROAD RIVER	S 0106A	RHU	2 - MED PROB/NO WORK RESTRICT	L4 - MH-4 (OUTPATIENT)	SD - SECURITY DETENTION	193	3	8/16/2018	193	8/17/2018	2	9/5/2017		1/16/2019	SD Status. He has been in RHU for 194 days. Self Reported Recommended for SD removal but held up for an 8/18 pending DR. He claimed he is scheduled for release from prison in 3 months. He acknowledged 2/27/19 for Striking, and Threatening to Inflict DR involving throwing liquids on a staff member due to frustration with his delayed release from RHU. Inappropriate.

	Inmate 21	BROAD RIVER	S 0115A	RHU	2 - MED PROB/NO WORK RESTRICT	L4 - MH-4 (OUTPATIENT)	SD - SECURITY DETENTION	208		8/1/2018	208	11/20/2018	1	3/24/2016		1/15/2019	SD status since 8/9/18. SD reason stated as involvement in the disturbance/no micide at Lee; however, there are no pending disciplinaries related to the Lee Riot. Inmate has 4 major disciplinaries with an offense date of 11/20/18. System not updated so it is unknown if the inmate was convicted of 11/20/18 offenses.	Inappropriate.
	Inmate 22	BROAD RIVER	S 0112A	RHU	3 - MED PROB/WORK RESTRICT	L4 - MH-4 (OUTPATIENT)	SD - SECURITY DETENTION	312	2	4/19/2018	312	4/15/2018	1	11/29/2017		1/15/2019	SD Status. The inmate has been in RHU for 312 days. The inmate is under investigation regarding his involvement in the 4/18 Lee CI incident. A review of the SCDC records revealed no criminal charges. The inmate self reported he has not been interviewed by investigators nor has Security Threat Group staff assessed if he is a STG leader/member. His last disciplinary was 11/29/17.	Appropriate; however, MH Designated inmates are excluded from being held in RHU over 60 days.
	Inmate 23	BROAD RIVER	S 0207A	RHU	2 - MED PROB/NO WORK RESTRICT	L4 - MH-4 (OUTPATIENT)	ST - SHORT TERM LOCKUP	25		10/26/2018	26	10/13/2018	2	6/29/2018			ST Status. A review of SCDC Records indicated the inmate had a 7 day review for a pending disciplinary; however, a DR was not located. Inappropriate due to insufficient documentation for continued confinement in RHU.	Inappropriate.

	Inmate 24	BROAD RIVER	S 0139A	RHU	3 - MED PROB/WORK RESTRICT	L4 - MH-4 (OUTPATIENT)	SD - SECURITY DETENTION	307	3	4/24/2018	307	6/27/2018	2	2/20/2018		01/22/19	SD Status. Inmate has been in RHU for 307 days. His last DR was 6/27/18. SD Status on 7/11/18 for the Lee CI 4/18 Incident. No Legal or Personal Phone call since 4/18 until 3 weeks ago. He did not receive his property from Lee CI. Law He is afforded access to the Law Library 1 every 2 or 3 weeks but the Law Library Computer was broken from 4/18 until recently. The inmate self Appropriate; however, MH Designated inmates are excluded from being held in RHU over 60 days.
	Inmate 25	BROAD RIVER	S 0229A	RHU	1 - NO MED PROB/NO WORK RESTR	L4 - MH-4 (OUTPATIENT)	SD - SECURITY DETENTION	283	2	5/18/2018	283	12/10/2018	2	3/15/2017		1/31/2019	SD Status. The inmate has been in RHU for 283 days and was placed on SD Status 1/31/19 (Throwing Body Fluids 7x since 9/18). Records indicate 4 convictions 3 no decisions. Self Reported he went to Lee CI L/U with no charges and was supposed to be there temporarily because he and cell partner were not getting along. Due to frustration of being in L/U with no charges he started Inappropriate.
	Inmate 26	BROAD RIVER	S 0108A	RHU	2 - MED PROB/NO WORK RESTRICT	L4 - MH-4 (OUTPATIENT)	ST - SHORT TERM LOCKUP	12		11/13/2018	66	5/13/2018	2	3/23/2018		2/20/2019 (7 day review)	ST status since 2/13/19, pending disciplinary action. Seven day review on 2/20/19 states remain ST due to pending disciplinary action; however, there are no pending disciplinaries documented. Inappropriate.
	Inmate 27	BROAD RIVER	S 0119A	RHU	2 - MED PROB/NO WORK RESTRICT	L4 - MH-4 (OUTPATIENT)	ST - SHORT TERM LOCKUP	307		4/24/2018	307	7/17/2018	1	12/6/2017			ST status since 10/10/18 for an administrative hold. Inappropriate.



	Inmate 28	BROAD RIVER	S 0248A	RHU	2 - MED PROB/NO WORK RESTRICT	L4 - MH-4 (OUTPATIENT)	SD - SECURITY DETENTION	332	2	3/30/2018	332	11/13/2018	1	4/28/2017		2/1/2019- behavioral level review	SD status since 7/13/18. Inmate had 3 striking an employee convictions within 4 months. Inmate has 2 pending disciplinarys with offense sate of 11/13/18.	Appropriate; however, MH Designated inmates are excluded from RHU over 60 days.
	Inmate 29	BROAD RIVER	S 0210A	RHU	2 - MED PROB/NO WORK RESTRICT	L4 - MH-4 (OUTPATIENT)	SD - SECURITY DETENTION	307	2	4/24/2018	307	2/1/2019	2	4/5/2018		1/29/2019	SD Status. He has been in RHU for 307 days and was placed on SD Status on 4/24/18 for the Lee CI 4/18 incident. Self Reported he is a STG Gangster Disciple but is non-active. He was taken off his mental health medication due to overdosing and went to CSU 2 months ago. He reported since exiting CSU he has not been seen in a private setting by Mental Health clinician. The inmate self reported he has .....	Appropriate; however, MH Designated inmates are excluded from RHU over 60 days.
	Inmate 30	BROAD RIVER	S 0235A	RHU	1 - NO MED PROB/NO WORK RESTR	L5 - MH-5 (STABLE)	ST - SHORT TERM LOCKUP	69		12/18/2018	69	2/8/2019	2	7/17/2018		2/8/2019	ST Status. The inmate has been in RHU for 69 days for Striking an Employee/Sgt Johnson. SCDC records do not identify any DR charges for Striking an Employee. He reported being a MH L-3 and was changed to a MH L-5 with a clinical assessment. SCDC records reflect he is an MH L-5. Inappropriate due to in RHU over 60 days and no documented justification for .....	Inappropriate.

	Inmate 31	BROAD RIVER	S 0118A	RHU	2 - MED PROB/NO WORK RESTRICT	L3 - MH-3 (AREA MENTAL HEALTH)	SD - SECURITY DETENTION	91	2	11/26/2018	91	11/27/2018	1	2/8/2017		1/31/2019	SD Status. The inmate has been in RHU for 91 days and is MH L-3. He was placed on SD Status on 11/16/18 for involvement in the 11/18 Murray incident. A DR for Possession of a Weapon was dismissed on 11/27/18. SCDC records identify a pending 8/18 DR. Inappropriate. The inmate is a MH L-3 and has been in RHU for over 60 days.	Inappropriate.
	Inmate 32	BROAD RIVER	S 0116A	RHU	2 - MED PROB/NO WORK RESTRICT	L4 - MH-4 (OUTPATIENT)	SD - SECURITY DETENTION	280	2	5/21/2018	280	2/1/2019	2	9/25/2017		1/15/2019	SD Status. The inmate has been in RHU for 208 days and was placed in SD Status on 10/8/18 for involvement in the Lee CI 4/18 incident. ST Status was for an extended time. The inmate self reported he has not been interviewed by investigators nor has Security Threat Group staff assessed if he is a STG leader/member. His last disciplinary was 2/1/19. SD status is .	Appropriate; however, MH Designated inmates are excluded from being held in RHU over 60 days.

	Inmate 33	BROAD RIVER	S 0219A	RHU	1 - NO MED PROB/NO WORK RESTR	L3 - MH-3 (AREA MENTAL HEALTH)	SD - SECURITY DETENTION	91	2	11/26/2018	91	12/3/2018	2	5/21/2018		1/30/2019	SD Status. The inmate has been in RHU Status and was placed on SD Status on 1/25/19 for the 11/26/18 Murray Disturbance. He complained his RHU cell was flooded today and staff would not provide him cleaning supplies. He has not received laundry services in RHU. IP requested RHU staff provide the inmate supplies to clean his flooded cell. Inappropriate. The inmate is a MH L-3 and has been in RHU for 759 days related to a Staff Assault in 2017. He requested release from RHU to the Lee CI General Population which does not appear appropriate. Institutional History of 13 DRs in 2018, 4 UOF incidents and 10 MINS warrants placement in a high security mental health program due to the inmate being MH L-3. Inappropriate.
	Inmate 34	BROAD RIVER	S 0127B	RHU	3 - MED PROB/WORK RESTRICT	L3 - MH-3 (AREA MENTAL HEALTH)	SD - SECURITY DETENTION	759	3	1/27/2017	759	12/22/2018	2	10/10/2016		1/29/2019	SD Status. The inmate has been in RHU for 759 days related to a Staff Assault in 2017. He requested release from RHU to the Lee CI General Population which does not appear appropriate. Institutional History of 13 DRs in 2018, 4 UOF incidents and 10 MINS warrants placement in a high security mental health program due to the inmate being MH L-3. Inappropriate.

	Inmate 35	BROAD RIVER	S 0136A	RHU	3 - MED PROB/WORK RESTRICT	L4 - MH-4 (OUTPATIENT)	SD - SECURITY DETENTION	532	2	9/11/2017	532	11/11/2018	2	9/22/2015		02/26/19	SD Status. The inmate has been in RHU for over 532 days. SD placement was for assaulting 3 officers in 9/17; however, the charges were dismissed. His last DR was 11/11/18. Inappropriate. The inmate's extended confinement in RHU warrants removal to a high security mental health program due to his MH L-4 designation.	Inappropriate.
	Inmate 36	BROAD RIVER	S 0209A	RHU	3 - MED PROB/WORK RESTRICT	L4 - MH-4 (OUTPATIENT)	SD - SECURITY DETENTION	277	2	5/24/2018	277	4/15/2018	1	1/24/2018			SD Status. The inmate has been in RHU for 277 days and was placed on SD Status on 8/18 for the Lee CI 4/18 incident. He was unable to utilize the the law library from July 18 until February 19 because the computer was inoperable. SCDC officials verified the computer was not operational for an extended period of time. The inmate self reported he has not been interviewed by investigators nor	Appropriate; however, MH Designated inmates are excluded from RHU over 60 days.
	Inmate 37	BROAD RIVER	S 0232A	RHU	3 - MED PROB/WORK RESTRICT	L3 - MH-3 (AREA MENTAL HEALTH)	SD - SECURITY DETENTION	797		12/20/2016	797	2/3/2019	2	11/17/2016		2/1/2019	SD Status. The inmate has been in RHU for 797 days due to a 12/16 Homicide investigation. His last DR was 2/3/19. Inappropriate. The inmate is MH Level-3 and should be removed from RHU and placed in a high security mental health program due to his extended time in RHU and mental health designation.	Inappropriate.

	Inmate 38	LEE	F7 0097B	RHU	1 - NO MED PROB/NO WORK RESTR	L4 - MH-4 (OUTPATIENT)	ST - SHORT TERM LOCKUP	147		10/1/2018	147	10/25/2018	2		8/30/2018		Non-applicable	ST status since 12/28/18 pending disciplinary action. ST status over 60 days.	Inappropriate.
	Inmate 39	LEE	F7 0043B	RHU	2 - MED PROB/NO WORK RESTRICT	L4 - MH-4 (OUTPATIENT)	ST - SHORT TERM LOCKUP	286		5/15/2018	286	10/17/2018	2		12/21/2017		Non-applicable	ST status since 12/28/18 pending disciplinary action. ST status over 60 days.	Inappropriate.
	Inmate 40	LEE	F7 0089B	RHU	2 - MED PROB/NO WORK RESTRICT	L4 - MH-4 (OUTPATIENT)	DD - DISCIPLINARY DETENTION	34	3	1/22/2019	34	1/20/2019	1		12/17/2018		2/28/2019	SD status since 2/28/19 due to inmate urinated in a bowl and threw it on the officer per Class P custody screen. However, Inmate was convicted on 2/5/19 for possession of an escape tool, inciting/creating a disturbance, threatening to inflict harm and throwing per the disciplinary screen.	Appropriate.
	Inmate 41	LEE	F7 0087B	RHU	2 - MED PROB/NO WORK RESTRICT	L4 - MH-4 (OUTPATIENT)	SD - SECURITY DETENTION	368	2	2/22/2018	368	10/12/2018	1		6/9/2017		1/16/2019	SD Status. The inmate has been in RHU for 368 days and his last DR was 10/12.18. SD Status on 2/22/18 for assaults on staff. He arrived at Lee CI on 2/1/19 and self reported he has not been interviewed by a mental health clinician since his arrival. Staff assault qualifies for SD Status; however, the inmate is MH L-4 and extended time in RHU warrants placement in a high security . . . . .	Inappropriate.
	Inmate 42	LEE	F7 0001B	RHU	1 - NO MED PROB/NO WORK RESTR	L4 - MH-4 (OUTPATIENT)	SD - SECURITY DETENTION	311	3	4/20/2018	311	5/29/2018	2		6/15/2016		2/11/2019	SD status since 8/8/18 due to Lee Riot. Inmate has a pending homicide charge.	Appropriate; however, MH Designated inmates are excluded from being held in RHU over 60 days.

	Inmate 43	LEE	F7 0022B	RHU	3 - MED PROB/WORK RESTRICT	L4 - MH-4 (OUTPATIENT)	SD - SECURITY DETENTION	340	2	3/22/2018	340	2/15/2019	2	5/18/2017		2/1/2019	SD since 5/11/2018. Initially placed in sd status due to assault on staff. Inmate had several convictions since then.	Appropriate; however, MH Designated inmates are excluded from being held in RHU over 60 days.
	Inmate 44	LEE	F7 0079B	RHU	3 - MED PROB/WORK RESTRICT	L3 - MH-3 (AREA MENTAL HEALTH)	AP - AWAITING PROGRAM PARTICIP	112	3	11/5/2018	112	1/21/2018	2	7/7/2016		11/1/2018	AP Status. The inmate has been in RHU for 112 days and was placed on AP Status awaiting HLBMU on 10/30/18. He was recommended for SD Status on 10/19/16. His last DR was 1/21/18. He has been on AP awaiting the HLBMU over 4 months. Significant Mental Health issues and went to GPH on 12/21/18. The inmate appears to need a higher level of care than MH L3. It	Inappropriate.
	Inmate 45	LEE	F7 0083B	RHU	2 - MED PROB/NO WORK RESTRICT	L4 - MH-4 (OUTPATIENT)	SP - SHORT TERM PROTECTIVE CON	98		11/19/2018	98	7/11/2017	2	7/26/2018			SP status since 1/24/19. PC at Inmate Request	Appropriate.
	Inmate 46	LEE	F7 0060B	RHU	2 - MED PROB/NO WORK RESTRICT	L4 - MH-4 (OUTPATIENT)	SP - SHORT TERM PROTECTIVE CON	91		11/26/2018	91			3/28/2018			SP status since 11/26/18. PC at inmate request.	Appropriate.
	Inmate 47	LEE	F7 0011B	RHU	2 - MED PROB/NO WORK RESTRICT	L4 - MH-4 (OUTPATIENT)	SD - SECURITY DETENTION	594	3	7/11/2017	594	12/25/2018	2	6/27/2017		2/6/2019	SD status since 7/25/17 for assaulting an officer. Inmate has had multiple major convictions since then.	Appropriate; however, MH Designated inmates are excluded from being held in RHU over 60 days.

	Inmate 48	LEE	F7 0040B	RHU	2 - MED PROB/NO WORK RESTRICT	L4 - MH-4 (OUTPATIENT)	SD - SECURITY DETENTION	258	2	6/12/2018	258	2/4/2019	2	2/14/2018	1	1/30/2019	SD Status. The inmate has been in RHU for 258 days and was placed in SD Status on 6/12/18 for licking a staff member's ear. He denied the incident but admitted grabbing the officer's "booty". He was sent to Lee CI on 7/18 and self reported 20+ DRs in the last year. Self Reported he has been locked up since he was 16 years old and is 4 years from being released from prison.	Inappropriate.
	Inmate 49	LEE	F7 0051B	RHU	2 - MED PROB/NO WORK RESTRICT	L5 - MH-5 (STABLE)	SD - SECURITY DETENTION	299		5/2/2018	299	12/13/2018	2	2/12/2018		11/7/2018	SD status since 5/11/18 due to assaulting an officer. Inmate has had several major convictions since then.	Appropriate; however, MH Designated inmates are excluded from being held in RHU over 60 days.
	Inmate 50	LEE	SK 0066B	RHU	3 - MED PROB/WORK RESTRICT	L4 - MH-4 (OUTPATIENT)	ST - SHORT TERM LOCKUP	46		1/10/2019	46	8/29/2016	1	4/16/2018		Non-Applicable	ST Status. Inmate has been in RHU for 46 days and his last DR was 8/29/16. Self Reported he has been in prison since 2006 and was previously involved in STG activities. He previously participated in the SCDC Step Down Program and was in the MH Better Living Incentive Community Program when placed in ST Status for an investigation. Review of SCDC records did not identify the	Inappropriate.

	Inmate 51	LEE	F7 0002B	RHU	3 - MED PROB/WORK RESTRICT	L3 - MH-3 (AREA MENTAL HEALTH)	SD - SECURITY DETENTION	766	3	1/20/2017	766	1/1/2019	2	4/1/2016		1/14/2019	SD Status. The inmate has been in RHU for 766 days and SD placement was 2/21/17 for attempted escape to obtain serious contraband. The inmate's last DR was 1/1/19. The inmate has 8 MINS and 2 UOF with numerous DRs in the last 12 months. He arrived at Lee CI on 1/31/19. He self reported medical and dental issues that are not being addressed. The inmate is inappropriate for release.
	Inmate 52	LEE	F7 0085B	RHU	2 - MED PROB/NO WORK RESTRICT	L4 - MH-4 (OUTPATIENT)	SP - SHORT TERM PROTECTIVE CON	54		1/2/2019	54	2/23/2018	2	5/23/2018			SP since 1/2/19. PC at inmate request.
	Inmate 53	LEE	F7 0088B	RHU	1 - NO MED PROB/NO WORK RESTR	L4 - MH-4 (OUTPATIENT)	SP - SHORT TERM PROTECTIVE CON	6		12/18/2018	52			11/6/2017		Non-Applicable	ST Status. SCDC 10/4/17. The inmate was placed on ST Status due to the Lee CI Administration having protective concerns about his safety. He is scheduled to be released from RHU to the Lee CI East Yard today. The inmate complained officers leave inmates in the showers sometimes for up to 2 hours, inmates start fires and the officers do not respond and the



	Inmate 54	LEE	F7 0061B	RHU	2 - MED PROB/NO WORK RESTRICT	L4 - MH-4 (OUTPATIENT)	SP - SHORT TERM PROTECTIVE CON	53		7/12/2018	148	7/12/2018	3	10/7/2016		10/9/2018	ST Status. Inmate has been in RHU for 53 days on SP Status but records reflect he has been in RHU for 148 days. The inmate was placed in RHU on 7/12/18 for refusing general population housing on the yard with a cell roommate. Time in RHU is over 60 days. He received a 7/12/18 DR for Refusing to accept housing on the yard and a 1/19/18 DR for Use/Possession of a Weapon. Inappropriate.
	Inmate 55	LEE	F7 0084B	RHU	1 - NO MED PROB/NO WORK RESTR	L4 - MH-4 (OUTPATIENT)	SD - SECURITY DETENTION	139	3	10/9/2018	139	10/9/2018	1	10/2/2018		2/19/2019	SD Status. Inmate has been in RHU for 139 days and was placed on SD 10/7/18 after removal from HLBMU on 10/7/18 for an Employee Striking Charge with No Conviction. Employee Striking charge did not meet level for SD Status placement and he did not receive a conviction. The inmate desires return to a BMU and he meets criteria for return. It does not meet criteria for return. Inappropriate.
	Inmate 56	LEE	F7 0044B	RHU	3 - MED PROB/WORK RESTRICT	L4 - MH-4 (OUTPATIENT)	SP - SHORT TERM PROTECTIVE CON	40		1/16/2019	40	1/10/2017	3	4/21/2017			SP since 1/16/19. PC at inmate request. Appropriate.

	Inmate 57	LEE	F7 0099B	RHU	3 - MED PROB/WORK RESTRICT	L4 - MH-4 (OUTPATIENT)	SD - SECURITY DETENTION	306		4/25/2018	306	12/4/2018	1	5/30/2017		1/4/2019	<div>SD Status. His placement on SD Status was due to while in SCDC custody conspiring to commit murder and operating a marihuana distribution operation. The inmate has been in RHU for 306 days and arrived at Lee CI 1/19. He received 7 DR charges on 12/4/18 but claims he is not guilty. Prior to the 12/18 charges, his last DR was 2/18. He complained the Lee CI staff does not provide the Tuesday and</div>	<div>Appropriate; however, MH Designated inmates are excluded from being held in RHU over 60 days.</div>
	Inmate 58	LEE	SK 0071B	SK	2 - MED PROB/NO WORK RESTRICT	L4 - MH-4 (OUTPATIENT)	ST - SHORT TERM LOCKUP	235		7/5/2018	235	4/2/2018	2	3/20/2018		None	<div>ST Status. The inmate has been in RHU for 235 days and his last DR was 4/2/18. He has a life threatening illness and has experienced problems obtaining the prescribed medication for his medical condition. He reported his current cell conditions are unacceptable due to mold. He was stabbed up at Broad River 3/28/18 and has safety concerns. He was transferred to Lee CI 2 weeks</div>	<div>Inappropriate.</div>

	Inmate 59	LEE	F7 00988	RHU	2 - MED PROB/NO WORK RESTRICT	L4 - MH-4 (OUTPATIENT)	MI - MINIMUM IN			12/6/2018	78	12/3/2018	2	8/17/2017			SP Status. The inmate has been in RHU for 78 days. The ICC on 10/3/18 recommended Statewide Protective Custody. The Central Classification determined the SWPC was invalid and approved the inmate for the Special Concerns Unit. His last DR was 12/3/18. The inmate does not feel safe at Lee CI or any other SCDC prison. He was assaulted twice at Broad River and had	Inappropriate.
Add Ons	Broad River CI RHU Inmate 60	BROAD RIVER															2/8/2019 SP Status. SCDC provided records were incomplete due to the inmate only recently being placed in RHU. Inmate reported he has been in RHU since 2/8/19. Inmate has safety concerns due to a prior assault by STG Bloods in 2008. Appropriate due to the inmate being in RHU on safety concerns for less than 60 days.	Appropriate.

Inmate 61	BROAD RIVER	Assaulted in Murray 2/1/19	L3 - MH-3 (AREA MENTAL HEALTH)	SP	2/8/2019	SP Status. SCDC provided records for the inmate were incomplete due to his recently being placed in RHU. Inmate is confined at a Security Level 3 institution because he is MH L-3. He was placed on SP after being assaulted by other inmates at Broad River CI on 2/1/19. He wants off of Area Mental Health if has to stay at a L3 Institution. Appropriate because he has been in RHU on	Appropriate.
Inmate 62	BROAD RIVER	<div>MX</div>			1/14/2019	MX status since 4/20/18. Approval from DDO to be placed in MX custody due to hostage taking incident at Lee on 3/23/18. Inmate has 4 major convictions since the hostage taking and 3 pending disciplinaries.	Appropriate; however, MH Designated inmates are excluded from being held in RHU over 60 days.
Inmate 63	BROAD RIVER				Non- applicable	ST status since 2/15/19 pending disciplinary action. Inmate has pending exhibitionism charge.	Appropriate.
Inmate 64	BROAD RIVER				2/11/2019	ST status since 1/31/2019 pending disciplinary action. Inmate had a pending exhibitionism charge.	Inappropriate, inmate was in ST status over 30 days and there was no documentation of an extension from the warden.
Inmate 65	BROAD RIVER				Non- applicable	ST status since 2/21/19 pending disciplinary action. Inmate has a pending striking an employee charge.	Appropriate.
Add Ons	Lee CI				Non- applicable	SP status. PC at inmate request.	Appropriate.
	Inmate 66	LEE					
	Inmate 67	LEE			Non- applicable	SP since 2/25/19. PC at inmate request.	Appropriate.

Inmate 68	LEE	Non- applicable	ST status since 2/5/18 for an administrative hold.	Inappropriate.
Inmate 69	LEE	Non- applicable	ST status since 2/19/19 pending disciplinary action. Inmate has 3 major pending disciplinarys.	Appropriate.
Inmate 70	LEE	Non- applicable	MI status since 12/19/18. Inmate states in RHU for observation. No documentation to support reason for placement in the RHU.	Inappropriate.

**Appendix 2**  
**RHU Conditions of Confinement**

**Broad River CI**

<b>Showers</b>	* Inmates frequently report showers are offered 3 times per week but the OATS systems' reports rarely reflect these numbers.
<b>Last time cleaned and how often are you allowed to clean your cell</b>	This response ranged from "daily" to "never" and was all self-reported. Often times inmates would state they were never allowed to clean but would then state what supplies they were offered with which to clean. Because there is not a system of documentation that clearly states which inmates were provided specific supplies, it is not possible to validate or invalidate their claims. BRCI staff have previously provided a dorm roster with inmates' names highlighted and a statement stating, "cell cleaning" on the roster; however, there is no indication of cleaning supplies provided to each inmate. Unless a form or documentation system is created to indicate who was provided what, it would be difficult to determine this level of detail.
<b>Specific cleaning supplies</b>	Of the 27 times in which specific cleaning supplies were identified, 17 (63%) mentioned bleach. Of the 17 times when inmates reported using bleach, powered bleach was specifically mentioned 6 times (35%).

	<b>Total Responses</b>	<b>Total with "Yes" or "Acceptable"</b>	<b>Percentage with "Yes" or "Acceptable"</b>
<b>Tray Slot Operational</b>	42	41	98%
<b>Light Operational</b>	42	20	48%
<b>Sink Operational</b>	41	35	85%
<b>Toilet Operational</b>	41	38	93%
<b>Walls Acceptable</b>	42	10	24%
<b>Vents Acceptable</b>	42	8	19%
<b>Outside Window Acceptable</b>	42	31	74%
<b>Inside Window Operational</b>	40	33	83%
<b>Temperature</b>	41	31	76%
<b>Clean</b>	40	18	45%
<b>Laundry 2 days per week</b>	35	0	0%
<b>Mattress</b>	40	31	78%
<b>Mattress Acceptable</b>	40	24	60%
<b>Blanket</b>	40	37	93%
<b>Blanket Acceptable</b>	40	30	75%
<b>Sheets</b>	40	36	90%
<b>Sheets Acceptable</b>	40	24	60%
<b>Towel</b>	40	39	98%
<b>Towel Acceptable</b>	39	30	77%
<b>Washcloth</b>	36	34	94%
<b>Washcloth Acceptable</b>	35	22	63%
<b>Jumpsuit</b>	40	40	100%
<b>Jumpsuit Acceptable</b>	40	34	85%
<b>Crank Radio</b>	40	15	38%
<b>Ear buds</b>	40	15	38%
<b>Underwear</b>	34	32	94%
<b>Underwear Acceptable</b>	29	27	93%
<b>Cell Checks Every 30 Minutes Compliance (Yes/No)</b>	48	0	0%
<b>Shower Access 3x Per week (Yes/No)*</b>	48	0	0%
<b>Out of Cell 1 hour per day 5 days a week compliance (Yes/No)</b>	48	0	0%

**Appendix 2**  
**RHU Conditions of Confinement**

	<b>Lee CI</b>
<b>Showers</b>	Showers were determined based on documentation of cell check logs. No inmate received the required three showers per week based on documentation
<b>Recreation</b>	Recreation were determined based on documentation of cell check logs. No inmate received the required recreation week based on documentation
<b>Specific cleaning supplies</b>	Only one inmate at Lee specifically mentioned the provision of bleach

	<b>Total Responses</b>	<b>Total with "Yes" or "Acceptable"</b>	<b>Percentage with "Yes" or "Acceptable"</b>
<b>Tray Slot Operational</b>	27	27	100%
<b>Light Operational</b>	27	11	41%
<b>Sink Operational</b>	26	26	100%
<b>Toilet Operational</b>	27	26	96%
<b>Walls Acceptable</b>	27	2	7%
<b>Vents Acceptable</b>	25	7	28%
<b>Outside Window Acceptable</b>	27	25	93%
<b>Inside Window Operational</b>	27	27	100%
<b>Temperature</b>	25	22	88%
<b>Clean</b>	25	23	92%
<b>Laundry 2 days per week</b>	27	18	67%
<b>Mattress</b>	26	16	62%
<b>Mattress Acceptable</b>	15	0	0%
<b>Blanket</b>	26	19	73%
<b>Blanket Acceptable</b>	16	14	88%
<b>Sheets</b>	26	19	73%
<b>Sheets Acceptable</b>	17	15	88%
<b>Towel</b>	26	21	81%
<b>Towel Acceptable</b>	21	18	86%
<b>Washcloth</b>	24	21	88%
<b>Washcloth Acceptable</b>	21	16	76%
<b>Jumpsuit</b>	26	25	96%
<b>Jumpsuit Acceptable</b>	23	22	96%
<b>Crank Radio</b>	26	11	42%
<b>Ear buds</b>	26	8	31%
<b>Underwear</b>	26	24	92%
<b>Underwear Acceptable</b>	21	20	95%

<b>Cell Checks Every 30 Minutes Compliance (Yes/No)</b>	Based on cell check logs, inmates are not receiving security checks as required based on documentation
<b>Shower Access 3x Per week (Yes/No)*</b>	Showers were determined based on documentation of cell check logs. No inmate received the required three showers per week based on documentation
<b>Out of Cell 1 hour per day 5 days a week compliance (Yes/No)</b>	Recreation was determined based on documentation of cell check logs. No inmate received the required recreation week based on documentation

Lee CI RHU evaluations

***Inmate 69***

ID: 39 yo AA male serving a 30 year sentence beginning 11/11/1997

Status: ST, in RHU since 2/19/19. DD time is scheduled to end 4/19/19

MH classification: L4

Brief MH history: History of substance abuse prior to incarceration. Brief hospitalization at GPH for nightmares. Long history of anger problems and rule infractions. Has been tried on multiple psychiatric medications. Self reports taking an overdose while at Lee after learning that his great grandmother had dementia.

MSE: Talkative. Says he does not sleep well but does not feel tired during the day. His appetite is good. Denies hallucinations. Says his biggest problem is anger. Says he became upset with officer and cursed her. He was written up for 3 charges including assault on officer. Says he never hits women and charge was bogus. No narrative for charges in the automated system. Denies wanting to harm himself. Says he watches tv programs about torture and uses his mind to imagine torturing others who anger him. He says this works well and keeps him from actually harming others. Feels safe in current setting. Says he doesn't have his radio in RHU and he likes to use that to help him escape his anger.

Diagnoses: Intermittent Explosive Disorder  
Recurrent major depression

Medications: Carbamazepine. (last level, none detected)  
Venlafaxine

SMI: yes

Recommendations: Consider HLBMU  
Anger management groups  
Closer monitoring of medication compliance



***Inmate 43***

ID: 39 YO AA male serving a 25 year sentence. Came to SCDC 5/15/2013

Status: SD, in RHU since 3/22/18

MH Classification: L4

Brief MH history: Some issues with substance abuse prior to incarceration. MH treatment began in county detention center. Generally vague symptoms. Tends to engage in self injurious behaviors when he is in debt to other inmates or has received charges. Says an officer who is a crip set him up and he was assaulted by the crips at BRCL. Has numerous masturbation and threatening charges.

MSE: Says he recently cut self to relieve stress. Didn't get sent to medical when he wanted to go and refused to be seen when he was scheduled to go. Showed me a healing cut on left thigh which was about 1 inch long and ¼ inch deep. No signs of infection. Says he tied a piece of blanket up in his room previously and thought of hanging self. Says he will not commit suicide because of what it would do to his mother. Fears he is being set up. Says he didn't eat for a couple days but has resumed eating. Has issues with two female officers. Says he sleeps "off and on". Feels people are watching him and that he will not finish this incarceration. Says he wrote his mother a letter about his issues but doesn't want her to feel he is using her to get what he wants.. He is vague and it is difficult to obtain details from him. Says he is OK today and will not try to harm himself today. He turned in the razor he had used to cut himself.

Diagnosis: antisocial personality disorder

Medication: trazodone

SMI: yes

Recommendations: Change to area mental health  
Allow him to call his mother  
Shower on Friday

***Inmate 70***

ID: 34 YO Hispanic male serving 15 years sentence which began 7/29/05

Status: Protective concerns, in Lee RHU since 2/12/19

MH classification: L3

Brief MH history: Has a long history of self injurious behaviors requiring surgeries and infirmary stays. Has a history of obtaining medications from others. He has never done well in general population and has assaulted staff in the past. He is unable to return to several institutions.

MSE: He is upbeat today. Says he is working towards a successful maxout in 2020. Denies problems with sleep or appetite. Denies hallucinations or current desire to harm self or others.

Diagnosis: Antisocial Personality Disorder

Medications: Seroquel, Venlafaxine

SMI: yes

Recommendations: None. Currently he is functioning better in this setting than in many other locations within SCDC.

***Inmate 46***

ID: 22 YO W male serving a 13 year sentence which began on 3/16/17

Status: Protective concerns, in RHU since 11/26/18

MH classification: L4

Brief MH history: No psychiatric history prior to incarceration. Began using drugs at age 15. Methamphetamine was drug of choice and used as often as he could get it. Marijuana was used daily. Also used Xanax and morphine. Drank about ½ case beer on weekends.

MSE: reports he stopped taking Zoloft because it “wasn’t working”. Says sleep is not good and he feels tired. Appetite is “alright”. Losing weight, he thinks. Reports hearing demons 2-3 times/wk lasting 10-20 minutes. Unable to provide details. Has used marijuana and roxicodone in SCDC. Mood varies between angry and OK. Affect appears flat. Denies SIB/SI/HI. Denies head injury with loss of consciousness. Has not received threats in RHU.

Diagnosis: r/o developmental delays

Medication: none

SMI: no

Recommendations: none

***Inmate 44***

ID: 33 YO AA male serving 8 year sentence. Came to SCDC on 5/16/16

Status: Awaiting placement. Placed in RHU on 11/5/18

MH classification: L3

Brief MH history: No mental health treatment prior to incarceration. History of alcohol, cannabis and cocaine dependence prior to incarceration. Has been very disruptive in SCDC and has engaged in SIB to manipulate his circumstances.

MSE: Poor eye contact. Appetite varies. Says mood is "here and there". Keeps asking for tegretol. Seems to be feigning confusion at times. Denies si/hi. Presents no actual symptoms other than saying he needs medications.

Diagnosis: Antisocial Personality Disorder

Medication: None

SMI: yes

Recommendations: awaiting placement in BMU

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***Inmate 55***

ID: 58 YO AA male serving 35 year sentence. Admitted to SCDC on 2/9/1993

Status: SD, came to RHU on 10/09/18

MH classification: L4

Brief MH history: No history of mental illness prior to incarceration. Intense anger issues which have lessened some with medication and age. Obsesses, at times, about ways he believes he has been treated unfairly.

MSE: Unremarkable. Wants out of Lee RHU and away from younger "gangbangers". The noise they make interferes with his sleep. Wants to stay out of trouble. Not sure if all staff members are trustworthy and wedges door closed at night.

Diagnoses: Intermittent explosive disorder  
Unspecified mood disorder

Medication: Cymbalta, clonazepam (off label use is effective)

Recommendations: Place on a yard nearer his home

***Inmate 38***

ID: 45 YO AA male serving 20 year sentence. Admitted to SCDC on 2/11/2000

Status: Short term lock up which began 10/01/18. He has been offered chance to return to yard but chooses to stay in RHU rather than go to the dorm offered.

MH classification: L4

Brief MH history: No mental health treatment prior to incarceration. Used alcohol, crack and marijuana while on the street and has continued to use marijuana during incarceration

MSE; Pleasant. Talkative with almost pressured speech at times. Says he is not sleeping well. Experiences mood swings. Says he cuts self when necessary to draw attention to certain situations or to get what he needs. Denies ever wanting to kill himself. Denies HI but others make him angry at times. maxes out in July, 2017 and is OK with remaining in RHU until that time.

Diagnosis: antisocial personality disorder

Medication: carbamazepine

SMI: no

Recommendations: labs ordered  
Begin discharge planning

Beverly Wood MD  
Chief Psychiatrist SCDC  
March 6, 2019

## BRCI RHU evaluations

### ***Inmate 34***

Identification: 27 yo AA male serving 30 year sentence beginning 4/28/16

Status: SD, in RHU since 1/27/17

MH classification: L3

Brief MH history: Treated with stimulants as a child. Brief hospitalizations at WSHPI and Baptist. Reports hearing voices since he was young. Took OD earlier in this incarceration trying to get away from Perry CI.

MSE: Sleeps about 4 hrs per night. Eats meals but says he does not get enough to eat and is losing weight. Reports hearing voices about 5 times/wk. Voices tell him to harm others. Says he sees shadows at times. Feels others are plotting against him. Does not feel safe in current environments. Stabbed and officer at BRCI in December and has thrown bodily fluids on officers here. Fears retaliation. Feels "down/depressed/angry/frustrated/lonely". Denies recent suicidal or homicidal ideation. Feels like a trapped animal at BRCI and wants to leave. He would like to go to Lee CI. Says he was told that no other yard will take him. He is accumulating disciplinary charges at BRCI RHU. Doesn't think this would happen elsewhere.

Diagnosis: Intermittent Explosive Disorder

Medications: Carbamazepine (last level less than 3)  
Ziprasidone (not getting snack)

SMI: yes

Recommendations: consider HLBMU

***Inmate 33***

Identification: 21 YO AA male serving 5 year sentence which began 4/16/18

Status: SD, in RHU since 11/26/18. Said he had been disciplinary free. His door was unlocked after the Murray riot in November, 2018 and he was sent to RHU for suspicion of being involved per his report. Was custody level 2 prior to this but was on level 3 yard due to mental health classification.

MH classification: L3

Brief MH history: Treated for ADHD since age 8. Began using drugs at age 13. Methamphetamine was drug of choice but also used Xanax and marijuana. Drug free for 2 years per his report. Paranoia and auditory hallucinations which are exacerbated by drug usage. Shot in head at young age with BB gun resulting in loss of consciousness. One brief psych hospitalization when using drugs. He became paranoid and thought he was being chased and called EMS who took him to hospital. Tried to hand self in detention center about 2 years ago.

MSE: Has not been taking meds except for prazosin for about 30 days. Some paranoia. Hears voices daily but knows they are not real and is able to cope with them. Attributes voices to his drug usage. Denies visual hallucinations. Denies suicidal or homicidal ideation. Sleep and appetite are good. No nightmares since taking prazosin. Says mood is good. Wants to go to level 2 yard until his maxout in a couple years.

Diagnosis: Schizoaffective (original dx in SCDC)  
Stimulant use with residual psychosis

Medications: not taking antipsychotics or antidepressants prescribed  
Prazosin

SMI: yes

Recommendations: Consider changing to L4 and allow him to go to Level 2 yard.

***Inmate 37***

ID: 24 yo AA male serving life sentence which began 11/20/2014

Status: SD, in RHU since 12/20/2016

MH classification: L3

Brief MH history: Treated for ADD, depression and substance abuse prior to SCDC

MSE: Sleep and appetite are good. Denies hallucinations. Denies si/hi. Reports mood as upset and angry.

Diagnosis: Unspecified mood disorder

Medications: Lamictal  
Remeron

SMI: no

Recommendations: Consider changing to L4. It is unclear why he is on SD status.

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***Inmate 5***

ID: 48 yo AA male serving 3 year sentence. Entered SCDC on 7/30/18

Status: SD, in RHU since 10/23/18. He is custody level 2 but was on Level 3 yard due to MH classification. Offered the chance to go to yard but prefers to stay in RHU where he has no roommate.

MH classification: L3

Brief MH history: Father killed his mother in front of him at age 9. He has had 3 suicide attempts (ages 9, 13 and 26). Has learning disability.

MSE: sleeps about 3 hours at night and takes day time naps. Appetite is OK. Denies hearing voices as long as he takes Zyprexa. Denies SI/HI. Feels scared at times as this is his first incarceration. Occ feels depressed. Doesn't want a roommate.

Diagnosis: schizoaffective disorder

Medication: Zyprexa



SMI: yes

Recommendation: Discharge planning. Maxes out end of May, 2019

### ***Inmate 60***

Came to RHU on 2/26/19 for Protective Custody per his request.

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### ***Inmate 22***

ID: 32 yo AA male serving life sentence which began 10/27/05

Status: SD, in RHU since 4/19/18. Suspected involvement in Lee riot and murders

MH classification: L4

Brief MH history: No mental health treatment on the streets. Used marijuana, alcohol and mushrooms. Had several episodes of being knocked unconscious. Attempted hanging after Lee riot. Malingering of psychotic symptoms was suspected at CSU.

MSE: Not sleeping well. Appetite is fair. Says he feels paranoid. Says family is trying to get his mother hospitalized for mental health reasons and he is worried about her. Unable to contact her. Says he hears "all kind of rambling shit" when he tries to sleep. Sees body from Lee riot trying to get him to come to him. Has two cousins who have been stabbed in SCDC. His glasses are broken and won't stay on his face. Has right eye twitch which he attributes to not being able to see. Says he has headaches. Feels like giving up most of the time. Wants his life to be over with but no plans to harm himself.

Diagnoses: PTSD

Antisocial Personality Disorder

Psychosis, unspecified

Medications: Chlorpromazine

Propranolol

Remeron

Recommendation: Treatment for trauma/PTSD

Labs ordered

Requested glasses be repaired

***Inmate 8***

ID: 21 YO AA male serving 14 year sentence who came to SCDC on 7/19/17

Status: SD, in RHU on 5/24/18. Under investigation for involvement in Lee riot and murders

MH classification: L4

Brief MH history: Treated with Adderall for ADHD. Used ecstasy and marijuana regularly prior to incarceration.

MSE: Says being in the room is "messaging with my head". Sleep is OK when he takes his Remeron but he doesn't always take it because he does not get crackers with it and the hunger is a problem. Appetite is good. Denies auditory hallucinations. Starting to see "little shadows". Mood is calm most of the time. Feels officers may be plotting against him. Feels they single him out. Thinks of self harm but would not do it because it would hurt his mother. No homicidal ideation but thinks of hurting officers when the "mess with me".

Diagnosis: Unspecified mood disorder  
Antisocial personality disorder  
R/O PTSD

Medications: Loxapine  
Remeron

SMI: no

Recommendations: treatment for trauma/PTSD  
Labs ordered  
Referred to dental for broken tooth and mouth pain

***Inmate 71***

ID: 38 YO WM who maxes out in 2031

Status: In RHU for protective concerns

MH classification: L4

MSE: sleep and appetite are “pretty good”. Denies hallucinations. Denies hi. No SI for past few months. Doesn’t talk to many people. Was being extorted for his crime. Turned down for state wide PC and is awaiting new program at Evans he reports.

Diagnosis: Unspecified mood disorder

Medication: Buspirone, Remeron

SMI: no

Recommendations: none

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***Inmate 35***

ID: 31 YO AA male serving life sentence. Entered SCDC on 9/26/2008

Status: SD, placed in RHU on 9/11/17

MH classification: L4

Brief MH history: Substance abuse history includes marijuana, alcohol, cocaine, PCP and ecstasy. History of behavioral problems.

MSE: Sleep varies. Appetite is slightly decreased and he reports weight loss. Sometimes thinks he can hear the thoughts of others who are trying to trick him. Denies visual hallucinations. Says he feels a little

depressed due to his circumstances. Occasionally, wishes it was over. Has thought of self harm but would not do anything due to his belief in God and his daughter. Says his visits were taken and he misses seeing his family. Has issues with the unit.

Diagnoses: Unspecified mood disorder, personality disorder

Medication: carbamazepine, Haldol, Remeron, diphenhydramine

SMI: no

Recommendations: labs ordered  
Recommend he be allowed some visits

### ***Inmate 36***

ID: 29 YO AA male serving a 25 year sentence. Came to SCDC on 1/22/13

Status: SD, in RHU on 5/24/18. He is accused of being involved in Lee riot and murders. Says he was only out trying to diffuse situation and did not attempt to hide his face.

MH classification: L4

Brief MH history: Felt some depression after deaths of his grandmother and his father. Tried to help his friend get help after being stabbed at Lee. Friend had multiple stab wounds and he could see his brain. The friend died in his arms. Mr. Williams was covered in his blood and could not get a shower for 3 days due to lock down. Says after he was sent to lock up at BRCI under homicide investigation, his friend's family thought he was involved in friend's death and blame him.

MSE: Not eating well. Has lost 50-60 pounds since coming to BRCI per his report. Has started biting his nails. Has been on lock up and no one has talked to him to hear his side of the story. Getting about 4 hours of sleep and has nightmares. Has flashbacks when he hears a lot of noise. Concerned about his safety and life. Another inmate who came to RHU when he did, went to the yard and was assaulted. Keeps seeing his friends who died and has "powerful flashbacks". All his property is missing. Has panic attacks about 4 times/wk. Denies SI/HI.

Diagnoses: PTSD, Antisocial personality disorder

SMI: No

Recommendations: Treatment for trauma/PTSD  
Consider medication change

***Inmate 29***

ID: 26 YO AA male who entered SCDC on 2/14/12. He is serving a 33 year sentence

Status: SD, entered RHU on 4/24/18. Accused of being involved in riot and murders at Lee CI.

MH classification: L4

Brief MH history: Treated with stimulants for ADHD as a child. Has been in group homes and DJJ. Has a history of violence. History of poor compliance with medication. Used marijuana and alcohol.

MSE: Medication just recently restarted. He had hoarded tegretol and took an overdose. Says he sleeps 4-5 hours at night. Appetite is OK. Had gauze on his where he had opened a pimple to drain it and then covered it. Had papers and affidavit with him to remind himself of all the complaints he wished to share. No evidence of psychosis. Denies SI/HI. Denies usage of substances in SCDC. No evidence of psychosis. No mention of flashbacks or after effects of what occurred at Lee.

Diagnoses: antisocial personality disorder, adjustment disorder with mixed disturbance of emotions and conduct

Medications: trazodone, prazosin (in water)

SMI: no

Recommendations: none

***Inmate 25***

ID: 41 YO AA male who maxes out in 2021

Status: SD, pleased in RHU on 5/18/18 following Lee riot but was not charged with participation in riot. Has received multiple charges while in lock up for exhibitionism and for throwing substances on staff

MH: L4

Brief MH History: Treated for depression during previous incarceration. Medication recently discontinued due to hoarding.

MSE: Multiple complaints about officers. Says they steal things out of his room if he goes out. Says he needs to go to a different yard because he gets getting charges. Wants to go to Perry where he says he didn't get charges. Trying to manipulate to get a medication that comes with peanut butter as a snack. Says sleep and appetite are good. Says his mood is good as long as he is not interacting with certain officers. Denies SI/HI. Would like to harm two officers whom he feels bother him all the time.

Diagnosis: Unspecified anxiety

Medications: none

SMI: no

Recommendations: Consider transfer to another yard. He continues to get into more trouble here.  
May need to consider medication again in future, crushed and floated

***Inmate 4***

ID: 33 YO AA male serving 12 years. Sentence began 2009

Status: ST. Placed in RHU on 1/28/19. Had been in the adjustment unit and was charged with breaking window and threatening. Files multiple lawsuits and thinks wardens are trying to give him a hard time because of that.

MH classification: L4. Recently sent to GPH but came back after evaluation

MSE: Focused on lawsuits and concerns about perceived physical symptoms. Thought process is organized. Brought papers which he thought would prove his allegations.

Diagnosis: Adjustment disorder

Meds: none

Recommendations: continue to monitor

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***Inmate 6***

ID: 30 YO AA male serving a 20 year sentence. Came to SCDC in 2008.

Status: SD. Placed in RHU on 4/19/18. May have been involved in riot and murders at Lee CI.

MH classification: L4

MSE: Doesn't trust officers because he feels they may be influenced by an officer at Lee whom he believes is a gang member. Says staff keep telling him they are going to send him somewhere for help but it doesn't happen. Concerned that all his property was lost including pictures of his children who he has not seen for 12 years. Denies hallucinations. Keeps replaying events from Lee over and over. Says this is worse at night and causes him to sweat. Says he would have killed himself but he doesn't want to hurt his mother or his children. Says he feels tired. Thinks of hurting officers at times. Gets only about 3 hours sleep. Not eating well and has lost weight. Doesn't eat when certain shifts work because he worries that certain officers might do something to his food. Talking about his cousin and also his former roommate went to the yard and were stabbed. Says the major told him there was a hit out on him. Feels his name has been slandered as he is being investigated for homicide. Says he is compliant with taking his medication.

Diagnosis: PTSD

Medication: Prazosin, sertraline, trazodone

Recommendation: Consider higher level of care  
Therapy for trauma/PTSD

***Inmate 72***

Seen by me as second opinion  
Admitted to GPH  
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***Inmate 73***

Seen by me as second opinion  
Admitted to GPH  
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***Inmate 74***

Seen by me as second opinion  
Admitted to GPH

Beverly Wood MD  
SCDC Chief Psychiatrist  
March 6, 2019



**Review of Inmates with Mental Health Care Levels at Broad River RHU 03/05/19**  
**Sally C Johnson MD Interviews**

1. **Inmate 75** -L3/SD- Entered in jail in 2012 and prison in 2013 on convictions of Strong Arm Robbery (3), Kidnapping, and Assault and Battery. Significant substance abuse history. Received 33 year sentence. Significant juvenile criminal history. Has been at all high level facilities with poor adjustment, and was at Lee at time of riot. Into RHU on 10/23/18 ( there 128 days). History of striking SCDC employee \*(he claims he had a knife and spit on someone while housed in Murray dorm). Working Diagnoses are Intermittent Explosive Disorder and Antisocial Personality Disorder. Some history of cutting and at least one admission to CSU. He denies current or past suicidal ideation or plan. Has used cutting to get moved out of a facility by his report. Has been prescribed Geodon 40 mg bid, for complaint of vague hallucinations, which he does not believe is helpful and he states he has taken it only intermittently and recently stopped taking it (although he takes pills from nurse and keeps them in his cell). He also has been prescribed Vistaril for anxiety. He was oriented, alert, and mood was not depressed. There was no evidence of hallucinations or delusional thinking elicited in the interview, but he did describe some paranoid ideation (was suspicious about food being tampered with, and felt picked on). He is awaiting ICS placement for enrollment in CHOICES program by his account. Acknowledges he need to do something about managing his temper and his disruptive behavior. In past has taken Depakote which he thought was helpful, Effexor, Tegretol, and Remeron (which caused bad dreams). Also has history of hunger strikes.

**Assessment: Not SMI.** MH-L3 appears appropriate. Chronic behavioral problems support referral for placement into residential setting such as CHOICES for structured programming to decrease chronic RHU placement. Probably better suited to HLBMU at this time. Does appear that in longer term he could be managed as an outpatient. Concur with diagnoses. Might consider new trial of Depakote and discontinuing Geodon.

2. **Inmate 76** - L3/ST Into RHU on 02/11/19 (17 days) was admitted to CSU on 03/01/19. No file available for review. Not interviewed.
3. **Inmate 13** -L3/SD.- 28 year old, serving 25 year sentence for armed robbery and assault with intent to kill. Entered SCDC in 2010. 11<sup>th</sup> grade education. Has had poor institutional adjustment with numerous serious infractions for serious aggression toward others and self-harm. Into RHU most recently on 08/08/17 (569 days) but had frequent problems before that including major staff assault and riot at Perry. Had been placed in Allendale step down program (2017) but failed program and was returned to SD due to questionable escape behaviors. Significant drinking and marijuana use. History of serious cutting and hanging attempt- he describes as aimed at being moved. One CSU admission in 2016. Prescribed Remeron 454 mg qd, Vistaril 50 mg qd, and tegretol 400 mg bid, but not getting medications regularly. Mood stable, sleeps excessively, appetite OK. Denies current suicidal ideation or plans. No hallucinations or delusional thinking identified. Complaints focused on not being reviewed regularly and

not getting access to medical care. Lab ordered 11/26/18 and not drawn until 01/30/19 and results not available in the EHR.

**Assessment: Not SMI.** Major diagnoses appears to be in area of severe personality dysfunction and substance use. Intermittent Explosive Disorder and Trauma Stressor Disorder remain in differential. Recommend referral to HLBMU to attempt to modify chronic pattern of RHU placement, aggression to self and others. This would raise him to MH L2. Needs follow up on lab and reassessment of Tegretol dosage.

4. **Inmate 77** - L3/SD. 49 year old black male. Entered SCDC in 1990 with life sentences for murder, kidnapping and vehicle theft. Current diagnoses are PTSD and Anxiety Disorder. Into RHU on 11/28/18 (92 days). Participation in disturbance on Murray Unit on 11/26/18. Had been placed in Murray dorm about a year ago. He thought he was doing well. Major gang leader and suspected of leadership role in disturbance in the dorm (though outcome of charges not clear). Previous GPH admissions. Treated with Clonopin and Trazadone. Presented as overtly depressed, with flattened affect. Claims some auditory hallucinatory experiences. Nightmares reported by patient. Has persistent thoughts of self-harm, is tearful and hopelessness is evident.

**Assessment: SMI.** Raise care level to L1. Discussed case with Dr. Wood who was familiar with patient. Referred for suicide risk evaluation which was done by Dr. Torres. Was transferred to GPH.

5. **Inmate 7** -L3/SD-32 year old. 10<sup>th</sup> grade education. Legally blind in one eye due to injury inflicted by cousin while in high school. Juvenile criminal and mental health history. Entered SCDC in 2016 for conviction of Voluntary Manslaughter (plea that reduced murder charge). Listed diagnoses are "Depression and Anxiety". Taking Remeron, Prazosin and Sertraline. Into RHU on 11/28/08 (92 days). Held due to charge of participation in disturbance on Murray Unit on 11/26/18. Describes he was innocent in situation. Actual disposition unclear. Collateral information on that not available. Substance use history significant for marijuana, alcohol and cocaine. No CSU admissions. Claims he experiences chronic auditory hallucinations occasionally of "bad voices telling me to hurt (other) people" and some paranoia, when he "blanks out". At least on some occasions this appears to be associated with drug use. Lost uncle in Lee riot and cousin hung himself in the last year. Finds lock up difficult due to lack of activities and access to open areas. No suicidal ideation identified. Does not appear overtly depressed but finding prolonged lock up frustrating and psychologically difficult. States services by COs, mental health and medical staff are poor and inconsistent in RHU. Would like to participate in group activities and therapies.

**Assessment: Not SMI** but demonstrating symptoms secondary to prolonged lock up. He would benefit by regular recreation and staff contact. Resolution of reasons for RHU needs accomplished so specific plan for management can be developed. Continue medications. Need regular out of cell counseling sessions and group therapies.

6. **Inmate 78** [Jeff saw]

7. **Inmate 21** -L4/SD-31 year old carrying diagnoses of Depressive Disorder, Antisocial personality Disorder, and Unspecified Anxiety Disorder, as well as Intermittent Explosive Disorder in the past. 8th grade education and diagnosis of ADHD as young adolescent. Taking Zoloft 100mg and Prazosin 1mg hs. Entered SCDC in 2011, serving 18 year sentence for Assault and Battery, Strong Arm robberies, and Lynching. Previous gang involvement but want to get away from it. Has mother and daughter in the community. Due for release in 2025. Into RHU 08/01/18 (211 days) Involvement in riot at Lee. At least 2 CI events and one to three CSU admissions in last year (2018). History of cutting and hanging attempt. The latter resulted in diagnosis of Adjustment disorder with mixed disturbance of emotions and conduct. This was post the Lee riot. He describes the event in significant detail and it is clear it was traumatic for him. Denies he had ever experienced a similar event. Describes staff leaving, which he understands, but was left without any hope of protection. Continues to experience nightmares and hypervigilance. Describes difficult conditions in RHU- no recreation, cleaning supplies, laundry. Inability to access dental care. He is on phone restrictions too. Oriented and alert. No imminent suicidal ideation. Mood remains anxious. No hallucinations or delusions. Experiencing trauma related sequela.

**Assessment: Not SMI.** In addition to above diagnoses a working diagnosis of Trauma and Stressor related Disorder needs added. MH care level needs elevated to at least L3. Needs both a focus on behavioral control and trauma related services. Security concerns need to be sorted out so it can be determined whether he is suitable for HLBMU/LLBMU or CHOICES.

8. **Inmate 3** -L4/SP- 31 year old. Has GED. Third commitment to SCDC started in 2015. Serving life sentence for Murder, 1st Degree Burglary, Armed Robbery, and Criminal Conspiracy. Crimes involved complex re-immersion into disturbed family situation. Diagnoses are identified as Depression and PTSD. Into RHU on 02/08/19 for protective custody. Hoping for approval for Statewide PC. No mental health history before prison by his account. On Remeron 45 mg and Zoloft 100 mg. Bets meds inconsistently (record review supports this). Says Zoloft is not well tolerated or as effective as Prozac for him. Has not had follow up for several months by psychiatrist. Has been beaten, raped and stabbed multiple times ( latter requiring outside hospitalization). Says DNA evidence will support prosecution on rape. Significant history of suicide attempts, by cutting and hanging. One CSU admission but dates unclear. Cut wrist seriously in 12/18 but does not appear he had any mental health follow up or adequate risk assessment. Gets very depressed. No immediate suicidal thoughts or plans. Sleep is OK. Appetite is OK. No hallucinations or delusional ideas identified.

**Assessment: SMI.** PTSD and Major Depressive Disorder. Needs ICS level of care. Mental Health Care Level needs changed to L2 Needs psychiatric consult regarding medications.

9. **Inmate 24** - L3/SD. Committed to SCDC in 2016. Previous shorter commitment earlier in 2014, before current charges. Into RHU 04/24/18 (310 days). Got GED while in Job Corp prior to incarceration. Serving 28 year sentence for Armed Robberies, Attempted Murder, and Arson 3<sup>rd</sup> Degree. On Remeron and Benadryl for sleep. Diagnoses of record are Unspecified Mood Disorder and Antisocial personality Disorder. Chronic substance use history of marijuana and alcohol. Was at Lee at time of riot. Describes "horrible nightmares".

Describes being sexually assaulted by staff correctional officer while in shower in RHU in May 2018. Reported event to LT, psychiatrist, warden. Process of follow up and PREA investigation has been slow with frequent lapses and delays. Was not seen by nursing until August 2018. Threatened suicide at one point with ? CSU admission. All property, including his copies of documentation on sexual assault, lost at that time. Also experiencing difficulties with daughter threatening suicide on outside. This contributed to him kicking an officer when he was unable to try to get information on her status. Describes poor conditions in RHU including no phone access due to broken equipment, frozen pin numbers, warden edicts, etc. Has had rectal bleeding which eventually resulted in colonoscopy. Unable to find report or clarify why note stated he required surgical follow-up. Experiences fluctuating mood with extreme highs and lows, but mostly depression. No immediate thoughts of suicide. No hallucinations or evidence of delusional thinking. Oriented and alert.

**Assessment: Not SMI.** Needs follow-up on PREA complaint and GI issues ASAP. Needs further assessment to R/O PTSD related to riot and possible staff sexual assault. This could raise his care level. All of this has been discussed with SCDC administrative staff.

10. **Inmate 23** -L4/ST- Into RHU on 01/31/19 (28 days) for Exhibitionism/Public Masturbation. Committed to SCDC in 2015. Serving 15 year sentence for Common law Robbery, Burglaries, and Assault and Battery. Diagnoses of record are Antisocial Personality Disorder, Adjustment Disorder, unspecified, and has been noted to be malingering. Has had both GPH (June and July 2018) and CSU (October 2018) admissions, and recent CI assessment (February 2019). On Remeron which he states is not working and Norvasc for hypertension which is not consistently being given. Into RHU on 05/24/18 (280 days) Involvement in riot at Lee/Homicide. Affect odd and appeared slow to respond, angry and paranoid. Suspected drug intoxication of some kind ( shared with SCDC staff at time of interview). Accused interviewer of trying to find homosexuals. Not currently verbalizing suicidal or homicidal thoughts or plans. Denied he was experiencing depression. Did not appear to be hallucinating. Could not ascertain cause of paranoia. Mood appeared to be angry. Could not locate discharge summaries for previous hospitalizations and CSU admission, so reasons for those admissions was not clear. He refused to share any detailed information. Was essentially disinterested in interview and limited in his cooperation.

**Assessment: Not SMI.** Presentation appeared consistent with personality disorder with antisocial traits. Insufficient history available to confirm he met criteria for ASPD diagnosis. Suggested drug screen at the time and on a regular basis if affect persists. Initial impression, though assessment was limited, was he did not appear SMI, but will need further assessment to clarify. Psychological testing could be helpful. Need to beware potential negative consequences on future assessment by labeling him as a malinger.

11. **Inmate 2** L4/SD 28 year old committed to SCDC in 2009. Serving a 45 year sentence for Murder. Validated gang member but minimizes his involvement while in prison. Is under investigation for murders during Lee riot. Denies juvenile criminal history though was initially detained in juvenile detention as was only 16 at time of crime. 10<sup>th</sup> grade education in community and still attending school her. Family is local and visits him. Diagnoses of record at PTSD and Unspecified Mood Disorder. These predated the Lee riot but details from record are unclear. He states that trauma was from time in the community and stated his grandfather was shot in the head, and he saw lots of family members seriously harmed or killed. Had at least one crisis assessment in 2013 while at Perry- but again details are unclear. Prescribed medications include tegretol 400 mg bid, Remeron 30 mg hs, Risperdal 4 mg qd and Cogentin 1 mg. Believes they are all intended to help him control his anger. Rarely sees any mental health staff. Denies current suicidal or homicidal ideation. Mood is OK. Appetite and sleep are OK. No evidence of hallucinations or delusional thinking. He does talk his thoughts out loud sometimes. Not clearly endorsing symptoms of PTSD or depression. Has radio. Describes pretty primitive conditions in RHU- no recreation, poor access to laundry, delays in getting medications. Liked the availability of programming at Lee. Would engage in it here if offered. Is pessimistic about the future. Believes he will be convicted in the riot.

**Assessment: Not SMI.** Question whether meets criteria for current diagnoses at this time. Has grown up in prison. Likely accurate in description of anger control problems. As medications are not without side effects, need closer follow up of current regimen. Needs psychiatric review of diagnoses and treatment plan.

12. **Inmate 10** -L4/SD- Into RHU on 02/24/16 (1100 days) 29 year old committed to SCDC in 2016. Serving 14 year sentence for Armed robbery, Breaking into a Motor Vehicle and Throwing Body Fluids on a Correctional Employee. 10<sup>th</sup> grade education. Began seeing mental health professionals as a child for anger and behavioral problems. Mother is also incarcerated in SCDC. Diagnosis of record are Unspecified Mood Disorder, with possible psychosocial stressors. He is prescribed Remeron 30 mg hs and Zoloft 200 mg qd. May have been recently prescribed Risperdal but records not clear. When was seen in 10/2018 by nurse practitioner, he described poor sleep and some paranoid ideation. He has a history of a GPH admission in 2015 and a CSU admission in may 2018. No discharge summaries were located. He has been shipped around the system frequently (about 14 times). Record of disciplinary problems was not available, but likely extensive,

and he describes doing “stupid stuff”. Alert and oriented. No current suicidal ideation or plans. Does state he has cut himself and tried to hang himself in the past. Relationship to depression was not clearly elicited. Denies current thoughts of wanting to hurt anyone else. No verbalized symptoms consistent with psychotic disorder diagnosis. Mood OK. Does describe chronic history of poor sleep.

**Assessment: Not SMI.** Probably better considered to be L3 with the limited information that is available. Given long history of RHU placement, needs to be reviewed for HLBMU admission.

13. **Inmate 14** -L4/SD- 55 year old male who was committed to SCDC in 1986. Serving 30 years for Burglaries, Arson, Grand larcenies, Petit larcenies, and Breaking into a Motor Vehicle. Says he pled guilty to protect his family and to help the police clear up the backlog of burglaries in the county. Got out in 2002 but was again charged with burglaries in 2003. Says he was sentenced to 18 years after pleading guilty to avoid a life sentence. Believes he was framed again because he was trying to prove the injustices that had been done to him in the past. Says he is again due for release in April 2020. Numerous confusing diagnoses in his records. He believes he has PTSD, secondary to witnessing numerous killings since incarcerated. Also believes he has mood disorder, possibly bipolar Disorder. Has also been given Anxiety Disorder and Somatoform disorder diagnoses in the past. States that prescriptions for Trazadone and Vistaril do not help him. The latter was for treatment of a “neuro-dermatitis” which previously responded to Benadryl. Previous prescriptions for Latuda and Geodon did help him by his account. 6<sup>th</sup> grade education but eventually got GED. Into RHU on 05/01/18 (303 days) for ? spitting, which he denies. Long history of anxiety, hunger strikes, and several suicide attempts by hanging, cutting. Described repeatedly being made to room with a problem inmate who stole his and others’ property. Believed he was being set up to kill that inmate by staff.

Patient has numerous medical complaints which appear not to be being adequately evaluated/ treated. Is hepatitis C positive but no treatment has been initiated. Has swollen hard abdomen that is increasing in size. Not clear whether this is ascites or not. Has numerous fatty tumors on his back.

Patient is oriented and alert but is paranoid and suspicious. Denies current suicidal ideation, or homicidal ideation, but believes staff are trying to set him up to hurt someone. Sleep is disturbed. Appetite is decreased and states he has lost significant weight due to hunger strikes. Due to lack of collateral cannot determine what of his stories might be delusional at this time. Apparently was viewed as psychiatrically disabled when returned to community- but those records are also not available.

**Assessment: SMI.** Need to rule out major mood disorder, schizophrenia spectrum disorder, and somatoform disorder, as well as getting better understanding of his

personality disordered functioning. Needs medical follow-up. This has been directly conveyed to SCDC administrative staff. View him as L2 and an ICS candidate.

14. **Inmate 28** -L4/SD- 22 year old male committed to SCDC in 2016. 9<sup>th</sup> grade education. Serving 15 year sentence for Assault and Battery. Into RHU on 03/30/18 (335 days). Very poor adjustment to incarceration and has spent much of his sentence in RHU. Diagnoses of record are Depression and Substance Use Disorder. Has had two CSU admissions in 2018. In the community he had two psychiatric inpatient admissions in SC (William S. Hall and Three Rivers), but has been involved with mental health since age 5. Significant problems with anger and acting out behaviors and aggression toward others. Has been tried on numerous psychotropic medications including Wellbutrin, lithium, Depakote, tegretol, and Risperdal. Not getting meds consistently. His mother gave up her rights to parent him and his father was in prison. Raised in the foster care system. Significant history of marijuana and K2 abuse. States he sleeps poorly. Experiences intermittent auditory hallucinations. Can't tell whether they are his own thoughts or something else. Not imminently suicidal at the moment but has had CSU admissions ( one in March of 2018). Cannot locate discharge summaries. States he recently saw psychiatrist Ellis and was to be started on Geodon 20 mg bid and Remeron. Possibly being prescribed Prozac 20 mg too. No notes or orders in the EHR from that visit. Brought to the attention of SCDC administrative staff. Significant history of trauma by his account. Not getting recreation or laundry in RHU.

**Assessment: SMI.** MH care level needs to be increased to at least L3. Need adequate assessment completed to clarify diagnoses and develop workable treatment plan. Need to rule out or in PTSD and figure out whether verbalized symptoms are indicative of schizophrenia spectrum disorder. Need to get records from community hospitalizations and DSS. He is agreeable to signing release forms. Recommend consideration for HLBMU.

15. **Inmate 79** -L4/ST- 20 year old black male. Into RHU about 1 week ago. Verbal dispute with a correctional officer was first incident report. Had been moved from Murray to Wateree Dorm. Serving 18 year sentence for Burglary. Took the rap for his younger brother who is in high school . 11<sup>th</sup> grade education. Raised by intact family. Saw mental health counselor since age 8 for ADHD. Prescribed Adderall then. On Remeron now. Describes significant anxiety and depression. Is hypervigilant and aggravated by noise. Denies substance use. Sleep and appetite OK. Odd affect. Paces cell for extended periods. Experiencing nightmares. "Would be terrible for anyone to draw their last breath in RHU". Denies suicidal ideation. Finds conditions in RHU difficult- no recreation, dirty, no phone, no laundry. Believes only God can treat his depression.

**Assessment: Not SMI.** Needs level increased to at least L3. Need psychiatric referral to look at treatment for depression. Recommend return to Murray dorm. Affect is sufficiently odd that would follow up to assess whether he is in prodromal stages of schizophrenia spectrum disorder.

16. **Inmate 30** -L5- Committed to SCDC on current commitment in May 2018. Serving life sentence for Murder. "Kicked out of school" in 9<sup>th</sup> grade after repeating it three times, but got his GED. Turned down for mental health disability in community. Has one son. Diagnoses of record include Antisocial Personality Disorder, Schizophrenia by history, Depression by history, Cannabis Abuse and Intermittent Explosive Disorder. MH level was changed to 5 at time of admission to RHU. GPH admission in 2008. Has history of outpatient and inpatient psychiatric care prior to entering SCDC. Significant history of substance abuse. Was in Murray Dorm prior to RHU. Persistent history of exposing himself and masturbating in public. Describes mood and sleep as OK. No problem with appetite. Gives vague account of auditory hallucinations, although previously he denied any hallucinatory experiences. States that Dr. Ellis saw him and prescribed Geodon 40 mg bid. Has taken a variety of antipsychotics in the past. Provided a copy of his pretrial CTST evaluation to the interviewer. It was conducted on 04/12/17 by Emily Gotfried PhD and Emily Shier MA, LPC at MUSC. They verified an involuntary psychiatric hospitalization in 2005 at MUSC due to catatonia and disorganized thinking. He was diagnosed with schizophrenia and cannabis abuse and treated with Risperdal. He was also treated at Coastal Empire Community Mental health Center in 2013 and 2014 and diagnosed with Psychotic Disorder NOS. he was treated with Risperdal and Zoloft. Some problems with medication non-compliance were identified. Diagnostic impressions at time of his pre-trial evaluation were: Antisocial personality disorder, Cannabis Use disorder, and Unspecified schizophrenia spectrum disorder in full remission (with treatment with antipsychotic medication). He was viewed as CTST.

**Assessment: SMI.** Agree with diagnoses of recent pretrial evaluation. Overall relatively stable from regard to psychotic symptoms. Agree he should be maintained on an antipsychotic medication. Current problems are repeated public masturbation and anger control. Recommend increase in care level to L2 and placement in ICS level of care.



## Lee RHU Interviews 03/06/19 by Sally C. Johnson MD

### 1. Inmate 66 - L4/ SP -30 years old (02/17/1989) from York, SC.

32 Days in RHU, because feeling anxious. Was living on the West yard (locked down) and felt he could not make progress- negative thoughts- felt like he wanted to cut. Wants to go to the East yard and get a job. Has been disciplinary free for 2 years. Was at CSU 1/28/19 for two weeks- thought was he was on some type of drugs-admits to marijuana/ molly/ meth and alcohol use. Then was returned. Refused return to West yard. Was put on Risperdal 2 mg per day- missed it for 3 weeks after his return to Lee. Meds not consistently delivered. Put on it because he hears "a lot of voices" (hears people talking about him/ misinterpreting other folks' conversations)- this started after the riot- feels like something bad will happen- wants to control his own death. Was in F 3 where riot started- not physically injured- other inmates came and took his stuff- saw a guy come out of room carrying bag with stuff for sale- saw a knife go through that inmate's neck- fell and died/ another dead inmate- had shoes stolen). Got different roommate who is part of gang activity- had to get away. Meds not very effective so far- afraid of using bathroom and going to sleep- even when in a single cell. Plans to stay on protective custody until moved. Into SCDC on this charge 3 ½ years ago for trafficking narcotics (15 years after plea). Three previous commitments to SCDC. No history of treatment in community. Father has placement in group home due to depression. No visits- Mom and 2 sisters in community but he is the black sheep of the family. 12<sup>th</sup> grade education and GED. Work history as machinist. Polysubstance abuse history in community and worse in prison. "My whole life was based on drugs." "My past is just so nasty- ran scams and did fraud when on West yard". Mood is fair/ no suicidal ideation or thoughts. Some short term memory issues by his account. Dreams of being killed- so does not like to sleep. Appetite OK. No hallucinations or delusional thinking. Counselor is Ms. Fox- good relationship. No group experiences but would like to be involved. No recreation/ few showers/ inconsistent laundry. Lost property when went to CSU. No crank radio.

**Assessment: Not SMI.** Significant history of substance use currently- likely precipitated impulsive behavior and dysphoria. Some trauma related sequelae- disturbed sleep, bad dreams, overreactive to environment. Recommendations: Try to move to East yard to resolve RHU placement. May benefit from Prazosin trial and assistance with sleep. Regular management of constipation. Needs trauma counseling and substance abuse treatment.

### 2. Inmate 42 - L4/ SD - DOB 07/14/86- 32 years now. Generally oriented to person time and place and situation. 315 days in RHU admitted after the riot. Was in F5. No charges yet. Not injured. Saw people dead and dying. Roommate was killed. First major riot. Was sent to Lieber for a few months after the riot/ returned to Lee in July 2018. Is under investigation. Roomed

alone. 9<sup>th</sup> grade and GED. Entered SCDC on this offense 10/2014. Convicted of Burglary-12 years. Previously in SCDC twice. From Lancaster, SC. Single. Mom died in 2016. He was adopted as young child. No contact with adoptive family anymore. History of ADHD/ resource classes. Took Ritalin and other meds. No psych hospitalizations. No GPH or CSU admissions. Has tried to burn cell at Lieber/wanted out. Not specifically suicidal. On 7.5 Remeron since 1/26/19 (prescribed when at Lee)-does not really help. Inconsistently delivered. Sleeps about 3 hours after dinner. Smokes weed. Headphones of borrowed radio don't work. His radio was taken. Exercises in cell. No recreation/ few showers/ poor laundry services. First time in Lee was stabbed 6 or 7 times and canteen taken. Denies gang affiliation. Denies current hallucinations. Did experience some after riot anxiety and sleep became disturbed. Some nightmares. Ms. Charles and Ms. Privet come by to talk by his report. Past history of some group work on anger management. Listed diagnoses are Adjustment Disorder with Depressed Mood and Unspecified Trauma and Stressor Disorder.

Assessment: **Not SMI**. Not sure he warrants either diagnosis at this point.

3. **Inmate 39** - L4/ST- 290 days in RHU. DOB 7/24/93- 25 years old. Single. 9<sup>th</sup> Grade education. No children. Intermittent Explosive Disorder. Entered SCDC on 10/07/2011 to serve 10 year sentence for armed robbery. Due for release early April 2019 to Georgia. One CSU admission on 01/08/18 following hanging attempt. Not suicidal then- wanted to go somewhere else- SC juvenile record- fighting. Trouble in prison/ striking officers and inmates/ weapons/ contraband. Anger problems. Spent most RHU time while in Trenton/Ridgeland/Lee/Tyger River/ CSU/ Tyger River/ Lieber/ Lee. Not here during the riot. MH care began around young age- was treated with Paxil / Adderall. Was on tegretol 220 mg bid for two years and had blood work done, but doesn't take it now-flushes it. Worried about medical impact. 1 ½ year ago was robbing inmates/ mad- let tattoos be done on face. 'Beast Mode'. Wants to open tattoo parlor. In RHU on lockdown at Lieber- saw two officers kicking inmate – jumped in to help the other inmate. Put on ST status- Moved to Lee- meds not transferred for 6 months. more charges since in RHU. Got into it over not getting haircut. Mom/ Dad/ whole family waiting on him. Dad has anger problems too. Marijuana use in community. No hallucinations or delusional ideas. Mood good now-no history of depression. Sleep less good lately/ anxiety about going home. No head injuries or seizures. Does better in lockout. Locked up 19 times since incarcerated. Recently been refusing yard. Was another armed robbery in GA- tried in 2012/ 10 years concurrent.

Assessment: **NOT SMI**. Needs prompt attention to release planning.

- 4. Inmate 56** - L4/SP- 44 days in RHU. 36 years old. 08/14/1982. From Charleston area. Single. One child. 10<sup>th</sup> grade education. Admitted to SCDC 03/02/2017 for 50 year sentence for murder. Put in RHU 01/16/19. Protective Custody- was having issues with gang members- lynched two times- officers did nothing- wants statewide protective custody- suing SCDC. At Lee at that (12/4/18). "Let SCDC know about riots going to happen before they did"- states he corresponded with governor of SC about cell phone issues. Diagnoses of record are confusing: Hemophilia, Schizophrenia' Asocial personality, Psychosis NOS, Delusional Disorder, DVTs. Previous time in NCDOC and SCDOC- incarcerated 14 years with 8 ½ in lockup. Murdered his baby's mother- fighting all night- eventually he choked her to death-he was doing time in NC- she had to raise little girl herself-she was abusing the child. Got out of Central Regional Hospital in Butner, NC-In Carthage NC- arrested for stolen vehicle- spent 3 + years in jail- Judge said he could be released if he went into State Hospital. Into long term program – lots of blood clots/ pulmonary emboli- had blood factors leading to clotting. Long history of schizophrenia-isolation effects compounding things. Diagnosed with schizophrenia in 2001 or so- Paranoid or Undifferentiated-has tried all meds. "No longer schizophrenic", but sees shapes. Dr. Schwartz Watts (pre-trial) diagnosed him with brain damage- from lack of oxygen/head injuries- Brunswick county NC-COs ran his head into concrete wall. "I can't read or write well" extreme memory problems- can't copy things. Has had his GED since 2005. Went to trial- did not raise insanity defense because did not want to indicate he was guilty. He was representing himself- stopped trial and had competency hearing. Is appealing. Appellate Defender attorneys "stole" his case from him. Describes arrest as unlawful. Used cocaine. Has history of cutting wrists because had been told it was way to get charges dropped. Has had bad effects from antipsychotic medications. Seen at Duke for medical evaluation. Awaiting referral to vascular or hematologic specialist. More than 20 DVTs/ ? Clotting problems /? Hemophilia? Previously on potassium/ Lasix/ aspirin bid/multivitamin. Believes problems are genetic - mother and grandmother died. When at Central prison in NC got into it with a guard- was using newspaper as carpet- was assaulted by "boxer"(CO)- paralyzed for two days- left leg markedly swollen. Talks about people in community having robbed grandfather (very wealthy); they robbed and killed GF – "uncle very bad" (Dad's brother)- Mom's sister also into trouble- people in family are involved in gang like activity-claims family are large cocaine dealers. People like his great uncle- Furman- juist disappeared. As he grew up he was considered the "outlaw to family- the smart guy". His family (cousins) had folks gang up on him-when incarcerated Father talked to high Blood member- father was big into Bloods and Hells Angels. Mother tied into politics in SC- keeping him locked up. Lots of high ranking gang members- "John Hart"- Bloods- after him- they were associated with his baby mother- and want retaliation for him killing her. Experienced lynchings in

2017- 2/7/17 and 12/14/17- while at Kirkland institution- first at R&E right before trial. Believes there are hits out on him and people were suing folks in his name. Meds: Aspirin/ Bid/ Lasix coumadin

**Assessment: SMI** Need to get medical records from Central Regional Hospital and Duke- Paranoid ideation- Probable schizophrenia spectrum disorder Need clarification on medical issues. Problem does not appear to be Hemophilia as listed. More likely complex clotting disorder. Recommend psychiatric consult for clarification on diagnosis and Dr. Taylor to complete testing Elevate MH care level to L1 and conduct psychological and medical evaluation at GPH.

- 5. Inmate 54** - L4/ST; 57 days in RHU DOB: 12/12/79- 38 years old. Oriented to person, time, place and situation. Into SCDC on this conviction 2004- current convictions for string of burglaries- release date is 3/2026. Started out at Broad River/ escaped in 2007- caught- to McCormick/ Lee/ Lieber/ Perry/ Lee. From Columbia- single/ 2 kids. Also spent time in NCDOC- got 17 years sentence starting at age 14- armed robbery and B&E. Crossed state lines. Out two years. At GPH at time of riot. Has had two admissions to GPH- first admission (4/5/18 ) was before riot- there 6 months. Diagnosed as Borderline Personality Disorder. Second admission 5 months ago- stayed 2 months. Attending was Dr. Mobley-Bryant. Three or four admissions to CSU in last 2 years- mostly for serious cutting and biting. Tries to hide actions- starts "hearing stuff"- so hurts himself to stop auditory hallucinations- but cutting is often too severe. Behavior started in teens- cut some times- but less severe. As kid- tricked into going to Baptist Hospital- short stay due to his behavior. Went to mental health weekly from age 6 until 14. 6th grade education, failed pre-GED test. Trouble with math. In RHU for 4 or 5 months- put himself on lock up- folks at GPH told him he would have single room when released- never works out-especially when institution is on lock up. So went to lock up to get his own room. No recreation. Last shower three or four days ago. Phone broken-eventually can get a call if persists in asking. Laundry services are poor. Mom is support system. She lives in Columbia. On tegretol, Remeron, Vistaril, Prozac. Gets meds bid. Had to stab to dudes in MH unit at Lee. Not into gang stuff- but stays away from them- but they are everywhere now. Negative current suicidal or homicidal ideation- no head injuries.

Hospitalizations at GPH did help him- had groups and classes to attend- more mental health staff there. Mood varies-not overtly depressed at the moment. Hands sweat profusely-drip onto his clothing. Has been a problem since he was a kid. Is paranoid- always "waiting on next time whatever comes over me"- describes panic attacks -at that time hears voices- so strong- urge so powerful. Would like to stay in a mental health program such as CHOICES. "About took myself out the last two or three times" when cut himself. Right now feels fine-

but always on the edge awaiting next attack to occur-barricades self in room before he hurts himself- due to paranoia- afraid to come out. Terrified of voices. Hallucinations start off with a name- evolves into paranoid conspiracy against him. Put on Haldol during first admission to GPH- asked for Geodon to treat voices-was told to try Prozac first-didn't work. On Adderex too. Wants Geodon. No regular MH counseling sessions.

**Assessment: SMI.** Probable Borderline Personality Disorder, Severe MH Care level needs increased to L2. Consider ICS level program.

**6. Inmate 53** - L4/ SP; 10 days in RHU DOB 4/27/98- Is 20 now. Committed around 11/4/15 into SCDC- Charge was Voluntary Manslaughter. He pled to 25 years. Claims he was not involved in murder- but evidence was pointing at him. Murder in Myrtle beach. Had own apt in SC at 17. Born in NJ- lived most of young life in Miami FL. Some juvenile charges in FL- stealing. Diagnosed as ADHD- on Adderall for years. 9<sup>th</sup> grade education- repeated 9<sup>th</sup> two times and kindergarten once. Mother (is in SC) and two siblings visit him periodically. Was on Celexa 40 mg starting 10/26/2017. No medical problems. Mood responds to atmosphere- gets angry and paces and talks to himself. No auditory hallucinations. No delusional ideas. No history of disability. Denies physical or sexual abuse or gang involvement. "Just have to be a man here"- older inmates do give him advice. Has been at Lee whole time- was on West yard during riot.

Observed people getting killed- axes stuck in their heads- can't sleep at night- paranoid- fearful of roommate. Those who were stabbed were afraid to tell anyone.

Under administrative PC now- was snatched off F2- others told officers that seven inmates were looking for him. Ms. Fox told him he was being released to BLIC dorm- has had no write ups. Ms. Privet is his assigned counselor but he likes Ms. Fox. He had a family focused visit yesterday. Saw Mom and little sister. Not going to school by choice. Anxiety Disorder diagnosis before riot.

**Assessment: Not SMI,** but suggest further evaluation for PTSD. Young ASPD. Is still immature, with mildly inappropriate affect. Likely vulnerable given small size and young age. Understanding details of crime would be beneficial in his therapy. BLIC dorm seems a good place to try him but may need to be considered as L3. Will need to be monitored to determine if will present with new onset mental health problems, including persistent PTSD symptoms.

**7. Inmate 40** - L4/ SD; 38 days in RHU. DOB 3/3/ 1987- 32 now. Single. No children. 12<sup>th</sup> grade but no graduation. No GED. Juvenile legal problems from about age 13. Mom raised him. Started mental health care as adolescent. Was at Marshal Pickens a few months because had auditory hallucinations. Came into SCDC in 2010 on this conviction- Armed robbery, Gun Charges-

pled to 30 year sentence to avoid a life sentence. Last year or earlier at CSU after trying to hang himself.

Aware of current mental health classification. No meds for at least two weeks- states he gets paranoid without meds. Nurse gave him the wrong meds- tried to get it cleared up-was in dorm 3- was around 1/20/19- got paranoid, threatening- throwing things out the flap. Sent to RHU-went to DHO board-put on SD. At the time he acted up-Meds were stopped on 1/26/19- Remeron 15 mg and Zoloft 100mg expired and have not been renewed. Has been doing some cutting in his room to relieve stress. 3 weeks ago cut inside of his thigh.

Riot experience was very frightening for him. Staff just ran. Memories of riot/ axe cuts etc. return to him. He was working in the kitchen – got off work-was in shower- heard noises- came out and saw people dead and dying. Patient began to get teary and eventually related that the individuals causing the riot were of the same organization he has to testify against about a previous incident (murder). Was told he could get significant time cut- but if not enough- “might as well commit suicide- can’t beat 15 people”. SLED investigation concerned event at McCormick. People don’t know what he did- a was friend killed. Felt trapped by his friend’s family to help bring those perpetrators to justice. Mr. Scot at McCormick is SLED person- he is only one who can help him. Tried to suicide when first got to RHU at Lee. CO stopped him. Views this as a decent yard- moved to Dorm 2- East yard- but had an argument with a kitchen supervisor and quit job. Was moved to West yard. Described incident where female officer (Blood gang member) -popped an inmate’s door to let gang members in to beat another inmate. State he was better off on East side. “East side is contraband area”. - Is Muslim. Very fearful that inmates with cell phones could track him down if he testifies. Family couldn’t take it if they hears he was stabbed. Would rather be in control of his own death. Not imminently suicidal but thinking of it as an option. Looks at his future and worries he cannot be safe anywhere. Can’t dodge the Bloods-couldn’t even visit mother if got out due to high gang activity in that neighborhood- pressure feels too much. Time to testify is getting close. Would like Statewide Protective Custody.

**Assessment:** Not clearly SMI, but experiencing some post trauma symptoms and is in a very difficult and dangerous real life situation. Hard to sort out paranoia from real fear. Significant longer term, and hard to predict suicide risk secondary to preference to kill himself rather than be killed by gang. Discussed with administrative staff. Referred to Dr. Wood at time of this interview. She will coordinate his care, determine best place to manage him at the moment, and restart his medications. Recommend increasing his MH care level to at least L3.

## **Inmate interviews (Dr. Metzner)**

### ***Broad River CF***

#### **1. Inmate 31**

Inmate 31 is a 40-year-old single African-American man, who has been in the RHU for about 98 days following his admission during November 26, 2018. He was currently on security detention (SD) status. He had a pending disciplinary charge of striking an inmate with/without a weapon.

His mental health level was MH-3 (area mental health). His current listed diagnosis was antisocial personality disorder. He apparently has been assessed to not have a SMI.

Information obtained from the chart indicated that upon admission to SCDC he reported a diagnosis of schizophrenia. He has had multiple diagnoses while incarcerated that have included substance abuse problems, cluster B personality disorder, unspecified depression, marijuana dependence, rule out malingering, unspecified psychosis, unspecified mood disorder, rule out schizophrenia, rule out schizoaffective disorder, rule out delusional disorder-grandiose type, as well as other diagnoses.

GPH admissions occurred during 2016-17 and 2019 (for one day). During May 2017 involuntary psychotropic medications were ordered. He had a history of noncompliance with medications.

Inmate 31 stated he did not want to be on the mental health caseload because he perceived himself to not have any mental health problems. He reported a history of four GPH admissions that ranged in duration from 1 day-30 days. Except for the one-day GPH admission, records from GPH were not in the electronic record. He indicated that he was in RHU “for no good reason” and denied assaulting another inmate or setting a fire in a trashcan within the Murray dorm as had been reported.

Inmate 31 stated that he does have access to showers on a three times per week basis. He reported minimal access to recreational yard. He denied receiving medications, which was not consistent with his health care record that indicated partial compliance with risperidone and benztropine.

#### **Mental Status Examination**

Inmate 31 was a 40-year-old single, African-American man who had good hygiene. Memory testing demonstrated an ability to remember the past two presidents, spell the word “world” forward and backward, and recall two of three objects after five minutes. Serial three subtractions were slow but adequate. Verbal behavior demonstrated grandiose thinking (e.g., I am the Messiah... I am Christ... the Holy Ghost...). At times, he had difficulty speaking in a goal-directed manner. Similarity and proverb testing demonstrated an ability for abstract thinking. There was a questionable history of auditory and visual hallucinations. Paranoid thinking appeared to be present. He denied suicidal or homicidal thinking and denied a history of suicide attempts. Thought broadcasting appeared to be intermittently present. Hyper-religiosity

was present. Affect was somewhat blunted. Intelligence appeared to be below average. Based on information obtained from Inmate 31 and a brief review of his health care record, his reliability as a historian was considered to be poor.

**Assessment:** Inmate 31's presentation was consistent with the presence of a serious mental disorder associated with psychotic features. Unfortunately, past records from GPH, except for his one-day assessment during 2019, were not available for review, which would help with the differential diagnosis. Placement in the RHU appears to be contraindicated due to his SMI with active symptoms.

## **2. Inmate 9**

This 36-year-old single African-American man was initially placed in the RHU during May 5, 2018. His current level of care was MH-3. He was on security detention status. He was surprised to have recently learned that he has two pending disciplinary charges (possession of a weapon and possession of contraband).

Current medications include Celexa, doxepin, Risperdal, and benztropine. He reported that these medications helped to keep him mellow. He has been compliant with these medications although medications have periodically not been administered for unclear reasons based on the MARs.

Inmate 9 stated that he has only seen the psychiatrist on about five occasions since May 2018. He initially did not recall seeing a mental health counselor but later confirmed that he had seen a mental health counselor last week after I informed him such documentation was present in his health care record.

Diagnoses reported by Inmate 9 included paranoid schizophrenia, a sleep disturbance and depression. He reported a psychiatric hospitalization for a competency to proceed assessment purposes prior to his current incarceration and a 60 – 90 days psychiatric hospitalization at GPH during September 2016.

A significant history of substance abuse prior to his incarceration was present. He denied substance use since his incarceration. He reported significant corruption among the correctional officers in the RHU in the context of providing access to contraband.

Inmate 9 stated he is offered showers three times per week but rarely is offered outside recreation.

His current listed diagnosis was other psych disorder not due to substance or known physical condition. During his competency assessment pre-incarceration, he reportedly was diagnosed with unspecified schizophrenia and other psychotic disorder. He was experiencing psychotic symptoms at the time of the report and was treated with risperidone, citalopram and diphenhydramine. He had a history of delusional beliefs, auditory hallucinations and disorganized thoughts.

Individual counseling sessions were dated July 23, December 17, 2018, January 3, 29, 2019. He



was apparently seen by mid-level provider during January 31, 2018. A treatment team note dated January 17, 2019 indicated that he would attend a group therapy, which did occur the following week. Mental health rounds were documented.

### **Mental Status Examination**

This 36-year-old African-American man was alert and oriented. Hygiene was good. Memory testing demonstrated an ability to remember the past five presidents, spell the word “world” forward and backward, and recall two out of three objects after five minutes. Serial seven subtractions were slow with several mistakes. Serial three subtractions were slow but adequate. Verbal behavior did not demonstrate evidence of a thought disorder. Similarity and proverb testing demonstrated an ability for abstract thinking. Affect showed a full range of emotions. Suicidal thinking was present in the past but not currently. He described a suicide attempt during 2013 by cutting his arm. Assaultive ideation has been chronically present. He denied auditory or visual hallucinations. Thought withdrawal, insertion and broadcasting were not present. Intelligence appeared to be close to average.

**Assessment:** This inmate’s diagnosis was unclear to me based on documentation although his response to antipsychotic medications and history indicate that he does have a mental disorder associated with psychotic features that is being adequately treated with medications. It is likely that his presentation is consistent with presence of a serious mental illness that is well-controlled currently. His current mental health care level is likely appropriate but he is receiving inadequate treatment due to his conditions of confinement within the RHU.

### **3. Inmate 61**

This 47-year-old Puerto Rican separated man has been in RHU on protective custody status since February 4, 2019. Current medications included buspirone, Trileptal, Seroquel and Remeron. He complained about these medications because he stated that he had previously been on Tegretol, which he found to be useful but was stopped when in county jail for unknown reasons and not restarted upon his return to SCDC.

Inmate 61 reported a history of bipolar disorder and anxiety attacks. He stated that he has been seen twice by a psychiatric provider (once via telepsychiatry). A September 10, 2018 individual counseling note was consistent with the previously described diagnosis in addition to the presence of antisocial personality disorder. The most recent individual counseling note was dated January 8, 2019. He was noted to be compliant with medications. His most recent psychiatrist’s note was dated January 22, 2019. He told his psychiatrist that he was not receiving his medications on a regular basis. Current symptoms of bipolar disorder were denied by him. His medications were continued.

### **Mental Status Examination**

This 47-year-old Puerto Rican man was alert and oriented. He was able to remember the past three presidents, spell the word “world” forward and backward and recall one out of three objects after five minutes. He had difficulty with serial three subtractions. Similarity and proverb testing

demonstrated predominantly concrete thinking. A thought disorder was not present. Speech was mildly pressured. Suicidal thinking has been chronically intermittently present with a history of two suicide attempts in the past. Homicidal thinking has been present but he did not think he would act on these thoughts. There was a questionable history of auditory and visual hallucinations. Thought withdrawal, insertion and broadcasting did not appear to be present. Affect was anxious and irritable. There appeared to be a history of paranoid thinking.

**Assessment:** Inmate 61's presentation and history appeared to be consistent with the presence of a bipolar disorder, a past history of substance abuse and an anxiety disorder. He met criteria for a SMI. He described significant difficulties adjusting to the RHU environment. Further assessment should be made relevant to the use of Tegretol based on information obtained from him. His level care should remain MH-3. Continued placement in the RHU places him at risk of clinical deterioration.

#### **4. Inmate 17**

Inmate 17 is a 24-year-old African-American man, who has been in RHU since June 19, 2018. He is currently on security detention status (level 3). His mental health care level is MH-4. Current medications include Remeron and Vistaril.

Inmate 17 reported that he has a history of the following diagnoses: bipolar disorder, explosive anger disorder, ADHD, depression, anxiety and PTSD. His current listed diagnoses include antisocial personality disorder and malingering. He reported that his PTSD is due, in part, to a history of childhood abuse but also related to being exposed on multiple occasions to excessive OC exposure while incarcerated.

Inmate 17 reported about 10 suicide attempts in the past with most of them occurring in the DJJ system.

His most recent telepsychiatrist's contact was dated January 31, 2019. Remeron and Vistaril were renewed with the plan to see him again in three months. A January 30, 2019 treatment plan review indicated that he would receive cognitive behavioral therapy and an anger management group therapy. He has attended two groups but indicated that an inmate essentially has to be in RHU for the whole year to complete the program because the access to groups rotates among the inmates (four inmates per group). He described the group as being helpful.

#### **Mental Status Examination**

Inmate 17 was a 24-year-old single African-American man, who was alert and oriented. Memory testing revealed an ability to remember the past three presidents, spell the word "world" forward and backward and recall one out of three objects after five minutes. Serial three subtractions were adequate. Similarity and proverb testing demonstrated an ability for abstract thinking. He was able to speak directly and in a goal oriented manner. Psychotic thinking was absent. Suicidal thinking has often been present. There was a chronic history of suicide attempts for many years. Homicidal thinking was also often present. Auditory and visual hallucinations did not appear to

be present. Thought withdrawal, insertion and broadcasting were absent. Affect showed a full range of emotions. Intelligence was average.

**Assessment:** This inmate's presentation was consistent with the diagnosis of a personality disorder with features of anxiety and depression. He does not appear to meet criteria for a SMI. His mental health care level of MH-4 was appropriate. PTSD should be ruled out.

## **5. Inmate 18**

Inmate 18 is a 35-year-old single African-American man who has been in RHU since May 25, 2018. He has been on SD status since July 31, 2018. His mental health care level is MH-4. His security level is L4.

Inmate 18 reports that he has been diagnosed with paranoid schizophrenia for many years. Current medications included Haldol, Remeron, Cogentin, and hydroxyzine. He states that the medications help him sleep and attempt to keep him calm.

Appointments with the psychiatric provider were dated July 18, October 16, 2018 and January 18, 2019. A July 18, 2018 provider notes indicated that while at Lieber CF Inmate 18 was not taking his medications. He subsequently climbed the fence and had part of his finger amputated when he was pulled down from the fence. He was then transferred to GPH, where he was hospitalized for about three weeks. Diagnosis was listed as schizophrenia, unspecified and anxiety disorder, unspecified. Unfortunately, records from GPH were not found in his electronic record.

A treatment team meeting was held January 25, 2019 without the presence of this inmate. The goal of his treatment plan was to enhance his ability to effectively help with anxiety.

There was one group note dated February 15, 2019. I did not find any individual mental health counselor notes.

Inmate 18 indicated that he is offered showers three times per week. He is rarely offered access to outdoor recreation. He stated that he does not have an individual mental health counselor, which appeared to be confirmed by review of his health care record. He reported doing poorly in RHU related to his current conditions of confinement.

The disciplinary spreadsheet indicated that he remained on SD status due to the involvement of the Lee CF disturbance although he indicated he was never at Lee Correctional Facility.

## **Mental Status Examination**

Inmate 18 was a 33-year-old single African-American man, who was alert and oriented. Memory testing demonstrated ability to remember the past two presidents, spell the word "world" forward and backward, and recall one out of three objects after five minutes. He was unable to perform serial subtractions related to educational issues. Similarity and proverb testing demonstrated some ability for abstract thinking. Verbal behavior did not demonstrate overt psychotic thinking.

He was able to answer questions in a goal oriented manner. Suicidal thinking was not present. He has had to suicide attempts in the past which included a self-inflicted gunshot wound to his head. Homicidal thinking was not present. There was a questionable past history of auditory and visual hallucinations. There was a questionable past history of thought withdrawal, insertion and broadcasting. Affect was somewhat blunted. Intelligence appeared to be below average.

**Assessment:** Inmate 18's clinical presentation was consistent with the presence of a SMI, specifically schizophrenia. His symptoms appeared to be reasonably controlled at the present time with the use of psychotropic medications. However, he is at significant risk of clinical deterioration related to his current conditions of confinement. It is also concerning that he is not receiving any individual mental health counseling. He should be receiving, at minimum, mental health level care of MH-3.

## **6. Inmate 26**

Inmate 26 is 38-year-old single African-American man who is on ST status since being admitted to RHU during February 13, 2019. He was currently receiving a mental health level of care MH-4. He stated that he was admitted to RHU for protective custody purposes. He previously had been housed in the Murray dorm and subsequently transferred to the CSU related to SIB prior to his current RHU placement.

Current medications include Tegretol and mirtazapine for reasons that were not clear to him although he thought they were somewhat helpful. Appointments with the psychiatric provider were dated June 29, 2018, January 25, 30, February 5, 7, 2019 (while in the CSU). A history of stimulant abuse was noted. ASPD has been diagnosed. He indicated that he does not receive individual counseling although he would like treatment in order to help with his anger problem and behavioral problems. A treatment team meeting occurred during February 13, 2019.

### **Mental Status Examination**

Inmate 26 is a 38-year-old single African-American man, who was alert but reported not knowing the month or year. He stated that he did not know any of the recent presidents. He reported his educational level was third-grade and that he was unable to read or write. Affect showed a full range of emotions. Similarity testing demonstrated some capacity for abstract thinking. Verbal behavior demonstrated him to be guarded and evasive. Psychotic thinking was not present. Suicidal and homicidal thinking was reported to be chronically present. He stated that he had recently been discharged from CSU related to cutting behavior. He was very vague regarding the presence or absence of auditory and visual hallucinations. Inmate 26 was considered to be an unreliable historian.

**Assessment:** This inmate's presentation was consistent with the presence of a personality disorder with antisocial traits. He does not appear to meet criteria for a SMI. His current mental health care level (MH-4) is appropriate.

## **7. Inmate 64**

Inmate 64 is a 23-year-old single African-American man who has been on ST status since January 31, 2009 related to, according to his report, his cellie breaking a window in his cell and having to move out of the cell. He said that he was transferred to RHU due to lack of bed availability elsewhere. Although the spreadsheet indicates pending charges of exhibitionism and public masturbation, Inmate 64 reported that these charges have been heard by the DHO.

Inmate 64 has been incarcerated since the age of 16 due to an attempted murder conviction. His sentence expires during 2024.

His current mental health level of care was MH-4 and his custody level was L4.

Since his RHU placement, Inmate 64 stated that he has taken an overdose of medications and cut himself on two occasions. He reported that he has had two CSU admissions related to these behaviors.

Inmate 64 been receiving prazosin since December 2018 although he stated this medication has not been very helpful.

A February 6, 2019 psychiatric provider's note indicated that his diagnoses have included malingering and an adjustment disorder. A very brief admission to GPH occurred during early February 2019, which apparently was related to smearing feces in his cell. Inmate 64 indicates that such behaviors were done by a "very different person" within himself. He also acknowledged using amphetamines and ecstasy during his current incarceration.

Inmate 64 reported that he was not receiving individual mental health counseling, which was consistent with review of his health care record. He stated that he wanted mental health treatment in order to help him control his voices, anger, and learn to trust people.

### **Mental Status Examination**

Inmate 64 was a 23-year-old single African-American man, who was alert and oriented. Memory and concentration were intact. Verbal behavior showed no evidence of a thought disorder. He was able to speak directly and in a goal oriented fashion. Similarity and proverb testing demonstrated a capacity for abstract thinking. Affect was somewhat depressed. He reported at least an eight-month history of intermittent auditory hallucinations. Visual hallucinations were absent. Thought withdrawal, insertion and broadcasting were not present. He also described being paranoid.

**Assessment:** Inmate 64's presentation was consistent with the differential diagnosis of a personality disorder, substance induced psychotic disorder, substance abuse disorder and malingering. He clearly has had significant behavioral issues during his incarceration, which appeared to have become exacerbated in RHU. As a result, he likely meets criteria for a SMI. A trial of antipsychotic medications and a residential level of care is indicated, which means his mental health level of care should be changed accordingly.

## **8. Inmate 63**

Inmate 63 is a 25-year-old single African American man, who has been in RHU since February 15, 2019 on a ST status. His mental health level of care is MH-4. He states that he is not aware of his current pending charges although it is apparently related to a knife fight.

Medications include Geodon and Depakote, which were described as being helpful because they improve his sleep and keeps him somewhat mellow during the day. He reported that he was at GPH for about 30 days beginning around the end of January 2019. Records from GPH could not be located in his electronic medical record. Inmate 63 indicated that he has been diagnosed with an adjustment disorder and an explosive disorder.

Inmate 63 reported attempting to kill himself by hanging, which precipitated the previously referenced GPH hospitalization. There was a history of one other suicide attempt by hanging about three years earlier.

The most recent psychiatric provider's progress note was dated February 19, 2019. He was described as becoming threatening to the treatment team. His presentation was consistent with an intermittent explosive disorder. He was perceived as attempting to use the mental health system to get out of his disciplinary charges.

### **Mental Status Examination**

Inmate 63 is a 25-year-old single African-American man who was alert and oriented. He could remember the past two presidents, spell the word "world" forward and backward, and recall three out of three objects after five minutes. Serial three subtractions was adequate. Similarity and proverb testing demonstrated an ability for abstract thinking. Verbal behavior showed no evidence of a thought disorder. He was able to speak directly and in a goal oriented fashion. Affect was somewhat depressed. Suicidal and homicidal thinking have been chronically present. He reported an intermittent history of auditory hallucinations during the past year, which have decreased with the use of Geodon. Visual hallucinations were absent. Thought withdrawal, insertion and broadcasting was not present. Intelligence was estimated to about average.

**Assessment:** Inmate 63 has not done well since his apparent discharge from GPH, which appears to be directly related to lack of mental health treatment other than psychotropic medications. His differential diagnoses include an intermittent explosive disorder and a personality disorder. He does not appear to meet criteria for a SMI. Consideration should be given to a BMU level of care, which would require a change in his level of mental health care.

## **9. Inmate 15**

Inmate 15 is a 28-year-old single African-American man, who reports that he has essentially been in an RHU environment since 2011 with some CSU admissions and one GPH admission during that period of time. He has been in the BRCF RHU since June 20, 2018. He stated that he

is unsure the reason for his extended RHU housing but thinks it is likely related to assaults on a correctional officer at Leiber CF and Perry Correctional Facilities.

Inmate 15 has a L4 custody level and a mental health level care of MH-3. His custody status is AP-awaiting transfer to a BMU, which appears confirmed by review of the BRCF RHU spreadsheet. He reported having received of Remeron and some other medication for schizophrenia. Unfortunately, review of his electronic medical records contained only minimal information relevant to this history.

A psychiatrist's note dated September 17, 2018 was reviewed. Inmate 15 had been on a hunger strike at that time and had a history of being in GPH for 12 days beginning June 8, 2018 for similar reasons. In GPH he was started on Zyprexa and Remeron, but his medications were later stopped because the psychiatrist thought he did not have a psychotic disorder. Inmate 15 indicated that Zyprexa had been helpful to him in the context of decreasing his voices. This progress note also indicated that Inmate in the past had ingested hydrogen peroxide in a suicide attempt. The longer term treatment plan was consideration for transfer to a BMU.

A February 7, 2019 psychiatric provider's note indicated the treatment team met for treatment planning purposes although Inmate 15 was not present. Since he had not been seen by a psychiatric provider since September 2018, the plan was to have him followed up as soon as possible. Unfortunately, he has not been seen since that time.

Inmate 15 provided a confusing history and focused on concerns regarding ionizing radiation and various theories of unusual treatments.

### **Mental Status Examination**

Inmate 15 was a 28-year-old single African-American man, who was alert but only oriented to month and year. He thought the current president was Hillary Clinton and he could not identify any recent presidents. Memory and concentration appeared impaired. Similarity and proverb testing demonstrated some capacity for abstract thinking. He stated that he had been experiencing "voices" since 2017 as well as visual hallucinations. Thought withdrawal, insertion and broadcasting appeared to be present. Affect was somewhat flat. Chronic suicidal ideation has been present. Homicidal thinking was absent.

**Assessment:** Inmate 15's clinical presentation was consistent with the differential diagnosis of a significant personality disorder and a serious mental illness associate with psychotic features. The absence of records from GPH and records prior to implementation of the electronic medical record was a barrier to clarifying his current diagnoses and treatment needs. It does appear that the decision has been made that he needs a residential treatment settings such as the BMU. He likely meets criteria for a SMI due to his significant behavioral issues. It is very concerning that he apparently has been lost to follow-up, especially psychiatric follow-up. In addition, his long length of stay in the RHU was very concerning (assuming that self-reported history regarding being in the RHU since 2011 was accurate).

### **10. Inmate 19**

Inmate 19 was a 31-year-old single Caucasian man, who has been in RHU since May 31, 2012. He was currently on SD status. His mental health care level was a MH-4. His security level was level 3. He had been prescribed Prozac but discontinued this medication around January 2019 due to side effects. He reported symptoms that included feelings of anxiety, depression, memory loss and poor social skills.

Current listed diagnosis was depression not otherwise specified and asthma.

Suicide attempts included hanging during June 9, 2016 and attempted hanging during August 2018, which resulted in a two week stay in the CSU. He stated the treatment was not very helpful because he was sent back to the RHU.

Inmate 19 stated that he would like to have mental health treatment but anticipated difficulties participating in groups and individual treatment because he has been in RHU for so many years. Review of his health care record indicated that he has not been receiving individual mental health counseling sessions. Inmate 19 has been refusing his psychiatry appointments due to his anxiety as well as his experience in the mental health treatment being “bogus.” He also described being assaulted by officers in the past.

Inmate 19 has been in RHU since May 31, 2012. He was very pessimistic that he was going to be removed from RHU any time in the near future.

### **Mental Status Examination**

Inmate 19 was a 31-year-old single, Caucasian man, who was alert and oriented. Memory testing revealed an ability to recall the past four presidents, spell the word “world” forward and backward, and recall one out of three objects after five minutes. Serial three subtractions were slow but adequate. Similarity and proverb testing demonstrated an ability for abstract thinking. Verbal behavior showed no signs of a thought disorder. He was able to speak directly and in a goal oriented fashion. Suicidal and homicidal thinking were not present. Auditory and visual hallucinations were absent. Thought withdrawal, insertion and broadcasting were absent.

**Assessment:** This inmate’s presentation was consistent with a depressive disorder and anxiety that was directly related to his long-term stay in the RHU. He reported significant issues with various medication trials due to side effects. He would benefit from individual therapy and group therapy but most importantly, from a change in his conditions of confinement. His mental health level of care should be a MH-3. He does not appear to meet criteria for a SMI.

### **11. Inmate 78**

Inmate 78 was a 58-year-old Caucasian man who has been in RHU since February 6, 2019 on SP status. He was classified as receiving a MH-4 mental health level of care. However, I did not find any documentation that he was being seen in individual therapy. His last note by a psychiatric provider was dated December 19, 2018. Mirtazapine was renewed, which he was receiving for



symptoms of depression for about the past two years. He stated this medication helped increase his appetite but was not very helpful in decreasing his depression.

This inmate has served 20 years of a life sentence.

Inmate 78 stated that he has been experiencing blackout episodes, lasting up to several days, for the past four months, which he has not disclosed to mental health staff because he has not seen mental health staff despite requesting a mental health appointment and also because he does not trust staff. During these blackout episodes he has self-harmed.

### **Mental Status Examination**

Inmate 78 was a 58-year-old Caucasian man, who was alert and oriented to month and year. Memory testing demonstrated an ability to remember the past three presidents, spell the word “world” forward and backward, and recall two out of three objects after five minutes. Similarity and proverb testing demonstrated an ability for abstract thinking. Verbal behavior showed no evidence of a thought disorder. He was able to speak directly and in a goal oriented manner. Affect was somewhat depressed. Suicidal ideation has been present and he stated that he attempted to hang himself two weeks ago via a jumpsuit and a string although the string broke. He denied homicidal ideation. He reported chronic auditory hallucinations. Visual hallucinations were not present. Thought withdrawal, insertion and broadcasting were not present.

**Assessment:** This inmate’s presentation was consistent with the differential diagnoses of a depressive disorder, anxiety disorder, personality disorder and a dissociative disorder. He does not appear to meet criteria for a SMI. He has been receiving inadequate mental health treatment. I have arranged for him to be evaluated this week by a QMHP and a psychiatrist. His level of care should be increased to a MH-3.

### ***Lee Correctional Facility***

#### **12. Inmate 50**

Inmate 50 is a 29-year-old single African-American man who has been in RTU since January 10, 2019 on ST status although he reported being on PC status. His mental health care level is MH-4.

Inmate 50 was last seen by the psychiatrist during February 15, 2019. He was receiving Geodon, Paxil and prazosin for treatment of PTSD, related to a car-train accident at the age of 17 that resulted in the death of his cousin and a friend. Symptoms of PTSD continue although they have been decreased with the use of medication. The plan was for him to return in 60 days.

He was last seen by a QMHP in individual counseling during November 6, 2018.

Inmate 50 was hospitalized at GPH during 2006 related to his PTSD.

Inmate 50 will be discharging from SCDC in about eight months. He had been removed from the pre-release program for reasons that were not clear to him.

## **Mental Status Examination**

Inmate 50 was a 29-year-old single, African-American man who was alert and oriented. Memory and concentration were intact. Similarity and proverb testing demonstrated a capacity for abstract thinking. Verbal behavior showed no evidence of a thought disorder. Affect showed a full range of emotions. Suicidal and homicidal thinking was not present. There was not a history of suicide attempts. He experiences auditory and visual hallucinations related to the accident. Flashback experiences have been present. Thought withdrawal, insertion and broadcasting were not present.

**Assessment:** Inmate 50's presentation was consistent with diagnosis of a posttraumatic stress disorder. He could benefit from more regular psychotherapy as well as participation in a re-entry program. I will seek clarification from Mr. Sparkman regarding his current RHU status. He does not meet criteria for a SMI due to the absence of significant functional impairments although such an opinion is based on a very limited assessment.

## **13. Inmate 51**

Inmate 51 was a 42-year-old single African-American man, who was admitted to RHU during January 20, 2017 on a SD status. According to Inmate 51, he was transferred to the RHU at Lee CF during January 31, 2019. His mental health care is MH-3 and his security classification is L3.

Inmate 51 reported having several lawsuits against SCDC, which he stated resulted in his extended stay within the RHU. He reported a history of having been diagnosed as having a bipolar disorder and schizophrenia. He also indicated that he was last in the CSU around 2015 related to SIB and smearing feces.

Inmate 51 reported that during January 2019 he was banging his head in the cell due to having a breakdown. He indicated that he was doing very poorly due to his extended stay in RHU.

Review of a January 8, 2019 psychiatrist's note indicated that Inmate 51's diagnosis was listed as ASPD, possible unspecified psychosis versus malingering, and alcohol, marijuana and cocaine use disorders. He declined to undergo psychological testing in order to help clarify the differential diagnosis. Although he reported hearing voices, he was noted not to express any delusional or other psychotic thinking. He was referred to HLBMU.

Loxitane was discontinued at his request and Remeron was started with a snack. Hydroxyzine was also prescribed.

Inmate 51 stated he is not been seen by mental health staff since his transfer to Lee Correctional Facility. He was also requesting to be seen by medical in order to be treated for his psoriasis. He stated he has not been receiving his ADA diet related to his diabetes.

## **Mental Status Examination**

Inmate 51 was a 42-year-old single African American man, who was alert and oriented. Memory and concentration were intact. Similarity and proverb testing demonstrated an ability for abstract thinking. Verbal behavior demonstrated an ability to speak directly and in a goal oriented manner. Psychotic thinking was not present. Suicidal thinking has been chronically present. Homicidal thinking was absent. There was a past history of suicide attempts. He reported the presence of auditory hallucinations since 2013. Visual hallucinations were absent. Thought withdrawal, insertion, and broadcasting did not appear to be present. Affect was somewhat agitated. Intelligence appeared to be average.

**Assessment:** I agree with the differential diagnosis as summarized in the psychiatrist's January 2019 progress note previously referenced. I think his most likely diagnosis is a significant personality disorder. Referral to the HLBMU is appropriate. His MH-3 mental health level of care should be changed once he has been transferred to the HLBMU.

#### **14. Inmate 80**

Inmate 80 is a 30-year-old African-American man, who has been in RHU since June 12, 2018 on SD status related to his attempts to get out of the gang. His mental health care level is MH-4.

Current medications include Geodon, trazodone and Zoloft. He has a history of ADHD during his childhood years. Current medications have been prescribed related to the presence of chronic auditory hallucinations and a history of inappropriate sexual behaviors.

Inmate 80 described very bad conditions of confinement in the RHU, which include no light in his cell, lack of cleaning supplies, and rare access to recreation. He indicated that he does have access to showers about three times per week.

Inmate 80 indicated that in order to see a mental health counselor he had to beg to do so, which often resulted in seeing a counselor who was not assigned to him. He has 4 1/2 years left of his 15-year sentence. He would like to be able to program and obtain basic educational classes.

Review of his health care record indicated that the last appointment with a psychiatrist occurred during February 15, 2019. He was previously seen via telepsychiatry during January 2019. A history of sexual abuse during his childhood years was present. Inmate 80 has a history of inappropriate sexual behaviors (e.g., masturbating) during his incarceration. Diagnoses have included unspecified mood disorder, exhibitionism and posttraumatic stress disorder, unspecified. He reported that QMHP Fox has referred him to the BMU.

#### **Mental Status Examination**

Inmate 80 is a 30-year-old African-American man, who was alert and oriented to year. He reported that he has a second-grade educational level. Similarity and proverb testing demonstrated predominantly concrete thinking. Verbal behavior showed no evidence of a thought disorder. Affect showed a full range of emotions although he appeared depressed. Suicidal and homicidal thinking was not present. There was a history of cutting behaviors during

2016. Chronic auditory and visual hallucinations were reported to be present. Thought withdrawal, insertion and broadcasting appeared to be present by his history.

**Assessment:** Inmate 80's presentation was consistent the diagnoses of included unspecified mood disorder, exhibitionism and posttraumatic stress disorder, unspecified. His mental health care level should be changed to MH-3. His psychiatric symptoms are exacerbated by his conditions of confinement. He is at significant risk of exacerbation of his symptoms to the extent that he may meet criteria for a SMI in the future. Inmate 80 indicated that QMHP Fox reported that he has been referred to the BMU, which would be clinically appropriate.

I learned after the interview that this inmate made inappropriate sexual remarks to one of the mental health staff while being escorted in the hallway.

## **15. Inmate 49**

Inmate 49 is a 29-year-old single African-American man, who has been in RHU since May 2, 2018 on a SD status related to an assault on an officer. His mental health care level is MH-5.

Current medications include Paxil and sertraline, which had been prescribed to help him with symptoms of depression, anger and anxiety.

Inmate 49 was in group homes for about 10 years beginning at the age of eight. There was a history of a psychiatric hospitalization during his childhood years.

Inmate 49 has had one CSU admission about a year ago related to self-harming behaviors.

Access to showers was reported to be 1-3 times per week. He reported lack of access to cleaning supplies. He does not have a light in his cell. He does not have access to recreational time. Extremely limited access to a mental health counselor was reported.

The health care record of this inmate was reviewed. Evaluations by a psychiatric provider were dated June 18, August 15, December 27, 2018 and February 22, 2019. Diagnoses have included other specified trauma and stressor related disorder, cannabis use disorder, severe, in sustained remission and anxiety disorder. He has been referred to the BMU.

Individual counseling notes were dated June 18, 2018 (15 minutes). He reported being seen very briefly several weeks ago out of cell. There was some documentation relevant to that session.

Inmate 49 states that he wants us to be seen more regularly in order to help prepare him for his discharge from SCDC which should occur within the next year. He apparently has been referred to the HLBMU.

## **Mental Status Examination**

Inmate 49 was a 29-year-old single, African-American man who was alert and oriented. Memory and concentration were intact. Similarity and proverb testing demonstrated an ability for abstract

thinking. Verbal behavior demonstrated an ability to speak directly and in a goal oriented fashion. Psychotic thinking was not present. Auditory and visual hallucinations were absent. Thought withdrawal, insertion and broadcasting were not present. Affect showed a full range of emotions. Intelligence was average.

**Assessment:** inmate 49's presentation was consistent the diagnoses of other specified trauma and stressor related disorder, cannabis use disorder, severe, in sustained remission and anxiety disorder. He does not meet criteria for a SMI. I am in agreement with the referral to the BMU and think that individual counseling at the present time would be useful in helping him prepare for his discharge from SCDC in the near future. His mental health level of care should be changed to MH-3 due to his current conditions of confinement.

## **16. Inmate 81**

Inmate 81 is a 28-year-old single Caucasian man, who has been in RHU since August 20, 2018 on SD status related to an apparent escape charge. His mental health level of care was MH-4.

Current medications include Geodon and clonidine. He states that medications are prescribed in order to help him cope with wanting to kill himself. Inmate 81 stated that he tried to kill himself two times during the past month by cutting a vein open.

His most recent psychiatrist's appointment was with Dr. Lee via telepsychiatry during March 1, 2019. He was noted to have been transferred to Lee CF following a CSU admission during February 2019. Diagnoses have included amphetamine use disorder, ASPD, malingering and mood disorder. Current diagnoses included amphetamine use disorder, severe, ASPD, other specified trauma and stressor related disorder and attention deficit hyperactivity disorder, unspecified type. He reported not using amphetamines since November 2019 related to lack of availability.

His previous psychiatrist's assessment occurred during January 28, 2019. He was noted to have misused CI/CSU in order to get away from certain yards. Other appointments with the psychiatrist were dated November 7, December 13, 14, 2018.

RHU rounds notes were documented. I found no documentation relevant to individual mental health counseling notes.

Inmate 81 cut himself 2 days ago and was currently in a crisis cell. He was told that he was going to be sent to GPH. However, he was supposed to have been evaluated by a psychiatrist prior to such a transfer, which has not occurred.

Arrangements were made to place him on constant observation and transfer him either to GPH or CSU ASAP.

**Assessment:** This inmate is in need of further assessment for placement in either GPH or CSU. Placement in the RHU is currently contraindicated.

## **17. Inmate 41**

This 29-year-old single African-American man has been in the RHU since February 20, 2018 on a SD status. His current mental health care level was MH-4.

The most recent psychiatric examination was completed during March 4, 2019. Review of his February 22, 2019 psychiatric assessment indicated that Remeron was increased to 45 mg po q hs and hydroxyzine 50 mg po b.i.d. was continued. Diagnosis was unspecified mood disorder. Prior appointments with the psychiatric provider were dated September 12, 18, October 17, 23, 2018.

The only documented individual mental health counseling note was dated August 9, 2018. Inmate 41 indicated that the medications were somewhat helpful in managing his anger and symptoms of PTSD. At the present time he was not interested in pursuing individual counseling on this yard. He was told that he would be transferred out of RHU after he was disciplinary free for six months. He has been disciplinary free for the past 4.5 months.

### **Mental Status Examination**

Inmate 41 was a 29-year-old single African-American man who was alert and oriented. Memory and concentration were intact. Similarity and proverb testing demonstrated a capacity for abstract thinking. He was able to speak directly and in a goal oriented fashion. Verbal behavior demonstrated no evidence of a thought disorder. Affect showed a full range of emotions. Auditory and visual hallucinations were not present.

**Assessment:** Inmate 41's presentation was consistent with the diagnosis of an unspecified mood disorder and PTSD. He does not meet criteria for a SMI. His mental health care level of MH-4 is appropriate.

## **18. Inmate 59**

Inmate 59 is a 35-year-old divorced mixed-race man, who has been in RHU since May 5, 2018 and in the RHU at Lee CF since December 2018. He is on SP status and is awaiting bed placement.

He is prescribed Remeron for a sleep disturbance, which he says has been minimally helpful. He stated that he wanted mental health treatment due to his symptoms of PTSD.

Appointments with the psychiatrist occurred during November 30, December 3, 12, 17, 18, 19, 2018 and February 27, 2019. Diagnosis was listed as ASPD.

Mental health rounds were documented but there was no documentation of individual mental health counseling sessions.

### **Mental Status Examination**

Inmate 59 was a 35-year-old mixed-race man who was alert and oriented. Memory and concentration were intact. Similarity and proverb testing demonstrated a capacity for abstract thinking. Affect showed a full range of emotions. Suicidal thinking was not present. There was a past history of a suicide attempt when on the streets. Homicidal thinking has been present. He currently was not reporting auditory or visual hallucinations. A questionable history of thought withdrawal and insertion was present.

**Assessment:** Inmate 59's presentation was consistent with diagnoses of ASPD.. He does not meet criteria for a SMI. His MH-4 level of mental health care remains appropriate.

## **Appendix C-4 Dr. Patterson**

### **Summary**

Twenty-two (22) inmates were interviewed. One inmate refused interview. Eleven (11) of twenty-two met criteria for a SMI. The need for a higher level of care (LOC) was recommended for nine (9), and BMU was recommended for four (4). These inmates were at L4 or MH3 LOC and were not receiving the basic mental health services required, including adequate medication management (some with 180- day prescriptions), timely and appropriate contacts with mental health staff out-of-cell, and inadequate treatment plans and services. Those inadequacies are exacerbated by the conditions of confinement in RHU's identified in this and past reports. Four inmates were recommended and transferred to GPH or CSU with second opinions supporting the recommended transfers.

### **Electronic Record Reviews**

The electronic MARs were often incomplete, notes were labeled with various titles, past records from GPH admissions were absent or difficult to locate and treatment plans were inadequate and untimely.

The conditions of confinement are extensively described in this report. All examiners reported substantially to nearly all inmates with an SMI designation, and others as well, were not receiving adequate treatment and based on these and past reviews, inmates in the SCDC continue to suffer harm.

### **Summary re: SMI status and LOC**

<b>Inmate</b>	<b>SMI</b>	<b>Current MH Level</b>	<b>Recommended MH Level</b>
Inmate 12	No	MH3	MH3 – LL BMU
Inmate 72	Yes	MH3	MH2 - ICS
Inmate 74	Yes	MHS	MH1 - GPH
Inmate 82	Yes	MH3	MH2
Inmate 20	No	MH4	MH4
Inmate 83	No	MH4	MH4
Inmate 27	Yes	MH4	MH3
Inmate 19	N/A	MH4	(Refused) ??
Inmate 62	Yes	MH4	MH4



Inmate 73	Yes	MH4	MH – GPH
Inmate 84	Yes	MH4	CSU
Inmate 1	No	MH4	MH4
Inmate 11	No	MH3	MH3
Inmate 16	No	MH4	MH4 – HL BMU
Inmate 31	No	MH4	MH4 – LL BMU
Inmate 58	Yes	MH4	MH3
Inmate 47	Yes	MH4	MH2 – ICS (HAB)
Inmate 67	No	MH4	MH4
Inmate 68	No	MH4	MH4
Inmate 57	No	MH4	MH4
Inmate 85	Yes	MH4	MH1 – GPH
Inmate 45	No	MH4	BMU
Inmate 52	Yes	MH4	MH2 - ICS

## **Inmates Interviewed and Records Reviewed by Dr. Patterson**

### ***Broad River Correctional Institution (BRCI)***

#### **1. Inmate 12**

Inmate 12 is a 32-year-old male who has been in the RHU at BRCI since November 2018. He reported he is on SD status however was found not guilty of three charges which included threatening to incite/creating a disturbance, and one additional charge. The inmate reported that he has been placed in the CSU which recommended area mental health (L3) eight months prior to being placed in the BRCI RHU. The inmate also reports that he was in GPH approximately two months ago because of his having placed a noose around his neck. The inmate states he was "sprayed" (OC) prior to removal of the noose. Prior to transfer to GPH he was in the CSU for one and one-half weeks according to the medical records.

In reviewing the medical records, there are individual therapy notes from 11/30/18 at cell front, 12/27/18 in a confidential setting (out of cell) in which the record records the first mental status examination indicating all of his measures were within normal limits. He is prescribed Zoloft 100 mgs and Trazodone 150 mgs. He reported he has been incarcerated for the past 17 1/2 years. The medical record does not include a mental health treatment plan however in the record there is a note indicating "individual therapy" as well as "treatment plan note". These notes do not provide a multidisciplinary treatment plan being developed for this inmate.

The inmate reported there has been difficulty in being seen by counselors and identified his counselor by name stating that she has refused to come to see him. He reported that he placed a noose around his neck because he "wanted to die" and indicated he was suffering from frustrations because other inmates were "picking at" him. He reports that he has attempted suicide three or four times in the past and has had four CSU admissions. He further reported that his prescribed medications are Zoloft and Buspar since being in the CSU and he receives those medications on a regular basis. He stated that he has seen his counselor once out of cell for approximately five minutes and all other contacts with his counselor have been at cell front. He reported he has seen the psychiatrist via tele-medicine and has discussed his medications with the psychiatrist.

The inmate reported that he believes he had a treatment plan in which his counselor told him he would be placed in groups however he has not been placed in any groups and he has not been given a copy of the treatment plan. His diagnosis of record is Antisocial Personality Disorder however he is prescribed two antidepressants to assist with his depression and anxiety as per the medical record.

#### **Mental Status Examination:**

On mental status examination, the inmate did not demonstrate any signs and symptoms of an active serious mental illness and reported that he is no longer suicidal. His affect is appropriate as is his mood, however he expresses his frustration as not being seen by mental health staff on a

regular basis and that he continues to have "frustrations" with staff and other inmates. The inmate denies any history of psychotic symptoms including hallucinations, delusions or thought disorder. He acknowledges that he has mood swings, and becomes angry as well as frustrated.

**Assessment:**

Inmate 12's presentation is consistent with his having a Personality Disorder and he is diagnosed with Antisocial Personality Disorder. The past records from GPH were not available for review which could assist with the differential diagnosis particularly given that he has been prescribed two antidepressants and is placed at Level 3. His placement in RHU appears to be contraindicated as he is on the mental health caseload at Level 3 and according to his report, he was found not guilty on his charges. My recommendation is that Inmate 12 would be appropriate for Low Level Behavioral Management Unit (LLBMU) and his custody record should be reviewed.

**2. Inmate 72**

Inmate 72 is a 36-year-old male who is mental health (L3) inmate who according to the face sheet has been in the RHU for 610 days on SD status. On interview, the inmate reports that he has actually been in a RHU for two years and four months because he was in the Lee RHU for four months prior to his transfer to the BRCI RHU. The inmate was referred to mental health for assessment because of reported anxiety, cognitive problems, substance abuse/dependence, and depression. The inmate was not receiving psychotropic medications at the time of this interview.

The medical record demonstrates counselor notes for 10/27/18, 12/22/18 and 2/2/19. The inmate has been seen approximately every six to eight weeks which is inconsistent with the requirements for an L3 inmate. The inmate, according to the records, was admitted to GPH on 9/12/16 and he was classified as L3.

The inmate reported that he should be a "Level 5" and that "Thursday" prior to this interview he was interviewed by a mental health tech and the doctor at cell front. The inmate reported that when he was at "Lee County" he was charged with assaulting an officer because he heard a loud noise and that he was trying to "hit the yard". He reported that he has six months disciplinary free until he "caught a dashing" charge. The inmate described that he "hears noises that are extremely yelling - being back there all day long" and described noises that he hears as actual voices that call him a "snitch, faggot, all that." The inmate described his mood as "very scared." The inmate appears to be paranoid, and appeared to be responding to auditory hallucinations. He demonstrates rapid eye movement and refuses to confirm or deny whether or not he is actively hallucinating during the interview.

The records indicate that the inmate is prescribed Geodon and Benadryl but the inmate reported that he has never taken the medications as prescribed and essentially throws away the Geodon but sometime takes the Benadryl. The discharge summary from his time at GPH five years ago indicates that his diagnosis was "Substance Induced Mood Disorder versus Psychosis versus Intellectual Disability."

**Assessment:**

This inmate appears to meet the criteria for an SMI diagnosis. Although he was admitted to GPH five years ago according to the inmate, those records were not available at the time of this review. The recommendation is for this inmate's level of care to be changed from L3 to L2 and that he would be appropriate for the ICS program.

### **3. Inmate 74**

Inmate 74 is a 28-year-old male, placed in RHU in November 2018. Review of the inmate's records indicate a progress note, dated 2/28/19, that he received a mental status examination in which he described anxiety and panic attacks and a request for Risperdal. There was no referral and no multidisciplinary treatment plan in the record. The plan on 2/28/19 was for a routine follow-up in one month. The inmate had been seen by mental health on 7/10/18, 9/28/18, 10/31/18, 11/30/18, 12/11/18, 12/27/18, 1/16/19, and 2/28/19 however the first mental status examination recorded was on 2/28/19. On interview, the inmate reported that he was placed in the RHU after there had been a fire in the Murray dorm. The inmates reported that he actually put the fire out but was placed on SD status. He reported that they "didn't charge me with nothing". He reported that he had been transferred from Lee County to BRCI in the Murray dorm in approximately June/July 2017. He reported that he met with a counselor once and had a group one time. The inmate has a past history of suicide attempt by hanging when he was in his early 20s. He reported that this was on the street and his uncle cut him down but that he continues to have suicidal thoughts and they have increased in the last year. He reported the last couple of months since he has been behind the door the voices told him to do some hard drugs and hurt some people. He reported he received this information from voices one week ago.

#### **Mental Status Examination:**

On mental status examination the inmate reported that he has been suffering panic attacks "all the time." He reported that he has been prescribed Risperdal in the past but was taken off Risperdal after his move to RHU. He also reported that he is currently receiving Trazodone and Remeron but he is "still not right." The inmate described auditory hallucinations as hearing voices that are "telling me I need to get into the military." He reported further the voices command him to pile up cans by his door, and they let him know if inmates are coming into his room because he can't trust the officers or the inmates. The inmate appears to be overtly paranoid and actively hallucinating during the interview. He demonstrates limited insight into his mental illness but acknowledges that he is indeed mentally ill. The inmate also presents with mass keloids on both ears that he reports have been in existence for 10 years and that because people talk about them he doesn't deal with anybody on a routine basis. He also reported that he knows that the people who talk about him have knives and guns and that causes him to place the cans by his door.

#### **Assessment:**

This inmate appears to be actively psychotic and it was recommended that he be transferred to GPH forthwith. The inmate clearly has symptoms that are consistent with an SMI diagnosis including differential and paranoid schizophrenia, as well as other Schizophreniform Spectrum Disorders. Dr. Wood was consulted and concurred with his transfer to GPH. His placement in RHU appears to be inappropriate.

### **4. Inmate 82**

Inmate 82 is a 36-year-old male, who is on SD status and classified as L3. He reported he has been in the RHU since 10/17/18 which is approximately 134 days. Review of the record indicates the last mental health contact with this L3 inmate was on 1/29/19 and was reported to have been conducted by a psychiatrist for approximately 15 minutes. The note indicates the inmate reported he was taking his medications as prescribed Risperdal and Remeron. Review of the MARs in the medical records indicate multiple "i's" with a circle, which indicates the medication is "pending". There are also multiple blanks in the MAR indicating the inmate did not receive the prescribed medication as prescribed. A progress note by the QMHP dated 9/24/18 indicated the inmate was not getting his medication, and that he was hearing voices and was paranoid. The plan was to report his symptoms to the doctor and medical. On 10/24/18 the inmate was seen by a psychiatrist who diagnosed Personality Disorder and Unspecified Mood Disorder. The psychiatrist prescribed Risperdal and added Lodipine.

#### **Mental Status Examination:**

On interview the inmate reports he has been in the RHU for seven months and while in the RHU he and a CO "had an incident". The inmate stutters mildly and reported that he received a street charge for the incident with the CO. He also reported that he is prescribed blood pressure medications which are KOP but that he received only 10 pills rather than 30 in his KOP bottle and complained to the CO who according to the inmate "said I was down on him with a knife." The inmate reported that he sees his counselor approximately once every month but he doesn't know who the counselor is and last saw the counselor on the yard. The record indicates that there is no treatment plan and the inmate reported he doesn't know if he has ever had one.

The inmate reported that when he is not taking medications he "gets out of character if not taking Risperdal - it helps me - prescribed since 2016. I stopped for two weeks when I was transferred to Broad River."

#### **Assessment:**

The inmate's level of care may be appropriate at L3 however because his medication management and mental health contacts appear to be inadequate the L2 level of care should be considered. This inmate does not appear to be appropriately placed in the RHU and his program placement consideration should be for the low level BMU and/or the ICS program, as he appears to have an SMI diagnosis.

### **5. Inmate 20**

Inmate 20 is a 37 year old male who is on SD status and his level of care was L4. He was diagnosed with Antisocial Personality Disorder, and his custody status appears to be related to charges of exhibitionism and public masturbation. The record indicates a treatment plan of 1/24/19 that indicated the inmate was attending counseling. The treatment plan was not multidisciplinary and identified a plan to see the inmate as required by policy. A treatment plan of 3/1/19 was noted to be in "an individual counseling/program note" form and indicated that he was seen in a confidential setting. This note was not an adequate treatment plan but it did identify an assessment and diagnosis which included anxiety with a plan to review the discharge plan. A note on 1/28/19 by the psychiatrist notes that the inmate was prescribed Risperdal,

Celexa and Trazodone and appears to have been based on a multidisciplinary discussion which unfortunately did not include the inmate. The inmate reported he is to be released in June 2019 and needs help with transition and discharge planning. He reports he has a history of suicide attempts, most recently 15 months ago by hanging.

**Mental Status Examination:**

The inmate reports that he is hearing voices and is suicidal. His diagnosis was Personality Disorder Unspecified and he is prescribed Celexa, Trazodone and Risperdal and is requesting Remeron or Tegretol. The inmate reported his last suicide attempt was 15 months prior to this interview as a hanging attempt. He reported that he has attempted suicide prior to his last attempt by cutting his wrist. He also reported that he is on SD status because he wanted his radio and was denied the radio so he got into a conflict with the deputy warden and he was charged with striking an employee. The inmate reported that he never had a hearing by the DHO on his exhibitionism/masturbation charges that occurred six months to one year ago but believes the charges were dismissed.

**Assessment:**

The inmate appears to be appropriately placed at Level 4, outpatient services. He also does not appear to meet criteria for an SMI diagnosis. It is unclear as to why he remains on RHU status.

**6. Inmate 83**

Inmate 83 is a 37-year-old male who is on SD status and has a mental health classification of L4. The record notes he has been in the RHU for 56 days since 1/3/19. The record indicates a counselor's progress note on 2/22/19 indicating that the inmate was seen in a confidential setting for approximately two minutes. The diagnosis was Antisocial Personality Disorder and the plan was for the writer to attempt subsequent QMHP sessions "per policy or as warranted." The inmate was also to be referred to the psychiatrist. There was no note indicating that he had been seen by a psychiatrist after the note by the QMHP.

The record also indicates the inmate was in the CSU on 2/8/19 and a note by the psychiatrist was that his mental status exam was "consistent with malingering." His diagnosis in CSU was Antisocial Personality Disorder. However he was prescribed Haldol 10 mgs bid and Prozac. It is unclear from the record or the inmate's presentation as to why he was prescribed an antipsychotic medication and an antidepressant.

**Mental Status Examination:**

On mental status examination the inmate refused to be seen. The face sheet was not adequately completed for this inmate.

**Assessment:**

The inmate's level appears to be L4 and the record appears to support that level of mental health care however it is unclear as to why the inmate's medication prescriptions are for Haldol and Prozac at significant dosages given that the inmate's diagnosis is Personality Disorder and his mental status in CSU was consistent with malingering. This inmate's case needs to be reviewed

by the multidisciplinary team and should include participation by the inmate to review his level of care and possible appropriateness for placement in a BMU.

## **7. Inmate 27**

Inmate 27 is a 37-year-old male, who is classified as L4 and the face sheet indicates he has been in the RHU for approximately 310 days. The inmate stated he is awaiting transfer and has no charges pending. His diagnosis is Intermittent Explosive Disorder and the record indicates a counselor's note on 2/6/19. That is the only counselor's note located in the record after a nurse practitioner's progress note of 8/3/18 with a diagnosis of Intermittent Explosive Disorder was recorded. His medications were prescribed for "hallucinations." It is noted he was an L3 in 2014 and it is unclear from the record why his level was changed to L4. However, the inmate reports it was because he was missing the pill line. The inmate reported he had been prescribed Prozac and Zyprexa for PTSD and panic attacks diagnosed at Lee C.I.

### **Mental Status Examination:**

On mental status examination, the inmate reports that he is able to see a counselor as much as two times per month when he asks to see the counselor and it is always at cell front. He reported that when he was at a L3 level he would have group one time per week but that has not occurred since he has been in the RHU. He reported that he has signed up for group but has not yet been offered the opportunity to participate in the group. The inmate reported that his medications have been problematic in that the nurses "stack up sometimes" which he describes as the nurses stopping medication passes and leaving the unit when other inmates have been banging on the door. He reported he misses his medications two out of seven times per week on average.

### **Assessment:**

The inmate describes post-traumatic stress disorder-like symptoms including panic attacks and nightmares, which he says began after the riot at Lee C.I. in April 2018. He states further that he was prescribed Zyprexa and Prazosin after the riot and he thinks the medications are helpful. The inmate also reported that he has had one group since he has been in the RHU for approximately 2 to 2 1/2 hours which included three other inmates. The inmate also reported and the records support that he has no current charges and that he is awaiting placement from the RHU. The inmate reported "mental health is not doing their job to get me placed." The inmate reports that he has never been placed in GPH or ICS.

This inmate is classified at level L4 but meets the criteria for an SMI diagnosis. The recommendation is that he be placed at L3 area mental health or possibly L2 at ICS given his PTSD diagnosis and reports of psychotic symptoms. He should also be considered for BMU placement based on his history of disciplinary charges. It appears this inmate should not be in the RHU.

## **8. Inmate 19**

Inmate 19 is a 29-year-old male who is classified as a mental health level L4 and custody designation of SD. The records indicate that he has been at RHU for 2,464 days or approximately six years. The notes indicate he is prescribed Prozac 60 mgs and that he has had

sporadic attendance for QMHP visits. The inmate's diagnoses are Panic Disorder and Unspecified Mood Disorder.

**Mental Status Examination:**

The inmate refused interview.

**Assessment:**

Based on the record review and diagnosis, this inmate's classification of L4 appears to be inappropriate. The inmate should be reviewed, as the record indicates he does endorse some symptoms of SMI including panic disorder and depressive disorder and he is prescribed a substantial dose of an antidepressant, Prozac. He should be reassessed by the treatment team to determine an appropriate level of care as well as whether or not he may be appropriate for BMU given his lengthy and inappropriate stay in RHU.

**9. Inmate 62**

Inmate 62 is a 26-year-old male, who is classified as mental health L4 and also appears to have been classified "MX-3" for 323 days, or approximately 14 months "behind the door" according to the inmate. The records indicate the inmate has been in the RHU since 4/11/18. The inmate reports multiple transfers to different RHU's because of suspicions that he has been able to obtain keys and open doors. He has been at the BRCI RHU for the past eight days, and reports he has not seen mental health staff. The inmate's diagnoses are Anxiety Disorder and Personality Disorder and his medications are Geodon and Remeron.

**Mental Status Examination:**

On mental status examination the inmate does not report or display any psychotic symptoms. He reports severe personality disorder and denies mood symptoms and any thought to harm himself or others.

**Assessment:**

This inmate appears to have a severe Personality Disorder with Paranoid, Narcissistic and Borderline Features. He does meet the criteria according to the Settlement Agreement for an SMI diagnosis given his severe Personality Disorder and dynamics. Based on the interview, the inmate appears to be appropriate for the high level BMU.

**10. Inmate 73**

Inmate 73 is a 32-year-old male, who is classified as L4 level of care. His record indicates that he has been in the RHU for 174 days on SD status, having been admitted on 9/7/18. The inmate reports he does not know what "L4" means, and he has seen his counselor once since he has been in the RHU. He reports he has requested a radio to quiet "the voices" that he hears, but has not received one. The inmate reports he has heard voices since age 12, and is prescribed Risperdal that he never takes because of side effects. He reports the voices get loud and he becomes "explosive."



**Mental Status Examination:**

The inmate presents with active auditory hallucinations. He reports he has “adjusted” to the voices by avoiding people, and sleeping 16 hours per day. The inmate denies current suicidal ideation and intent.

**Assessment:**

This inmate appears to meet the criteria for a SMI diagnosis and the L1 level of care mental health designation. The inmate appears to meet the criteria for a Major Depressive Disorder with Psychotic Features and based on his presentation, was recommended for immediate transfer to GPH. The case was reviewed by Dr. Beverly Wood who concurred with the recommendation.

**11. Inmate 84**

Inmate 84 is a 29-year-old male, who is classified L4 and the records indicate he has been in RHU for 315 days in SD status. He reports that mental health talks to him “but they don't help because voices keep telling me to do things.” He reports that he hears and sees voices when he closes his eyes. He reports he has been on the BRCI lockup for about a year, having come from Lee C.I. He is 29 years old and he first started to hear voices when he was “a kid” and reportedly tried to hang himself at age 12. He reports that he was treated as a child and as an adolescent. He reported the content of the voices were telling him he is “not worthy - deserves to die” and also telling him to punch walls and set himself on fire. He says he does not want to do these things but he can't resist.

**Mental Status Examination:**

The inmate presented with bandages on his hand as he had reportedly been punching walls to harm himself. During the course of this interview the inmate reported the voices were talking to him, saying that we “cannot help, nobody can.” The inmate reports further that he hears voices in his thoughts and even when he takes his medication he sees dead bodies lying on top of each other dead like he saw at Lee. The voices keep telling him this is a dream, going to lock him up, that they are laughing at him. He reported that the voices don't go away but sometimes he can't hear them and described other auditory and visual hallucinatory experiences. The inmate reported he believed he was getting help in Lee CI but not at Broad River. He said he was placed in the CSU “a couple of years ago” after he had heard voices telling him to hang himself and was returned to Lee CI. He reported that CSU did not help him because he was just sitting in his cell until he left.

**Assessment:**

Inmate 84 reports psychotic symptoms of auditory hallucinations for years and more recent visual experiences of reported trauma he says he observed at Lee C.I. suggestive of PTSD. The inmate appears to have SMI and is in need of Level 2, ICS placement. However, he endorses active and current voices telling him to harm himself such that he should be transferred to CSU.

**12. Inmate 1**

Inmate 1 is a 29-year-old male who is classified as L4 and has been in RHU for three months on ST status. The inmate reported that he was in Murray dorm and was charged with Escape. He

said he believes he is to be seen by a counselor two times a year. He is prescribed Remeron 7.5 mg per day and does not feel that it helps because he is not sleeping well and is "hearing voices and paranoid" since he lost his father and a lot of friends. He reports his charges were dismissed and doesn't know why he is still in RHU. He reports his diagnosis is Bipolar Disorder. He reports he has attempted suicide in the past and been admitted to the CSU in December 2018 but that that was not helpful because counselors said he was "faking it". The inmate reports he saw his counselor a month ago outside of his cell for approximately three to four minutes.

**Mental Status Examination:**

The inmate reported he still has suicidal thoughts and is hearing voices but subsequently stated that he is safe right now, that he is coping and the voices come and go but they are not about suicide. The inmate's affect and mood are appropriate. He states his "frustration" cause him to think of suicide but he denies current suicidal ideation.

**Assessment:**

The inmate appears to present with Personality Disorder, is not SMI and Level 4 appears to be appropriate. Unclear as to why he remains in RHU.

**13. Inmate 11**

Inmate 11 is a 38-year-old male whose current level of care is L3 (Area Mental Health/Intensive Outpatient). He has been placed in RHU since November 2018 on SD status. He is noted to have a diagnosis of Antisocial Personality Disorder and not SMI. He has no documented admissions to GPH or CSU and there is no documented treatment plan or past psychiatric history reported on the face sheet regarding this inmate. The inmate was noted to continue to be disruptive while in RHU including striking an employee on 11/13/18.

The inmate said he has been down for 22+ years and in the RHU since November 2018 after transfer from Lee CI. He reported he was in an altercation with an officer, and transferred to BRCI on SD status. He reports there have been occasions when he was on Tegretol for Intermittent Explosive Disorder and that he is now taking Geodon and Cogentin but he doesn't know why he has been taken off of Tegretol. He reports that he first heard voices at age 15 or 16 and he is age 38 now and he has been treated at Johns Hopkins Hospital as well as other hospitals in the Washington, D.C. area. The inmate reports that he has filed a grievance regarding his SD status and that he believes this is "the bottom of the barrel here" at BRCI because inmates can't see a psychiatrist unless suicidal and there is no psychologist here. He has been diagnosed with Intermittent Explosive Disorder, ADHD, Antisocial Personality Disorder and Dysthymia. The MARs indicate multiple blanks and "pending" meds, and orders are written for 180 rather than 90 days.

**Mental Status Examination:**

His affect is anxious and mood mildly agitated. He denies current hallucinations and suicidal ideation and intent. The inmate's mental status is labile. The inmate reports that the voices have calmed down since he started the Geodon although he has heard real voices telling him to do things including instigating things and making little things into big things. The inmate reports

that there is no need for him to be at Level 3 because “you can't get Level 3 services” and “there is no treatment” at BRCI.

**Assessment:**

The Level 3 level of care is appropriate and he should be receiving adequate Level 3 services, as he appears to be personality disordered and should be considered for placement in the BMU program. There are serious deficiencies in medication administration.

**14. Inmate 16**

Inmate 16 is a 32-year-old male who has a current level of care as L4 and his current listed diagnosis is “Unspecified” however he is reported “not SMP” in the record review. Unfortunately there is no other adequate or useable information in the face sheet provided.

The inmate reports that he has been down for 20 years and has been in the RHU since 12/2018 having been transferred from Lee CI RHU where he was housed since 8/8/17. He reports that he is an MH4 but does not know what that means. He also reports that he was placed in super max until 2016. The inmate reports that he has seen a counselor once since he has been in the RHU, approximately two weeks ago. He has also seen a psychiatrist via tele-medicine and has seen a mental health counselor "once every blue moon." He reports that he has not been involved in any group therapy. He reports there are problems with administration of medications, which for him includes Seroquel, Benadryl, and Klonopin, in that the nurses come at night but not in the a.m.

The inmate reports that he is in the RHU awaiting placement in the high level BMU after having spent 13 1/2 years in super max. The inmate reports further that he advanced in the low level BMU to Phase 3 but then was “kicked out” of the program and is now awaiting placement in the high level BMU. He reports his diagnosis as Bipolar Disorder and Intermittent Explosive Disorder. The inmate reported that despite his being on the mental health caseload, the officers never asked him to come out and talk with mental health during this visit.

**Mental Status Examination:**

According to the records, the inmate reports signs and symptoms of having past experiences with auditory hallucinations and suicidal thoughts. However, more recent reports are more consistent with his history suggestive of a Severe Personality Disorder. Inmate 16 does not currently present with psychotic symptoms or threats of harm to himself or others. He reports frustration and agitation on the Murray unit, with fires being set and feces thrown by inmates because of lack of treatment.

**Assessment:**

The inmate is awaiting placement at the high level BMU after having reached Phase 3 in the Low Level BMU and being returned to RHU status. This process appears to grossly contradict the intended treatment process for inmates placed in the BMU and should be immediately reviewed. His mental health level of care appears to be appropriate for L4 assuming L4 and basic services are being provided. It is strongly recommended that he be returned to the low level BMU, a program in which he has demonstrated past achievement unless there are

compelling reasons for him to be placed in the high level BMU which should be done as expeditiously as possible.

#### **15. Inmate 31**

Inmate 31 is a 41-year-old male who has been incarcerated for the past three years. He has been at Broad River CI RHU since 8/28/18 having been transferred from Lieber or Lee RHU where he was placed from May to July 2018. He is currently an L4 and reports he was prescribed Remeron in 2017 and currently takes Trazodone. The inmate reports that he has been getting his medications in the afternoons consistently for the past two months, but he has not been in any groups and has not seen any counselors. He reports he saw a psychiatrist two months ago for his medication management, and he sees the mental health tech but that "he just runs around and its bad business." When I asked him to expand, the inmate stated he had nothing more to say.

The inmate reports his diagnosis as "Bipolar, Paranoid Schizophrenia." He reports he noticed these diagnoses when he was incarcerated as a juvenile. He stated that he has paranoid thinking that people are out to get him and that the COs don't protect him. He reports that he sleeps "maybe three hours per day during the day time but not at all during the night" and has "flashbacks of being shot, robbed or shooting other people and bad dreams." The inmate reports that he has been asking for a radio since he was placed in RHU but has not received one. The inmate reports symptoms of Post-Traumatic Stress Disorder and the record indicates a diagnosis of Schizoaffective Disorder as well as prescriptions for Risperdal and Cogentin. The MARs indicate consistent adherence from January and February and the diagnosis of record as being Antisocial Personality Disorder. A "treatment plan" that is labeled as an "Individual Action Plan" dated 1/24/19 is inadequate and signed only by a mental health counselor. There is no further information as to the actual treatment and interventions to be made for this inmate.

#### **Mental Status Examination:**

The inmate presents with concerns about his adjustment after having witnessed a "riot" at Lee CI in April 2018. It is unclear from the inmate's description as to whether or not his witnessing this riot occurred in 2018 or 2016 and therefore should be further pursued. The inmate reports that he was at Lee RHU from May to July before transfer to the BRCI RHU. The inmate reports that he is not involved in any groups. The inmate reported he initially refused to come out of his cell to talk with us because of the "red team" being in the hallways, and he is "paranoid". He endorses auditory hallucinations, flashbacks, hypervigilance and recurring thoughts of people trying to hurt him. He denies current suicidal and homicidal ideation or intent.

#### **Assessment:**

Inmate 31 appears to be appropriately placed at Level 4; however, is not receiving L4 services and is at risk for decompensation and acting out against others or himself. The inmate does not appear to qualify for an SMI diagnosis. He should be reviewed for placement at L3 to increase his services and support his maintaining stability.

#### **Lee Correctional Institution (LCI)**

## **16. Inmate 58**

Inmate 58 is a 34-year-old male who reported that he has been down since 2011 and was at Lee for approximately one year in the RHU and then transferred to BRCI for five years. He reported that he was sent to the BRCI because he had been stabbed and “checked in on PC.” The record review indicates the inmate is L4 and on ST status for 239 days. A note by a psychiatrist from tele-psychiatry on 1/10/19 indicates a diagnosis of Unspecified Depression and Unspecified Anxiety with prescriptions of Doxepin and Benadryl for six months each, in violation of policy and the Settlement Agreement. The only records of QMHP contacts for this inmate since his placement in RHU are on rounds. There is a subsequent note by a psychiatrist on 3/5/19 indicating the inmate is prescribed Doxepin and Benadryl.

The inmate reports that he has been placed in the RHU for PC concerns since 4/2/18 before the riot in Lee CI. He reports that he has no charges and does not have any reason for his being placed in the RHU. The inmate further reports that he is HIV+ and has not consistently received his medications because his prescriptions have run out. He stated he was off medications in July and only after his doctor wrote a letter or e-mail were the medications restored. Despite these medications being kept on person (KOP) to be given to the inmate in 30 day supplies, his September supply was only 15 days and he missed his vital HIV medications during that time period. The inmate also reported that he has black mold growing inside of his cell which he has reported to COs as well as medical staff with no result. During the course of this evaluation, I requested the Assistant Deputy Director to please inspect his cell and upon doing so the Assistant Deputy Director confirmed that there is indeed black mold growing inside the cell in the RHU which would be inappropriate for any inmate housing but is particularly potentially dangerous for an individual with a compromised immune system.

The inmate reported that he had a tele-medicine appointment 2/20/2019 because his medications, which included Remeron, Benadryl and Doxepin, had been stopped without explanation in January. The inmate reported that he has refused yard and also refused food because of the food having roaches and dirt in it. The inmate reports that he has not been offered any groups. He also reports that he has never been hospitalized at GPH or received services at the ICS level of care.

The inmate reports that he is classified as a mental health (L4) but does not know what that means and says when counselors come on the rock they come with a list and if your name is not on the list they do not talk to you. He reports there is essentially no follow-up.

### **Mental Status Examination:**

This inmate presents with a very clear history of inadequate treatment, however his affect is appropriately anxious and frightened and appropriately depressed. He denies and does not present with any psychotic symptoms or cognitive distortion. He denies suicidal and homicidal ideations and intent. His judgment and insight are good.

### **Assessment:**

Following the interview of this inmate, I asked the Chief of Mental Health at Lee CI about his treatment plan and she acknowledged that she really did not know much, if anything, about this inmate and would look into his care. There was no treatment plan located in the record. The Assistant Deputy Director also looked into his care and determined that he would be transferred to Lieber the following day as an L3 level of care. My recommendation is his transfer is appropriate and he may indeed need to be transferred to GPH for both a mental health and a medical work-up of his current status. The inmate does meet the criteria for an SMI diagnosis. His current diagnosis of record is Unspecified Mood Disorder and I would recommend that he be considered for a diagnosis of a Mental Health Condition, secondary to a General Medical Condition, in this case HIV Disease.

This inmate's care represents multiple failures in both medical and mental health care and underscores the inappropriate placement of an inmate with serious medical and mental health concerns in restrictive housing which does not provide basic services and complicates his condition with very clear dangers and harm to his medical and mental health. There is no justification for this inmate to be placed in RHU.

#### **17. Inmate 47**

Inmate 47 is a 26-year-old male who reports he has been down for 10 years and has been at the BRCI RHU for the past four months. The inmate's record indicates he has been on SD status for 598 days. The inmate describes having been at the Kershaw RHU for six months, and BRCI RHU for six months, Perry RHU for five months, and Lee RHU for four to five months and has been in a RHU most of the last two years. He reported that he was moved because of problems in the administration and medication. He stated certain officers "antagonized" him and they "provoke" him. I asked him to elaborate and the inmate reported they "don't feed" him and "stuff like that". He stated that officers "put stuff in my food - see it in there." He stated this happened at Kershaw and Broad River and that there were things in his food. He reports that he caught an assault and battery charge on an officer three months ago because the officer was playing with his food and he told him "don't do that". He reports that the inmates don't get showers like they are supposed to, maybe one or two per week.

The inmate reports that he has seen his counselor one time in four months and she told him that she was going to come back and see him. He reported that mental health staff "don't make rounds" and "don't come around down here." He stated his medications are Remeron, Lopidine and corrected that to say "no it's Risperdal." He said he saw a psychiatrist two months ago about his medications. He states there are no groups in the RHU and that he has never been hospitalized at GPH or received ICS level of care.

I asked about his past mental health history and the inmate said he was diagnosed with "Schizophrenic – Bipolar" on the street, received disability and was being treated in the mental health center. He stated he hears voices of "extraterrestrials and spirits".. He stated that he first heard voices when he was two years old and he is now currently 26 years old. He stated he was diagnosed as ADHD when he was a child and that during that time he had seen a witch who walked through his house. The inmate reported that he was incarcerated at age 17 and had gone to the ninth grade even though he was having behavioral problems.

**Mental Status Examination:**

The inmate endorses auditory and visual hallucinations as well as delusional thoughts that have paranoid and grandiose qualities. He reported that he is "like a guardian angel" but the voices tell him to hurt somebody not himself. He reported he has had suicidal ideation since he was "a little kid but not in the last 10 years." He stated that he is not sure of why staff has not done anything about the voices because he has told them about them. He denies current thoughts and intent to harm himself but is unclear regarding voices telling him to harm others.

**Assessment:**

Inmate 47 reports variable psychotic symptoms as well as presents with what appear to be cognitive deficiencies. It is strongly recommended that he may be appropriate for the ICS and specifically the HAB program. The inmate does qualify for an SMI diagnosis and should be considered for L2 classification.

**18. Inmate 67**

Inmate 67 is a 24-year-old male who is classified L4 and on SP status. This inmate initially refused to come for an interview and subsequently agreed. The inmate reported that he has been down since June 2009 and incarcerated at Lee C.I. for the past 10 years. The inmate reported that he has been in SP status since 2/25/19 at BRCI and that most of his 10 years have been "behind the door". He stated his longest term of continuous segregation was for 19 months at Tyger River.

The inmate initially reported that he has not seen a counselor since he has been in the RHU and that he is outpatient L4 but does not know what that means. He reported he saw a counselor when he was on the yard and also saw Dr. Wood and was taking classes with his counselor. He has been prescribed Zoloft and reported that he has indeed seen his counselor once since he has been in the RHU. He also reported that he has seen mental health doing rounds but was not sure how often the rounds are done. He also stated there are no groups that he knows of being conducted in the RHU. With regard to medication management, his medications are brought around every day but sometimes he refuses them because the medications interfere with his sleep.

The inmate states that he has no charges and he checked in on PC status and was told by his counselor he would be in the RHU for a week or two which has now been since 2/28/19.

**Mental Status Examination:**

On mental status examination, the inmate does not present with any reports or concerns regarding psychotic symptoms or symptoms of a severe mood disorder, although he reports anxiety and depression. He presents with consistent complaints and concerns that are related to Personality Disorder with Narcissistic and Antisocial Features. He has had multiple and continuing terms in RHU and reports that his mental health issues are a major impact, which appears to be accurate based on review of records and his diagnostic history. The inmate reports that his "mental state is bad" and retraced this to trauma as a child as well as ongoing traumas through his life resulting in the anxiety and depression and difficulty adjusting to his environments.

**Assessment:**

This inmate appears to be appropriately classified at the L4 level of care. He should be placed in a BMU depending on his level of custodial and security concerns. His diagnosis is primarily Personality Disorder and his placement in BMU should facilitate his adjustment and according to him he is going to be released in the next 10 months. Discharge planning should be a focus of his treatment in a therapeutic environment. Unclear as to his current placement in RHU.

**19. Inmate 68**

Inmate 68 is a 28 year old male who reported he has been incarcerated for nearly one year. He reports that he has been at Lee CI since June 2018 and in the RHU since 2/4/19. He reported that he did not want to be in F1 and his counselor said if he came to the RHU for a week or two he would be placed elsewhere. He reports that his counselor is attempting to get him a bed in F2. The inmate reports that he has no charges and has not been seen by his counselor since he has been in the RHU for over one month. He reports that when he has seen his counselor on the yard, especially in her office, it has been helpful although the sessions last only ten minutes or less. He reports he has been prescribed Remeron, Trazodone and Buspar and gets his medications as prescribed in the evenings. He reports the consistency of medication administration has been better for him in RHU than it was on the yard where sometimes medications are not passed; however, he may not get medications in the RHU three out of seven days per week. The inmate reports the COs say they will call the nurse but he believes they never do. He also reported he has not observed mental health rounds since he has been in the RHU, nor have there been any groups in the RHU. The inmate reports that he has never been hospitalized in GPH and never received an ICS level of care.

I asked if mental health is working for him and he replied "half and half" stating that his counselor tries to help but cannot get to classes and that he has been in the RHU for too long.

**Mental Status Examination:**

The inmate does not present with signs or symptoms of any Psychotic or Severe Mood Disorder. He reports that he was suicidal in 2014 on the street over a girl problem and subsequently cut his wrist. He states he has received mental health services in North Carolina when he was 24 or 25 years old but no mental health services since he has been locked up. The inmate denies any thoughts to harm himself or others currently but is concerned about his overall placement.

**Assessment:**

This inmate has a diagnosis of PTSD, and has been prescribed medications for anxiety. The inmate appears to have symptoms suggestive of PTSD Disorder and may qualify as SMI. It is strongly recommended that his treatment be reviewed by the treatment team to determine classification as L4 or L3 with a PTSD diagnosis. Prolonged stay in RHU appears to be inappropriate.

**20. Inmate 57**

Inmate 57 is a 33-year-old male who reported that he has been in the RHU since 4/25/18 and the records confirm for a period of 310 days. The inmate is classified at the L4 level of care and is



on SD status. Review of the record indicates diagnosis of Unspecified Mood Disorder and the inmate is prescribed Lithium 150 mgs bid, Zoloft 150 mgs and Remeron 15 mgs. He also has been prescribed Propranolol in the past.

On interview the inmate reports that he has been down since 2007 and in SCDC since 2011. The inmate reports that he has been in RHU for 11 months and is on SD status after a felony charge in which he was found guilty. The inmate reports that he has seen a psychiatrist every 30 - 45 days and a QMHP every 90 days when he was on the yard and every 30 days while he has been in RHU. He also reports that he has been involved with the Family Focus project with the Chief of Mental Health at Lee CI which has been very helpful for him. This inmate reports that he is being treated for anxiety and Obsessive Compulsive Disorder and medications have been very helpful for him.

The inmate described that the mental health service "is great when Ms. Foxx has her hands in it" and he continues "shortages in security - throwing a monkey wrench in it."

This inmate reports that he has been to the CSU three times after transfer to Kershaw CI. He reported "it has been terrible" in that while at Kershaw he was placed in a crisis intervention cell in RHU for five days and fed "nutraloaf."

#### **Mental Status Examination:**

On mental status examination this inmate does not demonstrate any signs or symptoms of active psychotic illness or a serious mood disorder. He does report that he has symptoms of Obsessive Compulsive Disorder and anxiety which he believes are being adequately treated at Lee CI.

#### **Assessment:**

He provided very favorable comments about the Family Focus project in which he has participated two times per month for the past four to five months and states that the program has been working for him.

This inmate does not qualify for an SMI diagnosis, and his condition appears to be well managed at Lee CI except for his placement in RHU on SD status. His level of care is L4 and because of his adjustment at Lee CI, consideration of changing his mental health level to L3 is warranted provided that he is not moved from the active treatment he is receiving at Lee CI, and returned to population.

#### **21. Inmate 85**

Inmate 85 is a 38-year-old male who reports he has been in the RHU for a period of 14 days on SD status.

This inmate reports that he has not been outside for two years and continued by saying that "a white man took my clothes that had feces for him." The inmate provided a rambling account of his environment and experience in RHU describing his room as "filthy with dust, it's dirty, feces, I dookey (defecate) on the floor and it's been here 15 days - not life, dookey in the trays - going in my legal mail - no phone calls, no radio." The inmate in a rambling description says that he

has been on PC status on every yard because of gang members after him because he had helped a CO at Evans. The inmate stated "they call or Google my name, chase my momma." The inmate has been in SCDC since 2016. The records indicate that he has never been admitted to GPH and that he was in the CSU approximately one year ago because he tried to hang himself. The inmate's medications are Depakote and Risperdal which he reports he receives six of seven days per week. He continued that he has "lots of papers" that are handwritten and he really "needs help." Review of the record indicates that he saw a QMHP on 3/5/19 and the note indicated that the inmate was "not present" but says the inmate is "complying with medications, compliant with treatment plan." The treatment plan was not located in the record despite the assistance of SCDC staff. A psychopharmacology note of 2/21/19 recorded that an attempt to see the inmate was for two minutes but he was not seen because he was disruptive. A QMHP note of 2/15/19 describes the inmate as "disruptive, wants an increase in his Risperdal."

### **Mental Status Examination:**

On mental status examination the inmate presents with rambling speech and avoidance of eye contact. He looks constantly at a clock on the wall as he is describing his concerns and complaints about his food being poisoned, others trying to hurt him and difficulties in his treatment as described above. He presents with descriptions of psychotic symptoms that he reports have been occurring prior to and since his transfer to the RHU. His history is remarkable for his being transferred to multiple sites because of disruptive behavior and his being prescribed Depakote and Risperdal. The valproic acid level was ordered on 2/14/19 however the results were not located in the record. The record indicates multiple times when the inmate was not seen because of his being "disruptive." He denies current thoughts to harm himself but acknowledges storing feces in his cell.

### **Assessment:**

After the inmate was examined and reported to be in need of transfer to GPH for an evaluation of his mental status as well as treatment concerns since his behavior has been described as disruptive and he is prescribed both mood stabilizer and antipsychotic medications, he was interviewed by the Chief of Mental Health and Regional Director of Mental Health for Lee CI. The inmate was returned to the examination room with the Chief of Mental Health and Regional Director of Mental Health who implored him to be truthful with the examiner. The inmate proceeded to "deny" symptoms and his previous report. He stated that he agreed with Lee CI staff that he really only wanted a crank radio and that is why he presented with these concerns. The Lee CI mental health staff then appropriately excused themselves for further interview by the examiner and once the staff left the inmate returned to his reported concerns about staff and what they are doing to harm him "as a snitch" and reaffirmed all the statements he had made to the examiner as the truth. He continued "I'm scared, don't go to sleep - all looking out, I know they are going to do something."

A second opinion was elicited from Dr. Metzner who reviewed the matter and agreed with the recommendation that the inmate should be transferred to GPH for reassessment of his mental health needs including diagnosis and medication management. It was recommended the inmate bypass CSU as the purpose of the transfer would be for a more in-depth assessment of this very troubled SMI inmate. His multiple placements in RHU's appear to be inappropriate; BMU should be considered as well as ICS pending the evaluation at GPH.

## **22. Inmate 45**

Inmate 45 reported that he has been down for almost six years and in the SCDC for the past two years. The inmate reported he began his term in the McCormick CI for 1.5 months and then transferred to Lee CI. Since being in Lee CI he has had two trips to the CSU and has been placed at the L4 level of care. He is classified as SD in the RHU for the past 102 days. Review of the record indicates that the inmate has been diagnosed with Adjustment Disorder with Depressed Mood, Unspecified Mood Disorder, Malingering, and Antisocial Personality Disorder. A psychopharmacology note of 2/27/19 indicates a session that lasted for 25 minutes and confirmed the above diagnoses. The inmate reports he is currently not taking any medications.

The inmate had been placed in CSU on 12/31/18 and on interview he reported that he was placed after he had stopped his medications because they were not helpful. He reports that he had episodes of self-injurious behavior including cutting, resulting in CSU admissions from November 2 - 16, 2018 and December 28, 2018 - January 2, 2019. He reported that his experience at the CSU was "basically about whose faking or not, not to help you." The inmate reported "I don't cry wolf" and added that he believes the mental health care at Lee CI is "pretty good" because he has seen the psychiatrist last month and he sees the counselor on the yard at least every 90 days.

### **Mental Status Examination:**

On mental status examination the inmate reports that he has had difficulties with his adjustment over time. These difficulties have resulted in self-injurious behaviors which has included cutting and the inmate reports that he does not believe he has received sufficient help when transferred to the CSU. He reports that he does believe that he has received good mental health care while at Lee CI. He reports that he does not have any current thoughts to harm himself or anyone else and is looking forward to his transfer to the McCormick yard. He denies current symptoms of psychosis and serious mood disorder. He describes personality disorder dynamics.

### **Assessment:**

The inmate appears to be appropriately classified at the L4 level of care. He does not qualify for a SMI diagnosis. He should be assessed for placement in the BMU, as his placement in RHU appears to be inappropriate.

## **23. Inmate 52**

Inmate 52 is a 41 year-old-male who reported that he has been down for the past 11 years and at Lee CI for the past four months since transfer from Kershaw. The inmate reported that he came to the yard where he remained for 45 days and was then transferred to the RHU. The inmate reported he is on PC status and when at the Kershaw RHU was on SD status for 10 to 11 months. The inmate reported that he was receiving mental health care at Kershaw in which the mental health staff would come by his cell and ask to pull him. The inmate reported his medications are Prozac, and Risperdal and he got his meds every day when brought to the dorm. Since he has been transferred to RHU, he has seen a counselor twice and he now gets his meds every day since on PC, after a couple of days delay in starting his medications.

Review of the records indicate his medications are Risperdal, Zoloft and Prozac and his diagnosis is Psychosis NOS. The QMHP progress notes of 10/30 and 11/28 indicate on 10/30 he was seen for 20 minutes in a confidential setting and on 11/28 he was seen for zero minutes. The notes indicate that he reports hearing voices and seeing shadows, and that he reports improvement with medication. The inmate has a history of attempted suicide by hanging and was placed on CI status in 2015. His current diagnosis of record is Schizoaffective Disorder.

**Mental Status Examination:**

On mental status examination the inmate presents as a 41-year-old male appearing much older than his age. He reports that he has heard voices and seen shadows for many years. He reports that he has learned not to talk to other inmates about the voices that began in approximately 2001 and progressed from one voice to many voices. The inmate reported that he had suicidal ideation and tried to hang himself in 2015 but has not had recurrence of suicidal thoughts or suicidal intent since then. He has not reported active delusions; however his voices and his depression are paramount in his mental health functioning. The inmate reports that he is very anxious and fearful about his upcoming release in four years and is hopeful that he can receive assistance for his reintegration into the community so he won't get sick and return to prison.

**Assessment:**

This inmate clearly qualifies for a SMI diagnosis. The recommendation is that he be placed at the L2 ICS level of care to provide him with a therapeutic mental health milieu in which he can appropriately assist staff in managing, and learn more for managing his own mental health and symptoms of mental illness as well as begin the process and preparation for transitioning to the community. His placement in RHU is inappropriate.

## SUMMARY CHART REGARDING CLINICAL REVIEW OF INMATES IN RHUs

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